Lancashire and South Cumbria Integrated Care Board

Incident, Accident and 'Near Miss' Policy and Procedure

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Version:	2
Purpose	To engender a mature safety culture within the organisation, this policy has been developed to outline local reporting procedures for any accidents, incidents or "near misses".
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Ratified by: (Name of responsible Committee)	Executive Management Team
Cross reference to other Policies/Guidance	• Health and Safety Policy • Fire Safety Policy • Risk Management Strategy • Emergency Preparedness Incidents Policy and Response Plan • Induction Policy • On-Call Pack • Absence Management Policy • Disciplinary Policy • Harassment and Bullying at Work Policy • Conflicts of Interest Policy • Anti-Fraud, Bribery and Corruption Policy and Response Plan
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Target audience:	All staff employed by LSC ICB including contractors, temporary and agency staff.

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.

Document control:		
Date:	**Version Number:**	**Section and Description of Change**
26 June 23	2	Section 5 Roles and Responsibilities; Section 5.2 updated to "Chief Executive". Section 7.6 Procedure: updated email address for incident forms added. Section 8.3 Employee Assistance: updated to reflect current contact details on intranet. Section 12 Monitoring and Review: new paragraph 12.3 added. Appendix J Updated Equality Impact Assessment

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1.0 Introduction

1.1 To engender a mature safety culture within the organisation, this policy has been developed to outline local reporting procedures for any accidents, incidents or "near misses".

1.2 This Incident, Accident and "Near Miss" Policy and Procedure should be read in conjunction with the Health and Safety Policy.

1.3 This policy also outlines the steps the ICB must take to ensure cases of work-related injuries, diseases and dangerous occurrences are reported to the Health and Safety Executive (HSE) within legally defined timescales as per the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

1.4 This policy aims to follow steps outlined in 'Managing for Health and Safety (HSG65)' from the Health and Safety Executive (HSE) which describes a balanced approach to treat health and safety as an integral part of good management and best practice. There is an expectation for all managers in line with the Health and Safety Policy within the ICB, to ensure any accidents, incidents and near misses, once reported, are investigated appropriately, immediate actions are put in place and any further corrective actions, or preventative measures are assigned to responsible officers to prevent recurrence.

2.0 Scope of policy

2.1 Health and safety at work is the responsibility of everyone, therefore this policy applies to the ICB as an employer and all employees, contractors and any visitors including patients and other members of the public who experience an accident, incident or near miss.

2.2 The ICB will ensure that adequate resources are provided to meet legal health and safety standards and provide sufficient information, instruction and training to enable all staff to bring to the immediate attention of their/a manager any failings that could be detrimental to themselves and others, including visitors and report any untoward incidents or unsafe occurrences.

2.3 This policy also covers incident reporting in respect of information governance.

2.4 For the purposes of this policy and its associated policies and procedures listed on the front page of this document, any reference to health and safety in the context of the 'workplace', 'ICB offices', 'main sites, bases or touchdown spaces', 'headquarters' or 'County Hall' applies to the following buildings:

County Hall	**Health Innovation Centre**	**Alfred Barrow Health Centre, Barrow**

Bickerstaffe House, Blackpool	**Duke Street, Blackburn**	**Hants Lane Clinic, Ormskirk**
PALS Primary Health Care Centre, Accrington	**South Lakeland House, Kendall**	**Yarnspinners Primary Health Care Centre, Nelson**

3.0 General principles

3.1 This policy should be read in conjunction with a number of health and safety and other organisational policies and procedures including and not limited to:

- Health and Safety Policy (HS01)
- Fire Safety Policy
- Risk Management Strategy
- Emergency Preparedness Incidents Policy and Response Plan
- Induction Policy
- On-Call Pack
- Absence Management Policy
- Disciplinary Policy
- Harassment and Bullying at Work Policy
- Conflicts of Interest Policy
- Anti-Fraud, Bribery and Corruption Policy and Response Plan

3.2 Further procedures and guidance may be produced as required by changes in legislation or in line with best practice.

3.3 Definitions for terms within this policy can be found in **Appendix I**.

3.4 By implementing this policy in line with best practice from HSG65 and HS01 2.0, the IG toolkit and other local and national requirements, the ICB aims to ensure that:

- accidents, incidents and near misses are promptly identified
- a 'fair blame' positive culture is created to encourage openness in transparency and reporting
- there is opportunity for the immediate and precise gathering of information including accounts from any persons affected, witness statements, collation of existing risk assessments, chronology of events and other evidence to support investigation
- in the event of incidents which are violent or aggressive in nature, there is opportunity to obtain perpetrator details
- thorough investigation is carried out where necessary and appropriate
- actions are implemented to treat the immediate cause of an accident, incident or near miss, for example, repair to estate or property

- distress is minimised for those affected by an incident, accident or near miss by means of various support mechanisms including referral to Occupational Health, crisis and support agencies, other voluntary sector support

- employee sickness and absence is managed effectively as per the Absence Management Policy

- where appropriate and necessary communication is made with staff involved in the incident, enforcement bodies including the Health and Safety Executive (HSE), NHS Digital, NHS England, other external bodies and organisations, ICB employees, media and the public

- so far as is reasonably practicable, future risk is minimised by taking further corrective action, preventative actions and renewing risk assessments where appropriate

- robust governance arrangements are in place to ensure incident data is reported and shared at the most appropriate forum for review and monitoring purposes

4.0 The ICB Health and Safety Management System

4.1 The Health and Safety Management System (HSMS) forms part of the ICB's overall management system. It provides structure arrangements to reduce health and safety risks associated with the ICB's activities, thereby meeting the requirements of the Health and Safety at Work etc Act 1974 and associated legislation.

The HSMS has been designed primarily to be appropriate to the scope and scale of risk associated with our activities. The framework of documents comprises:

- Our Health and Safety Policy which confirms the ICB Board's commitment in relation to health and safety.
- Organisational responsibilities which state the group and individual responsibilities for delivering the Policy commitment.
- A suite of health and safety procedures that specify the standards and requirements that must be implemented in order that the commitment in the Health and Safety Policy is met.

4.2 The main elements of our Health and Safety Management System are:

- Strong and effective leadership at every level of the organisation.
- A detailed understanding of the risks facing our business and those arising from our activities.
- Implementation of proportionate control measures to eliminate risks so far as is reasonably practicable.

- Checking and measurement of the effectiveness of risk controls.
- Learning from our and others' experiences, as well as new research, so that we improve our understanding of risk.

5.0 Roles and responsibilities

5.1 Audit Committee

The Audit Committee is a sub-committee of the ICB Board and has delegated responsibility for the review of governance and risk related policies. This policy will be reviewed and approved at Audit Committee on an annual basis for recommendation to the ICB Board.

5.2 Chief Executive

The Chief Executive has overall accountability and responsibility for all matters relating to health and safety across the ICB and delegates responsibility to lead persons for the day to day management of incidents, accidents and 'near misses'.

5.3 Estates, Facilities Operations Manager

The responsibility of the Estates, Facilities Operations Manager is to provide a safe and secure environment for all the ICB staff, visitors and contractors by adopting a holistic approach in managing health, safety, welfare, fire and security risks of all types which the ICB may be subjected to. They will ensure competent people are appointed to provide advice and guidance on health and safety, ensure arrangements are in place to monitor, inspect, audit and review health and safety activities and ensure there are effective arrangements for consulting with employees on health, safety and welfare issues and promoting collaborative working with Trade Union appointed Health and Safety Representatives.

5.4 Health, Safety (Fire) and Security Manager,

The work of the Midlands and Lancashire CSU Estates, Facilities Operations Manager would act as the 'Competent Person' for Health, Safety, Fire and Security incidents.

5.5 Safety Representatives

Staff Side and Trade Unions

The Estates, Facilities Operations Manager (referred to in 4.4) promotes collaborative working with Trade Unions and the staff side.

First Aiders

The ICB are under a general duty to provide a safe place of work, with suitable arrangements for welfare. The ICB must ensure that there is adequate first aid provision for employees who may become ill or who are injured at work. The ICB has appointed suitable persons to take responsibility for first aid provision and maintenance of the first aid boxes under the Health and Safety (First Aid) Regulations 1981 (as amended). Further guidance around first aid

requirements can be found in the Office Workplace/Safety Procedure.

Fire Marshalls

As per the Regulatory Reform (Fire Safety) Order 2005 (RRFSO), the ICB takes every step necessary to ensure all staff are aware of potential fire risks and hazards and has appointed suitable Emergency Evacuation Wardens (Fire). Further guidance around fire safety provision can be found in the Fire Safety Policy and procedure.

5.6 All Managers

Legal responsibilities for managers are outlined in the ICB Health and Safety Policy. For the purposes of this policy, all managers must ensure that employees report all accidents, incidents and 'near misses' and that measures to prevent a recurrence are implemented through investigation. It is also their responsibility to ensure RIDDOR incidents are reported to the HSE as per RIDDOR Regulations 2013.

5.7 On-Call Managers

Sections 7.3 and 7.4 reference on-call manager responsibility to ensure cover is maintained on the on-call rota and how to manage incidents, accidents and 'near misses' to themselves and others out of hours and on ICB premises in line with lone working procedures. For any incidents which occur whilst on duty, on-call managers must complete an incident log form and liaise with the Emergency Planning Leads where appropriate, i.e. in the event of a potential critical or major incident.

5.8 Emergency Planning Leads

Emergency Planning Leads must manage incidents as per section 7.6 of this policy. In the normal course of ICB employee duty, the remainder of this policy and procedure in line with relevant legislative requirements applies.

5.9 Information Governance Team

In the event of an information or cyber incident, accident or 'near miss' the IG Team will ensure that incident report forms are sent to the Corporate Governance Team together with an IG checklist. The IG Team will ensure that any IG breaches are reported to Information Commissioner (ICO) via the Data security protection toolkit (DSP toolkit) and will report any incidents to the Senior Information Risk Owner (SIRO), the clinical governance lead and the information governance lead.

5.10 Employees

Employee statutory duties are outlined in 1.2 of this policy as per the Health and Safety at Work Act (HASWA). For the purposes of this policy, employees must report any incidents and have a responsibility to bring these to the immediate attention of their line manager.

5.11 Contractors

Contractors must abide by the same rules as ICB employees under HASWA and be willing to provide any risk assessments as requested. Contractors will be given their scope of work as outlined in the NHS Standard Contract and it is

their responsibility to acknowledge and maintain safe systems of work to reduce the risk to themselves and others of any exposure to hazards whilst undertaking work on ICB premises.

5.12 Visitors

Any non-employee including Contractors who are involved in an incident, accident or 'near miss' whilst on ICB premises must report the incident immediately to a senior member of staff and to their own employer where applicable.

6.0 Waste disposal

Waste will be managed effectively. Thought will be given to waste materials to determine whether they can be reduced, reused or recycled in any way. Where this is not an option, all waste materials will be disposed of safely. Suitable receptacles will be provided at all locations for storing waste until it is disposed of in a suitable manner

7.0 Procedure

7.1 All incidents, accidents and 'near misses' should be reported immediately to a line manager.

7.2 Any information or cyber related incidents should be reported to a line manager and the Information Governance (IG) team immediately, as per the *Information Governance (IG) Incident Reporting Protocol* in **Appendix A**.

7.3 All incidents including IG incidents should also be reported on an *Incident, Accident and 'Near Miss' Report Form* in **Appendix B** (with the IG team for information or cyber related incidents within **24 hours** of incident identification). As per Data Protection Act 2018 and GDPR, any information or cyber incidents will be reported to the IG team within this same timescale who will notify the ICB as the legally responsible entity as per 5.9.

7.4 The IG team will also complete with the incident reporter, any additional risk assessment and impact analysis required as per the *IG Breach Reporting form* in **Appendix C**.

7.5 Any evidence including witness statements, chronologies of events and risk assessments should be appended to the submitting form to support the investigation into the incident, accident or 'near' miss.

7.6 If a violence and aggression incident is reported, then perpetrator details should be entered onto the submitting form. All security related incidents must be reported to Violence Prevention and Reduction lead at MLCSU, alongside the incident reporting requirement of the policy. A copy of the incident report must be sent to mlcsu.healthandsafety@nhs.net

7.7 If the incident report form identifies a RIDDOR reportable incident, the Health and Safety Executive (HSE) must be informed as per the *RIDDOR Reporting Process* in **Appendix D**. All RIDDOR reportable incidents must be highlighted

on the incident report form.

7.8 The Incident, Accident and 'Near Miss' Report Form allows reporters to detail any immediate action taken following the incident.

7.9 All completed incident, accident and 'near miss' forms including those completed in conjunction with the IG team and IG checklists should be returned to the Corporate Governance Team within **2 working days** of incident identification.

7.10 So far as is reasonably practicable, future risk is minimised by taking further corrective action and putting in place any preventative measures. Actions can be detailed on the action plan at the back of the incident reporting form. All actions should be assigned to a responsible officer and timescales for completion should be specified.

7.11 It is the responsibility of the Risk Owner to ensure all specific risk assessments follow the ICBs Risk Management Strategy.

7.12 All incident report forms, action plans and risk assessments returned to the Corporate Governance Team will be logged onto a central database for reference purposes and for the reporting of any key themes and trends which may pose additional risk to the ICB and will be reported to the Audit Committee where appropriate. Any IG breaches will be recorded on the Data Security and Protection (DSP) Toolkit by the IG team.

7.13 Some specific risks may require broader risk assessment if a recurring theme becomes apparent or if a specific risk assessment prompts review of a larger area/location, i.e. office based risk assessment, security risk assessment. The risk owner should liaise with the Corporate Governance Team in this regard.

7.14 The Estates, Facilities Operations Manager and Health, Safety (Fire) and Security Manager may from time to time engage with members of staff within ICB premises to carry out a health and safety audit and inspection to help identify priority areas for attention. The *Health and Safety Audit and Inspection Template* in **Appendix F** will be completed in such cases which will provide a full report and findings including any actions that require undertaking. A renewed report will be presented to the Audit Committee by exception on an annual basis or sooner in the event of any significant change.

7.15 The Information Governance Team also undertake regular in and out of hours spot checks to identify priority areas for attention where possible. The relevant template forms can be found in **Appendix G** and findings reported to the Audit Committee by exception. Confidentiality and information security audits may also form part of the annual IG agenda. In exceptional circumstances such as prohibited access to office space, these checks will not be undertaken.

8.0 Employee Assistance

8.1 The *Absence Management Policy* details the procedure to be followed if an accident results in absence from work. This can be found in the policy store

on the intranet.

8.2 Following an incident, managers should ensure that staff are given the opportunity to discuss the incident in a debriefing session and receive assistance in the preparation of appropriate incident reports.

8.3 Additional support for ICB employees who have been affected by an incident, accident or 'near miss' can be found via the *Employee Assistance Programme* (Vivup) which can be accessed via the intranet: Employee Assistance Programme (yourcareeap.co.uk)

9.0 Emergency assistance

9.1 An injury may be dealt with by a First Aider. Details of appointed First Aiders can be found on the Intranet on the 'health, safety and wellbeing' pages and on poster displays around the ICB premises.

9.2 In the event of any incident, accident or 'near miss' involving fire, please refer to the Fire Safety Policy and Procedure and Evacuation Procedure.

9.3 For any incidents, accidents and 'near misses' reported through the ICB On-Call Manager, an on-call incident log form in **Appendix H** must be completed and returned to the Corporate Governance Team by the following morning so a log can be kept of all on-call incidents.

9.4 On-Call Managers must manage incidents, accidents and 'near misses' out of hours by following the on-call pack which is held on Resilience Direct.

9.5 Contact details for the Management Executive Team can be located within the on- call pack in the event of an emergency situation and to ensure cover can be fulfilled across the on-call rota.

9.6 Emergency response to critical and major incidents should be managed in line with the Emergency Planning Resilience and Response Policy, Major Incident Plan and Business Continuity Plan which can be found on the 'plans publications and policies' page on the intranet.

10.0 Media and press related queries

Any queries from the media as a result of any incident, accident or 'near miss' should be directed immediately to the Communications Team.

11.0 Equality

11.1 The ICB aims to design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that no one is placed at a disadvantage over others, in accordance with the Equality Act 2010.

11.2 This document has been impact assessed. No issues have been identified in relation to Equality, Diversity and Inclusion.

12.0 Monitoring and review

12.1 Managers are to monitor the effectiveness of the control measures implemented as a result of the risk assessment process to find out how successful they have been. This will allow managers to identify those control measures and strategies that are not working, or which have unforeseen consequences, and modify or replace them where appropriate to contribute to a safe working environment.

12.2 There are two types of monitoring, which managers should carry out:

- *Active Monitoring:* Managers should ensure that systems and procedures are working without waiting until an incident occurs. It will confirm whether agreed procedures are actually being complied with by employees and whether they are workable in the individual circumstances and have the desired effect of preventing accidents or incidents.

- *Reactive Monitoring*: Managers should investigate all accidents, incidents and near misses so that everyone involved can learn from the experience. Information gained from this process will also assist in the effective review, and modification if necessary, of risk assessments and control measures.

12.3 The effectiveness of this policy will be monitored by the Health and Safety Group. This group will advise on necessary changes to the policy and inform the ICB of those proposed changes for further ratification.

The information used to change this policy may be from, but not exclusively, lessons learnt from incidents/near misses, reported accidents/injuries and/or changes to legislation requirements.

Appendix A – Information Governance (IG) Incident Reporting Protocol

An IG or Cyber incident occurs, for

example: Corruption of data

Loss or theft of data

Malicious

damage

Cyber attack

Spoof and spam emails

Breaches of Patient Confidential Data (PCD)

Report the incident to your Line Manager and

the IG team

immediately

The IG team will guide you through completing an IG **Incident Report Form** and **Checklist** to determine the level and severity of the incident.

Incidents are scored by assessing the number of individuals affected, plus the sensitivity which give an overall score between 0-2.

Please ensure you have full details of the incident and if possible a chronology of events to date which will act as supporting evidence to the investigation

The IG Support Officer will guide you through any next steps in the investigation process including any actions that need to be undertaken and any further reporting that may be required, i.e. to the ICB Senior Information Risk Owner (SIRO) and/or Caldicott Guardian.

Please refer to the IG Staff Handbook for further detail about IG incidents and the IG reporting process. For any further queries, please contact your IG team.

Appendix B – Incident, Accident and 'Near Miss' Report Form

INCIDENT, ACCIDENT AND 'NEAR MISS' REPORT FORM
PART 1

Incident Number (for official use):

DATE, TIME AND LOCATION OF INCIDENT

Date of Incident: **Time of Occurrence (24 hr):**

Site (ICB/Other – please detail): **Exact Location:**

If incident occurred within external Organisation/ICB/ Other NHS Trust/Service Provider (i.e. nursing home), please provide full details of the site, address, etc.

REPORTER DETAILS

Name of Reporter:

Position Held:

Organisation:

Department:

Contact Number:

Email Address:

Reported to for Investigation: Line Manager ☐ (all incidents) IG team ☐ (information/cyber incidents)

INCIDENT DESCRIPTION

Please provide a factual account including any factors which may have

(Facts only to be recorded – not opinion) Include the names of all affected or involved, or other factors that contributed to the incident - please use continuation sheet if necessary.

INCIDENT CATEGORIES

Type(please Tick)

Accident **Incident**

Sub-Type(please Tick)

Quality
Performance
Finance
Contracts
Planning and Delivery
Health and Safety
Environment
Security
Information/cyber
Communications
Engagement
Human Resources
On Call/Out of Hours
Emergency Response
Safeguarding

Further Classification

Please provide further specifics around the type of incident, accident and near miss that has been experienced, if possible and based on the sub-type chosen for example:

Incident	–	Information/cyber	–	Breach of Confidentiality
Accident	–	Health and Safety	–	Slip,Trip,Fall
Near Miss	–	Security	–	Building access

PERSON/S OR PREMISES AFFECTED

ICB Employee ☐ **Contractor** ☐

Member of Public ☐ **Provider** ☐ **Other** ☐

Name:

Tel No:

Other Contact Details:

WITNESSES

Were there any witnesses? **Yes** ☐ **No** ☐ **If yes, please provide details:**

Name: **Address:**

Telephone: **Email:**

Witness Statement Completed ☐ ***(please tick once completed)***

PERPETRATOR DETAILS

If a violence and aggression incident has occurred, please provide details of the perpetrator (if known):

Name:

Contact Details (if known):

OTHER PERSONS INVOLVED

Please provide details:

WAS ANY EQUIPMENT INVOLVED?

Please provide details including make, model and serial number where possible:

WERE ANY INJURIES SUSTAINED?

Please provide details:

IMMEDIATE ACTION TAKEN

Please provide a description of what action was taken immediately following the incident including first aid, emergency response, reporting etc:

ABSENCE FROM WORK

Did the incident, accident or 'near miss' result in any absence from work? **Yes** ☐ **No** ☐

Was any injury sustained, work related? ☐

Absence Period:

None – Immediate Return to Work ☐
Less than 1 day ☐
More than 7 days ☐

If absent for more than 7 days with a work related injury, ensure that this has reported to HSE via the RIDDOR process?

Please tick if applicable and once completed ☐

All other absences should be managed as per the Absence Management Policy.

RISK SCORE

Please score the incident, accident or near miss using criteria for consequence and likelihood on the following page:

Consequence Score **(C)** ☐

Likelihood Score **(L)** ☐

→ ☐ Risk Score **(C x L)**

Quantitative Measure of Risk – Consequence Score

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Mismanagement of patient care with long-term effects	Incident leading to death An event which impacts on a large number of patients
Complaints/audit	Informal complaint/inquiry	Formal complaint (stage 1) Local resolution Single failure to meet internal standards Reduced performance rating if unresolved	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Multiple complaints/ independent review Low performance rating Critical report	Inquest/ombudsman inquiry Gross failure to meet national standards Severely critical report
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Multiple breeches in statutory duty Enforcement action Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage short-term reduction in public confidence Elements of public expectation not being met	Local media coverage Long-term reduction in public confidence	National media coverage <3 days service well below reasonable public expectation	National media coverage h >3 days MP concerned (questions in the House) Total loss of public confidence

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Busine s s	Insignificant cost increase	<5 per cent over project budget	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget

	No impact on objectives	Minor impact on delivery of objectives		Major impact on delivery of strategic objectives	Failure of strategic objectives impacting on delivery of business plan
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Loss of >1 per cent of budget Claim(s) >£1 million
Service/ business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Qualitative measure of risk – Likelihood score

	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Probability	<1%	1-5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur

Quantification of the Risk – Risk Rating Matrix

			Likelihood				
			1	**2**	**3**	**4**	**5**
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Consequence	**5**	**Catastrophic**	5	10	15	20	25
	4	**Major**	4	8	12	16	20
	3	**Moderate**	3	6	9	12	15
	2	**Minor**	2	4	6	8	10
	1	**Negligible**	1	2	3	4	5

PART 2 - INVESTIGATION

WHY DID THIS INCIDENT, ACCIDENT OR 'NEAR MISS' HAPPEN?

Based on the information already provided in PART 1 of this form, please describe why you think this incident, accident or 'near miss' happened.

CORRECTIVE ACTIONS

Based on the immediate actions provided in PART 1 of this form, please describe any further actions that have been taken, any actions still in progress including any measures taken to prevent recurrence.

ACTION PLAN

Please list any actions still in progress on the template below and assign a 'Responsible Officer' with a target timescale so that these can be progressed through to completion.

Action	Responsible Officer	Target Date	Date Completed	Comments

COMMENTS

Please use this space to provide any additional comments:

SERVICE IMPROVEMENT

Based on the actions provided as part of the incident investigation process, please describe any recommendations or service improvements:

A form '0' for 'New Ideas' has been completed:

Yes ☐
No ☐

If 'No' please explain your reasons for not taking this idea forward:

Reporter NAME: ……

Reporter SIGNATURE: ……

DATE: ……

Please return all completed forms to the Corporate Governance Team within 2 working days of incident occurrence:

If you have any queries please contact one of the ICB Risk Leads.

Appendix C – IG Breach Reporting Form

Dear XXXX,

Please note your reference is CMS XXX.
Thank you for contacting the Information Governance Team to advise of a potential Information Governance Breach within your work area, please may we ask that you complete the breach template **immediately**. It is very important that you provide as much detail as possible so that we may understand exactly how the breach occurred and we can report to the appropriate SIRO correctly.

This must be completed by XXX.

Should you require any support, please don't hesitate to contact the IG team

DO NOT INCLUDE ANY PERSONAL IDENTIFIABLE INFORMATION IN THIS FORM

What has happened - as much as you can about what happened including, but not limited to: • Name and Job role of the person who has caused the breach, which team are they in and which organisation are they employed by? • What information has been breached, i.e, name, address, full CHC record etc? This needs to be specific, including if any particularly sensitive data such as sexual health, mental health, safeguarding data etc. • Did the information contain any personal data about any other data subjects, next of kin for example? • How did the breach occur? • Where has the information gone? • How was the information sent, i.e. post, email etc and please state if this was a secure encrypted method if known? • Has it been accessed and seen by someone inappropriately? • Has the information been returned, double deleted or otherwise securely destroyed or not further saved used or shared? If not, this should be done immediately, and actions confirmed by the recipient. • If required, has the information been sent to the correct recipient? • If the information was pseudonymised (i.e, data subjects initials or NHS number, patient ID etc) **could** the recipient identify the individual, for example using a system they currently access? If they can, is that because they have a legal basis (within their job role) to have the information, but it wasn't sent using the correct process?	
How did you find out, how did you become aware?	
When did you become aware – date and time.	
Was the incident caused by a problem with a network or an information error? (This could be a technical or system error).	
What is the local ID for the incident	To be determined by IG.
Who is the data controller? (Note, it can only be the CSU **IF** the data subject is a CSU member of staff). Otherwise it must be the ICB. The data controller is the organisation who controls how the information of the data subject is processed. CHC always process patient data on behalf of a ICB, therefore that ICB would be the data controller?).	
When did the incident start? (This is when the breach actually occur)	
Is it still ongoing? (Is the information still at risk or has it been fully mitigated).	Yes or no.

When did the incident end. (When was the breach fully mitigated).	Date the incident stopped.
Have the data subjects been informed?	Yes / no / planned – to be decided by the Caldicott Guardian.
Does the incident impact across a national border?	Yes or no.
If yes, have you notified overseas authorities?	Yes or no.
Have you informed the police?	Yes or no.
Have you informed any other regulatory bodies about the incident? i.e. GMC, H&SE CQC. If yes, who and reference number	If yes, who?
Has there been any media coverage that you are aware of?	Yes or no.
What other actions have already taken place or are planned? (What have you already done to mitigate the breach and what are you planning to do? This could include requesting the information is returned or securely destroyed).	
How many citizens affected? (How may data subjects' information have been breached. This could include next of kin information on a letter regarding a patient).	
Who is affected, i.e. children, vulnerable adults, staff, patients, next of kin. (Please consider if the information breached contains any personal data about other data subjects, next of kin for example)	

When scoring the breach below, it is important to be conscious of the type of information that has been breached, who is affected and who has inappropriately accessed the information. Could this have an impact on the data subject and if so, how big an impact? How likely is it that the impact will actually occur.

What is the likelihood that citizens' rights have been affected, not occurred, not likely, likely, highly likely, occurred	**Not occurred**	There is absolute certainty that there can be no adverse effect. This may involve a reputable audit trail or forensic evidence	Yes or no
	Not likely or any incident involving vulnerable groups even if no adverse effect occurred	In cases where there is no evidence that can prove that no adverse effect has occurred this must be selected.	Yes or no
	Likely	It is likely that there will be an occurrence of an adverse effect arising from the breach.	Yes or no
	Highly likely	There is almost certainty that at some point in the future an adverse effect will happen.	Yes or no
	Occurred	There is a reported occurrence of an adverse effect arising from the breach.	Yes or no
Please explain your reason for this score.			
What is the severity of the adverse effect, none, potential, some effect, pain,	**No** adverse effect	There is absolute certainty that no adverse effect can arise from the	Yes or no

suffering, financial or death		breach	
	Potentially some **minor** adverse effect or any incident involving vulnerable groups even if no adverse effect occurred	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be the cancellation of a procedure but does not involve any additional suffering. It may also include possible inconvenience to those who need the data to do their job.	Yes or no
	Potentially Some **adverse** effect	An adverse effect may be release of confidential information into the public domain leading to embarrassment or it prevents someone from doing their job such as a cancelled procedure that has the potential of prolonging suffering but does not lead to a decline in health.	Yes or no
	Serious - potentially Pain and suffering/ financial loss	There has been reported suffering and decline in health arising from the breach or there has been some financial detriment occurred. Loss of bank details leading to loss of funds. There is a loss of employment.	Yes or no
	Death / **catastrophic** event.	A person dies or suffers a catastrophic occurrence	Yes or no
Please explain your reason for this score.			

Appendix D – RIDDOR Reporting Process

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) is the law that requires employers and other people who are in control of work premises to report and keep records of:

12.2.1 Work related deaths
12.2.2 Certain serious injuries (reportable injuries)
12.2.3 Diagnosed cases of certain industrial disease; and
12.2.4 Certain 'dangerous occurrences' (near miss incidents) RIDDOR requires deaths and injuries to be reported only when:

12.2.5 There has been an accident which caused the injury
12.2.6 The accident was work related; and
12.2.7 The injury is of a type which is reportable

Death or specified injury

If there is an accident connected with work and an employee (or a self-employed person working on the premises) is killed or suffers a specified injury, including as a result of physical violence, or a member of the public is killed or taken to hospital, the Health and Safety Lead will tell the enforcing authority without delay (for example, by phone). The Health and Safety Lead will send a filled-in accident report form (F2508) to the enforcing authority within 15 days.

Specified injuries to workers

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in anenclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

Over-seven day injury

If there is an accident connected with work (including an act of physical violence) and an employee or a self- employed person working on the premises suffers an over- seven-day injury, the Health and Safety Lead will send a filled-in accident report form (F2508) to the enforcing authority within 15 days.

An over-seven-day injury is one which is not a specified injury but results in the injured person being away from work or unable to do their normal work for more than seven days (including non-work days).

Occupational disease

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8 and 9):

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

If a doctor tells an employee that he or she is suffering from a work-related disease that needs to be reported, the Health and Safety Lead will send a completed disease report form (F2508A) to the enforcing authority.

Dangerous occurrence

If something happens which does not result in an injury that can be reported, but clearly could have resulted in an injury, it may be a dangerous occurrence which must be reported immediately (for example, by phone) to the enforcing authority. The Health and Safety Lead should be contacted to get a full list of the events which should be reported.

Dangerous occurrences are certain, listed near-miss events. Not every near-miss event must be reported. There are 27 categories of dangerous occurrences that are relevant to all workplaces, for example:

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- Plant or equipment coming into contact with overhead power lines.
- Electrical short circuits or overloads causing a fire or explosion, which results in the stoppage of the plant for more than 24 hours or has the potential to cause death.
- The accidental release of a biological agent likely to cause severe human illness.
- The accidental release of any substance which may cause injury to any person.

For a full list of dangerous occurrences applicable to all workplaces, and additional categories of dangerous occurrences applicable to mines, quarries, relevant transport systems (railways etc.) and offshore workplaces, see A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

General

The Health, Safety (Fire) and Security Manager will be responsible for making sure that accidents are reported to the relevant enforcing authority within the time periods set by law, and is investigated in line with standard ICB procedure.

The Health, Safety (Fire) and Security Manager will also be responsible for checking whether accidents or injuries need to be reported by referring to the list of injuries, diseases or dangerous events in the Schedules to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (There is a list of these at the end of this section.)

The ICB Lead will also be responsible for making sure that all employees have a copy of the ICB accident reporting procedures (and what can be reported).

Records will be kept of any injury, disease or dangerous occurrence that can be reported. This will include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved; and
- a brief description of the nature of the event or disease

If action is needed to prevent the accident, injury, disease or dangerous occurrence happening again, the health and Safety Lead will be responsible for making sure that measures have been put in place as well as monitoring the measures to check they are effective.

RIDDOR Reporting Process

'Responsible Person' to complete the ICB Incident Report Form and send to the Corporate Governance Team with a copy to the **Health and Safety Manager** to decide which type of RIDDOR report form is required (for more information please refer to the Incident, Accident and 'Near Miss' policy) for example:

An injury
A Dangerous Occurrence
A Case of Disease
A flammable gas incident
A dangerous gas fitting

↓

H&S Manager to go to
www.hse.gov.uk/riddorreport.htm

Choose the form to complete depending on the type of RIDDOR occurrence within **15 days** of the accident.

↓

Advise the Corporate Governance team of the unique incident log number given once the form is completed

This will then be added to the ICB incident report form submitted previously.

↓

In the event of a major incident, the occurrence must be reported by telephone to the HSE Incident Contact Centre on ***03453009923*** *(Mon-Fri 8.30-5pm)*

Note this is not an emergency service for out of hours

Appendix E – Risk Assessment Form

GENERIC RISK ASSESSMENT FORM

This form is to be used for identification and mitigation plans for any risk within the organisation.

RISK INFORMATION	
Risk description **(brief description to populate the Trust Risk Register):** There is a risk that: CAUSE If this occurs this may result in: EFFECT	
Have any incident forms been completed regarding this risk? Yes / No (Delete as appropriate)	
Which staff groups were involved in the assessment?	
Persons / groups at risk:	**Frequency of exposure to the risk:**
Existent control measures: (i.e. what is currently in place to reduce the risks)	
Existent assurance measures: (i.e. what information is available to support the mitigation of the risks)	
Gaps in Control: (i.e. what is needed to be in place to reduce the risk but not currently)	

Gaps in assurance: (i.e. what information is needed to support the mitigation of the risks but not currently)

Risk Owner

Name:

Job title:

Department:

Initial Risk Rating

Domain Descriptor

Used For Final Score

Consequence Score **(C)**

Likelihood Score **(L)**

Risk Score **(C x L)**

Target Risk Rating (once all actions complete)

Domain Descriptor

Used For Final Score

Consequence Score **(C)**

Likelihood Score **(L)**

Risk Score **(C x L)**

Appendix F – Health and Safety Audit and Inspection Template

BUILDING	
DATE	
ASSESSOR	
CONTACT	

HEALTH AND SAFETY

CHECK	Y/N/NA	OBSERVATIONS
1) Do staff know how to record an incident?		
2) Are floor areas free from clutter and hazards?		
3) Are electrical cables in good condition and safely used?		
4) Is there evidence of recent PAT testing?		
5) Is general lighting suitable and sufficient?		
6) Is the ambient temperature correct?		
7) Are there sufficient toilet arrangements?		
8) Are appropriate sanitary bins provided?		
9) Are storage facilities adequate?		
10) Is there sufficient drinking water available?		
11) Is the Defibrillator showing OK?		
12) Are there appropriate facilities for making hot drinks and heating food?		
13) Has the water-cooler been correctly serviced?		
14) Are first aid boxes appropriately stocked?		
15) Is there a list of first-aiders published?		
16) Is there an up to date Health and Safety poster displayed?		
17) Do all staff receive Health & Safety training?		

FIRE SAFETY

CHECK	Y/N/NA	OBSERVATIONS
1) Are fire escape routes unobstructed?		
2) Are fire doors in good condition, free-closing and with intumescent strip?		
3) Is the fire log-book kept on site?		
4) Is the fire muster point clearly marked?		
5) Are staff fire procedure notices displayed?		
6) Is the emergency lighting in good order (visual check)?		
7) Is the fire detection/alarm system in good order (visual check)?		
8) Is fire-fighting equipment correctly located and serviced?		
9) Are practical evacuation drills carried out annually?		
10) Is fire exit signage suitable and sufficient?		
11) Are soft furnishings in good repair?		
12) Is the storage of combustible material kept to a minimum?		
13) Are any hazardous liquids stored in accordance with COSHH?		
14) Is the evac-chair serviceable?		
15) Do staff receive fire safety training?		
16) Is there a list of fire wardens published?		

SECURITY

CHECK	Y/N/NA	OBSERVATIONS
1) Is there a security policy in place?		
2) Is there an incident reporting procedure?		
3) Are there contingency plans in place for business continuity?		
4) Do staff receive any security/safety training?		
5) Does the site have access control on the main entrance?		
6) Do staff only areas have access control?		
7) Do visitors sign in?		
8) Are visitors escorted whilst on site?		
9) Are practical evacuation drills carried		

out annually?		
10) Is there liaison with other tenants regarding security matters?		
11) Are bins kept securely?		
12) Is there an integrated security system?		
13) Is the security system monitored?		
14) Are there systems in place for any lone workers?		
15) Is there provision for staff to store valuables?		

NOTE	ACTIONS

Appendix G – IG In and Out of Hours Spot Check Template

Check	Findings & Location	Recommended Improvements
How is access to the building controlled?		
Are there any further access controls? For example to access working areas.		
Is there zoned access?		
Are the access controls actually in use? e.g. swipe/proximity readers disabled, locks left on the latch, doors propped open		
Visitors: Asked to sign in/out? Provided with an ID badge?		

Check	Findings & Location	Recommended Improvements
Accompanied?		
Are staff wearing visible ID badges?		
Are internal fire doors propped open? (n/a if no internal fire doors)		
Is there evidence that windows are lockable?		
Do ground floor windows have opening limiters?		
Is there secure film on windows in vulnerable areas?		
Are desks clear of confidential information when left unattended?		

Check	Findings & Location	Recommended Improvements
Is any confidential information on noticeboards/white boards?		
Are screens locked when unattended?		
Are portable storage devices in use? (I.e. can any be observed plugged into PCs/laptops?)		
Is lockable storage available? Are there lockable underdesk drawers, cupboards, filing cabinets?		
Is lockable storage actually locked?		
Can any notes/lists be observed which contain log in details or passwords?		

Check	Findings & Location	Recommended Improvements
Are screens angled to minimise the possibility of being overlooked?		
Are there any papers left on printers and/or fax machines? If so, do they contain sensitive information?		
Are any shredders in use? If so, do they appear to be DIN4? Are they full/overflowing?		
Are filled confidential waste bags or offsite storage boxes held unsecured in office areas?		
Are there any confidential waste consoles? Can information be retrieved from them? Are they full/overflowing?		

Check	Findings & Location	Recommended Improvements
Any other observations? Examples of good practice or poor practice?		

Staff Compliance/Understanding – For In Hours Spot Check Only

Question	Staff Member 1	Staff Member 2	Staff Member 3	Staff Member 4	Staff Member 5

Appendix H – On-Call Incident Reporting Log

NHS Lancashire & South Cumbria ICB On-Call Incident Reporting Log

On-Call Information

Name of On-call Manager _____

Call Received By _____

Date of On-call

Actions and Advice

Callers Name	
Callers Organisation	
Designation	
Callers Number (inc. STD)	
Time of Call (24hr)	
Caller Location	

Summary and Outcomes

Outcomes	
Handover to (name and organisation)	

Incident Information

Type of Incident and Details	
When	
Exact Location	
Who	

Has the caller reported the incident on an Incident Reporting form **YES** ☐ **NO** ☐

Do you as a senior manager need to report the incident on an Incident Reporting form **YES** ☐ **NO** ☐

Time (24hr)	**Action / Advice Given**	**Passed on to / Discussed with**

Guidance Notes on completing and submitting the form

1. The form must be completed for each and every incident received over the on-call period. Where an incident is closed off and a related / follow up call comes in, a new form must be started but linked back to the previous incident in the notes.
2. The completed form must be submitted to the ICB Corporate Governance Team by 8:30am the following day.
3. Where appropriate a photocopy of the completed form should be passed onto the next on-call manager.

Appendix I – Definition of Terms

For the purposes of this policy and procedure, the following definitions apply:

Accident:
An incident which happens unexpectedly and unintentionally (no apparent or deliberate cause) typically resulting in damage, illness, injury or fatality.

Culture:
Ideas, customs and behaviours of a particular group of people or organisation.

Cyber Incident:
A situation where anything that could (or has) compromised information assets within cyberspace. Cyberspace is an interactive domain made up of digital networks that is used to store, modify and communicate information. It includes the internet, but also the other information systems that support our businesses, infrastructure and services.

Damage:
Physical harm that impairs the value, usefulness or normal function of something.

Incident:
An instance of something happening; an event or occurrence.

Information Incident:
A situation which involves actual or potential failure to meet the requirements of the Data Protection Act or Common Law Duty of Confidentiality including unlawful disclosure or misuse of confidential data, recording or sharing of inaccurate data, information security breaches and invasion of people's privacy. Incidents relating to personal data breaches which could lead to identity fraud or have other significant impact on an individual. Incidents apply irrespective of the media involved and includes both electronic media and paper records.

Injury:
Physical harm to damage to someone's body caused by an accident or an attack.

Ill Health:
A disease or period of sickness affecting the body or mind, for example, physical illness, e.g. repetitive strain injury, carpal tunnel syndrome) that is caused or made worse by activities at work or a specified disease (e.g. dermatitis, asthma) as defined in RIDDOR.

Near Miss:
An unplanned event that did not result in injury, illness, fatality or damage but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, illness, fatality or damage.

Risk:
The potential of gaining or losing something of value.

Violence and Aggression:
Violence is the use of physical force with the intent to injure another person or destroy

property, for example physical assault of ICB employees ***Aggression*** is generally defined as angry or violent feelings or behaviour, for example verbal abuse, harassment

Work Related:
Connected to someone's job or with paid work connected with ICB activities and is applicable to ICB employees, Contractors and visitors including patients and members of the public.

Appendix J - Equality Impact and Risk Assessment Stage 1

Equality, Health Inequality Impact and Risk Assessment

Incident, Accident and 'Near Miss' Policy and Procedure

Lancashire and South Cumbria HC Partnership

Current Status Stage 1 Approved	**Review Date** 05/07/2023
Person Responsible Deb Atkinson	**Service** Corporate
Service Area Corporate Governance	**Project Lead** Name: McMillan, Danielle Email: danielle.mcmillan1@nhs.net Phone:

Explanation

To engender a mature safety culture within the organisation, this policy has been developed to outline local reporting procedures for any accidents, incidents or "near misses".

Supplementary Files

LSCICB_Est02_Incident Accident and Near Miss Policy and Procedure.pdf (840252 bytes)