

**MANAGEMENT OF SERIOUS INCIDENTS  
 POLICY**

Version	1.2
Approved By	Governing Body
Date Approved	10 January 2019
Name of Author	Hilary Fitzgerald, Quality Facilitator
Name of Responsible Committee	Governing Body (Approval) Quality & Patient Safety Committee (Review)
Name of Executive Lead	Martine Tune, Chief Nurse (Acting)
Date Issued	15 January 2019
Review Date	3 years from approval
Target Audience	Barnsley CCG Staff/ Providers of NHS Funded Services

MANAGEMENT OF SERIOUS INCIDENTS POLICY

**DOCUMENT CONTROL**

<b>Version No</b>	<b>Type of change</b>	<b>Date</b>	<b>Description of change</b>
V1	New Policy		
V1.1	Amendment	September 2014	Amended former PCT Policy
V1.2	Bi-annual review/amendment	August 2018	<p>Comprehensive re-write to clarify purpose and scope of the policy and take into account the following:</p> <ul style="list-style-type: none"> <li>• Updated NHS England Serious Incident Framework released in March 2015;</li> <li>• NHS England Never Event Policy and Framework issued in January 2018;</li> <li>• Barnsley CCG's updated serious incident review processes;</li> <li>• General Data Protection Regulations 2016; and</li> <li>• The CCG'S Policy on Policies issued in September 2017.</li> </ul>

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

### CONTENTS

1	Introduction	4
2	Purpose	5
3	Risks of not having this policy in place	5
4	Definitions	6
5	Principles	9
6	Roles and responsibilities	9
7	Process for managing Serious Incidents	13
8	Information Governance	14
9	Monitoring the compliance and effectiveness of the policy	15
10	Associated Documentation/ References	15
11	Review of the policy	15
12	Appendix 1 – Glossary of Terms	16
13	Appendix 2 – Equality Impact Assessment	18

## 1. INTRODUCTION

- 1.1. This policy is relevant to staff employed by Barnsley Clinical Commissioning Group (BCCG), NHS England, providers of NHS funded healthcare commissioned by or on behalf of BCCG.
- 1.2. NHS England is the organisation that maintains oversight and surveillance of serious incident management within NHS-funded care, and the organisation that seeks assurance that CCGs have systems in place to appropriately manage serious incidents in the care they commission. This document should be read in conjunction with the NHS England's *Serious Incident Framework, Supporting learning to prevent recurrence*, March 2015. <https://www.england.nhs.uk/patientsafety/serious-incident/> and *Never Events Policy and Framework* – revised January 2018 [https://improvement.nhs.uk/documents/2265/Revised\\_Never\\_Events\\_policy\\_and\\_framework\\_FINAL.pdf](https://improvement.nhs.uk/documents/2265/Revised_Never_Events_policy_and_framework_FINAL.pdf)
- 1.3. BCG recognises that, on occasions, incidents, serious incidents (SIs) or near misses (where there has been no actual injury or loss) may occur and that it is important to identify causes to ensure that organisations are learning from experience in ways that prevent harm to future patients. Fortunately, serious incidents are not common, but when they do occur, everyone must make sure there are systematic measures in place for safeguarding people, property, NHS resources, and reputation in responding to them.
- 1.4. This policy outlines BCCG's system for managing serious incidents within NHS funded care that affect Barnsley residents. The definition of 'serious incident' is as per the NHS England Serious Incident Framework (March 2015) - see section 4, Definitions, below.
- 1.5. This policy **does not include** the management of incidents which do not meet the 'serious incident' definition. In addition, all incidents (including serious incidents) that occur **within** the CCG should be dealt with in accordance with the CCG's Incident Reporting and Management Policy <http://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Policies/V2%20Incident%20Reporting%20and%20Management%20Policy%20RW%20KH%20IP%20JH%20BR.pdf>
- 1.6. This policy has been developed in accordance with the CCG's *Policy on Policies – the Development and Management of Procedural Documents*.
- 1.7. This policy should be read in conjunction with its associated documents which are listed in Section 9.

## 2. PURPOSE

2.1. This policy is not meant to act as a duplication of the comprehensive NHS England Serious Incident Framework (March 2015) and Revised Never Events Policy and Framework (January 2018). Rather, this policy explains the processes used by BCCG to ensure these frameworks are followed. The main purpose is to:

- 2.1.1. Ensure that all staff have a clear understanding of their responsibilities and that they **respond effectively** to serious incidents
- 2.1.2. Ensure BCCG's internal processes for the management of serious incidents are clearly documented for CCG staff and Providers of NHS funded care to follow.
- 2.1.3. Ensure that all serious incidents which occur within NHS funded health care commissioned on behalf of Barnsley residents are reported, investigated and closed as per the requirements of the NHS England Serious Incident Framework.
- 2.1.4. Ensure providers of NHS funded healthcare for Barnsley residents can understand the declaration and closure process that BCCG follows when a serious incident is declared.
- 2.1.5. Document how BCCG will use lessons learnt to inform learning and improvement so that staff can see that the effort they make to report incidents is worthwhile and results in safer services.
- 2.1.6. Encourage an open and fair-but-accountable reporting culture.

## 3. THE RISKS OF NOT HAVING THIS POLICY IN PLACE

3.1. The following risks may arise if this Policy is not in place:

- 3.1.1. The CCG may not achieve its statutory obligations
- 3.1.2. There is a lack of clarity about what measures staff should take when a serious incident within a commissioned service is reported to the CCG, which may lead to inconsistent levels of serious incident management in the CCG.
- 3.1.3. The CCG cannot effectively demonstrate that it has robust governance arrangements to help ensure that serious incidents that occur within the services it commissions are appropriately investigated, and learning from incidents is shared across the wider health economy.

- 3.1.4. The roles and responsibilities of commissioned service providers in relation to reporting and investigating serious incidents are not communicated clearly.

## 4. DEFINITIONS

### 4.1. Serious Incident

- 4.1.1 In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patient, families and carers, staff or organisations are so significant that they warrant our particular attention to ensure these incidents are identified correctly, investigated thoroughly and most importantly, learned from to prevent the likelihood of similar incidents happening again. Serious incidents can extend beyond incidents that affect patients directly and include incidents that may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare. Serious incidents can be isolated, single events or multiple linked or unlinked events signalling systemic failures within a commissioning or health system.
- 4.1.2 A serious incident is rarely caused wilfully. It is not, in itself, evidence of carelessness, neglect or a failure to carry out a duty of care. Errors are often caused by a number of factors including, process and systems that have weakened, therefore increasing the inevitability that errors will happen. Learning from serious incidents can only take place when they are reported and investigated in a positive, open and structured way.
- 4.1.3 There is no definitive list of events/incidents that constitute a serious incident and the NHS England's Serious Incident Framework states that lists should not be created locally as this may lead to an inconsistent approach. Every incident must be considered on a case-by-case basis however the list below sets out circumstances in which a serious incident **must** be declared:-
- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
    - Unexpected or avoidable death of one or more patients, staff, visitors or members of the public. This includes suicide/self-inflicted death; and homicide by a person in receipt of mental health care within the recent past
    - Unexpected or avoidable injury to one or more people that has resulted in serious harm;

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent the death of the service user; or serious harm. Also where an incident has resulted in prolonged pain or psychological harm
  
- Actual or alleged abuse: sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where: healthcare did not take appropriate action/ intervention to safeguard against such abuse occurring; or where abuse occurred during the provision of NHS-funded care. This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident.
  
- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death (see definition and further information in the definition of a Never Event at 4.2 below).
  
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:
  - Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues;
  - Property damage;
  - Security breach/concern;
  - Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population;
  - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);
  - Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services); or

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

- Activation of Major Incident Plan (by provider, commissioner or relevant agency)
- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.
- A Near Miss - It may be appropriate for a 'near miss' to be classed as a serious incident because the outcome of an incident does not always reflect the potential severity of harm that could be caused should the incident (or a similar incident) occur again. Deciding whether or not a 'near miss' should be classified as a serious incident should therefore be based on an assessment of risk that considers:
  - The likelihood of the incident occurring again if current systems/process remain unchanged; and
  - The potential for harm to staff, patients, and the organisation should the incident occur again.
- Safeguarding Serious Incident – where the incident involves a vulnerable adult or child, consideration should be given to raising the alert as an adult or child safeguarding concern. For adult safeguarding incidents please refer to the South Yorkshire Safeguarding Adult Procedures and for children, Barnsley Safeguarding Children Board procedures/Working Together to Safeguard Children.

### **4.2. Never Event**

- 4.2.1 Never Events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. For more detailed information about what constitutes a never event see NHS England's Never Events Policy and Framework (January 2018).
- 4.2.2 Most 'Never Events' occur within providers and if a 'Never Event' does occur it must be reported immediately as a serious incident to Barnsley CCG.

### **4.3. Strategic Executive Information System (STEIS)**

- 4.3.1 STEIS (Strategic Executive Information System) is the NHS's web-based serious incident management system used to report serious incidents.



## MANAGEMENT OF SERIOUS INCIDENTS POLICY

- 4.3.2 Not all commissioned Providers of NHS funded care have access to STEIS to notify BCCG that a serious incident (or suspected serious incident) has occurred. When a serious incident occurs in a Provider which does not have access to STEIS, the CCG can log the serious incident on STEIS on behalf of the Provider.

### 5. PRINCIPLES

5.1. The 7 key principles for managing Serious Incidents as set out in NHS England's Serious Incident Framework 2015 are as follows:

- Open and Transparent
- Timely and Responsive
- Objective
- Collaborative
- Preventative
- Proportionate
- Systems Based

### 6. ROLES AND RESPONSIBILITIES

#### 6.1 Internal

##### Organisations

- 6.1.1. Barnsley CCG is accountable for quality assuring the robustness of their Providers' serious incident investigations and the development and implementation of effective actions, by the Provider, to prevent recurrence of similar incidents.
- 6.1.2. To help ensure that this happens, BCCG Serious Incident Review Group is responsible for ensuring a robust quality assurance process is in place for the closure of serious incidents on behalf of the CCG Governing Body.
- 6.1.3. **Involvement of Multiple Commissioners** – Where BCCG co-commissions a service, or a service is commissioned on their behalf, a flexible approach to serious incident management is required. The NHS England Serious Incident Framework requires the use of a RASCI (Responsible, Accountable, Supporting, Consulted, Informed) model. Further information about this can be found in Appendix 5 of NHS England's Serious Incident Framework.

CCG Staff

- 6.1.4. All CCG staff need to understand what constitutes a serious incident and follow appropriate processes as outlined in the flowchart in section 7 and in more detail in BCCG's Quality Team's Procedures for Management of Serious Incidents.
- 6.1.5. **Chief Officer** has overall accountability for incident management within BCCG, including establishing and maintaining an effective management system for serious incidents reported by Barnsley CCG commissioned service providers, sharing lessons learnt and ensuring that this policy is effectively communicated to all staff. This is formally delegated to the Chief Nurse.
- 6.1.6. **Chief Nurse** provides executive responsibility for ensuring that BCCG has the necessary processes and procedures to support effective implementation of serious incident reporting by providers of commissioned services and independent contractors.
- Chairs the Serious Incident Review Group
- 6.1.7. **Medical Director** provides clinical and professional practice advice to the Serious Incident Review Group.
- 6.1.8 **Head of Contracting** – Ensures that specific references to the reporting and investigation of serious incidents are included in all NHS Standard contracts and monitors compliance against the required reporting requirements.
- 6.1.9 **Head of Governance and Assurance** - Provides expertise on information governance matters to the Serious Incident Review Group.
- 6.1.10 **Designated Nurse Safeguarding Adults & Patient Experience** – Ensure that safeguarding adults serious incidents are managed in line with the Barnsley Safeguarding Adults Board serious incident performance management process as appropriate.
- 6.1.11 **Designated Nurse Safeguarding Children** – Ensure that safeguarding children serious incidents are managed in line with the CCG's Management of Serious Incidents Policy taking into account Barnsley Safeguarding Children's Board safeguarding procedures.

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

- 6.1.12 **Quality Team Facilitator** – Responsible for the operational management of the administration of serious incidents reports, and BCCG’s serious incidents monitoring process.
- 6.1.13 **Quality Team Administrator** - Provides the administrative support needed to operate a robust system for the management of serious incidents that occur in commissioned services.

### Groups

- 6.1.14 **Serious Incident Review Group** – responsible for ensuring a robust quality assurance process is in place for the closure of serious incidents on behalf of the CCG Governing Body.
- 6.1.15 **Quality and Patient Safety Committee** - Ensure information from serious incident investigations is used for continuous improvement across the wider health economy to enhance patient outcomes and experience.
- 6.1.16 **Quality Operational Group** – Ensure that serious incidents investigations are managed in a responsive manner by monitoring progress of investigation reports.
- 6.1.17 Review information gathered from serious incidents to identify trends and themes and compare this information with other sources of data to support decision-making at the QPSC.

## 6.2 External

- 6.2.1 **Our Providers** - The primary responsibility in relation to serious incidents is from the provider of the care to the people who are affected and/or their families/carers.
- 6.2.2 Providers of healthcare commissioned for Barnsley residents by BCCG are required to report to Barnsley CCG those incidents that fulfil the serious incident criteria outlined within this policy.
- 6.2.3 The Chief Executives of the provider organisations are required to identify an Executive Lead for the management of incidents.
- 6.2.4 The providers take the lead in investigating serious incidents that occur in their organisations. Providers are expected to follow the guidance in the NHS England Serious Incident Framework March 2015.
- 6.2.5 BCCG expects that all providers of BCCG commissioned services or services commissioned on behalf of BCCG will have their own serious incident policy and procedures in place to ensure that:

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

- staff and managers are aware of the provider's policy and procedure via staff induction and in-house policy;
- staff and managers have had training in reporting serious incidents, root cause analysis, investigation, and reporting writing as appropriate to their role; and
- staff and managers are aware of how and when to report serious incidents to BCCG.

6.2.6 BCCG expects all providers to demonstrate “being open” principles, and implement Duty of Candour for incidents that occur during care provided under the NHS Standard Contract and that result in moderate harm, severe harm or death.

6.2.7 **Involvement of more than one Commissioned Provider** - When more than one provider is involved in a serious incident, it is the responsibility of the organisation identifying the serious incident to liaise with the other commissioned provider(s) to agree which organisation will report on STEIS, undertake the investigation, present the findings and agree action plan implementation. The commissioned provider with the most significant involvement in the serious incident will take the lead in investigating it.

# MANAGEMENT OF SERIOUS INCIDENTS POLICY

## 7. PROCEDURE

7.1 A flowchart outlining the process for managing serious incidents/near misses that involve providers of commissioned services is set out below. This should be viewed in conjunction with the additional notes on the next page. **NB Detailed procedures are held by the Quality Team.**

### Serious Incident Occurs within Service Commissioned by or on behalf of BCCG

#### PROVIDER PROCEDURES

Day 1 - Provider alerts BCCG within **2 working days** by logging incident on STEIS or via email to Safehaven inbox

Provider informs patient/family/carer as soon as possible following 'Being Open' principles and Duty of Candour.

Relevant staff are notified of the serious incident and the investigation is allocated to an investigating team. If the patient has been cared for by more than 1 provider then a joint investigation is carried out

A summary of the incident and immediate actions taken are presented at Weekly Patient Safety Panel and any additional actions required before completion of investigation identified.

The serious incident investigation is commenced.

The report is compiled by the provider and signed off via their quality assurance process **within 60 working days**.

Report is submitted to CCG for review.

When agreement to close is received, provider updates STEIS form with actions/ learning

Provider implements required actions from investigation report and shares learning from incident.

#### COMMISSIONER PROCEDURES

**Every day** Quality team check Safehaven mailbox to check whether there are any STEIS notifications relating to serious incidents **NB** If provider does not have access to STEIS, provider email details of incident to Safehaven inbox and Quality Team log incident on STEIS.

On receipt of notification, **Quality Team within 1 working day**

- Set up electronic case file for incident using case file structure and save STEIS report into case file.
- Log incident on SI Database
- Notification email is sent by Quality Team to Chief Nurse (or in his/her absence, the nominated lead for quality) informing them of the incident. Copy of email is saved in incident case file.

**During the 60 days**, any requests for extensions to the investigation process and subsequent approvals are saved into the SI case file and recorded on the SI Monitoring Database.

If the CCG receives more than 3 requests, this will be flagged at the weekly Quality Operational Group meeting, so that it can be escalated to a senior officer within the Trust via the Chief Nurse (or in his/her absence, the nominated lead for quality).

**By day 60, or by agreed extension date**, investigation report received by Quality Team via the Safehaven inbox.

- Copy of the report is saved in electronic case file.
- Receipt is logged on the SI Monitoring Database.
- Report is listed on weekly Quality Operational Group agenda for allocation, and then allocated for review.

Report reviewed **within 20 calendar days** and in accordance with CCG's SI review process. If further information required, report returned to provider. Audit trail of actions logged on SI database.

Closure agreed by reviewer. Quality Team informs provider, and requests completion of STEIS form with recommendations/actions.

Quality Team check STEIS form has been completed. When completed, SI closed on STEIS and SI database updated.

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

- 7.2 The first consideration following a serious incident is that the patient must be cared for, and their and other patients' health and welfare secured with any further risk(s) mitigated. Patients must be fully involved in the response to the serious incident.
- 7.3 For all types of serious incident, the Lead Investigator is responsible for ensuring that the patient/family/carer of those affected have the opportunity to inform the Terms of Reference for the investigation.
- 7.4 Where a patient has died or suffered serious harm, their family/carers must be similarly cared for and involved.
- 7.5 There will be different levels of oversight depending on a range of local circumstances. For example, closer monitoring involving more step-by-step information and assurance around the response to individual incidents may be required for smaller providers.
- 7.6 The Serious Incident Framework states that "an initial review (characteristically termed a '72 hour review') should be undertaken and uploaded onto the STEIS system by the Provider. This should be completed within three working days of the incident being identified." Barnsley CCG has taken a pragmatic view on this requirement, as for some serious incidents, a 72 hour review will not 'add value'. Agreement has been reached with the local Providers that a 72 hour review will not be routinely requested for serious incidents subject to concise and comprehensive investigations, but will be provided only when:
- The serious incident is a Never Event;
  - Independent investigations are to be undertaken;
  - At the specific request of the CCG, when additional information can be readily obtained and may significantly expand early knowledge of the incident and why it occurred to quickly prevent further incidents.

## 8. INFORMATION GOVERNANCE

- 8.1 All NHS organisations must comply with the Data Protection Act 2018. When reporting an SI, the investigation reports must not contain names or identifiable patient information as any reports submitted will be returned to the provider organisation. Copies shared with other organisations must be transported safely (physically or electronically) between organisations and in accordance with Barnsley CCG's local policies and procedures.
- 8.2 Any communications relating to serious incidents should be via the secure Safehaven email account [safehaven.riskmanagement@nhs.net](mailto:safehaven.riskmanagement@nhs.net) to ensure that confidential patient data is transmitted securely.
- 8.3 Records relating serious incidents should be kept secure and retained for 20 years as per the Records Management Code of Practice for Health

## MANAGEMENT OF SERIOUS INCIDENTS POLICY

and Social Care 2016 after which the CCG should review and consider transfer to a Place of Deposit.

### 9. MONITORING THE COMPLIANCE AND EFFECTIVENESS OF THE POLICY

- 9.1 The Chief Nurse will ensure that a process is in place to monitor compliance and effectiveness of this policy.
- 9.2 This will include a quarterly audit of a random sample of incidents selected by the Quality Facilitator from the serious incident monitoring database to ensure that they have been managed in line with this policy and that it is operating effectively.
- 9.3 The audit will be undertaken by the Quality Administrator with the results reviewed by the Quality Facilitator.
- 9.4 The results of the quarterly audit will be reported to the Quality Operational Group

### 10. ASSOCIATED DOCUMENTS/ REFERENCES

- 10.1 This policy should also be read in conjunction with the following BCCG policies, which can be found on the CCG's website:
  - Complaints Policy
  - Safeguarding Vulnerable Clients Policy
  - Whistleblowing Policy
  - Records Management Policy
  - Confidentiality Code Of Conduct
  - Information Governance Policy and Management Framework
  - Information Security Policy
- 10.2 Guidance from other organisations
  - NHS England - Serious Incident Framework 2015/16 – frequently asked questions. Crown Copyright, 2015
  - Information Governance Alliance – Records Management Code of Practice for Health and Social Care 2016

### 11. REVIEW OF THIS POLICY

- 11.1 This policy will be reviewed 2 years from the date of approval or sooner if there is a requirement to meet legal, statutory or good practice standards.

**APPENDIX 1 – Glossary of Terms**

<b>Term / abbreviation</b>	<b>What it stands for</b>
Abuse	A violation of an individual’s human and civil rights by any other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation, of the person subjected to it.
Being Open	Open communication of patient safety incidents that result in harm or the death of a patient while receiving healthcare.
Carer	Family, friends or those who care for the patient. The patient has consented to them being informed of their confidential information and to their involvement in any decisions about their care.
Child	The Children Act 1989 and the Children Act 2004 define a child as being a person up to the age of 18 years. The Children Act 2004 states that safeguarding, protection and cooperation between services may, in certain circumstances, be continued through to a young person’s 19th birthday or beyond.
Clinical Commissioning Group -	Clinically-led organisation that commissions most NHS-funded healthcare on behalf of its relevant population. CCGs are not responsible for commissioning primary care, specialised services, prison healthcare, or public health services.
Commissioner	An organisation with responsibility for assessing the needs of service users, arranging or buying services to meet those needs from service providers in either the public, private or voluntary sectors, and assuring itself as to the quality of those services.



## MANAGEMENT OF SERIOUS INCIDENTS POLICY

Data Protection	<p>Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They must make sure the information is:</p> <ul style="list-style-type: none"> <li>• used fairly, lawfully and transparently</li> <li>• used for specified, explicit purposes</li> <li>• used in a way that is adequate, relevant and limited to only what is necessary</li> <li>• accurate and, where necessary, kept up to date</li> <li>• kept for no longer than is necessary</li> <li>• handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage</li> </ul>
Duty of Candour	A statutory requirement introduced to ensure health care providers operate in a more open and transparent way.
Information Governance	How information is managed in an organisation.
Patient Outcomes	Results from medical care that are important to patients.
Providers of NHS Funded Care	Organisations that deliver healthcare that is partially or fully funded by the NHS, regardless of the provider or location.
Providers	Organisations acting as a direct <b>provider</b> of publicly funded health care services.
Safeguarding	Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on empowerment, independence and choice.
Statutory Obligations	When an organisation or person is bound or obliged to do certain things, and which arises from law or custom.
Working Day	Days that exclude weekends and bank holiday

MANAGEMENT OF SERIOUS INCIDENTS POLICY

Appendix 2 – EQUALITY IMPACT ASSESSMENT

<b>Title of policy or service:</b>	Management of Serious Incidents Policy	
<b>Name and role of officer/s completing the assessment:</b>	Martine Tune, Chief Nurse (Acting)	
<b>Date of assessment:</b>	14.12.18	
<b>Type of EIA completed:</b>	Initial EIA ‘Screening’	

1. Outline	
<p><b>Give a brief summary of your policy or service</b></p> <ul style="list-style-type: none"> <li>• Aims</li> <li>• Objectives</li> <li>• Links to other policies, including partners, national or regional</li> </ul>	<p>The main purpose of this policy is to ensure that all staff have a clear understanding of their responsibilities and that they respond effectively to serious incidents that occur within NHS funded health care commissioned on behalf of Barnsley residents, ensuring that such incidents are investigated, and closed as per the requirements of NHS England’s Serious Incident Framework 2015.</p> <p>The aim of the policy is to comply with statutory requirements, legislation and best practice. Neutral impact, therefore “Full” EIA not required.</p>

**Identifying impact:**

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process

MANAGEMENT OF SERIOUS INCIDENTS POLICY

<b>2. Gathering of Information</b>					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	√	<input type="checkbox"/>		
Age	<input type="checkbox"/>	√	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	√	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	√	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	√	<input type="checkbox"/>		
Race	<input type="checkbox"/>	√	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	√	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	√	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	√	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	√	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	√	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	√	<input type="checkbox"/>		

MANAGEMENT OF SERIOUS INCIDENTS POLICY

MANAGEMENT OF SERIOUS INCIDENTS POLICY

HR Policies only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Part or Fixed term staff					

**IMPORTANT NOTE:** If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
N/a				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Chief Nurse (Acting)	Date of next Review:	3 Years

Martine Tune's Signature  
Date of Sign Off

*M. Tune*  
14.12.18