

Incident Reporting Policy

Date of issue July 2018

Review date January 2019

Owner - BG



Clinical Partners
It's about getting better

Contents

- 1 Introduction
 - 2 Purpose
 - 3 Scope
 - 4 Definitions
 - 5 Incident reporting procedure
- Appendix 1 Incident form

Introduction:

Incident reporting plays a major role in helping an organisation maintain a safe and secure working environment. It helps protect the employees, the public we work with and the confidentiality, integrity and availability of the information we hold.

Incident reporting forms a key part of the information gathering and decision making for the Clinical Governance Committee. It helps ensure safeguarding of patients, staff and Clinicians.

Incident reporting is not to punish or penalise those who have been involved, but rather to highlight areas of weakness and enable the organisation to take appropriate action to reduce further incidents. They are valuable sources of information and learning.

2. Purpose:

The purpose of this policy is to explain what constitutes an Incident and the procedure that should be followed by staff and Clinicians.

The Incident Policy is to be followed for incidents and occasions not covered otherwise by the Safeguarding Policy.

Clinical Partners recognises that the nature of the work carried out may lead to difficult situations arising for those handling calls or working with patients. This incident policy sets out:

- What constitutes an incident
- How to report an incident
- Process post reporting

3. Scope:

This procedure is relevant to Clinical Partners staff and to clinicians seeing patients via the company.

4. Definitions:

An incident can be summarised as a situation where we judge a patient, or anyone we come into contact with, posed a risk to themselves or another. An incident may also be an occurrence that causes a person significant levels of distress, such as difficult phone calls.'

It can include:

Distressing phone calls with the public that leave the phone handler feeling unduly upset, offended or worried. This may include:

Offensive or abusive phone calls

Phone calls involving traumatic subject matter

Information from a phone call that indicates the caller (or someone they know) is at risk of harm. This may include:

Caller disclosing they are at risk of harming themselves / someone else

Information security breaches or near misses, whether deliberate or accidental. This may include:

Sending confidential information to the wrong person

Theft or loss of computer software / patient information (reports, laptops, memory sticks etc)

Patient confidential information disclosed to the wrong person

5. Incident reporting procedure:

All staff have access to the 'Incident Form' (see appendix 1). There are copies in the office and stored on the Jungle Drive (Policies and Procedures). Clinicians will receive an electronic version of this form in their welcome pack.

Following an incident, the person involved should contact the Head of Triage, to discuss the incident. The incident form should also be completed and sent to Caroline via email caroline@clinical-partners.co.uk

In Caroline's absence, staff should discuss the incident with a senior member of the team, complete the form and send to Barny Guthrie – CEO Clinical Partners.

It is important that staff members receive adequate support from senior managers and other members of the team. This will be differ for each individual. Please ask if you think you need more support.

Where extra training is needed, this will be put in place.

Incident forms are discussed at Clinical Governance meetings and any further training or changes to procedure will be implemented, following these meetings.

On a six-monthly basis reported incidents are reviewed and any sequencing of occurrence such a timings, specific clinics or individuals involved are noted along with other identified trends.

Appendix 1 – Incident Form

Incident Details When complete email to caroline@clinical-partners.co.uk							
Date and time of incident:							
Location of incident:							
Other (please state):							
Factual details of incident (continue on separate sheet if necessary)							
						Grade (admin use)	
						Impact	
						Likelihood of recurrence	
						Score (I x L)	
Who was affected by the incident?							
Patient		Staff		Member		Other	
Details of person affected (if patient this can be marked name withheld)							
Did any person suffer injury or ill health? (Tick box)					Yes		No
If yes please include details							
Details of witness to the incident				Details of person completing form			
Name				Name			
Phone				Phone			