

CCG Incident Management Policy and Guidance

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Executive summary

The CCG encourages and supports a positive and pro-active incident reporting culture that enables risks to be identified and lessons arising from incidents to be shared in order to promote continuous improvements.

This policy requires that incidents are:

- reported using a standardised form;
- graded with a 'degree of harm' score;
- investigated using a systems approach;
- an action plan put in place where change is required to reduce the risk of recurrence; and
- assessed for the need to be reported to external agencies in the required timescales.

The CCG will:

- have systems for monitoring and reporting incidents to the Governing Body/Board;
- participate in the NPSA National Reporting and Learning System (NRLS);
- ensure that all individuals working for or on behalf of the CCG are empowered to report incidents without fear of repercussions or disciplinary actions.

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1 Introduction

The aim of this policy and procedure is to outline the arrangements the CCG has in place for reporting, managing and learning from incidents and ensuring that the CCG meets its legal responsibilities in respect of reporting to external agencies. The CCG is committed to the commissioning of high quality care and services and the achievement of a high standard of health, safety and welfare at work for all employees, visitors and other persons engaged in CCG activity.

The reporting of accidents and incidents is not only a legal requirement but also an essential part of the risk management process. Reporting of all incidents is designed to ensure the following:

- a culture of openness in reporting incidents;
- prompt and accurate information collection;
- support those affected by an incident;
- identify any trends and prevent or reduce reoccurrences;
- fulfilment of the CCG's legal duty under statutory regulations including RIDDOR 1995, The Health and Safety at Work Regulations 1999, Data Protection Act 1998 and Privacy and Electronic Communications Regulations 2003.

2 Purpose

This policy is designed to ensure that all staff have a clear understanding of their responsibilities and respond appropriately and effectively to reporting incidents.

The purpose of this policy is to:

- define an incident and a serious incident;
- ensure that all staff understand their role and responsibility for incident reporting;
- clearly define the CCGs processes for the reporting, managing and learning from incidents;
- outline the investigation process and the requirement for escalation

3 Scope

This policy covers all types of internal CCG incidents and near misses whether clinical or non-clinical, serious or minor and regardless of who was involved. This policy does not apply to commissioned services. Incidents that occur within NHS provider organisations should be reported and investigated internally in accordance with that provider organisation's policy. This is in line

with Health and Safety legislation, the National Patient Safety Agency (NPSA) guidance and requirements of relevant regulatory bodies e.g. the Medicines and Healthcare products Regulatory Agency (MHRA). However, independent contractors and managers of contracted services must notify the CCG of:

- all serious incidents in line with the NHSE Serious Incident Framework
- all significant trends in incidents
- incidents with significant learning opportunities for other independent contractors
- any serious incident that may impact on the obligations outlined within the contract

Further information in regard to process followed by the CCG to gain the necessary assurances for the management of SIs can be found in the *CCG Assurance Process for Provider SIs*.

This policy applies to all incidents including near miss incidents and is applicable to all CCG staff, regardless of whether they are directly employed or hold a corporate or clinical role and includes:

- individuals on the CCG body, committees and sub-committees;
- employees of the CCG including staff on secondment
- third parties acting on behalf of the CCG
- agency, locum and other temporary staff engaged by the CCG
- visitors to the CCG and members of the public

4 Fair and Open Culture

The CCG recognises that an incident, however serious, is rarely caused wilfully and is not necessarily evidence of carelessness, neglect or a failure to carry out a duty of care. Errors are often caused by a number of factors including human error, individual behaviour and lack of knowledge or skills. Learning from incidents can only take place when incidents are reported and investigated in a positive, open and structured way.

The CCG supports and promotes an open, fair and positive learning culture to support staff and help improve the safety and quality of the CCG, and reflects a duty of candour as described in the Francis Report.

A non-punitive approach to the incidents reported will be taken unless there is evidence of gross professional or gross personal misconduct; repeated breaches of acceptable behaviours or protocol; or an incident that results in a police investigation. For these incidents the appropriate HR policies will be adhered to. This is in accordance with the CCGs Whistleblowing Policy which provides a system enabling staff to raise concerns, without fear of suffering any adverse consequences as a result.

5 Definitions

Incident

An incident is any accident, event or circumstance that could or did lead to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation's ability to achieve its objectives.

Near Miss

A near miss is any incident that did not actually lead to harm, loss or damage but had potential to do so. Reporting such incidents is vital, as they may identify changes in procedures, processes and systems which could prevent further similar occurrences from causing actual harm, loss or damage.

Examples of an incident or near miss may include one or more of the following:

- personal accidents resulting in harm or injury, however minor;
- equipment failure, loss or damage;
- all health and safety related incidents;
- fire or fire alarm activations;
- physical and/or verbal aggression, assault or abuse, sexual or racial harassment, instances of bullying, intimidation or threatening behaviour;
- clinical incidents;
- work or environmental related incidents;
- Security issues including vandalism, property loss or damage, theft, fraud or deception;
- Incidents involving vehicles;
- Breach of information or confidentiality;

Serious Incident (SI)

In summary, the NHS Serious Incident Framework 2015 describes a serious incident as an incident that occurred during NHS funded healthcare which resulted in one or more of the following:

- unexpected or avoidable death or severe harm to one or more patients, staff or member of the public;
- a Never Event (as outlined in the NHS Never Events Policy and Framework);
- a scenario that prevents, or threatens to prevent, an organisations ability to deliver healthcare services, including data loss, property damage or incidents in population programmes (e.g. screening and immunisation) where harm may potentially extend to a large population;
- allegations, or incidents of physical/ sexual abuse or assault
- loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.

Most serious incidents are provider reportable and are quality assured by the CCG, details of which can be found in the CCG/Provider SI assurance process. However, there may be circumstances where the CCG is required to report an SI. These must be reported and investigated in accordance with this policy.

6 Duties and responsibilities

Accountable Officer

The Accountable Officer has overall responsibility for safety and is accountable for ensuring the CCG has the necessary systems in place to enable the effective reporting, management and investigation incidents.

Directors

Executive Directors have a responsibility to support the Accountable Officer in the implementation of this policy and in monitoring its effectiveness. Directors will actively promote and support the reporting of incidents as per the CCG's fair and open culture, whilst ensuring that all direct reportees are aware of, and undertake their responsibilities, in relation to incident reporting.

Managers

Line manager are responsible for ensuring staff are aware of this policy, and that they report incidents when they occur. Line managers are required to support staff when an incident occurs, and to have an active role in assessing the situation, ensuring that the incident is reported and investigated appropriately.

Staff

All staff have a responsibility to report all incidents in accordance with this policy, and have a duty to patients, their employer and colleagues to co-operate fully with an investigation, in order to ensure the most appropriate outcome.

City Wide Governance Team

The Governance Team is responsible for ensuring that the organisation has robust systems and processes in place to ensure effective incident management. The team will liaise with other staff members to provide appropriate advice when required. The team will receive and review information about reported incidents to ensure that issues have been addressed and recommendations for improvements have been implemented. The team will provide organisational analysis to ensure learning is shared across the CCG.

Specialist Review

The Governance Team will contact relevant managers to request specialist input into the reporting, investigation, analysis and review of incidents, as appropriate. This may include colleagues from:

- Medicines Management;
- Health and Safety;
- Infection Control;
- Information Governance; and

- Safeguarding.

7. Process for Reporting an Incident

When an incident occurs, the immediate priority is to take steps to ensure the safety of the people involved. Actions will vary depending on the type of incident, but could include administering first aid, contacting the emergency services, removing faulty equipment or changing current practice to prevent reoccurrence. Staff will need to consider whether the incident meets the serious incident criteria in collaboration with the City Wide Governance Team (leeds.seriousincidents@nhs.net).

Any incident to which raises safeguarding concerns will be directed to the CCG safeguarding team for review.

7.1 Reporting requirements

It is the responsibility of all staff to inform the appropriate manager and report an incident within 2 working days of identifying its occurrence (or 24 hours if serious). All incidents should be reported via the Datix online incident report form. This can be found on the CCGs intranet or via the desktop.

The form should be completed by the person involved in the incident, or by a witness if that person is unable to complete the form. All required fields on the form must be completed using the facts known rather than opinions. This information may be required in support or defence of legal action. In the event of a fatality, major incident, case of disease or other incidents which may have major implications, the Chief Officer must be informed as soon as possible (via the on call system if necessary).

Once an incident has been logged an appropriate individual will be allocated to lead the investigation. This will usually be the relevant line manager who will receive an automatic email notification from Datix. The line manager will need to confirm whether external organisations need to be informed, in liaison with the City Wide Governance Team (see appendix A for further details).

Once an investigation has concluded the results, actions and lessons learned must be recorded on Datix. It is the responsibility of the investigating manager to ensure feedback has been provided to the person reporting the incident.

For all serious incident investigations a comprehensive investigation report outlining the root cause, contributory factors, lessons learned and a detailed action plan to address all recommendations will be submitted to the CCG SI panel for review.

An overview of the incident reporting process can be found in appendix B.

8 Investigating an Incident

All incidents require some level of investigation in order to identify the underlying causes of why the incident occurred. The depth and breadth of an

investigation should be proportionate to the level of risk posed by the recurrence of similar incidents.

Investigations should:

- Ensure timely and appropriate follow-up;
- Be completed within 30 working days, or 60 working days for serious incidents;
- Establish the facts;
- Identify the root cause and any contributing factors;
- Identify all actions to be taken;
- Prevent, as far as possible, similar incidents occurring in future;
- Meet national, regional and legal reporting requirements.

Therefore, the model for investigations at all levels is based on the principles of root cause analysis (RCA) technique. The underpinning notion behind RCA is that systems and processes should be reviewed to identify the potential causes of failure, and that corrective actions should be subsequently taken to prevent reoccurrence.

To support staff in the investigation of incidents, the following specialist reviewers will support the process in conjunction with the City Wide Governance Team:

- Investigations regarding health and safety will be supported by the CCG's Health and Safety Lead and Specialist Advisor at eMBED.
- Investigations regarding information governance will be supported by the Information Governance Advisor, eMBED.
- Investigations regarding non-safeguarding clinical incidents will be carried out by the CCG's Quality Manager
- All incidents regarding safeguarding will be carried out by the CCG's Safeguarding Nurse.

Appendix C provides further guidance on how to conduct an incident investigation. There are many different methodologies which can be utilised to conduct a root cause analysis investigation, and the most appropriate tool will depend on the investigation. The City Wide Governance Team will be able to advise and provide supporting material to assist lead investigators.

9 Information Governance Incidents

Under Data Protection legislation the CCG is required to notify the Information Commissioner's Office of any personal or information security breach, unless the personal data breach is unlikely to result in a risk to the rights and freedoms of natural persons, no later than 72 hours of becoming aware of it; failure to do so could result in a fine of up to €20million.

A personal breach is defined as:

'a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.'

What may at first appear to be of minor importance may, on further investigation, be found to be serious and vice versa. As a guide a data breach could be:-

- Actual or potential failure to meet the requirements of the General Data Protection Regulation and/or the Common Law of Confidentiality.
- Unlawful disclosure or misuse of confidential data, recording or sharing of data inappropriately
- Information security breaches and inappropriate invasion of people's privacy.
- Personal data breaches which could lead to identity fraud or have other significant impact on individuals.

Information Governance (IG) incidents include any incident involving personal data or the actual/ potential corruption or loss of equipment used to store personal data. This includes, but is not limited to:

Breaches	Cyber incidents (technology related)
Confidential data lost in transit, e.g. post/email	Cyber bullying
Lost or stolen hardware, e.g. lap top, work mobile	Denial of service attack (perpetrator makes network resource unavailable)
Lost or stolen paperwork (staff or patient)	Social media disclosure (e.g. Facebook)
Personal information/data disclosed in error	Website defacement
Confidential data uploaded to website in error	Malicious damage to systems
Non-secure disposal – hardware and paper	
Patient incorrectly identified	
Corruption or inability to recover data	
Unauthorised access or disclosure of confidential information	
Letter/email sent to/from wrong address	
Lost or stolen ID/smartcard/entry fob	

All IG incidents should be reported, via Datix, in line with this policy and the CCG's Data Protection and Confidentiality Policy. The personal data breach grading on Datix, should be completed for every incident reported, this will enable to IG team to assess the severity of the incident.

Once the incident has been reported, an automatic notification is sent to the Data Protection Officer, Information Governance team, Senior Information Risk Officer and Caldicott Guardian, who will review the incident and decide whether it needs to be reported to the Information Commissioner Office.

Where necessary, in the event of a serious information governance or cyber incident, advice will be sought from NHSD/X or a cyber incident response company.

Where the breach is likely to result in a high risk to the rights and freedoms of natural persons, those affected must also be notified of the breach.

The breach notification should be provided to the data subjects in clear and plain language and should include:

- A description of the nature of the breach
- The name of the person managing the incident
- The likely consequences of the breach
- The measures taken or proposed in order to address the breach.

The investigation for information security incidents will follow the same process as the incident process outlined in this policy.

10 Health and Safety Incidents

All reported health and safety incidents will be reviewed by the Health and Safety Advisor. The advisor will support the investigation if required, and will provide advice on whether the incident requires external reporting.

11 Continuing Healthcare Incidents

Continuing Healthcare staff should report incidents using the same process as outlined above. When an incident is reported, an automatic alert is sent to the relevant head of department, as well as safeguarding if appropriate. If the incident is relating to a patient safety incident and meets SI criteria the SI policy must be followed.

12 Safeguarding

The incident report form ensures that all incidents are reviewed for any safeguarding issues. If there are safeguarding concerns then an automatic request for a safeguarding referral is generated. All incidents logged with safeguarding issues create an automatic alert to the citywide CCG safeguarding team for review and input if required.

13 NHS Counter Fraud Services

All staff must be aware of, and understand the impact of fraud on the NHS and how they can contribute to combating it. Further advice and guidance can be obtained from the CCG's local counter fraud specialist, and the CCG Anti-Fraud, Bribery and Corruption Policy and at www.nhsfraud.org.

Suspicious of fraud can be reported in confidence directly to the National NHS Fraud and Corruption Reporting Hotline on 0800 028 4060 (www.reportnhsfraud.nhs.uk)

14 Serious Incidents

All incidents involving the CCG must be reported as an incident according to this policy, and will be reviewed to ascertain whether the incident falls into the category of a serious incident. Within a CCG, incidents meeting this criteria are likely to be non-clinical, or staff related incidents. However, the CCG does have a Continuing Healthcare Team who may report a number of clinical incidents relating to the safeguarding of vulnerable adults, which may fit the SI criteria.

If a member of staff reports an incident which they deem to meet the serious incident criteria then this should be escalated to the City Wide Governance Team (leeds.seriousincidents@nhs.net). The Head of Governance, in association with the appropriate Director, will decide on whether the incident meets the criteria for an SI in accordance with the NHS framework.

On agreement that the incident is an SI, the Head of Governance will externally report the incident via the national Strategic Executive Information System (STEIS). In line with nationally agreed timeframes, such incidents must be reported within 2 working days of the incident being identified.

The relevant Director will appoint an appropriate lead investigator with support from the City-Wide Governance Team.

The investigation process for SI's will follow the same process as the incident investigation process outlined within this policy.

All SI final investigation reports will be submitted to the CCG SI panel and reviewed in line with the panel terms of reference.

15 Ensuring Learning

Learning from incidents is critical to the delivery of safe and effective services within the CCG. Each incident and subsequent findings ensuing from the investigation are a learning opportunity. These lessons will be shared across the organisation using the following methods:

- Information will be published in the CCG staff bulletin and on notice boards where appropriate.
- Immediate lessons learned will be shared within the Team Brief.
- Reports will be presented to the appropriate CCG committee.
- The CCG will take the opportunity to share lessons learnt across the health economy through networks and consortiums, an in co-operation with partner organisations where appropriate.

16 Support for staff

The CCG recognises that investigations may be potentially stressful for staff. Managers should ensure that individual support needs are discussed, and that information about how to access appropriate support services is provided.

The CCG will also ensure that Duty of Candour is applied when appropriate. Duty of Candour is the requirement for organisations to ensure that affected patients/families are informed of errors resulting in moderate/severe harm or death, and provided with appropriate support. This includes providing an apology, as appropriate, and ensuring that the investigation findings and agreed actions are shared

17 Monitoring Compliance and Effectiveness

The incident reporting process will be reviewed annually by the City-Wide Governance Team to ensure the following:

- incident forms are completed correctly;
- regular data quality checks of the CCG's risk management system (DATIX) to identify coding errors, under-reporting and inappropriate reporting;
- action plans are produced and objectives are specific, measurable, achievable, realistic and timely (SMART) and implemented with outcomes monitored;
- persons throughout the incident reporting process understand their roles and responsibilities and have the capabilities to contribute effectively to the incident reporting process;
- relevant timescales, both internal and external, are adhered to.

Incident reporting is reviewed through the CCG committee structure:

Governing Body/Board	<ul style="list-style-type: none"> • overall accountability for safety • accountable for the risk management strategy, systems and processes including incident reporting.
Assurance/Quality Committee	<ul style="list-style-type: none"> • accountable for ensuring that the governing body/board is assured of the effectiveness of the systems and processes for supporting and improving safety • approves the policy and procedure for the

	management of incidents
Health & Safety Committee (city wide)	<ul style="list-style-type: none"> receives reports regarding health and safety incidents, reviews lessons learnt and identifies the necessary actions required ensure action plans are fully implemented agree on bulletin agendas to support sharing wider learning
Information Governance Committee (city wide)	<ul style="list-style-type: none"> recommend or undertake remedial action following reported breaches of IG receives reports regarding information governance incidents, reviews lessons learnt and identifies any further actions required ensures action plans are fully implemented agree on bulletin agendas to support sharing wider learning
SI panel	<ul style="list-style-type: none"> receives and reviews serious incident investigation reports for quality assurance and to ensure the actions capture the recommendations made

For further information regarding the role of these committees please see individual terms of reference

18 Equality Impact Assessment (EIA)

This document has been assessed to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups.

The CCG aims to design and implement services, policies and measures which meet the diverse needs of our service, population and workforce, ensuring that none are placed at an advantage over others.

Whilst there is no requirement for an Equality Impact Assessment for this policy the CCG will monitor any themes and trends to identify, understand and address incidents linked to a particular location group or individual with an Equality Act “protected characteristic” (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation).

This document has been assessed, using the EIA toolkit, to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups. Appropriate action has been taken where relevant to mitigate or eliminate potential negative impacts, and to maximise positive impacts, and to ensure that implementation plans are appropriate and proportionate.

Based on the screening tool an equality impact assessment is not necessary for this policy.

19 Education and training requirements

All New Starters: An introduction to incident reporting is included in the CCGs induction programme.

Local induction processes must include incident reporting processes.

Existing Staff: As incident management policies and processes are developed, staff will be updated and where necessary undertake appropriate further training to meet their needs.

All staff are required to undertake statutory and mandatory training which includes health and safety, information governance and safeguarding training. Further information can be found in the CCG's Statutory and Mandatory Training Policy.

20 Associated documentation

This policy is linked to the following CCG policies and strategies:

- CCG Assurance Process for Provider SIs
- Risk Management Strategy
- Health and Safety Policies
- Compliments, Concerns, Comments & Complaints Policy and Procedure
- Claims Management Policy
- Whistleblowing Policy
- Records Management Policy
- Leeds Multi-Agency Safeguarding Adults Partnership Policy – Part One
- Leeds Multi-Agency Safeguarding Adults Partnership Policy – Part Two
- CCG Information Governance Policy
- CCG Statutory and Mandatory Training Policy
- CCG Anti-Fraud, Corruption and Bribery Policy
- CCG Data Protection and Confidentiality Policy

This policy and procedure takes into account:

- The Health & Safety at Work Act etc. 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Guidance from the NHS Counter Fraud Security Management Service
- Management of Health & Safety at Work Regulations 1999
- Care Quality Commission Essential Standards of Quality and Safety 2009
- National Patient Safety Agency Guidance
- NHS England Serious Incident Framework 2015

- Health and Social Care Information Centre Checklist Guidance for Reporting, Managing, and Investigating Information Governance Serious Incidents Requiring Investigation

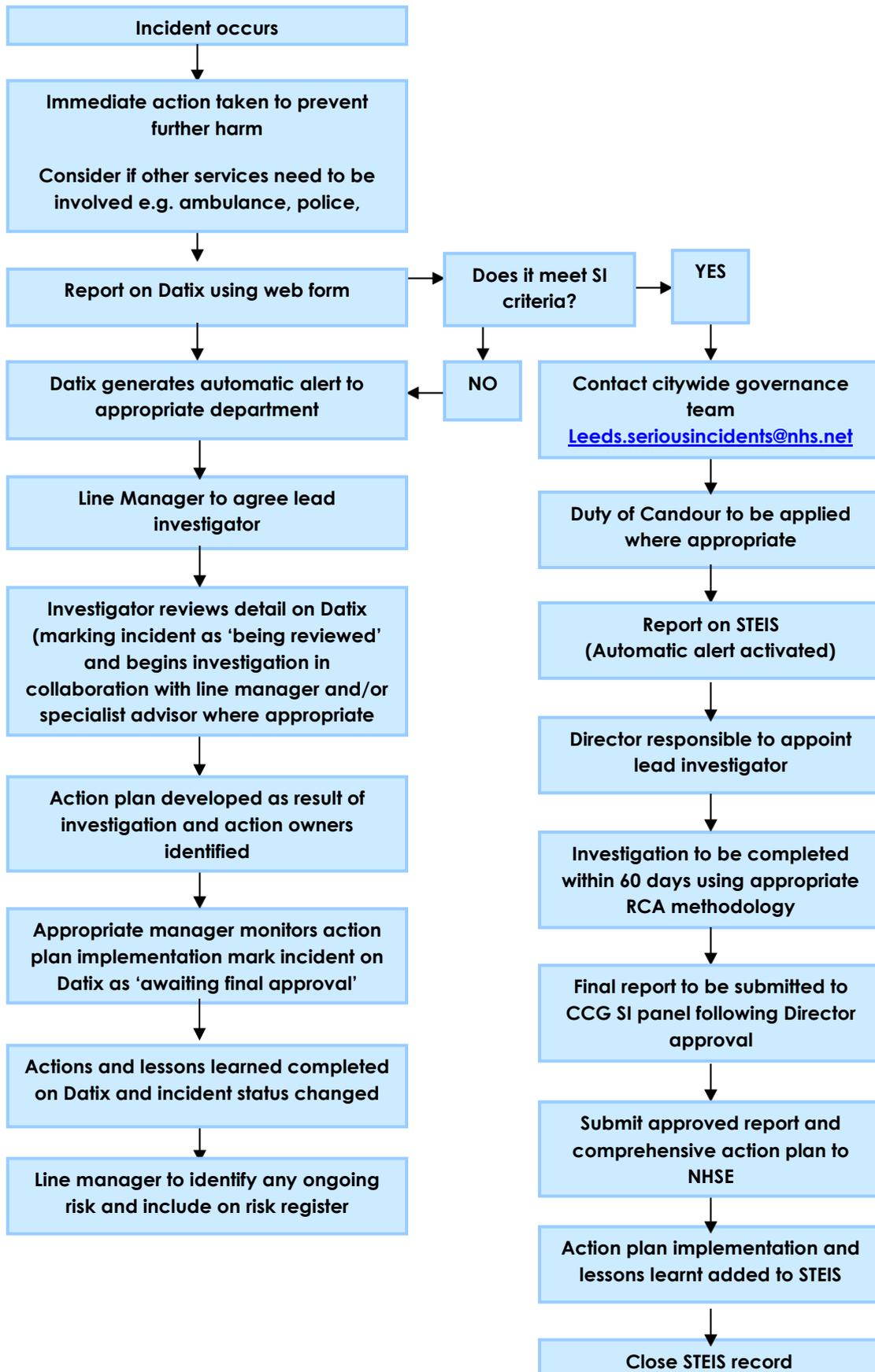
Appendix A: External Reporting

In addition to internal reporting, certain categories of incident require reporting to external agencies. The following table outlines the incident types and the receiving agency.

Incident Type	Reportable to
Patient Safety Incidents	National Reporting and Learning Service (NRLS)
RIDDOR – Injuries to staff sustained in the course of work including: <ul style="list-style-type: none"> • Any incident which results in staff absence for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the incident • major injuries e.g. fracture, amputation, loss of sight, electric shock • diseases contracted in the course of work e.g. occupational dermatitis, asthma, hepatitis, tuberculosis, tetanus etc. http://www.hse.gov.uk/riddor/	Health & Safety Executive
Physical Assault on Staff	NHS Security Management Service Police
Information Governance Incidents	Health & Social Care Information Centre via the IG toolkit Information Commissioner Office NHS England (NHSE) Department of Health
Serious Incidents	Strategic Executive Information System NHSE

The line manager of the staff member reporting the incident is responsible for reporting incidents to relevant external organisations, where applicable. This will be supported by expert advisors when required. The above list is not definitive and will depend on the incident that has occurred.

Appendix B: Incident Reporting Process Overview Flow Chart



To be completed within 2 days

Investigation to be completed within 30/60

Appendix C: Guidance for Carrying out an Investigation

An investigation should commence immediately, where safe and legal to do so. The objective of the investigation is not to apportion blame or liability but to identify what happened and **WHY** the incident occurred.

An investigation is a systematic process with the purpose of uncovering and clarifying the central issues, thereby making it easier to establish facts, context, contributory factors and root causes, and to enable the identification of solutions to minimise recurrence. Advice relating to incident investigation can be sought from the City Wide Governance Team.

Timescale for conducting investigations

A final report including an action plan must be submitted to the Governance Team within **30 working days** of the incident being reported.

A good investigation is both prompt and thorough: Failure to conduct an investigation as soon as practicable after the event can result in difficulties in obtaining relevant information and evidence, as conditions change and memories of the incident may fade. It is extremely important therefore that the investigation is undertaken without any undue delay. The lead investigating officer will be responsible for agreeing any revised timescale with the parties concerned.

The lead Investigator will decide on the requirements for the investigation team dependant on the seriousness of the incident. This may include a CCG Director and specialist advisors where appropriate.

Evidence

The sources of information and methods which investigators can use typically fall into the following three categories:

- direct observation of where the event occurred, which is important to avoid losing important evidence about the scene, configuration, relationships between parties, etc;
- collecting data/documentation, which helps establish what should have happened as well as providing evidence of prior risk assessment, inspections, tests, witness statements etc;
- interviews which, when conducted sensitively, provide both direct testimony as well as an opportunity to check back on any issues arising from examination of the physical and documentary evidence.

Although direct observation, collecting data and interviews are distinct and important elements of a thorough investigation, they complement each other. They provide an opportunity to 'read across' from one part of the process to another to check reliability and accuracy as well as resolve differences and gaps in evidence.

Root Cause Analysis (RCA)

Some incidents may require a root cause analysis to be undertaken as part of the investigation process, in order to identify the contributing factors and underlying causes of why the incident occurred.

The CCG is committed to learning from incidents and improving safety in a systematic and non-blaming manner, and recognises that staff work within systems and processes which may themselves contribute to incidents occurring. It is also recognised that during the course of an investigation, issues concerning individuals' standards may be identified. If this occurs, this will be addressed separately to internal investigation processes, via HR processes.

The Root Cause Analysis Process is outlined below:

1: Information Gathering: Gather all appropriate information required eg from staff involved; site of incident; related policies & procedures; patient records.

2: Information Mapping: Complete the time line/ chronology in order to get the full picture of the incident as it unfolded.

3: Identify problems and highlight good practice: Within the chronology identify where things began to go wrong and why. Highlight good practice.

4: Identify the Contributory Factors: Having identified the problems, undertake a fishbone of each problem to identify the contributory factors.

5: Agree the Root Cause/s: Identify which of the above factors most contributed to the incident and which had they been prevented, the incident would not have occurred

6: Generate Solutions: By rectifying the system/ process at this point should prevent the incident from reoccurring.

7: Recommending and Reporting: Ensure the recommendations made will prevent a similar incident in the future.

Root Cause Analysis Tools

A complete set of investigative tools are available via <http://www.nrls.npsa.nhs.uk?resources/collections/root-cause-analysis/>

Further advice can be sought from the Corporate Governance Team (leeds.seriousincidents@nhs.net).