



Family Nursing & Home Care

Standard Operating Procedures **(Incident reporting)**

7 April 2021

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Version Control / Changes Made

Date	Version	Summary of changes made
2010	1.3	
2012	1.4	
2021	2	Complete overhaul to reflect use of Assure Incident reporting System and latest developments in patient safety learning events.

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Introduction

Identifying incidents, recognising the needs of those affected, examining what happened to understand the causes and responding with action to mitigate risks remain essential to improving the safety of healthcare (NHS 2020).

Learning from experience is vital to the safe and effective delivery of services at Family Nursing & Home Care (FNHC). Staff are committed to providing safe, high quality care to patients, clients and families. On the rare occasion that something may go wrong, the organisation wants to ensure that it learns from what happened to avoid the same thing happening again.

FNHC use the incident module on Assure (Safety Management System) for incident reporting which allows review and analysis of all incidents so that risks can be identified and addressed and learning can take place to reduce risk and help prevent recurrence of incidents.

The reporting of incidents is every employee or volunteer's responsibility.

Legislation, Regulation and Associated Policies and Procedures

FNHC Health and Safety Policy
FNHC Home Care Medicines Policy
FNHC Information Governance Policies
FNHC Learning Events Standard Operating Procedures
FNHC Medicines Policy
FNHC Prevention and Management of Violence, Aggression and Unacceptable Behaviour at Work Policy
Health and Community Services (2017) Policy and procedures for the management of serious incidents.
Health and Community Services (2019) Patient Safety Learning Event Policy
Health and Safety at Work (Jersey) Law 1989
NHS (2015) Serious Incident Framework.
NHS (2020) Patient Safety Incident Framework.
Regulation of Care (Jersey) Law 2014

Definitions

The term '**incident**' within this SOP refers to all incidents, accidents and near misses. Below is a list of incident types with definitions and examples. Please note that this list is not exhaustive and should there be any doubt over whether an event or occurrence is an 'incident' then staff are encouraged to report what happened using Assure (they can be removed easily if not appropriate see SOP 2).

Incident type	Definition	Examples
Patient Safety Incidents	Unintended or unexpected incident which could have, or did, lead to harm for one or	Medication incidents Missed visits Communication issues Unsafe discharges

	more patients receiving health care, e.g.:	Missing referrals/information Pressure ulcers Patient slips/trips/falls
Health and Safety Incidents	<p>Accident - an event that results in injury or ill health</p> <p>Undesired circumstance - set of conditions or circumstances that have the potential to cause injury or ill health</p> <p>Dangerous occurrences: gas leaks, lifting equipment failure</p>	<p>Employee slips/trips/falls</p> <p>Vehicle collision</p> <p>Abuse towards employees</p> <p>Moving and handling incidents</p> <p>Sharps injury</p> <p>Flood</p> <p>Fire</p>
Data Protection Incidents	<p>Personal Data Breach - This happens when personal data has been accidentally or intentionally:</p> <ul style="list-style-type: none"> lost destroyed altered disclosed 	<p>Email containing personal data sent to wrong recipient</p> <p>Lost records/notes</p> <p>Unauthorised access to systems/information</p> <p>Information pertaining to one patient added to another patient's record</p>
Near Miss	A near miss is an event that could have caused harm or had a short term or long term detrimental effect had it have been allowed to reach its natural conclusion	<p>Wrongly dispensed medicines (identified before administration).</p> <p>Vaccine fridge not working (no vaccines stored inside)</p>

The immediate management of an incident should ensure that those directly involved in the event receive the immediate care and assistance to minimise any harm.

This SOP refers to the reporting of incidents and how incident reports are processed and managed. The processes for investigation and learning are set out in [Learning Events Investigation SOP](#)

Any incident involving a patient/client/child in FNHC care must be documented within their care records in addition to reporting the incident on Assure. The care record should state when the incident has been reported on Assure.

Please note that medical photography (photographs of patient/client/child wounds/injuries etc.) must be attached to care records and should not be uploaded to Assure.

SOP 1 – Incident Reporting

Purpose

This SOP identifies the process for reporting incidents on Assure (incident reporting system).

Scope

All employees and volunteers have a responsibility to report incidents which have occurred in the course of them carrying out their duties including:

- Incidents that they have been involved in
- Incidents that they may have witnessed
- Incidents that caused no harm or minimal harm
- Incidents with a more serious outcome
- Prevented incidents ('near misses')

Core Requirements

All employees and volunteers will receive incident reporting training upon induction which will include information on how to access Assure.

Incidents may be reported via the web portal (no login) or through the incident module (login required) as soon as possible after the event and no later than 24 hours following the event.

Assure Web Portal



The Assure Portal provides online access to:

- report incidents;
- access policies, procedures and other documents; and
- access COSHH information and assessments

The Assure Portal can be accessed on a networked laptop or PC either through the Windows Menu or by entering <https://sheassure.net/fnhc/Portal/Portal/Index> into the browser or through the **AssureGo+ App** which may be downloaded onto FNHC mobile devices (instructions in appendix 1).

Once on the portal there are a choice of two forms to report incidents:

Forms

	Report an Incident (affecting a person)
	Report an Incident (no affected person)

Assure Login

Some employees will be issued with an Assure Login, where they are required to carry out further activities on Assure (in addition to incident reporting). The log in page can be accessed: <https://uk.sheassure.net/fnhc>

Clicking on the **+ New Record** button will open a blank incident report, because this has been opened through an account login, the form includes a section for risk assessment and investigation (**further information available in the Learning Events SOP - Learning Events SOP**).



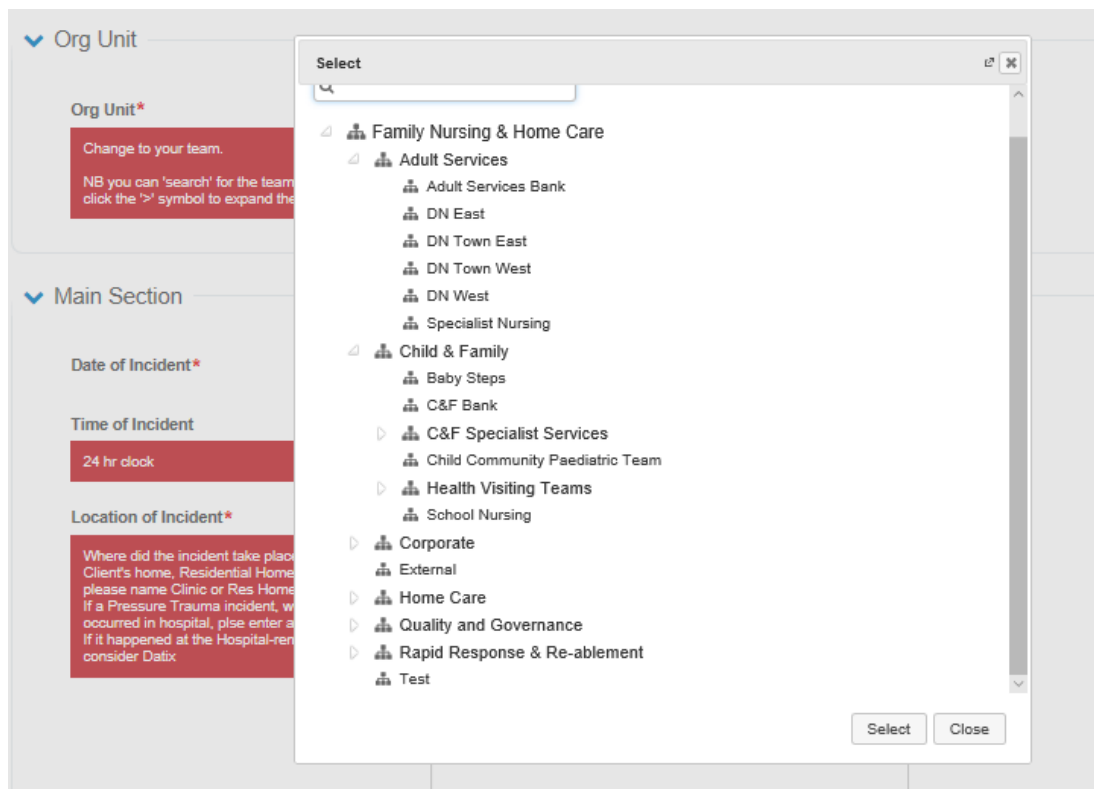
Incident Record

+ New Record

Regardless of how the incident report form is accessed the following sections are important to ensure that the incident is reported accurately so that learning can be identified and action taken where necessary to reduce the risk of recurrence.

Org Unit

The first section asks for the Organisational (Org.) Unit. It is important that this menu is expanded to select the appropriate team or department the incident has occurred in.

The screenshot shows a web form for reporting an incident. The "Org Unit" section is highlighted. It has a red box with instructions: "Change to your team. NB you can 'search' for the team by clicking the '>' symbol to expand the list". Below this is a dropdown menu. The dropdown is open, showing a list of teams and departments. The list is organized into categories: "Family Nursing & Home Care" (with a sub-category "Adult Services" containing "Adult Services Bank", "DN East", "DN Town East", "DN Town West", "DN West", and "Specialist Nursing"), "Child & Family" (with sub-categories "Baby Steps", "C&F Bank", "C&F Specialist Services", "Child Community Paediatric Team", "Health Visiting Teams", and "School Nursing"), "Corporate" (with "External"), "Home Care", "Quality and Governance", "Rapid Response & Re-ablement", and "Test". At the bottom of the dropdown are "Select" and "Close" buttons.

Main Section

This section has a number of mandatory fields which record details of the incident. It is important as it contains incident categories that FNHC uses to identify trends and measure safety and quality.

Incident Category*	<input type="text"/>
Type of Incident*	<input type="text"/>
Incident Sub-Type	<input type="text"/>

Incident Severity

This section measures the impact of the incident, this helps to measure the level of harm. It refers to the effect of **what actually happened** and not what could have happened. Appendix 2 contains a guide to consequence scoring.

Incident Severity*

Please refer to the Consequence Score (incident severity) matrix to determine the severity of the incident

NB you can find a link to the severity matrix on the Portal homepage.

Catastrophic
Major
Moderate
Minor
Negligible
No impact

Person Section

This must be the person who was affected by the incident, there is a section further along the form for additional people involved in the incident.

▼ Person Section

Who Was Involved*	<input type="text"/>
URN or EMIS	<input type="text"/>
If Person involved is a patient	
Forename(s)*	<input type="text"/>
Surname*	<input type="text"/>
Address	<input type="text"/>

Injury Details

Where there has been an injury, click on the **+Add** button, where injury details can be recorded. This section must be completed where there has been physical harm.

▼ Injury Details (e.g. pressure trauma)

Injury Type *	Apparent Cause *	Parts of Body Affected *
<div>+ Add</div>		

Injury or Ill Health Section

This section allows a brief summary of any treatment given to be recorded (this is in relation to the incident). Where a patient/client/child in the care of FNHC is affected, full details of any treatment, assessment or care delivered must be recorded within the care record.

Violent or Abusive Section

This section allows the recording of violence and abuse, including verbal abuse towards employees, which must be reported. It also records where there has been psychological harm.

▼ Violent or Abusive Section

Was the incident violent or abusive? ☐

Please ensure this is ticked if completing violent or abusive information below

Type of Assault

Assailant Status

Please Rate the level of Trauma experienced

Young Person Section

This section provides context to incidents involving children and young people, and records whether parents/carers have been informed.

Equipment Selection

This section provides a record of any equipment involved in the incident.

Submission

When complete, click **Submit**, Assure will not allow submission if the mandatory fields have not been completed. You will receive a message thanking you for the submission when it has been accepted.

SOP 2 Assure Portal Management

Purpose

This SOP sets out responsibilities for the review and release of incidents reported through the portal.

Scope

This SOP applies to the Director of Governance, Care and Regulation, Head of Quality, Governance and Care, and Clinical Effectiveness Facilitator and other members of the Governance Team where necessary.

Core Requirements

The portal will be checked twice daily during office hours. Incidents reported through the portal will be reviewed by a member of the Governance Team and released, which will send a notification email to the relevant persons (see table below).

The following will be reviewed, adjusted where appropriate, or clarification sought through the use of the Action function on Assure.

- Org Unit – to ensure that the incident has been reported under the correct team/department.
- Incident severity
- Categorisation
- Person involved
- Injury details

Rejection of incidents

Incidents can be rejected from the portal or deleted from the incident module where the event reported is not an 'incident' or where the same incident has been reported more than once. The Governance Team are responsible for a decision to reject/delete incident reports. They will inform the relevant manager/person who submitted the report.

Notification of incidents

Notifications of incidents reported through the Assure incident module will be sent upon submission of the incident report and will not be reviewed by the Governance Team prior to release.

Notifications of incidents will be sent via email as per the table below:

Director of Governance, Care and Regulation	All incidents
Head of Quality, Governance and Care	All incidents
Clinical Effectiveness Facilitator	All incidents
Operational Leads/Departmental Managers	Incidents occurring within their service/department only.
Team Leads/Deputies/Managers	Incidents occurring within their teams only.

SOP 3 Incident Report Review and Approval

Purpose

This SOP sets out responsibilities for the review and approval of incidents reported on Assure.

Scope

This SOP applies to team leaders/deputies, department managers/operational leads and registered managers and should be read alongside the **learning events investigation SOPs** - [Learning Events SOP](#)

Core Requirements

The team leader/deputy must review submitted incident reports within 3 working days from their submission. They then must either:

- Make a decision not to investigate further
- Complete or delegate completion of the incident investigation section within the incident report.
- Complete or delegate completion of pressure ulcer root cause analysis (PURCA) on Assure
- Following discussion with senior manager agree on a Comprehensive Investigation





This should be recorded within the investigation section as per the guidance in the **learning events investigation SOPs**.

Incident Outcome

Investigation deemed unnecessary
Investigation section complete
Pressure Ulcer RCA
Comprehensive investigation (not on Assure)

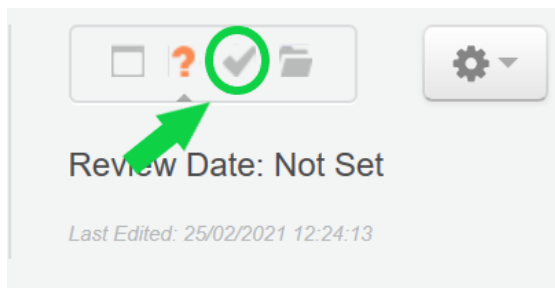
Record submission

When the investigation has been completed or deemed unnecessary, the team leader/deputy must then submit the record to the operational lead/department manager for approval by clicking the question mark in the review section on the incident record list, where they must enter their name, add any further comments, save and close.

Reference: 2708	Org Unit: Test	Date of Incident: 10/03/2021	★ (0) 🔗 (0) 🔍 (0) 📄 (0)	   
Incident Category: Access, appointment, admi...	Incident Details: Test	Incident Severity: No impact	Review Date: Not Set <small>Last Edited: 10/03/2021 16:44:02</small>	

Record approval

When the record has been 'submitted' the question mark will turn orange. This then indicates to the Operational Lead/Department Manager that it is ready for their review and approval. If they agree the outcomes of the incident report/investigation, then they must click on the tick, add any comments, then save and close (the tick will turn green).



Archiving

Records will be archived on an annual basis by the Governance Team. However, they remain on the system and can be easily accessed through the Filter menu on the incident report list.

Time frames

Action	Timeframe	Responsibility
Review of need to notify Jersey Care Commission	Within 2 working days of incident	Operational Lead/Registered Manager
Review of incident	Within 3 working days of notification	Team leader / deputy / manager
No investigation/assure investigation/PURCA*	Within 2 weeks from date of notification	Team leader / deputy / manager
Approval	Within 4 weeks from date of notification	Operational lead / departmental manager

*Refer to Learning Events SOP for comprehensive investigation time frames

SOP 4 Notifying external agencies

Purpose

This SOP sets out the process and responsibilities for the notification of incidents to external agencies. This does not include the management of the actual incident/event which may require emergency response/safeguarding/child protection referrals (see relevant policy/procedure for further information).

Scope

This SOP applies to department managers, operational leads/registered managers and the Governance Team.

Core Requirements

Health and Community Services (HCS)

Where it becomes apparent that an incident affecting a patient/client/child in FNHC care originated under HCS (e.g. – where a person has been discharged from hospital with a pressure ulcer that has not been identified on referral, unsafe transfer of care or where there has been failure to notify FNHC of a new birth etc.) then a **Datix** incident report should be completed. This can be accessed through HCS intranet or through the Windows menu on networked laptops and PCs (Datix access will be discussed during induction assure training).

Jersey Care Commission (JCC)

Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018) requires that a registered person must notify the Jersey Care Commission of such accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify (appendix 3 contains a list of events/occurrences that require notification from the JCC).

The Registered Manager must review all incidents within their service and notify the JCC using the **JCC Notification of Incident Form** (appendix 4) within two working days of the incident. The Notification of Incident Form must be sent to the JCC via email using Egress (email encryption software).

Jersey Office of the Information Commissioner (JOIC)

The Data Protection (Jersey) Law 2018 includes a duty on all organisations to report certain types of personal data breach to the Jersey Office of the Information Commissioner (JOIC). This must be done without undue delay, within 72 hours of becoming aware of the breach, not after investigation. The Data Protection Officer should review all reported data breaches and notify the JOIC where this is required.

Health and Safety Inspectorate (HSI)

There may be occasions where FNHC may be required to notify the HSI of incidents that have occurred. The Director of Governance, Care and Regulation is responsible for making any notifications to the HSI.

Medicine and Healthcare Regulatory Authority (MHRA)

Incidents involving medicines or medical devices or equipment should be reported to the MHRA using the Yellow Card Scheme as soon as possible after the event at:

<https://yellowcard.mhra.gov.uk/>

The Governance Team can advise on whether a notification is required and who will be best placed to complete the alert. Examples:

- a medicine causes side effects
- someone's injured (or almost injured) by a medical device, either because its labelling or instructions aren't clear, it's broken or has been misused
- a patient's treatment is interrupted because of a faulty device
- someone receives the wrong diagnosis because of a medical device
- a medicine doesn't work properly
- a medicine is of a poor quality
- you think a medicine or medical device is fake or counterfeit

Appendix 1

AssureGo+ on iPad

The following steps show how to upload and use the AssureGo+ App on FNHC iPads which will enable staff to carry out the following whilst in the community without having to access a PC or Laptop:

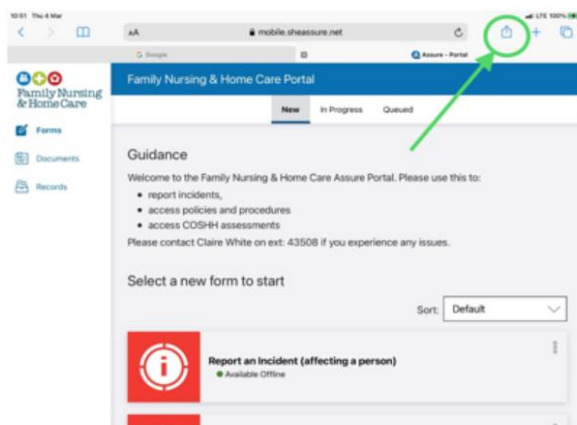
- Complete incident reports
- Access policies, procedures and other useful documents
- Access FNHC's COSHH register

The App can also be uploaded and used on FNHC mobile smart phones.

Any mobile device this App is uploaded to must be owned by FNHC and must be protected by a six-digit PIN

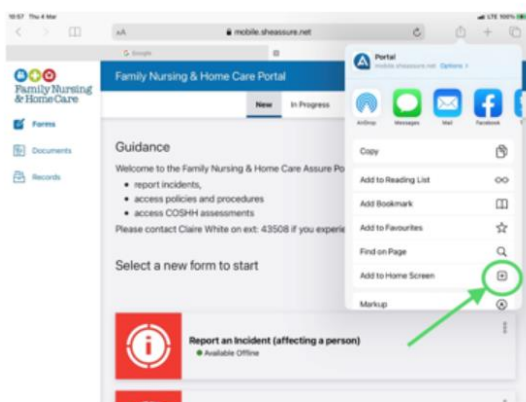
If you have any questions about the App, please contact Claire White: c.white@fnhc.org.uk / T. 443508

1. Open Safari (web browser on iPad) and type in <https://mobile.sheassure.net/fnhc/p/Portal/>

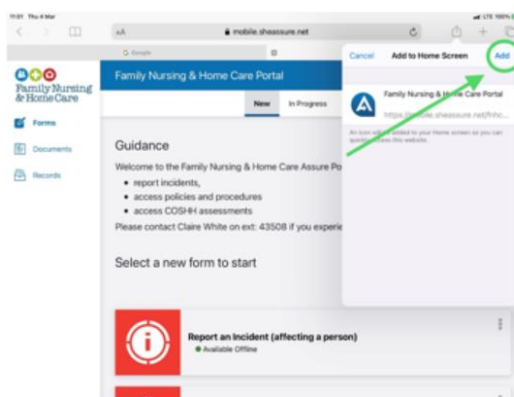


2. Click on the upload button

3. Select: **Add to Home Screen**



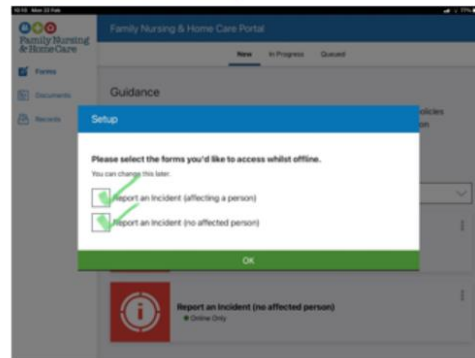
4. Select: **Add**



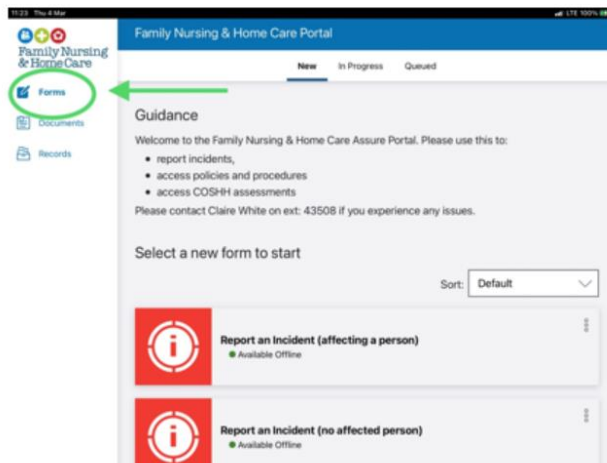
5. Click on the **Assure App**



6. Select **both**: (allows forms to be commenced when no access to WIFI/Data)



Incident Reporting



Under the forms section you can report incidents as you previously have done on a PC, but this version is mobile enabled, so easier to complete when using an iPad/mobile phone.

If you don't have time to complete the incident report or are completing it offline it will save your progress and let you return to it later.

You will know when reports have been submitted as there will be none 'In Progress'. Please ensure that your reports are submitted – you cannot access them again through the app once they have been submitted.

Appendix 2

Consequence Score (incident severity)

Use the table below to determine the incident severity. Choose the most appropriate domain from the left hand side of the table then work along the columns in the same row to assess the severity of the incident. Incident severity ranges from 'negligible' to 'catastrophic'.

	Consequence score (incident severity) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Patient and staff safety	Minimal injury requiring no / minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days. RIDDOR reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity / disability Requiring time off work for >14 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints / independent review Low performance rating Critical report	Unacceptable level or quality of treatment / service Gross failure of patient safety if findings not acted on Inquest / ombudsman inquiry Gross failure to meet national standards
Human Resources / Organisational Development	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff

			mandatory/key training	No staff attending mandatory/ key training	No staff attending mandatory training /key training on an ongoing basis
Statutory duty / inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations / improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / Reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Objectives	Insignificant cost increase / schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service / business interruption Impact on environment	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Extreme impact on environment

Appendix 3

Notifiable Events

Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018) requires that a registered person must notify the Jersey Care Commission of such accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify in such manner as the Commission may specify.

Below is a list of events/occurrences which will require notification (this list is not exhaustive). The term incident is used to refer to incidents, accidents and near misses.

- Any incident where harm has occurred.
- Any incident where medical attention was sought.
- Any incident which affects people's well-being e.g. fire, theft, burglary, interruption of power/heat etc.
- Safeguarding/child protection referrals
- Absconding
- Infectious diseases
- All pressure ulcers grade 2 and above (please supply body map) and a separate notification of a deterioration of any previously notified pressure ulcer.
- Referral of employee/volunteer to police or Regulatory Body
- Restrictive physical intervention (The Jersey Care Commission will be notified of any use of restrictive physical intervention which was found to be unlawful or not in the best interest of the person or where harm occurred).
- Authorisation of Significant Restriction of Liberty

(JCC, 2019).

Appendix 4



Notification of Incidents Form

Regulation 21: Notification of incidents, accidents and other events.

Please complete the form below and email to: notifications@carecommission.je within 2 working days of the incident.

Information about the Registered Care Service			
Registered Provider: (Name and Address)		Registered Manager: (Name and Address)	
Location of incident: (Address)			
Information about the person(s) affected by the incident			
Name:		Address:	
		Telephone:	
		Email:	
Care receiver <input type="checkbox"/>	Care/support worker <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Information about the incident			
Date of incident:		Time of incident:	
		Location of incident:	
Description of the incident:			
Were there any witnesses to the incident? If yes provide names and contact details:			
Was the person injured? If so describe the injury:			
Was medical treatment provided? Please state where and who by:			
Has any action been taken following incident: (if an investigation is taking place, please state so and send report when complete)			
Name and role of person submitting notification:			
Signature:		Date completed:	

