INCIDENT MANAGEMENT POLICY

Title:	**Incident Management Policy**
Reference No:	Q3
Owner:	Ruth Nutbrown – Assistant Chief Officer
Author:	Ian Plummer – Health and Safety Manager Claire McInnes - Senior Information Governance Specialist Lesley McNeill – Quality Assurance Officer
First Issued On:	December 2013
Latest Issue Date:	April 2018
Operational Date:	April 2018
Review Date:	April 2021
Consultation Process:	
Ratified and Approved by:	Operational Executive – February 2018 AQuA – March 2018 Governing Body – April 2018
Distribution:	All staff and GP members of the CCG
Compliance:	Mandatory for all permanent & temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

REVISIONS/AMENDMENTS SINCE LAST VERSION (IF APPLICABLE)

Date of Review	Amendment Details
December 2013	Heavily amended/re-written from PCT/NHSR document and taking into account the NHS England Serious Incident Framework published in March 2013 - an update to the 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation published by the NPSA 2010.
May 2015	Amended to incorporate Information Governance incident guidance, and the updated NHS England Serious Incident Framework released March 2015
February 2018	Amended to include: Health and Safety incident guidance Updated definitions NHS Rotherham Clinical Commissioning Group (NHSRCCG) Serious Incident (SI) & Never Event (NE) management process The new incident reporting template Incident flowchart Equality Impact Assessment

CONTENTS

| F | Incident flow chart | 27 |
| G | Equality Impact Assessment | 28 |

SECTION A – POLICY

1 Policy Statement, Aims & Objectives

1.1 This Policy represents the agreed Policy and Procedure of NHS Rotherham Clinical Commissioning Group (the CCG) in relation to the reporting and management of Incidents. It also represents the agreed policy and procedure in relation to the CCGs responsibility to Performance manage the Serious Incidents and Never Events that occur within the services it commissions.

1.2 The aim of this policy is to provide staff with an agreed method of the reporting, investigating and the management of all incidents which could affect the CCG and the development of action plans, where appropriate.

By following the procedures outlined the CCG will:

- Document the organisation's commitment to a fair blame culture to encourage reporting of all incidents to enable the organisation to learn and share lessons learnt across the wider health community.

- Ensure all incidents are captured through early identification in a timely manner, irrespective of whether they caused actual harm.

- Ensure that all reported incidents are appropriately reviewed, managed and investigated based on their severity within the CCG and commissioned services.

- Describe the arrangements for serious incident management, investigation and follow up action.

- Learn, make changes and ensure improvements, as a result of all incidents in order to improve safety for patients, staff, visitors and contractors.

- Use qualitative and quantitative data analysis to highlight any trends which may be occurring and uncover any further need for intervention.

- Ensure individual and organisational responsibilities are defined and followed for incident and serious incident reporting.

- Ensure the organisation complies with all current legislation and performance management.

- Identify the assurance process in place for monitoring and reviewing serious incidents involving services commissioned by Rotherham CCG.

- Ensure all commissioned services adhere to contractual performance requirements.

1.3 The purpose of this document is to provide guidance to all CCG Staff in relation to the reporting of Incidents and Serious Incidents. It will also provide guidance as to how these Incidents should be managed.

1.4 The document also provides guidance to CCG staff in relation the performance management of investigations and reports into Serious Incidents

and Never Events that occur within commissioned services.

2   **SCOPE**

2.1   This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of the CCG or working on the CCG premises and forms part of their arrangements with the CCG. As part of good employment practice, agency workers are also required to abide by CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for the CCG.

3   **ACCOUNTABILITY AND RESPONSIBILITIES**

3.1   Chief Officer

Overall accountability for incident management within the organisation lies with the Chief Officer who has responsibility for establishing and maintaining an effective risk management system within the organisation including sharing lessons learnt. This is formally delegated at follows:

3.2   Deputy Chief Officer

This is the Senior Information Risk Owner (SIRO) for NHS Rotherham CCG.

3.3   Assistant Chief Officer

The Assistant Chief Officer has delegated responsibility for the development and implementation of non-clinical incident management, is the Responsible Person as defined by the Regulatory Reform (Fire Safety) Order 2005 and Competent person as defined by the Management of Health and Safety at Work Regulations 1999

3.4   Chief Nurse

Has delegated responsibility for performance managing providers. This is the Caldicott Guardian for the CCG.

3.5   Chief Finance Officer

Has delegated responsibility for the development and implementation of financial risk management and financial governance.

3.6   Data Protection Officer

Has responsibility for assisting in implementing essential elements of the General Data Protection Regulation including the security of processing and notification and communication of data breaches.

The DPO must be promptly consulted once a data breach or another incident has occurred

3.7   Quality Assurance Officer

Has delegated responsibility for the logging, updating and extracting information on the Serious Incident Database.

3.8   Staff

Responsibilities of Staff (including all employees, whether full/part time, agency, bank or volunteers) are:

- Complying with all procedural documents of the organisation.
- Identifying any gaps in Incident management Policies and identifying these to the document authors / responsible officers.

3.9   If an incident occurs staff – must take charge of the immediate situation until a more senior person is available and ensure that **all** potential/actual incidents (including serious incidents) are reported, that the incident report is fully completed (see appendix D) and that the requirements of this policy and procedure are met. In the first instance, the incident must be reported to their line manager within 24 hours or within reasonably practicable time. Where appropriate, staff members may be involved in the review of incidents and implementing actions.

3.10   All staff must ensure they attend any mandatory or statutory training sessions on Risk Management, Incident Reporting and Health & Safety.

3.11   All Managers – All managers are responsible for ensuring that all incidents (including serious incidents), which occur in their areas of responsibility, are reported immediately through the agreed reporting systems. Said incidents must also be reviewed by the appropriate Head of service to ensure that:

- The incident report is fully and accurately completed
- The incident severity has been correctly categorised
- Reports to External Agencies are completed and sent
- Where appropriate an investigation is carried out.

Managers are responsible for ensuring staff at all levels understand the need to report all incidents, accidents and near misses as per this policy and procedure and to ensure compliance with the CCG's legal obligations.

It is recognised that many incidents; especially more serious incidents (Serious Incidents) may have a significant impact upon staff affected by the incident.

Arrangements should be made by Line Managers to ensure that any member of staff involved in incidents receives the necessary support and counselling (if required).

3.12   All Senior Managers– are collectively and individually responsible for the management of risk and for implementing this policy and procedure. It is each and all, Senior Managers responsibility to ensure that departmental inductions outline the organisation's requirements of staff in respect of this policy and procedure. Senior Managers also have responsibility for cascading information to staff regarding updates or amendments to the policy and procedure.

3.13   Committees – The CCG Governing Body has delegated responsibility for reviewing the development and implementation of incident management systems to the Audit, and Quality Assurance Sub Committee (AQuA). In order to discharge this duty the AQuA must ensure that appropriate groups exist to support the process.

3.14 The following group provides assurance that incidents are being managed and confirm action plans resulting from incidents (including serious incidents), complaints or claims are followed up and lessons learnt are disseminated: -

3.14.1 Serious Incident (SI) & Never Event (NE) Committee – Reports to AQuA. Provides a robust process for the performance management of SI and NE reported by providers of NHS services commissioned by the CCG.

3.14.2 Information Governance Group – Reports to AQuA. Receives and considers reports into information incidents and risks, including cyber security incidents, and ensure appropriate action is taken for reporting to AquA.

3.14.3 Health and Safety Team

Provides advice and support to staff whenever necessary:

- Investigation of accidents / incidents and near misses

- Advising Managers with regards RIDDOR Reporting

- Ensures that all managers are kept up to date with any changes in legislation

- Discusses any recommendations with managers if necessary

4. DISSEMINATION,

4.1 The effective implementation of this policy will support openness and transparency. The CCG will ensure that the policy is implemented through the publication of this policy, supporting any training needs and also the monitoring of the Key performance indicators.

4.2 All procedural documents are available via the organisation's website. Staff members are notified by email of new or updated procedural documents.

5. TRAINING

5.1 All staff will be offered relevant training commensurate with their duties and responsibilities. Staff requiring support should speak to their line manager in the first instance. Support may also be obtained through the HR Department. Managers should contact the Governance Team if there are specific training needs.

5.2 It is important that all staff working for the organisation are familiar with this policy and that it is well understood and that the associated procedures are rigorously applied. Some staff have been trained in the NPSA Root Cause Analysis techniques by the organisation, this will be dependent on their role in incident investigation

6. TRENDS AND LESSONS LEARNT

6.1 Serious incident trends, themes, patterns and lessons learnt will be analysed and reported to the appropriate committees. Lessons learnt will be disseminated appropriately across the health community and to other relevant groups to minimise the risk of reoccurrence.

7   **REVIEW**

7.1   This policy will be reviewed regularly and in accordance with the following on an as and when required basis:

- Legislative changes

- Good practice guidance

- Case law

- Significant incidents reported

- New vulnerabilities

- Changes to organisational infrastructure

7.2   This policy is located on Rotherham CCG website.

A number of other procedural documents and policies are related to this policy and should be read in conjunction as shown below:

- Relevant Health & Safety Policies and Procedures

- Whistleblowing Policy

- Integrated Risk Management Framework – Policy and Procedure

- Management of Security Policy

- Policy and Procedure on Complaints Management

- Disciplinary Policy

- Freedom of Information Policy

This list is not exhaustive and other NHS Rotherham CCG policies may relate to this policy.

SECTION B – DEFINITIONS

1. **INCIDENT**

   For the purpose of this policy an incident is any incident/accident, near miss or untoward event, which had, or may have had the potential to cause harm, dissatisfaction or injury to persons, loss or damage to property i.e. result in an adverse outcome. This definition includes hazards, accidents, ill health, dangerous occurrences and near misses.

1.1 Examples of Incidents can include:

   1. A slip or trip in the office
   2. A Road traffic collision whilst driving for work
   3. A scald from a dripping tap
   4. A fire alarm activation that wasn't pre planned.
   5. Finding a report containing private information on the photocopier
   6. Theft of a laptop
   7. Loss of an ID card

   This list is meant as guidance and is not designed as an exhaustive list.

2. **SERIOUS INCIDENT**

   Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response. Serious incidents can extend beyond incidents which affect patients directly and include incidents which may indirectly impact patient safety or an organisation's ability to deliver ongoing healthcare.

   The occurrence of a serious incident demonstrates weaknesses in a system or process that need to be addressed to prevent future incidents leading to avoidable death or serious harm to patients or staff, future incidents of abuse to patients or staff, or future significant reputational damage to the organization's involved. Serious incidents therefore require investigation in order to identify the factors that contributed towards the incident occurring and the fundamental issues (or root causes) that underpinned these. Serious incidents can be isolated, single events or multiple linked or unlinked events signalling systemic failures within a commissioning or health system.

   There is no definitive list of events/incidents that constitute a serious incident and lists should not be created locally as this can lead to inconsistent or inappropriate management of incidents. Where lists are created there is a tendency to not appropriately investigate things that are not on the list even when they should be investigated, and equally a tendency to undertake full investigations of incidents where that may not be warranted simply because they seem to fit a description of an incident on a list.

   The definition below sets out circumstances in which a serious incident

must be declared. Every incident must be considered on a case-by-case basis using the description below. Inevitably, there will be borderline cases that rely on the judgment of the people involved.

2.1 Serious Incidents in the NHS include:

Acts and/or omissions occurring as part of NHS-funded healthcare (including in the Unexpected or avoidable death of one or more people. This includes:

- Suicide/self-inflicted death; and

- Homicide by a person in receipt of mental health care within the recent past

- Unexpected or avoidable injury to one or more people that has resulted in serious harm;

- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:

  - the death of the service user; or

  - serious harm;

- Actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:

  - healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or

  - Where abuse occurred during the provision of NHS-funded care.

  This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident.

- A Never Event – Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Incidents that fall within this category are defined nationally. All Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death.

- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:

- Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues

- Property damage;

- Security breach/concern;

- Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population;

- Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS);

- Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services); or

- Activation of Major Incident Plan (by provider, commissioner or relevant agency)

- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation

3. INFORMATION GOVERNANCE SERIOUS INCIDENTS

3.1 Any incident involving the actual or potential loss of personal information that could lead to identity fraud or have other significant impact on individuals irrespective of media involvement should be considered as serious.

3.2 All Information Governance incidents should be investigated and reviewed in accordance with the guidance in the HSCIC checklist to determine whether they meet the criteria of a serious incident

3.3 An information governance incident that leads to damage of service, CCG or NHS reputation.

3.4 The General Data Protection Regulation (GDPR) will introduce a duty on the CCG to report certain types of data breach to the relevant supervisory authority, and in some cases to the individuals affected. Where a data breach is likely to result in a risk to the rights and freedoms of the individual, incidents must be reported to the Information Commissioners Office (via the HSCIC Incident reporting tool) within 72 hours.

4. HEALTH AND SAFETY DEFINITIONS

4.1 **Health** – The protection of the bodies and minds of people from illness resulting from the materials, processes or procedures used in the workplace.

4.2 **Safety** – The protection of people from physical injury. The borderline between health and safety is ill defined and the two words are normally used together to indicate concern for the physical and mental well-being of the individual at the place of work.

4.3 **Accident** – This is defined by the Health and Safety Executive (HSE) as ' any unplanned event that results in injury or ill health of people, or damage or loss to property, plant, materials or the environment or a loss of a business opportunity ' .

4.4   **Near miss** – This is any incident that could have resulted in an accident; but due to fortunate circumstances the accident was prevented. E.g. stumbling on an uneven surface without falling. Knowledge of near misses is very important as research has shown that, approximately, for every 10 'near miss' events at a particular location in the workplace, a minor accident will occur.

4.5   **Dangerous occurrence** – This is a 'near miss' which could have led to serious injury or loss of life. Dangerous occurrences are defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and are always reportable to the enforcement authorities. Examples include the collapse of a scaffold or the failure of any passenger carrying equipment.

4.6   **Undesired circumstance** – A set of conditions or circumstances that have the potential to cause injury or ill health, e.g. untrained nurses handling heavy patients

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

- work-related accidents which cause death;

- work-related accidents which cause certain serious injuries (reportable injuries);

- diagnosed cases of certain industrial diseases;

- certain 'dangerous occurrences' (incidents with the potential to cause harm)

4.7.1   It is the responsibility of the responsible person with assistance from the Health and Safety Team to inform the Health and Safety Executive (HSE) in the event of a work related injury, disease, or dangerous occurrence.

4.7.2   **Immediate Notification**

The CCG is required to notify the HSE if someone has died or suffered a major injury because of a work-related accident.

It will also be essential to ensure that any equipment, materials etc., involved in the accident or occurrence are left undisturbed until the arrival on the scene of a member of the HSE.

4.7.3   **Notification within 15 Days**

Any injury to an employee or other person resulting in their being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days must be reported to the HSE using the appropriate online form.

The procedure in such cases will be for the Line Manager to ensure the safety team is informed of the injury

4.7.4   **Occupational Diseases**

The CCG must report any instance where a registered medical practitioner informs the CCG in writing that one of your employees is suffering from a

disease specified in RIDDOR, and the employee undertakes work linked with that condition. Reportable diseases, infections and ill health include:

- 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.

4.8 **Hazard –** A potential source of risk e.g. damage or harm.

4.8.1 The consequence can be ranked:

(5) Extreme – Incident leading to death, multiple permanent injuries or irreversible health effects, an event which impacts on a large number of patients

(4) Major – Major injury leading to long-term incapacity / disability, mismanagement of patient care with long-term effects

(3) Moderate – Moderate injury requiring professional intervention, requiring time off work for 7+ days. RIDDOR reportable incident, an event which impacts on a small number of patients

(2) Minor – Minor injury or illness, requiring minor intervention requiring time off work for >7 days

(1) Negligible – Minimal injury requiring no / minimal intervention or treatment - No time off work

4.9 **Risk-** The combination of likelihood and consequence of hazards being realised, resulting in some form of loss or damage. The possibility that objectives will not be achieved.

4.9.1 The likelihood can be ranked:

(5) Almost certain – Will undoubtedly happen / recur, possibly frequently

(4) Likely – happen/recur but it is not a persisting issue

(3) Possible – Might happen or recur occasionally

(2) Unlikely – Do not expect it to happen/recur but it is possible it may do so

(1) Rare – This will probably never happen/recur

5. **OCCUPATIONAL OR WORK-RELATED ILL HEALTH**

This is concerned with those illnesses or physical and mental disorders that are either caused or triggered by workplace activities. Such conditions may be induced by the particular work activity of the individual or by activities of others in the workplace. The time interval between exposure and the onset of the illness may be short (e.g. asthma attacks) or long (e.g. deafness or cancer).

SECTION C – PROCEDURE

1. **PROCEDURE IN THE EVENT OF AN INCIDENT (INCLUDING SERIOUS INCIDENTS) OCCURRING WITHIN THE CCG.**

1.1 If an injury has occurred immediate action should be taken to ensure the health needs of the individuals affected are dealt with in order to minimise harm and limit the impact of the incident if safe to do so. The most senior relevant person should also be informed.

1.2 Should any situation pose imminent danger to others, attempts should be made to reduce the risk to the environment, staff, patients and the public (i.e. first aid, emergency services, administering drugs, isolation of area, wearing protective clothing etc.).

1.3 Immediate notification to external agencies such as the Emergency Services or Coroner should be considered when appropriate and following advice from the Chief Officer/Assistant Chief Officer.

1.4 Documenting and reporting the incident is done by completing the Incident Reporting Form (Appendix D). This form should be completed within 24hrs of the incident taking place.

1.5 The completed form is reviewed by the Assistant Chief Officer and an initial risk assessment is undertaken. This initial assessment will include any immediate actions required and also if the incident has met the threshold to be considered a Serious Incident. Advice is available from the Chief Nurse for incidents of a clinical nature.

1.6 If the incident has not reached the threshold to be considered a Serious Incident, the Assistant Chief Officer will determine what further actions are required to investigate the incident, identify any appropriate learning and the assurance process for the incident report.

1.7 Learning from incidents will be used to make any necessary changes within the CCG and to mitigate the risk to individuals and the organisation.

1.8 If the incident has met the threshold to be considered a Serious Incident, the process to be followed should be in line with the NHS England Serious Incident Framework. https://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf

2. **PROCEDURES IN RELATION TO SERIOUS INCIDENTS**

2.1 Any incident considered as a serious Incident will need to be recorded on StEIS (Strategic Executive Information System) by the provider, in line with current NHS England Serious Incident Framework.

2.2 An information governance incident of sufficient scale or severity to be classified as Level 2 on the HSCIC checklist https://www.igt.hscic.gov.uk/should also be reported by the provider:

- To the CCG SIRO, Data Protection Officer and Caldicott Guardian.

- Reported to the Department of Health, Information Commissioners Office and other regulators via StEIS and the Health and Social Care Information Centre (HSCIC) Incident reporting tool.

2.3   Certain Government agencies or statutory bodies require notification of certain incidents. The main agencies that may require notification in the event of an incident are listed below:

- Health & Safety Executive (HSE) – RIDDOR
- Care Quality Commission (CQC)
- NHS Property Services Limited / Community Health Partnerships Limited
- Medicines and Healthcare Regulatory Agency (MHRA)
- Police
- Fire
- Coroner
- Environment Agency
- NHS Business Services Authority
- Information Commissioner's Office
- It is recommended that specialist advice regarding external reporting is sought from the Assistant Chief Officer/ Chief Officer.

2.4   NHS England will be informed by email of any Serious Incident reported on StEIS. NHS England has the responsibility of performance managing any CCG Serious Incident.

2.5   A person responsible for contacting relevant parties (i.e. staff, patient(s), carer(s), relative(s), public, visitor, and contractor) should be identified by the CCG. It must be noted that any individuals involved in incidents, including relatives, must be informed. (Duty of Candour).

2.6   Appropriate support and information should be made available to those involved in the incident.

2.7   The appropriate people or person to lead and undertake any investigation will be identified by NHS Rotherham CCG Executive Team, following advice from the Assistant Chief Officer and after considering the nature of the incident, skills required to investigate and any potential conflicts of interest.

2.8   A final report will be made to NHS England by the provider within the time scales identified within the NHS England Serious Incident Framework.

2.9   Any learning from the investigation and subsequent Action plans will be monitored through AQuA.

3.   **SERIOUS INCIDENTS INVOLVING A ROTHERHAM CCG COMMISSIONED SERVICE**

3.1   Rotherham CCG requires assurance from the provider for ensuring that serious incidents are appropriately reported and managed for any service which it commissions. This responsibility is discharged through continued arrangements with providers.

3.2   All NHS providers are contractually required to report all Serious Incidents occurring within their organisation on StEIS.

3.3   If the provider does not have access to StEIS, they are required to inform the CCG of the incident and the Quality Assurance Officer will input the incident on StEIS.

3.4   It is important that the CCG appropriately responds to the potential for media interest in a particular incident. A Serious Incident may trigger the preparation of a media response based on the available information by the appropriate Chairperson, Chief Officer and the Head of Communications. All media communications must be led by and approved by the Head of Communications.

3.5   Where potential media interest exists, the appropriate Senior Manager should be notified even if the incident was not previously considered to be a Serious Incident.

4.   REPORTING ON NEVER EVENTS

4.1   Rotherham CCG will monitor the occurrence of Never Events within the services they commission. Providers are required to publish information on the occurrence of never events as part of their annual Quality Account. The reporting of Never Events and associated actions will be in line with the current published guidance at the time.

APPENDIX A

LEGISLATION AND GUIDANCE

The following legislation and guidance has been taken into consideration in the development of this policy and procedure:

- Health and Safety at Work Act 1974

- The Management of Health & Safety at Work Regulations 1999

- Mental Health Act 1983 and 2007

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- Human Rights Act 1998

- Data Protection Act 1998

- General Data Protection Regulation 2016

- The Children Act 2004

- Mental Capacity Act 2005

- Equalities Act 2010

- Seven Steps to Patient Safety – NPSA

- Design for Patient Safety – DOH 2005

- Information Commissioner Guidance Documents.

- Health and Safety Executive (HSE) Reporting – www.hse.gov.uk

- Reporting injuries, diseases and dangerous occurrences in health and social care

- Counter Fraud and Security Management Services (CFSMS) – Physical assault reporting

- NHS Litigation Authority (NHSLA) Requirements

- Procedure for the management of Serious Incidents (Sis) Framework – NHS Commissioning Board March 2013.

- Statutory Notifications Guidance HCC) 2006

- Working together to Safeguard Children 2013

- The "never events" list 2015/16 Update.

- Serious Incident Framework – NHS England 2015.

- Revised Never Event Policy and Framework 2015

- Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents requiring Investigation (IG SIRI) – HSCIC 2015.

Reportable External Bodies

Type of Incident	Method	Report To / From	Timescales
RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	On-line / by telephone. Information to be supplied to the Assistant Chief Officer who will contact external agencies.	Line Manager to Assistant Chief Officer Responsible person / Person in Control of premises to complete RIDDOR report and submit with assistance from the Safety team. Assistant Chief Officer to liaise with Health and Safety Executive if required. Health and Safety Executive Foundry House 3 Millsands Riverside Exchange SHEFFIELD S3 8NH	**Line Manager to report:** Deaths/Major injuries/Dangerous occurrences/ Diseases – ***immediately*** *(within 10 days of the incident occurring)* Injury resulting in absence from work for over 7 days – ***within 15 days*** Admission of a patient/visitor into A&E from your premises due to an injury- immediately (within 10 days of the incident occurring) Guidance can be found How to make a RIDDOR report – RIDDOR – HSE

Incidents that may lead to litigation	Telephone	Line Manager to report to Assistant Chief Officer Assistant Chief Officer to: NHS Litigation Authority 2nd Floor 151 Buckingham Palace Road London SW1W 9SZ	**Line Manager:** Assistant Chief Officer *As soon as risk of possible litigation identified* Assistant Chief Officer : NHS Litigation Authority *Within 48 hours of notification*
non-medical equipment (dependent on type and severity)	By Telephone or Email dependent on severity	Assistant Chief Officer NHS Property Services Ltd Interim Service Delivery Manager NHS Property Services Ltd Oak House Moorhead Way Bramley Rotherham S66 1YY T: 01709 302119	Assistant Chief Officer Immediately Assistant Chief Officer NHS Property Services Ltd Within 24 hours
Fire – any incident, no matter how small, involving fire or fire warning systems, or false alarm, resulting in Fire Brigade attendance should also be reported using the Fire Safety	Online reporting system & documentation in the fire manual. A copy of the latter should be sent to the fire officer with the original kept in the fire log book	Discovery of a fire or fire alarm sounding, anyone via (9)999 to the fire service	**Line Manager to report to:** Assistant Chief Officer *Immediately*

Information Governance Incidents	Online reporting system and telephone	If it is likely to be a Serious Incident (IG SIRI) then the Data Protection Officer and Head of Health Informatics (Doncaster and Rotherham CCGs) should be consulted. Head of Health Informatics (Doncaster and Rotherham CCGs) to report to the Information Commissioners Office as appropriate via the HSCIC Incident Reporting tool within 72 hours.	**Line Managers to report Serious Incidents to:** Head of Health Informatics (Doncaster and Rotherham CCGs) *Immediately*
Fatality – apparent or potentially as a consequence of alleged patient action; self-harm or contributory action by staff.	Online reporting system and Email. Or in case of very serious incident telephone	StEIS NHS Rotherham, Safeguarding team	Within 24 hours of incident or within 1 working day

APPENDIX C

NHS ROTHERHAM CLINICAL COMMISSIONING GROUP (NHSRCCG)
SERIOUS INCIDENT (SI) & NEVER EVENT (NE) MANAGEMENT PROCESS

Serious Incidents (SI) in health care are adverse events, where the consequences are so significant or the potential for learning is so great, that a heightened level of response is justified

Never Events (NE) are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers

NHS Rotherham Clinical Commissioning Group (NHSRCCG) has systematic measures in place to ensure serious incidents requiring investigation are identified correctly, managed appropriately, investigated thoroughly by the reporting providers and learned from to prevent the likelihood of similar incidents happening again.

Incidents will be performance managed in accordance with the:

NHSE Serious Incident Framework (NHS England 2015)
https://improvement.nhs.uk/resources/serious-incident-framework/

Never Events Policy and Framework

https://improvement.nhs.uk/resources/never-events-policy-and-framework/

```
                    ┌─────────────────────────────────┐
                    │   SERIOUS INCIDENT OCCURS       │
                    └─────────────────────────────────┘
                                   │
                                   ▼
    ┌──────────────────────────────────────────────────────────┐
    │ PROVIDER REPORTS INCIDENT ON STRATEGIC EXECUTIVE          │
    │ INFORMATION SYSTEM (STEIS) WITHIN 2 WORKING DAYS OF       │
    │ OCCURANCE                                                 │
    └──────────────────────────────────────────────────────────┘
                                   │
                                   ▼
    ┌──────────────────────────────────────────────────────────┐
    │ NHSRCCG RECEIVES NOTIFICATION VIA EMAIL OF NEW INCIDENT   │
    │ INITIAL REPORT CREATED AND CIRCULATED VIA EMAIL TO        │
    │ RELEVANT PEOPLE                                           │
    │ INCIDENT LOGGED ON SI DATABASE                            │
    └──────────────────────────────────────────────────────────┘
                                   │
                                   ▼
    ┌──────────────────────────────────────────────────────────┐
    │ IF THE INCIDENT MEETS THE CRITERIA FOR A NEVER EVENT      │
    │ PROVIDER SUBMITS A 72 HOUR REPORT                         │
    └──────────────────────────────────────────────────────────┘
                                   │
                                   ▼
    ┌──────────────────────────────────────────────────────────┐
    │ PROVIDER UNDERTAKES A THOROUGH INVESTIGATION             │
    └──────────────────────────────────────────────────────────┘
                                   │
                                   ▼
    ┌──────────────────────────────────────────────────────────┐
    │ PROVIDER SUBMITS FINAL REPORT TO NHSRCCG WITHIN 60        │
    │ WORKING DAYS                                              │
    └──────────────────────────────────────────────────────────┘
                                   │
                                   ▼
    ┌──────────────────────────────────────────────────────────┐
    │ NHSRCCG SI & NE COMMITTEE MEETING MEMBERS WITH RELEVANT   │
    │ REPRESENTATIVES UNDERTAKE A REVIEW OF THE FINAL REPORT    │
    └──────────────────────────────────────────────────────────┘
          │                        │
          │                        ▼
          │      ┌──────────────────────────────────────────┐
          │      │ NHSRCCG REQUIRE FURTHER INFORMATION       │
          │      └──────────────────────────────────────────┘
          │                        │
          ▼                        ▼
    ┌──────────────────────────────────────────────────────────┐
    │ COMMISSIONER ASSURED FINAL REPORT MEETS REQUIREMENTS     │
    │ FOR A ROBUST INVESTIGATION WITH AGREED ACTIONS /         │
    │ RECOMMENDATIONS AND AGREES CLOSURE                       │
    └──────────────────────────────────────────────────────────┘
```

Ref:

**NHS Rotherham CCG
INCIDENT REPORTING FORM**

Incident reporter details	
Name:	
Role:	
Date / Time reported:	

Incident details	
Date / Time of incident	
Name of person(s) involved in the incident	
Name of any witnesses to the incident	
Where did the incident occur?	
How did the incident occur? – Please describe the exact events leading up to and including the incident. Please use a separate page if required. Facts only, not opinions or second hand information.	
Factors which may have played a part in the incident e.g.: Weather conditions Lighting Traffic Floor surface condition	
Were there any adverse effects?	

Treatment			
This section should be completed by a first aider or manager / Team leader in respect for all treatment whether accepted or refused.			

Was First Aid	Accepted	Refused	Advised to attend hospital / GP	Not Applicable

Brief details of the First Aid given	
First Aiders name	

Was the person sent to hospital	Yes	No	Was the injured person in hospital for more than 24 hours	Yes	No

Hospital Details	

What type of injury was it?	Bruise	Burn/Scald	Fracture	Sprain / Strain
	Head Injury	Cut / Abrasion	Musculoskeletal injury	Other (please specify)

Type of Incident	Near Miss	Minor Injury	Major Injury	Ill Health	Road Traffic collision		

Post-incident actions	
What actions were taken after the incident?	
Are any further actions planned?	

Please return the completed form as soon as possible after the incident to:
Complaints &Governance Officer, NHS Rotherham CCG – Oak House, Rotherham

NHS
Rotherham
Clinical Commissioning Group

RISK MATRIX

The likelihood and consequences from the risk occurring is graded from "1" being Rare / negligible injury which is very unlikely to occur at any time to "25" when the likelihood and consequences from the injury is almost certain to occur or has happened already with a fatality or multiple major injuries.

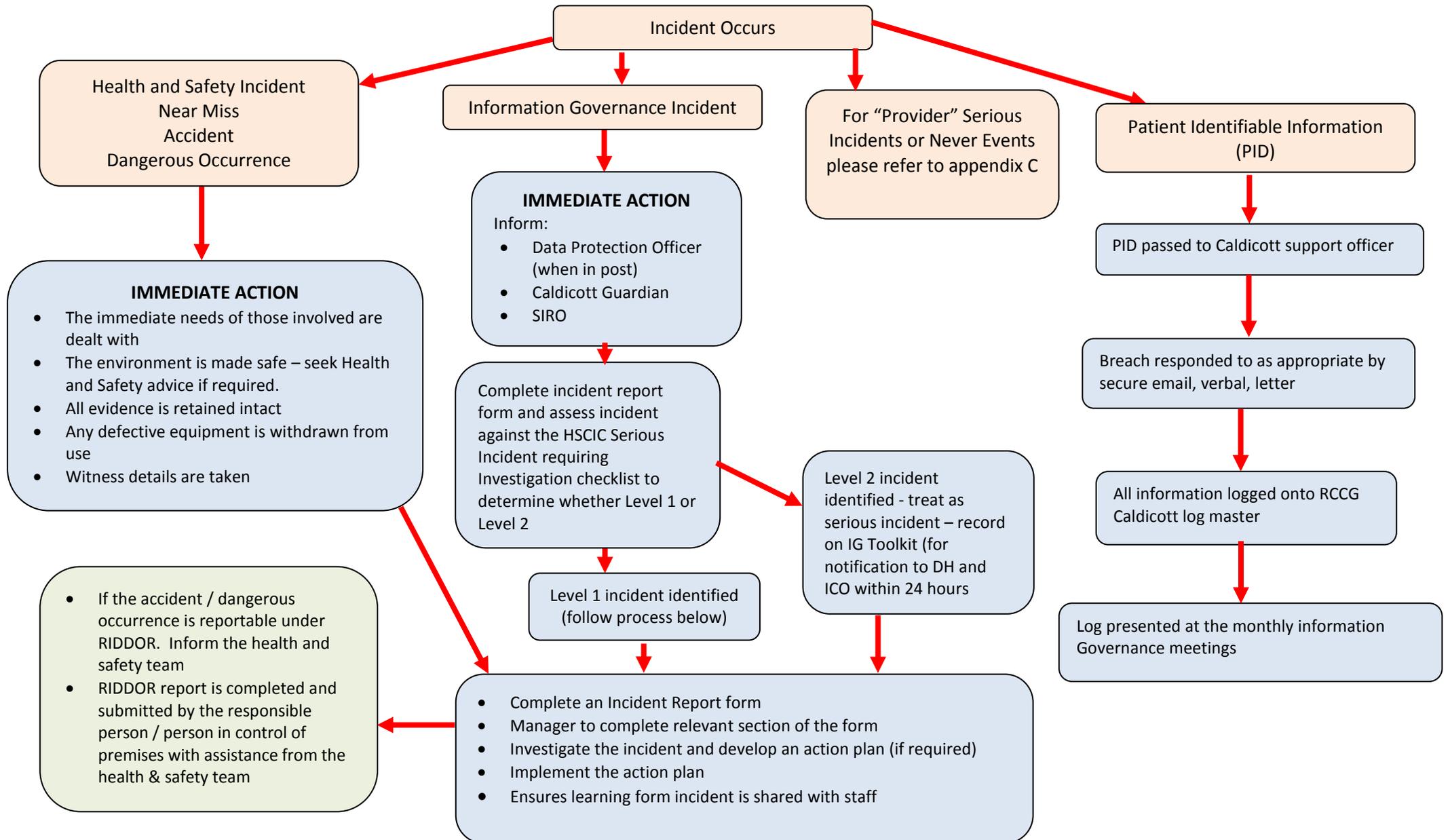The description of each grade of severity and likelihood is shown in the matrix below.

To identify the level of acceptability and Risk Rating (RR) for each hazard, the figures from the likelihood and severity were multiplied together. Dependent upon the number resulting from this equation, the hazards RR will fall into one of the categories on the risk matrix; this will determine the level of acceptability.

The risk rating and level of risk acceptability can be summed up as follows:

Risk Matrix		Likelihood				
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Extreme	5	10	15	20	25

1-5	Low risk
6-11	Medium risk
12-15	High risk
16-20	Very high risk
25	Extreme

NHS
Rotherham
Clinical Commissioning Group

Incident Reporting Flow Chart

Incident Occurs

Health and Safety Incident
Near Miss
Accident
Dangerous Occurrence

Information Governance Incident

For "Provider" Serious Incidents or Never Events please refer to appendix C

Patient Identifiable Information (PID)

IMMEDIATE ACTION
- The immediate needs of those involved are dealt with
- The environment is made safe – seek Health and Safety advice if required.
- All evidence is retained intact
- Any defective equipment is withdrawn from use
- Witness details are taken

IMMEDIATE ACTION
Inform:
- Data Protection Officer (when in post)
- Caldicott Guardian
- SIRO

PID passed to Caldicott support officer

Breach responded to as appropriate by secure email, verbal, letter

Complete incident report form and assess incident against the HSCIC Serious Incident requiring Investigation checklist to determine whether Level 1 or Level 2

Level 2 incident identified - treat as serious incident – record on IG Toolkit (for notification to DH and ICO within 24 hours

All information logged onto RCCG Caldicott log master

Level 1 incident identified (follow process below)

Log presented at the monthly information Governance meetings

- If the accident / dangerous occurrence is reportable under RIDDOR. Inform the health and safety team
- RIDDOR report is completed and submitted by the responsible person / person in control of premises with assistance from the health & safety team

- Complete an Incident Report form
- Manager to complete relevant section of the form
- Investigate the incident and develop an action plan (if required)
- Implement the action plan
- Ensures learning form incident is shared with staff

Equality Impact Assessment

Title of policy or service:	Incident Management Policy	
Name and role of officer/s completing the assessment:	Ian Plummer, Health and Safety Manger	
Date of assessment:	31st January 2018	
Type of EIA completed:	**Initial EIA 'Screening' ☒ *or* 'Full' EIA process ☐**	*(select one option - see page 4 for guidance)*

1. Outline	
Give a brief summary of your policy or service • Aims • Objectives • Links to other policies, including partners, national or regional	NHS Rotherham CCG (the CCG) has a responsibility to ensure that the investigation and management of serious incidents in services which they have commissioned is effective and are responsible for holding providers to account for managing responses to serious incidents. This document demonstrates and provides assurance that the CCG has systematic measures in place to respond to incidents requiring investigation and has robust performance management arrangements in place to ensure serious incidents are managed and investigated by providers according to best practice. These measures must protect patients and result in organisations learning from serious incidents to minimise the risk of the incident happening again. When an incident occurs it must be reported to all relevant bodies.

Identifying impact:
- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as

possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information
This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	☐	☒	☐		
Age	☐	☒	☐		
Carers	☐	☒	☐		
Disability	☐	☒	☐		
Sex	☐	☒	☐		
Race	☐	☒	☐		
Religion or belief	☐	☒	☐		
Sexual orientation	☐	☒	☐		
Gender reassignment	☐	☒	☐		
Pregnancy and maternity	☐	☒	☐		
Marriage and civil partnership (only eliminating discrimination)	☐	☒	☐		

Other relevant groups	☐	☒	☐		
HR Policies only: Part or Fixed term staff	☐	☒	☐		

IMPORTANT NOTE: *If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan

Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

4. Monitoring, Review and Publication

When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:		Date of next Review:	

Once completed, this form **must** be emailed to Alison Hague, Corporate Services Manager for sign off:

Alison.hague@rotherhamccg.nhs.uk

Alison Hague signature:	