



Belfast Health and  
Social Care Trust

# **Governance Team For Commissioned Services**

## **Independent Sector Adverse Incident Reporting Guide**

## **BACKGROUND**

The Governance Team for Commissioned Services are working with approximately 22 Domiciliary Providers and 61 Care Homes located within the Belfast Trust with up to an additional 110 outlying Care Homes providing care for Belfast Trust clients.

### **The role of the Governance Team for Commissioned Services is:**

To lead in the Trust's Quality Assurance of the Independent Sector, including Domiciliary, Nursing and Residential Care.

To support the Trust's integrated Governance arrangements in the areas of Audit & Research, Risk Management and Service User Involvement.

To co-ordinate the quality issues, complaints and Adverse Incidents for the Independent Sector and provide advice, support and guidance.

### **Principle Responsibilities:**

- Monitor and Review Adverse Incidents
- Monitor and Review Quality Issues
- Identify patterns and trends
- Identify and share learning
- Support
- Advice
- Guidance
- Signposting
- Advocate for Independent Sector with Trust/RQIA
- Advocate for Trust with Independent Sector
- Survey Residents, clients and relatives
- Liaise with RQIA as appropriate

## INCIDENT REPORTING FOR INDEPENDENT SECTOR PROVIDERS

Legislation and Contractual Agreement requires that the Trust must be informed of Adverse Incidents within one Working Day and, in writing not later than 48 hours after the occurrence. Below is a list of incidents that should and should not be sent to us.

An **Incident** is defined as *any event or circumstance that could have or did lead to harm, loss or damage to people, property, environment or reputation* (How to classify Adverse Incidents and Risk, HPSS April, 2006)

**Please Note:** Where an incident is deemed to be of an urgent or safeguarding nature, it is essential that immediate action is taken. In the first instance, contact should be made by telephone with the relevant Trust Key Worker or Trust Duty Officer to allow immediate action/follow up. Paperwork should then be completed and sent.

### WHAT TO REPORT

Incident to be reported	Description/Perimeter's	ISP
Suspected Adult Safeguarding/RQIA Reportable Incidents	<p>Alleged / Suspected Abuse:</p> <ul style="list-style-type: none"> <li>• Physical;</li> <li>• Psychological/emotional;</li> <li>• Financial;</li> <li>• Neglect</li> <li>• Sexual;</li> <li>• Domestic Violence;</li> <li>• Human trafficking/modern slavery;</li> </ul>	Dom NH RH
Fire/Smoking	Resident smoking in room, resident at risk in terms of smoking, Risk assessment not undertaken; non-compliance with Smoking guidelines within Home.	RH, NH, Dom
Falls resulting in Injury	<p>Injuries or suspected Injuries including (but not limited to) head injury, fractures (inc. suspected); complaints of pain, bruising, skin tears, cuts/abrasions. If medical attention was required, if Hospital attendance was required.</p> <p><b>Falls with no injury:</b> These are not required to be reported by the Adverse Incident Process, however, in line with your Contractual Duties, you should report no later than 48hrs to the aligned Key Worker directly.</p>	RH, NH, Dom

Incident to be reported	Description/Perimeter's	ISP
Medication	Misuse of medication; Medication not given; Medication given in error; Dosage errors; Loss of medication; Non-compliance; pharmacy errors; syringe pump errors	RH, NH, Dom
Weight loss	Unintentional weight loss of 10% or more in the last 6 months.	NH, RH
Missing/Absconded	Service User missing from Home/Absconded	RH, NH, Dom
Pressure Damage	Pressure Damage from Grade 2 upwards	RH, NH, Dom
Choking	Episodes of choking or swallowing difficulties resulting in potential or actual harm to service user.	RH, NH, Dom
Unexplained Bruising/Injury	Unexplained injury that requires medical attention. Example (but not limited to) bruising/skin tears/cuts/abrasions, fractures, etc. <b>*NB: ensure consideration of screening by the Adult Safeguarding Champion.</b>	RH, NH, Dom
Accident	Explained injury that requires medical attention Example (but not limited to) fractures, bruises, complaints of pain, abrasions, skin tears.	RH, NH, Dom
Missed Calls	Any calls missed. (Should also include the tasks not undertaken). This should include missed runs (note in body of DATIX missed run and no. of calls missed, ie, missed tea run x6 calls)	Dom
Call Times	Call earlier / later than commissioned; not staying allocated time; clients feeling rushed.	Dom
Communication	Lack of communication; poor communications; communication breakdown	RH, NH, Dom
Equipment	Equipment issues – any incident or fault related to equipment, which could cause risk or harm i.e. dislodged enteral feeding/trachea tubes, dropped syringe pump, deflated mattress, hoist faults/issues.	Dom NH RH
GDPR	Data breaches, including but not limited to: <ul style="list-style-type: none"> <li>• Missing records;</li> <li>• Unintentional destruction of records;</li> <li>• Inappropriate storage of records;</li> <li>• Inappropriate sharing of Service Users information;</li> <li>• Failure to retain records in line with Guidance.</li> </ul>	Dom NH RH

Incident to be reported	Description/Perimeter's	ISP
Environmental / Estates	Including but not limited to: <ul style="list-style-type: none"> <li>• Damage to buildings, equipment or records as a consequence of:               <ul style="list-style-type: none"> <li>- Fire</li> <li>- Flood</li> <li>- Storm</li> <li>- Intruder</li> <li>- Vandalism</li> <li>- Terrorist act</li> </ul> </li> <li>• Adverse weather conditions</li> <li>• Infestation</li> </ul>	Dom NH RH
Infectious Outbreaks	Infectious Outbreak including but not limited to: <ul style="list-style-type: none"> <li>• Norovirus;</li> <li>• C. Difficile;</li> <li>• Scabies;</li> <li>• Chicken Pox/Shingles;</li> <li>• Influenza / Covid-19</li> </ul>	Dom, NH, RH
Behaviour	Including but not limited to: <ul style="list-style-type: none"> <li>• Distressed reactions;</li> <li>• Dementia related behaviours;</li> <li>• Sexualised behaviour;</li> <li>• Alcohol/drug misuse;</li> <li>• Self harm;</li> </ul> <p><b><i>*NB: ensure consideration of screening by the Adult Safeguarding Champion.</i></b></p>	Dom NH RH
Unexpected/Sudden Deaths	Only required where the death is unexpected, sudden or suspicious.	Dom NH RH

**DO NOT REPORT ADMISSIONS TO HOSPITAL UNLESS THEY ARE THE CONSEQUENCE OF AN UNTOWARD INCIDENT.**

## **HOW TO REPORT**

When reporting an incident that does not require reporting to RQIA you should use a Belfast Trust incident form.

Incident Reports need to be sent:

- Via email
- The Key Worker to be CC'd into the AI to allow assurance us that the key worker was informed of Incident.
- As a Word Document and typed onto – any PDFs or Pictures will not be accepted.
- All information including, date, time, client and key worker details must be documented on the form.
- Summary of incident; actions and learnings to be fully and accurately detailed on the form.
- Ensure that names are not used in the summary details sections, and are only listed in “Name and designation of any staff member or any other Service User(s) involved” section of the Adverse Incident Template.

RQIA reported incidents can be sent to us by using a duplicate of the Form 1a that you will be forwarding to RQIA. **If using this method please complete a Trust cover sheet (enclosed) as our system requires the resident’s name, address and Trust Key worker.**

**It is important that all information required is recorded on the form, as we will have to send back to you for further completion otherwise.**

## **WHO TO REPORT TO**

Reporting pathways were updated and shared early 2024 to enable accurate and timely reporting to the appropriate programme of care:

<b>If Service Users Care is Management by:</b>	<b>Report Incident to:</b>
Care Home Placement Team (CHPT)	<a href="mailto:CommSvcsTeam@belfasttrust.hscni.net">CommSvcsTeam@belfasttrust.hscni.net</a>
Community Social Work Team	<a href="mailto:CommSvcsTeam@belfasttrust.hscni.net">CommSvcsTeam@belfasttrust.hscni.net</a>
Intermediate/Interim Care Team	<a href="mailto:CommSvcsTeam@belfasttrust.hscni.net">CommSvcsTeam@belfasttrust.hscni.net</a>
Physical & Sensory Disability Team (PSD)	<a href="mailto:PSDAdmin@belfasttrust.hscni.net">PSDAdmin@belfasttrust.hscni.net</a>
Mental Health Team (MH)	<a href="mailto:caremanagementRMH@belfasttrust.hscni.net">caremanagementRMH@belfasttrust.hscni.net</a>
Learning Disability Team (LD)	email to aligned KW/Care Manager or notify LD Duty Officer on 02895043506 (telephone after 2 pm)

**It is also important to share the Adverse Incident with:**

- **Service Users Key Worker**
- **RQIA (where appropriate)**



### BHSCT Independent Sector - Adverse Incident Reporting Form

<b>Provider Name</b>	
<b>Name of Service User</b>	
<b>DOB</b>	
<b>Male</b>	<input type="checkbox"/>
<b>Female</b>	<input type="checkbox"/>
<b>Care Manager</b>	
<b>Address (including post code) where incident occurred</b>	
<b>Exact location where incident occurred</b>	
<b>Date of Incident</b>	
<b>Time of Incident</b>	
<b>Brief, factual description of incident</b> <b>(including details of any equipment or medication involved)</b>	

<b>Nature of Injury Sustained</b>
<b>Details of immediate action taken and treatment given (ie. First aid, GP, hospital admission etc)</b>
<b>Persons notified including designation / relationship to Service User</b>
<b>Name and designation of any witnesses</b>
<b>Name and designation of any staff member or any other Service User(s) involved. If other Service User(s) involved please include DOB.</b>

<b>Name of person reporting the incident</b>	
<b>Signature</b>	
<b>Designation</b>	
<b>Date reported</b>	

**To be completed by Provider Senior Staff / Service Manager**

<b>Actions taken to prevent recurrence</b>	
<b>Date Service User's risk assessment and care plan updated following this incident</b>	
<b>Other Comments</b>	
<b>Name</b>	
<b>Signature</b>	
<b>Designation</b>	
<b>Date</b>	

## **QUALITY MONITORING REPORT (QMR) RESPONSES:**

When a QMR is sent via the Governance Team, the email body will detail what is required in the response and the date by which it is expected.

### ***Please ensure you:***

- Use the QMR Response template (attached – next page)
- Respond by the date detailed in your email, or if not possible alert the Team that you need an extension, and provide an approximate date the response can be expected.
- Provide factual, accurate responses in terms of investigations/evidence and do not provide assumptions
- Detail clearly actions taken alongside learning that may have come from the QMR.
- Offer an apology where possible/appropriate.
- Remember that responses are shared with clients and NoKs.
- Ensure that the box at the bottom of the form is completed fully with details of person completing the response – name, job and date completed.

# QMR RESPONSE FORM

<b>Date Received:</b>	
<b>Date Response Due:</b>	
<b>Client/QMR:</b>	

**Issues Raised:**

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**Outcome of Investigation:**

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**Action Taken to Improve / Minimise Recurrence:**

--

**Learning from Issues Raised:**

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<b>Response Completed by (Name)</b>	
<b>Job Role</b>	
<b>Date Completed</b>	

## **Quarterly Complaints Reporting:**

As part of the enhanced Governance arrangements within Commissioned Services, we also require you to report, on a quarterly basis, all locally resolved complaints you have logged. This is in line with Contractual obligations for some ISPs and has been rolled out across all ISPs as good practise and in an attempt to improve information sharing.

The Belfast Trust request this to be reported by both Host Care Homes and Domiciliary Providers and also by colleagues in Care Homes outside our Trust geographical locality who care for our service users.

### **What we require from you:**

- Accurately completed return with full details including clients names, key workers, summary of complaint.
- Returns to be submitted no later than 10 working days after the end of each Quarter

### **It is important that this template does not include:**

- QMRs
- Adverse Incidents
- Adult Safeguarding Incidents

This Return should only include those complaints directly voiced or sent to you from NoK, Family, Public, which you have addressed and gained satisfaction with as an organisation, and for that reason, we may not have knowledge of.

### **Reminders:**

We will send out a number of reminders regarding this information, to remind you of the upcoming end of the Quarter and another two leading up to and on the 10<sup>th</sup> working day of the following month, when the completed template is due (2weeks into the next quarter).

**How to Report to us:**

This will differ depending on your location – if you are:

- **Host Care Home (Belfast care Home) or Domiciliary Agency**

You will submit your return via a Microsoft Form. A link for completion will be sent at the end of each quarter for you. See Page 16-20 for instructions.

- **Outlying Care Homes:**

Complete your return on the template to the Comms email address

[CommSvcsTeam@belfasttrust.hscni.net](mailto:CommSvcsTeam@belfasttrust.hscni.net). Password protected template completed fully with all requested information. See page 15.

Complaints Report for:

Identify placing Trust,  
(BHSCT;NHSCT;SEHSCT;SHSCT;WHSCT)  
Authority outside NI; Self Funding; Other

Return Quarter Ending:

Eg: Staff; public;  
family; resident

Officer Completing Return:

Ensure full name  
of client recorded

Trust Key  
Worker

Name	Key Worker	Placement	Date complaint Received	Date Response Issued	Identify nature of Complainant	Subject of Complaint	Summary of Investigation	Brief overview of Actions Taken/Lessons Learned	Was complaint resolved to Complainants satisfaction? Y/N
	-2				-5				
Nora Stitt	Lorraine Kerr	BHSCT	10.08.19	25.08.19	Family	Daughter raised concerns regarding her mothers clothing going missing	Spoke to housekeeping and looked in Laundry Room. Staff recovered missing items	Family reminded to label clothing and staff reminded to be more careful in terms of Residents belongings.	Yes

Include only complaints 'Closed' within the Quarter returned

2. Identify placing Trust, (BHSCT;NHSCT;SEHSCT;SHSCT;WHSCT) Authority outside NI; Self Funding; Other

5. Identify nature of complainant, Eg: Staff;public; family; resident

**This proforma is to be returned, via e-mail, within 10 days of the end of each quarter to CommSvcsTeam@belfasttrust.hscni.net**

# Quarterly Complaints Return Form Guide

Colleagues as a team we are reviewing processes and how we gather data, the data gathered from you always needs manipulated and reviewed. With this in mind, we have decided that the quarterly complaints could be made easier by using Microsoft Forms (you do not need to have Microsoft Teams installed on your PC).

You will be sent a link to submit your responses, below is an overview of the form and some tips on how to complete.



The screenshot shows a purple background with the HSC logo and the text 'Belfast Health and Social Care Trust' and 'caring supporting improving together'. The main heading is 'Quarterly Complaints Return Form'. Below this, it states: 'Include only complaints 'Closed' within the Quarter returned. This form must be completed within 10 working days of the end of each quarter.' A key instruction is highlighted: '***This form will allow you to submit a maximum of 10 complaints, if you wish to submit more than 10 please click on "submit another response" on the Thank You message after submission.***' At the bottom, it says 'Send all queries to [CommSvcsTeam@belfasttrust.hscni.net](mailto:CommSvcsTeam@belfasttrust.hscni.net)'.

\* Required

## 1. Name of Care Home or Agency \*

Including RQIA Registration Number (**this must be submitted, failure to do so will impact on your submission**)

Enter your answer

### **Important Note:**

**You must input the name of your organisation and the RQIA registration number! This information is used to identify your organisation and the responses submitted.**

2. Home/Agency category \*

- Nursing
- Residential
- Domiciliary
- 

3. Please see the options in the drop down menu, if you have no complaints to submit please select "Nil return" and submit. Otherwise select next. \*

Next

**Important Note:**  
**If you have a nil return please select nil return in the drop down box and select submit in the purple box.**

**Important Note:**  
**If you do have a return to submit, select next in the drop down box then select next in the purple box.**

From here on the questions are the same, as you would always have completed, please complete as normal.

\* Required

## About the complaint

4. Surname of resident \*

5. Forename of resident \*

6. Trust Key Worker \*

7. Placement \*

Identify placing Trust, (BHSCT;NHSCT;SEHSCT;SHSCT;WHSCT) Authority outside NI; Self Funding; Other

When you get to the last question of the first entry you will be asked if you want to enter another complaint.

. Officer Completing Return: \*

. Would you like to submit another complaint?

Back

Next

**Important Note:**

**If you need to submit further complaints, select Yes in the drop down box then select Next in the purple box**

**Important Note:**

**If you do not need to submit further complaints, select No in the drop down box then select Submit in the purple box.**

Please note you can only submit a maximum of 10 complaints at any time, if you have more than 10 to submit please follow these instructions.

On the final question of the tenth complaint, you will be asked if you would like to submit another complaint (see below)

Would you like to submit another complaint?

You can print a copy of your answer after you submit

Back

Submit

You will then be presented with a screen message as seen here below.

**HSC** Belfast Health and Social Care Trust  
Caring supporting improving together

## Quarterly Complaints Return Form

✓ Thanks!

Your response was submitted. Thank you

Print or get PDF of answers

Submit another response

Click here to submit the remainder of your complaints. This will bring you back to the beginning, and allow you to submit a further 10 complaints.

Create my own form

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Please only contact us if you still cannot submit your response after reading this guide, we hope this will be much easier for you going forward.