Incident Management Policy

1. Introduction

Sheffield Teaching Hospitals NHS Foundation Trust (referred to as the Trust hereafter) is committed to continuously improving the quality of patient care and safety for all patients and staff by maximising every opportunity to learn. This is supported by a system for reporting and responding to all incidents (any unintended or unexpected occurrences which could have or did lead to harm of any level). This policy covers the management of all incidents including but not limited to never events, patient safety and staff safety incidents.

2. Purpose

This policy underpins the requirements of the Patient Safety Incident Response Framework (PSIRF) and sets out the Trust's approach to developing and maintaining effective systems and processes for responding to all incidents, including patient safety incidents and issues, for the purpose of learning and improving patient safety.

The Trust will deliver a co-ordinated and data-driven response to incidents, embedding incident response within a wider system of improvement. The approach will focus on systematic incident management to identify system and process improvements.

In addition to the effective management of all incidents, this policy specifically supports development and maintenance of an effective patient safety incident response system that integrates the four key aims of the PSIRF including:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of system-based approaches to learning from patient safety incidents
- Considered and proportionate responses to patient safety incidents and safety issues
- Supportive oversight focused on strengthening response system functioning and improvement.

The principles described by PSIRF for the management of patient safety incidents as indicated above are to be adopted for the management of all incidents across the Trust. All Responses to incidents under this policy follow a systems-based approach. This recognises that patient and staff safety is dependent on interactions between the different components of the healthcare system.

3. Scope and exceptions

This policy applies to:

Setting	Trust Wide
Individuals	All Staff
Speciality	All Specialities

There is no remit to apportion blame or determine liability, preventability or cause of death and responses are conducted for the purpose of learning and improvement. Other processes, such as claims handling, human resources investigations into employment concerns, professional standards investigations, coronial inquests and criminal investigations, exist for that purpose and are outside the scope of this policy.

Where an incident investigation report is compiled, this may be shared with those leading other types of responses but other processes should not influence the remit of a patient safety incident / other incident type response.

4. Policy details

This policy describes the principles and requirements in relation to managing and learning from all incidents and should be read alongside the Trust Quality Governance Policy and Framework and the Directorate Quality Governance Framework.

4.1 Patient safety Culture / Just Culture

The Trust is committed to:

- Promoting a fair, open, inclusive, and just culture in which incident responses do not seek to apportion blame or link incidents to the actions of an individual but focuses on the system in which staff are working.
- Providing continuous encouragement, support, and a psychologically safe environment for staff to report all incidents and near misses for the sole purpose of learning without fear of consequence.
- Working with and listening to all stakeholders including but not limited to patients, families, staff, and commissioners to understand and address their safety concerns.
- Embedding positive behaviours that are evidenced to improve safety by always upholding the Trust's PROUD values and behaviours.

4.2 Patient Safety Partners

In line with the Framework for involving patients in patient safety Sheffield Teaching Hospitals is committed to continuing to work with patient safety partners and as such patient safety partners were actively engaged in developing the Trust's Patient Safety Incident Response Plan (PSIRP) and Maternity PSIRP. We recognise the benefit of engaging lay people in a range of safety related work and will continue to recruit and support Patient Safety

Partners to ensure that they are able to actively participate in relevant programmes including the ongoing review and development of the PSIRP and Maternity PSIRP. In support of this commitment, Patient Safety Partners are members of the Trust's key patient safety committee, the Quality and Safety Executive Committee.

4.3 Addressing Heath Inequalities

Our approach to Patient Safety Incident Investigations will incorporate the intelligent use of data to help us to identify any disproportionate risk to patients with specific characteristics. This will in turn inform a patient safety incident response. Safety issues related to health inequalities have been considered in the development of the Trust's PSIRP and Maternity PSIRP. We will continue to develop our approach, including improved data collection and analysis, and wider consultation with our patients and staff with protected characteristics. We are committed to ensuring that health inequalities are a key consideration as our plans are maintained and reviewed.

4.4 Engaging and involving patients, families and staff following an incident

Learning and improvement following an incident can only be achieved if supportive systems and processes are in place. An effective incident response system prioritises compassionate engagement and involvement of those affected (including patients, families and staff). This involves working with those affected to understand and answer any questions they have in relation to the incident and to provide or signpost them to support as required. The Trust will ensure patients or families affected by an incident are provided with a named contact to act as a liaison and where a patient safety incident investigation is undertaken patients and or families will have the opportunity to meet with the lead investigator and contribute to the final investigation report. Training will be provided to relevant staff to enable them to effectively undertake this role. Statutory Duty of Candour will be applied to all notifiable patient safety incidents. The process includes an initial verbal apology and discussion with the relevant patient / person, ensuring appropriate support, immediately following the event or as soon as possible and this is then followed up in writing within 10 working days.

4.5 Incident response planning

PSIRF supports organisations to respond to incidents and safety issues in a way that maximises learning and improvement, rather than basing responses on arbitrary and subjective definitions of harm. Beyond nationally set requirements, organisations can explore patient safety incidents relevant to their context and the populations they serve rather than only those that meet a certain defined threshold. Our approach aligns with this approach and will be applied in the response to all incidents. Harm gradings will be applied as described in Appendix 3 which is also in line with the NHS England Policy guidance on recording patient safety events and levels of harm.

Resources and training

The national patient safety incident response standards describe the required levels of training and competencies that those undertaking incident investigations and learning responses require. Appendix 1 shows the training map outlining these requirements including those for effective incident reporting and management Trust wide.

Our Patient Safety Incident Response Plan (PSIRP)

The Trust PSIRP and Maternity PSIRP set out how we intend to respond to patient safety incidents. Although this is directly linked to describing the patient safety incident profile and patient safety priorities for the Trust the principles described in the plans will be integral for all incident management across the organisation and will include ensuring:

- proportionate responses.
- compassionate engagement of those involved.
- application of system-based approaches.
- strengthening responses and improvement to maximise learning.

Reviewing our plan and policy

In relation to patient safety incidents our PSIRP and Maternity PSIRP is a 'living document' that will be appropriately amended and updated as we use it to respond to patient safety incidents. We will review the plan every 12 to 18 months to ensure our focus remains up to date. With ongoing improvement work our patient safety incident profile is likely to change and so this will provide an opportunity to re-engage with stakeholders to discuss and agree any changes required. Updated plans will be published on our website, replacing the previous version.

A rigorous planning exercise will be undertaken every four years and more frequently if appropriate, as agreed with the Integrated Care Board (ICB) to ensure efforts remain focused on priorities for learning and improvement. This more in-depth review will include considering our response capacity, mapping our services, analysing organisational data (for example, patient safety incident investigation (PSII) reports, improvement plans, complaints, claims, staff survey results, inequalities data, and reporting data) and wider stakeholder engagement.

This policy will be reviewed in line with each review of the PSIRP.

4.6 Responding to Incidents

Incident reporting arrangements

All incidents and near misses occurring within Trust premises or associated with services delivered by the Trust must be reported on the Trust local incident and risk management system immediately or at the earliest opportunity in line with the Directorate Quality Governance Framework. Patient safety incidents reported on datix will also be used to support national learning and will automatically be uploaded to the national Learn from Patient Safety Events (LFPSE) service.

Incident response decision making
The process for managing all incidents reported on datix is described in the Directorate Quality Governance Framework. The process for incident response decision making relating to patient safety incidents is described in the PSIRP and Maternity PSIRP. The guide to responding proportionately to patient safety incidents will be used to inform all decisions.

Responding to cross-system incidents / issues
Incidents or near misses that are relevant to individuals or teams outside of the Trust will still be reported on the local incident and risk management system and will be shared with the relevant organisation. Where a collaborative approach is required, we will agree with the relevant organisation the appropriate response and where required agree a terms of reference and who will lead any required investigation. In this event the draft investigation report will be shared with all organisations for a response within an appropriately set timeframe.

Oversight and Assurance
The mechanism for, ward to Board reporting, assurance, and escalation will align with the Quality Governance Policy and Framework which describes the quality governance committee structure. Data in relation to incidents, near misses, emerging themes and associated learning and improvements will be shared and discussed regularly at various forums including but not limited to directorate governance meetings, Safety and Risk Forum, Management Board Briefing and the Quality and Safety Executive Committee will receive regular highlight reports.

Timeframes for learning responses
In line with the Directorate Quality Governance Framework all directorates will have arrangements in place to ensure the daily review of new incidents reported on local incident and risk management system (Monday to Friday). All incidents should be finally approved within 35 days of the incident bring reported. Those incidents classified as resulting in moderate or above harm will be managed in accordance with the Duty of Candour Policy.

For patient safety incidents where it has been agreed that a patient safety incident investigation (PSII) will be undertaken, in line with the Trust PSIRP and maternity PSIRP and as described by the PSIRF it is important that no arbitrary timescale is applied to the time in which it will take to complete a PSII. However, investigations should progress in a timely way with a clear time plan, that is agreed in liaison with the patient and families and approved by the lead investigator. Timeliness of PSII's will be monitored by the central Patient and Healthcare Governance team.

Safety action development and monitoring improvement
In addition to any required immediate safety actions following an incident, following identification and agreement that if changed an aspect of the work system could be improved to reduce the risk of potential harm, further actions will be generated. All actions, including immediate actions, will be developed in

line with the Trust action planning guidance, recorded on datix and monitored for completion and effectiveness.

Safety improvement plans

Using the standard STH model for quality improvement, bespoke safety improvement projects and overarching safety improvement workstreams will be developed and evaluated as necessary in response to known and emerging themes. These will be co-ordinated, data driven and informed by intelligence from incident responses. The delivery of these will be monitored by the central Patient and Healthcare Governance Team and reported to the Quality & Safety Executive Committee.

4.7 Complaints and Appeals

If a complaint is received in relation to the Trust response to an incident, appropriate support will be offered to the complainant and the complaint will be managed via one of the following Trust processes:

- Concerns, Complaints and Compliments Policy
- Supporting staff following incidents, complaints, claims and inquests Policy
- Freedom to Speak Up Policy and Procedure

5. Roles and responsibilities

Role	Responsibility
Trust Board of Directors	Ensuring the Trust has effective systems in place for managing, responding to and learning from incidents.
Chief Executive	Ensuring that Incident Management arrangements enable the Trust to meet all regulatory and statutory standards of care and best practice as defined by national bodies including NHS England/Improvement, Care Quality Commission, and NHS Resolution and that the basis for an open, honest and just culture is set.
Trust Executive Group	Ensuring effective incident management processes in an open, honest, and just culture across the Trust. Individual Executive Directors also ensure appropriate arrangements within their own directorate and any corporate departments they manage.
Clinical Directors, Operations Directors and Nurse Directors	Ensuring effective systems for managing responding to and learning from incidents, compatible with this policy, are in place within their directorates and ensuring their staff are aware of this policy.
Medical Director (Operations)	Ensuring incident responses are being managed appropriately across the Trust with support from the Quality Director and Patient and Healthcare Governance Department.
Quality Director	Ensuring the Trust is meeting the quality priorities in terms of patient safety in line with an open, honest, and just culture.

Quality Safety and Executive Committee	Ensuring the Trust is meeting the quality priorities in terms of patient safety in line with an open, honest, and just culture.
Health and Safety Executive Committee	Ensuring the Trust is meeting the quality priorities in terms of occupational health and safety in line with an open, honest, and just culture.
Patient safety Lead	Provide key operational leadership to ensure the incident management processes reflect those described in the policy to enable effective learning and improvement.
Deputy Nurse Directors and equivalent department leads	Providing visible leadership ensuring effective systems for managing, responding to and learning from incidents, compatible with this policy, are in place at ward or departmental level.
Matrons / Ward Sisters / Charge Nurses / Senior Allied Health Professionals, Service Managers and Departmental Managers	Ensuring effective systems for managing and responding to and learning from incidents, compatible with this policy, are in place at ward or departmental level.
All staff	Ensure they are familiar with and comply with this policy. Individual employees have a responsibility to report all incidents and near misses.

6. Monitoring

Standard, process or issue to be monitored	Monitoring method	Monitored by	Reported to	Frequency
Compliance with standards set in the policy	Review	Patient and Healthcare Governance	Quality Safety and Executive Committee	Annual

7. Definitions

Term	Description
Incident / Near Miss	Any unintended or unexpected occurrences which could have or did lead to harm of any level.
Harm	The physical or psychological impact of an incident or event
Patient safety incident	Any unintended or unexpected occurrences which could have or did lead to harm of any level for one or more patients.
Never Event	Incidents that are defined by the department of health as preventable patient safety incidents if nationally available guidance or safety recommendations have been implemented.
Duty of Candour	A duty to be open and transparent with people receiving care

	and treatment
Incident response	The actions taken following an incident which may or may not include a full investigation and are undertaken solely for the purpose of learning and improvement. Possible response types are described below.

8. Definitions of Incident Response Types

Term	Description
Patient Safety Incident Investigation	An investigation into an incident that examines system factors such as tools, technologies, environments, task and work processes and the interactions between these to identify learning.
SWARM Huddle	A huddle or gathering of those involved in an incident that occurs immediately or as soon after as possible to encourage open discussion in a blame free environment to identify learning.
After Action Review	A structured approach to evaluating an incident or event by a facilitated discussion meeting including all those involved.

9. References / standards / statutory legal requirements and Associated Trust and external documents

Trust

Patient Safety Incident Response Plan 2023-25
Maternity Safety Incident Response Plan 2023-25
Supporting staff following incidents, complaints, claims and inquests Policy
Duty of Candour Policy
Information Governance Policy
Freedom to Speak Up Policy and Procedure
Quality Governance Policy and Framework
Directorate Quality Governance Framework
Information Governance Policy

National

NHS Patient Safety Strategy
NHS Patient Safety Incident Response Framework
Engaging and involving patients, families and staff following a patient safety incident
Guide to responding proportionately to patient safety incidents
Oversight roles and responsibilities specification
Patient safety incident response standards
Never Events policy and framework List (Updated February 2021)
NHS Just Culture Guide

10. Appendices

Patient Safety Training map	Appendix 1
Guidance on external reporting (including RIDDOR, MHRA, HTA, NHS Screening incidents, incidents relating to blood products, CQC reportable IRMER incidents)	Appendix 2
Guidelines for grading an incident	Appendix 3
Process for informing Health Education England of incidents of relevance relating to Junior Doctors	Appendix 4

11. Document control

Ref	336
Version	2
Status	Current
TEG sponsor	Jennifer Hill, Medical Director (Operations)
Controlled Document Lead / Author*	Rebecca Nadin, Patient Safety Lead
Approval body	Quality and Safety Executive Committee
Date approved	3 November 2023
Ratification body	Trust Executive Group
Date ratified	27 December 2023
Issue date	29 December 2023
Review date	3 November 2026

12. Version history

Version	Date issued	Brief summary of changes	Author
2	29/12/2023	Updated to implement the requirements of the Patient Safety Incident Response Framework	Rebecca Nadin, Patient Safety Lead

		(PSIRF)	

13. Consultation and review

Groups / persons consulted	Date
Nurse Directors	15 Sept 2023
Clinical Directors	15 Sept 2023
Operational Directors	15 Sept 2023
Safety and Risk Forum	15 Sept 2023
Patient Safety Partners	18 Sept 2023
Integrated Care Board	19 Sept 2023

14. Intended recipients

Essential reading for	All members of Management Board Briefing All Medical Quality Leads All staff with line management responsibilities All members of Safety and Risk Forum
Information for	All staff

15. Rapid equality impact assessment

What relevant quantitative and qualitative information (data) do you have? This may include national or local research, surveys, reports or research; workforce / patient data; complaints and patient experience data, etc.
Health inequalities impacted by protected characteristics have been addressed within this policy, compliance with this policy will enable themes of health inequalities to be identified and acted on therefore having a positive impact.

Delete ✓ × as appropriate

	Positive Impact#	Negative Impact#	Neutral Impact#	Advances equality of opportunity	Eliminates unlawful discrimination	Fosters good relations between people
Race (including	✓				✓	✓

nationality)						
Religion/belief and non-belief	✓				✓	✓
Disability	✓				✓	✓
Sex	✓				✓	✓
Gender Reassignment	✓				✓	✓
Sexual Orientation	✓				✓	✓
Age	✓				✓	✓
Pregnancy and Maternity	✓				✓	✓
Marriage / Civil Partnership	✓				✓	✓
Human Rights (FREDA principles)	✓				✓	✓
Carers	✓				✓	✓
Other groups E.g. Travellers, vulnerable adults/children, homeless, care leavers, asylum seekers or refugees	✓				✓	✓

[#]**Extent of impact**
Positive Impact - This will actively promote or improve equality of opportunity or address unfairness or tackle discrimination
Negative Impact - This will have a negative or adverse impact which will cause disadvantage or exclusion
Neutral Impact - There is no likely impact on any of the protected groups

List any specific equality issues and information gaps that may need to be addressed through engagement and/or further research
Provide details of any gaps in information to support this equality impact assessment

14.1 Analysing the equality information

In this section record your assessment and analysis of the evidence. This is a key element of the EIA process as it explains how you reached your conclusions, decided on priorities, identified actions and any necessary mitigation.

Analysis of the effects and outcomes
This policy describes how intelligent use of data gathered as a result of incident reporting can identify disproportionate risks to patients with specific characteristics. It is therefore considered that this policy has a positive impact in helping identify any inequalities to enable them to be addressed in ongoing plans and improvement workstreams.

14.2 Outcome of equality impact assessment

No major change needed	Adjust Policy / proposal	Adverse impact but continue	Stop and remove policy / proposal
✓			

14.3 Action plan

Give details of any actions required to remedy any negative impact(s) identified above:

Action to address negative impact	By whom	By when	Resource implication
No action required	N/A	N/A	N/A

14.4 Monitoring, review and publication

How will the policy be monitored?	See section 6. Monitoring
Manager signing off EIA	**Date of next review**
Rebecca Nadin, Patient Safety Lead	TBC
Approved by	**Date sent to EDI Team** sth.equalityanddiversity@nhs.net:
QSEC	15 Dec 2023
	Date published (if applicable)
	N/A

15 Other impacts

Financial implications	None
Training implications	See Appendix 1
Sustainability implications	None
Other	None

16 Document imprint

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