



**Coventry and
Warwickshire**
Integrated Care Board

Incident Reporting Policy

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VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
October 2024	V1	<ul style="list-style-type: none"> • Purpose added to the policy • Further clarity added on roles and responsibilities • Procedure Updated for Incident Reporting • Amended Incident reporting form to separate Non-Information Governance and Information Governance related Incidents 	Information Governance Steering Group Head of EPRR Policy Advisory Group

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1. Policy Statement

- 1.1. NHS Coventry and Warwickshire Integrated Care Board ('the ICB') aims to ensure that all kinds of risks are minimised for the protection of patients, staff, visitors, contractors, and services through effective management of risks. These include clinical, financial, health and safety and environmental risks.

2. Purpose

- 2.1. The purpose of the policy and procedure outlines the approach to the reporting, management and investigation of all corporate incidents, accidents and near misses (hereafter referred to as incidents) that may occur within the ICB. Corporate incidents, internal to the ICB, may relate to Health and Safety, security, or Information Governance (such as personal data breaches).
- 2.2. The reporting of all incidents is designed to ensure the following:
 - A culture of openness in reporting incidents
 - Prompt and precise gathering of information
 - Prompt communication with staff and where appropriate the media
 - Minimisation of distress to those affected by an incident
 - Identification of patterns and trends in the occurrence of incidents and prevented incidents (near-misses)
 - Minimise, so far as is reasonably practicable, future risk by taking prompt and appropriate preventive action and ongoing monitoring
 - Early warning of potential litigation and cost impact
 - Fulfilment of the ICB's legal duties under statutory regulations including RIDDOR 1995, The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.
- 2.3. The ICB is committed to promoting equality in all of our responsibilities as a commissioner of services, as a partner in the local economy and as an employer. This policy and procedure will contribute to ensuring that all users and potential users of services and employees are treated fairly, respectfully and with dignity in regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex, and sexual orientation.

3.0 Scope

- 3.1. This policy and procedure applies to all staff directly employed by the ICB. The policy and procedure are designed to ensure that all ICB staff have a clear understanding of their responsibilities and respond appropriately and effectively to reporting all incidents.
- 3.2. This policy and procedure does not apply to commissioned services (providers of NHS care and support services) including independent contractors. Incidents occurring in NHS provider organisations should be reported and investigated internally in accordance with that provider organisation's policy and procedures. This is in line with Health and Safety legislation and requirements of relevant regulatory bodies e.g., the Medicines and Healthcare products Regulatory Agency (MHRA). Where regulated activities take place, registration with the Care Quality Commission and compliance with Essential Standards of Quality and Safety are required.
- 3.3. However, independent contractors and managers of contracted services must notify the ICB of:
 - All serious incidents in line with the Serious Incident Requiring Investigation framework
 - All significant trends in incidents or adverse events

- Incidents or adverse events with significant learning opportunities for other independent contractors
- Any serious incident that in the reasonable opinion of the contractor affects or is likely to affect the contractor's performance of its obligations as outlined in the contract for the service.

4.0 Commitment to a Fair and Open Culture

- 4.1. An incident, however serious, is rarely caused wilfully. It is not, in itself, evidence of carelessness, neglect, or a failure to carry out a duty of care. Errors are often caused by a number of factors including, process problems, human error, individual behaviour and lack of knowledge or skills. Learning from such incidents can only take place when they are reported and investigated in a positive, open, and structured way.
- 4.2. Determining safe practice is an important part of successful risk management. Moving away from punishing errors to learning from them will promote a fair and open culture and safe practice throughout the organisation. This will enable the ICB to identify trends and take positive action to prevent the error or adverse incident from happening again.
- 4.3. To promote a fair and open culture and encourage the reporting of incidents, the ICB will take a non-punitive approach to those incidents it investigates unless there is evidence of gross professional or gross personal misconduct; repeated breaches of acceptable behaviour or protocol; or an incident that results in a police investigation. This commitment is underpinned by the ICB's Whistleblowing Policy which provides a system where staff have the opportunity to raise concerns without fear of suffering any adverse consequences as a result.
- 4.4. The ICB has an open approach when patients, relatives and carers have suffered harm as a result of an incident. In accordance with the NHS Duty of Candour will ensure they are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported through this process and in dealing with any consequences.

5.0 Definitions

- 5.1. **Incident** - any accident, event or circumstance that could or did lead to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation's ability to achieve its objectives. It may be single or multiple caused by unsafe acts, unsafe conditions, or both. Examples of incidents that may occur within a commissioning organisation may relate to (but are not limited to) the following areas.
 - Information governance (e.g. the unauthorised or inappropriate disclosure of person identifiable data or the loss of unencrypted IT equipment)
 - Health and safety (e.g. an accident that occurred during working activities or unsafe working practices).
 - Security (e.g. theft or unauthorised access to premises)
 - Aggression (e.g. verbal abuse).
- 5.2. **Near miss** - An event that has the potential to cause harm or was prevented from causing harm to one or more individuals, damage to property, a security breach or confidentiality breach. Changes in procedures, processes and systems may be required to prevent harm.
- 5.3. **Non-Clinical Incident** - An event or omission that causes loss in any way for the organisation, physical or psychological injury to staff, visitors, members of the public. An incident could relate to one or more of the following:
 - Physical or verbal aggression
 - Security issue (including vandalism, property loss or damage)
 - Fire or fire alarm activations

- Equipment
- Falls
- COSHH (Care of Substances Hazardous to Health)
- Vehicles
- Breach of confidentiality
- Failure to maintain professional registration.

- 5.4. **Serious Incident (SI)** - An accident or incident where a patient, member of staff or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or serious injury) on either premises where health care is provided, or whilst in receipt of health care, or where actions of health service staff are likely to cause significant public, legal or media interest and may result in a loss of the ICB's reputation or assets.
- 5.5. **Serious Incident in relation to Personal Identifiable Data** - There is no simple definition of a serious incident. What may first appear to be of minor importance may, on further investigation, be found to be serious or vice versa. As a guide any incident involving the actual or potential loss of personal information that could lead to identity fraud or have other significant impact on individuals should be considered as a Serious Incident. Serious incidents must be reported in accordance with the ICB's Serious Incident Policy and Procedure.

6.0 Roles, Responsibilities and Accountabilities

- 6.1. The **ICB** has ultimate responsibility for the ICB risk management arrangements. Incident management is integral to the management of risk and, therefore, the ICB needs to be satisfied that appropriate policies and procedures in relation to this are in place. The ICB also has a duty to promote a culture of transparency and openness, where it is acceptable and safe for staff to report all incidents.
- 6.2. The **Audit Committee** has delegated responsibility for overseeing the ICB risk management arrangements and will maintain a strategic overview of all reported incidents ensuring appropriate management actions have been taken in response. The Committee will receive assurance on the management of Information Governance incidents.
- 6.3. The **Chief Executive** has accountability for ensuring that the ICB has the necessary management systems in place to enable the effective management and implementation of all risk management and governance systems including the reporting, management, and investigation of incidents.
- 6.4. The **Director of Corporate Governance** is accountable for implementing an effective system for managing all incidents. They are also responsible for writing and implementing the policy and monitoring its effectiveness ensuring the policy is adhered to.
- 6.5. The **Health and Safety Group** will receive reports in relation to incidents, near misses, statistics and themes resulting from occupational health, and audit reports. Taking note of and act upon where necessary reports and factual information provided by the Inspector of Enforcing Authority under the Health and Safety at Work etc. Act 1974 and other relevant legislation and review and recommend approval of ICB Health and Safety related policies and Standard Operating Procedures to the ICBs People Committee.
- 6.6. The **Information Governance Steering Group** has responsibility for ensuring arrangements for proactively preventing data security breaches and responding to, and ensuring learning from, incidents and near misses.
- 6.7. The **Senior Information Risk Owner (SIRO)** has responsibility for owning the ICB Information Governance management framework, ensuring that the ICB approach to information risk management is effective.
- 6.8. The **Senior Information Governance Manager** (supported by the SIRO) will also ensure that

effective mechanisms are established and publicised for responding to and reporting Information Governance Serious Incidents and Cyber Serious Incidents requiring investigation

- 6.9. The **Head of EPRR** is responsible for all aspects of operational implementation of the EPRR & H&S Policy and compliance with relevant EPRR & H&S documents.
- 6.10. The **Data Protection Officer (DPO)** will assist you to monitor internal compliance with Data Protection obligations and to act as a point of contact for data subjects and the supervisory authority.
- 6.11. **All Staff** have a responsibility to report incidents (within 48 hours (or 24 hours if serious or an information governance breach) and in accordance with the policy and procedure outlined. This includes cooperating and participating fully in any witness statements and investigations that take place. Staff must receive appropriate training in respect of incident reporting. The level of training will be appropriate with their respective responsibilities and duties and arranged via local induction and ongoing training.

7.0. Procedure for Incident reporting

- 7.1. The immediate priority for all staff in the case of an incident is to take steps necessary to secure the safety of the staff member and other people involved. Prompt action must be initiated to prevent a reoccurrence of any incident or to minimise the risk of a near miss or potential incident from materialising into an actual incident. The type of immediate action required varies, according to the nature of the occurrence. Action may include
- Administering first-aid (where qualified to do so)
 - Taking a faulty piece of equipment out of action
 - Closing a workplace until repairs can be affected
 - Changing a working practice to prevent re-occurrence.
- 7.2. It is the responsibility of all staff to report an incident within 48 hours (or 24 hours if serious or an information governance breach). The line manager should also be notified of the incident and, in the case of information governance breaches, the Governance Team (will seek advice from the IG Compliance Manager if the Data Protection Officer should be informed).
- 7.3. The incident reporting form [Appendix 1](#) should be used to report and investigate all incidents.
- 7.4. The incident reporting form should be used to report the facts of the incident, not opinion, as comprehensively as possible using further sheets appended and secured to the form if required. The member of staff involved in the incident, or someone who notices it, should complete the form. Only one form should be completed. Any remedial action that is undertaken or planned should be noted on the form.
- 7.5. Serious incidents must be reported in accordance with the ICB's Serious Incident Policy and Procedure.
- 7.6. All incidents will be logged onto the incident log. Once an incident is logged an appropriate individual will be allocated to lead an investigation.
- 7.7. All incidents should be risk assessed by the investigating manager using the matrix set out in [Appendix 2](#), taking advice from internal specialist staff dependant on the nature of the incident.
- 7.8. Once an investigation has concluded the results, any actions and lessons learned must be recorded. It is the responsibility of the investigating manager to ensure that adequate feedback has been given to the person reporting the incident.
- 7.9. An incident may only be closed when authorised by the ICB's Director of Corporate Governance.
- 7.10. Investigations will vary in terms of their complexity, but are important for the purposes of:
- Establishing the cause
 - Initiating such corrective action as may be necessary to remove the possibility of such an event recurring; and
 - Ensuring that, where necessary, formal reports are made to relevant external bodies.

8.0. Guidance for Investigating Incidents

8.1. The following are general principles relevant to an investigation of an incident. As a general principle, the depth and breadth of an investigation should be proportionate to the level of risk posed by recurrence of the incident and the prospect of the investigation generating new lessons to learn. Any investigation should have the following aims:

- Ensure timely and appropriate follow-up
- Establish the facts
- Identify factors contributing to the events
- Determine what actions are to be taken to remedy any identified deficiency
- Prevent, as far as possible, similar occurrences in the future
- Meet national, regional, and legal reporting requirements.

8.2. To ensure the achievement of these aims, an investigation which will be carried out by a nominated manager, may feature the following components:

- Collection of evidence about what happened – to include clinical records, correspondence, witness statements, etc
- Consideration of the evidence, including a comparison with relevant standards, protocols, or guidelines, whether national or local
- Establishment of the facts and, based upon these, the drawing of conclusions and making of recommendations for action to minimise risk
- Drawing up an action plan with prioritised actions, responsibilities, timescales, and strategies for measuring effectiveness of actions
- Implementation of the improvement plan and tracking progress; including the effectiveness of actions.

9.0. Sharing of Lessons Learned

9.1. Where appropriate, incident outcomes will be shared with ICB's team members through team meetings. Learning from incidents will be shared at an organisational level through an incident report received by the Quality, Safety and Experience Committee and if required, reported to the Governing Body.

10.0. Monitoring Compliance and Effectiveness of the Policy

10.1. The ICBs Audit and Risk and Quality, Safety and Experience Committees will oversee implementation of the policy and will receive quarterly reports detailing incidents logged. The policy will be reviewed every three years by the ICB's Governing Body.

11.0. References and Further Reading

11.1. This policy should be read in conjunction with the following:

- NHS Improvement – <https://www.england.nhs.uk/patient-safety/learn-from-patient-safety-events-service/>
- NHS England: <https://www.england.nhs.uk/coronavirus/documents/revised-clinical-incident-reporting-standard-operating-procedure/>
- NHS Improvement: <https://www.england.nhs.uk/publication/never-events/>
- NHS Improvement: <https://www.england.nhs.uk/publication/never-events/>
- The ICB Serious Incident Policy
- The ICB Health and Safety Policy

- The ICB: Risk Management Policy
- The ICB: Whistleblowing Policy.

Appendix 1 – Incident Reporting Form

An electronic version of this form can be found on the ICB's intranet

INCIDENT FORM

Please complete this incident form immediately after the incident has occurred. Then forward to your Line Manager.

Section 1	Type of Incident	<ol style="list-style-type: none"> 1. Personal Accident 2. Violence, Abuse or Harassment 3. Ill Health 4. Fire Incident 5. Security Incident 6. Vehicle Incident 7. Finance 8. Information Governance (Complete Sections 10 - 17) 9. Other
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For all Non- Information Governance Related Incidents Complete Sections 2 – 7

For all Information Governance Related Incidents Complete Sections 10 - 17

Section 2 (Details of person affected by the non-IG related incident)	Name of Person affected by the incident		
	Job Title and Directorate		
	Name of Witness		
Section 3 (Details of the Non-IG related incident)			
	Date of Incident		Time:
	Address where incident occurred (in full)		
	Type of location		(e.g. office admin area, street, car park, off-site meeting room)
	Result	<p>Was person harmed? Yes/No</p> <p>Complaint received Yes/No</p> <p>Reported harm or distress. Yes/No</p> <p>Degree of Harm</p> <ol style="list-style-type: none"> 1. None 2. Minor 3. Moderate 4. Major 5. Death/Catastrophic 	

<p>Section 4 Summary of Incident</p> <p>Please describe clearly and concisely what happened.</p> <p>Please describe any injury sustained.</p>				
<p>Section 5</p> <p>Summary of action taken</p> <p>(Please describe what actions you took immediately following the incident)</p>				
<p>Section 6</p> <p>What changes will be made implanted as a result of this incident</p>				
<p>Section 7</p> <p>To be completed by person reporting incident</p>	<p>Full Name (capitals)</p>		<p>Date form completed</p>	
	<p>Job Title</p>			
	<p>Work Address</p>			
	<p>Directorate</p>			
	<p>Telephone Number</p>			
<p>PLEASE SEND TO YOUR LINE MANAGER IMMEDIATELY</p>				
<p>MANAGER TO COMPLETE SECTION 8 WITHIN 1 DAY OF THE INCIDENT</p>				

<p>Section 8</p> <p>Actions taken by Manager</p> <p>(What actions have been taken)?</p> <p>(What immediate steps have been taken to minimise the likelihood of reoccurrence)</p> <p>(Is a risk assessment necessary?)</p>	<p>Once form has been completed by Line Manager, please send to the Governance Team icb.cwggovernance@nhs.net</p>
<p>Name of Line Manager:</p>	
<p>INVESTIGATOR TO COMPLETE SECTION 9 ONCE INVESTIGATION COMPLETE</p>	
<p>Section 9</p> <p>Are the changes being made appropriate?</p> <p>Are there any other lessons that can be learnt from the Incident?</p> <p>Who should these lessons be disseminated to? How and by when?</p>	
<p>Name of Investigator:</p>	
<p>Date Investigation closed:</p>	

For all Information Governance Related Incidents Complete The Sections below.

Section 10	Type of Incident	10. Information Governance Incident / Breach Near Miss	
Section 11	Name of Witness (if applicable)		
	Job Title and Directorate		
Section 12 (Details of the IG related Incident)	Date of Incident / Breach or Near Miss		Time:
	Address where incident occurred (in full)		
	Type of location		(e.g. office admin area, street, car park, off-site meeting room)
	Incident Result	Confidentiality Integrity Availability	
Section 13 Summary of the IG related Incident	Please describe clearly and concisely what happened.		
	How was the incident identified?		
	What information does it relate to? e.g. a file containing details of 100 service users name, address, direct debit details		
	What medium was the information held on? - Paper - USB stick - laptop, etc		
	If electronic, was the data encrypted?		
Section 14 Impact of the IG related Incident	Was any data lost or compromised in the incident? e.g. loss of an encrypted laptop will not actually have compromised any information, unless e.g. the user was logged in when they lost it.		

<p>Was personal data lost or compromised? This is data about living individuals such as service users or employees. This could be a breach of the General Data Protection Regulation</p>	
<p>If yes, was sensitive personal data compromised? This is data relating to health, ethnicity, sexual life, trade union membership, political or religious beliefs, potential or actual criminal offences, genetic or biometric. This could be a serious breach of the General Data Protection Regulation</p>	
<p>Was adult social care, health or public health data involved?</p>	
<p>What is the total number of people whose data was affected by the incident?</p>	
<p>Is the data breach likely to result in risk or harm to the individual(s)? Physically, materially, or morally? Example - physical harm, fraud, reputation, financial loss,</p>	
<p>Did people affected by the incident give information to the ICB in confidence? (i.e. with an expectation that it would be kept confidential)</p>	
<p>Is there a risk that the incident could lead to damage to individuals e.g. via identity theft/fraud? e.g. loss of bank details, NI numbers etc</p>	
<p>Could the incident damage an individual's reputation, or cause hurt, distress or humiliation e.g. loss of medical records, disciplinary records etc.?</p>	
<p>Can the incident have a serious impact on the reputation of the ICB?</p>	
<p>Is this a repeat incident or has an incident of a similar nature occurred previously?</p>	
<p>If this incident involves the loss or theft of IT Equipment, please confirm if you have logged a call to the IT Help Desk.</p>	

Section 15 Summary of action taken	(Please describe what actions you took immediately following the IG Incident)		
Section 16 What changes will be made implanted as a result of this IG related Incident to prevent any reoccurrence			
Section 17 To be completed by person reporting IG related Incident	Full Name (capitals)		Date form completed
	Job Title		
	Work Address		
	Directorate		
	Telephone Number		
PLEASE SEND TO YOUR LINE MANAGER IMMEDIATELY			
MANAGER TO COMPLETE SECTION 18 WITHIN 1 DAY OF THE INCIDENT			
Section 18 Actions taken by Manager (What actions have been taken)? (What immediate steps have been taken to minimise the likelihood of reoccurrence) (Is a risk assessment necessary?)	Once form has been completed by Line Manager, please send to the Governance Team icb.cwggovernance@nhs.net (who will seek advice from the IG Team if the Data Protection Officer should be informed)		
Name of Line Manager:			

INVESTIGATOR TO COMPLETE SECTION 19 ONCE INVESTIGATION COMPLETE

<p>Section 19</p> <p>Are the changes being made appropriate?</p> <p>Are there any other lessons that can be learnt from the Incident?</p> <p>Who should these lessons be disseminated to? How and by when?</p>	
<p>Name of Investigator:</p>	
<p>Date Investigation closed:</p>	

INCIDENT FORM GUIDANCE

Please read these notes carefully before completing an incident report form. For further advice contact your line manager/supervisor. For the purpose of this form an incident is defined as an unplanned and uncontrollable event which may, but does not have to, result in personal injury, property damage or loss.

- Completing this form does not constitute an admission of liability of any kind on any person
- Any equipment, etc. involved in the incident should be retained in safe keeping for examination
- Where death or serious injury occurred, this must be reported to a Director.

Use this form to report all incidents including:

- Work related incidents resulting in injury to employee of the ICB's, patients or other clients, visitors, or contractors
- Incidents resulting in damage to property
- 'Near misses' which may have no immediate effect but where serious consequences were avoided by luck
- Personal violence, Abuse or Harassment
- Security, Finance, Vehicle
- Other occupational injury or ill-health
- Clinical incidents
- Information Governance incidents breaches or near misses.

GUIDANCE NOTES FOR COMPLETING THE INCIDENT FORM

The individual affected by the incident is the person who suffers or potentially suffers injury, ill health and including theft and any other property damage or loss. If an incident involved more than one person, a separate incident form must be completed for each individual. No more than one affected person's name should be on a single incident form. Certain sections of the form require reference to pick lists for guidance.

SECTION 1 or 10 - Give the details on the type of Incident.

Only one tick box should be ticked to describe the incident type. The following definitions apply:

Personal Accident: Any accident, no matter how small which did or could have adversely affected any person. This does not include any incident that is caused deliberately (e.g. act of violence or fire).

Violence, Abuse or Harassment: Any incident involving verbal abuse, unsociable behaviour, racial or sexual harassment or physical assault whether or not injury results.

Ill Health: Any case of known or suspected work or environment related ill health (headaches, infections etc).

Fire Incident: Any incident, no matter how small, involved fire or fire warning system.

Security Incident: Any untoward incident involving theft, loss, or other damage to organisational or personal property, intrusions, false alarms (but not fire alarms), absconded patient and other security issues.

Vehicle Incident: Any incident involving a vehicle e.g. road traffic accident, excluding vandalism or theft which would be classified as security incidents.

Finance: Theft, loss, misuse incurred as a result of e.g. out of date goods, materials, consumables etc.

Information Governance: Any incident involving the unauthorised or accidental disclosure of personal data, this includes unauthorised access of patient/staff records or the loss of personal data.

Other: This type of incident should be marginal in number and might include items which do not fit in previous categories.

- **For all Non- Information Governance Related Incidents Sections 2 – 7 must be completed**
- **For all Information Governance Related Incidents Sections 10 – 17 must be completed.**

SECTION 2 or 11 - Give the details of the affected person.

SECTION 3 or 12 - Details of incident, location. The exact location box can be used to describe where the incident happened in some detail e.g. office, toilet, stairs etc. If unclear, please contact the Governance Team

Grading the Incident: Grade the incident using the matrix by taking into account the consequences and the Recurrence/ Likelihood.

NONE: No obvious harm. No injury/minor injury not requiring first aid.

MINOR: Non-permanent harm, less than 3 days off work, complaint possible, inefficient short to medium term operational management.

MODERATE: Semi-permanent harm, 3+ days off work, complaint likely potential long term service disruption.

MAJOR: Major permanent harm, complaint expected temporary service closure.

CATASTROPHIC: Death, complaint certain, extended service closure.

SECTION 4 or 13 - Please give a full detailed summary of the incident, describe clearly and concisely what happened. ONLY FACTS SHOULD BE REPORTED NOT PERSONAL OPINIONS.

SECTION 5 or 15 - What actions did you take immediately to prevent the incident happening again.

SECTION 6 or 16 - What changes will be made implanted as a result of this incident; you may require the support of your Line Manager for this part.

SECTION 7 or 17 - Please ensure you print your name clearly and provide us with all the appropriate details. Additional forms to be attached to incident form.

SECTION 8 or 18 - This section is to be completed by the Line Manager.

It is the role of the manager to make suitable and sufficient assessment of any risk implications, which may arise from the incident reported and take appropriate action. Please state whether a risk assessment is required. If no, clearly state why not.

SECTION 9 or 19 - This section is to be completed by the Investigator and should focus both on the incident and the local lessons to be learnt, but also on any lessons that the wider ICB can learn.

Section

FOR INFORMATION

WHAT IS RIDDOR

It stands for the **Reporting of Injuries, Diseases and Dangerous** Regulations 2013. RIDDOR requires you to report some work-related incidents to the Health and Safety Executive (HSE) to enable them to identify where risks arise and to investigate serious incidents. Reporting accidents and ill health at work is a legal requirement. All incidents must be reported on the ICB's Incident Reporting Form and forwarded to the Risk Management Department who will then report them to the HSE.

WHAT IS PARS

It stands for **Physical Assault Reporting System**. All incidents in which an NHS staff member is physically assaulted must be recorded on the ICB's Incident Reporting Form and forwarded to the Governance and Corporate Manager who will then report them to the Local Security Management Specialist.

WHAT IS A SI

It stands for **Serious Incident**. It is an incident that involves patients, relatives, visitors, staff, contractors etc which may or has caused death or serious injury, involved a hazard to public health, caused serious disruption to services. All SI must be reported directly to Governance Team.

WHAT IS A FPN 11

It stands for **Fire Practice Note 11**. Each Service must report all fire incidents and Unwanted Fire Signals (e.g. whenever the fire alarm has been activated) to NHS Property Services via the Senior Personal Assistant by first completing the ICB's Incident Form and the Fire/Unwanted Fire Signal Form.

Appendix 2 - Risk Assessment Matrix

All incidents should be risk assessed by the investigating manager using the matrix set out below. Further information on risk assessment can be found in the ICB's Risk Management Policy.

Likelihood	Score	Consequences
Rare	1	Negligible
Unlikely	2	Minor
Possible	3	Moderate
Likely	4	Major
Almost Certain	5	Fatalities/ Catastrophic

	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Negligible (1)	1	2	3	4	5
Minor (2)	2	4	6	8	10
Moderate (3)	3	6	9	12	15
Major (4)	4	8	12	16	20
Fatalities/ Catastrophic (5)	5	10	15	20	25

The basic principle is to multiply the consequence by the likelihood. The resulting number is the risk grade. The risk grade obtained from the risk matrix is assigned levels and investigations as set out in the table below

Low	1 – 3	Normal risks which can be managed by routine procedures.
Moderate	4 – 6	Remedial action plan monitored locally 6 monthly.
High	8 – 12	Requires actions which are to be implemented as soon as possible, remedial action plans to be monitored by Executive, 3 monthly.
Extreme	15 - 25	Immediate action, remedial action plans to be monitored by Executive, 3 monthly.

Appendix 3 – Information Governance Breach reporting process

Staff member becomes aware or are informed of an Information Governance breach.
Immediately the **member of staff** completes **Sections 10-17** of the Incident Reporting Form (Incident Reporting Policy) and sends it to their line manager.



Within 1 day:

The **line manager** completes **Section 18** of the form and sends it to the Governance Team as follows:

- The form should be sent from a **nhs.net account only**:
- The Governance team (icb.cwggovernance@nhs.net) will seek advice from the Information Governance team if the Data Protection Officer should be informed.



The **Governance Team**:

- Records the Incident on the ICB's Incident Log
- Confirms a 'Lead' has been appointed to investigate the Incident.
- Liaises with the IG team and Data Protection officer as necessary.

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The **Lead** investigates the incident and:

- Rates the risk.
- Sends the completed Incident reporting form to the Governance team.
- Once the investigation has concluded, ensure that the results and actions/lessons learned are recorded and feedback given to appropriate persons.

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The **Governance Team**:

- Closes the Incident on the ICB's Incident Log

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Within 2 days, the IG Team:

- Review and scores all IG incidents received using NHSE SIRI Guide 2018 V1.3 and provides recommendations.
- Confirms the status of the incident (**Reportable/Non-Reportable**) with the Governance Team
- Where the Incident is deemed as **causing risk or harm to a data subject, (Reportable)** the incident is reviewed by the SIRO and submitted to NHSE via Toolkit Incident which may result in the incident being reported to the Information Commissioners Office (ICO)/Department of Health and Social Care (DHSC) in accordance with GDPR regulations.

Is it essential if any harm or complaint is reported, as a direct result, of the incident the form is updated to reflect the changes and forwarded to the IG team for rescoreing within 24 hours.

Appendix 4: Equality Impact Assessment

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Scheme Title:	Incident Reporting Policy v2		
Project Lead:	Laura Whiteley, Governance and Corporate Affairs Manager	Senior Responsible Officer:	Geoff Stokes
		Quality Sign Off:	n/a – policy does not require quality review
Intended impact of scheme:	To provide a fair, equitable and transparent process for all policies of the NHS Coventry and Warwickshire Integrated Care Board (ICB).		
How will it be achieved:	Through the process detailed in this document.		

Name of person completing assessment:	Matt Hopkins
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Position:	Governance and Corporate Affairs Officer
Date of Assessment:	28 November 2024
Quality Review by:	Laura Whiteley
Position:	Governance and Corporate Affairs Manager
Date of Review:	

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome			√					
	Patient experience			√					
	Patient safety			√					
	Parity of esteem			√					
	Safeguarding children or adults			√					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five	Enhancing quality of life			√					
	Ensuring people have a positive experience of care			√					

domains:	Preventing people from dying prematurely			√					
	Helping people recover from episodes of ill health or following injury			√					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			√					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			√					
	Access to the highest quality urgent and emergency care			√					
	Convenient access for everyone			√					
	Ensuring that citizens are fully included in all aspects of service design and change			√					
	Patient Choice			√					
	Patients are fully empowered in their own care			√					
	Wider primary care, provided at scale			√					

Access Could the proposal impact positively or negatively on any of the following:	Patient choice			√					
	Access			√					
	Integration			√					
Compliance with NHS Constitution	Quality of care and environment			√					
	Nationally approved treatment/drugs			√					
	Respect, consent and confidentiality			√					
	Informed choice and involvement			√					
	Complain and redress			√					

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?
To provide a fair, equitable process for all policies of the NHS Coventry and Warwickshire Integrated Care Board.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.
Staff and patients

Is a full Equality Analysis Required for this project?			
Yes ✓	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used
What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

1. RIDDOR 1995
2. The Health and Safety at Work Act 1974
3. Management of Health and Safety at Work Regulations 1999.

2. Impact and Evidence:	
Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)	
	N/A
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities	
	N/A
Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.	
	N/A
Marriage and civil partnership: A person who is married or in a civil partnership.	
	N/A
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.	
	N/A
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	
	N/A
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.	

Sex: A man or a woman		
N/A		
Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).		
N/A		
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support		
N/A		
Other disadvantaged groups:		
N/A		
3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	N/A
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	N/A
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman	N/A

	or degrading way?	
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to Life	Will or could it affect someone's right to life? How?	N/A
Right to Liberty	Will or could someone be deprived of their liberty? How?	N/A

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date
N/A	N/A	N/A
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us So we will):		
N/A		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the recommendations and any changes to the proposal arising from the equality analysis.
N/A

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

Requests will be managed on a prior approval basis by the IFR team, activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability).

Work needed	Section	When	Dare completed
N/A	N/A	N/A	N/A

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Laura Whiteley	
Which committee will be considering the findings and signing off the EA?	Audit Committee	January 2025
Approved by the Policy Procedure and Strategy Assurance Group.		19 December 2024

Once complete, please send to the ICB's Governance Team