

POLICY TITLE:	Incident Management, Reporting and Investigation
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Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> • aims to ensure that Priory Group colleagues will manage, report and undertake a proportionate investigation into near misses, incidents and serious incidents • provides information gathering and recording forms • clarifies incident categories and gradings

Cross Reference:

H&S03 RIDDOR	OP05.2 MCA Deprivation of Liberty Safeguards (England and Wales)
H&S13 Fire Safety	OP06 Safeguarding Children (Anyone under the age of 18)
H&S57 Major Incidents	OP08 Safeguarding Adults (Anyone aged 18 or over)
IT04 IT Incident Management	OP13 Cardio-Pulmonary Resuscitation (CPR)
OP02 Data Protection	OP21 Whistleblowing (Protected Disclosure)
OP03.1 Duty of Candour	OP27 Confidentiality
OP36, OP36.1, OP36.2, OP36.3 Events to be notified to regulatory bodies	OP31 Risk Management Strategy and the Group Risk Register
Infection Prevention & Control Manual	
Mental Health Act Policies	

EQUALITY AND DIVERSITY STATEMENT

Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, e-mail RARHelpdesk@priorygroup.com

INCIDENT MANAGEMENT, REPORTING AND INVESTIGATION

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1 INTRODUCTION

- 1.1 Priory Group defines an incident as an event that has caused or has the potential to cause harm.
- 1.2 Priory Group aims to provide the best possible and safest care and treatment to all service users, however there are times when incidents will happen. The aim of this policy is to ensure that incidents are effectively managed, reported and investigated. Where incidents are managed inappropriately and ineffectively there can be repercussions for those involved, the site where the incident happened and Priory Group as a whole. These repercussions can include a repeat of the incident and/or the submission of a complaint or claim.
- 1.3 All colleagues have a responsibility to ensure that all possible measures are in place to prevent and reduce the likelihood of incidents from happening and that when incidents do happen they are effectively managed and reported.
- 1.4 Incidents must be responded to quickly and effectively to avoid escalation or further injury. By their nature some incidents will be more serious than others. The table at **Appendix 1** identifies the incident categories used by Priory Group and **Appendix 2** gives guidance on the grading of near misses, incidents and serious incidents.
- 1.5 Central or regional offices do not fall within the scope of this policy. The policy is intended for use at sites where service users receive care, treatment, support and education.
- 1.6 Managers and directors must ensure that relevant colleagues at each site understand and accept the importance of following these processes.
- 1.7 Accountability for ensuring adherence to this policy lies with managers and directors and ultimately with the Chief Executive Officer of Priory Group (Group CEO).

2 THE IMMEDIATE MANAGEMENT OF AN INCIDENT

- 2.1 Actions to be taken at the time and immediately after a serious incident: In the event of an incident where there are injuries and/or potential injuries, the priority for those arriving first on the scene must be to ensure that:
- (a) The injured receive immediate first aid and any required medical attention
 - (b) Relevant senior colleagues are alerted and, where available, contact is made with the on-site doctor or on-call doctor. If the incident is very serious, requiring more than first aid, then a call must be made to the emergency services by telephoning for an ambulance
 - (c) The alarm is raised immediately in the case of a fire, explosion, toxic/electrical hazards and similar events
 - (d) An evacuation procedure is undertaken where necessary in accordance with H&S13 Fire Safety and Personal Emergency Evacuation Plans (H&S Form: 70)
 - (e) The surrounding area is made safe to help prevent further injury from occurring.
- 2.2 Those involved in an incident must not jeopardise their own safety and should only act within their capabilities in assisting casualties and/or in making the area safe.
- 2.3 The most senior person on duty must notify his/her line manager of the serious incident as soon as practicable.
- 2.4 **Scene preservation:** Once any immediate hazards have been removed, it is imperative that the scene of a very serious incident, for example a death or serious injury, is preserved until it has been inspected by the police and/or HM Coroner's Officer and/or fire service and/or the Health and Safety Executive Inspector to avoid evidence being tampered with or destroyed. In the event of an unexpected death, any medical devices, lines, cannulae, feeding tubes etc must remain in place. For any death the service user's medications should be kept for 7 days or until the police have finished their investigations.
- 2.4.1 Colleagues should ensure that the area is sealed off and remains undisturbed as far as is practicable and as directed.
- 2.5 In some instances a copy of the service user's records and other documents may be requested. This request should be dealt with by the person in charge. On no account should original documents be provided. A record of the documents that are disclosed should be maintained.
- 2.6 In the case of very serious incidents an incident file will be set up and maintained. The Divisional Director of Quality and/or Director of Risk & Safety will advise on this as required.
- 2.7 Setting up the file is the responsibility of the site/service manager.
- 2.8 A '*live*' written record of events, conversations and actions must be maintained within the file. This is particularly important when faced with enquiries from the investigation team and any external agencies in relation to the action taken.
- 2.9 The incident file should remain on site and the contents available to be copied as necessary.
- 2.10 **Contacting the family/next of kin** (Refer to OP03.1 Duty of Candour) – The family/next of kin must be contacted as soon as possible following a very serious incident involving a service user. An outline should be given of what is known about the incident. If a service user refuses to give permission for colleagues to contact their nearest family/next of kin then a decision should be made by the key colleagues involved in respect of whether that request should be overridden due to the seriousness of the incident.
- 2.10.1 Colleagues should liaise with the police where necessary regarding notifications of this kind so as to prevent duplication and uncertainty. News to be given regarding a sudden unexpected death is often best communicated in person and therefore in most circumstances by the police, however each situation is different and needs to be decided upon at the time.

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- 2.10.2 Colleagues should identify who is the best person to provide immediate information to the family/next of kin. This should be a senior and experienced colleague for example this could be the service user's Consultant Psychiatrist or the senior manager on duty.
- 2.10.3 Where necessary plans should be put in place to offer/arrange a meeting at the earliest opportunity between the service user (as appropriate), his/her family/next of kin and key senior colleagues.
- 2.10.4 Where a colleague, visitor, contractor or other person has been involved in a serious incident and has suffered a shock or is injured, the senior person on duty should ask the police to assist in making initial contact with the family/next of kin.

3 DEBRIEF AND SUPPORT FOR COLLEAGUES AND SERVICE USERS

- 3.1 The senior manager on duty should arrange, as promptly as possible, colleague debrief meeting(s) and where necessary service user debrief meeting(s) following very serious incidents.
- 3.2 Immediate and ongoing support should be offered to colleagues and where necessary service users. Those with a responsibility for considering the support needs of colleagues should take into account that the type of support to be offered will vary in relation to the nature of the incident, the individual needs of colleagues and service users and the length of time after the incident. Colleagues should be provided with the employee [helpline telephone number](#) for colleague support and they should be encouraged to use supervision as an opportunity to discuss any support needs they might have.
- 3.3 **OP Form: 46H** Team Incident Review Report is available to record the details of the team debrief, action taken and any lessons learnt.

4 INCIDENT REPORTING

- 4.1 It is the responsibility of the site/service manager to ensure that the incident reporting process is followed and that proportionate actions are taken.
 - 4.1.1 All incidents and near misses including accidents must be concisely recorded on the Incident Reporting System as soon as possible and within 48 hours of occurrence.
- 4.2 Colleagues should complete incident reports carefully with only necessary detail, stating the facts and avoiding speculation.
- 4.3 Incident reports may be disclosed to third parties, such as commissioners as part of local and national commissioning arrangements or to the Coroner, where there has been a death. In such cases procedures will be in place in terms of the format of the reports that are disclosed and the frequency of disclosure. **NB:** If disclosure of all serious incidents is also part of the local contractual commissioning arrangements, then colleagues should be made aware that notifications to the commissioners must be made.
- 4.4 The Incident Reporting System will generate a unique case number for each incident.
- 4.5 Each incident will have its own set of circumstances and the system will ask the reporting colleague to categorise the incident (see **Appendix 1** for a list of the types of incidents that should be recorded under each category). The Incident Reporting System will automatically classify an incident as serious where one or more of the following criteria are met:
 - (a) Overall level of harm = High.
 - (b) Infection control = Yes.
 - (c) Business reputation = Yes.
 - (d) Safeguarding = Yes and Safeguarding Details = 'Current Issue' or blank and the Safeguarding incident has been referred to the relevant authority.

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- (e) Category = Actual abscond/AWOL/missing and the person is under 18 or subject to a MHA Section.
- (f) Police involvement = Yes.
- (g) RIDDOR = Yes and RIDDOR reportable = Yes or blank.
- (h) Serious Incident = Yes and actually serious incident = Yes or blank.
- (i) Anyone involved in the incident has a high level of harm.
- (j) Anyone involved in the incident died and the death was unexpected.

- 4.6 The incident report should be completed and then reviewed by the site/service manager or their delegate within 3 working days where possible.
- 4.7 The Divisional Director of Quality, Operations Director and Director of Risk & Safety will reach a decision as to the actions to be taken in cases where a serious incident involves the service user of a doctor with practising privileges. The decision will concern the type and level of incident report, the immediate response to the serious incident and the level of investigation, if any, to be undertaken.
- 4.8 An electronic report of all incidents reported on the system the previous day and reported as 'serious' is generated and circulated on a daily basis to key divisional colleagues, the Group Risk Manager and the Director of Risk & Safety.
- 4.9 **OP Form: 46** which act as fact-finding reports, should be completed within 72 hours in response to those serious incidents where it is felt that further information and an additional level of investigation is required, for example in the event of a RIDDOR. Completion of the form is expected to be generated at site level, but can also be requested by members of the divisional senior management team as well as the Group Risk Manager (see 4.10 below). The completed form should be circulated as required and attached to the incident reporting system.
- 4.10 **OP Form: 46F** Log of Events following an Unexpected Death or **OP Form: 46G** Log of Events following an Expected Death should be completed in the event of a death.
- 4.11 All incidents which may give rise to a claim against the Priory Group are immediately reportable to the Priory Group loss adjusters/insurers by the Group Risk Manager. The nature of the services provided by the Priory Group require that the site/service manager should use his/her judgement in deciding which incidents may give rise to a claim. **OP Form: 46** must be completed for all such cases and attached to the incident reporting system.
- 4.12 In certain instances which result in a restraint of a service user it will be necessary to ensure that the service user has an opportunity to write his/her account of the incident which will then be filed in their records (**OP Form: 46D** is used for this purpose). Media
- 4.13 There may be claims that arise from injury that may not be apparent at the time, but over time these may become obvious through sickness absence and must be monitored closely.
- 4.14 Incidents and serious incidents will be signed off in line with the table below:

	To be escalated to:	Review/investigation by:	To be finally signed off within 28 days by:
Grading: near miss, no harm to low	Senior colleague appointed by the site/service manager	Appropriate review at site level.	Site/service manager. The above can delegate a senior person on site to sign off minor or moderate level incidents only.
Serious incidents Grading: medium	Operations Director.	Site/service manager or senior colleague appointed to review the incident. Report template OP Form: 46 can, where necessary, be used for this purpose.	Site/service manager after discussion with Operations Director.
Serious incident which meets threshold for	Divisional Director of Quality See Appendix 4	Divisional Director of Quality and Director of Risk &	Divisional Director of Quality and Director of Risk &

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structured investigation		Safety to allocate	Safety
<p>High risk serious incidents which meet the threshold for a structured investigation to be commissioned</p> <p>(grading high or death)</p>	<p>Notification prepared and sent to Divisional Director of Quality See Appendix 4</p>	<p>A structured investigation by nominated colleagues.</p> <p>Arrangements can also be made for external investigators to be appointed i.e. colleagues from outside of the division (Director of Risk & Safety and Group Medical Director to allocate).</p>	<p>Director of Risk & Safety, Group Risk manager, General Counsel</p>

- 4.15 Successful incident notification is dependent on:
- (a) A comprehensive knowledge of the facts surrounding the event; and
 - (b) The use of prompt and effective communication procedures to ensure that all relevant stakeholders are reassured that the organisation has acted/is acting responsibly to address any identified problems and issues.
- 4.16 A notification report (**OP Form: 46B** Situation, Background, Assessment, Recommendations (SBAR)) is used to ensure the effective escalation of information about the most serious incidents to relevant internal and external stakeholders. The notification report should be circulated within 48 hours of the incident being identified. The types of serious incidents which require the completion and circulation of a notification are located at **Appendix 3**: Serious incidents requiring notification. There may be other incidents and serious incidents which should be subject to investigation which fall outside of those identified at Appendix 3 and these will be identified and raised as required by senior colleagues at the site and by internal regulatory inspectors from the Risk & Audit team.
- 4.17 The purpose of the notification process is to:
- (a) Help commence and inform any escalation and Board briefing process;
 - (b) Enable systematic reporting to external stakeholders and insurers;
 - (c) Help ensure prompt remedial action;
 - (d) Help ensure that local management teams provide the necessary support to those involved;
 - (e) Help ensure adherence to the principles of openness and transparency;
 - (f) Acting as the catalyst to commission a proportionate investigation; and
 - (g) Assist in responding to any media inquiries.
- 4.18 The completion of the notification can be requested by the divisional management team and/or the Director of Risk & Safety. The draft notification is sent for review to the Divisional Director of Quality and the Director of Risk & Safety who then finalise and circulate it to the CEO, and, if serious and high risk, to the Group Medical Director, General Counsel, internal Communications as required. The Divisional CEO will notify the Group CEO as required. All notified incidents will be subject to a proportionate investigation.

5 COMMISSIONING AND UNDERTAKING A STRUCTURED INVESTIGATION

- 5.1 All incidents require some form of review or investigation. In most non-serious incidents this will involve a brief review of the incident and its antecedents and consequences. Moderately serious incidents will need a more detailed investigation and **OP Form: 46** can be used to record the findings of these investigations at site level.
- 5.2 For those serious incidents which meet the threshold for notification a proportionate investigation is likely to be commissioned.
- 5.3 The divisional senior management team, for example the Divisional CEO, Divisional Director of Quality in conjunction with the Director of Risk & Safety are responsible for commissioning any structured investigation and agreeing the terms of reference. Investigations may also be commissioned in agreement with external agencies for example commissioners, the Health and Safety Executive and the Local Authority Safeguarding Team.

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- 5.3.1 For such incidents there should be an 'investigation scoping meeting' held as soon as possible to enable an early identification of issues relating to the incident and the required response. Participants in the scoping meeting will include the site/service manager or their delegate, the Group Risk Manager, the Director of Risk & Safety and the Divisional Director of Quality. The scoping meeting will consider matters such as:
- (a) The composition of the investigation team
 - (b) The terms of reference of the investigation
 - (c) The early collection of statements and who will coordinate this collection.
- 5.3.2 The Group Risk Manager or the Director of Risk & Safety will request that information regarding a serious incident is gathered from colleagues at site level in the event of a serious incident using **OP Form: 46E** Information Gathered from Colleagues Following an Incident. Any completed forms will be held in the Investigation file. These will assist in the development of the colleague statements as required.
- 5.4 Where a decision is made to commission a structured investigation this must be commenced and a draft report submitted within 60 working days from the date of commissioning. The 60 working day timescale for completion of the investigation and the draft report should be confirmed with the investigation team and with external agencies for example commissioners. An outline of the anticipated timescales by notified serious incident is given at **Appendix 3**.
- 5.5 The timescales for completion of the investigation and the report will at times be subject to amendment due to the circumstances of the serious incident and the involvement of other agencies such as the police, the local authority safeguarding team and regulatory bodies who may advise Priory Group to delay its investigation.
- 5.6 The majority of structured investigations are likely to be undertaken by colleagues from within the relevant division. However, certain serious incidents, because of their nature, for example actual or suspected '*Never Events*' may require a structured investigation to be undertaken by colleagues from the Priory Group Risk & Audit Team and/or another division. In certain instances the investigation will be undertaken jointly with an external party for example with an NHS Trust in those cases where a serious incident has happened while the service user has been in transition between services. Such investigations will be undertaken with the agreement of senior divisional colleagues and the Director of Risk & Safety.
- 5.7 The investigation team should have the following attributes:
- (a) Training in the investigative process
 - (b) Competencies in effective report writing
 - (c) The confidence and ability to engage with the service user and/or his/her family
 - (d) Understanding of the speciality involved with at least one 'expert' on the team
 - (e) Knowledge of media handling strategies
 - (f) The ability to provide information/communicate in a formal setting for example an Inquiry/Coroner's Inquest should this be required.
- 5.8 The Priory Group operates three levels of investigation in accordance with the NHS England Serious Incident Framework (March 2015).
- 5.8.1 **Level 1:** This will be the level of investigation into less complex incidents which can be managed by individuals at a local level. A concise report will be completed and shared.
- 5.8.2 **Level 2:** This will be a comprehensive internal investigation into serious incidents which require a high level response and review. This level of investigation will be undertaken by a multidisciplinary team with access to experts where necessary. A structured investigation report will be completed within 60 days.
- 5.8.3 **Level 3:** This level of investigation will be undertaken in response to those incidents where it has

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been agreed that independence is required for example in those cases where Priory Group is unable to conduct an effective, timely and proportionate investigation. The investigation team will be independent of the Priory Group. The decision to commission an independent investigation will be taken by the Group CEO following consultation with the Group Medical Director, the relevant Divisional CEO, the Company Legal Counsel and any relevant stakeholders such as commissioners and regulators (within 6 months).

- 5.9 Information collated in respect of any structured investigation including reports, emails and minutes of meetings should be kept in the incident file and not be filed with a service user's records.
- 5.10 Structured investigations which concern the death or serious injury of a service user or a colleague will be undertaken with a degree of oversight from the Group Risk Manager and team, given the fact that there will be collaboration with Priory Group insurers and with legal input as required.
- 5.11 In cases where there may be legal implications for the Priory Group, a copy of the incident file and the documentation arising from the structured investigation will be requested by the Group Risk Manager.
- 5.12 The investigation team will follow these seven key principles as part of their investigation:
- (a) **Openness and transparency:** The needs of those affected should be the primary concern of those involved in the response and investigation of serious incidents
 - (b) **Preventative:** The focus of the investigation is to understand what happened and what should be done to prevent recurrence
 - (c) **Objective:** Those involved in the investigation process should be sufficiently independent;
 - (d) Acting in a timely and responsive manner
 - (e) **Systems based:** The investigation must be conducted systematically using a methodology which identifies the problems, the contributory factors and the fundamental issues;
 - (f) **Proportionate** to the nature and implications of the incident
 - (g) **Collaboration:** Liaising and working with stakeholders as required.
- 5.13 Where colleagues need to be interviewed as part of a serious incident investigation they will be formally invited to interview and notes taken of the interview. The notes will be held on the investigation file. It should be noted that the interview records should be concise and relevant to the incident being investigated.
- 5.14 Colleagues who are to be interviewed should be given an opportunity to contact their professional body and/or request someone to be present who can offer them support (NB: this will not be in a legal capacity). There is not usually a need for this except in cases where colleagues have been suspended from duty. Colleagues will be given notice in writing at least 48 hours before the date of the interview.
- 5.15 Where a 'Serious Case Review' or 'Domestic Homicide Review' is commissioned this will be communicated by the Chair of the Local Safeguarding Board/Partnership Board in a number of ways for example directly to the site involved or to the Group CEO. The Group Medical Director, the Director of Risk & Safety and the relevant Divisional Director of Quality will conduct an impact assessment and reach an agreement on the appointment of author(s) for the chronology and the Individual Management Review (IMR) to ensure that the full response is sent to the relevant board within their specified timescales. (Refer to **Appendix 4** for Flowchart)
- 5.15.1 For identification and appointment of senior colleagues to deal with the response and actions, and the process involved. Refer to the **Appendix 5** for Flowchart)
- 5.16 It is the responsibility of the investigation team to raise any immediate and serious concerns with the Divisional Director of Quality and the Director of Risk & Safety who will then take the responsibility of alerting the Divisional CEO and Group Medical Director at the earliest opportunity.

Progress reports in relation to the investigation should also be submitted by the investigation team to the Divisional Director of Quality and the Director of Risk & Safety as and when required.

6 THE DUTY OF CANDOUR

- 6.1 In the interests of transparency and openness it is good practice to provide a written expression of condolence and apology to those affected by very serious incidents and to offer/arrange a meeting at the earliest opportunity with the service user (as appropriate), his/her family and key senior colleagues for example, the Consultant, site/service manager and their equivalents. In certain cases it will be necessary to involve the Divisional CEO and/or the Director of Risk & Safety in such meetings. (See OP03.1 Duty of Candour).
- 6.2 The purpose of such a meeting is to:
- (a) Acknowledge the incident
 - (b) Explain what is known about the circumstances of the incident
 - (c) Apologise for what happened
 - (d) Identify and agree the next steps to be taken – this should include an assurance that an investigation will be undertaken and an invitation given for those present to contribute to the terms of reference of the investigation with further arrangements made as to follow-up contact.
- 6.3 Whoever meets with the service user and his/her family should provide all possible support and a sympathetic explanation of events.
- 6.4 Colleagues involved in these meetings need to be aware that the family may exhibit a range of emotions, for example, distress, anger and threatening behaviour. There may be threats to bring a claim against the company; therefore the handling of these meetings needs to be considered and planned before the meeting takes place. Colleagues should consider the possible legal implications for the Priory Group and/or particular individuals when conducting this type of meeting.
- 6.5 Assistance and advice in these matters can be obtained from the Director of Risk & Safety.

7 ACTION TAKEN IN RESPECT OF HR PEOPLE TEAM POLICY AND PROCEDURE AND/OR WHERE THERE IS SUSPICION OF A CRIMINAL ACT

- 7.1 Action in relation to HR People Team policy and procedure may be taken if a colleague is suspected or found to be in breach of their contract of employment, code of professional practice or to have acted recklessly. Where it is suspected that a criminal act may have taken place the matter should be promptly reported to the police.
- 7.2 In certain cases colleagues may be reluctant to come forward and give a full account of the events concerning a serious incident. This can make the investigation process difficult and protracted. The Priory Group therefore encourages and expects colleagues to take a responsible attitude and co-operate with all aspects of an investigation, whatever consequences they may have to face. Genuine mistakes can be accepted given that it is only by understanding the true facts that the Priory Group can reduce the likelihood of an incident recurring and improve the quality of both care and health and safety throughout the organisation.

8 THE STRUCTURED INVESTIGATION REPORT

- 8.1 The Priory Group template report (**OP Form: 46C**) will be used as part of a Level 2 investigation to detail the background of the serious incident investigation, the findings of the investigation and any recommendations made to improve practice.
- 8.2 The structured investigation report will generally use initials instead of names. However investigation teams should be mindful of the fact that there are instances when Coroners ask for

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colleague identifiers to be given in reports.

- 8.3 The final draft investigation report will be signed off and ratified by the Divisional Director of Quality and Director of Risk & Safety. In those instances where the incident is very serious with an associated high risk, the report will be ratified by the Divisional CEO, the General Counsel and the Director of Risk & Safety.
- 8.4 Structured investigation reports will be accepted at the relevant committee. The type and nature of these committees differ across the divisions of the Priory Group. In Adult Care and Education & Children's Services the report will be confirmed at regional meetings and in Healthcare & PiC the report will be signed off at the relevant Hospital Clinical Governance Committee.
- 8.5 Where necessary the final report will be shared with external parties such as commissioners, regulators and Coroners.

9 LEARNING FROM INCIDENTS

- 9.1 Any necessary corrective actions identified following the incident or commencement of an investigation should be immediately implemented rather than waiting for the report ratification process to complete.
- 9.2 There should be local systems and structures in place which will enable the service to review all incidents and understand any trends or themes arising from those incidents. Where necessary improvement actions should be put in place to enable the service to reduce the possibility of a re-occurrence of the incident.
- 9.3 Where possible a member of the investigation team will attend the site to provide direct feedback to colleagues. Where recommendations for action are in place an action plan will be drafted by the site to ensure the implementation of the recommendations. The action plan will include timescales, responsibilities and review dates. Where necessary audits will be undertaken as a means of assurance that systematic action is being taken and improvements embedded into everyday practice in response to the actions taken and the lessons learnt from serious incidents.
- 9.4 The site/service manager will share any learning with other relevant colleagues on site.
- 9.5 Arrangements will be made by the Director of Risk & Safety to review all lessons learnt from incidents and any particular trends and advise and take corporate action accordingly. Such action is could include adjusting policy and procedure, adjusting the content of training, publishing lessons learnt on the Priory Group weekly communication tool 'Top Priority' and/or outlining them via 'Learning Lessons' bulletins.

10 MEDIA INTEREST AND ESCALATION

- 10.1 The Priory Group internal communications team must be notified in those instances where media interest is anticipated. The responsibility for alerting the communications team will rest with the divisional management team, e.g. the Divisional CEO, divisional Director of Quality or Operations Director. The principal objective of the media management process is to ensure that external communication and the content of that communication is controlled and effectively co-ordinated.
- 10.2 The Priory Academy e-learning module 'Crisis Management' will be completed by all relevant colleagues.
- 10.3 Given that each site is seeking to maintain long term, positive relationships with their local media, it is imperative that they cooperate and remain professional when faced with media enquiries. On no account should colleagues be placed in a position where they are seen to be 'speaking for the Priory Group'. A refusal to comment or sharing too much information can be interpreted by the

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media as a tacit or clear admission of fault and error. For these reasons it is essential that media enquiries are quickly escalated and dealt with appropriately.

- 10.4 Adverse publicity is not just confined to media coverage. There may be potentially damaging incidents, which, although of little interest to the general public, need to be handled effectively to avoid further problems in relationships with colleagues, service users and their family and the various regulatory authorities. For example, a service user or carer may place a posting on social media, contact the regulatory authorities or the press to complain about lack of care without informing the facility or central office. The site/service manager must be sensitive to issues which could result in adverse publicity (refer to OP21 Whistleblowing (Protected Disclosure)).
- 10.5 Ideally the site/service manager will be the first point of contact for all external enquiries. If, however, a call is taken by a colleague, the enquiry shall be referred immediately to the site/service manager. For all press enquiries 'out of hours', colleagues should follow the procedure detailed on **OP Form: 05** and after taking the recommended details, give the contact number for the Priory Group contracted public relations company. It is important that colleagues are reminded that 'No information' is given to the press with an assurance given that queries will be properly dealt with.
- 10.6 The site/service manager should not answer any questions relating to the incident and instead note the journalist's name and telephone number as well as the date and time of the call. The journalist should then be told that he/she will receive a call from a company spokesperson as soon as is practicable. The background of the incident and the inquiry should then be referred to the Group Communications team and the relevant Operations Director. This will help enable a communications strategy to be agreed and put in place.
- 10.7 Priory Group, through its internal communications team will prepare a short holding statement, which can be used to respond to immediate enquiries. The statement will provide general information about the alleged incident and the Priory Group response and where necessary that a press notice will be issued at an agreed time. The holding statement will include details of the nominated individual handling ongoing media enquiries.
- 10.8 Following detailed consultation with the site/service manager, the Group Communications team will prepare a formal press statement in consultation with the Operations Director and other senior colleagues depending on the nature of the alleged incident and the nature of the inquiries that have been made.
- 10.9 Additionally the incident may have legal implications and the Priory Group legal representative will need to be thoroughly briefed by the Divisional CEO in order to respond effectively to specific allegations. If it becomes necessary to issue legal injunctions, this will be done by Priory Group's lawyers, ideally after discussions with and approval by the Group CEO. In rare instances there might not be time for this.
- 10.10 For further details refer to the [Priory Group Crisis Communications Handbook](#).

11 REGULATORY NOTIFICATIONS AND REPORTING TO THE CORONER OR OTHER AGENCIES

- 11.1 Serious incidents are reported to statutory bodies for example commissioners and regulators by the site/service manager where required.
- 11.2 The site/service manager will ensure that the relevant regulatory body (CQC, RQIA, Care Inspectorate, HIS, CCSIW, HIW) is notified within one working day of the incident being reported to them. Within Education & Children's Services the site/service manager will ensure Ofsted, local Social Services and the Department for Education are notified within one working day of the incident being reported to them.

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- 11.3 In the case of an incident involving service users funded by the NHS, the funders will be informed in accordance with the contractual requirements of the specific contract under which the service user has been admitted.
- 11.4 For incidents which require reporting under RIDDOR regulations (refer to H&S03 RIDDOR) advice should always be obtained from the Health & Safety Team by e-mailing RARHelpdesk@Priorygroup.com. Contact with a member of the Health & Safety Team should always take place prior to reporting the incident to the Health & Safety Executive (HSE).
- 11.4.1 Deadlines:
- (a) Where a specified injury has occurred it is a requirement to report this to the HSE **within 10 days** (specified injuries include fractures (except fingers and toes), amputations and serious burns)
 - (b) Where an employee is injured at work (it may not be a specified injury) and is absent for 7 days or more, it is a requirement to report this to the HSE **within 15 days**
 - (c) Do not count the day of the incident, but do include annual leave days and rest days if the person would not have been able to work during those days
 - (d) For reportable diseases, please seek advice from the Health & Safety Team
- 11.5 In line with the requirements of the Priory Group insurers, incident reports do not form part of a service user's records. However, the incident case number must be cross-referenced into the service user records. It should be noted that an incident report form is a disclosable document if a claim is pursued.
- 11.6 **Reporting incidents to the police:** There are times when individuals are assaulted and injured by service users. It is not strict policy to report all assaults to the Police as Priory Group recognise that due to the nature of the services provided, aggressive behaviour, stress and anger are often part of the condition that many service users exhibit. However, each case must be considered and if it is felt by the multi-disciplinary or senior management team that the incident should be reported to the Police, it is the team's decision to do this. In these instances a crime reference (CAD) number should be sought and recorded on the incident report.
- 11.7 If a colleague is assaulted and sustains an injury and wants to report this to the Police, it should be first talked through with their line manager, who will escalate to the site/service manager to discuss further. Colleagues are entitled to report alleged assaults directly to the Police, but should be encouraged to first consult with and where necessary gain assistance from their management team.
- 11.8 Colleagues must be reminded of confidentiality at these times and service user details must not be provided without permission from a senior manager.
- 11.9 **Reports to the Coroner** – Any sudden or unexpected death must be reported immediately to the Coroner. In addition, the death of any service user who was detained under the Mental Health Act or Mental Capacity Act Deprivation of Liberty Safeguards at the time of death must be reported to the coroner. (Also refer to OP05.2 MCA Deprivation of Liberty Safeguards (England and Wales)).

12 CORONERS INQUESTS

- 12.1 Priory aims to have systems in place which anticipate and prepare for forthcoming inquests. In the event that a colleague is informed of an inquest concerning a service user he/she should immediately make contact with the Group Risk Manager and/or the Group Claims & Serious Incident Co-ordinator.
- 12.2 Where an inquest has been announced a decision will be made as to the level of preparation required for colleagues, the level of scrutiny of any reports requested by the Coroner and whether legal representation is required. These decisions will be made by the Group Risk Manager in

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conjunction with the Director of Risk & Safety where cases are deemed to be medium risk. Final authorisation of legal representation in high risk cases will be provided by the Group Legal Counsel.

- 12.3 Efforts will be made to ensure that colleagues understand the inquest process, feel fully prepared and feel supported during and after attendance. These efforts will be co-ordinated by the Group Risk Manager and/or the Group Claims & Serious Incident Co-ordinator together with site senior management.
- 12.4 Updates will be provided to senior management prior to, during and after key inquests. Any lessons learnt from the inquest will be identified and circulated to the site, division and across the Priory Group in the event that these may reduce the possibility of future deaths.

13 REFERENCES

- 13.1 Care Act 2014
Health and Social Care Act 2008
The Coroners (Inquests) Rules 2013
The Coroners (Investigations) Regulations 2013
DH (2015) Mental Health Act 1983: Code of Practice 2015
National Patient Safety Agency (2009) Being Open Framework
Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (HC947)
Serious Incident Framework (March 2015): NHS England Patient Safety Domain

Appendix 1 – Incident Categories

Appendix 2 – Incident Grading

Appendix 3 – Serious Incidents Requiring Notification

Appendix 4 – Process for the Appointment of author for Serious Case Review Chronology and IMR

Appendix 5 – Serious Case Reviews Process for Chronology and IMR

Associated Forms:

- OP Form: 04 - [Crisis Management Emergency Contact Numbers](#)
OP Form: 05 - [Press Enquiries Procedure](#)
OP Form: 46 - [72 Hour Serious Incident Fact Finding Report](#)
OP Form: 46B - [Serious Incident Notification \(SBAR\)](#)
OP Form: 46C - [Serious Incident Investigation Report Template](#)
OP Form: 46D - [Service Users Account Following Use of Physical Intervention](#)
OP Form: 46E - [Information Gathered from Colleagues following an Incident](#)
OP Form: 46F - [Log of Events Following an Unexpected Death](#)
OP Form: 46G - [Log of Events Following an Expected Death](#)
OP Form: 46H - [Team Incident Review Report](#)

Appendix 1

INCIDENT CATEGORIES

These categories should be used on the Incident Reporting system. For any incident that does not fall into a specified category, tick 'Other' and enter details.

Category	Examples
Abscond/AWOL	Healthcare & PiC: missing service user, failure to return from leave Education & Children's Services: As defined in divisional policy – This category should be used if the student is NOT where they are legally directed to be Adult Care: Missing service user, failure to return from leave, wandering etc
Abscond	Attempted: service user attempts to leave without authorisation
Missing	Service user not present as expected
Escape	Escape from within a secure perimeter, e.g. perimeter fence, key-padded secure area (MSU services only)
Self-harm	Attempted suicide, all self-inflicted injury or attempted injury
Violence	Actual physical person to person contact with intent to harm, (whether colleague, service user or visitor)
Aggression	Threatening behaviour or language, verbal abuse, harassment (whether colleague, service user or visitor)
Clinical/care	Abuse or suspected abuse, unprofessional behaviour, error in delivery of care
Service user physically unwell	Pressure ulcer, infection, seizure, other physical health issues
Alcohol, drugs, contraband items	
Medication	Refusal, error, non-compliance with procedure
Fire, flood, natural disaster	
Administrative	Clerical errors, MHA errors
Information governance breaches	Confidentiality breaches, data protection breaches/errors, loss of personal information, loss of equipment holding personal data
Security	Keys mislaid, concerns re physical security
Equipment, machinery or hazardous substances	Medical device failures, equipment failure, transport vehicle incidents, hazardous substances
Slips, trips, falls	Service user only
Accidents	Colleague, service user
Damage or malicious acts	Damage to property, theft, fire setting, criminal activity
Death	Service user and/or other
Inappropriate behaviour	Refusal of care, challenging behaviour
Other	Any other incident not listed above.

Appendix 2

INCIDENT GRADING

Grading	Clinical description	Strategic	Financial	Reputational	Legal
None/ near miss	Any incident that had the potential to cause harm but was prevented or any incident that ran to completion but no harm caused	Zero effect on strategy	No financial impact	Limited publicity	Minor breach of legal/regulatory requirements with minimal impact
Low	Any incident that caused minimal harm	Minor in terms of strategy	Financial impact up to £50,000	Minimal local press interest	Legal challenge / minor out-of-court settlement
Medium	Any incident that resulted in significant but not permanent harm	Major impact on individual strategic objectives	Financial impact £50,000 to £500,000	Adverse publicity, locally contained with short to mid-term damage to Group reputation/credibility	Contestable civil action
High	Any incident that appears to have resulted in permanent harm	Major impact on direction of Group strategy	Financial impact exceeds £500,000	May result in major adverse publicity and national interest with long-term damage to Group reputation/credibility	Civil action/criminal action - no defence, Group fined or alternative judgement against Group. Executive officer imprisoned, fined, dismissed
Death	Death of service user/other	-	-	May result in major adverse publicity and national interest with long-term damage to Group reputation/credibility	Civil action/criminal action - no defence, Group fined or alternative judgement against Group. Executive officer imprisoned, fined, dismissed

Appendix 3

SERIOUS INCIDENTS REQUIRING NOTIFICATION

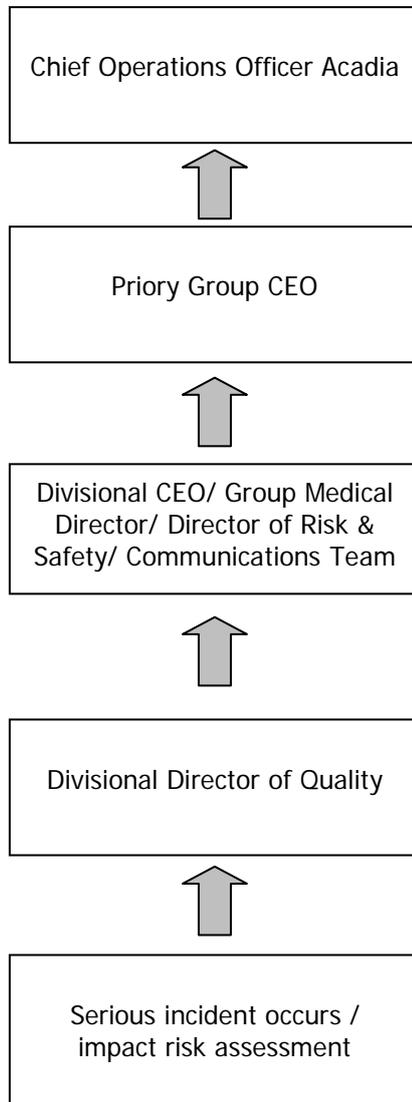
- (a) Suspected homicide of or by a service user
- (b) Death or serious harm (including violence, abuse and/or neglect) of a young person. This includes any young person who is/whose:
 - i. Currently under the care or previously under the care of the Priory Group
 - ii. Alleged to have been killed or seriously harmed by a service user
 - iii. Parent(s)/guardian(s)/carer(s) is/are a service user.
- (c) Serious self-harm incidents involving a ligature or self-mutilation of such severity that the service user was at risk of death and/or life changing injuries and which necessitated medical treatment
- (d) Suspected suicide of a service user currently in receipt of Priory Group services
- (e) Known and suspected suicide of a service user within three months of discharge
- (f) Unexpected deaths of service users; deaths shortly after serious incident e.g. fall resulting in fracture or following a medication error (where this may have contributed/be related to death)
- (g) Very serious harm/serious adult safeguarding incidents including violence, abuse, institutional abuse and/or neglect involving an adult service user in the course of receiving care
- (h) Very serious harm/serious adult safeguarding incidents including violence, abuse, institutional abuse and/or neglect of an adult where the perpetrator is either a current service user or recently discharged service user i.e. within a month
- (i) Apparent work related serious injury or cluster of injuries of an employee/contractor or death of an employee/contractor
- (j) National Patient Safety Agency classified Never Events for example entrapment in bed rails.
Further information: <https://www.england.nhs.uk/wp-content/uploads/2015/03/never-evnts-list-15-16.pdf>
- (k) Escape of a service user from within the perimeter of a Forensic Unit
- (l) Absconding or absence of any service user deemed to be of **very** high risk of harm to themselves or others and/or detained under the MHA.
- (m) Missing young people who are at risk of sexual exploitation
- (n) Radicalisation of a service user/employee where that person has made plans or acted on plans to cause harm and/or serious disruption
- (o) Damage for example the result of a fire to Priory Group property which results in serious disruption to service user care and/or operations
- (p) Serious risks to business continuity: any serious incident that prevents/threatens to prevent the group's ability to continue acceptable quality of care
- (q) Incidents which result in national media interest.

Note: This list is not exhaustive. If a particular incident causes concern or there is a cluster of incidents that cause concern please discuss with the divisional Director of Quality to establish if the threshold has been met for notification.

All notified incidents will be subject to an overarching review on no less than a monthly basis led by the relevant Divisional Director of Quality and the Director of Risk & Safety to agree incident closure and next steps to be taken where necessary.

Appendix 4

EARLY WARNING AND ESCALATION PROCESS



Appendix 5

SERIOUS CASE REVIEWS - PROCESS FOR CHRONOLOGY AND INDEPENDENT MANAGEMENT REVIEW (IMR)

