North East Essex
Clinical Commissioning Group

SERIOUS INCIDENT (SI) MANAGEMENT POLICY

NEE/CCG/2013/039/v3.2

This policy supersedes Policy Ref: NEE/CCG/2013/039

Target Audience	NHS North East Essex CCG, NHS Mid Essex CCG, NHS West Essex CCG, and provider organisations commissioned by the three CCGs in North Essex
Brief Description (max 50 words)	This policy sets out the principles by which the Clinical Commissioning Group will develop and implement a system to manage serious incidents across the health economy, and support providers of commissioned services to report, investigate and learn from serious incidents
Action Required	The Corporate Business Manager will ensure that this policy is publicised and displayed on the CCG Website, and confirm the requirement with chairs of sub-committees and the CCG executives.

Document Information

Title / Version Number (date)	SERIOUS INCIDENT (SI) MANAGEMENT POLICY/v3.2/July 2016
Document Status *for information/action etc.)* and timescale	For circulation to all staff, and immediate implementation
Accountable Executive	Director of Nursing and Clinical Quality
Responsible Post holder / Policy Owner	Clinical Quality Lead
Date Approved	4 August 2016
Approved By	NHS North East Essex CCG Quality Committee
Review Date	July 2018
Author	Alyson Taylor, Clinical Quality Lead
Stakeholders engaged in development/review	North Essex Quality Collaborative members; north Essex Serious Incident & Never Events Panel members; north Essex CCG's Quality & Governance Committees, including lay members
Equality impact Assessment	This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to every member of staff within the CCG irrespective of age, disability, sex, gender reassignment, pregnancy, maternity, race (colour, nationality, ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership, and those who work on behalf of the CCG
Contact details	CCG Quality Team (SI administrator) 01206 918718

Amendment History

Version	Date	Reviewer Names(s)	Comments
2.1	3/2/2015	Alyson Taylor	• Updated document to reflect the requirements of the CCG Policy Development, Management & Review Policy • Added changes as suggested by Clinical Quality Collaborative and SINE Panel members
2.2	8/4/2015	Alyson Taylor	• Complete review against new NHS England Serious Incident Management Framework (2015)
2.3	17/4/2015	North Essex SINE Panel	• Further small revisions to wording to reflect local interpretation and implementation of national policy: bespoke local templates; 20-day CCG review process; provider QA/approval • Amendments to update all templates; add multiple investigation template.
2.4	22/4/2015	A. Taylor, T. Holmes D.Dart M.Mavers R Hearn	• Appendices and templates updated and embedded. • TOR for SINE and CCG SI Review panels added • Revised SI management flowchart • Check v West and Mid Essex CCG requirements
3.0	29/5/2015	NEE CCG Quality Committee and Board	• Issued as Version 3.0 with approval
3.1	14/6/2016	A Taylor	• Agreed revisions re falls with serious harm. • Add 2016 FAQ document • Clarification of 'avoidability'/'unexpected' • Update appendices – report templates
3.2	5/7/2016	A Taylor North Essex Serious Incidents & Never Events Panel	• Incorporate feedback from North Essex SINE Panel membership • Updated appendix – SINE TORs, CCG SI Panel TORs • Updated CCG telephone contact details
3.2	4/8/2016	NEE CCG Quality Committee	• Issued as Version 3.2 with approval

This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).

Clear and Credible Plan		Collaborative Arrangements	**X**
Clinical Focus and Added Value		Engagement with Patients/Communities	
Commissioning processes		Leadership Capacity and Capability	**X**
Equality Delivery System		NHS Constitution ref	

Associated Policy Documents

Reference	Title
NEE/CCG/2013/021	Incident Reporting and Management Policy
	Safeguarding Children Policies
	Safeguarding Adults Policies
	Patient Advice and Liaison Service and Complaints Policy
NEE/CCG/2015/059	Risk Management Policy

Glossary

Accountable Executive	CCG Executive accountable for development, implementation and review of the policy
Policy Owner	Post-holder responsible for the development, implementation and review of the policy
Document definitions	These are provided in Section 1

CONTENTS

Policy Overview:

1. The Clinical Commissioning Group (CCG) will implement a framework and process for managing serious incidents that is consistent with and aligned to the *NHS England Serious Incident Framework (2015)*.

2. The CCG will adopt the criteria for defining a Serious incident from the *NHS England Serious Incident Framework (2015)*.

3. The CCG will clearly identify the accountability, roles and responsibilities for the management of serious incidents.

4. The CCG will clearly define the Serious Incident management process.

5. The CCG will implement a clear accountability framework for the governance of serious incident management.

6. The CCG will comply with national and local guidance and governance arrangements regarding the maintenance of records associated with serious incidents and policy review.

POLICY STATEMENT 1:

THE CLINICAL COMMISSIONING GROUP (CCG) WILL IMPLEMENT A FRAMEWORK AND PROCESS FOR MANAGING SERIOUS INCIDENTS THAT IS CONSISTENT WITH AND ALIGNED TO THE *NHS ENGLAND SERIOUS INCIDENT FRAMEWORK (2015)*

1. FRAMEWORK AND PROCESS

1.1 Alignment to National Framework

This policy supports the local implementation across north Essex of the ***NHS England (NHSE) Serious Incident (SI) Framework: Supporting learning to prevent recurrence (2015),*** which replaces all previous frameworks; the ***NHS England Revised Never Events Policy and Framework (2015)***; the **NHS England *Never Events List 2015/16***; and relevant supporting guidance as referred to within those documents. The framework documents and supporting 'frequently asked questions' documents are available in full at Appendix 1 – 5.

The *NHSE SI Framework (2015)* will be adopted and implemented by the CCG and its commissioned provider organisations. Only local interpretation and adaptations to the national Framework will be defined within this local operational policy document. The CCG will ensure that all local interpretations and adaptations remain consistent with, and do not contradict, the *NHSE SI Framework (2015).*

The CCG will ensure that this policy is included in all contracts for its commissioned services for NHS funded care.

1.2 Policy navigation

This document will refer throughout to the relevant section in the *NHSE SI Framework (2015),* rather than unnecessarily replicate that section within this local policy. For ease of reference, all references to the *NHSE SI Framework (2015)* will direct the reader to the relevant Part number (and where applicable, Section/Sub-section numbers/or page number for direct quotations) within the *NHSE SI Framework (2015).*

1.3 Policy development

This Policy is iterative, and will be updated regularly to reflect the developing understanding of the management process for serious incidents across the NHS in England.

POLICY STATEMENT 2:

THE CCG WILL ADOPT THE CRITERIA FOR DEFINING A SERIOUS INCIDENT FROM THE *NHS ENGLAND SERIOUS INCIDENT FRAMEWORK (2015)*

2. DEFINITION OF A SERIOUS INCIDENT (SI)

2.1 Definitions

Definitions and thresholds for reporting a serious incident are defined in **Part One** of the ***NHSE SI Framework (2015).*** The parameters for defining an SI are extensively described, but the definition is not designed to be prescriptive, and the expectation is that 'every incident must be considered on a case-by-case basis' (NHSE, 2015; p12).

2.2 Specific incident types

The *NHSE SI Framework (2015)* does not allow for a list of local definitions to be created, due to concerns that this approach would lead to 'inconsistent or inappropriate management of incidents' (NHSE, 2015; p12) and 'debilitating processes which do not effectively support learning' (NHSE, 2015; p16). All previously defined incident types that potentially meet the criteria for a serious incident have been removed from this policy.

Where there is any doubt, the CCG will liaise with the reporting provider to determine if an incident meets the criteria for a serious incident, on a case-by-case basis, against the definitions as set out in the *NHSE SI Framework (2015).*

2.2.1 'Unexpected / Avoidable'

Previous Serious Incident Frameworks have utilised a concept of 'unexpected' or 'avoidable' to determine if certain incident types should be notified as serious incidents. This is not in accordance with the reviewed national framework and no longer applies. Any Serious Incident investigation should focus on what could be learned to prevent future harm. Guidance is detailed in Appendix 3.

2.2.2 Specific arrangements for falls with serious harm

Where a fall appearing to result in moderate or serious harm has occurred, SI status in terms of harm sustained may initially be unclear due to the length of normal healing process. A baseline measure of mobility/activities of daily living will be agreed and recorded by the patient/carers/multi-professional team as part of the initial investigation and reviewed at the point of healing in terms of ultimate harm sustained, along with consideration of RCA findings in terms of care and service delivery problems. Please refer to Appendix 10 for more detail.

2.3 Multiple incidents / victims

For the purposes of clarity, the CCG defines a serious incident relating to a single occurrence, but affecting multiple patients, staff, or members of the public as comprising one serious incident.

Similar or identical incidents occurring on more than one occasion and affecting one or more persons are classified as multiple serious incidents. In these cases, the provider should notify the CCG of one serious incident per occurrence. The provider and CCG will jointly determine whether a multi-incident methodology (NHSE, 2015, Part 1; 1.4.2) will be applied to such 'clusters' of similar incidents.

POLICY STATEMENT 3:

THE CCG WILL CLEARLY IDENTIFY THE ACCOUNTABILITY FRAMEWORK, ROLES AND RESPONSIBILITIES FOR THE MANAGEMENT OF SERIOUS INCIDENTS

3. ROLES AND RESPONSIBLITIES

Accountability, roles and responsibilities for the management of Serious Incidents are defined in **Part Two** of the ***NHSE SI Framework (2015)***.

The CCG further defines internal CCG roles and responsibilities as follows:

3.1 All CCG staff and members

All members of staff have a responsibility to familiarise themselves with the content of the Serious Incident Management Policy.

All members of staff have a duty to work within the standards and guidelines as specified in this Policy.

All members of staff have a duty to ensure that colleagues, patients, their relatives and carers are not discriminated against or treated in any way less favourably when serious incidents are reported and investigated.

All members of staff will review their practice as a result of any learning identified from serious incident investigations.

3.2 CCG Clinical Quality Team

The CCG Clinical Quality Team assumes responsibility for the overall management of SIs and for reporting the collective position of such to the CCG Quality Committee and the CCG Board, as required.

On receipt of notification of an SI, the Clinical Quality Team will:

- notify the relevant personnel (locally specified internal distribution list), e.g. CCG executive team members (CCG Director of Nursing and Clinical Quality, Accountable Officer, Chief Operating Officer), relevant contract lead, commissioner and any relevant specialist practitioner that a Serious incident has been declared;
- ensure that, where a provider does not have access to the national Strategic Executive Information System (StEIS), that the incident is recorded on that system on the provider's behalf;
- maintain a robust electronic documentary audit trail for every SI investigation;

- be responsible for liaison with the provider organisation to co-ordinate and monitor the progress of the SI, ensuring that all investigation and reporting is undertaken within the agreed reporting timescales;
- ensure that, if appropriate, the incident is added to the Corporate Risk Register;
- Review and assure initial, update and final reports, in association with the relevant specialist lead(s).
- Present the investigation report to an internal decision-making panel (see 3.4), for agreement on submission of the investigation to the North Essex Serious Incidents & Never Events Panel (see 3.5) for closure of the SI investigation.

It should be noted that the Clinical Quality Team can assist in and advise on the investigation of individual SIs, but the primary responsibility for resolution rests with the provider organisation or department//individual responsible for the area/service where the SI occurred.

3.3 Director of Nursing and Clinical Quality (DoN)

The DoN leads the Clinical Quality Team and assumes a consultative and advisory role in the clinical aspects of all SIs.

The DoN will:

- liaise with the Quality Team and senior management in the provider organisation, to establish if an incident should be declared a SI and the level of investigation required;
- facilitate decision-making where multiple providers are involved in an SI, in terms of determining the lead organisation to be responsible for co-ordination of the multiple strands of the investigation and for providing a single aggregated investigation report;
- have shared responsibility for co-ordinating and monitoring the SI management progress in the CCG and commissioned services;
- delegate responsibility to (or undertake in the absence of) their deputies and/or relevant specialist leads, the review of all SI investigation reports and action plans, ensuring that they are sufficient and meet the terms of reference set;
- the DoN (or CCG On-Call Manager out of hours) has responsibility for any required liaison with NHS England or other external body (i.e. Monitor, Care Quality Commission, media, police) as required in relation to the immediate response to declaration of an SI;
- lead the CCG's internal decision-making panel (see 3.4), for agreement on submission of the investigation to the North Essex Serious Incidents & Never Events Panel for closure of the SI investigation.
- share intelligence / escalate as determined necessary to NHS England, regulatory bodies and partner organisations.

3.4 CCG Serious Incidents Panel

The CCG will operate a peer review panel (Terms of Reference including functions of the Panel can be found at Appendix 10).

The CCG Serious Incidents Panel will:

- Review and discuss SI investigations, providing appropriate challenge, ensuring that they are sufficient and meet the terms of reference set.
- Determine whether an SI case is at a suitable stage to submit to the North Essex Serious Incidents & Never Events Panel (see 3.5).
- Make recommendation where appropriate for further elements of investigation to be undertaken prior to submission for closure.

3.5 North Essex Serious Incidents and Never Events (SINE) Panel

The SINE Panel (Terms of Reference including functions of the Panel can be found at Appendix 11) acts with delegated authority from the CCG Boards, as a second line of assurance and specialist resource in supporting the CCGs in north Essex to discharge their responsibilities for the management of serious incidents.

The Panel will:

- meet on a weekly basis (face-to-face or via teleconference) to scrutinise all new serious incidents reported; to determine that investigations have been suitably robust and that learning has been identified and implemented in order to agree closure of SI cases; and to determine categorisation of SIs where there is doubt.

- use the *NHS England Serious Incident Framework (2015), NHS England Revised Never Events Policy and Framework (2015)* and other relevant best practice guidance and resources to determine and agree whether an incident constitutes a Serious Incident or a Never Event.

- Have delegated authority from the CCG Boards to take final decision, in accordance with the *NHS England Serious incident Framework (2015),* and *NHS England Revised Never Events Policy and Framework (2015)* of the status of an SI as a Never Event. Provider organisations have recourse to attend the SINE Panel to present their case, where the categorisation of an SI as a Never Event is disputed.

- Make arrangements for the sharing of learning across the local and wider health system and partners.

POLICY STATEMENT 4:

THE CCG WILL CLEARLY DEFINE THE SERIOUS INCIDENT MANAGEMENT PROCESS

4. SERIOUS INCIDENT MANAGEMENT PROCESS

The over-arching process for Serious Incident management is specified in **Part Three** of the ***NHSE SI Framework (2015).*** The local process is demonstrated in a flow-chart in Appendix 7 of this policy.

Specific elements of the SI process requiring further local clarification are defined below.

4.1 Audit trail

To ensure a robust audit trail, all communications in relation to SIs must be made to the generic serious incident email addresses of providers and commissioners, and not sent separately to individuals in these organisations. Where any other communications occur, i.e. telephone calls, face to face conversations, escalation to executives, etc, a confirmation email must be sent to the generic address to confirm the content of the communication that has taken place. All communications should start with the locally agreed reference and StEIS reference number in the subject line.

Timescales for report submission and review will be in accordance with the *NHSE SI Framework (2015)* and will be monitored by the CCG. Requests for alternative timeframe agreements must be made in advance of the original deadline and will not be granted, regardless of rationale, if requested on or after the reporting deadline date.

4.2 Standards for Root Cause Analysis (RCA) reports

4.2.1 RCA Report Templates

The *NHSE SI Framework (2015)* recommends use of national reporting templates.

The CCG has determined that the following variations to the *NHSE SI Framework (2015)* will apply to templates used for local SI management process:

- The CCG has previously worked with providers to develop bespoke RCA templates for specific types of incident investigation. The North Essex Serious Incidents & Never Events Panel (see 3.5) have agreed that such templates, provided they incorporate all of the essential elements of a full investigation and thus remain consistent with the *NHSE SI Framework*

(2015), can continue to be used and further developed over time for joint agreement, where these have been found to facilitate RCA.

- There will be no mandatory local requirement for an executive summary for an SI investigation, where the length of the report makes this requirement unnecessary. Investigators should determine the need for an Executive Summary to provide an 'at-a-glance' overview of the investigation, dependent on the extent of the report. Where utilised, section headings within the Executive Summary should be the same as within the full report.

4.2.2 Report quality standards

The CCG will further enhance the expected minimum standards for report quality as follows (incorporating the requirements in **Part Three** of the ***NHSE SI Framework (2015), 4.1.1***):

The SI investigation reports submitted to the CCG must:

- be simple and easy to read;
- contain a glossary for explaining medical or complex terminology;
- define all acronyms in full with the acronym in brackets on first use;
- have an executive summary (see local requirement 4.2.1), index and contents page and clear headings;
- include the title of the document and state whether it is a draft or the final version;
- include the version number, date, reference initials, document name, computer file path and page number (in 'Page X of Y' format) in the footer;
- use paragraph and sub-paragraph numbering, according to the numbered section of the report (i.e. 4.1, 4.2, 4.2.1, etc).
- use the 24-hour clock only to indicate time within the 24-hour period;
- only use date format dd/mm/yyyy (never 'the next day' or 'day 5') and clearly state the day of the week;
- disclose only relevant confidential personal information for which consent has been obtained, or if patient confidentiality should be overridden in the public interest. This should however be considered by the Caldicott Guardian and where required confirmed by legal advice;
- include evidence and details of the methodology used for the investigation;
- refer to any relevant national or local guidelines, policies and procedures that should be followed in relation to the case being investigated
- include a description of how patients/victims and families have been engaged in the process;
- include a description of the support provided to patients/victims/families and staff following the incident.
- identify root causes and recommendations;

- ensure that conclusions are evidenced and reasoned, and that recommendations are implementable;
- be reviewed internally in the provider for quality assurance prior to submission and have approval for submission to the commissioner noted on the front of the report with date and approval body clearly recorded;
- contain an amendment history section;
- have all amendments made following CCG request 'tracked' or in some way clearly highlighted, in order that they can be rapidly reviewed

An SI investigation final report will not be accepted for CCG review in the absence of an action plan. The provider investigation timescale 'clock' will not be stopped until both final report and an accompanying action plan are submitted for review.

4.3 Standards for Action Plans

4.3.1 Action Plan Templates

The *NHSE SI Framework (2015)* recommends use of a specific Action Plan template.

The CCG has previously worked with some providers to agree the use of bespoke Action Plan templates that mirror those used within each organisation. The North Essex Serious Incidents & Never Events Panel (see 3.5) have agreed that such templates are acceptable, provided they incorporate all of the essential elements of a complete Action plan as specified within the template recommended by the *NHSE SI Framework (2015).*

4.3.2 Action Plan Quality Standards

The CCG will further enhance the expected minimum standards for Action Plan quality as follows (incorporating the requirements in **Part Three** of the ***NHSE SI Framework (2015), 4.1.2***):

- Action plans must be formulated by those who have responsibility for implementation, delivery and financial aspects of any actions (not an investigator who has nothing to do with the service although clearly their recommendations must inform the action plan);
- Every recommendation must have a clearly articulated and numbered action that follows logically from the findings of the investigation;
- Actions should be designed and targeted to significantly reduce the risk of recurrence of the incident. It must target the weaknesses in the system (i.e. the 'root causes' /most significant influencing factors) which resulted in the lapses/acts/omissions in care and treatment identified as causing or contributing towards the incident;

- A responsible person (job title only) must be identified for implementation of each action point (in the event of personnel change, this ensures identification of the new action owner);
- There are clear deadlines for completion of actions;
- There must be a description of the form of evidence that will be available to confirm completion and also to demonstrate the impact implementation has had on reducing the risk of recurrence;
- A SMART approach to action planning is essential. That is, the actions should be: Specific, Measurable, Attainable, Relevant and Time-bound. To ensure that the most effective actions/solutions are taken forward, it is recommended that an option appraisal of the potential actions/solutions is undertaken before the final action plan is developed and agreed;
- LEAP actions must be achievable within 3 months of the date of the final investigation report. All exceptions to this maximum timescale must be agreed with the CCG prior to initial submission of the Action Plan.

4.3.3 Aggregated Action Plans

Where a series of incidents has occurred that are linked in terms of themes and learning, an Aggregated Action Plan may be the best method of combining similar actions. This approach must be agreed with the CCG. All actions in an Aggregated Action Plan must be clearly cross-referenced to the relevant SI cases, in order that individual SI cases that fall under the single Action Plan can be closed as all actions pertinent to each case are completed.

4.4 Closure of serious incidents (CCG Process)

4.4.1 Report review/quality assurance

The CCG Quality Team are responsible for review of all SI investigation reports against the minimum reporting standards (Section 4.2 & 4.3), and in accordance with the expected timescales specified in **Part 3** of the ***NHSE SI Framework (2015)***.

Report reviews will always be undertaken by a clinician and/or subject-matter specialist. This may require reviews of reports to be undertaken by external experts, where that area of expertise is not available in-house.

The Closure Checklist (Appendix 9e) will be used to assure report quality.

4.4.2 Internal CCG Panel review

Following review of an SI investigation report, the groups responsible for agreeing closure of SI investigations are the CCG Serious Incidents Panels (section 3.4) and the North Essex Serious Incidents and Never Events (SINE) Panel (section 3.5).

The CCG SI Panel will provide further overview and challenge to investigations, to determine whether they agree the reviewer's request to take the case outside of the CCG for closure decision.

4.4.3 CCG Peer Review Panel

The North Essex SINE Panel will provide a further second line of assurance and challenge to the SI investigations and also has the function to determine whether an incident also meets the criteria for a Never Event.

The closure form (Appendix 9f) should be completed by the CCG reviewer recommending closure.

SIs will be closed by the North Essex SINE Panel when the CCG is satisfied that the incident has been fully investigated and an appropriate Action Plan is in place to address the findings and recommendations.

4.4.4 Supporting learning to prevent recurrence

Following closure agreement, the relevant fields will be completed on StEIS by the Quality Team, to close the case.

The CCG reserves the right to request full assurance of completion of actions for SI Action Plans via submission of documentary evidence. The Action Plan, where documentary evidence of action implementation is deemed necessary, will be monitored by the CCG until that evidence is submitted and agreed to provide appropriate assurance of implementation, at which point the case will formally be fully closed.

For additional assurance and triangulation, a purposive sample of actions from SI Action Plans will be selected by the commissioner, and assurance of implementation will be sought during the commissioner's quality assurance walkarounds in relevant clinical areas.

POLICY STATEMENT 5:

THE CCG WILL IMPLEMENT A CLEAR ACCOUNTABILITY FRAMEWORK FOR THE GOVERNANCE OF SERIOUS INCIDENT MANAGEMENT

5. REPORTING, ACCOUNTABILITY AND GOVERNANCE

5.1 Governance in commissioned services

The CCG will assure governance in commissioned services in accordance with **Part 2** of the ***NHSE SI Framework (2015).*** Serious incidents will form an integral part of clinical governance, contract monitoring and performance management processes. This will be achieved through the CCG Quality Team's regular review of serious incidents logged with the CCG by service providers, and as reported by providers in nationally mandated (and locally specified) contractual reporting.

Providers are expected to maintain robust governance arrangements for the management of serious incidents within their organisations in accordance with Part 2; 3.1 of the *NHS England Serious Incident Framework (2015).*

5.2 Governance in the CCG

The CCG Quality Committee is the CCG Board Sub-Committee responsible for monitoring the effective application and operation of the SI process, where commissioner responsibilities apply.

The CCG Board retains responsibility for oversight and assurance of the SI management process.

In summary the roles of, and reports received by, the primary bodies involved in the scrutiny of SIs are:

5.2.1 CCG Quality Committee:

- receives details from the Quality Team of the SI system position at each meeting, for each commissioned provider and the CCG as applicable;
- will consider themes and clusters of serious incidents;
- considers systems and resources (eg Datix, staffing etc) to ensure robust controls are in place to effectively undertake SI work;
- ensure that triangulation of data takes place on a regular basis through the examination of complaints, serious incidents and incidents;
- act as the front line group directly influencing investigations into SIs ensuring lessons are learnt and changes implemented to reduce the risk of recurrence;

- ensure that the resilience of operational and investigative work, as well as the systems and processes, is scrutinised.

5.2.2 CCG Board:

- receive a Serious Incident report as part of the quality report bi-monthly, containing relevant qualitative and quantitative data and information to assure the Board of the implementation of a robust process for the management of serious incidents, including:
  - assurance of internal management processes within the CCG being effectively controlled and implemented;
  - assurance of monitoring of commissioned provider's implementation of, and adherence to, the SI Management Policy, with summary of learning identified from investigations and assurance of actions implemented to reduce the risk of recurrence.
  - analysis of number of incidents, categories and themes and trends in individual provider and whole-economy serious incident categories, lessons learned and in actions taken to implement change
  - a 'deep dive' or focussed report to Part 2 of the Board, with more sensitive information where deemed necessary for further assurance or examination by the Board.
  - an annual serious incidents report, for inclusion in the CCG Annual Report

The Board will support services in making any necessary change as identified following an investigation, to a level it considers reasonable.

POLICY STATEMENT 6:

THE CCG WILL COMPLY WITH NATIONAL AND LOCAL GUIDANCE AND GOVERNANCE ARRANGEMENTS REGARDING THE MAINTENANCE OF RECORDS ASSOCIATED WITH SERIOUS INCIDENTS AND POLICY REVIEW

6. RECORDS MANAGEMENT

6.1 Retention of records

Files relating to the investigation of Serious Incidents received by the CCG will be retained in electronic and/or hard copy format in a secure location for a minimum of 30 years, as per *Records Management NHS Code Of Practice Part 2 (2nd Edition) policy Department of Health/ Digital Information Policy (2009)*.

6.2 Policy approval process

The policy, and subsequent amendments, will be approved and ratified by the CCG Quality Committee as the CCG Board Committee responsible for approving this Policy.

This Policy will be reviewed annually.

6.3 Dissemination and implementation

The Corporate Manager will communicate via the CCG website and via email to CCG members and staff, to advise of a reviewed or new policy. Policy Owners will also promote their own policies with the use of targeted emails and/or raising awareness via Team meetings to those who will have a high level of interest in the policy.

All Team meetings have, as a standing item, the presentation of a list of all new and revised policies to Team members, for information and to facilitate circulation and discussion of relevant policies.

Reference to these discussions must be recorded in the Team Meeting minutes and will be subject to checking by the Corporate Manager from time to time.

The Corporate Manager will remove out-dated copies of the policy from the Website and replace it with the updated reviewed policy. The out of date policies will then be archived.

Managers and staff referred to within the Policy are responsible for ensuring its implementation, with guidance and support from the Policy Owner.

6.4 Policy review

This policy will be reviewed annually or as required following any changes or updates to national guidance. If only minor revisions are made, then the policy can be approved by the CCG Quality and Governance Committees, and the version number for the policy will be updated by ".1', eg from version 1.0 to 1.1.

If significant amendments need to be made, then the policy will need to be approved by the CCG Governing Bodies. In this case the version number would increase to the next whole number eg from version 1.1 to 2.

6.5 Equality & Diversity

The policy is available to all members of staff and is not intended to exclude or disadvantage any individual on the grounds of ethnicity, gender, disability or sexual orientation. Should for any reason any member of staff feel that they are disadvantaged as a result of this policy they should highlight their concerns to the Human Resources Department.

6.6 Training

Managers, and staff referred to within the Policy are responsible for ensuring that they, or their staff, are adequately trained to carry out the roles and responsibilities described.

6.7 Document control

The Corporate Manager is responsible for maintaining an up to date and accurate database of all clinical and non-clinical policies, protocols and guidelines and for ensuring that these are published on the CCG's Website.

The Corporate Manager has responsibility for the overall management of the policy database.

All current approved policies will be available on the CCG Websites. Staff should only use this as the source for policies.

Once an out of date policy has been removed from the extranet, the policy will be stored in an electronic archive file. This will be maintained by the Corporate Manager.

6.8 Monitoring of compliance and effectiveness

The Policy Owner is responsible for monitoring compliance with the process and the effectiveness of actions taken, overseen by the CCG Quality Committee.

7. REFERENCES

NHS England (2015) *Serious Incident Framework: Supporting learning to prevent recurrence*

NHS England (2015) *Serious Incident Framework 2015/16 – Frequently Asked Questions*

NHS England (2015) *Serious Incident Framework – Frequently Asked Questions (March 2016)*

NHS England (2015) *Revised Never Events Policy and Framework*

NHS England (2015) *Never Events List 2015/16*

NHS England (2015) *Revised Never Events Policy and Framework – Frequently Asked Questions.*

APPENDICES

Appendix 1: NHS England (2015) *Serious Incident Framework: Supporting learning to prevent recurrence*

nhse-serious-incidnt-framwrk 2015.pdf

Appendix 2: *NHS England Serious Incident Framework 2015-16 – Frequently Asked Questions*

serious-incident-framwrk-15-16-faqs-fin.pd

Appendix 3: *NHS England Serious Incident Framework – Frequently Asked Questions (March 2016)*

20160506 serious-incdnt-framwi

Appendix 4: NHS England (2015) *Revised Never Events Policy and Framework*

never-evnts-pol-framwrk1 2015.pdf

Appendix 5: NHS England (2015) *Never Events List 2015/16*

never-evnts-list-15-16.pdf

Appendix 6: NHS England (2015) *Revised Never Events Policy and Framework – Frequently Asked Questions*

nepf-faqs 2015.pdf

Appendix 7: CCG Contacts

Appendix 7 CCG Contacts.pdf

Appendix 8: CCG internal Serious Incident Management Process

Appendix 7 2015 Process for Managem

Appendix 9: Falls with moderate/severe harm flowchart

Falls with Moderate severe death harm.p

Appendix 10: Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation

Appendix 8 CCG procedure for handlin

***Appendix 11*:** Example Serious Incident Forms

a) Initial notification for NHS Providers Without Access to StEIS

Appendix 9a) Initial Notification

b)i 72-Hour Update Report

Appendix 11b) 72hr Report Template V3.c

c) Root Cause Analysis – 60 Day Investigation Report

Appendix 11c) 60 Day Report Template

d) Serious Incident Action Plan

Appendix 11d) SI Action Plan.docx

e) Closure Form

Appendix 11e)
Closure Template.doc

Appendix 12: North East Essex CCG Serious Incidents Review Panel Terms of Reference

Appendix 10 2015
ToR CCG SI Panel V2.

Appendix 13: North Essex Serious Incidents and Never Event (SINE) Panel Terms of Reference

Appendix 13 2015
NE SINE Panel Terms