



Title:	Learning From Incidents Policy		
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Ownership:	Michael Bloomfield, Chief Executive		
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Links to Other Policies/ Procedures:	Learning From Incidents Procedure, Incident Investigation Protocol, Guidelines for Statements, Interviews and Hearings, Learning From Serious Adverse Incidents (SAIs) Procedure, RIDDOR Procedure, Corporate Risk Management Policy & Procedures. Management of Medical Devices Policy, Claims Management Policy, Whistle Blowing Policy, Health and Safety Policy, Safeguarding Referral Procedure, Information Governance, Major Incident and BCP Procedures.		

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November 2018	1.0	Risk Manager	NEW

1.0 INTRODUCTION:

The Trust recognises that there is much to learn from the review of incidents which have led to either a very positive or a negative outcome. A high standard of incident management will ensure that lessons are learned and that continual improvement in the quality of services is achieved.

1.1 Background:

This Learning from Incidents Policy sets out the Northern Ireland Ambulance Service Health and Social Care Trust's (NIAS) approach to the management of incidents across the organisation. This Policy is supported by the Learning from Incidents Procedure which defines incidents and sets out a framework for the effective investigation of incidents across NIAS. A number of other supplementary documents are also available such as the NIAS Incident Investigation Protocol, Learning From Serious Adverse Incidents (SAIs) Procedure and Guidelines for Statements, Interviews and Hearings.

1.2 Purpose/Aim/Objective:

The purpose of this Learning from Incidents Policy is to raise the standard of incident management within NIAS. The document also sets out the corporate commitment to the appropriate investigation of incidents, ensuring that all managers make arrangements for the provision of suitable resources, and calling upon all NIAS employees to engage in, and be responsible for incident management.

2.0 SCOPE:

The Trust recognises that within the volume of our work, adverse incidents will occasionally occur. These can result from many sources including human error and wider system failures, and can relate to both the provision of emergency care and its supporting activities. This Learning from Incidents Policy applies to all incidents occurring during all activities across the organisation.

Partners/contractors providing services to and/or working on behalf of NIAS must have defined processes for incident management; these processes must include the ability to assess and manage incidents, and advise NIAS as appropriate, without exception.

3.0 ROLES/RESPONSIBILITIES:

In the Northern Ireland Ambulance Service, incident management is everyone's business. Everyone is responsible for both reporting incidents and contributing to the investigation process, regardless of level, role or location, and it is essential that everyone takes relevant responsibility for incident management, so as to support continual improvement in quality and safety.

The Learning from Incidents Procedure includes a Responsibility, Accountability and Support (RAS) matrix which defines key corporate level roles and responsibilities.

4.0 KEY POLICY PRINCIPLES:

At the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) we recognise that learning from incidents is essential in achieving continuous improvement.

There is a clear recognition that we must ensure adequate policy, procedures and training are in place to support both staff and management in the effective investigation of incidents in order to learn from them and continually improve quality and safety.

Each incident will be assessed individually when deciding which level of investigation is appropriate. The following principles will be applied:

- a. All patient safety and employee health and safety incidents will be subject to the NIAS Incident Investigation Protocol.
- b. All regulatory compliance, fraud, and information governance will be subject to investigation via relevant policy/procedures or the NIAS Incident Investigation Protocol.
- c. All incidents relating to non-critical functions/services will be dealt with at a local level.
- d. The NIAS approach to incident management is designed to encourage and promote learning and continual improvement, and not to increase workload for Investigating Officers by creating unnecessary paper trails.

With the above in mind, through the implementation of this Policy and the Learning from Incidents Procedure, so far as is reasonably practicable, we will ensure the following:

- A consistent, timely, high standard of incident reporting and management in compliance with NIAS procedures.
- Timely and accurate reporting through internal assurance processes (Trust Board, Assurance Committee, Committees/Groups etc.).
- All regional and applicable national guidance and best practice is adhered to and all statutory obligations are met, i.e. timely and accurate reporting to external bodies such as RQIA, HSENI, HSCB, PHA, DoH, LIN, NIAIC etc.
- Adequate policies, procedures and templates are available in order to support the process.
- That effective remedial action is taken and lessons are learned, at both an individual and organisational level where appropriate, to minimise the risk of reoccurrence; and where necessary, learning is embedded into existing policy, standard operating procedures, processes, training, templates etc.
- Effective sharing of lessons learned, both within the organisation and, where applicable with other Trusts and Ambulance Services.
- Further development of the Learning Outcomes Review Group in order to link recommendations from incidents, complaints, litigation, Quality Improvement initiatives, audit, performance etc. to ensure continual improvement.
- Appropriate management of incidents and continual improvement in incident management and therefore the quality of care.
- Improvement in arrangements to support staff wellbeing as the 'second victim'.
- Adequate arrangements are in place to ensure staff can avail of time off to make statements (PSNI etc.) and attend the likes of Coroners Court, Civil and/or criminal proceedings.
- Suitable support is available for Investigating Officers in order to properly investigate incidents, i.e. training and management support. Staff will have suitable training to help them make balanced judgements on incident investigation.
- All levels of management focus on safety and lead cultural change in this area by encouraging staff to report incidents, errors and near misses.

- Management are empowered to improve culture through the modernisation of the incident reporting system including the development of adequate mechanisms for feedback.
- Improvement in liaison with service users, family members and carers.
- Roles and responsibilities are defined and everyone is accountable and responsible for their actions.
- Further development of a just (fair), open and positive culture.
- Arrangements are in place to manage risks highlighted by incidents (Corporate Risk Management Policy and Procedures). That effective and efficient assurance processes are in place.
- NIAS assets and reputation are safeguarded.

Through effective incident management we will endeavour to provide a safe environment for staff, patients and members of the public by reducing and where possible eliminating the risk of harm. We will provide a service that is responsive, safe, high- quality, patient focused, clinically effective, financially viable, legally compliant and well governed.

5.0 IMPLEMENTATION OF THE POLICY:

5.1 Dissemination:

- Directors and Assistant Directors will disseminate to all staff.
- It is available on the Internet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
- It is on the notice boards in all operational areas.
- It is included in Corporate Induction, is part of the syllabus in all training programmes/eLearning.

5.2 Resources:

As part of the implementation of this Policy and associated procedures, management are required to review existing processes to ensure incident management has been allocated the necessary resources. In most cases no additional resources will be required for the implementation of this Policy. Equally, everyone should be encouraged to report and investigate incidents as appropriate, and should be provided with the time necessary to do this in accordance with the Learning from Incidents Procedure. Levels of incident investigation training/DATIXWeb training are under consideration at this time.

5.3 Exceptions:

This Policy applies to all those working within, providing services to, or acting on behalf of the Northern Ireland Ambulance Service Health and Social Care Trust. There are no exceptions.

6.0 MONITORING:

This Learning from Incidents Policy and the Learning from Incidents Procedure will be reviewed every two years. Feedback from stakeholders will be taken into consideration, along with a review of systems/processes along with ongoing analysis of the actual management of incidents via the assurance structure. Processes will be benchmarked nationally and any new legislation, best practice or guidance will be taken into account. Audit findings will be taken into consideration.

7.0 EVIDENCE BASE/REFERENCES:

We will ensure compliance with current guidance and best practice, for example policy, procedures, guidance, safety/quality information issued by DoH, HSCB, HSENI and PHA, including national and regional guidance and learning letters. We will also ensure compliance with other relevant NIAS Policies and Procedures.

8.0 CONSULTATION PROCESS:

This Learning from Incidents Policy was developed by the Risk Manager with the support of a short life working group consisting of an Ambulance Service Area Manager, Trade Union Representative/Emergency Medical Technician, two Station Officers, two Paramedic Station Supervisors, Fleet Manager and the Clinical Training Manager; draft documentation was circulated (March 2018). Further consultation was carried out through the Learning Outcomes Review Group (June 2018), Health and Safety Committee (July 2018), Medical Director and the Senior Executive Management Team (November 2018). The Policy has been approved by Trust Board (December 2018).

9.0 EQUALITY STATEMENT:

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment was carried out on the 19th July 2018.

The outcome of the equality screening for this policy undertaken (pending) is:

Major impact

Minor impact

No impact.

10.0 SIGNATORIES:



Katrina Keating

Date: 6th December 2018

Lead Author



Michael Bloomfield

Date: 6th December 2018

Chief Executive