

## **Procedure for Managing Incidents and Serious Incidents within Specialised Mental Health Services directly commissioned by NHS England.**

The following must be read in conjunction with the following NHS England Serious Incident Framework published on the following website:

<http://www.england.nhs.uk/ourwork/patientsafety/serious-incident/>

### **Incidents in Specialised Mental Health Services**

All Incidents described below are to be reported to the Contracting and Host Specialised Commissioning Hub (Spec Comm Hub) following the procedure below.

- Providers will report incidents as defined below in this document to the respective contracting/host Spec Comm Hub within 24hrs of being aware of the incident (using template provided)
- Providers will then send a further more detailed report after 72 hours (using template provided)
- A final investigation report and action plan is required within 12 weeks and should be sent to the respective Spec Comm Hub detailing any investigative procedure and any outcomes from that investigation including a comprehensive root cause analysis.
- All reports must be sent password protected to the Spec Comm Hub NHS net account on standard templates, the password is to be sent separately.
- Within the Spec Comm Hub, there will be a system established that enables reports to be sent to the relevant case manager and Mental Health Supplier Manager.

### **Serious Incidents In Specialised Mental Health Services**

- In addition wherever an incident meets the definition of a serious incident as described in the Serious Incident Framework it must be reported to the commissioner as above and also on STEIS (Strategic Executive Information System.) The incident must be managed in line with the procedure described in the Serious Incident Framework. Where providers do not have access to STEIS the incident will be uploaded onto the system by host Spec Comm Hub.
- As part of the quarterly reporting process all providers submit a narrative report describing trends/patterns in terms of incidents and safeguarding concerns, any actions and lessons learnt to contracting and host Spec Comm Hub.
- The process is endorsed by the National Quality –Safety and Security Group (Sp MH)

| INCIDENT                            | DEFINITION  | GUIDANCE   |
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| Escape                              | A detained patient escapes from a unit/hospital if he or she unlawfully gains liberty by breaching the secure perimeter that is outside the wall, fence reception or declared boundary of that unit | A full patient and perimeter check has been completed and patient is unaccounted for.  |
|                                     | <u>Non secure:</u><br>Detained or informal patient where there are concerns about that individual leaves the hospital/service without staff intervention and or awareness                           |  |
| Abscond involving force or weapons. | Abscond where a patient unlawfully gains liberty during escorted leave of absence outside of the perimeter of the originating hospital by breaking away from the custody/supervision staff          | Patient uses force/violence/weapons against escorts/public to effort absconding  |
| Hostage taking                      | An individual/group is held by captor/s   | Within or external to the unit/hospital.   |
| Serious sexual assault              | This may include an allegation of rape, where genital, oral or anal penetration by part of accused body or by an object using force and without the victim's consent.                               | Where it is immediately reasonable to determine that a sexual assault has/may have taken place necessitating immediate police forensic and investigative involvement. Safeguarding issues to be implemented. |
| Major concerted indiscipline        | A disturbance involving two or more patients resulting in violence, damage or destruction.  | E.g. sit in protest involving violent behaviour, group assault, barricade where multiple patients may be involved etc.   |
|                                     | <u>Non-Secure:</u><br>Patient barricades themselves and/or others to prevent staff from gaining access  | Loss of staff ability to access patients and ensure welfare and safety   |
| Roof top disturbance                | Where more than one patient is on the roof for any length of time <u>or</u> where one patient is on the roof for over 30 minutes.   |  |
|                                     | <u>Non-Secure:</u><br>Detained or informal patients gaining access to roof area for any length of time  |  |
| Major fire                          | Major fire leading to widespread loss of property or considerable spread of fire from source of ignition.   | Requiring action from the Fire Service to control.   |
|                                     | <u>Non -Secure:</u><br>Any Fire that results in patients having to be evacuated from the inpatient setting.   |  |
| Major loss of service               | Unplanned loss of buildings or services or loss of service causing major disruption.  | Loss of ability to maintain security and/or deliver patient care.  |

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| Major key compromise                  | The permanent or long term compromise of any personally allocated or centrally controlled security key.  | E.g. the loss or theft of staff personal security keys that results in the need for total or partial re-locking of service.  |
| Death                                 | Unexpected or expected   | Where potential suicide, homicide or as a result of a known or unknown physical condition.   |
| Baby removed from a perinatal service | A baby is taken without permission from the in pt service  | A full check has taken place in line with local provider's policies and the baby is unaccounted for.   |
| Barricade                             | Patient barricades themselves and/or others to prevent staff from gaining access   | Loss of staff ability to access patients and ensure welfare and safety   |
| Abscond where harm ensues             | A patient unlawfully gains liberty during escorted leave of absence outside the perimeter of the originating unit/hospital by breaking away from the custody/supervision of staff. | A clear attempt at evading escorting staff where control of the escort is lost and the patient remains at liberty. Whilst at liberty the patient engages in behaviour that results in harm to self and/or others or significant property damage. |
|                                       | <u>Non -Secure:</u><br>Informal patient on leave engages in behaviour that results in harm to self and/or others or significant property damage.                                   |  |
| Serious Fire                          | Fire at any part of the hospital that causes serious damage  | Serious damage that requires action from the Fire Service. May cause some disruption to service provision but not requiring the removal of patients  |
| Serious disruption to service         | The partial loss or significant restriction of buildings or services   | Where temporary additional operational controls or contingency / business continuity plans are required. This would include any incident serious enough to require the assistance of any external agency (i.e. the police).                      |
|                                       | <u>Non-Secure:</u><br>The partial loss or disruption to services/restriction of buildings  | E.g. Flooding leading to lack of services i.e. phones and IT, inability to communicate with any interested   |

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|   |   | parties/stakeholders  |
| Key making  | Evidence of attempts to make any type of key  |   |
| Attempted suicide                                   | An attempt which has been assessed by clinical staff as genuine by a patient to take their own life   | Where as a consequence the patient may require a significant level of local intervention and/or may require medical treatment outside the hospital perimeter        |
| Serious self harm where serious injury is sustained | Where it has been assessed that there was not a deliberate attempt to commit suicide but where deliberate self injury has been caused to the body requiring significant intervention or medical treatment | Where the patient immediately requires a significant level of local intervention and/or requires medical treatment outside the hospital perimeter                   |
|   | <u>Non-Secure:</u><br>Where deliberate self-harm has resulted in medical treatment.   | Where the patient requires local intervention and/or requires hospital treatment.   |
| Serious assault                                     | Assault with weapon or attack where there is the clear potential to seriously injure or endanger life   | Where as a consequence the victim may require a significant level of local intervention and/or may require medical treatment outside the hospital perimeter         |
| Serious accident or injury                          | Any event that results in injury or ill health or harm  | Where as a consequence the injured person may require a significant level of local intervention and/or may require medical treatment outside the hospital perimeter |
| Unexplained serious injury                          | Serious injury to a patient which cannot be readily explained   | Where as a consequence the patient requires a significant level of local intervention and/or requires medical treatment outside the hospital perimeter              |
| Weapon making where serious threat is posed         | The discovery of weapons or evidence of weapon manufacture where serious  | Weapons may be 'home-made' or   |

|  | threat is posed.  | otherwise   |
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| Security breach  | A serious failure of perimeter security or a failure of internal security where patient/s have taken advantage of that failure  | E.g. where a perimeter gate is left unlocked although there is no breach or where an internal security door is door left open and a patient gains access.   |
| Serious allegations against staff where there is sufficient evidence to warrant investigation. | Any serious allegation against staff related to their behaviour or care of patients where there is sufficient evidence to warrant investigation.  | May include allegations of abuse or neglect, fraud or inappropriate behaviour requiring further investigation   |
| Serious medication error   | Wrongful administration of medication which has a significant impact on the patient and has the potential either to do irreparable harm or to be life threatening   | Patient requires medical treatment or intervention or is hospitalised   |
| Serious breach of confidentiality  | Breach of patient or organisational confidentiality   | Where this is done either intentionally or unintentionally  |
| Loss of data   | Loss of clinical and/or organisational information  | Where no back up exists or where the information is physically lost and may fall into the public domain.  |
| Serious or unexplained outbreaks of healthcare acquired infections                             | Serious or unexplained hospital-acquired infection  | Including MRSA, Clostridium Difficile, Hepatitis infections which are contracted within the hospital or outbreaks of infection.   |
| Abscond or Absent Without Official Leave (AWOL)  | <ul style="list-style-type: none"> <li>Any abscond or absence without leave when that absence occurs over midnight on any day.</li> <li>Any abscond or absence that causes the Clinical Team significant concern</li> </ul> | Services should report the incident as soon as possible after the incident is noted but not to the detriment of taking necessary actions to deal with the incidents on a practical level. Only one notification is required to report a notification that extends over more than one day. |
|  | <p><u>Non- Secure:</u><br/>Any unauthorised abscond or absence.</p>   | Where the young person or patient does not have capacity to make decision   |

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| Near Miss  | A near miss is defined as any incident where the contributory causes are serious and under different circumstances may have led to serious injury, major permanent harm or unexpected death without actual harm occurring.              | Near miss incidents should be linked to the definitions specified as 'serious' in this document and offer services the opportunity to learn                         |
| Contraband | <ul style="list-style-type: none"> <li>• Any incident where illegal drugs/substances have been discovered and/or used on the unit.</li> <li>• Any incident where 'Legal Highs' have been discovered and/or used on the unit.</li> </ul> | This also includes where illegal drugs/substances have been smuggled on to the unit by means other than by the patient e.g. within a delivered take-away pizza box. |