

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the General Manager, Mental Health Service
<b>TYPE OF DOCUMENT</b>	Procedure
<b>DOCUMENT NUMBER</b>	SESLHDPR/748
<b>DATE OF PUBLICATION</b>	May 2023
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	NSQHS 1.11 Clinical Governance, Quality Systems: Incident Management NSW Health PD2020_047 Incident Management
<b>REVIEW DATE</b>	May 2026
<b>FORMER REFERENCE(S)</b>	SESLHDBR/009 - Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the MHS General Manager
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	General Manager, Mental Health Service
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<b>FUNCTIONAL GROUP(S)</b>	Mental Health
<b>KEY TERMS</b>	Incident, Reporting, Harm Score 2, Harm Score 3, Harm Score 4, Mental Health, Police Intervention, Sexual Safety, Prone Restraint, Absconding Type 1
<b>SUMMARY</b>	This Procedure is a guide to standardise the processes of reporting, and investigating, HS 2, 3, and 4 incidents that are required to be reported to the General Manager (GM) MHS. These incidents include actual HS 2 incidents, Police Intervention on a Mental Health Unit (MHU), Sexual Safety incidents, incidents of Prone Restraint greater than three minutes, Consumers seen by MH and remaining in the Emergency Department (ED) for more than 24 hours, and Absconding Type 1 (from an Inpatient Unit).

## COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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# SESLHD PROCEDURE

## Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the Mental Health Service General Manager

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### 1. POLICY STATEMENT

This procedure is necessary to ensure:

- There are standardised processes for the reporting, and investigating, of Harm Score (HS) 2, 3 and 4 incidents that require an [Incident Briefing to General Manager MHS](#) (Appendix B).

### 2. BACKGROUND

This Procedure applies to all Mental Health Service clinical and non-clinical staff members involved in the management of HS 2, 3 and 4 incidents that require reporting to the GM MHS.

#### NOTE:

This Procedure does not detail reporting and investigation requirements for HS 1 incidents, which all require an [Incident Briefing to General Manager MHS](#) within 24 hours of the reported incident.

HS 1 incidents are:

- Suspected suicide of a consumer within a MH Inpatient Unit.
- Suspected suicide of a consumer who has been seen by a MHS within the previous seven days, or where there are reasonable grounds to suspect a clinical connection between the death and care or treatment provided by the MHS.
- Suspected homicide committed by a consumer who had been seen by the MHS within the previous six months.

For management of these HS 1 incidents please see NSW Ministry of Health Policy Directive [PD2020\\_047 Incident Management](#).

### 3. RESPONSIBILITIES

#### 3.1 Employees will:

- Notify all incidents using IMS+, at the time the incident occurs.
- Encourage colleagues to notify identified incidents.
- Participate in the investigation of incidents, as required.
- Participate in the implementation of recommendations arising from the investigation of incidents.
- Follow this procedure.

#### 3.2 Line Managers and Service Managers will:

- Ensure timely notification of incidents
- Ensure processes are in place to manage incidents.
- Ensure a detailed investigation is conducted for all incidents requiring a [Critical Incident Review \(CIR\) Summary MHS](#) (Appendix C).
- Ensure an effective incident management system is in place for investigating incidents, and actioning recommendations arising from these investigations.

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- Ensure clinical staff members are familiar with this procedure, circulating the procedure document and enabling local implementation.

#### 3.3 Service Directors will:

Monitor the compliance of this procedure at the local Clinical Governance Committees (site CGC), and report to the SESLHD MHS Clinical Governance Committee (MHS CGC).

#### 4. PROCEDURE

##### 4.1 All incidents are managed in accordance with NSW Ministry of Health Policy Directive [PD2020\\_047 Incident Management](#), however the SESLHD MHS has some local reporting and investigation processes in place for certain HS 2, 3 and 4 incidents.

This procedure should be used when it is a requirement to complete an [Incident Briefing to General Manager MHS](#), or a [Critical Incident Review \(CIR\) Summary MHS](#), for HS 2, 3 and 4 incidents

The “Mental Health Service Incident Reporting” table, located in [Appendix A](#), details the reporting and investigation processes required.

##### a) Harm Score 2, 3 and 4 incidents requiring an [Incident Briefing to General Manager MHS](#) within 24 hours are:

- HS 2 incidents
- Police Interventions on a MHU, after threatened/actual physical or verbal assault (which is not part of an agreed treatment plan)
- Sexual Safety Incidents
- Prone restraints > three minutes duration
- Consumers seen by MH who are in ED for > 24 hours due to Mental Health Service/On Site constraints.
- Absconding Type 1 (from a Mental Health Inpatient Unit)

See attached “Mental Health Service Incident Reporting” table [Appendix A](#) for details

##### b) Process for Incident Briefing to General Manager MHS

- The incident is entered into IMS+ at the time it occurs.
- An [Incident Briefing to General Manager MHS](#) is completed and sent to the Executive Assistant (EA) and the Clinical Risk Manager (CRM) within 24 hours (one working day), for approval by the GM MHS

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- Approved [Incident Briefing to General Manager MHS](#) are uploaded into HP Content Manager by the EA and returned to the MH site involved, via the site Service Director and site Patient Safety and Clinical Quality Managers.
- All approved [Incident Briefing to General Manager MHS](#) are tabled for discussion at the SESLHD MHS CGC.

#### NOTE:

- A Reportable Incident Brief (RIB) SHOULD NOT be opened in the IMS+ system at the site.
- The GM MHS will decide whether the incident requires reporting via a RIB to the Ministry of Health, and for HS 3 and 4 incidents whether a [Critical Incident Review \(CIR\) Summary MHS](#) is required.
- The GM MHS Office will complete any RIB required by the GM, from the information provided by the site in the [Incident Briefing to General Manager MHS](#).
- All GM approved RIBs are discussed in the SESLHD MHS CGC.

#### c) Incidents Requiring a [Critical Incident Review \(CIR\) Summary MHS](#)

- All incidents for which a RIB has been approved by the GM MHS
- All HS 2 incidents
- Police Intervention on a MHU after threatened/actual physical or verbal assault (which is not part of an agreed treatment plan)
- All Sexual Safety Incidents
- All Absconding Type 1 (from Inpatient Unit)
- Any other incidents at the specific request of the GM MHS

See attached “Mental Health Service Incident Reporting” table [Appendix A](#)

#### Process for incidents requiring a [Critical Incident Review \(CIR\) Summary MHS](#)

- Draft [Critical Incident Review \(CIR\) Summary MHS](#) are completed, approved by the site Service Director, and sent to the EA and the CRM for GM MHS review and approval.
- All approved [Critical Incident Review \(CIR\) Summary MHS](#) are returned to the MH site involved, via the site Service Director and site Patient Safety and Clinical Quality Manager
- All [Critical Incident Review \(CIR\) Summary MHS](#) are included in the SESLHD MHS CGC, with any recommendations actioned through site CGCs, and tracked through the SESLHD MHS CIR Register.
- Approved [Critical Incident Review \(CIR\) Summary MHS](#) are sent to the CGU for any incidents for which a RIB has been generated, or for HS 2 incidents.

#### NOTE:

- A site initiated [Critical Incident Review \(CIR\) Summary MHS](#) can be completed for any incident that would benefit from an investigation. Site initiated [Critical Incident Review \(CIR\) Summary MHS](#) do not require an [Incident Briefing to General Manager](#)

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## Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the Mental Health Service General Manager

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[MHS](#) but, once completed, do require approval by the site Service Director and the GM MH.

### 5. DOCUMENTATION

[Critical Incident Review \(CIR\) Summary MHS](#)  
[Incident Briefing to General Manager MHS](#)

### 6. AUDIT

Daily checking of IMS+ by the Clinical Risk Manager and the site Patient Safety and Quality Managers

### 7. REFERENCES

#### NSW Ministry of Health

- [PD2020\\_047 Incident Management](#)
- [PD2014\\_028 Open Disclosure Policy](#)
- [PD2013\\_038 - Sexual Safety Responsibilities and Minimum Requirements for Mental Health Services](#)
- [PD2020\\_004 - Seclusion and Restraint in NSW Health Settings](#)

#### SESLHD

- [SESLHDGL/082 - Clinical Risk Assessment and Management - Mental Health](#)
- [SESLHDBR/014 - Prone Restraint Restriction for the Mental Health Service](#)
- [SESLHDPR/293 - Consumer Sexual Safety in Mental Health Settings](#)

#### OTHER

- [National Safety and Quality Health Service \(NSQHS\) Second Edition](#)
- [National Standards for Mental Health Services 2010: Standard 2. Safety \(2.13\); Standard 8. Governance, Leadership and Management \(8.8\) \(8.10\) \(8.11\)](#)

### REVISION AND APPROVAL HISTORY

Date	Revision Number	Author and Approval
August 2022 – December 2022	8	Major review. Transferred from Business Rule SESLHDBR/009 to a procedure. Rewritten to comply with MHS changes incident requirements. Reviewed and endorsed by the Document Development and Control Committee.
May 2023	8	Approved by Clinical and Quality Council.

**Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the Mental Health Service General Manager**

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**APPENDIX A – Mental Health Service Incident Reporting**

Incident	Actions Required	Processes for Critical Incidents, Reviews and Recommendations
Harm Score (HS) 2 Incidents	Briefing to GM < 24hrs  <b>and</b> CIR < 45 days	<ul style="list-style-type: none"> <li>Incident entered into IMS+ at the time it occurs.</li> <li><a href="#">Incident Briefing to General Manager MHS</a> (Briefing) completed and sent to Executive Assistant (EA) and Clinical Risk Manager (CRM) within 24 hours (one working day), for approval by GM MHS.</li> <li>Approved Briefing sent to Clinical Governance Unit (CGU) and returned to the MHS site involved</li> <li>Draft <a href="#">Critical Incident Review (CIR) Summary MHS</a> completed, approved by MHS site Service Director (SD), and sent to EA and CRM for review and approval by the GM MHS.</li> <li>GM approved CIR is sent to the CGU, the MHS Site involved, and discussed at SESLHD MHS CGC, with any recommendations actioned through the site's CGCs, and tracked through the SESLHD MHS CIR Register.</li> </ul>
Police intervention on an Inpatient Unit due to "threatened/ actual physical or verbal assault" (unless intervention is part of an agreed treatment plan)  Absconding Consumer Type 1 (from an IPU)  Sexual Safety Incidents	Briefing to GM < 24hrs  <b>and</b> CIR < 45 days	<ul style="list-style-type: none"> <li>Incident entered into IMS+ at the time it occurs.</li> <li>Briefing completed and sent to Executive Assistant (EA) and Clinical Risk Manager (CRM) within 24 hours (one working day), for approval by GM MHS.</li> <li>Approved Briefing returned to MHS site involved</li> <li>Draft CIR completed, approved by MHS site Service Director, and sent to EA and CRM for review and approval by the GM MHS.</li> <li>GM approved CIR is returned to the MHS Site involved, and discussed at SESLHD MHS CGC, with any recommendations actioned through the site's CGCs, and tracked through the SESLHD MHS CIR Register.</li> </ul>
Prone Restraint > 3 minutes  Incident of MH consumer in ED > 24hrs due to Mental Health Service/On Site constraints	Briefing to GM < 24 hrs  No CIR required, unless requested by GM	<ul style="list-style-type: none"> <li>Incident entered into IMS+, at the time it occurs.</li> <li>Briefing completed and sent to EA and CRM.</li> <li>Briefing reviewed by GM MHS and if no significant adverse outcome occurred no CIR would be required</li> <li>Approved Briefing returned to MHS site involved</li> <li>If a CIR was required, processes would be as for Police Intervention, Absconding Type 1 and Sexual Safety Incidents.</li> </ul> <p><b>PLEASE NOTE:</b> Incidents of MH consumers in ED &gt; 24 hrs as a result of ED issues <b>NEED ONLY BE ENTERED IN IMS+</b></p>
Incidents that would benefit from a CIR (Site initiated)	No Briefing required  CIR < 45 days	<ul style="list-style-type: none"> <li>Draft CIR completed, approved by MHS site Service Director, and sent to EA and CRM for review and approval by the GM MHS.</li> <li>GM approved CIR is returned to the MHS Site involved, and discussed at SESLHD MHS CGC, with any recommendations actioned through the site's CGCs, and tracked through the SESLHD MHS CIR Register.</li> </ul>
<p><b>PLEASE NOTE: A Reportable Incident Brief (RIB) SHOULD NOT be opened in the IMS+ system at the site. The GM's MHS Office will complete any RIBs required, from the information provided in the <a href="#">Incident Briefing to General Manager MHS</a>.</b></p>		

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Click here to access template for [Incident Briefing to General Manager MHS](#)

## APPENDIX B – Incident Briefing to General Manager MHS

### INCIDENT BRIEFING TO GENERAL MANAGER MHS

Consumer Name  
DOB  
MRN  
IMS+ Number

#### **PART A**

**Harm Score?**

Reason for Reporting (one sentence – including age and gender)?

**Date of Notification:**

**Date of Incident:**

**Time of Incident:**

**Principle Incident Type:**

**Facility/Location:**

**Description of Incident (up to six points): What happened? What actions were taken in response?**

1.

**Further Planned Action?**

**Has **Open Disclosure** been initiated?**

Date initial **Open Disclosure** occurred?

If **NO Open Disclosure** please give reason:

**Any Other Immediate Concerns/Risks Addressed?**

**Any External Notifications (eg Police, Coroner, other)?**

**Any Media interest?**

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### PART B

Have the immediate needs of patient/carer/family been met?

If yes, how?

If No, why not, and/or what is planned?

**For HS 1 and 2 incidents, confirm name and contact details of STAFF MEMBER who has been allocated as the Dedicated Family Contact.**

Support offered to staff?

Type of investigation Planned?

Other comments?

Contact Name:

Contact Telephone Number:

**1: Site Service Director MH Authorisation**

**Service Director Approval to Transmit to General Manager MHS SESLHD**

Name:

Date:

**2: General Manager, MHS SESLHD Authorisation**

Is a RIB Required?

Is a CIR Required?

**General Manager, MHS SESLHD approval.**

Name:

Date



# SESLHD PROCEDURE

**Incident Processes for Harm Score (HS) 2, 3 and 4 Incidents required to be reported to the Mental Health Service General Manager**

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Click here to access template for [Critical Incident Review \(CIR\) Summary MHS](#)

## APPENDIX C – Critical Incident Review (CIR) Summary MHS

CRITICAL INCIDENT REVIEW (CIR) SUMMARY MHS			
Site:		Harm Score	
Incident Number:		Incident Date:	
Incident Type:		Contact Person:	
Department/Unit:		Telephone No:	
Incident Description/Summary (short explanation of incident):			
Admission Diagnosis:			
Outcome for Patient:			
Open Disclosure: (consumer / carer informed, and by whom)			
Incident Chronology: (sequence of events leading up to the incident – maximum 4-6 dot points)			
<ul style="list-style-type: none"> <li></li> </ul>			
Initial Action Taken: (action taken immediately after the incident was identified)			
<ul style="list-style-type: none"> <li></li> </ul>			
Policies, Procedures, Business Rules, or other documents reviewed:			
<ul style="list-style-type: none"> <li></li> </ul>			
Identify aspects of good clinical care			
<ul style="list-style-type: none"> <li></li> </ul>			
Identify system improvement opportunities and care delivery challenges, including any gaps in service.			

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<b>Rationale for any recommendations, or explanation for no recommendations</b> <ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Identify any other factors involved: (e.g. patient factors, individual factors, team factors, equipment factors etc.)</b> <ul style="list-style-type: none"> <li>•</li> </ul>			
<b>Actions/Recommendations for Improvement and Evaluation Plan:</b>			
Recommendation for Improvement	Responsibility	Time Frame	Evidence Required
<b>Investigating Team:</b>			
Name:		Name:	
Position:		Position:	
Name:		Name:	
Position:		Position:	
<b>Team Leader:</b>		<b>Date:</b>	
<b>Site Service Director:</b>			
Name:			
Signature:		Date:	
<b>FOR OFFICE USE ONLY</b>			
<b>General Manager MHS SESLHD:</b>			
Name:			
Signature:		Date:	