PROCEDURE AND AUDIT CHECKLIST

Incident reporting and learning procedure checklist

Source anchors

- CQC Regulation 12, safe care and treatment
- CQC Regulation 17, good governance
- CQC Regulation 20, duty of candour
- CQC notifications
- CQC learning from safety incidents
- HSE RIDDOR
- HSE reporting accidents and incidents at work

How to use this checklist

Use this checklist to audit whether the service can show a complete incident loop: immediate safety action, factual recording, triage, investigation, external reporting decisions, actions and learning. It can be used monthly, after a serious incident, before governance review, or before an inspection-readiness review.

Incident reporting rules vary by incident type and service model. Check current CQC notification, safeguarding, RIDDOR, commissioner and sector-specific reporting routes before relying on a local deadline.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill & Sign, Markup or comment tools. Use those tools to tick boxes and type into the lines.

Service details

SERVICE NAME	LOCATION

DATE COMPLETED	COMPLETED BY

REGISTERED MANAGER	INCIDENT LEAD
PERIOD REVIEWED	NUMBER OF INCIDENT RECORDS SAMPLED

1. Reporting culture and immediate response

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Staff know what counts as an incident or near miss.** **Evidence:** Staff interview, induction record, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Staff know immediate safety comes before form completion.** **Evidence:** Staff interview, incident sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Urgent escalation route is clear, including out of hours.** **Evidence:** Procedure, on-call rota, staff briefing.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Incident records show immediate action taken.** **Evidence:** Incident sample, care record, call note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **People affected and staff involved are supported.** **Evidence:** Support note, debrief, communication record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Evidence is preserved where crime, equipment failure, medicines error or serious harm may be involved.** **Evidence:** Incident sample, equipment quarantine, record export.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Incident record quality

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Records show date, time, location, people affected and factual description.** **Evidence:** Incident sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Harm and potential harm are recorded.** **Evidence:** Incident sample, clinical review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Witnesses, staff present and relevant records are identified.** **Evidence:** Incident sample, witness notes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Record avoids speculation, blame or unclear language.** **Evidence:** Incident sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Late entries or corrections have a clear audit trail.** **Evidence:** Audit trail, correction note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
6 **Records identify reviewer and next step.** **Evidence:** Incident sample, action log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Triage and investigation

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Each incident is reviewed and graded by a competent person.** **Evidence:** Triage note, grading record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Grading considers actual harm, potential harm and recurrence risk.** **Evidence:** Triage note, clinical review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Investigation depth is proportionate to harm and learning value.** **Evidence:** Investigation plan, closure note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Serious or repeated incidents have senior or independent review where possible.** **Evidence:** Review note, governance minute.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Investigation looks beyond individual blame to system causes.** **Evidence:** Investigation report, action rationale.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Grading is updated if new information emerges.** **Evidence:** Update note, supplementary evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. Linked duties and external reporting

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Duty of candour is opened or ruled out with reasoning.** **Evidence:** Candour decision, linked record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **CQC statutory notification is opened or ruled out with reasoning.** **Evidence:** Notification decision, submitted notification.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Safeguarding referral is opened or ruled out with reasoning.** **Evidence:** Safeguarding decision, referral receipt.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **RIDDOR or other external reporting is considered where applicable.** **Evidence:** RIDDOR decision, report receipt, advice note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Commissioner, police, coroner, professional regulator, DBS or ICO routes are considered where relevant.** **Evidence:** Decision record, correspondence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
6 **External reporting is not delayed while internal investigation continues.** **Evidence:** Timeline, report date, investigation status.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Actions and evidence of learning

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Actions have owner, due date and evidence requirement.** **Evidence:** Action log, improvement record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Actions address causes rather than only closing the incident.** **Evidence:** Investigation report, action rationale.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Completion is supported by evidence.** **Evidence:** Evidence attachment, audit result, training record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Effectiveness is checked for higher-risk actions.** **Evidence:** Follow-up audit, observation, trend review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Care plans, risk assessments, policies or training are updated where needed.** **Evidence:** Updated documents, briefing record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Staff and people affected are told about learning where appropriate.** **Evidence:** Team briefing, feedback note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Governance and themes

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Incidents are reviewed at governance on a stated cadence.** **Evidence:** Governance minutes, incident report.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Review includes repeated people, locations, shifts, teams and incident types.** **Evidence:** Theme report, trend chart.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Overdue actions are visible to the Registered Manager.** **Evidence:** Action tracker, dashboard.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Repeated or serious incident themes update the risk register.** **Evidence:** Risk register, linked incident theme.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Governance records decisions, not only incident counts.** **Evidence:** Minutes, action decisions.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
6 **Staff training needs from incidents are tracked.** **Evidence:** Training matrix, supervision record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

7. Summary judgement

Which incident type repeated most in the last 12 months? _____

Which incident has the weakest external reporting decision trail? _____

Which action is overdue or lacks completion evidence? _____

Which incident theme should be on the risk register today? _____

What would a CQC inspector see if they asked for incident learning evidence today? _____

8. Action log

Action	Source check	Owner	Due date	Completion evidence

9. Completion

Sign-off	Name	Date
Completed by		
Reviewed by Registered Manager		

This checklist is a working tool. It does not replace live regulator guidance, safeguarding advice, RIDDOR advice, the service's own incident procedure, legal advice or professional judgement.

Related reading

- Article: CQC governance documents
- Sample policy: Incident reporting, investigation and learning policy
- Related procedure checklist: Duty of candour procedure checklist
- Related procedure checklist: Statutory notifications procedure checklist

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