Defining an incident

1. An incident can be defined as any unexpected or unplanned event that caused harm to a person or the Trust. This includes all Patient Safety Incidents (PSIs). It also covers:
   - Harm to employees or other people affected by the Trust’s activities
   - Damage to or theft/loss of the Trust’s assets or property
   - Financial harm, such as loss of income or additional costs
   - Damage to the Trust’s reputation
   - Anything that affects the Trust’s ability to provide services or meet its objectives:
     - Breaches of confidentiality
     - Any thing that could lead to a civil claim, prosecution, legal enforcement or intervention by a regulator
   - Any “near miss” should also be reported. This applies as much to patient safety incidents as any potential harm to persons or the Trust

2. Examples of accidents/incidents to all persons on Trust property or to staff in the community whilst on Trust business include:
   - Abscond – informal and detained patients
   - Admission delays and difficulties
   - Admission of a child under 17 to an adult mental health ward
   - Assault, attempted, actual and sexual assault
   - Anti-Social Behaviour
   - Bomb threats
   - Building issues
   - Burns/Scald, accidental and deliberate
   - Catering issues
   - Child Protection
   - Choking
   - Clinical Care including a potential severe adverse reaction to clinical intervention
   - Communication problems
   - Contact with an Object – accidental
   - Criminal activity
   - Death - unexpected deaths and deaths of patients detained under the MHA
   - Delay in treatment, admission
   - Diagnosis
   - Discharge problems
   - Emergency Services issues
   - Falls
   - Fire Safety issues including arson
   - Self- Harm
   - Health and Safety issues
• Infection Control
• Information Governance / Confidentiality / Data Protection
• Investigation / Examination
• IT/Phone System
• Medical Equipment, faults, errors delay in supply (refer to RM10 Medical Device Policy)
• Medication errors
• Missing patients - Community
• Monitoring
• Moving & Handling
• Non-Medical Equipment
• Non Physical Assault
• Pathology
• Physical Assault
• Pressure Ulcers Grade 2, 3, 4
• Procedures
• Personal Property
• Radiology
• Record Keeping
• Records Management
• Road Traffic Accident
• Safeguarding of children or vulnerable adults
• Security
• EPUT Property
• Sexual Behaviour
• Slips, Trips, Falls & Found on Floor
• Smoking
• Verbal aggression, , homicide, racial, ethnic or sexual abuse

Degree of Harm; rating an incident

When an incident has been reported, a Degree of Harm must be recorded by the manager responsible for the area concerned. This is the actual degree of harm and not the potential effect of the incident. This is done using the method in Trust's Risk Management Framework, adapted from National Reporting Learning System (NRLS) guidance. Consideration should be given to whether a serious incident has occurred. Appendix 6 gives further guidance.

Impact: all types/domains of impact are to be considered and the highest recorded. For instance, moderate harm suffered by a patient/resident might have more severe consequences for the Trusts reputation.

Patient Safety Incidents (PSI) Identification and definition

The National Reporting and Learning System require all NHS Trusts to identify all PSI to enable regional anonymous report data to be collected and analysed.

A patient safety incident is defined as: ‘any incident that may harm a patient’. This means that any example listing will not be exhaustive because of its sheer volume. However, detailed below are a few examples of incidents that are deemed PSI as a guide:
- Slip, trip and falls of all categories
- Needle stick injuries other than those intended as the administration of a drug
- Assaults patient on patient and patient on staff
- Outbreaks of infections/diseases whether bacterial or viral
- Death including unexpected deaths
- Suicides – attempted or actual
- Patient self-harming
- Burns and scalds
- All client/resident based incidents as identified in the Serious Untoward Incident Policy

<table>
<thead>
<tr>
<th>Domains</th>
<th>Consequence score (severity levels) and examples of descriptors</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
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<tr>
<td>Impact on the safety of patients, staff or public (physical/psychological harm)</td>
<td>Negligible</td>
</tr>
<tr>
<td>Minimal injury requiring nonminimal intervention or treatment</td>
<td>Minor injury or illness, requiring minor intervention</td>
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<tr>
<td>No time off work</td>
<td>Requiring time off work for &gt; 3 days</td>
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<tr>
<td>An event which impacts on more than 1 patient/member of staff</td>
<td>Increase in length of hospital stay by &gt; 3 days</td>
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<td>An event which impacts on more than 10 patients/staff</td>
<td>RIDDOR/agency reportable incident</td>
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<tr>
<td>Quality/complaints/audit</td>
<td>Peripheral element of treatment or service suboptimal</td>
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<tr>
<td>Intromal complaint/inquiry</td>
<td>Formal complaint (stage 1)</td>
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<td>Local resolution</td>
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<td>Single failure to meet internal standards</td>
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<td>Minor implications for</td>
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<td>CPG3 - Appendix 4</td>
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</table>
| **Human resources/ organisational development/staffing/ competence** | Patient safety if unresolved  
Reduced performance rating if unresolved  
| Major patient safety implications if findings are not acted on | Non-delivery of key objective/service due to lack of staff  
Unsafe staffing level or competence (>1 day)  
Low staff morale  
| Ongoing unsafe staffing levels or competence  
Loss of several key staff  
No staff attending mandatory/key training  
|
| **Statutory duty/ inspections** | Low staffing level that temporarily reduces service quality (<1 day)  
| Law delivery of key objective/service due to lack of staff  
Unsafe staffing level or competence (>1 day)  
Low staff morale  
Poor staff attendance for mandatory/key training  
| 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** | Patient safety if unresolved  
Reduced performance rating if unresolved  
| Single breach in statutory duty  
Challenging external recommendations/improvement notice  
| National media coverage with <3 days service well below reasonable public expectation  
MP concerned (questions in the House)  
Total loss of public confidence  
| 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/ projects** | Rumours  
Potential for public concern  
| Breach of statutory legislation  
Reduced performance rating if unresolved  
| Key objectives not met  
Total loss of public confidence  
| Incident leading >25 per cent over project budget  
Schedule slippage  
Key objectives not met  
|
| **Finance including claims** | Loss of 0.1–0.25 per cent of budget  
Claim(s) between £100,000 and £250,000  
Claim(s) between £250,000 and £1 million  
| Loss of 0.25–1 per cent of budget  
Claim(s) between £250,000 and £1 million  
| Key objectives not met  
Total loss of public confidence  
| Not-delivery of key objective/Loss of >3 per cent of budget  
Failure to meet specification/slippage  
Loss of contract/payment by results  
Claims >£3 million  
|
| **Service/business interruption Environmental impact** | Loss/interruption of >1 hour  
Minor or no impact on the environment  
| Loss/interruption of more than 1 week  
Moderate impact on environment  
| Loss/interruption of more than 1 month  
Major impact on environment  
| Loss/interruption of more than 3 months  
Catastrophic impact on environment  
|
Where financial impact at Directorate level is concerned the following applies:

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<td>1</td>
</tr>
<tr>
<td></td>
<td>Negligible</td>
</tr>
<tr>
<td>Finance including claims</td>
<td>SMALL loss less than 0.1 per cent of budget</td>
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<tr>
<td>Claim less than £20,000</td>
<td>Claim(s) between £20,000 and £40,000</td>
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