NHS
Cornwall and
Isles of Scilly

Incident management policy

Date approved: 23 November 2022

NHS Cornwall and Isles of Scilly Integrated Care Board

Call us on 01726 627 800
Email us at ciosicb.contactus@nhs.net
Visit our website: cios.icb.nhs.uk

Part 2S, Chy Trevail,
Beacon Technology Park,
Dunmere Road,
Bodmin, PL31 2FR
Chair: John Govett
Chief executive officer: Kate Shields

Document control

Title of document: Incident management policy
Lead directorate: Transformation and partnerships
Lead team: Corporate governance
Document type: Policy
Subject category: Corporate governance
Author(s) name: Head of corporate governance
Date ratified: 23 November 2022
Ratified by: Director of transformation and partnerships
Review frequency: 3 years (standard, unless otherwise indicated)
To be reviewed by date: 23 November 2025
Target audience: All staff
Can this policy be released under FOI? Yes
Give reasons for exemption if no: N/A

Version control

Version number	Revision date	Revision by	Nature of revisions
V1	May 2019	Head of corporate governance	Ratification information added plus minor stylistic amendments
V1	July 2022	Head of corporate governance	Policy adopted by NHS Cornwall and Isles of Scilly Integrated Care Board
V2	September 2022	Corporate governance officer	Re-badging as an ICB policy to reflect ICB structures and director titles as appropriate. Policy is now due for review and re-approval.
V3	November 2022	Corporate governance officer	Policy reviewed – no changes to process required. Minor branding changes made.
V3.1	November 2022	Director of transformation and partnerships	Policy ratified by the relevant director.

You can request any document published on our website in alternative formats. Email our engagement team for more information.

Contents

1. Introduction 4
2. Purpose 5
3. Definitions 5
   Incident and/or accident 5
      Personal accident 5
      Violence, abuse, harassment or discrimination 5
      Ill health, work or environmental related incidents 5
      Fire incident 5
      Security incident 5
      Clinical incident 5
      Near miss 6
4. Responsibilities 6
   The director of system partnership and transformation 6
   All directors 6
   All managers 6
   The corporate governance team 6
   Staff affected by or involved in incidents 7
5. Reporting incidents 7
6. Additional reporting 8
   Reporting of injuries, diseases and dangerous occurrences (RIDDOR) 8
   Incidents deemed to be serious in nature 8
   Estates and facilities 9
   People and operational development (POD) team 9
   NHS Resolution 9
   Fraud and bribery 9
   Violence, aggression and security 9
   Safeguarding children or adults 9
   Media Involvement 9
   Other types of incidents 10
7. Levels of investigation and sharing of lessons learnt 10
8. Policies referred to in this document 10

Equality impact assessment 11

1. Introduction

This policy relates to incidents causing, or with the potential to cause, injury and/or harm to anyone using the services we commission, members of staff, visitors or contractors, or damage to or loss of NHS Cornwall and the Isles of Scilly integrated care board (ICB) property.

If you are seeking information about what to do in the event of an information breach (information governance incidents) such as the release of corporate confidential or personal identifiable information please refer to the data protection policy and report via ciosicb.caldicottincidents@nhs.net.

If you are seeking information about what to do in the event of a cyber security incident, such as a virus attack or hacking of an information system please refer to the IT security policy and report via CITS helpdesk (01209 881717) or via the Service Anywhere portal.

If you are seeking information about what to do in the event of a serious incident involving a service the ICB commissions, please refer to the serious incident policy and report to the ICB's quality team via ciosicb.si@nhs.net.

This policy applies to all staff in the ICB in relation to incidents and is designed to ensure all staff have a clear understanding of their responsibilities and the arrangements for reporting and management of incidents, including near misses and serious incidents.

Incidents and near misses provide an opportunity for learning and improvement to prevent future incidents and potential harm. For this learning to take place it is essential that all incidents and near misses are reported and investigated promptly, accurately and appropriately. Incident reporting also helps with ensuring a culture of openness, communication with people who use the services we commission, our colleagues and other stakeholders and compliance with legal duties as an employer.

Incidents are more often than not the result of a system failure rather than one individual's actions. They can be caused by a variety of factors including the physical environment, a lack of training or skills, process problems, human error and communication. Reviewing the way things are done, rather than the individuals involved, assists us in establishing what corrective action can be taken to modify the systems and processes as opposed to apportioning blame. Blaming individuals and punishing errors can prevent the open and honest reporting of incidents and consequently impact the learning from those incidents to allow put actions in place to prevent future harm.

The ICB is committed to keeping people safe and will take a proactive and 'fair-blame' approach to managing incidents to promote risk reduction in an open and fair culture. Fair blame is about focussing on systems not people. The ICB will take a non-punitive approach to incidents, unless it becomes clear an individual has deliberately violated systems or processes and/or repeatedly made similar mistakes resulting in an adverse incident. In such cases, disciplinary or capability procedures may be followed as appropriate.

Staff should speak to their line manager or refer to the ICB's Freedom to Speak Up: Raising Concerns in the NHS (Whistleblowing) policy for guidance on what to do if they have concerns regarding a colleague's behaviour.

2. Purpose

The purpose of this policy is to outline the arrangements for identifying, reporting, managing and investigating incidents within the ICB.

3. Definitions

Incident and/or accident

Any event that has caused, or had the potential to cause, injury and/or harm to any person, such as anyone using the services we commission, members of staff, visitors or contractors, or causes or may cause damage to or loss of ICB property.

Personal accident

Accidental incidents which affect and/or involve a person or persons and resulted, or could have resulted, in injury.

Violence, abuse, harassment or discrimination

Including physical assaults, deliberate self-harm, aggressive incidents, verbal abuse, sexual harassment, intimidation or threatening behaviour and discrimination against people on the grounds of religion and/or belief, gender (including transgender), race, age, disability or sexual orientation. Please refer to the acceptable behaviour policy for more information on how the ICB manages unacceptable behaviour towards employees of the ICB.

Ill health, work or environmental related incidents

Illness or harm related to work or the working environment, such as contact dermatitis, unsafe environments, flooding or loss of power for example leading to loss of services.

Fire incident

Smoke, fire, suspected smoke and/or fire, or fire alarm.

Security incident

Such as fraud, theft, deception, bribery, criminal damage.

Clinical incident

Incident which arises in the context of the duty of care owed to patients by healthcare professionals or consequences of decisions or judgements made by those professionals in their professional capacity or relevant work.

Near miss

An event which could have resulted in injury, harm or damage but for the intervention of a third party or 'luck.' Reporting a near miss is just as important as reporting an incident which actually happened or caused harm.

4. Responsibilities

The health and safety sub-committee will receive regular reports on incidents relating to health and safety. These may also be reported to the relevant constitutional committee as part of the health and safety sub-committee reporting schedule.

The accountable officer is ultimately responsible for ensuring compliance with the Health and Safety at Work etc Act 1974 and associated legalisation and that this policy is implemented and effective within the ICB.

The director of system partnership and transformation

Acts as the board lead for security, fire and counter-fraud.

All directors

Work together to encourage reporting and investigation of incidents and near misses, and a culture of openness, honesty and learning.

All managers

- Take appropriate action to maintain the safety of people using the services we commission, staff, members of the public and contractors.
- Ensure any staff members affected by or involved in the incident have received appropriate care and advice; this could include referrals to occupational health.
- Ensure the incident has been reported.
- Report to external agencies if required (see section 6).
- Instigate an investigation into the incident and identify the causes and any actions required to prevent recurrence.
- Record the findings and outcome of this investigation with the head of corporate governance.

The corporate governance team

- Record incidents reported on a central register and ensure actions taken are recorded.
- Provide reports to relevant committees on incident figures and trends.
- Ensure risks identified through incidents are appropriately recorded, graded and that progress is made on proposed actions.

- Liaise with the leads for complaints and litigation for the ICB on a regular basis to identify any trends in events being reported.
- Provide guidance for staff regarding the reporting of incidents to the Health and Safety Executive (see section 6).
- Provide advice and support to staff who have experienced such an incident.
- Provide advice and support in the investigation and prevention of such incidents.
- Liaise with the ICB's Local Security Management Specialist (LSMS) where needed for further support, help and advice c.tedstone@nhs.net or carver.tedstone@tiaa.co.uk.

Staff affected by or involved in incidents

- Take appropriate immediate action to maintain the safety of people using the services we commission, staff, members of the public and contractors.
- Inform their line manager or supervisor about any incidents as soon as they become aware of events.
- Notify the corporate governance team of the incident within 24 hours of becoming aware of events. (See section 5 for guidance on how to notify).

5. Reporting incidents

The immediate priority for all staff in case of an incident is to take steps necessary to secure the safety of anyone involved, such as administration of first aid. Action should then be taken to prevent or minimise reoccurrence such as removal of any faulty or broken equipment. Longer term action may also be required such as a change in working practice.

The corporate governance team should be notified about an incident as soon as possible (within 24 hours of the incident occurring or becoming evident). Staff should:

1. Inform their line manager, who should take any immediate action required and commence investigation.

and

2. Send an email detailing what is known about happened to ciosicb.incidents@nhs.net

When reporting an incident it is important to remember that all details must be factual. Ensure that as many relevant details as possible at the time are recorded, for example:

- Incident description including any injuries, harm and/or loss.
- Date and time of incident.
- Location.
- People affected and/or staff involved.
- Name of person reporting the incident.
- Witnesses (and statements where applicable).
- Immediate action taken.

6. Additional reporting

Some types of incidents require further reporting internally or externally.

Reporting of injuries, diseases and dangerous occurrences (RIDDOR)

Details of some incidents may be reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR requires deaths and injuries to be reported only when:

- there has been an accident which caused the injury
- the accident was work-related:
  - an accident is 'work-related' if any of the following played a significant role:
    - the way the work was carried out
    - any machinery, plant, substances or equipment used for the work
    - the condition of the site or premises where the accident happened
- the injury is of a type which is reportable:
  - the death of any person
  - specified Injuries to workers (see www.hse.gov.uk/riddor/reportable-incidents.htm for details on which injuries are specified)
  - injuries to workers which result in their incapacitation for more than 7 days
  - this may mean absence from work or inability to carry out the full range of their normal duties
  - injuries to non-workers which result in them being taken directly to hospital for treatment, or specified injuries to non-workers which occur on hospital premises

Reporting under RIDDOR is undertaken by the line manager via an online form (http://www.hse.gov.uk/riddor/report.htm) and a copy of the RIDDOR form should be forwarded to the head of corporate governance (who can provide advice); this should also be copied to ciosicb.incidents@nhs.net.

RIDDOR reporting should take place without delay for deaths, serious injuries and dangerous occurrences, certainly within 10 days and within 15 days for over 7 day incapacitation of a member of staff due to a work-related incident.

Should staff be uncertain as to the need for a RIDDOR report, the head of corporate governance can provide guidance.

Incidents deemed to be serious in nature

In the event of an incident being reported that is deemed to be serious in nature, the corporate governance team will escalate as appropriate to the relevant director or director on call and an appropriate investigation commenced. Incidents will be deemed serious if they meet any one or more of the following:

- Result in significant injury or death.
- Affect a high number of people simultaneously.

- Result in significant loss or damage to assets or property.
- Have significant business continuity impacts.

This is not an exhaustive list.

Estates and facilities

The corporate governance team will share details of relevant incidents with NHS Property Services, Cornwall Council or appropriate landlord to allow action to be taken to prevent reoccurrence.

People and operational development (POD) team

Where necessary details of an incident may be shared with the POD team, to ensure appropriate support, training or other action.

NHS Resolution

Any staff incident that results in over 10 days' sickness absence period, fatal injuries, amputation to any limb, head injury and/or likely HSE prosecution should be highlighted to the corporate governance team who may share details of this with NHS Resolution on behalf of the ICB.

Fraud and bribery

The corporate governance team will share details of any incident related to this with the local counter fraud specialist, who can provide advice and support.

Violence, aggression and security

The corporate governance team will share details of these incidents with the POD team and the LSMS specialist, who can provide advice and support.

Safeguarding children or adults

Details of any incidents raising safeguarding concerns will be shared with the safeguarding team by the corporate governance team.

Media Involvement

If a staff member is contacted by the media regarding an incident they should refer them to the communications team. Sometimes the ICB may wish to seek the involvement of the media in incident management, for example, where there may be a recall or a public health concern. The ICB may also wish to work closely with the media to ensure they reflect the incident events and the organisations actions accurately. The communications team will co-ordinate all media relations as necessary and/or appropriate in line with the ICB's communications strategy and maintain contemporaneous records of all contact and information shared with the media.

Other types of incidents

If the corporate governance team receive notification of any other type of incident that falls outside their remit or requires additional onwards reporting, they will pass it on to the appropriate team.

7. Levels of investigation and sharing of lessons learnt

Some incidents may not require immediate investigation, but most will require some immediate management actions to prevent any further harm or damage.

It is the responsibility of the local manager to investigate the incident and record the findings, as per section 4 on roles and responsibilities.

The corporate governance team will share learning from incidents, where trends are identified, at an organisational level through the relevant forum, such as the health and safety sub-committee.

Managers can also share learning through team meetings, staff briefings, newsletters and all user emails where appropriate, to ensure the lessons are communicated not just to those directly affected by the actions, but to other groups who may be able to adapt the learning to suit their own services and needs.

8. Policies referred to in this document

- Acceptable behaviour policy
- IT security policy
- Serious incident policy
- Data protection policy
- Freedom to Speak Up: Raising Concerns in the NHS (Whistleblowing) Policy
- Information governance policy

Equality impact assessment

Name of policy or service to be assessed: Incident management policy
Department or section: corporate governance
Date of assessment: November 2022
Person(s) responsible for the assessment: head of corporate governance
Is this a new or existing policy? Existing

Aims, objectives and purpose of the policy

Describe the aims, objectives, and purpose of the policy.
Policy sets out the roles and responsibilities of all staff in the ICB in relation to incidents and the arrangements for reporting and management of all incidents, including near misses. Aims to enable staff to report incidents to allow investigation, learning and improvements in safety and service quality.

Who is intended to benefit from this policy, and in what way?
Staff and visitors will benefit as policy drives improvements in their safety.
Staff will also benefit from the fair-blame culture endorsed and outlined by the policy.
People who use the services we commission will benefit as the policy drives improvements in their safety
The organisation will benefit from a process of continuous learning and improvement to working practices and procedures

What outcomes are wanted from this policy?
Appropriate and timely reporting of incidents, leading to appropriate action being taken to ensure peoples safety.
Improved services and safety.

What factors or forces could contribute or detract from the outcomes?
Lack of staff awareness of policy and processes involved.
Colleagues unfamiliar with reporting systems (this will be mitigated through regular reminders through weekly email bulletin)

Who are the main stakeholders in relation to the policy?
All colleagues within the ICB. Specific interests include, but not limited to, corporate governance team, executive directors, directors, managers, head of information governance, information management and technology, quality team, prescribing, communications team, people team.
Local counter fraud specialist.
NHS Property Services
NHS England
NHS Resolution
Health and Safety Executive
Safeguarding team
Local security management specialist

Who implements the policy, and who is responsible for the policy?
All staff, led by directors. Corporate governance team are responsible for the policy

Differential impacts

Does this have a positive or negative impact on people from an ethnic minority background? How will any negative impact be mitigated?
Positive. Policy applies to all incidents, including those related to race issues. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of ... race….”

Does this have a positive or negative impact on people who identify as male, female or intersex? How will any negative impact be mitigated?
Positive. Policy applies to all incidents, including those related to sex. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of … gender (including transgender) ...”

What is the positive or negative differential impact on people from the perspective of disability? How will any negative impact be mitigated?
Positive. Policy applies to all incidents, including those related to disability issues. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of … disability ….”.
The policy makes particular reference to ‘vulnerable adults,’ this includes adults with a learning disability. This is because this section of the population is felt to be particularly at risk of harm due to abuse/ neglect/ prejudice/ communication difficulties.

Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? How will any negative impact be mitigated?
Positive. Policy applies to all incidents, including those related to sexual orientation issues. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of … sexual orientation ….”

What is the positive or negative differential impact on people from the perspective of age? How will any negative impact be mitigated?
Positive. Policy applies to all incidents including those related to age. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of …age…. “
The policy makes particular reference to ‘vulnerable adults,’ this includes some elderly people. This is because this section of the population is felt to be particularly at risk of harm due to abuse/ neglect/ prejudice/ communication difficulties.
The policy makes particular reference to ‘children.’ This is because this section of the population is felt to be particularly at risk of harm due to their vulnerability and dependence upon others.

What is the positive or negative differential impact on people from the perspective of religion or belief? How will any negative impact be mitigated?
Policy applies to all incidents including those related to religion or belief. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of religion/belief…”

What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? This is particularly relevant for employment policies. How will any negative impact be mitigated?
There is no expectation that someone who is married or in a civil partnership will face different issues with regards to this policy than someone who is not married or in a civil partnership. Impact considerations include non-physical harm.

Does this have a positive or negative impact on people who identify as trans or transgender, non-binary, or gender fluid? How will any negative impact be mitigated?
Policy applies to all incidents including those related to gender. Impact considerations include non-physical harm.
Section 3 refers to “discrimination against people on the grounds of … gender (including transgender) …. “

Does this have a positive or negative impact on people who are pregnant, breast-feeding mothers, or those on maternity leave? How will any negative impact be mitigated?
Policy applies to all incidents. There is no expectation that someone who is pregnant or breastfeeding will face different issues with regards to this policy than someone who is not pregnant or breastfeeding.

Are they any other identified groups? How will any negative impact be mitigated?
There is no expectation that people in any of these groups will face different issues with this policy than people who are considered not to be within these groups when reporting incidents

Human rights values

How have the core human rights values of fairness, respect, equality, dignity, and autonomy been considered in the formulation of this policy, service, or strategy?
Core human rights values have been considered in the formulation of this policy. Reporting incidents helps prevent recurrence. Incidents could, for example, cause physical harm, be discrimination or breach of confidentiality.

Which of the human rights articles does this document impact?

☒ To life
☐ Not to be tortured or treated in an inhuman or degrading way
☐ To liberty and security
☐ To a fair trial
☐ To respect for home and family life, and correspondence
☐ To freedom of thought, conscience, and religion
☐ To freedom of expression
☐ To freedom of assembly and association
☐ To marry and found a family

☐ Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention
☐ To peaceful enjoyment of possessions

What existing evidence (either presumed or otherwise) do you have for this?
Incidents may be about personal or physical safety (for example health and safety) security of buildings or belongings, or relate to discrimination or abuse on basis of protected characteristics which include religious belief, marital status, pregnancy, breastfeeding etc.

How will you ensure that those responsible for implementing the policy are aware of the human rights implications and equipped to deal with them?
The policy sets out what should be done in response to an incident

Public Sector Value Act 2012

NHS Cornwall and Isles of Scilly is committed and obliged to fulfil the requirements of the Public Sector Social Value Act 2012. This Act requires the organisations to consider how services commissioned or procured might improve the economic, social, and environmental wellbeing of an area.

Please describe how this will support and contribute to the local system, wider system, and community.
Policy is not about commissioning or procuring services. However, the policy could have positive impacts on the local system and community as learning from incidents could, for example, help reduce occurrences of physical or verbal aggression/abuse and strengthen information and physical security etc.

Describe how the policy contributes towards eliminating discrimination, harassment, and victimisation.
Policy specifies that the following are examples of incidents and should be reported: Violence, abuse, harassment, discrimination – including physical assaults, deliberate self-harm, aggressive incidents, verbal abuse, sexual harassment, intimidation or threatening behaviour and discrimination against people on the grounds of religion/belief, gender (including transgender), race, age, disability or sexual orientation."

Describe how the policy contributes towards advancing equality of opportunity.
As above.

Describe how the policy contributes towards promoting good relations between people with protected characteristics.
As above.

If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and or the working environment for that group of people.
Positive impact is due to supporting people who may be subject to violence, abuse, harassment or discrimination, or other incidents. This is not "positive discrimination"

but seeks to provide a fair and effective response to a negative experience and prevent recurrence.

Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
None

If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following equality impact assessment action plan.
Not applicable.

Equality impact assessment action plan

Issue to be addressed	Action required	Responsible person	Timescale for completion	Action taken
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable

Comments on action plan:
Not applicable

Signed (completing officer): J James

Date: November 2022

Signed (head of department or section): T Corsellis

Date: November 2022

Please ensure that a signed copy of this form with the policy is sent to both the corporate governance team and equality and diversity lead.