











# **Statutory Notification of Incidents and Deaths**

Guidance for Registered Providers and Managers of Regulated Services

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#### 1 Introduction

This guidance document has been produced for registered providers and managers of establishments and agencies regulated by the Regulation and Quality Improvement Authority (RQIA) and aims to:

- provide guidance on the statutory requirement to notify RQIA of events affecting service users and others;
- detail the procedure of notification to RQIA;
- assist to improve the quality of information submitted to RQIA.

It should be noted that this document is not intended to replace the professional judgement of registered providers and managers.

### 2 Why am I required to notify RQIA?

Article 23 (7)(d) of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) states that

"Regulations may make provision as to the conduct of establishments and agencies, and such regulations may in particular -

make provision as to the notification of incidents occurring in establishments or in premises used for the purposes of agencies;"

and regulations in relation to establishments and agencies make statutory provision for registered providers and managers to notify RQIA of events affecting service users. Details of the service user(s) affected are required by RQIA in accordance with Articles 40 and 43 (2) of the 2003 Order.

Registered providers and managers must familiarise themselves with the legislative requirements relating to their regulated service and the notification process.

Where the notification of events is delegated to other personnel, it is the responsibility of the registered provider and manager to ensure that the legislation and notification process is followed.

Registered providers and managers have the primary responsibility for the investigation, risk management and notification of these events. It is the responsibility of registered providers and managers to ensure that incidents are followed up and that any necessary actions following the occurrence of a notifiable event are taken to ensure the safety and wellbeing of service users.

### 3 When should I make a notification?

The specific notification requirements vary for regulated establishments and agencies and the service specific regulations define the events that registered providers and managers should make notification on. Refer to:

Appendix 1: Legislative Framework, and

Appendix 2: Grid showing notification requirements by service type

If you have reviewed the legislation and notification requirements and remain in doubt as to whether an event should be reported, you should contact the Inspector for your establishment or agency.

It is important that registered providers and managers adhere to the timescales for notification to RQIA. Incidents should be reported without delay i.e. as soon as practically possible. Please refer to the service specific regulations for details. For Children's services, incidents occurring during the week should be reported within 24 hours or, if occurring over weekend or bank holidays, no later than the next working day.

### 4 How do I submit a notification to RQIA?

RQIA provides notification forms on the web portal facility to support the consistency in information submitted. The notification must provide an accurate and detailed account of the event. For general information about the web portal go to <a href="https://www.rqia.org.uk/webportal">www.rqia.org.uk/webportal</a>

In order to make a notification using the web portal facility, you will need log in details and the correct permissions for the service concerned. If you have a specific issue regarding the web portal e.g. missing log in details, technical problem contact the support team at information.team@rgia.org.uk.

When you log in to the home page, you should select the "Notifications" sub-menu. You will be allowed sixty minutes to complete the form. After this time the system will log you out for security reasons and unsaved work will be lost. If you anticipate that you may be called away before you complete this task, we recommend completing the event details off line (i.e. in a Word document) and copy and paste the narrative across.



At the Notifications page, select a service from the drop down menu in the centre of the page, update the view and then select the option to submit a Form 1a (adults services) from the menu on left hand side of the screen. If you are submitting a notification form in respect of a children's home, you will be given the Form 1b option.



Complete the form with all of the relevant details relating to the incident. Mandatory data fields are marked with a red asterisk.

#### Confidentiality

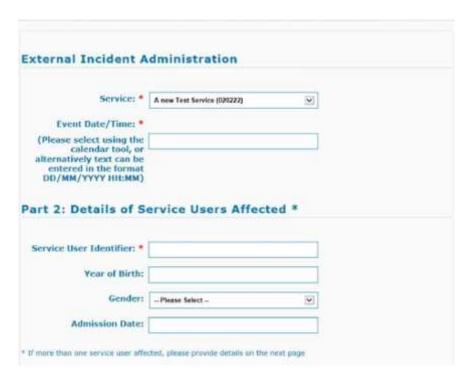
It is the duty of Registered Providers and Managers to comply with UK GDPR by not sending confidential personal information electronically.

Notifications **MUST NOT** contain names or personal details of service users, staff or other persons involved in the event.

#### Part 2: Details of the Service Users Affected \*

To allow RQIA to monitor trends, registered providers and managers are required to put in place a system to allocate unique identifiers to service users of their service and about whom notifications are made. It is not sufficient to abbreviate to a person's initials or their room number. You must ensure that service users and other persons referred to in a notification can be identified in future, if required.

Where the gender of a service user does not fall within the binary male/female definition, the gender field should be left blank. A note advising of the preferred pronoun should be provided within Part 4 of the notification narrative.



#### Part 3: Information about the Event/Death

Select the appropriate notification type and, where provided, the appropriate subtype.

Should the event be related to more than one event type, select the type with the **most** severe consequence i.e. "accident" leading to an injury to the head should be notified as a head injury.

The time of the event will be recorded using the **24 hour clock** i.e. 16:20 not 4.20pm

### Explanatory notes to specific event categories.

Not all services are required to submit notifications in relation to all adverse event categories. Please refer to the Notification Grid in Appendix 2.

Event	Event	Explanatory Note								
Code C1	Category Complaint	Any complaints that relate to child protection, serious harm and/or exploitation of a child or young person should be reported as serious complaints. Do not include those matters resolved at the informal stag of the complaints process.								
C2	Child Protection	Instigation and outcome of any child protection referral, i.e. involving a child (under 18) accommodated in the establishment including a parent who is under the age of 18 accommodated in the residential family centre.								
С3	Offence	Any offence that could result in a remand, court appearance or custodial sentence should be reported as a serious offence.								
C4	Exploitation	Refer to Safeguarding Board for Northern Ireland Procedures Manual for definition, this manual is available at: <a href="http://www.proceduresonline.com/sbni(external link opens in a new window / tab)">http://www.proceduresonline.com/sbni(external link opens in a new window / tab)</a> .								
G1	Death	Provide the certified cause of death if known at the time of the notification.  Specify if the death was unexpected i.e. occurred as the result of an incident or a sudden unexpected illness.  Advise if any (external) review into the care and treatment provided to the service user is to be undertaken.								
G3	Accident	An accident which occurs in the service involving service users, staff or other persons where medical intervention needs to be sought.								
G4	Illness	Serious in the case of Children's home is defined as where medical intervention should be sought.								
<b>G</b> 5	Infectious Disease	Shared symptoms in two or more service users that may indicate a possible outbreak are:  Cough and/or fever e.g. influenza; COVID-19 Diarrhoea and/or vomiting e.g. Norovirus, Clostridium Difficile; Itchy skin, lesion/rash e.g. scabies.  In the case of Children's services, an infectious disease should be reported if a medical practitioner has stated is sufficiently serious to be notifiable. An incident report in this instance may relate to one individual only.								

Event Code	Event Category	Explanatory Note
G6	Misconduct	<ul> <li>Allegations of misconduct only relate to staff as alleged perpetrators (not other service users). In Children's services this specifically relates to any event notifiable under POVA NI Order 2003 (Article 4 (1) (a).</li> <li>May include:</li> <li>Allegations concerning a staff member/s which are subject to an safeguarding investigation and/or PSNI investigation</li> <li>Breach of service user's confidentiality</li> <li>Events that may give rise to criminal charges e.g. theft, fraud or misuse of drugs;</li> <li>Incidents that may give rise to referral to a professional body e.g. Nursing and Midwifery Council; NI Social Care Council; General Dental Council; General Medical Council;</li> <li>Events involving serious damage to property or breach of security;</li> <li>Persistent failures by a person employed by or for the establishment/agency, which over time have the potential to, or actually, cause harm;</li> </ul>
G7	Police Incident	Event not covered by other categories that required the police to be called.  For Children's services, this should include incidents of missing children and young people where it was deemed so serious the police needed to be called to the home.
G8	Other Event	<ul> <li>Failure in a basic utility (electricity, gas, heating, water, sewage, lift access) that lasts for more than 24 hours;</li> <li>Fire at the premises, or any occasion on which the fire alarm equipment is operated (false alarms);</li> <li>Significant damage to premises;</li> <li>Failure of any safety related equipment e.g. call systems;</li> <li>Incidents of alcohol or drug abuse by a service user where this is not already recognised as a risk and included in their care plan.</li> <li>Behavioural Issue i.e. serious incidents of threatening or challenging behaviour in which a service user is harmed or at risk of harm.</li> <li>Suicide/Self-Harm i.e. actual self-harm where this is not already recognised as a risk and included in their care plan or the attempted suicide by a service user.</li> <li>Estates Issue i.e. relates to health and safety, including damage to building, fire safety.</li> <li>Choking i.e. a choking episode which has necessitated staff intervention and/or medical intervention."</li> <li>Safeguarding all incidents of actual alleged or suspect abuse, neglect or exploitation.</li> <li>Restraint i.e. use of a restrictive practice not in accordance with prescribed care and/or results in injury to the service user and/or staff</li> </ul>

Event	Event	Explanatory Note							
Code	Category								
G9	Medication	Any incident involving medicines where there has been an error while:  Prescribing Preparing Dispensing Administering Monitoring Providing advice on medicines  Wrong Dose: The wrong dose of prescribed medication was administered to the service user. Omission/Delay: The prescribed medication was omitted or there was a delay in the administration. Wrong frequency/Time of administration: The prescribed medication was administered at the wrong frequency (for example three times daily instead of twice daily) or was administered at the wrong time (for example a medicine prescribed to be taken at night was administered in the morning). Discrepancy/Loss: A discrepancy whereby the quantity of prescribed medication in stock differs from the quantity which would remain if medicines were administered as prescribed. May also include loss of a service users prescribed medication. Medicines Record: Any error identified in the service user's medicines related records which has or could have led to medicines being administered incorrectly. May include incorrect allergy status or inaccurate personal medication records. Wrong Service User: The prescribed medicine for one service user was administered to a different service user in error. Dispensing Error: May include an error in prescribed medication dispensed by the community pharmacy or from hospital. Prescribing/Interface Issue: Any errors identified in the prescribing of medication for service users for example by GP or on hospital discharge. Any issue with medication which has arisen due to care of the service user transferring between services. Keys: May include the loss or theft of keys used for access to medicine storage areas including controlled drug safes and medicine refrigerators. Out of stock: Prescribed medicine is out of stock and has resulted in more than one missed dose Wrong medicine: The wrong medicine was administered to a service user.							

#### Part 3: Authorities Notified

Identify other organisations/individuals that have also been notified. This should include those organisations where there is a statutory requirement to do so.



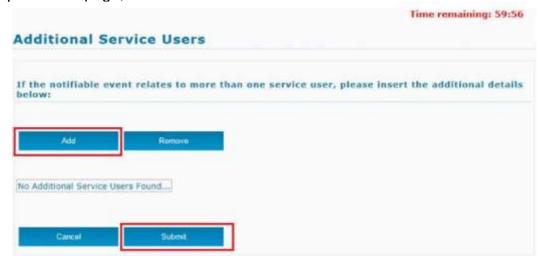
### Part 4: Concise description of surrounding circumstances

Ensure the notification is concise and avoid jargon. Provide details of any immediate action taken following the event. Be open about what has occurred and detail what measures have been taken to minimise recurrence and lessons learned (where appropriate).

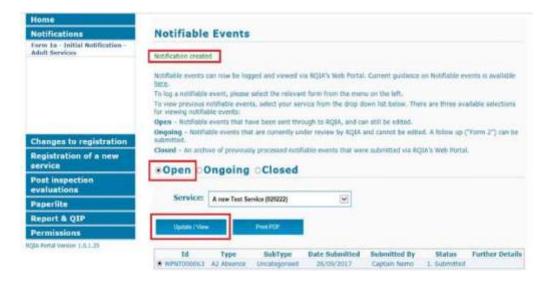
### Part 5: Form completed by

Provide details of name, job role and date form completed. When the notification form is completed, select 'Continue'.

The next page will allow you to add 'Additional Services Users' details, if required. When you have completed this page, select 'Submit'.



When you return to the Notifications menu, you will see the web form you have submitted within the "Open" notifications section. At this point, you can still update or amend the notification form by selecting the form and using the 'Update/View' button.



Once the notification is submitted, you (and the service manager, if different) should receive an automated confirmation email.

### 5 What happens after I have submitted a notification to RQIA?

The RQIA administration team will check the notification no later than the next working day. Where a notification contains errors, it may be rejected and returned to your "Open" notifications section with instructions on how it should be corrected and resubmitted. Should this be the case, you will also receive an automated email message. The onus is on the registered provider and manager to ensure that this is actioned immediately.



If validated, the notification will be passed to the inspector. At this point, the notification will be moved to the "Ongoing" section of your Notifications menu and it can no longer be updated (although you can still submit a "Follow Up" Form). If you wish, you can also save or print out the notification.



### Qualitative assessment undertaken by Inspection Team

The Inspection Team will review the notification and check, and if required, amend the coding.

If required, contact will be made with the service to ensure that the incident has been dealt with appropriately e.g. service user, patient or child's need for safe care has been responded to robustly, learning from the event has been gathered and assurance is given that the learning will influence future assessment and planning. To establish this, the inspector may require follow up information including requests to confirm that other organisations have been notified of the event.

Inspectors may also review the type and occurrence of any incidents in relation to the service in advance of an announced or unannounced inspection and during the inspection process.

When the notification has been closed by RQIA, the notification will move to the "Closed" section of your Notifications menu. At this point you will not be able to complete any further actions against this notification but you can still save or print a PDF version of the notification form.

### 6 How do I submit a follow up to a notification submitted to RQIA?

You may be prompted to do this by an automated email request from RQIA. The Follow Up Required tick box will be automatically populated on your Notifications page.

If this is requested, please respond as soon as possible to assure the inspector that the incident has been managed appropriately and to allow RQIA to close the notification.

Alternatively you may wish to submit this form voluntarily for any "Ongoing" notification.

To submit a follow up, please select the relevant notification and then use the 'Follow up' button.



Input the relevant information into the Form 2 and then click the 'Submit' button



The updated incident will then be positioned within the "Ongoing" notifications section with the 'Follow up Submitted' tick box selected.



### 7 Records retention

Notifications are retained, archived or destroyed according to RQIA's Records Management Policy and Procedure and Retention and Disposal Schedule.

Registered providers and managers, as the originators of the document, are required to retain the original record of the notifications made in line with their records management policy and procedure. Any additional records relating to the notification should also be retained.

### APPENDIX 1: LEGISLATIVE FRAMEWORK

### THE HEALTH AND PERSONAL SOCIAL SERVICES (QUALITY, IMPROVEMENT AND REGULATION) (NORTHERN IRELAND) ORDER 2003

### Regulations relating to establishments and agencies

- **23.**—(1) Regulations may impose in relation to establishments and agencies any requirements which the Department thinks fit for the purposes of this Part and may in particular make any provision such as is mentioned in paragraph (2) or (7).[...]
- (7) Regulations may make provision as to the conduct of establishments and agencies, and such regulations may in particular—[...]
- (d) make provision as to the notification of incidents occurring in establishments or in premises used for the purposes of agencies;

### Power to require information from establishments and agencies and power of entry and inspection

**40.**—(1) The Regulation and Improvement Authority may at any time require a person who carries on or manages an establishment or agency to provide it with any information relating to the establishment or agency which the Regulation and Improvement Authority considers it necessary or expedient to have for the purposes of its functions.

#### Restrictions on disclosure of information under Article 40 or 41

- 43. (1) Subject to subsection (2), a person shall not be required under Article 40 or 41 to provide confidential information which relates to and identifies a living individual unless -
- (a) the information is disclosed in a form in which the identity of the individual cannot be ascertained;
- (b) the individual consents to the information being disclosed; or
- (c) the individual cannot be traced despite the taking of all reasonable steps.
- (2) A person may be required to provide confidential information which relates to and identifies a living individual if -
- (a) it is not practicable to disclose the information in a form in which the identity of the individual cannot be ascertained:
- (b) the Regulation and Improvement Authority considers that there is a serious risk to the health or safety of any person; and
- (c) having regard to that risk and the urgency of the exercise of those functions, the Regulation and Improvement Authority considers that the information should be disclosed without the consent of the individual.
- (3) A person shall not be required under Article 40 or 41 to provide information the disclosure of which is prohibited under another statutory provision unless -
- (a) the prohibition on the disclosure of information operates by reason of the fact that the information is capable of identifying an individual; and
- (b) the information in question is in a form in which the identity of the individual cannot be ascertained.
- (4) In a case where -
- (a) the disclosure of information is prohibited under this Article; and

- (b) the prohibition operates by reason of the fact that the information is capable of identifying an individual, the Regulation and Improvement Authority or a person authorised by it under Article 40 or 41 may require the person holding the information to put the information in a form in which the identity of the individual concerned cannot be identified, in order that the information may be disclosed.
- (5) In this Article "confidential information" means information which is held subject to a duty of confidence, and includes information contained in an accessible record within the meaning of section 68 of the Data Protection Act 1998 (c. 29).

### THE NURSING HOMES REGULATIONS (NORTHERN IRELAND) 2005

- **30.**—(1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –
- (a) the death of any patient, in the nursing home, including the circumstances of his death:
- (b) the outbreak in the nursing home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified;
- (c) any serious injury to a patient in the nursing home;
- (d) any event in the nursing home which adversely affects the wellbeing or safety of any patient;
- (e) any theft or burglary in the nursing home;
- (f) any accident in the nursing home;
- (g) any allegation of misconduct by the registered person or any person who works at the nursing home.
- (2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 days of the oral report.

## THE RESIDENTIAL CARE HOMES REGULATIONS (NORTHERN IRELAND) 2005 Notification of death, illness and other events

- 30.—(1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –
- (a) the death of any resident, including the circumstances of his death;
- (b) the outbreak in the home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified:
- (c) any serious injury to a resident in the home;
- (d) any event in the home which adversely affects the care, health, welfare or safety of any resident:
- (e) any theft or burglary in the home;
- (f) any accident in the home;
- (g) any allegation of misconduct by the registered person or any person who works at the home.
- (2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 working days of the oral report.

### THE NURSING AGENCIES REGULATIONS (NORTHERN IRELAND) 2005 Notification of incidents

- **13.** Where an agency acting as an employment business supplies a nurse to provide nursing care in the private residence of a service user or patient, the registered person shall notify the Regulation and Improvement Authority of any incident reported to the police not later than 24 hours after the registered person –
- (i) has reported the matter to the police;
- (ii) is informed that the matter has been reported to the police.

### THE DOMICILIARY CARE AGENCIES REGULATIONS (NORTHERN IRELAND) 2007

- **15.**—(1) Paragraphs (2) to (12) apply only to the supply of domiciliary care workers to service users by an agency which is acting otherwise than as an employment agency. [...]
- (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall—
- (a) specify the procedure to be followed after an allegation of misconduct, neglect or other harm has been made:

[...]

- (12) The procedure referred to in paragraph (6)(a) shall in particular provide for—[...]
- (b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person—(i) has reported the matter to the police; or(ii) is informed that the matter has been reported to the police.

### THE INDEPENDENT HEALTHCARE REGULATIONS (NORTHERN IRELAND) 2005 Notification of deaths and other events

- **28.**—(1) The registered person shall give notice to the Regulation and Improvement Authority of –
- (a) the death of a patient -
- (i)in an establishment:
- (ii) during treatment provided by an establishment or agency; or
- (iii) as a consequence of treatment provided by an establishment or agency within the period of seven days ending on the date of the death, and the circumstances of his death;
- (b) any serious injury to a patient;
- (c) the outbreak in an establishment of any infectious disease, which in the opinion of any medical practitioner employed in the establishment is sufficiently serious to be so notified;
- (d) any event in the establishment or agency which adversely affects the well-being or safety of any patient;
- (e) any allegation of misconduct resulting in actual or potential harm to a patient by the registered person, any person employed in or for the purposes of the establishment or for the purposes of the agency, or any medical practitioner with practising privileges;
- (f) any theft, burglary or accident in the establishment or agency.
- (2) Notice under paragraph (1) shall be given within the period of 24 hours beginning with the event in question and, if given orally, shall be confirmed in writing as soon as practicable.

### THE CHILDREN'S HOMES REGULATIONS (NORTHERN IRELAND) 2005 Notifiable events

**29**—(1) If, in relation to a children's home, any of the events listed in column 1 of the table in Schedule 5 takes place, the registered person shall without delay notify the persons indicated in respect of the event in column 2 of the table.

[...]

(3) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing.

### Events and Notifications required to be reported to the RQIA as per Column 2 Schedule 5:

Death of a child accommodated in the home

Referral to the Department pursuant to Article 4(1) (a) of the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 (b) of an individual working at the home Serious illness or serious accident sustained by a child accommodated in the home Outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified Allegation that a child accommodated at the home has committed a serious offence Involvement or suspected involvement of a child accommodated at the home in sexual exploitation

Serious incident necessitating calling the police to the home Any serious complaint about the home or persons working there Instigation and outcome of any child protection enquiry involving a child accommodated at the home

## THE DAY CARE SETTING REGULATIONS (NORTHERN IRELAND) 2007 Notification of death, illness and other events

- **29.**—(1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of—
- (a) the death of any service user in the day care setting, including the circumstances of his death;
- (b) the outbreak in the day care setting of any infectious disease which in the opinion of any general medical practitioner is sufficiently serious to be so notified;
- (c) any serious injury to a service user in the day care setting;
- (d) any event in the day care setting which adversely affects the wellbeing or safety of any service user;
- (e) any theft or burglary in the day care setting;
- (f) any accident in the day care setting;
- (g) any allegation of misconduct by the registered person or any person who works in the day care setting.
- (2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 working days of the oral report.

### THE RESIDENTIAL FAMILY CENTRE REGULATIONS (NORTHERN IRELAND) 2007 Notifiable events

- **30.**—(1) If, in relation to a residential family centre, any of the events listed in column 1 of the table in Schedule 5 takes place, the registered person shall without delay notify the persons indicated in respect of the event in column 2 of the table. [...]
- (3) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing.
- (4) References in column 1 of the table in Schedule 5 to a centre shall be construed as references to a residential family centre.

### Events and Notifications required to be reported to the RQIA as per Column 2 Schedule 5

Death of a resident accommodated in the centre

Referral to the Department pursuant to Article 4(1) (a) of the Protection of Children and Vulnerable Adults (Northern Ireland) Order 2003 (b) of an individual working at the centre Serious illness or serious accident sustained by a child accommodated in the centre Outbreak of any infectious disease which in the opinion of a registered medical practitioner attending residents at the centre is sufficiently serious to be so notified Allegation that a resident accommodated at the centre has with the committed a serious offence

Involvement or suspected involvement in prostitution of the (i) a child; or (ii) a parent who is under the age of 18 accommodated in the centre
Serious incident necessitating calling the police to the centre
Any serious complaint about the centre or persons working there
Instigation and outcome of any child protection involving (i) a child; or (ii) a parent who is under the age of 18 accommodated in the centre

## THE ADULT PLACEMENT AGENCIES REGULATIONS (NORTHERN IRELAND) 2007

#### **Notification of incidents**

- **33.**—(1) The registered person shall notify the Regulation and Improvement Authority and the placing authority if an incident described in paragraph (3) takes place.
- (2) That notification must be made within 24 hours of the registered person being informed, or otherwise becoming aware, of the incident.
- (3) The incidents are—
- (a) the death of any service user, including the circumstances of his death;
- (b) the outbreak within the adult placement carer's home of any infectious disease which, in the opinion of any medical practitioner attending persons in the home, is sufficiently serious to be so notified;
- (c) any serious injury to a service user;
- (d) any serious illness of a service user;
- (e) any event of which the adult placement carer is aware which adversely affects the care, health, welfare or safety of any service user;
- (f) any theft or burglary at the adult placement carer's home;
- (g) any incident which—

- (i)occurs in connection with the placement; and
- (ii) is reported to, or investigated by the police;
- (h) any allegation of misconduct by a service user in relation to the adult placement carer or a member of his family;
- (i) any unexplained absence of more than 12 hours of a service user from the adult placement carer's home.
- (4) Any notification under this regulation which is given orally shall be confirmed in writing within 3 working days of the oral report.
- (5) The registered person must ensure that members of staff are required to inform the registered person forthwith when they become aware of the occurrence of any of the incidents described in paragraph (3).

### THE VOLUNTARY ADOPTION AGENCIES REGULATIONS (NORTHERN IRELAND) 2010

- 20.—(1) If, in relation to an agency, any of the events listed in column 1 of the table in Schedule 4 takes place, the registered provider and the manager shall without delay notify the person indicated in that table.
- (2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 14 days.
- (3) In the table in Schedule 4 —
- "approved by the agency" means approved by the agency as suitable to be an adoptive parent in accordance with the Adoption Agencies Regulations (Northern Ireland) 1989; "placing agency" means the adoption agency that placed the child for adoption with the prospective adopter;

#### Column 2 Schedule 4

Death of child placed for adoption by the agency or in the care of that agency pending placement.

Referral to the Independent Safeguarding Authority (2) pursuant to Article 37 of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (3)of an individual working for the agency.

Serious illness of, or serious accident sustained by, a child placed for adoption by the agency *or in* the care of that agency pending placement.

Any serious complaint about a prospective adopter approved by the agency where no child is placed for adoption with that prospective adopter.

Any serious complaint about a prospective adopter approved by the agency where a child is placed for adoption with that prospective adopter by the agency.

Any serious complaint about a prospective adopter approved by the agency where a child is placed for adoption with that prospective adopter by another agency.

Instigation and outcome of any child protection enquiry involving a child placed for adoption by the agency *or in* the care of that agency pending adoption

### **APPENDIX 2 – REPORTING REQUIREMENTS GRID**

Form	Notification Type		Notific	ation Sub Type	Residential Family Centres	Children's Homes	Nursing Homes	Residential Care Homes	Day Care Settings	Independent Health	Adult Placement Agencies	Domiciliary Care Agencies	Nursing Agencies	Vol Adoption Agencies
		1 Theft/Burglary	A1.1	Theft			$\checkmark$	$\sqrt{}$		$\sqrt{}$	~			
	<b>A1</b>		A1.2	Burglary			$\checkmark$	$\checkmark$	$\checkmark$	$\sqrt{}$	~			
<b>1</b>				Uncategorised				<b>√</b>	$\sqrt{}$	V	$\sqrt{}$			
	40	Absonos	A2	Unexplained absence							<b>V</b>			
	A2	Absence		Uncategorised							V			
	C4	Commissions	C1	Serious Complaint										$\checkmark$
	C1	Complaint		Uncategorised	<b>√</b>	V								$\sqrt{}$
	Ca	Child Drotostion	C2	Child protection enquiry	V	V								√
<del>0</del>	C2	Child Protection		Uncategorised	<b>√</b>	$\sqrt{}$								$\sqrt{}$
_	C3 Offence	Offence	C3	Allegation of serious offence										
	On Onence	Offerice		Uncategorised	√	√								
	C4	C4 Exploitation	C4	Sexual exploitation	V	√ ,								
	J ,			Uncategorised	V	V	,	1		1				
	G1 Death	Death	G1.1	Expected	V	V	<b>√</b>	<u>√</u>	,	V				
			G1.2	Unexpected	V	V	<b>√</b>	<u>√</u>	1	V	√ 			√ /
			G1.3	Flu like illness/ pneumonia/lower respiratory infection	V	1	√ 	√ 	<b>V</b>	<b>V</b>	√ 			$\sqrt{}$
				Uncategorised	√	V	$\sqrt{}$	√	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$			$\sqrt{}$
			G2.1	Fracture (Hip)	V	V	√	√		V	√			$\sqrt{}$
	G2	Injury	G2.2	Fracture (Other)	√	<b>√</b>	<b>√</b>	<u>√</u>	√	V	√ 			<b>√</b>
٩	\ \begin{array}{c}	ja. y	G2.3	Head Injury	V	V	<b>√</b>		$\sqrt{}$	$\sqrt{}$	√ 			√ /
7				Uncategorised	√ /	V	<b>√</b>		<b>√</b>	$\sqrt{}$	√ 			√
1a+1b			G3.1	Fall witnessed by staff	V	V	<b>√</b>	<u> </u>	<b>√</b>	√ /	√ 			
•	00	3 Accident	G3.2	Fall not witnessed by staff	<b>V</b>	<b>V</b>	1	<u>√</u>	√ /	V	√ 			
	G3		G3.3	Burn/Scald	√ /	V	ν /		√ /	√ 1	√ √			
			G3.4	Other	\ \ !	N	1	√ √	√ √	1	√ √			
			G4	Uncategorised Serious illness	V	1	V	V	V	N .	√ √			V
	G4	Illness	G4	Uncategorised	V	1					√ √			√ √
		Infectious	G5	Flu like illness	\ \ \	1	V	<b>√</b>		V	√ √			V
	G5		33		N N	2/	2/	۷	√ √	2	V			
	Disease		Uncategorised	V	V	V	V	V	V	V				

Form	m Notification Type		Notific	cation Sub Type	Residential Family Centres	Children's Homes	Nursing Homes	Residential Care Homes	Day Care Settings	Independent Health	Adult Placement Agencies	Domiciliary Care Agencies	Nursing Agencies	Vol Adoption Agencies
			G6.1	Physical	<b>√</b>	$\sqrt{}$		√	$\sqrt{}$		V			$\sqrt{}$
			G6.2	Sexual			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
			G6.3	Psychological/Emotional			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
			G6.4	Financial/Material			$\sqrt{}$			$\sqrt{}$	$\sqrt{}$			$\sqrt{}$
	G6	Misconduct	G6.5	Neglect/Acts of Omission			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
			G6.6	Institutional			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
			G6.7	Discriminatory			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
			G6.8	Damage to property			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
			G6.9	Misuse of drugs			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			$\sqrt{}$
	G7	Police Incident	G7	Incident involving the police							$\checkmark$	$\checkmark$		
				Uncategorised							$\checkmark$	√ *	√ **	
	G8	Other Event	G8.2	Behavioural Issue			$\checkmark$	<b>V</b>	$\sqrt{}$	$\checkmark$	$\checkmark$			
			G8.3	Suicide/Self Harm			$\checkmark$	$\sqrt{}$	$\sqrt{}$	$\checkmark$	$\sqrt{}$			
			G8.4	Estates Issue			$\checkmark$	$\sqrt{}$	$\sqrt{}$	$\checkmark$	$\sqrt{}$			
_0			G8.5	Choking			$\checkmark$	$\sqrt{}$		$\checkmark$	$\sqrt{}$			
1a+1b			G8.6	Safeguarding			$\checkmark$	$\sqrt{}$		$\checkmark$	$\sqrt{}$			
<del>-</del>			G8.7	Restraint			$\checkmark$	<b>V</b>		$\checkmark$	$\checkmark$			
_				Uncategorised			$\checkmark$	<b>V</b>		$\checkmark$	$\checkmark$			
			G9.1	Wrong Dose			$\checkmark$	<b>V</b>		$\checkmark$	$\checkmark$			
			G9.2	Omission/delay			$\sqrt{}$			$\sqrt{}$	$\sqrt{}$			
			G9.3	Wrong frequency/Time of administration	$\sqrt{}$	<b>√</b>	~	$\sqrt{}$	√	~	~			
			G9.4	Discrepancy/Loss	V		$\checkmark$	<b>V</b>		$\checkmark$	$\checkmark$			
			G9.5	Medicines Record	V	V	<b>√</b>	<b>V</b>		<b>√</b>	$\sqrt{}$			
	C0	9 Medication Incident	G9.6	Wrong Service User	V	V	<b>√</b>	<b>V</b>		<b>√</b>	$\sqrt{}$			
	G9		G9.7	Dispensing Error	V	V	<b>√</b>	<b>V</b>		<b>√</b>	$\sqrt{}$			
			G9.8	Prescribing/interface issue	V		$\sqrt{}$	V		$\sqrt{}$	$\sqrt{}$			
			G9. 9	Keys	V		$\checkmark$	<b>V</b>		$\checkmark$	$\checkmark$			
			G9.10	Out of Stock	V		1	<b>√</b>	$\sqrt{}$	$\sqrt{}$	<b>V</b>			
			G9.11	Wrong medicine	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	V	$\sqrt{}$	$\sqrt{}$	<b>V</b>			
			G9.12	Other	V		$\sqrt{}$	<b>V</b>	$\sqrt{}$	$\sqrt{}$	<b>V</b>			
Fastus				Uncategorised			$\sqrt{}$		$\sqrt{}$	$\sqrt{}$	$\sqrt{}$			

Footnote

\* Only when police involvement is in relation to a safeguarding concern

\*\* Only when the incident occurred in a service user's private residence