

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**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

Domains	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work An event which impacts on more than 1 patient / member of staff	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days An event which impacts on more than 10 patients /staff	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on more than 20 patients /staff	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects An event which impacts on more than 50 patients /staff	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on more than 100 patients /staff
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally 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

		patient safety if unresolved Reduced performance rating if unresolved	Major patient safety implications if findings are not acted on		
Human resources/ organisational development/staffing/ competence	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 mandatory/key training	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 No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff 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/ projects	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 including claims	Small loss less than 0.1 per cent of budget Claim less than £100,000	Loss of 0.1–0.25 per cent of budget Claim(s) between £100,000 and £250,000	Loss of 0.25–1.0 per cent of budget Claim(s) between £250,000 and £1 million	Uncertain delivery of key objective/Loss of 1.0–3.0 per cent of budget Claim(s) between £1m and £3m Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >3 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£3 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of more than 1 day Minor impact on 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:

Domains	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Finance including claims	Small loss less than 0.1 per cent of budget Claim less than £20,000	Loss of 0.1–0.25 per cent of budget Claim(s) between £20,000 and £40,000	Loss of 0.25–1.0 per cent of budget Claim(s) between £40,000 and £60,000	Uncertain delivery of key objective/Loss of 1.0–3.0 per cent of budget Claim(s) between £60,000 and £80,000	Non-delivery of key objective/ Loss of >3 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) between £80,000 and £100,000