North West Ambulance Service NHS Trust

Serious Incident Investigation Procedure

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Recommended by	Serious Incidents Team
Approved by	Executive Director of Quality, Innovation and Improvement
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Responsible Director	Executive Director of Quality, Innovation and Improvement
Responsible Manager (Sponsor)	Senior Patient Safety Manager Head of Safety
For use by	Patient Safety Team Clinical Safety Team 111 Clinical Governance Team All managers

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	March 2018	July 2018	J Walsh	Document creation
1.1	June 2019	August 2019	M Kane	Further paragraphs inserted and Appendices updated

Serious Incidents Investigations Procedure

1.0 Introduction

Serious Incidents in healthcare are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

2.0 Purpose

This procedure applies to all staff, managers, volunteers and contracted providers delivering services on behalf of the Trust.

The purpose of this procedure is to enable the identification of Serious Incidents, and report, record and investigate them appropriately. This Serious Incident investigation procedure is based on national best practice, and uses the NHS Serious Incident Framework as its basis.

3.0 Definition of a Serious Incident

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Such incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury.

Serious Incidents can extend beyond incidents which affect patients directly and include incidents which may directly impact patient safety or an organisation's ability to deliver on-going healthcare.

Serious Incidents must be declared internally as soon as possible and immediate action must be taken to establish the facts, ensure the safety of the patient(s), other services users and staff, and to secure all relevant evidence to support further investigation.

Serious Incidents should be disclosed as soon as possible to the patient and family/representatives. The commissioners must also be informed within 2 working days of the incident or of the incident being identified.

The definition below sets out circumstances in which a serious incident must be declared. Every incident must be considered on a case-by-case basis using the description below. Inevitably, there will be borderline cases that rely on the judgement of the people involved;

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 people.

- Unexpected or avoidable injury to one or more people that has resulted in serious harm

- 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 patient or serious 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.

- 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;

    - 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 a suspension of services

    - 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.

It may be appropriate for a near miss to be classed as a serious incident. This does not mean that every near miss should be reported as a serious incident but, where there is a significant existing risk of system failure and potential serious harm and/or the opportunity for learning is so great, that the serious incident procedure should be used.

Changes to types of incidents requiring reporting may be amended in light of changes to the Serious Incidents Framework.

3.1 Who can raise a Serious Incident

When an incident happens, it is reported in a number of ways including complaints, external/health professional feedback/incident (incident received from another responsible body/healthcare professional) or it might be reported by an employee via an Incident Report Form (IRF) in Datix.

If an IRF has been received, managers will risk score the incident as soon as practicable to ensure that the incident is discussed at the subsequent Review of Serious Events meeting (see 3.2).

Serious Incident notification form (Appendix A) can also be submitted should an employee be immediately concerned and not have access to the Datix incident reporting system. Any notifications can be submitted to serious.incidents@nwas.nhs.uk.

In the event of a notification form being completed, a minimum of sections 1-13 should be completed in the hours immediately following the incident and/or becoming aware of the incident and sent to the serious incident team. The remainder of the notification form should be completed within 72 hours, detailing the preliminary/fact finding investigation.

3.2 Review of Serious Events (ROSE) meetings

The Review of Serious Events (ROSE) group/meeting discusses all high risk incidents. The ROSE panel, chaired by the Medical Director (or nominated deputy), determines if incidents meet the Serious Incident Framework.

Once the ROSE panel determine that an incident meets the framework and is reportable the Serious Incident Team, record the incident and report the incident to the lead commissioners.

If the Serious Incident Team, are alerted to an incident and the ROSE panel will not meet within four working days,
The managers listed below have authority to determine if an incident is StEIS reportable;

Medical Director
Chief Nurse
Deputy Director of Quality
Chief Consultant Paramedic(s)
Assistant and Medical Directors
Director of Quality, Innovation and Improvement

Head of Safety
Senior Patient Safety Manager

A minimum of two managers of delegated authority will agree if an incident is StEIS reportable.

3.3 The time frame in which a Serious Incident is reported

All incidents should be reported in line with the Incident Reporting procedure. Local managers should ensure that all reported incidents are risk scored within 2 days of receipt in line with the Trust's matrix. When an incident is risk scored a 4 or 5, the local manager should undertake a 72 hour review and record all information within the Datix record. When an incident meets the Serious Incident Framework criteria, it is reported by the Serious Incident Team, recorded in the Trust's Datix system and on the Strategic Executive Information System (StEIS) database hosted by NHS Improvement.

Once a serious incident has been declared this must be reported on StEIS at the earliest opportunity and should take no longer than 2 working days to report. .

3.4 Who is notified when a Serious Incident is reported?

Once a Serious Incident has been recorded, the Serious Incident team notify;

- All Executive Directors
- Head of Service and Consultant Paramedic/Assistant Medical Director for the area of responsibility
- Head of Clinical Safety
- Head of Safety
- Communications team
- Legal team
- Lead Commissioners (Blackpool Clinical Commissioning Group)

these notifications are anonymised and do not contain patient identifiable information

4.0 Involving Patients, Service Users, Families

In most circumstances patients, services users and families will need to be informed of the investigation. Managers and investigators should refer to the Trust's Duty of Candour procedure which adopts the principles of the Care Quality Commissions regulation 20.

Further guidance can be found in the investigation 'good practice guide'.

If moderate to severe harm is thought to have occurred, every effort is made to enact the duty and all attempts and contact recorded in the Duty of Candour log (Appendix B) and added to the Datix record. Verbal contact must be followed up in writing.

On a regular basis it is evident that harm is not thought to have happened. This does not mean that investigating managers shouldn't involve the patient or family. In doing the right thing for families, they should be involved in investigations at the earliest opportunity.

From time to time it may be difficult to identify the next of kin and/or interested family member. In these instances the Serious Incident Team can be contacted to provide further advice and information.

4.1 Conveying the findings to Patients/Service Users and Families

Where a patient/service user and/or family have been involved in an investigation the investigator will complete a stakeholder communication plan. . The investigator should then seek guidance from the patient/service user and/or family about how they would like to be involved in the investigation and how they would like the results of the investigation sharing with them.

In circumstances where a telephone call or meeting is conducted the closure file note should be populated and recorded on Datix.

5.0 The Investigation

Investigators of Serious Incidents will be provided with details of the incident by the Serious Incident team. They will also be provided with a declaration form to complete confirming that they do not have a conflict of interest (Appendix C) with any aspect of the investigation or those involved.

At the outset of the investigation the Serious Incident team will request a 25 working day review with the investigator. This enables both the Investigator and the Serious Incident Team to review the progress of the investigation and determine whether the investigator will need longer than 40 working days to complete the investigation and the report prior to the approved report being submitted to the lead commissioners at 60 working days.

The 25 working day review template (Appendix D) will be applied and attached to the Datix record.

5.1 Terms of Reference

The Serious Incident team prepare Terms of Reference (ToR) for the investigation. Heads of Service/Consultant Paramedics/Associate Medical Directors approve ToRs for investigations.

Approved ToRs are distributed to investigators by the Serious Incidents team. Responsible managers should maximise the investigating days investigators have available by approving the ToR and allocating the investigator within 48 hours.

For further guidance on key actions and tops tips see the serious incident process maps and easy read road map (Appendix E).

5.2 Early closure of a Serious Incident investigation

At any point during the investigation an incident risk score may be downgraded. Although the investigation will still reach a conclusion, the Trust may notify the lead commissioners of rationale for early closure of a Serious Incident investigation.

The notification to the lead commissioners should include relevant background information and provide clear rationale and decision making for early closure. Early closure will only be granted where it is clear that the incident does not meet the serious incident threshold (specified in the serious incident framework).

Despite a Serious Incident investigation being closed, the investigation will be concluded and any lessons learnt, recommendations and actions identified/implemented.

5.3 Investigation guidance

All investigation guidance is featured within the investigation 'good practice guide'.

6.0 Serious Incidents involving more than one organisation

Where more than one organisation is involved in a serious incident, the organisation which identified the incident will report to the commissioners.

A lead organisation will be identified and clear responsibilities agreed between the organisations involved. Prior to the investigation NWAS are committed to agreeing with all organisations involved the;

- Terms of Reference
- A RASCI (Responsible, Accountable, Supporting, Consulting, Informed) matrix (Appendix F) to support the robust and effective oversight management of serious incidents.
- Time scales for conclusion of the investigation.

7.0 Completion of investigation report

The investigation report should follow the Trust template (Appendix G). The content of the report and any appendices need to be anonymised using a key specified within the internal identification form (Appendix H) which is for Trust use only and not onward circulation.

The action plan accompanying the report must be populated with target completion dates. In circumstances were the completion date has passed, the completion date on the action plan must be populated.

For further guidance on report writing, see Part 2 of the investigation 'good practice guide'. A checklist is available in (Appendix I) to aid investigators and those responsible persons approving reports.

Evidence of Head of and Executive level approval is required for all serious incident investigation and reports.

8.0 Extension Requests

Any investigation where an extension is required should be highlighted to the Serious Incident Team within the 25 day review of the investigation, with a rationale provided as to why the extension is required.

The Serious Incident Team will be responsible for the completion of the extension request form, which when completed will be sent to the Chief Nurse, Head of Safety or Senior Patient Safety Manager for approval. Each extension request is carried out on a case by case basis.

9.0 Delayed submission of reports

At 35 working days the Serious Incident Administrator will send a reminder to the Investigating Manager/Officer responsible for that report (IO).

If, at 40 working days and the SI team have not yet received the report the Serious Incident Investigation Officer will contact the Investigating Manager/Officer again to request the report.

At 55 working days the Head of Safety will contact the Head of Service to highlight that the report hasn't been received.

If at 60 working days, the report has not been submitted the Medical Director will contact the Director responsible for the department investigating the Serious Incident to escalate.

10.0 Redress

From time to time the investigator may deem that redress should be considered for patients/service users and/or families. For further guidance see the redress procedure.

11.0 Dissemination of the Learning

Learning is one of the most important aspects of any investigation. All recommendations and actions are stated within the report.

For further information on learning see the Learning from Experience policy.

APPENDIX A

Serious Incident Notification Form

Serious Incident Notification Form

Please complete sections 1-10 as soon as the incident has occurred/or of becoming aware of the incident occurring. No patient identifiable information please					
Section 1	**Incident No**		**Section 5**	**Datix Web Number**	
Section 2	**Datix ID number**		**Section 6**	**Potential StEIS/StEIS number**	
Section 3	**Date of Incident:**		**Section 7**	**Time of incident:**	
Section 4	**Sector:**		**Section 8**	**Place of Work:**	
Section 9	**Risk Score:**		**Section 10**	**Patient Outcome:**	
Section 11	**Patient's home CCG:**				
Section 12	General address of where the incident took place. **(I.e. A&E Dept, Public place etc.)**				
Section 13	Description of incident including a chronology of events				

The complete all fields below. The details of the preliminary investigation that has been completed within 48 hours of the incident/or becoming aware of the incident: No patient identifiable information please		
Has moderate or severe harm been caused to the patient?	**If Yes, and Duty of Candour applies: Duty Of Candour MUST be enacted immediately.**	
Who enacted Duty of Candour (EOC Manager/ Consultant Paramedic/ Advanced Paramedic/ Paramedic		
If NO, please state the reason for not enacting Duty of Candour;		
Was the process of open and honest enacted? (e.g. Delay in treatment)	**YES**	**NO**

If No, please provide a rationale why neither was carried out:-			
Date	**Action**	**Outcome**	**Responsible person (Please record initials only)**

To continue logging Duty of Candour or Open and Honest please use the Action Log

Findings of the preliminary investigation:		**No patient identifiable information please**
S	**Situation:** Describe the situation succinctly, describe what has gone wrong	
B	**Background:** Briefly state the pertinent history of the incident. Provide a chronology of events leading up to the incident.	
A	**Assessment:** Summarize the facts. What are the findings of the preliminary investigation?	
R	**Recommendations:** Based on the preliminary findings, what subsequent action are you recommending?	

Has there been any media interest in the incident?	**Yes**	**No**	**N/A**

Patient Details:

Patient Gender (please underline):	**Male**	**Female**	**Date of Birth or age of patient:**	
GP Details				
Patient NHS number				
Patient Ethnic Group:				
Form completed by:		**Date completed:**		

Please return completed form to serious.incidents@nwas.nhs.uk promptly.

For SI Team Use only:			
Date:		**Time:**	
Conflict of Interest			
Declaration: **I know of no reason that would constitute a real, apparent or potential conflict of interest which would prevent me from providing advice or authority for this incident/event or with any of the parties involved.**			
Evidence considered when providing approval			
I confirm that in considering this incident/event I have reviewed the evidence listed below:			
Is this a reportable SI?	**YES**	**NO**	
Rationale of decision making			
Form completed by:		**Date completed:**	

For guidance on serious incidents please click on the following links:

For guidance on the definitions and thresholds for the reporting of serious incidents please follow the link on the left.	NHS England SI Framework
For guidance on completing the 72 hour investigation, please follow the link to the left.	Click on link for SBAR guidance
For the NWAS procedure linked to Duty of Candour, please follow the link to the left.	Please click here for the Duty of Candour Procedure
For further information on Duty of Candour, detailing staff roles and responsibilities please click on the link to the left.	Further information relating to Duty of Candour

APPENDIX B

Duty of Candour Action Log

Duty of Candour / Open and Honest – Action Log

***All responsible attempts should be made to enact Duty of Candour –if attempts are exhausted without successfully enacting DoC then rationale should be provided in the outcome field. If No harm was caused to the patient, was the process of open and honest enacted. I.e. Treatment in delay**

Serious Incident reference number:	**Name of relevant person:** **Address:** **Tel Number:**		
Date	**Action**	**Outcome**	**Responsible person**
25/05/2019/13:04	Contacted the relevant person using contact number above	Left voicemail message and requested a call back.	Mary Smith

APPENDIX C

Conflict of Interest

Conflict of Interest

Investigation ID		**Date investigator notified of investigation**	
The North West Ambulance Service is committed to the highest standards of ethical conduct and integrity.			
Conflict of Interest			
A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement, act or investigate these events is, or could be, impaired or influenced by another interest they hold. **Declaration:** I know of a reason that constitutes a real, apparent or potential conflict of interest with the parties involved in this investigation which will prevent me from investigating the events.			
Please detail the real, apparent or potential conflict;			
***to access further guidance on conflict of interest please access https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf**			
Form completed by:		**Date completed:**	

APPENDIX D

Serious Incident 25 day review template

Serious Incident 25 Day Review

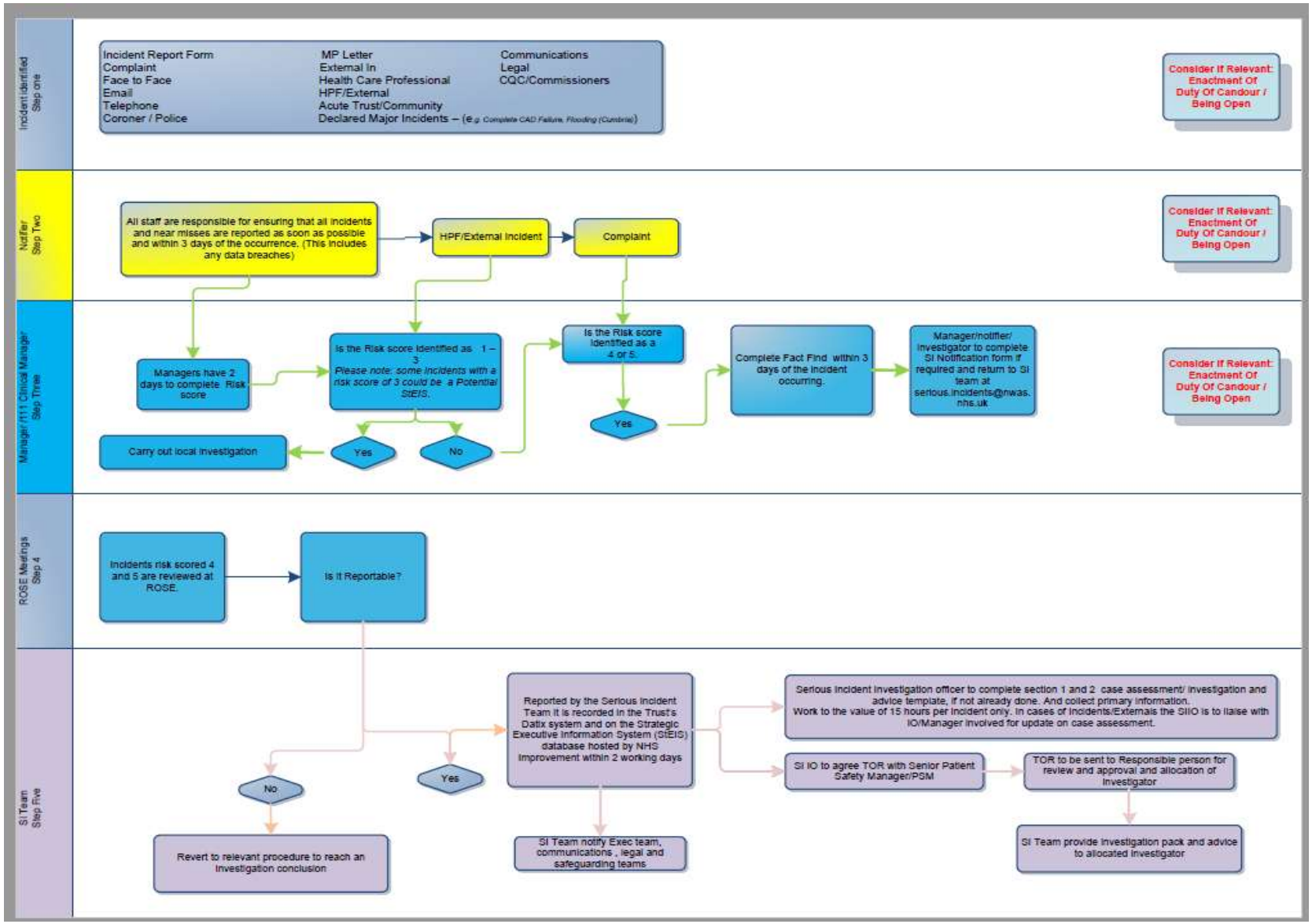
	Questions	Comments
1.	How is your investigation going?	
2.	Has Duty of Candour been enacted? And has the DoC action log been completed?	
3.	What information have you collated to date?	
4.	What are your initial findings?	
5.	Have you taken statements from those involved (if applicable)	
6.	Report • Front Cover sheet Complete • Font Arial 11 • Justified • Internal identification form completed. • All personal information anonymised. • Appendices have redacted.	
7.	Is the report going to be returned to the SI team within the agreed 40 day timescale?	
8.	Have you experienced any barriers to the investigation that the SI team can help you with?	
9.	You will be contacted by the SI team at 35	

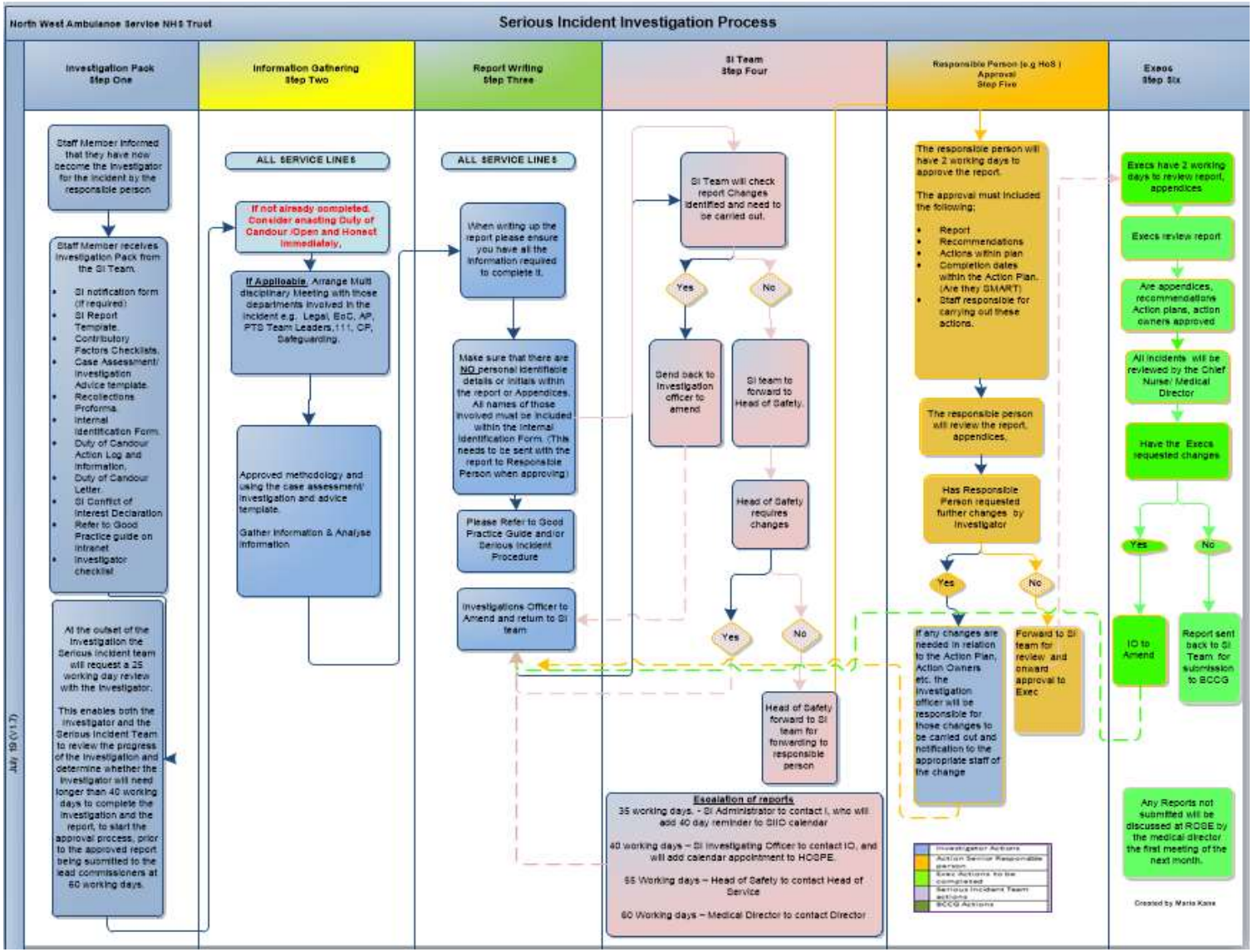
	working days and 40 working days. If the report has not been submitted in 55 working days the Head of Service will be notified and a reminder can be expected from the medical director.	
10.	**Please Note**: You may be asked to present your investigation at the ROSE meeting around the 40 day period.	
11.	You are expected to identify all lessons learned and make recommendations	
12.	(**For comment rather than query**) it is the responsibility of the report approver to create and agree actions and their owners.	

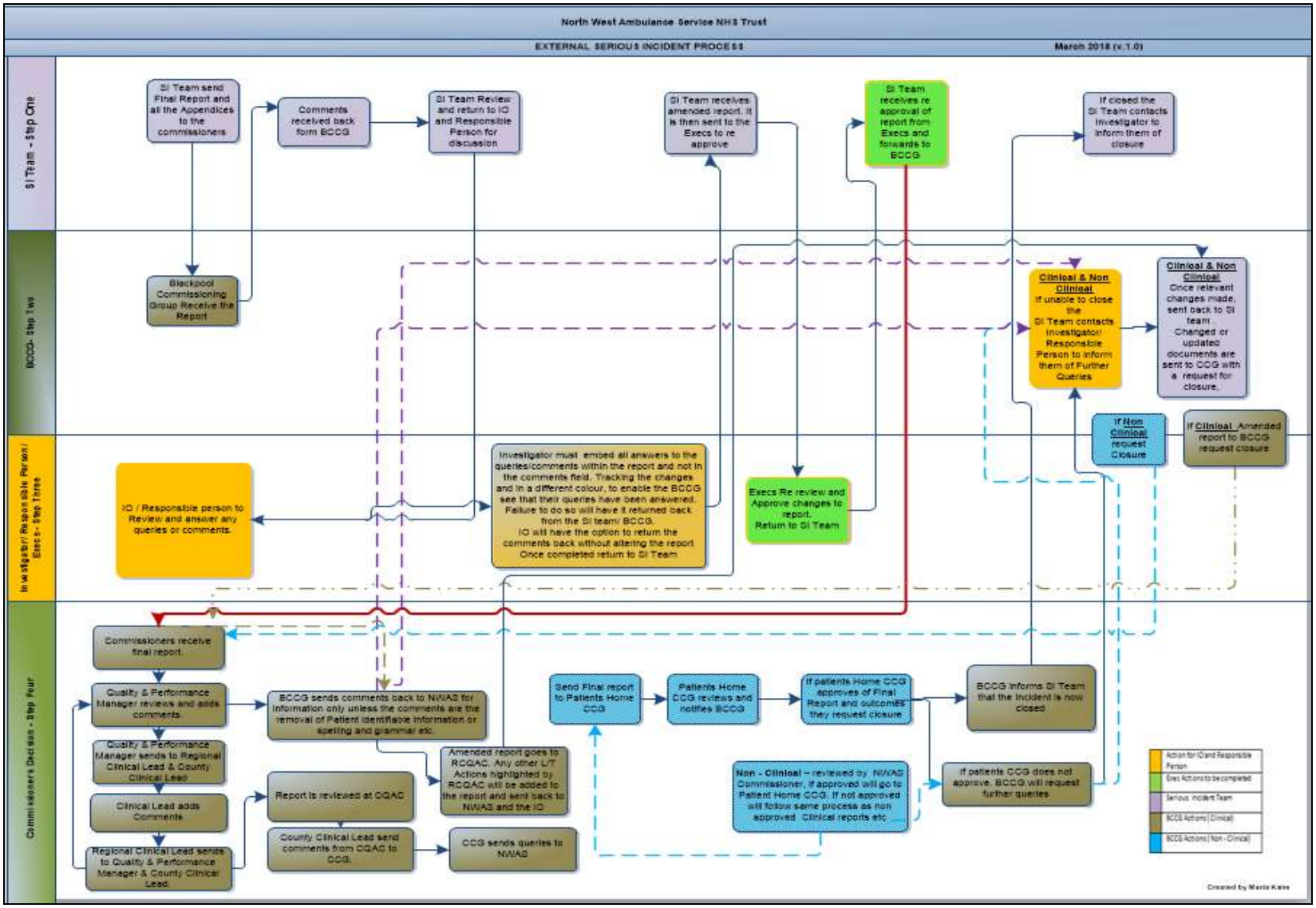
Any Further Comments;

APPENDIX E

Serious Incident Process Maps and Easy Read Road Map


Incident identified Step one
Incident Report Form
Complaint
Face to Face
Email
Telephone
Coroner / Police
MP Letter
External In
Health Care Professional
HPF/External
Acute Trust/Community
Declared Major Incidents – (e.g. Complete CAD Failure, Flooding (Cumbria))
Communications
Legal
CQC/Commissioners
Consider If Relevant: Enactment Of Duty Of Candour / Being Open
Notifier Step Two
All staff are responsible for ensuring that all incidents and near misses are reported as soon as possible and within 3 days of the occurrence. (This includes any data breaches)
HPF/External Incident
Complaint
Consider If Relevant: Enactment Of Duty Of Candour / Being Open
Manager /111 Clinical Manager Step Three
Managers have 2 days to complete Risk score
Is the Risk score identified as 1 – 3
Please note, some incidents with a risk score of 3 could be a Potential StEIS.
Carry out local investigation
Yes
No
Is the Risk score identified as a 4 or 5
Yes
Complete Fact Find within 3 days of the incident occurring.
Manager/notifier/ investigator to complete SI Notification form if required and return to SI team at serious.incidents@nwas.nhs.uk
Consider If Relevant: Enactment Of Duty Of Candour / Being Open
ROSE Meetings Step 4
Incidents risk scored 4 and 5 are reviewed at ROSE.
Is it Reportable?
SI Team Step Five
No
Revert to relevant procedure to reach an investigation conclusion
Yes
Reported by the Serious Incident Team it is recorded in the Trust's Datix system and on the Strategic Executive Information System (StEIS) database hosted by NHS Improvement within 2 working days
SI Team notify Exec team, communications , legal and safeguarding teams
Serious Incident investigation officer to complete section 1 and 2 case assessment/ investigation and advice template, if not already done. And collect primary information.
Work to the value of 15 hours per incident only. In cases of Incidents/Externals the SIIO is to liaise with IO/Manager involved for update on case assessment.
SI IO to agree TOR with Senior Patient Safety Manager/PSM
TOR to be sent to Responsible person for review and approval and allocation of Investigator
SI Team provide investigation pack and advice to allocated investigator


North West Ambulance Service NHS Trust
Serious Incident Investigation Process
Investigation Pack Step One
Information Gathering Step Two
Report Writing Step Three
SI Team Step Four
Responsible Person (e.g HoS) Approval Step Five
Execs Step Six
July 19 (V1.7)
Staff Member informed that they have now become the Investigator for the incident by the responsible person
Staff Member receives Investigation Pack from the SI Team.
SI notification form (if required)
SI Report Template.
Contributory Factors Checklists.
Case Assessment/ Investigation Advice template.
Recollections Proforma.
Internal Identification Form.
Duty of Candour Action Log and Information.
Duty of Candour Letter.
SI Conflict of Interest Declaration
Refer to Good Practice guide on intranet
Investigator checklist
At the outset of the investigation the Serious Incident team will request a 25 working day review with the Investigator.
This enables both the investigator and the Serious Incident Team to review the progress of the investigation and determine whether the investigator will need longer than 40 working days to complete the investigation and the report, to start the approval process, prior to the approved report being submitted to the lead commissioners at 60 working days.
ALL SERVICE LINES
If not already completed. Consider enacting Duty of Candour /Open and Honest immediately.
If Applicable. Arrange Multi disciplinary Meeting with those departments involved in the incident e.g. Legal, EoC, AP, PTS Team Leaders,111, CP, Safeguarding.
Approved methodology and using the case assessment/ investigation and advice template.
Gather Information & Analyse information
ALL SERVICE LINES
When writing up the report please ensure you have all the information required to complete it.
Make sure that there are NO personal identifiable details or initials within the report or Appendices. All names of those involved must be included within the Internal Identification Form. (This needs to be sent with the report to Responsible Person when approving)
Please Refer to Good Practice Guide and/or Serious Incident Procedure
Investigations Officer to Amend and return to SI team
SI Team will check report Changes identified and need to be carried out.
Yes
No
Send back to Investigation officer to amend
SI team to forward to Head of Safety.
Head of Safety requires changes
Yes
No
Head of Safety forward to SI team for forwarding to responsible person
Escalation of reports
35 working days - SI Administrator to contact I, who will add 40 day reminder to SIID calendar
40 working days – SI Investigating Officer to contact IO, and will add calendar appointment to HOSPE.
55 Working days – Head of Safety to contact Head of Service
60 Working days – Medical Director to contact Director
The responsible person will have 2 working days to approve the report.
The approval must included the following;
Report
Recommendations
Actions within plan
Completion dates within the Action Plan. (Are they SMART)
Staff responsible for carrying out these actions.
The responsible person will review the report, appendices.
Has Responsible Person requested further changes by Investigator
Yes
No
If any changes are needed in relation to the Action Plan, Action Owners etc. the investigation officer will be responsible for those changes to be carried out and notification to the appropriate staff of the change
Forward to SI team for review and onward approval to Exec
Investigator Actions
Action Service Responsible person
Exec Actions to be completed
Serious Incident Team actions
SCCG Actions
Execs have 2 working days to review report, appendices
Execs review report
Are appendices, recommendations Action plans, action owners approved
All incidents will be reviewed by the Chief Nurse/ Medical Director
Have the Execs requested changes
Yes
No
IO to Amend
Report sent back to SI Team for submission to SCCG
Any Reports not submitted will be discussed at RQBE by the medical director the first meeting of the next month.
Created by Maria Kane


North West Ambulance Service NHS Trust
EXTERNAL SERIOUS INCIDENT PROCESS
March 2018 (v.1.0)
SI Team - Step One
BCCG- Step Two
Investigator/ Responsible Person / Execs - Step Three
Commissioners Decision - Step Four
SI Team send Final Report and all the Appendices to the commissioners
Comments received back form BCCG
SI Team Review and return to IO and Responsible Person for discussion
SI Team receives amended report. It is then sent to the Execs to re approve
SI Team receives re approval of report from Execs and forwards to BCCG
If closed the SI Team contacts Investigator to inform them of closure
Blackpool Commissioning Group Receive the Report
Clinical & Non Clinical
If unable to close the SI Team contacts Investigator/ Responsible Person to inform them of Further Queries
Clinical & Non Clinical
Once relevant changes made, sent back to SI team
Changed or updated documents are sent to CCG with a request for closure.
If Non Clinical request Closure
If Clinical Amended report to BCCG request closure
IO / Responsible person to Review and answer any queries or comments.
Investigator must emoed all answers to the queries/comments within the report and not in the comments field. Tracking the changes and in a different colour, to enable the BCCG see that their queries have been answered. Failure to do so will have it returned back from the SI team/ BCCG.
IO will have the option to return the comments back without altering the report
Once completed return to SI Team
Execs Re review and Approve changes to report.
Return to SI Team
Commissioners receive final report.
Quality & Performance Manager reviews and adds comments.
Quality & Performance Manager sends to Regional Clinical Lead & County Clinical Lead
Clinical Lead adds Comments
Regional Clinical Lead sends to Quality & Performance Manager & County Clinical Lead.
BCCG sends comments back to NWAS for information only unless the comments are the removal of Patient identifiable information or spelling and grammar etc.
Report is reviewed at CQAC
County Clinical Lead send comments from CQAC to CCG.
CCG sends queries to NWAS
Amended report goes to RCQAC. Any other L/T Actions highlighted by RCQAC will be added to the report and sent back to NWAS and the IO
Send Final report to Patients Home CCG
Patients Home CCG reviews and notifies BCCG
If patients Home CCG approves of Final Report and outcomes they request closure
BCCG informs SI Team that the Incident is now closed
Non - Clinical – reviewed by NWAS Commissioner, if approved will go to Patient Home CCG. If not approved will follow same process as non approved Clinical reports etc
If patients CCG does not approve, BCCG will request further queries
Action for IO and Responsible Person
Exec Actions to be completed
Serious Incident Team
BCCG Actions (Clinical)
BCCG Actions (Non - Clinical)
Created by Marie Kane

Serious Incident Road Map

July 19 v1.3

	Incident identified	Managers/Patient Experience and Clinical Safety teams	Serious Incident Team	Head of Service/Consultant Paramedic/ Associate Medical Director	Investigating Manager (IM)
Key timeframes	Incidents reports are submitted soon after an incident happens or as soon as an employee has been made aware of the incident. **Ideally incidents should be reported as soon as possible and certainly within 3 days of the incident occurring**	All incidents are risk scored on submission/receipt of an IRF. All complaints/External Incidents and HPFs are risk scored as soon as they are received. Serious Incident notification forms if required are completed as soon as **reasonably practicable and within 3 days of risk scoring an incident.** Fields 1 - 10 can be used to notify the SI team of a potential incident prior to full completion of the notification form	The potential Serious Incident is assigned a number by the SI team. Either the Review of Serious Events (ROSE) meeting or the Senior Patient Safety Manager will confirm that the incident meets the SI framework Once approved as reportable the SI team record the incident on the StEIS database within 2 working days	On receipt of the draft Terms of Reference and investigation details the area Consultant Paramedic/Associate Medical Director or Head of Service approve the Terms of Reference and allocate an investigating manager within 2 working days.	Acknowledge receipt of the investigation pack and return the conflict of interest form within 2 working days. Accept 25 day review invite from the SI team
Key Activities & Prompts	Has an Incident Report Form (IRF) been completed were necessary? Does the IRF contain enough information for a manager to be able to risk score?	**Risk scoring** Has the right department been informed of the events? Has the organisation and/or an employee caused moderate to severe harm? Think **Duty Of Candour**	**Confirm** incident is reportable or not with the incident reporter **Send** investigation pack to IM & invite to 25 day review **Record** Event on StEIS database and populate the Datix record **Prepare** Terms of Reference for Consultant Paramedic/Associate Medical Director/Head of Service/Senior Patient Safety Manager **Inform the;** Communication team, Legal team **Notify the;** Commissioners & Executive Management team	**Approve** the investigation Terms of Reference **Allocate** an investigator **Agree** with the investigator a regular schedule to report investigation progress **Agree** timeframe for concluding investigation that will provide adequate opportunity for approval (please note that exec approval is also required prior to returning the report to the commissioners within 60 working days) **Notify** the SI team if the investigation is going to be delayed no later that 12 working days prior to the anticipated report completion date – include rationale	**Pose** any questions to the SI team by contacting them at serious.incidents@nwas.nhs.uk **Complete** conflict of interest proforma **Enact** Duty of Candour if necessary **Think** about Being Open; what is the right thing to do for the patient and the family **Complete** investigation plan **Commence** investigation
Top tips	**Serious Incidents are identified in a number of different ways, through;** Incident Report Form Complaints including from MPs External agency/organisation notification Declaration of a major incident Never events Security Incidents Coroner	If you risk score an incident 4/5, conduct a fact finding investigation within 3 days. Do the preliminary investigation findings meet the Serious Incident framework? If they do or you are unsure complete a Serious Incident notification form and send to; serious.incidents@nwas.nhs.uk If a member of the public/a patient or their representative has complained please refer them to the Patient Experience team; 0345 112 6500 patient.safety@nwas.nhs.uk	Any liaison with the commissioners in relation to Serious Incidents is undertaken by the SI team through regular meetings. The SI team also liaise with investigating managers to help ensure that the investigation is concluded, approved and returned to the commissioners within 60 working days.	**When allocating an investigating manager consider;** Do they have enough capacity to undertake the investigation? Do they have any annual leave booked? Do they have a conflict of interest? If the incident is already a **complaint** an Investigating Officer will already be allocated. Contact should be made with the IO to check how the investigation is progressing and which investigating manager is involved.	Update Datix on a regular basis. The SI team will update the same Datix record and notify the IM of any updates. External organisations may become interested in the investigation and its important to keep up to date with requests from the coroner, police etc. If the incident is already a **complaint** an Investigating Officer will already be allocated. IM's contact the IO at the earliest opportunity
Relevant Documents	Investigation Policy Incident reporting Procedure Duty of Candour Procedure Being Open Care Quality Commission Regulation 20	Complaints procedure Duty of Candour Procedure Being Open Serious Incident Procedure Investigation 'good practice guide'	Serious Incident Procedure Serious Incident Framework	Investigation 'good practice guide' Serious Incident Procedure Serious Incident framework	Investigation 'good practice guide' Serious Incident Procedure

APPENDIX F

RASCI Matrix
**See excel version of the RASCI matrix*

RASCI Guide

A RASCI matrix is used for the allocation and assignment of responsibilities to team members. This type of matrix can be used for both projects and investigations. In using the RASCI matrix for joint investigation, we are seeking to apply clarity to the investigation process by specifying who is Responsible/Accountable/Supportive/Consulted and Informed during the investigation. The only real rule is that the overall responsibility for the investigation lies with one accountable person only. This Matrix can also be a useful addendum to the communication plan (investigation - good practice guide).

R = Responsible

Those who do the work to achieve the task. There is at least one role with a participation types of responsible, although others can be delegated to support in the work required. **Owns the task**.

A = Accountable to whom the R is accountable (also approver of investigation report)

The one/s ultimately answerable for the correct and thorough completion of the task, and the one who delegates the work to those responsible. In other words, an accountable must sign off (approve) work that the person responsible provides. There must be only one accountable specified for each task or deliverable.

S = Support

Those who provide support during the implementation/undertaking of the investigation task/s

C = Consulted

Those whose opinions are sought, typically subject matter experts; and with whom there is two-way communication. Has information and/or capability necessary to complete the work

I = Informed

Those who are kept up-to-date on progress, often only on completion of the task; and with whom there is just one-way communication. Do not need to be consulted.

RASCI Matrix

	NWAS					2nd Organisation					3rd Organisation					4th Organisation				
Role / Investigation task	Investigation Officer	Investigation Manager	manager 3	manager 4	manager 5	manager 1	manager 2	manager 3	manager 4	manager 5	manager 1	manager 2	manager 3	manager 4	manager 5	manager 1	manager 2	manager 3	manager 4	manager 5
Liaison with family, DoC/Being Open																				
Task 2																				
Task 3																				
Task 4																				
Task 5																				
Task 6																				
Task 7																				
Task 8																				
Task 9																				
Task 10																				
Task 11																				
Task 12																				
Task 13																				
Task 14																				
Task 15																				
Task 16																				
Task 17																				
Task 18																				
Task 19																				
Task 20																				
Task 21																				
Task 22																				
Task 23																				
Task 24																				
Task 25																				

APPENDIX G

Serious Incident Report Template

Cover Page Checklist

Identifier:	
• STEIS Number:	
• NWAS Identifier: Datix	
Source of Notification:	
• Identify source of incident (e.g. complaint / incident form / media etc.)	
• Date of Incident:	
• Incident Number:	
• Date of SI notification form was completed:	
• Home CCG:	
• SI Type	
• Reason for Delay in notification if any:	
• Service Type (PES/NHS111/PTS)	
• Status and Date of Duty of Candour:	
• Due date of investigation report :	
• Due date following extension request:	
Coroner : (Y/N)	
Date of inquest:	
Has the investigation report been disclosed to the coroner (Y/N)	
Complaint: (Y/N)	
Date response sent to complainant:	
Has the investigation report been disclosed to the complainant (Y/N)	
Responsible managers:	
Report Author:	
Lead Investigator:	
Head of Service sign off:	
Head of Service sign off date:	
Executive sign off:	
Executive sign off date:	
Date report submitted to Commissioner:	

NORTH WEST AMBULANCE SERVICE NHS TRUST
Investigation Report

1	**Terms of Reference**
1.1	Insert approved Terms of Reference
2	**Summary of the incident**
2.1	Outline briefly the incident. Incident type, effect on patient/service and severity of incident should be included. *Very brief one paragraph if possible*
3	**Investigation Methodology**
3.1	• Brief description of the type of investigation – concise/comprehensive RCA etc.
4	**Involvement and support of the patient, relatives or carers. Details of Duty of Candour/doing the right thing (being open)**
4.1	The report should demonstrate the extent to which those affected have; Been given an accurate open, timely and clear explanation of events. Been provided with an apology **Duty of Candour/doing the right thing (being open)** Complete the Duty of Candour/Being Open log ***Please retain the appropriate sentence**** ***NWAS guidance on Duty of Candour has been applied on DD/MM/YYYY by Job Title. The Patient/ Carer/ Relative were contacted using Telephone/ face to face/ letter.*** ***Duty of Candour does not apply in this case because…..please provide your rationale.*** **The report should also include the extent to which the patient, relatives and/or carers have been involved in the investigation process;** Have they been asked how much involvement they want? **Has the patient/ relative/carer agreed with the terms of reference for the investigation** Offered a point of contact Given information on independent support and advocacy Have they been informed and kept up to date
5	**Involvement and support for the staff involved in the incident**
5.1	Staff involved within the incident has been supported by the clinical lead. Staff have been signposted to NWAS counsellor, TRiM assessor, Peer Support if required
6	**Information and intelligence gathered**

<table>
<tr><td>6.1</td><td>Include here a summary list of all information and intelligence gathered during the course of the investigation</td></tr>
<tr><td>7.0</td><td>Chronology of events</td></tr>
<tr><td></td><td>Establish the chronology of events</td></tr>
<tr><td>7.1</td><td>
<table>
<tr><td colspan="3">Chronology</td></tr>
<tr><td>Time</td><td>Event</td><td>Document Source of information and record if there is a change from procedure/best</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>8</td><td>Investigation Findings</td></tr>
<tr><td></td><td>If applicable use this section to summarise the context of the incident i.e. narrative that includes hospital handovers, service demand, detail available resources etc.</td></tr>
<tr><td>8.1</td><td>Identify Notable Practice</td></tr>
<tr><td></td><td>Insert any notable practice that has been observed – these are the moments in the care episode were an individual has gone over and above what is expected of them.</td></tr>
<tr><td>8.2</td><td>Identify Care and Service Delivery Problems</td></tr>
<tr><td></td><td>Use the Change Analysis tool to identify Care or Service Delivery Problems
You will need to define ‘Normal’ for the procedure or task in question
Break it down into its component parts identifying as much detail as needed to make sense of what happened and to be able to identify areas where things may have gone wrong.</td></tr>
</table>

Insert a code i.e. CDP1, SDP1 etc that corresponds with coding in contributory factors	**What should have happened (Normal / Accepted Practice/Procedure)**	**What actually happened at the time of the Incident**	**Was there a change between what should have happened and what did happen (Y/N)**	**If yes, was this a CDP or SDP?**

9.0	**Contributory factors**	
	The contributory factors identified for each care and service delivery problem.	
	Insert the corresponding number from the change analysis tool (section 8.2)	List and describe the contributory factors for each CDP and SDP.
10.0	**Root Cause/s (Conclusions)**	
	The section of the report should demonstrate a direct link between cause and effect.	
11	**Lessons Learned**	
11.1	**Lessons Learned as a result of the incident**	
	This section should include learning from any notable practice that has been observed.	
11.2	**Lessons Learned as a result of the investigation**	
	This section should include learning from any notable practice that has been observed.	
12	**Recommendation(s)**	
	Recommendations and solutions should be designed to address the root cause/s.	
13	**Arrangements for shared learning**	
	Describe how the lessons learned will be disseminated with staff, other organisations	
14	**Appendices**	

	Action Plan (link to recommendations above)

Action No	Describe the action identified	Name /Job Title of the person responsible for completing the action	Is this an Immediate, Short, Medium, Long Term Action (I, S, M or L) Immediate Action (2wks) Short Term Action (1 month) Medium Term Action (3 months) Long Term Action (6 months>)	Date the action owner notified	Target date	Date Completed
1						
2						

APPENDIX H

Serious Incident Internal Identification Form

Internal Identification Form

(For Internal use only – please complete prior to the Serious Incident report)

All Serious Incident reports should be accompanied by internal identification form which contains the names of those involved in the incident and/or investigation.

Please note this is for North West Ambulance Service use only and is used to enable provision of anonymised reports for the commissioners

Role and descriptor for content of the report:	**Name:**	**Area: i.e. Cheshire and Mersey, Cumbria and Lancashire, Greater Manchester, Corporate**
EMD 1	Anakin Skywalker	Cheshire and Mersey
EMD 2	Padmé Amidala	Greater Manchester
Paramedic 1	Kylo Ren	Cheshire and Mersey
Advanced Paramedic 1	Leia Organa	Cumbria and Lancashire
HR Advisor 1	Han Solo	Corporate

Role/Descriptor for content of the report:	**Name:**	**Area: i.e. Cheshire and Mersey, Cumbria and Lancashire, Greater Manchester, Corporate**

APPENDIX I

INVESTIGATOR CHECKLIST

Please see excel version of checklist for Head of Service and Exec guidance

Action	Action undertaken	If NO action was undertaken, please confirm rationale
I have received the report templates including terms of reference from the SI Team.		
The SI team have provided me with access to the Datix record and the Datix reference number.		
I have completed the necessary fields in Datix to enable closure of the record and to enhance future learning.		
Duty of Candour has been enacted. If DoC does not apply, the principles of being open have been initiated.		
All sections of the final report have been completed and all appendices are attached and appropriately labelled.		
The report and all appendices have been redacted of patient/staff identifiable information and the internal identification form has been completed.		
The action plan is complete with SMART actions and the target dates and completion dates are populated were applicable. *Where a report is submitted to the SI team and a target date of an action has passed, the completion date must be populated. Our commissioners may require evidence that an action has been completed and therefore if evidence is available, you are requested to attach it to the Datix record.*		
The SI team have been notified of Trust learning and outstanding actions were by the predicted completion date supersedes the report submission date. (*The SI team will record these actions on the Datix record).*		
I have submitted the approved investigation report to the SI team within the agreed timescale of 40 working days.		