

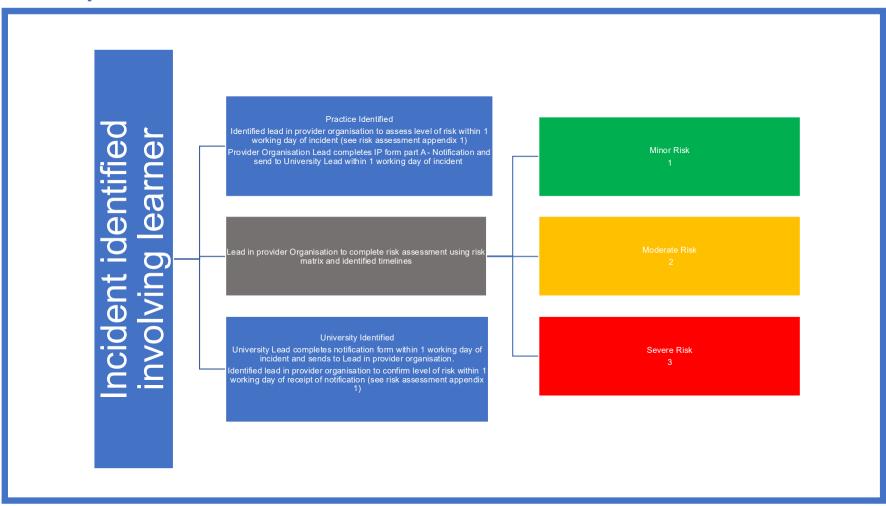






# Process for the Management of Incidents in Practice (IP) Involving Learners Across Greater Manchester Provider Organisations

# **Initial process**



Risk Level Descriptor/Management Pathway	Minor	Moderate	Severe
Risk Categories			
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.

Following receipt of notification (IP Form part A and part B), Identified lead in provider organisation to communicate situation within 3 working days of incident Practice Education Facilitator: Service Manager Practice Quality Lead. Personal Tutor: Academic Advisor Reporting via provider organisation incident reporting system as appropriate Record in provider organisation practice incident log and review log for themes Review of evaluations for learning environment for themes Tripartite meeting and Action plan to be completed with 5 working days of the incident. Review action plan every two weeks as a minimum Provider organisation led investigation if required in line with governance processes if appropriate Record in Practice Assessment Documentation if required Action Plan complete, ensure all documentation signed /dated and feedback to practice partners 6 weeks from date of incident Complete closure of action plan on IP form part B





Notification and Reporting form required

After completion / receipt of notification (IP Form part A) identified lead in provider organisation/university to communicate situation within 1 working day of incident Practice Education Facilitator: Service Manager: Head of Service Practice Quality Lead, Personal Tutor/ Academic Advisor: Programme Lead/ Lead Midwife for Education Programme Lead/Personal Tutor/ Clinical Educator to follow up wellbeing with the Learner, who may need referral to support agencies. Tripartite to be held within 5 working days University / provider (dependant on who instigated) adds initial actions to IP form part C and shares a with university / provider lead and stores notification Reporting via provider organisation incident reporting system where appropriate Reporting form initiated by Identified Lead in Provider Organisation Record in provider organisation practice incident log and review log for themes including review of evaluations and identified lead in HFI informed Internal investigation commences to determine the factual evidence Development of SMART action plan in partnership within 10 working days, draft on IP Form part C is shared Action plan reviewed jointly as a minimum fortnightly and adjusted accordingly when updates occur, maintaining version control SMART Action Plan (IP form part C) complete and incident closed. 6 weeks from date of incident Completed IP form sent to identified lead in HEI

Following completion / receipt of notification (IP Form part A) identified lead in provider organisation to immediately communicate situation on day of incident Practice Education Facilitator: Service Manager: Head of Practice Quality Lead, Personal Tutor/Academic Advisor: Programme Lead/Lead Midwife Service for Education Escalation to Head/Director of Nursing/Midwifery/AHP service for communication with HEI Senior Lead Partnership Discussion re: learning environment support for all learners Programme Lead/Personal Tutor/ Practice Education Facilitator to follow up wellbeing with the Learner, who may need referral to support agencies.

Tripartite meeting to be held within 5 working days Reporting via provider organisation incident reporting system IP form part C initiated by Identified Lead in Provider Organisation Record in provider organisation practice incident log and review log and evaluations for themes Internal investigation commences to determine the factual evidence. Statements gathered within 5 working days Development of SMART action plan within 10 working days in partnership, draft on IP Form part C is shared Action plan review daily and adjusted accordingly in partnership when updates occur. Regular meetings between partners to be planned to support updates. Version control of draft is maintained Head/Director of Nursing/Midwifery/AHP service for communication with HEI Senior Lead partnership discussion and assessment if need for report to regulatory body SMART Action Plan (IP form part C) complete and incident closed with Senior Oversight. 6 weeks from date of incident Completed reporting form sent to identified lead in HEI



Notification and Reporting form required

### Learner Details / Notification / Risk Rating

Learner'	's Name		COHORT	HEI	
Date of Ir	ncident		TRUST	Personal Tuto	r / Academic Advisor
Notificati	ion summary of	the incident			
Incident	Number /Datix N	lumber			
Location	of Incident				
Reported	i by				
Investiga	ator Lead Name	& Title		Email Contac	ct
Assessed Risk level:		Date & time A	ssessed.	Assessment of risk level completed	
10000000 Trior lovel		Risk Level		by:	
Please Cross relevant:					
Minor	Moderate	Severe			
Name of	PEF				
Name of	Service Manage	er/Head of S	ervice		
Name of Academic Advisor / Academic Assessor			nic		
Name of Programme Lead/Lead Midwife for Education			wife for		
Communication with & name/date					

S	Summary of Actions						
1	Internal incident report completed. Da Time:	ate:		Incident recorded in organisation practice incident log. Date: Time:			
2	Summary of Action Taken by provide	er Organisation	<u>I</u>				
3	Summary of Action Taken by HEI						
4							
5							
A	ction & Assurances (Mino	r Risk onl	y)				
<u>C</u>	Closure Of Actions (Minor Only)						
S	Service Manager/Head of Service Assured by actions.	Yes No □ □	) Sigr	nature & Date			
H	IEI Assured by actions	Yes No	) Sigr	nature & Date			
Ir	ncident closure date:						

## Action Plan & Assurances (Moderate / Severe Risk only)

Internal incident report completed.  Date: Time: Recorded in organisation incident log.  Date: Time:									
Summary of Im		Date A	Agreed	Date to Achiev		Responsibility of			
1									
2									
3									
4									
Closure Of Actions (Moderate /									
Service Manager/Head of	Yes No	Signatur	e & Date	HEI Assured by actions	Yes	No	5	Signature &	Date
Service Assured by actions									
Incident closure date:		•					'		

### APPENDIX 1: RCN STATEMENT TEMPLATE (OPTION ONE)

Statement

Date:

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

Name:
Job title:
Professional address:
Subject of statement: [for example, Patient/Resident X at what incident/location]
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].
have been involved in the care of Patient X since [date]. My last involvement in their care was on [date].
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:
<ol> <li>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.</li> </ol>
<ol> <li>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.</li> </ol>
3. Respond directly to the allegations being made against you.
<ol> <li>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.</li> </ol>
5. Details of what any actions you took should be in the first person (i.e '')
6. ou can't re e er so et in t en state t is
This statement is true to the best of my knowledge and belief, based on the information available to me at this time. Name:
lob title: Signature:

### 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					
confirm that the facts in this statement are an accurate record of events.					
Signature	Date:				