NHS Dorset Clinical Commissioning Group

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Policy for the management of Adverse Incidents and associated procedures



Supporting people in Dorset to lead healthier lives

PREFACE

This procedural document outlines the processes to be adopted to ensure the thorough investigation of adverse incidents reported to, and by, NHS Dorset CCG.

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the CCG intranet.

All CCG procedural documents are published on the staff intranet and communication is circulated to all staff when new policies or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents.

All staff are responsible for implementing procedural documents as part of their normal responsibilities and are responsible for ensuring they maintain an up to date awareness of procedural documents.

A	SUMMARY POINTS

- Following the publication of the Serious Incident Framework by NHS England (March 2015) a decision was made to separate the 'Policy and Procedure for Recording, Reporting and Managing Adverse Incidents' into two procedural documents:
  - Procedure for the management of Serious Incidents (ID Ref 80)
  - Policy for the management of Adverse Incidents (this document)
- This policy documents the different types/sources of adverse incidents managed by the CCG
- This policy explains the CCG internal processes for the management of adverse incidents for CCG staff and Providers of NHS funded care to follow.

B	ASSOCIATED DOCUMENTS

- Anti-fraud, bribery and corruption policy, 2019 (Policy Ref: 88)
- Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for the NHS, 2018 (Policy Ref: 142)
- Procedure of the development and management of procedural documents, 2017 (Policy Ref: 17)
- Procedure for reporting adverse drug reactions, 2017 (Policy Ref: 40)
- Procedure for the management of serious incidents, 2017 (Policy Ref: 80)
- Risk Management Framework, 2017 (Policy Ref: 52)
- Security Management policy, 2019 (Policy Ref: 51)

C	DOCUMENT DETAILS
Procedural Document Number	49
Author	Natasha Sage
Job Title	Patient Safety and Risk Facilitator
Directorate	Nursing and Quality Directorate
Recommending committee or group	n/a
Approving committee or group	Director's Performance Meeting
Date of recommendation (v1)	n/a
Date of approval (version 1)	01.04.2013

Version	4
Sponsor	Vanessa Read, Director of Nursing and Quality
Recommendation date	n/a
Approval date	
Review frequency	Two yearly
Review date	30.09.2022

D	**CONSULTATION PROCESS**		
Version No	**Review Date**	**Author and Job Title**	**Level of Consultation**
2	18.08.2015	Suzie Hawkins, Patient Safety and Risk Manager	Quality Directorate Leadership Team, Patient Safety and Risk team, Safeguarding teams, Professional Practice Lead, Internal Audit
3	01.05.2018	Suzie Hawkins, Patient Safety and Risk Manager	Quality Directorate Leadership Team, Patient Safety and Risk team, Safeguarding teams, Professional Practice Lead, Internal Audit, Primary Care Quality Lead, Emergency Planning Lead. Counter Fraud Area Manager, Security Management Specialist
4	30.09.2020	Natasha Sage, Patient Safety and Risk Facilitator	Nursing and Quality Directorate Leadership Team, Patient Safety and Risk team, Safeguarding teams, Internal Audit, Primary Care Quality Lead, Emergency Planning Lead, Counter Fraud Area Manager, Security Management Specialist, CCG Data Protection Officers

E	**VERSION CONTROL**				
Date of issue	**Version No**	**Date of next review**	**Nature of change**	**Approval date**	**Approval committee /group**

19.10.2015	2	21.09.2017	Comprehensive re-write to reflect the decision to separate the management of Serious Incident and the management of adverse incidents from one, to two, procedural documents.	05.10.2015	Director's Performance Meeting
19.06.2018	3	19.06.2018	Updates to reflect the implementation of web-reporting of adverse incidents for staff incidents.	19.06.2018	Director's Performance Meeting
30.09.2020	4	30.09.2022	Updates to reflect the changes made in response to the CCG Internal Audit in November 2019.		Director's Performance Meeting

F	**SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES**	
Evidence	**Hyperlink (if available)**	**Date**
The Health and Safety at Work Act	http://www.legislation.gov.uk/ukpga/1974/37	1974
Management of Health and Safety Regulations	http://www.legislation.gov.uk/uksi/1999/3242/regulation/3/made	1999
Reporting of Injuries, Diseases and Dangerous Occurrence Regulations	http://www.hse.gov.uk/riddor/when-do-i-report.htm	2013
Serious Incident Framework, NHS England	http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf	2015
Working together to safeguard children, MH Government	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf	2018
The NHS Patient Safety Strategy, NHS England and NHS Improvement	https://www.england.nhs.uk/wp-content/uploads/2020/08/190708_Patient_Safety_Strategy_for_website_v4.pdf	2019

G	DISTIBUTION LIST		
Internal CCG Intranet	**CCG Internet Website**	**Communications Bulletin**	**External stakeholders**
✓	✓	✓	✓

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POLICY FOR THE MANAGEMENT OF ADVERSE INCIDENTS

1.0 RELEVANT TO

1.1 This policy is relevant to all individuals interested in the management of adverse incidents by NHS Dorset Clinical Commissioning Group. This includes (but is not limited to) staff employed by the CCG, NHS England, providers of NHS funded healthcare for Dorset residents and members of the public.

2.0 INTRODUCTION

2.1 NHS Dorset Clinical Commissioning Group (hereafter known as the CCG) is committed to the achievement of a high standard of health, safety and welfare for all patients, members of the public, employees and others engaged in or affected by the activities and services of the CCG.

2.2 The Health and Safety at Work Act 1974, the Management of Health and Safety Regulations 1999 and the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 require organisations to have a procedure in place for the recording and reporting of all adverse and serious incidents.

2.3 An adverse incident can be defined as an event or circumstance which could have resulted, or did result, in unnecessary damage, loss or harm to patients, staff, visitors or members of the public and requires reporting through the digital risk management system (Ulysses) as soon as possible after their occurrence.

2.4 Not only is this a legal requirement in some cases (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)), but factual information must be gathered as soon as is practicable after the event by accurately determining the causes and contributing factors and taking all reasonably practicable action to prevent a recurrence.

3.0 SCOPE

3.1 Within the appendices of this policy are the processes involved in managing adverse incidents which occur within NHS funded healthcare in Dorset or involve staff employed by the CCG.

3.2 The CCG will record incidents meeting the definition of ‘adverse incident’ reported about and by:

- Care/residential homes and Domiciliary Care agencies where staff/ care is NHS funded
- CCG commissioned services including acute, community, mental health, transport and dispensing pharmacies
- CCG staff
- GPs

3.3 Recorded incidents will be sent via the digital risk management system (Ulysses) to the care provider(s) involved to investigate and respond. The

response will be forwarded to the initiating reporter once received by the CCG as per Appendix A.

3.4 Larger provider organisations e.g. Acute and Community & Mental Health Trusts have the infrastructure to record and send incidents directly to each other for investigation without notifying the CCG. These incidents will be monitored by the CCG via Quality Contract meetings.

3.5 This document does not include the management of Serious Incidents. The process which details how to manage incidents which meet the 'Serious Incident' definition is explained in a separate policy (Policy Ref: 80)

3.6 The following types of incidents do not follow the pathway described in Appendix A:

- **Information Governance (IG) incidents;** This process is managed directly by the CCG Data Protection Officer. Data breaches need to be reported via the Data Security and Protection intranet page: https://nhsdorsetccg.sharepoint.com/sites/information/SitePages/Data-Breaches.aspx and not Ulysses. If a data breach puts a Data Subject at 'high risk', the Data Protection Officer must be notified immediately via databreach@dorsetccg.nhs.uk.

  Where an IG incident has been reported about a GP practice; the Patient Safety and Risk team will send the information to the CCG GP Data Protection Officers (GPDPO) at GPDPO@Dorsetccg.nhs.uk to investigate. The GPDPO team will inform the Patient Safety and Risk team of the final outcome of their investigations and the incident will be closed.

- **GP Intelligence;** information or issues which GPs/practice staff wish to report to the CCG about an issue and/or Provider (including Private Hospitals), however aren't serious enough to warrant submitting as an adverse incident and don't meet the criteria of a Serious Incident. These reported issues are shared with Providers at monthly Quality Contract Meetings.

- **Incidents that occur within services not commissioned by the CCG** e.g. Care/residential homes and Domiciliary Care agencies where staff/ care is privately funded, community pharmacies, dentistry, immunisations and optometry.

4.0 PURPOSE

4.1 The objective of this document and its effective implementation is to:

- Ensure that there is a system in place, within the CCG, to enable:
  - all adverse incidents within scope, to be reported and investigated;
  - Incident types (previous known as cause groups) to be identified;
  - any learning to prevent re-occurrence to be identified;

- lessons to be learnt and shared, where appropriate, across the organisation and other partner organisations;
- feedback to be provided to the individual/organisation raising the incident, if appropriate
- the provision of support/counselling where necessary.

- Ensure the CCG internal processes for the management of adverse incidents are clearly documented for CCG staff and Providers of NHS funded care to follow.

5.0 DEFINITIONS

5.1 An adverse incident can be defined as '*An event or circumstance which could have resulted, or did result, in unnecessary damage, loss or harm to patients, staff, visitors or members of the public*'.

5.2 Adverse incidents are also known as 'Significant Events' within Primary Care.

6.0 ROLES AND RESPONSIBILITIES

Director of Nursing and Quality

6.1 The Director of Nursing and Quality is the designated lead within the CCG, and is responsible for:

- ensuring that appropriate structures are in place to manage all adverse incidents which are reported to the CCG, which have occurred within NHS funded health care in Dorset;
- ensuring that appropriate structures are in place to manage all adverse incidents which involve staff employed by the CCG;
- monitoring the effectiveness of this procedural document.

On-call Director

6.2 The on-call Director is responsible for documenting on-call incidents. The Emergency Planning (EPRR) team will enter each on-call episode on Ulysses under the 'Emergency Planning' category and will flag incidents that meet the 'adverse incident' definition to the Patient Safety and Risk team. A monthly report will inform both the EPRR and Patient Safety Teams of incidents reported under the 'Emergency Planning' category.

All Directors

6.3 All Directors have a duty to ensure that there is full compliance with this procedure and that all areas within their Directorate are reporting adverse incidents.

Line managers

6.4 CCG Line managers have a responsibility to:

- ensure that all adverse incidents within their area of responsibility are reported using the web-based reporting form. The online form is located via the following hyperlink: https://safeguard.dorsetccg.nhs.uk/SafeguardCCG.

- ensure the Chief Officer and the Patient Safety and Risk team are made aware of any RIDDOR reportable incidents which involve a member of their staff;

- seek advice regarding which incidents meet reportable RIDDOR criteria from the Patient Safety and Risk Team;

- feedback to the person reporting the adverse incident details of the action taken to prevent recurrence; this is essential to motivate staff to report. Other members of the team may also need to be provided with this feedback;

- ensure that adverse incident reporting mechanisms is included in local induction for all staff (permanent, temporary and contract).

Head of Nursing and Quality (Patient Safety and Risk)

6.5 The Head of Nursing and Quality (Patient Safety and Risk) is responsible for:

- the overall management of this policy;

Patient Safety and Risk Manager

6.6 The Patient Safety and Risk Manager is responsible for:

- ensuring this policy is reviewed within the required timeframe;

- ensuring that the Standard Operating Procedures referred to within this policy are up to date and adhered to at all times;

- ensuring that any learning identified is shared to a wider audience, as appropriate.

Patient Safety and Risk Facilitator

6.7 The Patient Safety and Risk Facilitator is responsible for:

- the day to day management of this policy;

- writing and maintaining the Standard Operating Procedures referred to within this policy;

- following the Standard Operating Procedures referred to within this policy.

Patient Safety and Risk Coordinator

6.8 The Patient Safety and Risk Coordinator is responsible for:

- liaising with 'subject experts' within the CCG (e.g. infection control, medicines management, safeguarding) with regards to adverse incidents, as appropriate;
- working with Providers to achieve timely responses to adverse incidents;
- closing adverse incidents when a satisfactory response has been received in relation to the incident, which includes steps being taken to prevent a recurrence;
- supporting GP practices and small Providers (e.g. care homes/nursing homes) to undertake incident investigations if required;
- producing theme/trend reports for internal, Provider and wider system use, as per an agreed schedule;
- reviewing all submitted Adverse Incident data for completeness and accuracy and ensure that an investigation appropriate to the level of risk has been undertaken;
- ensuring that the data is entered on Ulysses within three working days of receipt;
- ensuring the procedure for reporting any RIDDOR reportable incidents is followed;
- in the event of any suspicion of fraud, bribery and corruption or theft, ensure the details are referred to the CCG's Counter Fraud Specialist and/or the CCG's Security Management Specialist in accordance with the CCG's Fraud, Bribery and Corruption Policy and the CCG's Security Management Policy.

Data Protection Officer

6.9 The Data Protection Officer is responsible for:

- having oversight of all data security and cyber related incidents;
- ensuring themes and trends are identified and that there is organisational learning from data security and cyber-related incidents.

Counter Fraud Specialist

6.10 In the event of a referral regarding fraud, bribery or corruption, ensure the referral is dealt with in accordance with the Fraud, Bribery and Corruption Policy.

Security Management Specialist

6.11 In the event of a referral regarding theft, ensure the referral is dealt with in accordance with the Security Management Policy.

All staff

6.12 All staff have a duty to follow this procedure by reporting all adverse incidents promptly (within their area of responsibility or which have affected them directly) using the web-based reporting form. The online form is located via the following hyperlink: https://safeguard.dorsetccg.nhs.uk/SafeguardCCG.

7.0 PROCESS FOR REPORTING AND MANAGING ADVERSE INCIDENTS

7.1 All adverse incidents should now be reported directly through the CCG web reporting system Ulysses via the following hyperlink: https://safeguard.dorsetccg.nhs.uk/SafeguardCCG.

7.2 The document to support the reporting of an incident via Ulysses can be found in Appendix B

7.3 Incidents should be reported within the following timescales:

No harm/ low harm incident	• **At staff members earliest opportunity and within three working days at the latest**
Moderate/ Major	• **At staff members earliest opportunity and within 24 hours at the latest**
Catastrophic	• **Immediately / as soon as practical**

7.4 Standard Operating Procedures (SOPs) are in place within the Patient Safety and Risk team to ensure that processes are consistently applied. These can be obtained from the Patient Safety and Risk team on request.

7.5 Some adverse incidents require the involvement of colleagues within the CCG for example, Safeguarding team, Quality Improvement Team or Medicines Management.

7.6 Adverse incidents relating to data security are managed directly by the CCG Data Protection Officer. Data breaches are reported via the Data Security and Protection intranet page: https://nhsdorsetccg.sharepoint.com/sites/information/SitePages/Data-Breaches.aspx.

7.7 If a data breach puts a Data Subject at 'high risk', the Data Protection Officer must be notified immediately via databreach@dorsetccg.nhs.uk. In such cases the event needs to be reported to the Information Commissioner and to the Data Subject within 72 hours.

7.8 Data security and protection incidents relating to GP Practices requires notification of the GP Data Protection Officers via GPDPO@Dorsetccg.nhs.uk as per Appendix C

RIDDOR reporting (CCG staff only)

7.9 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require employers, the self-employed and those in control of premises to report specified workplace incidents.

7.10 For general guidance on the requirements of RIDDOR, such as, who should report, how to report and when to report, please visit the HSE RIDDOR website.

7.11 The HSE (Health and Safety Executive) has also developed an information sheet helps clarify how RIDDOR applies to the health and social care sector and whether certain types of incident are reportable (including examples): https://www.hse.gov.uk/pubns/hsis1.htm

7.12 For further advice or to report a RIDDOR incident contact the Patient Safety and Risk team during working hours, or visit the HSE website http://www.hse.gov.uk/ as failure to meet the reporting criterion is a breach of Health and Safety Regulations and could lead to prosecution.

Medical attention and support (CCG staff and on-site visitors)

7.13 In cases of physical injury members of staff should attend the nearest Emergency Department or Minor Injuries Unit Department as soon as possible. They should be accompanied by a Manager or colleague so that details, records and, where appropriate photographs may be taken. The member of staff will be requested to give a written or verbal account of the incident as soon as possible. This may be used for further inquiries by the CCG and support the adverse incident report.

7.14 Immediate support should be in the nature of practical and emotional support from colleagues and/or from anyone requested to provide this (family or friend). Staff are strongly advised to keep Line Managers/Human Resources informed of contact details of those whom they wish to be contacted should the occasion arise.

Undertaking investigations

7.15 Adverse incidents require an investigation. A common methodology to investigate adverse incidents is ‘Root Cause Analysis’ (RCA). This is a systematic approach to investigating an incident to identify whether there were any care/service delivery problems or contributory factors which led to the incident, and what the root cause of the incident was. This will lead to lessons learnt, recommendations and the formation of an action plan.

Terms of Reference

7.16 On infrequent occasions, usually when multiple Providers are involved, it is helpful for a clearly determined Terms of Reference to be agreed ahead of any investigation. This is led by the Patient Safety and Risk team.

7.17 The Patient Safety and Risk team are willing and able to work alongside any Provider who needs to undertake an Investigation and requires support to do so.

Freedom to Speak Up

7.18 Whistleblowing occurs when an employee or worker provides certain types of information, usually to the employer or a regulator, which has come to their attention through work. The disclosure may be about the alleged wrongful conduct of the employer, or about the conduct of a fellow employee, client, or any third party. The whistleblower is usually not directly, personally affected by the danger or illegality, although they may be. Whistleblowing is therefore 'making a disclosure in the public interest' and occurs when a worker raises a concern about danger or illegality that affects others, for example members of the public.

7.19 The CCG is committed to creating a safe working environment where people feel comfortable in raising their concerns. The Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy (Policy Ref: 142) seeks to guide people through the process in a fair and transparent manner and is available on the CCG intranet under Workforce policies.

Investigation timeframe

7.20 The CCG requests that responses to adverse incidents are received within 40 working days (8 weeks) of the incident being reported to the CCG.

7.21 The Patient Safety and Risk team maintain regular contact with Providers and reporters, requesting updates in relation to when investigations are approaching their due date.

7.22 The CCG is realistic that the 40-day timeframe, whilst aspirational, cannot always be achieved. This timeframe can be particularly challenging for complex investigations. In these circumstances, the CCG requests that the investigator regularly updates the CCG with progress in relation to the investigation and outcome timeframes.

7.23 The CCG also requests that all incidents are reported to the CCG in a timely manner. This will allow for the organisation that needs to undertake the investigation to do so within timeframes which will allow for staff to clearly recollect the incident. If reports are frequently not submitted in a timely manner, this will be raised by the CCG Quality Contract Lead with the Provider, with supporting examples.

Subject experts

7.24 The Patient Safety and Risk Co-ordinator may draw on subject expertise within the Nursing and Quality Directorate, and throughout the CCG, if necessary. This could be following receipt of an Adverse Incident and/or receipt of a response in relation to the incident.

Closing Adverse Incidents

7.25 Adverse incidents will be closed on Ulysses following receipt of a response from the investigating organisation, which addresses the issues identified within the initial report. This response is then sent to the reporter. If the reporter is not satisfied with the response, the incident can be reopened for further

investigation. The SOP for closing an adverse incident can be obtained from the Patient Safety and Risk team on request.

7.26 If the incident is outside the scope of an adverse incident then the incident will be recorded and closed on receipt. A response will be sent to the reporter informing them of the process.

Reporting

7.27 The Patient Safety and Risk team is responsible for gathering information from all adverse incidents reported to the CCG and for preparing routine and ad hoc reports as required.

8.0 TRAINING

8.1 Training can also be provided on request from individual departments/teams.

9.0 CONSULTATION

9.1 Those consulted during the development of this revised policy document were:

- Nursing and Quality Directorate leadership team;
- Patient Safety and Risk team;
- Safeguarding teams;
- Primary Care Quality Lead;
- Emergency Planning Lead;
- Internal Audit;
- Local Counter Fraud Specialist
- Local Security Management Specialist
- CCG and GP Data Protection Officers

9.2 Regarding the need for an Equality Impact Assessment, following due consideration it has been determined that an Equality Impact Assessment is not required for this policy document.

10.0 RECOMMENDATION AND APPROVAL PROCESS

10.1 As a 'Risk Management' policy document, this policy is to be approved by the Director's Performance Meeting.

10.2 This requirement reflects the process for recommendation and approval of procedural documents outlined in 'Procedure for the development and management of procedural documents' (Policy Ref: 17).

11.0 COMMUNICATION/DISSEMINATION

11.1 Following approval, this policy will be uploaded to the CCG intranet.

11.2 Following approval, this policy will be uploaded to the CCG website

11.3 A copy of the policy will also be provided to Providers and made available for GP practices and Care Homes.

12.0 IMPLEMENTATION

12.1 Work is ongoing to raise awareness of the importance of reporting adverse incidents to the CCG and to increase the number of incidents reported.

12.2 This policy will be reviewed as part of the implementation of the new Patient Safety Incident Response Framework (due 2021).

13.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

13.1 This policy will be subject to an audit by Internal Audit on a cyclical basis. Dorset CCG has a three-year strategic plan, and adverse incidents was last audited in November 2019.

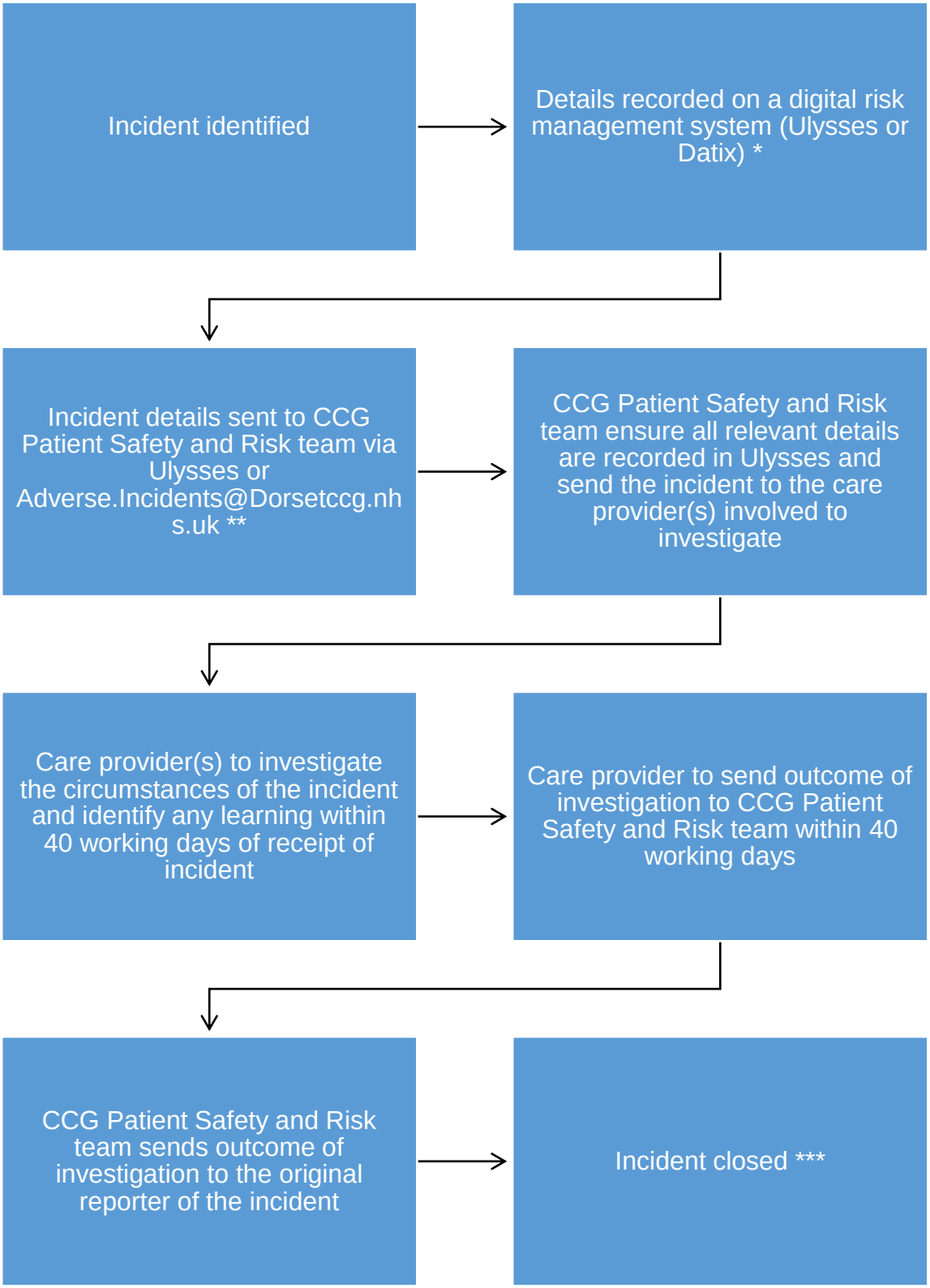
13.2 Any areas of concern or non-compliance identified in the internal audit resulted in the production of an action plan. This will be reviewed by the Audit Committee. Actions will be recorded in the committee/group minutes.

14.0 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

14.1 This policy is reviewed every two years to take account of any changes in national guidance. Necessary changes throughout the year will be issued as amendments to the policy. Such amendments will be clearly identifiable to the section to which they refer and the date issued. These will be clearly communicated via the CCG

Appendix A

Adverse Incident flow chart



*if no access to a digital risk management system send the details via email to Adverse.Incidents@Dorsetccg.nhs.uk

**large provider organisations can send incident details directly to another large provider organisation

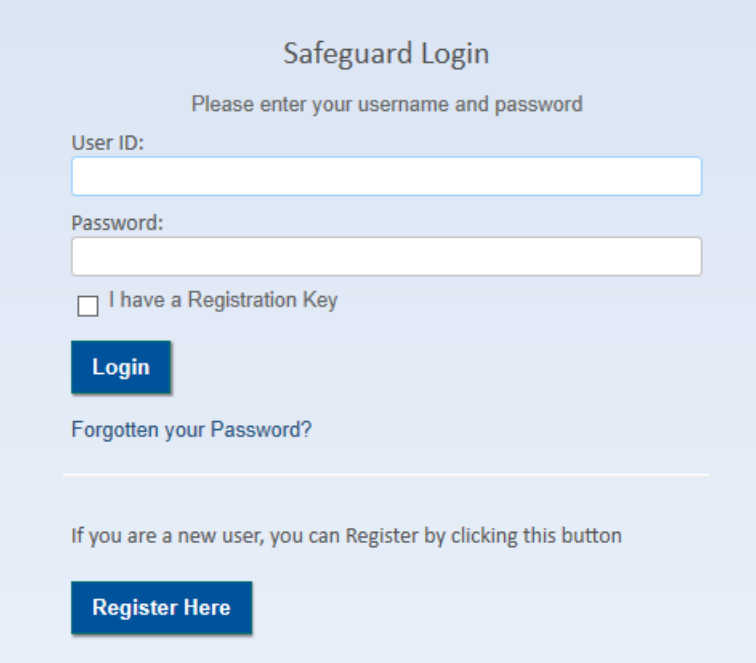
***if the original reporter is not satisfied with the response the incident can be re-opened

Appendix B

ADVERSE INCIDENTS/EVENTS AND GP INTELLIGENCE REPORTING

The adverse incidents and GP intelligence reporting form is designed for reporting of events about yourselves and other providers. Adverse incidents should be reported as soon as possible after the occurrence.

To report any incident within the CCG, follow this link:- https://safeguard.dorsetccg.nhs.uk/ which will take you to this login screen;

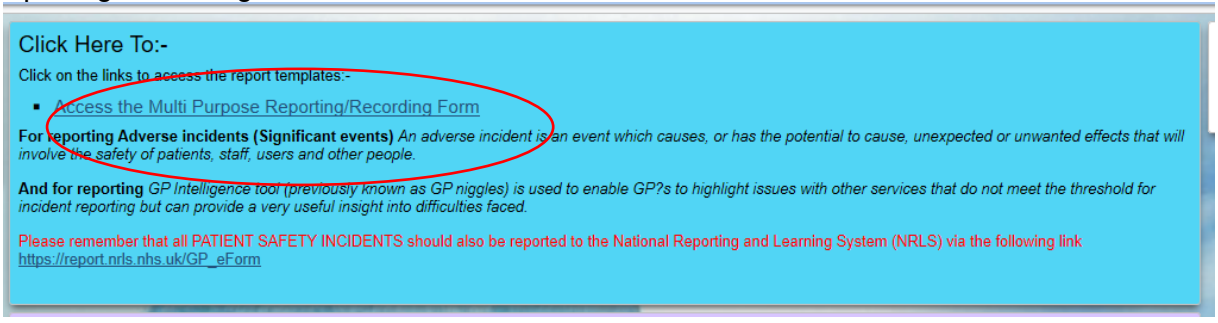


Log in using the username and password that has been assigned to you, in most instances this will be the login details that you use to log into your computer.

If you're unable to login using your computer details, you can request a login by using the 'Register Here' button and following the instructions, you will receive an automated email from the system to confirm that your registration request has been sent to the Patient Safety and Risk team for authorisation. You will then need to wait for this to be authorised; an email will be sent to you by a member of the team as soon as possible along with guidance documents to support you.

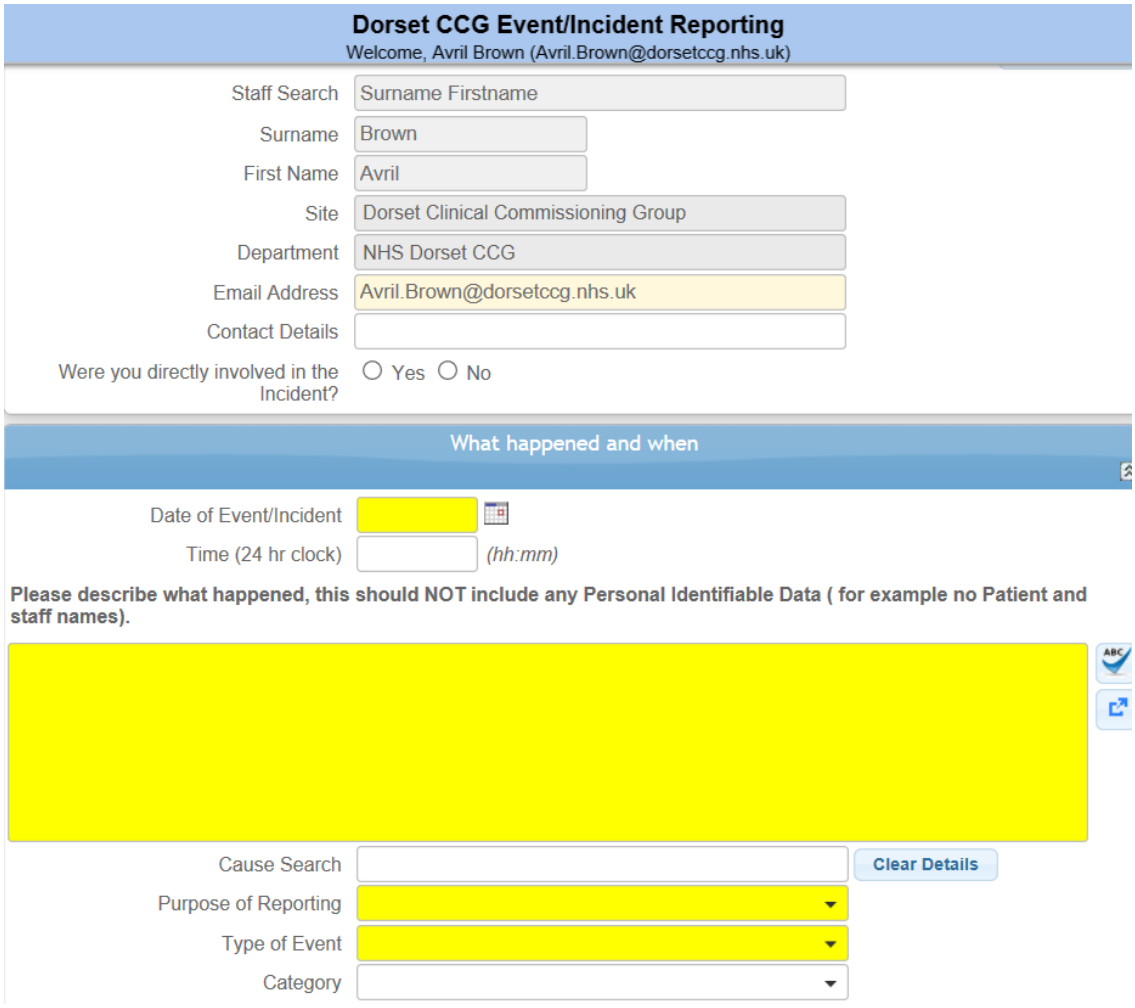
Once logged in, the 'Dorset CCG Reporting & Risk Management' landing page can be viewed (as below).

Click on 'Access the Multi - Purpose Reporting Form' (circled below in red). A blank incident reporting form will generate.



The '**Your Details'** section should auto-fill with your name and you will need to identify whether you were directly involved in the incident.

Always complete the forms from the top and work downwards. The yellow sections must be completed before you can move on. Click 'Next' at the bottom of the screen once completed.

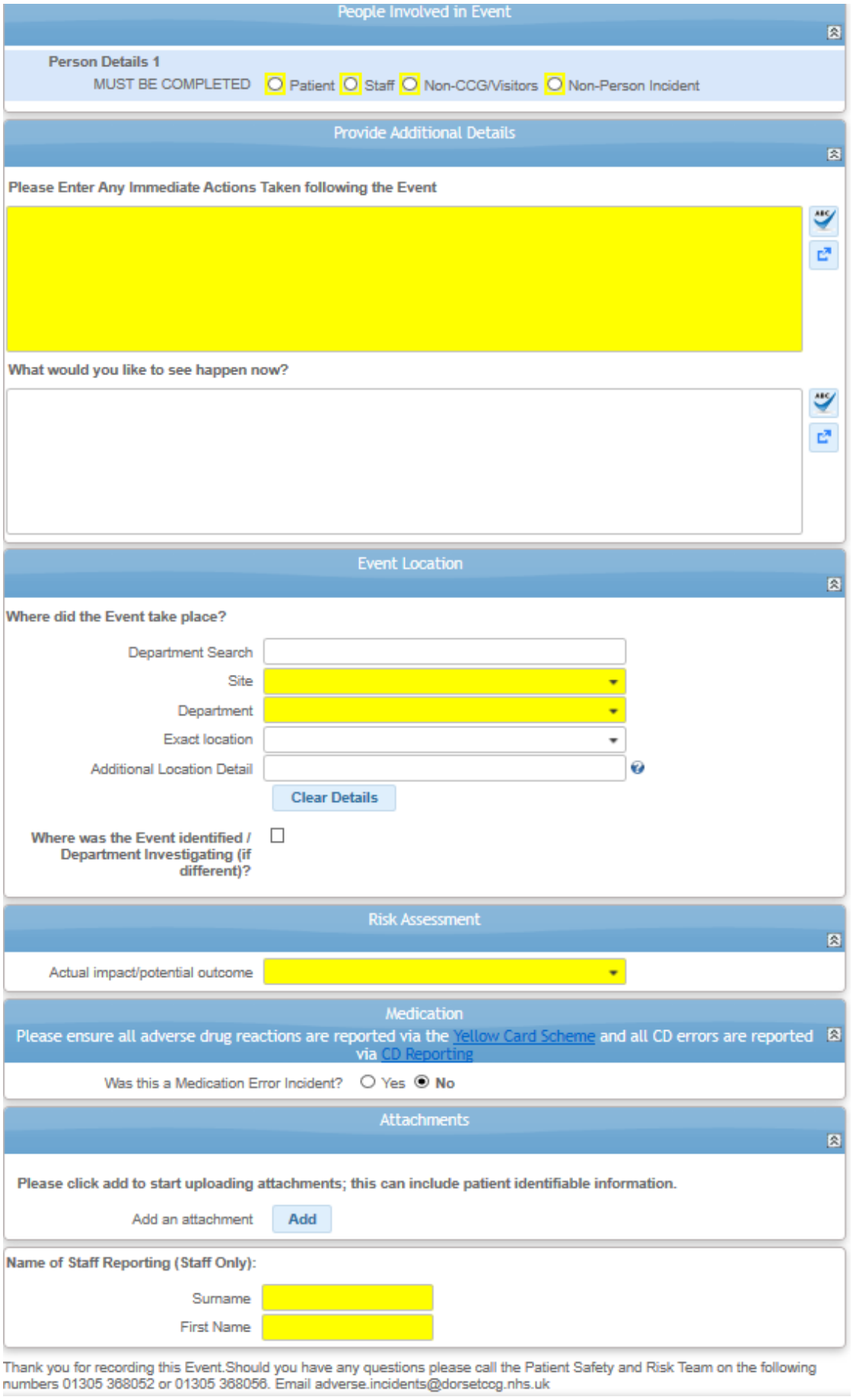


'Purpose of Reporting';

- *Recording an Event/Incident* should be used to record anything which has resulted in a poorer outcome for a patient or member of staff.
- *GP Intelligence* should be used when reporting a concern or frustration that has not had a direct impact on the care of a specific individual.

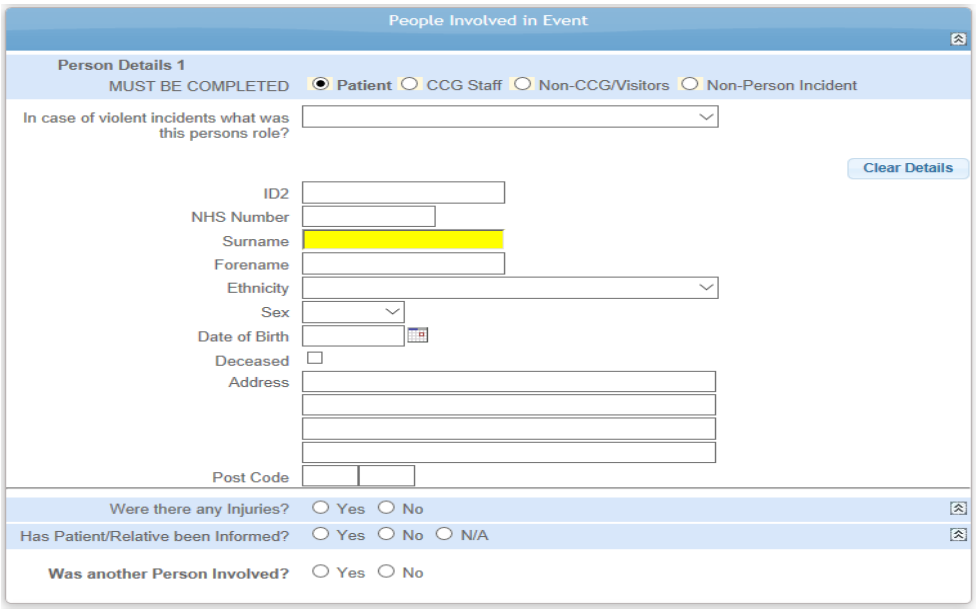
Reporting an Event/incident, *for example:*
You have not been sent discharge information in a timely fashion for a patient who was discharged from hospital and this led to a delay in the patient receiving medicines having an **adverse effect on the patient** enter:- Purpose of Reporting: *Recording an Event/Incident,* Type of Event: *Care Delivery,* Category: *Discharge – Inadequately Managed*.
Or
GP intelligence**,** *for example:* hospital contract breaches can include inappropriate requests to Primary Care, or if you received discharge information from a hospital four months post-discharge, no medicines were given, or follow-ups were missed as a result. This is a service quality issue (there were **no adverse effects on the patient**) which would be recorded as Purpose of Reporting: *GP Intelligence*, Type of Event: *Pathway Issue,* Category: *Discharge Communication.*

Please fill out as much of the form as possible; the more information we have the quicker we can start the process of following up your report.



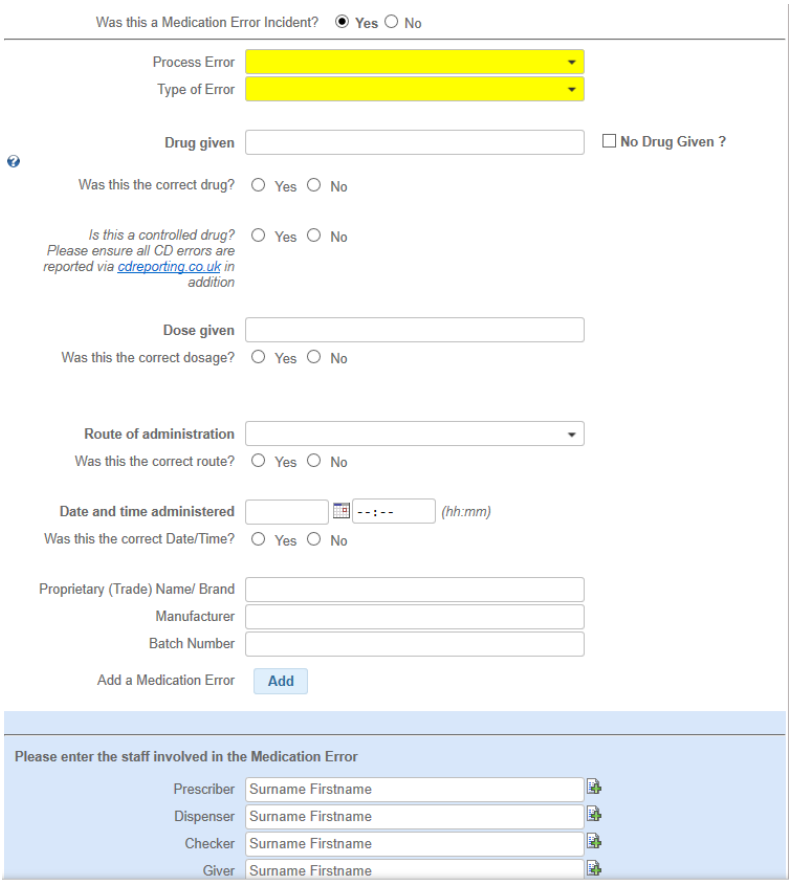
Additional sections will open depending on your selections.

Where an incident has caused harm to a patient we will need as much information about them as possible (ideally three pieces of identifiable information) to aid the investigation by the provider involved.



Medication incidents:

If the incident is a medication error, please complete the *Medication* section with as much detail as possible. Dispensing errors at dispensing practices will be reviewed by the CCG Medicines Management Team.



Name of Staff Reporting (Staff Only): this will be your name so that you can be contacted should any further information.

What happens next:

- Once completed press 'Submit' you will then receive an automatic confirmation e-mail from the system and will be advised by a member of the Patient Safety and Risk team in due course *if* any further action/information is required.
- It is likely, if an incident has been reported about your practice/department by another provider, that you will receive an alert to tell you this. Please be aware that you won't be able to access this incident on the system as it's been reported by someone else and not your own practice/department. In due course a request for investigation or further information will be sent to you by a member of the Patient Safety and Risk team, so you won't have to do anything with it until this happens.
- Feedback will be given to the reporter on any learning from the incident to prevent a reoccurrence.
- Submitted reports are analysed for themes and trends to support learning from incidents and capturing lessons learnt.

*To return to your incident please go to *'manage my incident'* on the homepage, click on the number on the left of your screen to open and click on manager's form on the right.

Appendix C

Data Security and Protection Advisory Team

NHS Dorset Clinical Commissioning Group

Reporting a minor incident

Reporting a serious incident

Assessing the Risk

Establish the **likelihood** of the effect to an individual's rights and freedoms:

	Likelihood	Description
1	Not at all	There is absolute certainty that there will be no adverse effect e.g. an audit trail or forensic evidence.
2	Not likely or not at all but the incident involves a vulnerable group	In cases where there is no evidence that can prove outright that there will be no adverse effect.
3	Likely	It is likely that there will be an adverse effect to an individual's rights and freedoms arising from the breach.
4	Highly Likely	There is almost certainty that there will be an adverse effect to the individual's rights and freedoms.
5	Occurred	There is a reported occurrence of an adverse effect arising from the breach.

Establish the severity of the **effect** to an individual's rights and freedoms:

	Effect	Description
1	No adverse effect	There is absolute certainty that no adverse effect can arise from the breach.
2	Potentially some minor adverse effect or no adverse effect but the incident involves a vulnerable group	In cases where there is no absolute certainty that an adverse effect will not occur or a minor adverse effect e.g. the cancellation of an appointment, without any additional suffering to the individual or without creating an inconvenience to those who need the data in order to do their job.
3	Potentially some adverse effect	An adverse effect may be the release of confidential data into the public domain leading to embarrassment or some adverse effect e.g. the cancellation of an appointment which has the potential for prolonged suffering of the individual, but does not lead to a decline in health or prevent them from doing their job.
4	Potentially pain and suffering and/or financial loss	Where there has been reported suffering and a decline in health arising from the breach or there has been some financial detriment to the individual, e.g. loss of bank details leading to the loss of funds or the loss of employment.
5	Death and/or catastrophic event	The person dies or suffers a catastrophic occurrence such as a significant detriment to their health.

Severity of the effect to an individual's rights and freedoms	**Catastrophic**	**5**	5	10	15	20	25
	Serious	**4**	4	8	12	16	20
	Adverse	**3**	3	6	9	12	15
	Minor	**2**	2	4	6	8	10
	No effect	**1**	1	2	3	4	5
Key:			**1**	**2**	**3**	**4**	**5**
ICO, NHS Digital and NHS England Reportable			**No occurrence**	**Not likely**	**Likely**	**Highly likely**	**Occurred**
ICO Reportable			**Likelihood of effect to an individual's rights and freedoms**				
All incidents should be reported to the Data Protection Officers							