



Serious Incident Policy

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| Initiated by | Date | Author (s) |
| Serious Incident Panel | 6/12/2013 | Emma de Carteret, Risk Manager |
| Version | Date | Comments (i.e. viewed, or reviewed, amended approved by person or committee) |
| Draft V0.1 | April 2010 | General Manager Patient Services |
| V1.0 | September 2010 | Approved by Executive Management Team |
| V1.1 | February 2015 | Amended post restructure and in line with the national SI framework |
| V2 | February 2015 | Approved by Clinical Quality and Safety Group |
| V2.1 | January 2016 | Amendments in line with National Framework |
| V3.0 | March 2016 | Approved by Executive Leadership Board |
| V4.0 | May 2017 | |
| V4.1 | October 2018 | Minor amends to terminology, no process change. |

| | |
|------------------------------------|---|
| Document Reference | Serious Incident Framework (2015), NHS England Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; Regulation 19. Directorate: Patient Safety and Clinical Standards |
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| Approved at Date | Executive Leadership Board March 2016 |
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| Equality Analysis | Completed October 2018 |
| Linked procedural documents | Management of Incidents Policy Duty of Candour (formerly Being Open) Policy Claims Policy Complaints Policy Learning Policy Investigation Guidance Whistle-blowing Policy Risk Management Strategy |
| Dissemination requirements | All Managers and staff, via email and intranet |
| Part of Trust's publication scheme | Yes |

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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UNDER REVIEW



1. Introduction

Serious Incidents in healthcare are relatively uncommon but when they do occur the Trust, as an NHS Service provider, has a responsibility to ensure that there are systemic measures in place for safeguarding patients, staff, third parties and contractors, property, NHS resources and its reputation. This includes the responsibility to learn from these serious incidents in order to minimise the risk of them happening again.

The East of England Ambulance Service NHS Trust (EEAST) recognises the importance of develop the safety culture within the Trust and it appreciates the significance of an effective Serious Incident management culture. Serious Incident (SI) reporting and investigation is a fundamental tool of risk management, the aim of which is to collect vital information and evidence during an investigation, which will help to facilitate wider organisational learning. If SIs are not properly reported or managed, they may result in a loss of public confidence in the Trust and a loss of assets which could have an adverse effect on services to patients.

2. Purpose

This policy has been updated in line with the NHS England's Serious Incident Framework (2015). For further specific detail and guidance, users are referred to the national framework.

The purpose of this policy is to make clear the Serious Incident management process, from incident recognition through to completion of the actions and closure.

Successful implementation of this policy has the overarching aim of reducing patient harm and improving safety.

3. Duties

3.1 Lead Commissioner

The Lead Commissioner is responsible for monitoring the Trust's SI reporting process, the quality of Serious Incident Investigations completed, compliance with Duty of Candour, and completion of action plans, on behalf of all local commissioners the Trust provides services for. The Lead Commissioner will report compliance of the above measures quarterly.

3.2 Locality Lead Commissioner

The Locality Lead Commissioner will monitor all Serious Incident information provided to them by the Trust and the Lead Commissioner for their locality. They are responsible for raising any concerns within a timely manner to the Trust, the local CCGs and the Lead Commissioner.

3.3 The Trust Board

The Trust Board will receive information on Serious Incidents in order to seek assurance in relation to the Serious Incident process. It will also consider the overall safety of the organisation based upon the trends and themes within the reports.

3.4 Quality Governance Committee

The Committee is directly accountable to the Board and seeks to provide assurance relating to systems and procedures relating to patient safety. The Committee will receive reports relating to the SI process

and issues highlighted through investigations in order to provide assurance to the Board, or to raise concerns.

3.5 Clinical Quality and Safety Group (CQSG)

The CQSG is directly accountable to the Executive Leadership Board and has decision-making powers devolved from the Board. Its purpose is to promote the delivery of safe, effective patient care outcomes and ensure patient and carers' views are actively sought, considered and acted upon and to ensure that appropriate mechanisms are in place to deliver high quality care. The CQSG will receive reports from the Patient Safety Team on behalf of the SI Panel on SIs including trends, themes, issues to note, and lessons learned where appropriate.

3.6 Serious Incident Panel

The Serious Incident Panel is directly responsible to oversee the Serious Incident process from inception to completion of recommendations as outlined in the action plan and to monitor and provide Board assurance in relation to the reporting and investigation of Serious Incidents involving the Trust. It is directly accountable to the Executive Leadership Board. The Serious Incident Panel will also:

- Provide strategic leadership and direction on all matters relating to the Serious Incident.
- Ensure robust systems are in place and operating effectively for the identification, assessment and investigation of all potential serious incidents, both within the organisation and for independent contractor services.
- Be responsible for the decision to report an incident as a Serious Incident
- Receive and approve the final investigation report and associated action plan and to be assured that the root cause of the incident has been established and learning has been realised.
- Monitor the progress and timely completion of the action plan

The Serious Incidents Panel will also seek to obtain assurance that recommendations which have been implemented following learning and feedback of findings are sustained.

3.7 Chief Executive Officer

The Chief Executive, as Accountable Officer, has overall responsibility on behalf of the Trust Board for risk management, including the management of Serious Incidents.

3.8 Director of Clinical Quality and Improvement

The Director of Clinical Quality and Improvement is responsible for overseeing the arrangements for Clinical Governance. This will provide assurance of the quality of clinical care and patient safety.

3.9 Safety and Risk Team

The Safety and Risk Team is responsible for the swift identification of potential Serious Incidents, coordination and liaison with the SI Panel and Commissioners in relation to Serious Incidents.

They will act as the liaison between the commissioners, SI panel, Managers and Investigation Officers to ensure adherence to the SI policy.

Initial review and quality assurance of investigations and reports will be completed by the team. Action plans will be monitored by the team and issues escalated to the SI Panel.

The Patient Safety Team is responsible for compiling reports to the Board and committees in order to provide assurance or explain exceptions.

3.10 Safeguarding Lead

The Trust Safeguarding Lead has a responsibility to ensure that all safeguarding matters are dealt with appropriately and that the Local Safeguarding Adults Board and Local Safeguarding Children's Board are informed of any relevant matters arising from Serious Incidents Requiring Investigation. The Safeguarding Lead will be advised by the Serious Incidents Panel where an incident relates to a Safeguarding matter.

3.11 Patient Safety Team and Centralised Investigations Team

The Patient Safety Team is responsible for reporting Serious Incidents on the national database which is monitored by the CCGs within the region. Once the incident is reported, the team will pass all details of the incident to the Centralised Investigations Team to continue the investigations process.

This team comprises of Investigations Officers (IO) who are assigned Serious Incidents to investigate. Once the report is complete, it will be sent to the Investigations Coordinator for review before being escalated back to the Patient Safety Team for final review and establishment of recommendations from the findings.

The Patient Safety Team is then responsible for ensuring that the final report is approved by the SI Panel prior to submitting to the Lead and Locality Lead Commissioners within the 60-day timeframe.

3.12 Investigating Officer (IO)

The Investigating Officer is responsible for ensuring that the investigation is in conjunction with the Management of Incidents Policy and that the process is undertaken efficiently and effectively using RCA methodology. The IO will produce a report which addresses every area of the incident and also will identify any areas where remedial action may be taken.

Throughout the investigation the IO must maintain regular contact and provide feedback to staff involved in the incident and to ensure appropriate support is made available where appropriate.

The IO must not have been involved in the incident in any way, and must not have any conflicts of interests. Any such issues must be escalated to the Patient Safety Team.

Where consent is gained, the Investigation Officer must make and maintain contact with the patient/family to ensure a record of any meeting(s) or information shared is documented and enclosed with the final report.

The IO will forward a completed report within the timescales identified to the Patient Safety Team.

3.13 Trust Managers and On Call Duty Managers

Trust (Operational) Managers (and On Call Duty Managers) will ensure that all staff understand how to identify and report all potential Serious Incidents appropriately.

When an incident has taken place, the appointed Trust (Operational) Manager (or On Call Duty Manager) will ensure that staff, patients, carers and relatives will receive support following a Serious Incident.

All staff involved in a Serious Incident, should be assigned a welfare officer as soon as is practical (if required), following the Leading Operations Manager (LOM) or General Manager (GM) receiving

notification that the incident has been reported as such. The welfare officer is a point of contact for the individual staff member to receive updates into the progress of the investigation and any developments within. The members of staff should be made aware who their welfare officer is, as well as the IO leading the investigation, in order for information to be easily shared where appropriate.

Where an incident involves medicine or equipment the appointed manager will ensure that they are quarantined, labelled and stored as appropriate

3.14 Staff and Other Workers

All staff employed by EEAST share the responsibility of highlighting any incident that is a cause for concern and which may need to be considered as a potential Serious Incident. Staff or workers should report any such concerns to a line manager (Leading Operations Manager (LOM) or AOC) as soon as possible and without delay. Supporting documentation should also be passed on without delay. Staff involved in a Serious Incident are required to fully participate in an investigation openly and honestly, in order to assist with establishing the facts and the reasons for the incident, and to identify ways in which this lessons can be learned to avoid recurrence.

3.15 Consultation and Communications with Stakeholders

The Policy has been discussed and determined in conjunction with members of the SI Panel. Non-Executive Director involvement took place at the discussion phases. The draft has been shared with Commissioners for comment.

4. Definitions

Serious Incident Requiring Investigation

A Serious Incident requiring investigation is defined as an incident that occurred in relation to an NHS funded service and care resulting in one or more of the following:

- Acts of omission or commission occurring as part of NHS funded healthcare that result in:
 - **Unexpected or avoidable** death of one or more people, where the death is directly caused by the incident that has occurred. This includes suicide/self-inflicted death
 - **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 either:
 - The death of the service user; or
 - Serious harm
- A Never Event
- An incident or series of incidents that prevents, or threatens to prevent, the organisation's ability to continue to deliver an acceptable quality of healthcare services. This includes:
 - Serious data loss
 - Serious property damage
 - Serious security breach
- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the organisation
- Actual or alleged abuse; sexual, physical, psychological or acts of omission which constitute neglect, where;
 - Healthcare providers failed to take appropriate action to safeguard the individual

- Where abuse occurred during the provision of NHS funded care
- Inappropriate enforcement/care provision under the Mental Health Act (1983) and/or the Mental Capacity Act (1995)
- A 'near miss' can also be reported if there was a high potential for severe harm, and there appears to be a system or process issue that if left unresolved, could cause a further incident.

See Appendix A for a list of EEAST Never Events and examples of incidents meeting the criteria for SI reporting.

Any consideration of whether an incident meets the definition of serious should consider the spirit of the Trust policy and the gravity of each incident. The definition of what constitutes a Serious Incident is not exhaustive and should not inhibit awareness of items which, although not listed specifically as Serious Incidents, may well be Serious Incidents.

5. Serious Incident Process

5.1 Incident Grading and Appropriate Levels of Investigations

Once an incident is designated as 'serious' and is reported, an incident grade will be applied by EEAST for the purposes of determining the investigation and monitoring approach and notified to the lead commissioning CCG. The Local CCG is kept informed of developments and is responsible for the monitoring of the investigation.

A Serious Incident should be reported to the commissioners within two working days of the SI being identified by the SI Panel.

Serious Incident grading is a component of the national framework. Its purpose is to help reduce underreporting of Serious Incidents by encouraging early reporting of all possible Serious Incidents. It is important to note that in cases where there is uncertainty whether the incident warrants reporting as an SI, there should be a discussion with the lead commissioner. At any stage in the investigation, if it is identified that the incident does not meet the threshold, the Safety and Risk Team can request that the Serious Incident be removed and de-escalated to the management of incidents process (following approval by the SI Panel and the commissioners).

Every Serious Incident requires a three working day (72 hour) report to be submitted to the commissioner outlining;

1. Immediate actions taken
2. More detailed description of events and the timeline
3. The level of investigation (if not already identified at the time of reporting)

Grading will be given as follows:

Incident Level 1

Concise Internal Investigation required (RCA), current timescale for completion of investigation 60 working days from the date the incident is reported to the CCG.

Incident Level 2

Comprehensive Internal Investigation required (RCA), current timescale for completion of investigation 60 working days from the date the incident is reported to the CCG.

For some Level 2 incidents it may be necessary to carry out an independent investigation (RCA). This is generally commissioned to an independent body and the timescale for completion is 60 working days from date incident reported as a Serious Incident.

5.2 Submission Extension

In rare instances, timely completion of a Serious Incident investigation may not be possible. In accordance with the National Framework, examples of such include:

- Awaiting outcomes of court proceedings
- Awaiting Coroner Inquests
- Awaiting forensic post-mortem findings
- Awaiting toxicology results
- Awaiting completion of an external review
- In direct response to a Police request under Memorandum of Understanding

It is the decision of the CCG whether the SI meets the criteria for an extension. Swift liaison between the Trust and the CCG is therefore essential.

5.3 Multi-Organisational Serious Incidents

In rare occasions, a Serious Incident can occur which directly involves more than one provider organisation and there is a need to investigate and review the whole care pathway. In these instances, close collaboration is required at each stage of the process.

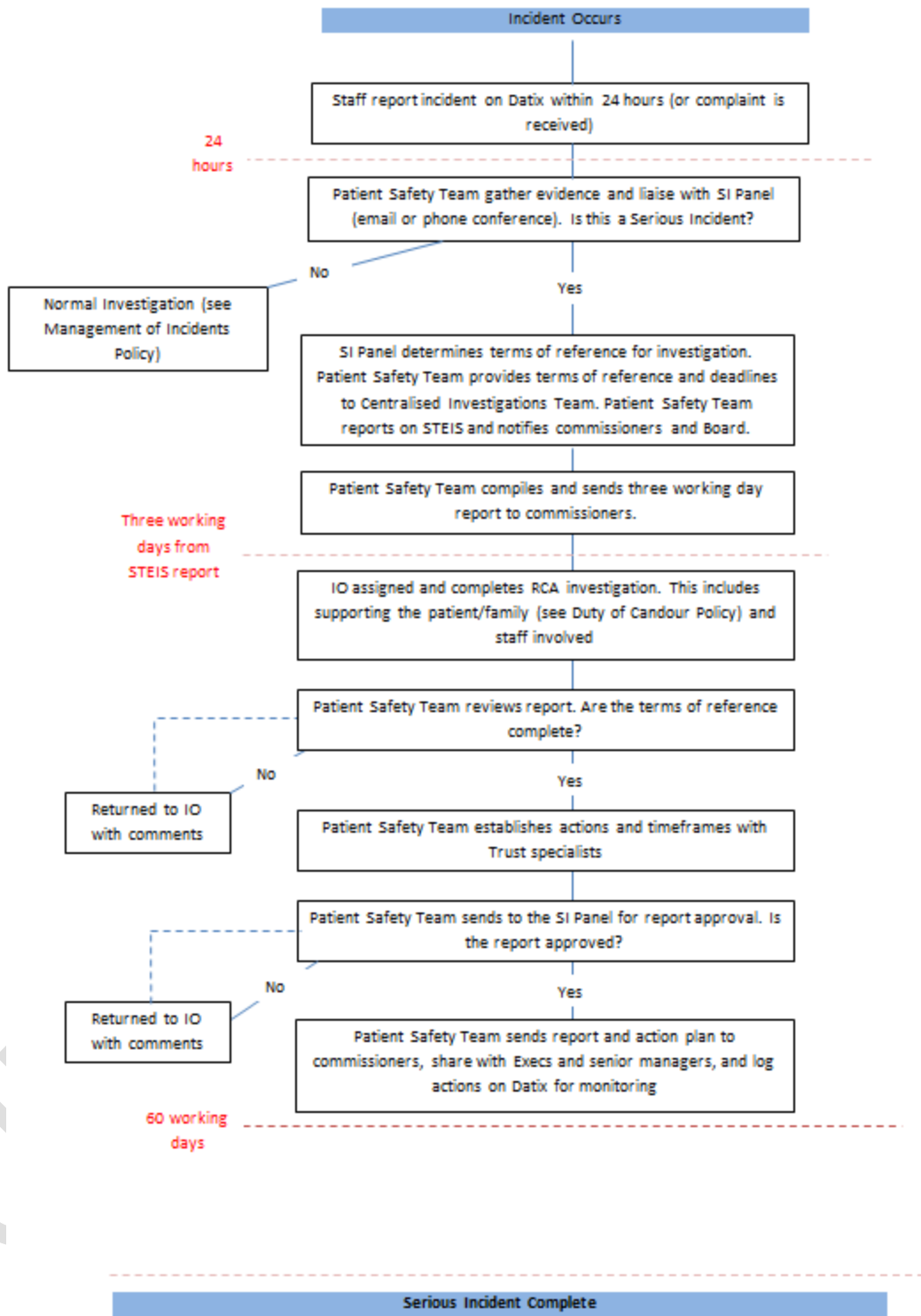
The Patient Safety Team will:

- Coordinate with the commissioner and provider organisations involved to determine the lead investigating organisation
- Ensure the Trust's IO is aware of the additional requirements and whether they are providing a Trust report for inclusion in a wider report, or whether they are tasked with co-ordinating the multi-organisation SI report (in instances where EEAST is the lead investigating organisation)
- Ensure that all organisations involved are satisfied with the final SI report final to approval

5.4 Serious Incident Process Flowchart

The following flow chart details the process to be followed from an adverse incident occurring, through to reporting as an SI, investigation and completion. It is important to note that whilst the investigation may be complete, any actions and learning may take over the 60 days and therefore outside of the flowchart.

POL014 – Serious Incident Policy



6. Learning

POL014 – Serious Incident Policy, V4.0 (amended)

Lessons learnt and actions to take are essential in order to prevent a recurrence in the incident. Recommendations will be stated in the Serious Incident report and these will be considered and approved by the SI Panel. The resulting actions will be monitored by the Patient Safety Team for completion and evidence will be required prior to formal closure and completion of the action. Actions will be established once the final draft has been received from the IO. The Patient Safety Team will engage with the most appropriate specialists who will likely hold the actions. At this stage, the specialist should review the draft report, advise on the actions, and also advise a realistic and appropriate timeframe in which they can be completed.

Action owners are accountable for ensuring actions are completed within the timescale, or where this is not possible, keeping the Patient Safety Team updated with a suitable rationale with regards to the delay. Issues with action completion will be escalated to the SI Panel and the relevant Director for review.

General Managers and equivalents are responsible for dissemination of general learning points from Serious Incidents as routine and the Patient Safety Team will ensure that all approved SI reports are disseminated in a timely manner following completion.

7. Equality Impact Assessment

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors, or visitors on the grounds of race, colour, age, nationality, ethnic (or national) origin, gender, sexual orientation, marital status, religious belief or disability. This policy will apply equally to full and part time employees. All East of England Ambulance Service NHS Trust policies can be provided in large print or Braille formats if requested, and language line interpreter services are available to individuals who require them.

8. Process for Monitoring Compliance and Effectiveness

The Executive Leadership Team has devolved responsibility for monitoring the Serious Incident process to the Clinical Quality and Safety Group (CQSG). Regular reports identifying trends, remedial action and any organisational learning will be prepared by the Patient Safety Team for submission to the CQSG. Assurance papers will also be provided by the Patient Safety Team to the Quality Governance Committee for Board assurance purposes.

Compliance with the policy will be measured through set standards and Key Performance Indicators (section 8 below) and will combine in an overarching monitoring table for the suite of Clinical Governance Policies (see appendix B)

9. Standards/Key Performance Indicators

- Number of Serious Incidents reported each month
- Number of Serious Incidents occurring each month
- Serious Incidents occurring by locality (and service line)

- Timeframes for investigation completion
- Actions completed within specified Timescales

10. References

Department of Health. (2004). *Memorandum of understanding: Investigating patient safety incidents involving unexpected death or serious untoward harm: A protocol for liaison and effective communications between the National Health Service, Association of Chief Police Officers and Health and Safety Executive.* London: Department of Health. Available at: www.dh.gov.uk and www.acpo.police.uk

National Patient Safety Agency (NPSA). (2005). *Building a Memory: Preventing Harm, Reducing Risks and Protecting Patient Safety.* London: NPSA. Available at: www.npsa.nhs.uk

NHS Commissioning Board (2013). *Serious Incident Framework March 2013*

11. Associated Documents

Risk Management Strategy.

Risk Management Procedure

Investigations Guidance

Management of Incident policy

Duty of Candour (formerly Being Open) Policy

Complaints Policy

Safeguarding Children, Young People and Vulnerable Adult policy

Whistle Blowing policy

Appendix A – Example SI Criteria and Never Events

| SI Criteria | Specific Examples |
|---|--|
| <p>Unexpected or avoidable death of one or more patients, staff, visitors or members of the public, where the death is directly caused by the incident that has occurred. This includes suicide/self-inflicted death</p> | <ul style="list-style-type: none"> • Must be a clear causal link between the incident and the death • Consideration of Coroner’s report and cause of death is essential and decision based on a sound evidence base |
| <p>Unexpected or avoidable injury to a service user that has resulted in:</p> <ul style="list-style-type: none"> • An impairment to the sensory, motor or intellectual functions of the service user which is not likely to be temporary • Changes to the structure of a service user’s body • The service user experiencing prolonged pain, prolonged psychological harm or prolonged impairment to their normal working or personal life • The shortening of the life expectancy of the service user | <ul style="list-style-type: none"> • Medication Errors resulting in significant harm • Injuries such as fracture during the course of care • Avoidable significant deterioration of a patient’s condition due to delay in provision of service (could be telephone delay, initial response or back up) • RTC involving a Trust vehicle resulting in serious harm |
| <p>Unexpected or avoidable injury to a service user that requires further treatment by a healthcare professional in order to prevent either:</p> <ul style="list-style-type: none"> • The death of the service user; or • One or more of the outcomes mentioned above | <ul style="list-style-type: none"> • Fall of a patient from a stretcher or piece of manual handling equipment • Injury caused through a lack of appropriate manual handling procedures • Any of the above examples |
| <p>An incident or series of incidents that prevents, or threatens to prevent, the organisation’s ability to continue to deliver an acceptable quality of healthcare services. This includes:</p> <ul style="list-style-type: none"> • Serious data loss • Serious property damage • Serious security breach • Incidents and substantiated allegations of abuse | <ul style="list-style-type: none"> • Failure of the CAD or Pathways • Major incident impacting upon deliverability of core business • Serious data loss and breaches of confidentiality based on the ICOs SI criteria • Abuse, sexual abuse, or neglect with supporting evidence |
| <p>Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the organisation</p> | <ul style="list-style-type: none"> • National media attention • Sustained local media attention relating to that specific incident |
| <p>Never Events</p> | <p>During review of incidents, there may be incidents which arise that the SI Panel views as internal Never Events. These will be added to this appendix if and when they are identified.</p> |

Internal Never Events Determined by SI Panel

1. Failure to answer emergency call prior to transfer to tertiary phone
2. Wheel Loss on an emergency vehicle
3. Closure of an emergency call prior to completion of correct process for that call (i.e. closing a call without a response when the determined outcome is an ambulance attendance)
4. Falls from a stretcher

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Appendix B – Monitoring Table

| What | Who | How | Frequency | Evidence | Reporting arrangements | Acting on recommendations | Change in practice and lessons to be shared |
|--|---------------------|--|-----------|-------------------------|--|--|---|
| Number of Serious Incidents reported and occurring each month, by locality | Patient Safety Team | Datix monitors numbers, trends and themes. | Monthly | Serious Incident Report | CQSG for consideration and decision making Patient Safety and Clinical Standards Committee for assurance The Board for information | SI Panel will determine actions as required CQSG will act upon recommendations made by the SI Panel | Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. |
| Timeframes for investigation completion | Patient Safety Team | Datix monitors numbers, trends and themes. | Monthly | Serious Incident Report | CQSG for consideration and decision making Patient Safety and Clinical Standards Committee for assurance The Board for information | SI Panel will determine actions as required CQSG will act upon recommendations made by the SI Panel | Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. |
| Actions from SIs completed within specified timescales | Patient Safety Team | Datix monitors numbers, trends and themes | Monthly | Serious Incident Report | SI Panel for information and action CQSG for consideration and decision making | SI Panel will determine actions as required CQSG will act upon recommendations made by the SI Panel | Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders. |

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Appendix C – Equality Analysis

| | |
|---|--|
| <p>1. Name of policy/procedures/guidelines being assessed:</p> | <p>Title: Serious Incident Policy</p> |
| <p>2. Is this a new or existing document?</p> | <p>New <input type="checkbox"/> Existing <input checked="" type="checkbox"/></p> <p>Version being assessed (if existing):</p> <p>V4</p> <p>Last review date of document:</p> <p>May 2017</p> |
| <p>3. What is the Purpose of the document? (copy the purpose from the relevant document)</p> | <p>(a) What is it trying to achieve and why?</p> <p>Outline the serious incident process from recognition of the incident to completion of the investigation</p> <p>(b) Who is intended to benefit and how?</p> <p>All Trust staff and external stakeholders wishing to know the SI policy content</p> |



| | |
|--|---|
| <p>4. Tick the boxes below to assess the potential for differential impact (negative or positive) on any of the protected characteristics?</p> <p>✓ Tick Box for Positive Impact</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Gender Reassignment</p> <p><input type="checkbox"/> Marriage and Civil Partnership</p> <p><input type="checkbox"/> Pregnancy and Maternity</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Religion or Belief (including lack of belief)</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Sexual Orientation</p> | <p>☒ Cross Box for Negative Impact</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Gender Reassignment</p> <p><input type="checkbox"/> Marriage and Civil Partnership</p> <p><input type="checkbox"/> Pregnancy and Maternity</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Religion or Belief (including lack of belief)</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Sexual Orientation</p> |
| <p>5. Is there the possibility of discriminating unlawfully, directly or indirectly, against people from any protected characteristic?</p> <p>Types of Discrimination:</p> <ul style="list-style-type: none"> - Direct - Indirect - Associative - Perceptive - Harassment - Third Party Harassment - Victimisation - Institutional | <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>If yes, please state the reason:</p> |
| <p>6. Could there be an effect on relations between certain groups?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>If yes, please state the reason:</p> |
| <p>7. Does the policy explicitly involve, or focus on a particular equalities group, i.e. because they have particular needs?</p> | <p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>If yes, please state reason:</p> |





8. PLEASE INDICATE BELOW ANY AMENDMENTS OR CHANGES TO THE POLICY/PROCEDURE:

Minor amendments made to the board, committee and job titles. Otherwise process remains the same until the new NHS SI Framework is released in early 2019.

Signed off by CQSG Chair as minor amends only.

If the answers are 'no' to questions 5, 6, 7 then there is no need to proceed to a Full Equality Analysis. Summary Form should be completed and submitted to the relevant committee(s).

If 'yes' then a Full Equality Analysis of the document will be required. (*link to be added*)

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9. Executive Summary Record Sheet

Initial Screening - Equality Analysis (Stage 1)

Document Reference: POL014

Document Title: Serious Incident Policy

Assessment Date: 11 October 2018

Document Type: Policy

Responsible Director: Tracy Nicholls

Lead Manager: Ant Brett

Conclusion of Equality Analysis:

No significant impact on protected characteristics or groups. Minor amendments only.

Name of Committee/Board this document has been presented to:

Chairperson: Tracy Nicholls, Director of Clinical Quality and Improvement

Date of meeting: 11 October 2018

APPROVED: YES

NO

If the documents have not been approved, then please indicate below the next steps agreed:

Signature of Chairperson:

Date:

The initial Equality Analysis screening form (stage 1) should be stored with the master document and a final approved electronic copy must be sent to:

Equality, Diversity and Inclusion Manager

Hammond Road

Elms Industrial Estate

Bedford MK41 ORG

Landline: 01234 243200 mobile: 07957626985

Email: Navrita.Atwal@eastamb.nhs.uk