**Process for the Management**

**of Incidents in Practice (IP) Involving Learners Across Greater Manchester**

**Provider Organisations**

**Incidents in Practice**

**Action Plan Form**

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| --- | --- | --- | --- |
| **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 regarding a learner’s health and well-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. |

INCIDENT IN PRACTICE ACTION PLAN

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| --- | --- | --- |
| **Brief summary of the incident** |  | |
| **Date of incident** |  | |
| **Incident Number /Datix Number** |  | |
| **Location** |  | |
| **Reported by** |  | |
| **Investigation Lead Name**  **Title**  **Email Contact** |  | |
| **Assessment of risk level:** | Assessment of risk level completed date and time: | Assessment of risk level completed by: |
| **Please tick:**  **Moderate High or Severe** |  |  |

|  |  |
| --- | --- |
| **Learner name**  **Cohort**  **HEI** |  |
| **PEF** |  |
| **Service Manager/Head of Service** |  |
| **Personal Tutor/Academic Advisor/**  **Academic Assessor** |  |
| **Programme Lead/Lead Midwife for Education** |  |
| **Communication with & name/date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of Actions** | | **Date Agreed** | **Date to be Achieved** | **Person Responsible** |
| 1 | Internal incident report completed  Date:  Time: |  |  |  |
| 2 | Incident recorded in provider organisation practice incident log  Date:  Time: |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

CLOSURE OF ACTION PLAN

|  |  |
| --- | --- |
| Action plan reviewed and approved by Service Manager/Head of Service | Yes No |
| Date Approved: |  |
| Action plan reviewed and approved by HEI | Yes No |
| Date Approved: |  |
| Incident closure date: |  |