Incidents Policy

BRITISH ASSOCIATION FOR PERFORMING ARTS MEDICINE

CARING FOR PERFORMERS' HEALTH

Category	Policy
Summary	This document outlines BAPAM's policy and procedures for reporting and responding to adverse incidents (clinical and non-clinical) and applies to all personnel (Trustees, staff, clinicians and volunteers) working for BAPAM.
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Distribution	BAPAM Trustees & clinicians e-mail & online forum Staff e-mail and meetings Public website
Related documents	*Clinical Governance* Policy *Clinicians Agreement* *Employee Handbook* *Health & Safety policy* *Information Governance policy* *Medicines Management policy* *Safeguarding policies* *Security Policy* *Public Interest Disclosures policy*
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1 Policy Aim

The aim of this policy is to outline the processes at BAPAM for:-

- Identifying adverse incidents, including Near Misses and Serious Incidents
- Recording and Reporting adverse incidents
- The management of adverse incidents at BAPAM including investigation, follow up and closure of incidents
- Managing, reviewing, auditing and minimising all risks to BAPAM personnel and patients
- Promoting and improving patient safety
- Encouraging learning from incidents and promoting high quality care and best practice throughout the organisation

This policy incorporates the reporting requirements of NHS England – Revised Serious Incident Framework, the Health and Safety Executive and the Charities Commission.

1.1 Definitions:

Adverse incident:
Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation arising during the course BAPAM's business.
Adverse incidents can be categorised as near misses or serious incidents.

Near miss:
An event or circumstance occurring during the course of BAPAM's business that did not result in injury, illness or damage but had the potential to do so.
It may be appropriate for a 'near miss' to be categorised as a *serious incident* (see below), and this decision should be made based on assessment of risk that considers: -

- The likelihood of the incident occurring again if current systems/ process remain unchanged and
- The potential for harm to staff, patients and BAPAM should the incident occur again.

A near miss should be reported as a serious incident where there is a significant existing risk of system failure and serious harm.

Serious Incidents:
An event where the potential for learning is so great, or the consequences to patients, families, their carers, staff or the BAPAM organisation are so significant that they warrant using additional resources to mount a comprehensive response.

Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or BAPAM's ability to deliver ongoing healthcare.

The occurrence of a serious incident demonstrates a weakness in a system or process that needs to be addressed to prevent future incidents leading to avoidable serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to BAPAM.

Each serious incident is considered on case-by-case basis. Examples of serious incidents at BAPAM may include the following (this list is not considered to be exhaustive):

Incidents related to Health-care: -

- Accidents and incidents involving the emergency services
- Child/vulnerable adult protection issues (see *Safeguarding* Policies)
- Confidential information breach – e.g. loss of patient notes or unencrypted portable data storage device (e.g. laptop or memory stick containing unencrypted BAPAM patient notes: see *Data Protection* policies)
- Infection control – e.g. needle-stick injury; blood spill; contact with a reportable disease (See *Infection Control Policy*)
- Medical device/equipment failure/misuse
- Medication error (see *Safe Prescribing Policy*)
- Patient complaint (see *Complaints Poli*cy)
- Physical or Verbal Abuse/ Threatening Behaviour; Physical Violence; Sexual Assault (patient or personnel)
- Professional misconduct/non-compliance/whistle-blowing issues which pose a risk to patient safety or organisational reputation
- Suicide or Unexpected death whilst on BAPAM premises / or consulting with a BAPAM clinician

Incidents related to Organisation: -

- Fraud or misuse of BAPAM funds, property or 'brand'
- Persons disqualified from acting as a Trustee has been or are currently acting as a trustee of the charity
- Suspicions, allegations and incidents of abuse or mistreatment of vulnerable beneficiaries

Miscellaneous Incidents: -

- Incidents likely to attract negative media coverage
- Incidents requiring onward reporting to statutory authorities
- Premises Faults or Damage – e.g. electrical fault; insecure fixtures and fittings
- Significant financial or loss of property due to causes such as fire, flood, storm damage or having to abandon property
- Significant sum of money or other property donated from an unknown or unverified source

1.2 Root Cause Analysis (RCA): -

RCA is a systematic process whereby the factors that contributed to an incident are identified. RCA as an investigative technique for patient safety incidents aims to look beyond the individuals concerned and seek to understand the underlying causes and environmental context in which an incident happened.

2. The Management of Adverse Incidents at BAPAM

BAPAM endorses the 7 key principles in the management of all serious incidents, as documented in the NHS England: Serious incident Framework:-

These 7 principles of management are, that the process should be: -

- Open and Transparent
- Preventative
- Objective
- Timely and Responsive
- Systems Based
- Proportionate
- Collaborative

2.1 Incident Reporting Process (see Flowchart)

It is mandatory for BAPAM personnel to report any adverse incidents that involve BAPAM personnel, patients and premises.

1. The witness / reporter of an incident should record notes on the incidents as soon as possible after the incident**.** Reports should be made even if the witness/reporter is unsure whether the event constitutes an 'incident' or is unclear about all the facts relating to the incident

2. The incident should then be reported by telephone, in person or by encrypted e-mail to the Chief Executive who will be responsible for completing an incident report (in consultation with the witness/reporter). If the incident occurs out of hours, personnel should use their discretion as to whether reporting can wait until the next working day or use the relevant personnel emergency contact numbers.

3. The witness/reporter should ensure that the Chief Executive has received their report.

4. The Chief Executive will assess the incident and determine whether it constitutes a *Near Miss* or a Serious *Incident* (see Section 1.1). This in turn will determine the level of investigation required. (see flowchart) as follows:

   4a. *Near Miss* – The Chief Executive enters the incident on BAPAM's Incident Reports database. Leads small scale investigation with relevant personnel

   4b. *Serious Incident* - The Chief Executive enters incident on database. Lead Investigator identified with team. The Honorary Medical Director will advise on incidents involving serious patient safety and/or clinical governance issues, and the Chairman will be involved if the event represents a serious legal or non-clinical corporate issue. These senior personnel will be responsible for any onward reporting to external agencies that may be required.

5. Following the investigative process, the final report and action plan is written by the investigative lead and the incident logged on the incident register.

6. A serious incident involving a patient must be recorded on the patient's notes.

7. The Incident register is presented at quarterly Medical Committee meetings, after the incident is presented the Chief Executive closes the investigation and confirms the time scales for monitoring the action plan where actions / improvements are still being implemented.

2.2 Duties

All staff have a responsibility to co-operate and assist with any internal and external investigations of incidents and to provide witness statements if asked to do so.

2.3 Confidentiality

All incident reports and action plans should be treated as strictly confidential and should not include full names of any patients or personnel concerned. Information should only be shared on a 'need to know' basis, and monitoring reports to the Medical Committee or Board should be anonymised.

2.4 Training, Support and Communication

All BAPAM personnel will receive training in incident reporting. The Chief Executive will be responsible for routine staff learning from incidents, and will involve the Honorary Medical Director or Chairman in debriefing following a *Serious Incident*. Learning from Incident reporting will also be included in clinicians' and Trustees' development sessions.

BAPAM recognises that all incidents, especially *Serious Incidents*, are potentially stressful for personnel and patients. The BAPAM Chief Executive and Honorary Medical Director will ensure that appropriate support is available, and will be responsible for decisions about leave of duty or provision of clinical or psychotherapeutic support.

The Chief Executive, in consultation with the Honorary Medical Director, will be responsible for decisions about support and communications to patients following clinical incidents.

2.6 Onward Reporting

Serious incidents may require additional reporting and investigation involving statutory agencies – e.g. fraud, child protection, vulnerable adults and mental health issues. Decisions about responding to *Serious Incidents* and onward reporting will be made by the Chief Executive in consultation with the Honorary Medical Director or Chairman where appropriate.

3. Breach of Policy

All personnel will receive a copy of this policy and training, and will be required to comply as a condition of working at BAPAM.

Breaches of the policy in terms of reporting, recording and communicating incidents or implementing recommendations arising from incident reports may constitute professional misconduct and could lead to disciplinary action.

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