Reporting and Management of Incidents Policy
Policy Review Schedule

Date first Approved by the Board: March 2005

Last Approved by the Board: January 2017

Date of Next Review: January 2019

Policy Owner: Governance, IT & Facilities Manager

Amendment Overview

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<td>22</td>
<td>Executive Summary &amp; Questions added. Role of the Risk Management Team removed and replaced by Governance &amp; Risk Committee. The role of the Corporate Governance Manager added, to include expected reporting pattern.</td>
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<td>2012 – 3.1</td>
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<td>Reviewed to take out disproportionate steps from previous process. Link to RIDDOR Incidents inserted. Definitions of Serious Adverse Incident, and Incident clarified.</td>
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<td>Linda Craig</td>
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<td>14/08/2013</td>
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<td>2017 – 4.3</td>
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<td>Gillian Kerr</td>
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Executive Summary

This document sets the context for how incidents are investigated and reported on within NIMDTA. It establishes this process as an integral part of the risk management process. It explains the way in which incidents are recorded and how the severity of these are recorded and reported. It clearly identifies the roles and responsibilities of staff, committees, and external stakeholders.

This is a key document in the governance of NIMDTA, and all staff should have a knowledge of it that is proportional to their area of work.

Questions you should be able to answer after reading this policy

- What are some examples of incidents?
- How is a serious adverse incident defined?
- Which member of staff should you send completed incident forms to?
- What time frame does this member of staff have to decide whether DoH should be notified?
Policy Influences

This policy has been influenced by the following:

- HSC Risk Management Controls Assurance Standard
- DHSSPS Guidance for Senior Managers Responsible for Adverse Incident Reporting
- DHSSPS Circular HSS (PPM) 06/04
- DHSSPS Circular HSS (MD) 12/06
- DHSSPS Circular HSC (SQS) 19/07
- DHSSPS Circular HSC (SQSD) 08/2010
- How to Classify Adverse Incidents and Risk – DHSSPS Guidance for Senior Managers Responsible for Adverse Incident Reporting and Management
- An Assurance Framework: A Practical Guide for Boards of DHSSPS Arm’s Length Bodies

Policy Impacted

This policy may have an impact on the following:

- Assurance Framework
- Complaints Policy
- Fire Safety Policy
- Health & Safety Policy
- Security & Premises Policy
- Whistleblowing Policy
- Information Governance Policies
Role of the Northern Ireland Medical and Dental Training Agency

The Northern Ireland Medical and Dental Training Agency (NIMDTA) is an Arm’s Length Body sponsored by the Department of Health (DoH) to train postgraduate medical and dental professionals for Northern Ireland. NIMDTA seeks to serve the government, public and patients of Northern Ireland by providing specialist advice, listening to local needs and having the agility to respond to regional requirements.

NIMDTA commissions, promotes and oversees postgraduate medical and dental education and training throughout Northern Ireland. Its role is to attract and appoint individuals of the highest calibre to recognised training posts and programmes to ensure the provision of a highly competent medical and dental workforce with the essential skills to meet the changing needs of the population and health and social care in Northern Ireland.

NIMDTA organises and delivers the recruitment, selection and allocation of doctors and dentists to foundation, core and specialty training programmes and rigorously assesses their performance through annual review and appraisal. NIMDTA manages the quality of postgraduate medical and dental education in HSC Trusts and in general medical and dental practices through learning and development agreements, the receipt of reports, regular meetings, trainee surveys and inspection visits. It works in close partnership with local education providers to ensure that the training and supervision of trainees support the delivery of high quality safe patient care.

NIMDTA recognises and trains clinical and educational supervisors and selects, appoints, trains and develops educational leaders for foundation, core and specialty medical and dental training programmes throughout NI.

NIMDTA is accountable to the General Medical Council (GMC) for ensuring that the standards set by the GMC for medical training, educational structures and processes are achieved. The Postgraduate Medical Dean, as the ‘Responsible Officer’ for doctors in training, has a statutory role in making recommendations to the GMC to support the revalidation of trainees. Revalidation is the process by which the GMC confirms that doctors are up to date and fit to practice. NIMDTA also works to the standards in the COPDEND framework for the quality development of postgraduate Dental training in the UK.

NIMDTA enhances the standard and safety of patient care through the organisation and delivery of relevant and valued career development for general medical and dental practitioners and dental care professionals. It also supports the career development of general medical practitioners and the requirements for revalidation through the management and delivery of GP appraisal.

NIMDTA aims to use the resources provided to it efficiently, effectively and innovatively. NIMDTA’s approach to training is that trainees, trainers and educators should put patients first, should strive for excellence and should be strongly supported in their roles.
1. Introduction

As an HPSS organisation the Northern Ireland Medical and Dental Training Agency (NIMDTA) is committed to reducing risk and implementing risk management throughout the organisation.

It is essential that NIMDTA obtains information to identify and assess risk and evaluate the controls that are in place. NIMDTA must be notified of any incident that could lead to claims, complaints or legal action. Staff should be aware that the report of an incident might be of vital importance in any investigation.

All members of staff are required to ensure that they are fully aware of the arrangements that are in place for the reporting of adverse incidents and that reports are provided promptly and accurately when such incidents occur.

NIMDTA is committed to developing a culture of openness. To this end it actively encourages the reporting, assessment, management and learning from adverse incidents and near misses. Staff may have reservations that the reporting of an incident could have disciplinary implications. NIMDTA views the prompt and full reporting of all incidents as an integral part of the process, and if a staff member follows the procedure set out in this policy, such action will be taken into positive consideration during any resultant investigation.

2. Defining Incidents

2.1 Incidents

An incident is defined as “an event where injury, loss or damage has occurred, might have occurred or has the potential to occur. The incident may affect a Board Member, officer, visitor to the premises other persons or property”

2.2 Serious Adverse Incidents

A serious adverse incident is defined as “any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation”.

A serious adverse incident includes:

- any incident involving serious harm or potentially serious harm to a patient, service user or the public;
any incident which has serious implications for patient or staff safety – involving potential or actual risk to patients or staff; or
any incident involving serious compromises or allegations of serious compromises in the proper delivery of health and social care services.

Examples of serious adverse incidents relevant to NIMDTA are as follows:

**Court Proceedings**
- Any incident that might give rise to serious criminal charges;
- Impending court hearing or out of court settlements in cases of litigation; or
- Legal challenges to NIMDTA.

**Incidents involving staff**
- Serious complaints about a member of staff;
- Serious error or errors by a member of staff;
- Significant disciplinary matters (eg suspensions of staff);
- A serious breach of confidentiality; or
- Serious verbal and/or physical aggression towards staff.

**Premises/equipment incidents**
- Serious damage which occurs on the NIMDTA’s premises or to NIMDTA property;
- Any incident which results in serious injury to any individual or serious disruption to services;
- Any event which has given or may give rise to, actual or possible personal injury or to property loss or damage as a result of fire;
- Failure of equipment so serious as to endanger life, whether or not injury results;
- Suspicion of malicious activity eg. tampering with equipment; or
- Circumstances leading to NIMDTA no longer being able to provide an element of service.

**RIDDOR Incident**
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1997 (RIDDOR) incidents include accidents that result in:

- the death of an employee;
- a major injury such as a fracture, dislocation, or loss of sight;
- any injury that results in an employee being off work for over three days;
- a reportable disease such as poisoning, or infections sustained at work;
- a reportable dangerous occurrence or near miss, such as the malfunctioning of safety equipment; or
- a reportable gas incident.
3. Roles and Responsibilities

3.1 The Board

The Board has a fundamental role to play in the management of risk. Its role is to:

- Set the tone and influence the culture of risk management within NIMDTA;
- Determine the appropriate risk appetite or level of exposure for NIMDTA;
- Approve major decisions affecting NIMDTA’s risk profile or exposure;
- Monitor the management of significant risks, including serious adverse incidents, to reduce the likelihood of unwelcome surprises;
- Satisfy itself that the less significant risks are being actively managed, with the appropriate controls in place and working effectively; and
- Annually review NIMDTA’s approach to risk management and approve changes or improvements to key elements of its processes and procedures.

3.2 Chief Executive

The Chief Executive has overall responsibility for the management of risk within the organisation.

3.3 Governance, IT & Facilities Manager

The Governance, IT & Facilities Manager is accountable to the Chief Executive and the Board for ensuring that policies in relation to risk management are in place and amended when required. He/she has overall responsibility for the reporting and management of adverse incidents within the organisation. The Governance, IT & Facilities Manager is responsible for fulfilling the Agencies obligations in relation to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1997 (RIDDOR).

If the Governance, IT & Facilities Manager considers that the incident is likely to be serious enough to:

- warrant regional action to improve safety or care within the broader HPSS;
- be of public concern;
- or require an independent review

He/she will consult DoH guidance, and further provide DoH with a brief report using the adverse incident reporting form (see Appendix 1) within 72 hours of the incident being discovered. The Governance, IT & Facilities Manager will be responsible for reporting on incidents. The Governance, IT & Facilities Manager will use the ‘Actual Incident Table’ (Appendix 3) in order to assess the level of an incident.
3.5 Governance & Risk Committee

The Governance & Risk Committee is a sub-committee of the NIMDTA Board, which provides oversight to the risk management and governance processes adopted within NIMDTA. It has been delegated the responsibility to assist with the identification of risk, as well as implementing and monitoring appropriate risk management control measures, ensuring that the strategy for risk management is implemented throughout the organisation.

3.6 Senior Management Committee

Members of the Senior Management Committee are responsible for:

- Implementation of the policy within their area of responsibility;
- Identification and assessment of existing risks;
- Evaluating existing risk controls within their area of responsibility;
- Ensuring that there is an induction process in place for staff through which they are alerted to the policy and its implications;
- Taking managerial action to prevent a reoccurrence of reported incidents;
- Investigating as appropriate and documenting any investigation;
- Obtaining support from specialist advisers, if appropriate; and
- Ensuring that disciplinary action as a result of an adverse incident is only taken within the policy framework

Senior Managers should ensure that details of incidents are forwarded to the Governance, IT & Facilities Manager by email. This will then be included within the Governance, IT & Facilities Manager’s issues log so that each incident may be considered in the context of NIMDTA wide risk framework.

3.7 Business Support Committee

The Business Support Committee will review the issues log in relation to incidents that relate to:

- Issues with outsourced administrative services;
- Issues with outsourced contracts and contract providers; and
3.7 Team Leaders

Team Leaders are responsible within their own area for ensuring that:

- at induction all new staff are made aware of NIMDTA’s policy; and
- any incidents are reported to senior management.

3.8 All Staff

Where an incident occurs it should be in line with the guidance set out in Appendix 1.

3.9 Department of Health [DoH]

DoH is responsible for

- collating information on incidents reported to it and provide relevant analysis to the HSC; and
- seeking feedback, where appropriate, on the outcome of the incident to determine whether regional guidance is required.

Further information in relation to incidents that need to be reported to DoH, along with the appropriate forms, can be found by following the link below:

https://www.health-ni.gov.uk/articles/reporting-adverse-incident
Appendix 1 – GUIDANCE ON REPORTING OF INCIDENTS

Incident & Issue Reporting

SMC want to make sure that we have the best policies and procedures in place for each of our work areas. The output of this is that everyone’s work is clear, and there are less likely to be issues raised by service users about our work, as we have developed and tested it over time.

Issue reporting is an important part of quality improvement, as it helps to show us in practice were we may need to consider factors that were not immediately clear at the initial planning stages. For example, software companies are always releasing updates to us [for example: app updates that are pushed to our phones daily], because as people use and test their software, they discover lots of ways to improve this due to the information that they can gather from those who use it. As such, this is why we would like to have a robust issue reporting process in place as it will drive quality improvement.

What is an issue?

An issue, is information that we receive that alerts us to the fact that an element of our service provision has not gone as planned, that there is dissatisfaction with someone’s interactions with NIMDTA, or the processes that it has put in place.

How might we be made aware of an issue?

An issue could be in a number of forms:

- It could be a complaint that we receive [eg from a trainee]. This could be in writing, over the phone, in direct conversation, etc. The trainee may not necessarily articulate it as a complaint, but it may be clear that they are dissatisfied.
- It could be a ‘near miss’. This is where something nearly happens but does not, and on a balance of probabilities if the same circumstances were to transpire again it would happen the next time. For example, if you are following a NIMDTA policy or process and in the practical application of this you notice that there is a foreseeable set of circumstances that are not catered for or a ‘blind spot’. You may make suitable changes on the spot, but the next person to follow the process may not. The near miss needs to be reported so that the policy owner can consider your findings and make appropriate amendments.
- It could be issues with an external contract that causes issues for staff. For example if the sandwich provider is making mistakes, or the taxi contract is unreliable. Reporting this type of issue means that the contract owner is aware of the circumstances [as opposed to a staff member resolving it themselves] and they can then take the issues to the appropriate forum and feed that into future contract negotiations.
It could be that the correlation of issues across the different departments identifies a training need or a clarification that SMC need to make on a particular area of work. For example helping staff to deal with difficult conversations and communication patterns.

This list is for illustration, and is not exhaustive [further examples are provided overleaf]. A good test of whether something is an issue or not would be ‘Did that interaction highlight something that we could do better, or that at least we should revisit to make sure that we are doing it as best we can?’

**How should I report an issue?**

A flow chart is attached that provides an overview of the reporting process. It is attached as Appendix 1.

You should report the issue to your Team Manager by email along with any associated paperwork that may provide insight [and cc your Head of Department]. You should use the term ‘ISSUE REPORT’ in the subject field to your email, so that it is clear to the recipients.

Your Team Manager and Head of Department will then have to decide whether the issue is a departmental issue or a corporate issue, and then deal with it as set out in Appendix 1.

[Continues overleaf]
How do Team Manager’s and Heads of Department decide if an issue is departmental or corporate?

It may take a period of issue reporting in this manner in order to further refine this step, but at present the following guidelines apply:

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<th>Departmental Issue</th>
<th>Corporate Issue</th>
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<tbody>
<tr>
<td>A trainee formally expresses dissatisfaction with a placement</td>
<td>A trainee escalates a complaint in relation to a placement to an appeal or panel stage</td>
</tr>
<tr>
<td>An issue is identified in relation to the application of a departmental specific policy.</td>
<td>An issue is identified in relation to the application of a corporate policy.</td>
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<td>There is a minor issue in relation to the performance of a NIMDTA Contract provider [ie a human error relates to the service not being provided on a particular date]</td>
<td>That an issue is discovered [whether in the booking process or the observed business practices of a contract provider] that is causing performance issues in relation to the contract [ie sandwiches delivered on wrong day on a recurrent basis, or taxis taking too long to arrive]</td>
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<tr>
<td>There is a minor functional issue in relation to software NIMDTA uses that affects the department [ie an information field that is only used by one team]</td>
<td>That there is a key performance issue with software that will affect performance across departments [ie uploading of information to, or printing of information from key functions of Intrepid]</td>
</tr>
<tr>
<td>That a training need is identified for NIMDTA staff that is required for a purpose solely on that team [ie a departmental or person specific task].</td>
<td>That a training need is identified that could have benefit for all staff in NIMDTA [ie dealing with difficult situations]</td>
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<td></td>
<td>A written complaint from a key stakeholder [eg DHSSPS, LEPs, GMC, GDC, BMA, HSC Orgs etc]</td>
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<td></td>
<td>Financial loss to NIMDTA [this could include the loss of property]</td>
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<td></td>
<td>Media Reporting [this could be negative or positive viewpoints]</td>
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<tr>
<td></td>
<td>All accidents [to include those that result in physical harm, or a near miss that identifies the risk of physical harm].</td>
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<td></td>
<td>Inappropriate Conduct [bullying, harassment, difficult behaviour – reporting processes in separate polices should be followed]</td>
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<td></td>
<td>Whistleblowing [reporting process in separate policy should be followed].</td>
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<td></td>
<td>Data Breach [reporting process in separate policy should be followed].</td>
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Heads of Department may choose to raise at SMC meetings departmental issues that they are currently dealing with, that are likely to develop into corporate issues.

It is also foreseeable that a Head of Department may report an issue to SMC as a corporate issue, because they see potential for the impact of this issue across departments, but that after discussion it is re-classified as a departmental issue.

Also, if a departmental issue reoccurs, despite actions having been taken following the earlier occurrences, the Head of Department may choose to report the theme of issues as a corporate issue due to the nature of recurrence.
How will issues be monitored?

**Departmental Issues**

Team Managers should keep a note of these issues, as this will help to identify recurrence of issues or themes that may evolve into corporate issues.

**Corporate Issues**

A log of these will be held by Corporate Services.

Heads of Department should forward such issues to the Governance, IT & Facilities Manager who will be the responsible manager for this area of work. The Governance, IT & Facilities Manager will be supported by the Committee Support Executive Officer, who will maintain the issues log.

The Governance, IT & Facilities Manager will report on the issues log to the Senior Management Committee, the Governance & Risk Committee, the Business Support Committee and the NIMDTA Board. Such reports will be used to inform risk management, policy review, and performance management discussions.
Emails details of issue along with any associated paperwork

Receive details of issue by email

Considers whether issue is departmental or corporate

- DEPARTMENTAL
- CORPORATE

Discuss why issue is departmental, and action plan any required activity

Team Leader ensures departmental action is completed, keeps a record of the issue [in order to spot patterns and themes].

Identified action drafted [eg Policy /Process, Letter prepared/Training devised etc]

Matter considered and appropriate action identified

Output of identified action reviewed and approved

Head of Department advises of action taken and highlights changes to process

Issue archived on log

Governance, IT & Facilities Manager records process as completed on log
### Appendix 2 - Actual Incident Impact

<table>
<thead>
<tr>
<th>PEOPLE</th>
<th>RESOURCES</th>
<th>ENVIRONMENT</th>
<th>REPUTATION</th>
<th>QUALITY AND PROFESSIONAL STANDARDS</th>
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<tbody>
<tr>
<td>(Any person affected by an Incident: Staff, User, Visitor, Contractor)</td>
<td>(Premises, money, equipment, Business interruption, problems with service provision)</td>
<td>(Air, Land, Water, Waste management)</td>
<td>(Adverse publicity, Complaints, Legal/Statutory Requirements, Litigation)</td>
<td>(including government priorities, targets and organisational objectives)</td>
</tr>
<tr>
<td><strong>CATASTROPHIC</strong></td>
<td>Incident that lead to one or more deaths</td>
<td>Severe organisation wide damage/ loss of services /unmet need</td>
<td>Toxic release affecting off-site with detrimental effect requiring outside assistance.</td>
<td>National adverse publicity. DHSSPS executive investigation following an incident or complaint. Criminal prosecution.</td>
</tr>
<tr>
<td><strong>MAJOR</strong></td>
<td>Permanent physical/emotional injuries/trauma/harm.</td>
<td>Major damage, loss of property / service /unmet need</td>
<td>Releasea affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc)</td>
<td>Local adverse publicity. External investigation or Independent Review into an incident/complaint. Criminal prosecution /prohibition notice</td>
</tr>
<tr>
<td><strong>MODERATE</strong></td>
<td>Semi permanent physical/emotional injuries/trauma/harm (recovery expected within 1 year).</td>
<td>Moderate damage, loss of property / service /unmet need</td>
<td>On site release contained by organisation</td>
<td>Damage to public relations. Internal investigation (high level), into an incident/complaint. Civil action</td>
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<td><strong>MINOR</strong></td>
<td>Short-term injury/harm. Emotional distress. (Recovery expected within days /weeks.)</td>
<td>Minor damage, loss of property / service /Unmet need</td>
<td>On site release contained by organisation</td>
<td>Minimal risk to organisation. Local level internal investigation into an incident/complaint Legal challenge</td>
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<tr>
<td><strong>INSIGNIFICANT</strong></td>
<td>No injury/harm or no intervention required / near miss</td>
<td>No damage or loss, no impact on service Insufficient unmet need</td>
<td>Nuisance release</td>
<td>Minimal risk to organisation, Informal complaint</td>
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## Appendix 3 – Incident Reporting Form

*Northern Ireland Medical and Dental Training Agency*

<table>
<thead>
<tr>
<th>INCIDENT REPORTING FORM</th>
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<tbody>
<tr>
<td>Incident reported by:</td>
</tr>
<tr>
<td>(insert name)</td>
</tr>
<tr>
<td>Date of the incident:</td>
</tr>
<tr>
<td>Brief summary of incident:</td>
</tr>
<tr>
<td>Names of those involved in the incident:</td>
</tr>
<tr>
<td>Action taken:</td>
</tr>
<tr>
<td>Signed by ........................................Date</td>
</tr>
<tr>
<td>Signature of Team Leader........................................Date</td>
</tr>
</tbody>
</table>

**Completed form should be sent by email to** [mark.mccarey@nimdta.gov.uk](mailto:mark.mccarey@nimdta.gov.uk)