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| <b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b> |
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## Framework for Incident Management

| Impact:                             | Level 1-Insignificant   | Level 2-Minor  | Level 3-Moderate<br>Critical Incident Investigation  | Level 4 - High<br>Serious Incident Investigation   |
|-------------------------------------|---|--|--|--|
| <b>Nature Or type of event:</b>     | <ul style="list-style-type: none"> <li>• No injuries</li> <li>• No risk to the organisation</li> <li>• None/1 person involved</li> <li>• Unlikely to cause compliant /litigation</li> <li>• Low financial loss</li> </ul> | <ul style="list-style-type: none"> <li>• First aid treatment/short injury &lt; 3 days absence</li> <li>• Contained on site</li> <li>• Minimal risk to the organisation</li> <li>• One person involved</li> <li>• Moderate financial loss</li> <li>• Complaint possible, litigation unlikely</li> </ul> | <ul style="list-style-type: none"> <li>• Medical treatment required-prolonged recovery-&gt;3 days</li> <li>• Contained on site with outside assistance</li> <li>• Needs careful public relation</li> <li>• Small numbers involved 3-10</li> <li>• High potential for complaint, litigation</li> <li>• Medium financial loss</li> </ul> | <ul style="list-style-type: none"> <li>• Permanent injury/disability, multiple injuries, death</li> <li>• Loss of production capability-service closure</li> <li>• Long term sickness</li> <li>• Adverse publicity&gt;3 days</li> <li>• Moderate number involved 10-50</li> <li>• Litigation expected/certain</li> <li>• Major financial loss</li> </ul>   |
| <b>Allegations Against staff</b>    |   |  |  | Serious allegations against staff related to their behaviour or care of patients where there is sufficient evidence to warrant investigation. This may include allegations of abuse or neglect, fraud or inappropriate behaviour requiring further investigation.  |
| <b>Verbal aggression</b>            | Minor verbal aggression which may be frequent or targeted.  | Verbal assault causing or having the potential to cause minimal harm.  | Verbal assault causing harm or having the potential to cause moderate harm.  | Serious prolonged, persistent and targeted threats to kill injure or rape with clear evidence of intent..  |
| <b>Physical aggression/violence</b> | Attempted physical assault which may be frequent or targeted but no contact made.   | Physical assault causing or having the potential to cause minimal harm.  | Physical assault causing or having the potential to cause moderate injury or harm including RIDDOR reportable incidents.   | Physical assaults (with/without weapon) where there is the clear potential to seriously injure or endanger life. Victim may require medical treatment outside hospital perimeter and/or suffer permanent harm. Physical assault causing death. See also-Allegations against staff.   |
| <b>Sexual Activity</b>              | Verbal.   | Inappropriate sexual behaviour with no physical contact.   | Uninvited physical contact of a sexual nature.   | Any sexual activity (including allegations) involving persons under 16 years. Sexual assault, abuse or harassment. This may include an allegation of rape, where genital, oral or anal penetration by part of accused body or an object using force. Where it is reasonable to determine that a sexual assault has/may have taken place necessitating immediate police forensic and investigate involvement. |

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|   |   |   |   | Evidence / suspicion of grooming behaviours.<br>See also-Allegations against staff.  |
| <b>Organised Disturbance &amp; Hostage Taking</b> | Planned/attempted but prevented. Includes situations at other sites e.g. patient's home, A&E Dept.  | Disturbance not involving violence. Minimal impact on ward.   | Disturbance involving violence. Involving barricading. Minimum impact on ward.  | A disturbance involving multiple patients resulting in violence, damage or destruction, e.g. sit in protest involving violent behaviour, group assault. Barricade situations involving multiple patients, requiring police intervention. An individual/group is held by captor/s. Patient/s on the roof for any length of time.  |
| <b>Service/ Environmental Failure</b>             | Incidents that prevents, or threatens to prevent, our ability to deliver healthcare services: minimal cost to the organisation or no harm caused. | Low cost or loss to the organisation or resulting in minimal injury or harm.  | Moderate cost or loss to the organisation or resulting in moderate injury or harm.  | Unplanned loss of buildings/services or loss of service causing major disruption. Loss of ability to maintain security and/or deliver patient care. Partial loss or significant restriction of buildings/services where temporary additional operational controls or business continuity management. Significant damage to property, reputation or the environment IT failure. Evacuation of service area, utility failure, bomb threat, unplanned release of hazardous substances into the environment. |
| <b>Fire</b>                                       | Attempted fire setting, accidental fire prevented with no resulting harm or damage.   | Fire resulting in little physical damage.   | Fire resulting in moderate injury or harm. Moderate property damage.  | A major fire (including arson) leading to wide spread loss of property or considerable spread of fire from source of ignition. Requires actions from the Fire Service to control.  |
| <b>Infection Control</b>                          | Exposure to a source of infection causing no harm.  | Exposure to a source of infection causing minimal harm.   | Exposure to a source of infection requiring medical attention with full recovery.   | Serious or unexplained healthcare acquired infection including MRSA, C Diff, Hepatitis infections, which are contracted within the hospital or outbreaks of infections.  |
| <b>Medication</b>                                 | Incorrect medication prescribed, dispensed, prepared for administration but not actually administered.  | Error in dispensing, prescribing, administration or omission of medication causing or having the potential to cause few or minimal adverse effects. | Error in dispensing, prescribing, administration or omission of medication causing or having the potential to cause effect on patient, requiring medical attention but recovered. | Error in dispensing , prescribing ,administration or omission of medication , requiring of having potential to require major medical intervention, or involving high risk medications or a Controlled Drug. Involves 10 x drug errors. See also-Allegations against staff.<br><b>Never Event: maladministration of insulin.</b>  |

CPG3 - Appendix 6d

| Impact:  | Level 1-Insignificant  | Level 2-Minor  | Level 3-Moderate<br>Critical Incident Investigation  | Level 4 - High<br>Serious Incident Investigation   |
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| <b>Physical Health</b>   | Unexpected or avoidable physical health deterioration causing or having the potential to cause no injury or harm.      | Unexpected or avoidable physical health deterioration causing or having the potential to cause minimal injury or harm. | Unexpected or avoidable physical health deterioration causing or having the potential to cause moderate injury or harm requiring medical intervention, including care planned admission.             | Unexpected or avoidable physical health deterioration causing or having the potential to cause severe or permanent injury or harm requiring emergency offsite medical treatment. Expected death; patient on End of Life care plan. Unexpected or avoidable death following physical health concerns.   |
| Impact:  | Level 1-Insignificant  | Level 2-Minor  | Level 3-Moderate<br>Critical Incident Investigation  | Level 4 - High<br>Serious Incident Investigation   |
| <b>Self-Harm</b>   | Deliberate self-harm causing or having the potential to cause no injury or harm.                                       | Deliberate self-harm causing or having the potential to cause minimal injury or harm. First Aid not required.          | Deliberate self-harm causing or having the potential to cause moderate injury or harm requiring on-site First Aid Intervention..   | Deliberate self-harm causing or having the potential to cause serious harm to one or self (not suicide attempt) requiring medical intervention above and beyond First Aid. Deliberate self-harm causing or having the potential to cause unexpected or avoidable death.  |
| <b>Suicide</b>   |  |  |  | An attempt by patient assessed by clinical staff as a genuine attempt to take own life.<br>Staff or visitor attempting suicide with healthcare property.<br>Patient , staff or visitor actual suicide (including following unauthorised absence)<br>Assisted suicide.<br><b>Never Event: Suicide using non-collapsible rails.</b>  |
| <b>Accident &amp; Injuries (Inc. slips, trips &amp; falls and needle stick injuries)</b> | Unplanned or unexpected event causing or having the potential to cause no injury or harm/minimal loss.<br><br>RIDDOR - | Unplanned or unexpected event causing or having the potential to cause minimal injury or harm.                         | Unplanned or unexpected event causing or having the potential to cause moderate injury or harm requiring First Aid.  | Unplanned /Unexpected / Unexplained event causing or having the potential to cause serious harm to one or more persons or requiring life-saving intervention ,major medical intervention, permanent harm or shorten life expectancy.<br>Never Event: entrapment in bedrails.<br>Never Event: falls from unrestricted windows.<br>Never Event: severe scalding of patients. |
| <b>Pressure Ulcer</b>  |  | Grade 2 pressure ulcers.   |  | Grade 3 and 4 pressure ulcers.   |
| <b>Abscond</b>   |  | Patient attempts to abscond but prevented from doing so by escorting staff.  | Patient unlawfully gains liberty during escorted leave of absence outside of the perimeter of the originating hospital by evading escorting staff. Patient uses force/violence to effort absconding. | Never Event: Escape of transferred prisoner from Medium Secure Facility.   |
| <b>Failure to return</b>   | Patient on escorted leave fails to return at expected time due to factors beyond their control.                        |  | Patient on escorted leave fails to return at expected time. A full patient and perimeter/local area check has been completed and patient(s) is/are unaccounted for.                                  | Patient on unescorted leave fails to return at expected time resulting in an adverse consequence such as assault, suicide or self harm or criminality.   |

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| <b>Escape/<br/>Attempted<br/>escape</b>                                 |  | Patient attempts to escape from ward but does not exit hospital perimeter.   | Patient 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(s) is unaccounted for. | Patient escapes or attempts to escape resulting in an adverse consequence such as assault, self-harm or criminality.   |
| <b>Loss &amp; Theft</b>   | Very low cost to the organisation.   | Cost or loss to the organisation £2,000-£10,000.   | Cost or loss to the organisation £10,000-£250,000.<br>Loss or suspected theft of a patient's money or property <£50.<br>Pattern of monetary losses  | Cost or loss to the organisation £250,000-£1m.<br>Loss or suspected theft of a patient's money or property >£50.<br>See also-Allegations against staff.  |
| <b>Impact:</b>  | <b>Level 1-Insignificant</b>   | <b>Level 2-Minor</b>   | <b>Level 3-Moderate<br/>Critical Incident Investigation</b>   | <b>Level 4 - High Level 4 - High<br/>Serious Incident Investigation</b>  |
| <b>Security</b>   | Contraband (including illegal items and weapons) found outside of/before entering ward or secure area.<br>Perimeter breach not resulting in escape, e.g. security door or perimeter gate open, keys found. | Low risk contraband item(s) ( <b>legal only</b> ) found on ward or secure area. Unsecured tools and similar items with potential for use as weapons found in secure area, e.g. maintenance or kitchen items. | High risk contraband item(s) ( <b>legal only</b> ) found on ward or secure area. Damage to secure perimeter. Loss of electronic ID.<br><b>Keys:</b> Access keys lost or compromised. Evidence of attempts to make any type of key.        | <b>Physical security:</b> A serious failure of perimeter security or a failure or internal security where patient(s) have taken advantage of that failure.<br>Contraband: Illegal item found.<br><b>Keys:</b> Secure keys lost or compromised. Evidence of attempts to make any type of key.<br><b>Bogus Health Workers:</b> Attempted access to or located within clinical areas.<br><b>Weapons:</b> Serious threats or violence with a weapon. Deliberate fashioning of a weapon. Weapon found in secure area.<br><b>IT:</b> Patient access to sexually inappropriate material on computers. |
| <b>Mental Health Act/<br/>Admissions</b>                                |  |  | Potential breach of Mental Health Act/Human Rights through documentation. <b>Admissions:</b> under 18years in Adult Services or over 18years in Adolescent Services.  | <b>MHA:</b> Breach of Mental Health/Human Rights through documentation. Illegal detention. Invalid Section documentation.  |
| <b>Confidentiality Breach<br/>/Data Loss<br/>Information Governance</b> |  | Minimal breach with harm limited, e.g. documentation found on photocopier, encrypted data stick located.   | Moderate breach with up to 2 people affected or risk assessed as high, e.g. loss of person identifiable data.   | Serious breach involving 3-100 people affected or risk assessed as high, e.g. loss of person identifiable data. Serious loss of patient information e.g. Care records, encrypted patient or staff confidential information, breach of patient confidentiality, data protection. Data loss & information security (DH Criteria level 2-5). Reportable to ICO.<br>Breach of organisational confidentiality.  |
| <b>Death</b>  |  |  |   | Expected and unexpected deaths to be reported via Datix<br>Expected Deaths – need to include DNACPR and cause of death<br>Unexpected Deaths – need to include cause of death and any other relevant information<br>Also links to suicide section   |