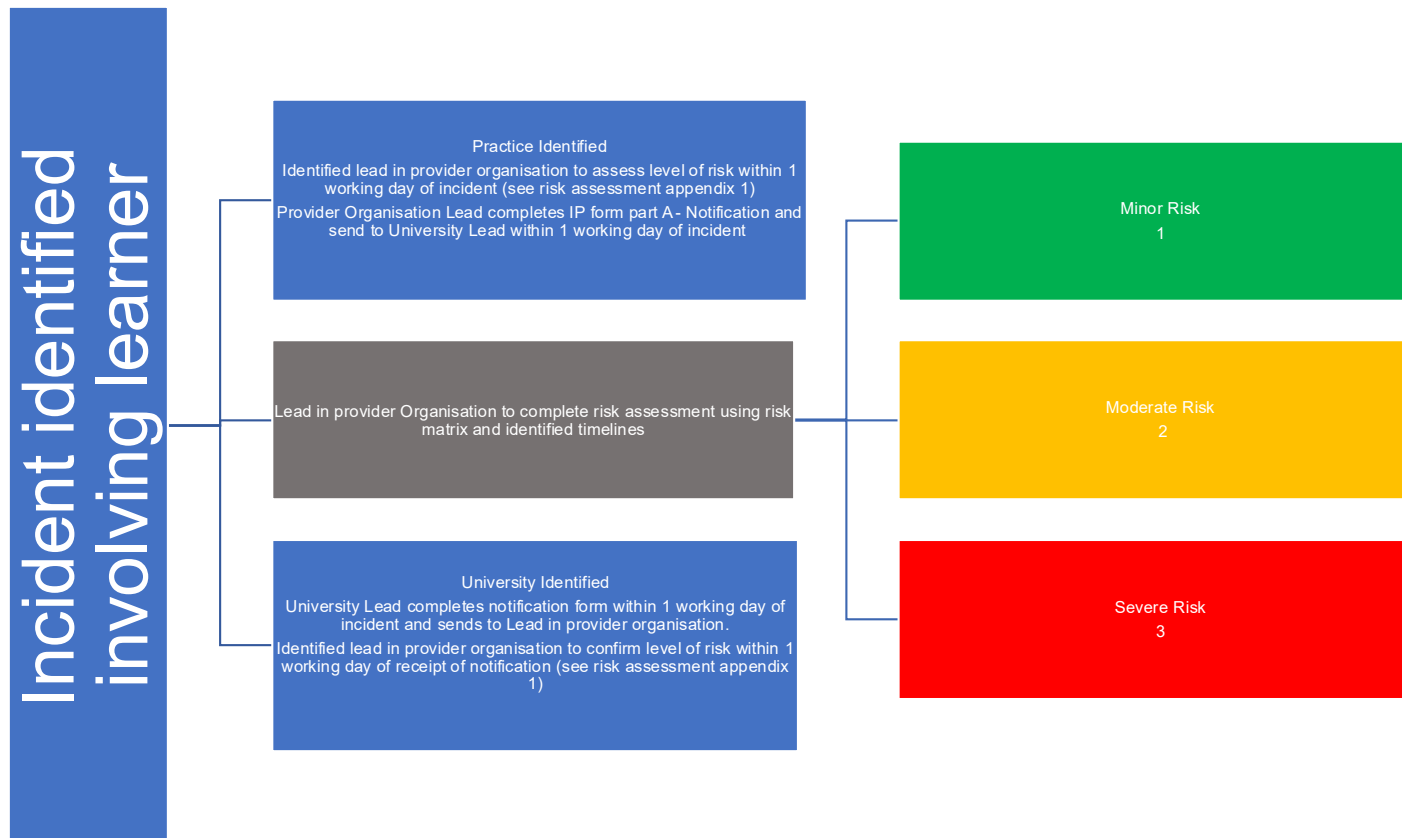
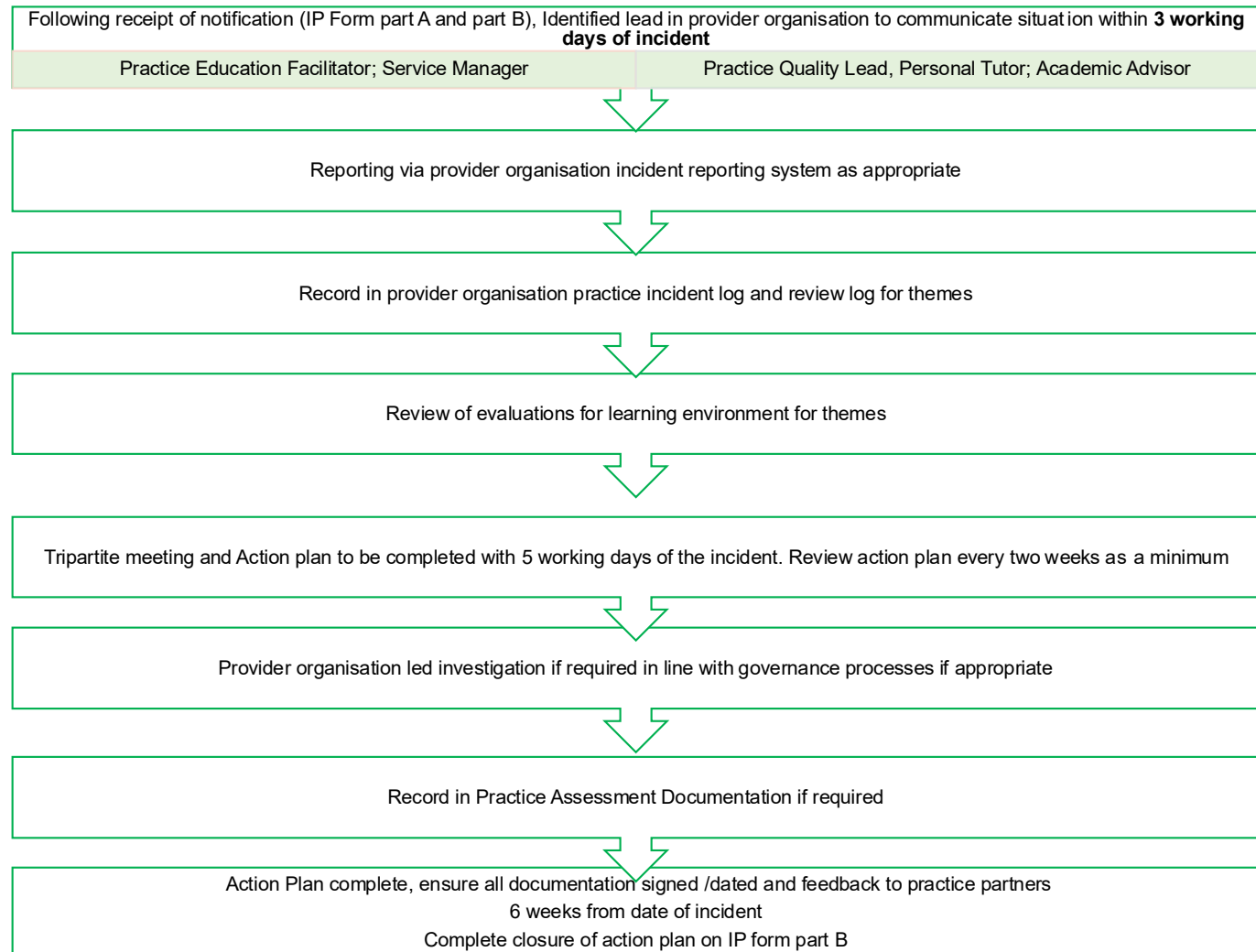


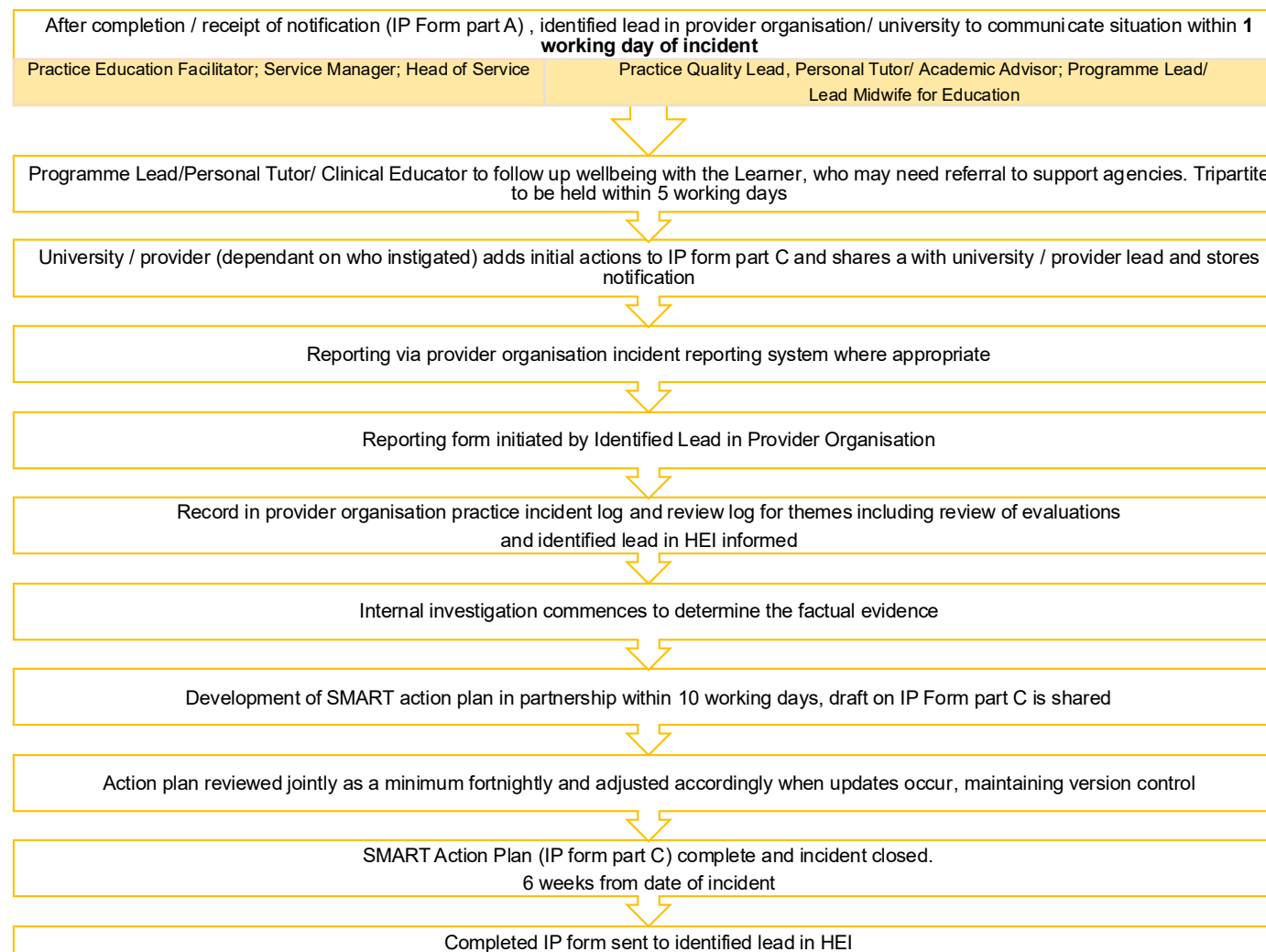
Process for the Management of Incidents in Practice (IP) Involving Learners Across Greater Manchester Provider Organisations

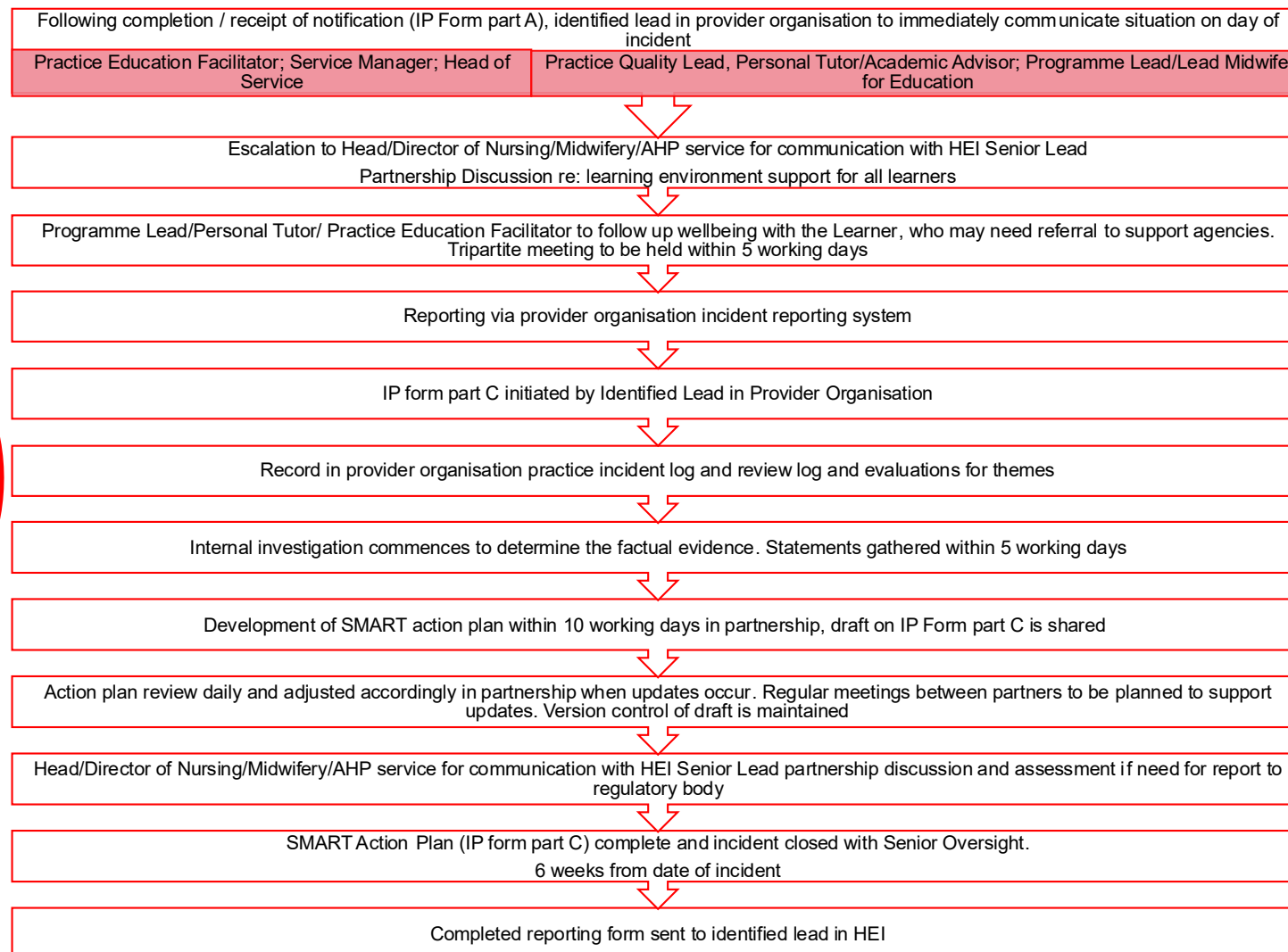
Initial process



Risk Level Descriptor/Management Pathway Risk Categories	Minor	Moderate	Severe
Clinical Incidents affecting Learner e.g. Needlestick Injury Slips, Trips & falls Witnessing stressful/traumatic events	The Learner witnessed a clinical incident but was not involved and may/may not have required some psychological support.	The Learner was involved in a clinical incident and were affected either physically or mentally and University/Organisation/Trust processes are followed and is reported via relevant systems.	The Learner was involved in a clinical incident and suffered life changing injuries and/or mental distress and the University/Organisation/Trust is required to complete relevant internal reporting systems.
Clinical Incident affecting patient / Client e.g. Errors in Nursing/Prescribed Care Working Outside of Scope of practice Near Misses	The Learner witnessed a patient clinical incident but was not involved and the patient did not require additional observation	The Learner was involved in a clinical incident and the patient required some additional prescribed observation	The Learner was involved in a clinical incident and the patient required medical intervention and/or resulted in life changing injuries
Health & Well Being of Learner e.g. Safeguarding issues such as Signs of neglect, verbal, and/or physical abuse Signs of deteriorating Mental Health	A health and wellbeing concern regarding a learner has been identified as an issue and this has been observed by a staff member but has been addressed with no further action required.	There has been increased concerns being/mental health and/or this has been observed by a staff member and support was required.	The learner has been observed by a staff member that their health and well- being has been compromised and intervention /action was required or resulted in life changing injury and/or mental distress
Professional Issues e.g. Fraudulent activity Inappropriate use of social media Concerns regarding professional values/behaviours/boundaries	The learner has been observed/reported as minimally breaching their professional values/behaviours/boundaries	The learner was identified as breaching their professional values/behaviours/boundaries, this has been reported/observed and support was required	The learner was observed/reported as significantly breaching their professional values/behaviours/ boundaries and intervention /actions were required to prevent or address harm and/or mental distress
Learning Environment e.g. Concerns have been raised about the care delivery within the learning environment. Witnessing poor practice	There are some concerns with the learning environment which have been addressed internally.	The learner has witnessed some concerns with the learning environment and some support was required.	The learning environment has required intervention / action due to concerns raised and as a result may ultimately have required removal of learners.







Learner Details / Notification / Risk Rating

Learner's Name	COHORT	HEI	
Date of Incident	TRUST	Personal Tutor / Academic Advisor	
Notification summary of the incident			
Incident Number /Datix Number			
Location of Incident			
Reported by			
Investigator Lead Name & Title		Email Contact	
Assessed Risk level:	Date & time Assessed.	Assessment of risk level completed by:	
	Risk Level		
Please Cross relevant: <div> <div>Minor</div> <div>Moderate</div> <div>Severe</div> </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
Name of PEF			
Name of Service Manager/Head of Service			
Name of Academic Advisor / Academic Assessor			
Name of Programme Lead/Lead Midwife for Education			
Communication with & name/date			

Summary of Actions	
1	<div> <div>Internal incident report completed. Date: Time:</div> <div>Incident recorded in organisation practice incident log. Date: Time:</div> </div>
2	<div>Summary of Action Taken by provider Organisation</div>
3	<div>Summary of Action Taken by HEI</div>
4	
5	

Action & Assurances (Minor Risk only)

Closure Of Actions (Minor Only)			
Service Manager/Head of Service Assured by actions.	Yes	No	Signature & Date
	<input type="checkbox"/>	<input type="checkbox"/>	
HEI Assured by actions	Yes	No	Signature & Date
	<input type="checkbox"/>	<input type="checkbox"/>	
Incident closure date:			

Action Plan & Assurances (Moderate / Severe Risk only)

Internal incident report completed.		Date:	Time:	Recorded in organisation incident log.		Date:	Time:
Summary of Immediate Actions				Date Agreed	Date to be Achieved	Responsibility of	
1							
2							
3							
4							

Closure Of Actions (Moderate / Severe)						
Service Manager/Head of Service Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Signature & Date	HEI Assured by actions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incident closure date:						

APPENDIX 1: RCN STATEMENT TEMPLATE (OPTION ONE)

Please answer the questions in the square brackets as part of your statement and follow points 1-6 below.

Statement

Name:

Job title:

Professional address:

Subject of statement: **[for example, Patient/Resident X at what incident/location]**

I am employed by **[insert your employer]**. I qualified as **[profession]** in **[month/year of qualification]**. My previous experience includes **[please provide brief details]**. I have worked in my current job for **[months/years]**.

This statement is based on **[personal recollection/review of records – or a combination]**.

I have been involved in the care of Patient X since **[date]**. My last involvement in their care was on **[date]**.

I am responding to a request for this statement from **[include job title and full name]** in response to the following allegation/s **[write the allegation here, if there are several you could list them for ease of reference.]** **[Please provide us with the written request for the statement from your employer/ agency by email.]**

[Insert the content of your statement here, following [the guidance on our website](#)

Where possible, please provide the following:

1. Give brief details of the work environment at the time, including your job role, area of responsibility and the number of patients in your care. For example, were you the nurse in charge? Details of staffing levels, skill mix and whether the shift was busier than usual for any specific reasons.
2. Details of dates and approximate times of significant events during the shift. Provide details in a chronological order, beginning with the start time and date of your shift.
3. Respond directly to the allegations being made against you.
4. Refer to patients/residents as Patient X/Resident X to ensure confidentiality but include full names and job titles of members of staff that you worked with.
5. Details of what any actions you took should be in the first person (i.e 'I')
6. You can't refer to yourself in the third person (e.g. 'he', 'she', 'it', 'they')

This statement is true to the best of my knowledge and belief, based on the information available to me at this time. Name:

Job title: Signature:

Date:

APPENDIX 2: WITNESS STATEMENT (OPTION 2)

Details of Witness	
Name	
Programme & COHORT	
Contact Details(student Email)	
Department or Ward	
Location (e.g. placement)	
Division/Directorate	
Details of Incident	
Date and Time of Events / Incident	
Location of Events / Incident	
Location of Witness at Time of Incident	
Name of Person in Charge at Time of Incident	
Names of any other Witnesses	
Statement Details:	
*Please continue on another sheet as required	
I confirm that the facts in this statement are an accurate record of events.	
Signature	Date: