

Title:	Procedure for Grading an Adverse Incident		
Policy Author(s)	Claire Cairns, Co-Director Risk & Governance Tel: [REDACTED]@belfasttrust.hscni.net Robert Henry, Senior Manager Corporate Governance Tel: [REDACTED]@belfasttrust.hscni.net Gillian Moore, Admin & Datix Manager Tel: [REDACTED]@belfasttrust.hscni.net		
Responsible Director:	Dr George Gardiner, Acting Medical Director		
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Links to other policies	BHSCT Adverse Incident Reporting and Management Policy (2020) TP 08/08 BHSCT/Gen (14) (2024) Procedure for Reporting and Approving Adverse Incidents BHSCT Procedure for Serious Adverse Incidents (2020) TP 97/14 BHSCT/Gen (12) (2024) Procedure for Reviewing/Investigating an Adverse Incident (excluding SAls) BHSCT Guidelines for Writing a Statement following an Incident (2018) TP 96/14 BHSCT The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) Procedural Arrangements (2020) TP 42/08 BHSCT Being Open Policy - Saying Sorry When Things Go Wrong (2020T) TP 80/11 BHSCT Your Right to Raise a Concern (Whistleblowing) Policy (2018) TP 22/08		

Date	Version	Author	Comments
16/08/2023	5.1	G Moore	Initial draft
12/09/2023	5.2	G Moore	Second draft incorporating changes following consultation.
06/02/2024	6		Final version

1.0 INTRODUCTION / SUMMARY OF POLICY

All adverse incidents should be reviewed/investigated at a level appropriate to the severity (actual harm, loss or damage) and/or the potential risk grading. The grading will assist in deciding what level of review/investigation is required. An initial assessment of the incident severity and risk grade should be undertaken to allow staff to progress appropriately. This can be reviewed following further review/investigation and amended accordingly.

Tables 1, 2 and 3 in Appendix 1 have been agreed regionally to assist in assessing severity and risk grade as objectively and consistently as possible, however it is inevitable that the process will involve a degree of subjectivity. It is recognised that not all incident scenarios fit neatly into one or other of the domains but staff should use their judgement, and view the tables 1 and 2 as a guide to assist them towards effective and consistent grading.

The severity and risk grade will be decided initially by the reporting area but may be subject to review through other Trust Governance arrangements e.g. Weekly Governance Call, weekly approved medication incident review.

This procedure is one of a number of procedures directly associated with the Adverse Incident Reporting and Management Policy.

2.0 SCOPE OF THE POLICY

The purpose of this procedure is to enable a robust and systematic approach to the grading of adverse incidents that will be consistently applied across the Trust.

3.0 ROLES AND RESPONSIBILITIES

This procedure applies to all staff in the Belfast Health and Social Care Trust. This includes BHSCT employees, students, agency, contractors and volunteers.

It is the responsibility of all staff and managers involved in grading incidents to comply with this procedure alongside the Adverse Incident Reporting and Management Policy and other associated procedures.

4.0 CONSULTATION

This procedure has been reviewed by Directorate Governance and Quality Managers and their equivalent Senior Managers within Corporate Directorates.

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Responsibilities of the Incident Reporter

Determining the Severity (actual harm, loss or damage)

- 5.1.1 Ensure you have included **all** the relevant facts in the description on the incident form. This will assist in accurately grading the incident at the time and will allow for a clear understanding of the basis for the grading decision, either at a later date or for other staff viewing the incident.
- 5.1.2 Based on the perceived outcome of the incident **at the time**:
- Using table 1 (Appendix 1), choose the most appropriate domain(s) for the adverse incident from the left hand side of the table.
 - Work along the columns in the row to assess the most applicable severity. If the incident could fall into more than one domain and the severity differs between these, a general rule of thumb is to choose the highest severity.
- 5.1.3 Enter this severity on the incident form. The Result and Severity fields on Datixweb are linked. If Result of 'No Harm' is chosen, the only Severity option available is 'Insignificant'. If Result of 'Death' is chosen, the only Severity option available is 'Catastrophic'.

5.2 Responsibilities of the Approving/Line Manager

- 5.2.1 Review the severity grading on the incident form. If you feel it is incorrect, discuss this with the reporter and change the severity as required. The Result field may need amended first, as per point 5.1.3 above

Determining the Risk Grade

- 5.2.2 Using table 1 (Appendix 1), choose the most appropriate domain for the adverse incident from the left hand side of the table.
- 5.2.3 Work along the columns in the same row to assess the most probable potential consequence if this type of incident were to happen again. If the incident could fall into more than one domain and the consequence differs between these, a general rule of thumb is to choose the highest consequence.
- 5.2.4 Using table 2 (Appendix 1), and based on your knowledge of your own area, determine the likelihood of this type of incident happening again under similar circumstances. The frequency column is the one most often used however the time framed descriptions of frequency or the probability can be used instead, if considered more appropriate.
- 5.2.5 Plot the consequence and likelihood on the risk matrix in the incident form (Datixweb), (also illustrated in table 3, Appendix 1) to determine the risk grade – low (green), medium (yellow), high (amber) or extreme (red).

The severity and/or risk grade now determines the level of investigation required. See the Procedure for Reviewing/Investigating an Adverse Incident for full guidance.

5.2.6 On conclusion of the review/investigation, the severity and/or risk grading on the incident form should be reviewed and updated if necessary. (There are a number of different review methodologies utilised within the Trust e.g. Post Falls Review, Safeguarding Review etc.)

5.3 Dissemination

Following approval at Policy Committee this procedure will be made available on the Trust Intranet and forwarded to Directorate Governance and Quality Managers and their equivalent Senior Managers within Corporate Directorates, for cascading within their areas.

5.4 Resources

Staff will be informed that the updated procedure is available via Directorate Senior Managers as referenced in section 4.0 and the Trust Intranet.

5.5 Exceptions

This procedure applies to all staff and managers involved in reporting and managing incidents with no exceptions.

6.0 MONITORING AND REVIEW

This procedure will be monitored in conjunction with the Adverse Incident Reporting and Management Policy.

7.0 EVIDENCE BASE/REFERENCES

N/A

8.0 APPENDICES

Appendix 1 – Severity/Consequence and Likelihood tables and Risk Matrix

9.0 NURSING AND MIDWIFERY STUDENTS

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in **adverse incident reporting**, where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is

adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement.

10.0 **EQUALITY IMPACT ASSESSMENT**

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address Equality.Planning@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No impact	<input checked="" type="checkbox"/>

11.0 **DATA PROTECTION IMPACT ASSESSMENT**

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to mitigate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address ██████████@belfasttrust.hscni.net

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved ☐
A full data protection impact assessment is required ☐
A full data protection impact assessment is not required ☐

12.0 **RURAL NEEDS IMPACT ASSESSMENT**

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address ██████████@belfasttrust.hscni.net

13.0 **REASONABLE ADJUSTMENT ASSESSMENT**

Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

SIGNATORIES

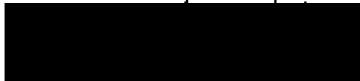
(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



16/01/2024

Policy Author

Date: _____



Director

29/02/2024

Date: _____

Table 1

Appendix 1

DOMAIN	SEVERITY / CONSEQUENCE LEVELS [can be used for both actual and potential]				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
PEOPLE (Impact on the Health/Safety/Welfare of any person affected: e.g. Patient/Service User, Staff, Visitor, Contractor)	<ul style="list-style-type: none"> Near miss, no injury or harm. 	<ul style="list-style-type: none"> Short-term injury/minor harm requiring first aid/medical treatment. Any patient safety incident that requires extra observation or minor treatment e.g. first aid Non-permanent harm lasting less than one month Admission to hospital for observation or extended stay (~4 days duration) Emotional distress (recovery expected within days or weeks). 	<ul style="list-style-type: none"> Semi-permanent harm/disability (physical/emotional injuries/trauma) (Recovery expected within one year). Admission/re-admission to hospital or extended length of hospital stay/care provision (5-14 days). Any patient safety incident that results in a moderate increase in treatment e.g. surgery required 	<ul style="list-style-type: none"> Long-term permanent harm/disability (physical/emotional injuries/trauma). Increase in length of hospital stay/care provision by > 4 days. 	<ul style="list-style-type: none"> Permanent harm/disability (physical/emotional trauma) to more than one person. Incident leading to death.
QUALITY & PROFESSIONAL STANDARDS/ GUIDELINES (Meeting quality/ professional standards/ statutory functions/ responsibilities and Audit/ Inspections)	<ul style="list-style-type: none"> Minor non-compliance with internal standards, professional standards, policy or protocol. Audit / Inspection – small number of recommendations which focus on minor quality improvements issues. 	<ul style="list-style-type: none"> Single failure to meet internal professional standards or follow protocol. Audit/Inspection – recommendations can be addressed by low level management action. 	<ul style="list-style-type: none"> Repeated failure to meet internal professional standards or follow protocols. Audit / Inspection – challenging recommendations that can be addressed by action plan. 	<ul style="list-style-type: none"> Repeated failure to meet regional/ national standards. Repeated failure to meet professional standards or failure to meet statutory functions/ responsibilities. Audit / Inspection – Critical Report. 	<ul style="list-style-type: none"> Gross failure to meet external/national standards. Gross failure to meet professional standards or statutory functions/ responsibilities. Audit / Inspection – Severely Critical Report.
REPUTATION (Adverse publicity, enquiries from public representatives/media Legal/Statutory Requirements)	<ul style="list-style-type: none"> Local public/political concern. Local press < 1 day coverage. Informal contact; Potential intervention by Enforcing Authority (e.g. HSE/NIPRS). 	<ul style="list-style-type: none"> Local public/political concern. Extended local press < 7 day coverage with minor effect on public confidence. Advisory letter from enforcing authority; increased inspection by regulatory authority. 	<ul style="list-style-type: none"> Regional public/political concern. Regional/National press < 3 days coverage. Significant effect on public confidence. Improvement notice/failure to comply notice. 	<ul style="list-style-type: none"> MLA concern (Questions in Assembly). Regional/ National Media interest > 3 days < 7 days. Public confidence in the organisation undermined. Criminal Prosecution. Prohibition Notice. Executive Officer dismissed. External Investigation or Independent Review (eg. Ombudsman). Major Public Enquiry. 	<ul style="list-style-type: none"> Full Public Enquiry/Critical PAC Hearing. Regional and National adverse media publicity > 7 days. Criminal prosecution – Corporate Manslaughter Act. Executive Officer fires or imprisoned. Judicial Review/Public Enquiry.
FINANCE, INFORMATION & ASSETS (Protect assets of the organisation and avoid loss)	<ul style="list-style-type: none"> Commissioning costs (£) < 1m. Loss of assets due to damage to premises; property. Loss – £1K to £10K. Minor loss of non-personal information. 	<ul style="list-style-type: none"> Commissioning costs (£) 1m – 2m. Loss of assets due to minor damage to premises; property. Loss – £10K to £100K. Loss of information. Impact to service immediately containable, medium financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 2m – 5m. Loss of assets due to moderate damage to premises; property. Loss – £100K to £250K. Loss of or unauthorised access to sensitive/ business critical information Impact on service contained with assistance, high financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) 5m – 10m. Loss of assets due to major damage to premises; property. Loss – £250K to £2m. Loss of or corruption of sensitive/ business critical information. Loss of ability to provide services, major financial loss 	<ul style="list-style-type: none"> Commissioning costs (£) > 10m. Loss of assets due to severe organisation wide damage to property/premises. Loss > £2m. Permanent loss of or corruption of sensitive/business critical information. Collapse of service, huge financial loss
RESOURCES (Service and Business interruption, problems with service provision, including staffing (number and competence), premises and equipment)	<ul style="list-style-type: none"> Loss/ interruption < 5 hour resulting in insignificant damage or loss; impact on service. No impact on public health/ social care. Insignificant urgent need. Minimal disruption to routine activities of staff and organisation. 	<ul style="list-style-type: none"> Loss/ interruption or access to systems/ services 5 – 24 hours resulting in minor damage or loss; impact on service. Short term impact on public health/ social care. Minor urgent need. Minor impact on staff, service delivery and organisation, rapidly absorbed. 	<ul style="list-style-type: none"> Loss/ interruption ~7 days resulting in moderate damage or loss; impact on service. Moderate impact on public health and social care. Moderate urgent need. Moderate impact on staff, service delivery and organisation absorbed with significant level of intervention. Access to systems/ services and incident expected to last more than 1 day. 	<ul style="list-style-type: none"> Loss/ interruption > 31 days resulting in major damage or loss; impact on service. Major impact on public health and social care. Major urgent need. Major impact on staff, service delivery and organisation - absorbed with some formal intervention with other organisations. 	<ul style="list-style-type: none"> Loss/ interruption > 31 days resulting in catastrophic damage or loss; impact on service. Catastrophic impact on public health and social care. Catastrophic urgent need. Catastrophic impact on staff, service delivery and organisation - absorbed with significant formal intervention with other organisations.
ENVIRONMENTAL (Air, Land, Water, Waste management)	<ul style="list-style-type: none"> Nuisance release. 	<ul style="list-style-type: none"> On site release contained by organisation. 	<ul style="list-style-type: none"> Moderate or site release contained by organisation. Moderate off site release contained by organisation. 	<ul style="list-style-type: none"> Major release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc). 	<ul style="list-style-type: none"> Toxic release affecting off-site with detrimental effect requiring outside assistance.

Table 2

Likelihood Scoring Table				
Likelihood Scoring Descriptors	Score	Frequency (How often might it/does it happen?)	Time framed Descriptions of Frequency	Probability
Almost certain	5	Will undoubtedly happen/recur on a frequent basis	Expected to occur at least daily	75%+ More likely to occur than not
Likely	4	Will probably happen/recur, but it is not a persisting issue/circumstances	Expected to occur at least weekly	50-74% Likely to occur
Possible	3	Might happen or recur occasionally	Expected to occur at least monthly	25-49% Reasonable chance of occurring
Unlikely	2	Do not expect it to happen/recur but it may do so	Expected to occur at least annually	10-24% Unlikely to occur
Rare	1	This will probably never happen/recur	Not expected to occur for years	<10% Will only occur in exceptional circumstances

Table 3

	Consequence Levels					
Likelihood Scoring Descriptors	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)	
Almost Certain (5)	Medium	Medium	High			
Likely (4)	Low	Medium	Medium			High
Possible (3)	Low	Low	Medium			High
Unlikely (2)	Low	Low	Medium	High	High	
Rare (1)	Low	Low	Medium	High	High	