Incident Management Policy

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Document control sheet

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Can this policy be released under FOI?	Yes

Version control

Version No	Revision date	Revision by	Nature of revisions
V3	13 October 2015	JJames	Final version ratified
V1.0	Dec 2018 – Feb 2019	JJames	Minor revisions to update roles/titles and committee changes. Amendments to clarify and strengthen information governance incident reporting
V1.1	April 2019	JJames	Further revisions from feedback from HR (clarity on 'no blame' culture and query re Serious Incidents.) Further revisions from feedback from DDofCG – clarity re IG/cyber/serious incidents
V2	May 2019	JJames	Ratification information added plus minor stylistic amendments

Contents

See also:
Acceptable Behaviour Policy and Procedure
IT Security Policy
Serious Incident Policy
Data Protection Policy
Freedom to Speak Up: Raising Concerns in the NHS (Whistleblowing) Policy
Information Governance Policy

1. Scope

This policy relates to incidents causing, or with the potential to cause, injury/harm to anyone using the services we commission, members of staff, visitors or contractors, or damage to or loss of NHS Kernow property.

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

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

If you are seeking information about what to do in the event of a serious incident involving a service NHS Kernow commissions, please refer to the Serious Incident Policy and report via the NHS Kernow quality team.

2. Introduction

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

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

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

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

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

3. Purpose

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

4. Definitions

- **Incident/Accident**: Any event that has caused, or had the potential to cause, injury/harm to any person, such as anyone using the services we commission, members of staff, visitors or contractors, or causes/may cause damage to or loss of NHS Kernow property. This includes:
    - **Personal accident** – accidental incidents which affect/involve a person or persons and resulted, or could have resulted, in injury.
    - **Violence, abuse, harassment, discrimination** – including physical assaults, deliberate self-harm, aggressive incidents, verbal abuse, sexual harassment, intimidation or threatening behaviour and discrimination against people on the grounds of religion/belief, gender (including transgender), race, age, disability or sexual orientation. Please refer to the Acceptable Behaviour policy for more information on how NHS Kernow manages unacceptable behaviour towards employees of NHS Kernow**.**
    - **Ill health, work or environmental related incidents –** illness or harm related to work or the working environment, such as contact dermatitis, unsafe environments/flooding/loss of power etc. leading to loss of services.
    - **Fire incident** – smoke, fire, suspected smoke/fire, or fire alarm.
    - **Security incident** – fraud, theft, deception, bribery, criminal damage etc.
    - **Clinical incident** – incident which arises in the context of the duty of care owed to patients by healthcare professionals or consequences of decisions or judgements made by those professionals in their professional capacity or relevant work.

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

5. Responsibilities

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

The Accountable Officer is ultimately responsible for ensuring compliance with the Health & Safety at Work Act 1974 and associated legalisation and that this policy is implemented and effective within NHS Kernow.

The Chief Financial Officer will:
- Act as the Governing Body lead for security, fire and counter-fraud.

All Directors will:
- Work together to encourage reporting and investigation of incidents and near misses, and a culture of openness, honesty and learning.

All Managers will:
- Take appropriate action to maintain the safety of people using the services we commission, staff, members of the public and contractors.
- Ensure any staff members affected by or involved in the incident have received appropriate care and advice; this could include referrals to occupational health.
- Ensure the incident has been reported.
- Report to external agencies if required (see section 7).
- Instigate an investigation into the incident and identify the causes and any actions required to prevent recurrence.
- Record the findings and outcome of this investigation with the Head of Corporate Governance.

The Corporate Governance Team will:
- Record incidents reported on a central register and ensure actions taken are recorded.
- Provide reports to relevant committees on incident figures and trends.
- Ensure risks identified through incidents are appropriately recorded, graded and that progress is made on proposed actions.
- Liaise with the leads for complaints and litigation for NHS Kernow on a regular basis to identify any trends in events being reported.
- Provide guidance for staff regarding the reporting of incidents to the Health and Safety Executive (see section 8).

- Provide advice and support to staff who have experienced such an incident.
- Provide advice and support in the investigation and prevention of such incidents.
- Liaise with NHS Kernow's Local Security Management Specialist (LSMS) where needed for further support, help and advice.

Staff affected by or involved in incidents will:
- Take appropriate immediate action to maintain the safety of people using the services we commission, staff, members of the public and contractors.
- Inform their line manager or supervisor about any incidents as soon as they become aware of events.
- Notify the corporate governance team of the incident within 24 hours of becoming aware of events. (See section 7 and Appendix 1 for guidance on how to notify).

6. Reporting Incidents

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

The corporate governance team should be notified about an incident as soon as possible (within 24 hours of the incident occurring or becoming evident). Staff should:
1. Inform their line manager, who should take any immediate action required and commence investigation;
   and
2. Send an email detailing what is known about happened to kccg.incidents@nhs.net.

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

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

7. Additional reporting

Some types of incidents require further reporting internally or externally.

RIDDOR – Details of some incidents may be reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) – RIDDOR requires deaths and injuries to be reported only when:
- there has been an accident which caused the injury;
- the accident was work-related. An accident is 'work-related' if any of the following played a significant role: the way the work was carried out; any machinery, plant, substances or equipment used for the work; the condition of the site or premises where the accident happened.
- the injury is of a type which is reportable:
  - The death of any person;
  - Specified Injuries to workers (see www.hse.gov.uk/riddor/reportable-incidents.htm for details on which injuries are specified)
  - Injuries to workers which result in their incapacitation for more than 7 days. This may mean absence from work OR inability to carry out the full range of their normal duties.
  - Injuries to non-workers which result in them being taken directly to hospital for treatment, or specified injuries to non-workers which occur on hospital premises.

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

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

Should staff be uncertain as to the need for a RIDDOR report, the Head of Corporate Governance can provide guidance.

Incidents deemed to be serious in nature – in the event of an incident being reported that is deemed to be serious in nature, the corporate governance team will escalate as appropriate to the relevant director or director on call and an appropriate investigation commenced. Incidents will be deemed serious if they meet any one or more of the following:
- Result in significant injury or death;
- Affect a high number people simultaneously
- Result in significant loss or damage to assets or property;
- Have significant business continuity impacts.

This is not an exhaustive list.

Estates and facilities – the corporate governance team will share details of relevant incidents with NHS Property Services, to allow action to be taken to prevent reoccurrence.

Human Resources – where necessary details of an incident may be shared with the Human Resources team, to ensure appropriate support, training or other action.

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

Fraud and bribery – The corporate governance team will share details of any incident related to this with the Local Counter Fraud Specialist, who can provide advice and support.

Violence, aggression and security – The corporate governance team will share details of these incidents with the Human Resources (HR) team and the Local Security Management Specialist, who can provide advice and support.

Safeguarding Children or Adults – Details of any incidents raising safeguarding concerns will be shared with the Safeguarding team by the corporate governance team.

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

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

8. Levels of investigation and sharing of lessons learnt

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

It is the responsibility of the local manager to investigate the incident and record the findings, as per Section 5 on roles and responsibilities.

Learning from incidents, where trends are identified, will be shared by the corporate governance team at an organisational level through the relevant forum, such as the Health and safety sub-committee or Workforce Committee.

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

Appendix 1 Equality Impact Assessment

Name of policy to be assessed	Incident Management Policy		
Section	Corporate Governance	**Date of Assessment**	07/02/2019
Officer responsible for the assessment	Head of Corporate Governance	**Is this a new or existing policy?**	Existing

1. Describe the aims, objectives and purpose of the policy.

Policy sets out the roles and responsibilities of all staff in NHS Kernow in relation to incidents and the arrangements for reporting and management of all incidents, including near misses.

Aim to enable staff to report incidents to allow investigation, learning and improvements in safety and service quality.

2. Are there any associated objectives of the policy? Please explain.

No.

However the policy cross-references with the Acceptable Behaviour policy, the Data Protection policy, IT Security policy and the Serious Incident policy.

3. Who is intended to benefit from this policy, and in what way?

Staff and visitors will benefit as policy drives improvements in their safety.

Staff will also benefit from the fair-blame culture endorsed and outlined by the policy.

People who use the services we commission will benefit as the policy drives improvements in their safety

The organisation will benefit from a process of continuous learning and improvement to working practices and procedures

4. What outcomes are wanted from this policy?

Appropriate and timely reporting of incidents, leading to appropriate action being taken to ensure peoples safety.

Improved services and safety.

5. What factors/ forces could contribute/ detract from the outcomes?

Lack of staff awareness of policy and processes involved.

Colleagues unfamiliar with reporting systems (this will be mitigated through regular reminders through weekly bulletin)

6. Who are the main stakeholders in relation to the policy?

All colleagues within NHS Kernow, including, but not limited to, Corporate Governance Team, Accountable Officer, Chief Operating Officer, Chief

Financial Officer, Chief Nursing Officer, Directors, Managers, Head of Information Governance, Information Management and Technology, Clinical Quality Team, Head of Prescribing, Communications team, Human Resources.

Local Counter Fraud Specialist
NHS Property Services
NHS England
NHS Resolution
Health & Safety Executive
Safeguarding team
Local Security Management Specialist

7. Who implements the policy, and who is responsible for the policy?
All staff, led by Directors. Corporate Governance team are responsible for the policy.

8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
Positive impact. Policy applies to all incidents, including those related to race issues Section 3 refers to "discrimination against people on the grounds of ... race…."

How will any negative impact be mitigated?
None identified.

9. What is the differential impact for male or female people (positive or negative)?
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
Policy applies to all incidents, including those related to sex Section 3 refers to "discrimination against people on the grounds of … gender (including transgender)... "

How will any negative impact be mitigated?
None identified

10. What is the differential impact on disabled people (positive or negative)?
Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do

this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.
Policy applies to all incidents, including those related to disability issues. Section 3 refers to "discrimination against people on the grounds of … disability ….". The policy make particular reference to 'vulnerable adults', this includes adults with a learning disability. This is because this section of the population is felt to be particularly at risk of harm due to abuse/ neglect/ prejudice/ communication difficulties.
How will any negative impact be mitigated?
None identified
11. What is the differential impact on sexual orientation?
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.
Policy applies to all incidents, including those related to sexual orientation issues Section 3 refers to "discrimination against people on the grounds of … sexual orientation …."
How will any negative impact be mitigated?
None identified
12. What is the differential impact on people of different ages (positive or negative)?
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.
Policy applies to all incidents including those related to age. Section 3 refers to "discrimination against people on the grounds of …age…. " The policy make particular reference to 'vulnerable adults', this includes some elderly people. This is because this section of the population is felt to be particularly at risk of harm due to abuse/ neglect/ prejudice/ communication difficulties. The policy makes particular reference to 'children'. This is because this section of the population is felt to be particularly at risk of harm due to their vulnerability and dependence upon others.
How will any negative impact be mitigated?
None identified
13. What differential impact will there be due religion or belief (positive or negative)?
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.

Policy applies to all incidents including those related to religion or belief.
Section 3 refers to "discrimination against people on the grounds of religion/belief…"
How will any negative impact be mitigated?
None identified
14. **What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies**
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
Policy applies to all incidents including those related to gender and sexual orientation. There is no expectation that someone who is married or in a civil partnership will face different issues with regards to this policy than someone who is not married or in a civil partnership.
How will any negative be mitigated?
None identified.
15. **What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?**
Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.
Policy applies to all incidents including those related to gender
Impact considerations include non-physical harm.
Section 3 refers to "discrimination against people on the grounds of … gender (including transgender)…. "
How will any negative impact be mitigated?
None identified
16. **What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?**
This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
Policy applies to all incidents. There is no expectation that someone who is pregnant or breastfeeding will face different issues with regards to this policy than someone who is not pregnant or breastfeeding.
How will any negative impact be mitigated?
None identified

17. **Other identified groups:**	
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	
There is no expectation that people in any of these groups will face different issues with this policy than people who are considered not to be within these groups when reporting incidents	
How will any negative impact be mitigated?	
None identified.	
• **How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values : Fairness; Respect; Equality; Dignity; Autonomy**	
Core human rights values have been considered in the formulation of this policy. Reporting incidents helps prevent recurrence, incidents could, for example, be discrimination or breach of confidentiality.	
18. **Which of the Human Rights Articles does this document impact?**	
The right:	**Yes / No:**
• To life	Yes
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	Yes
• To a fair trial	No
• To respect for home and family life, and correspondence	No
• To freedom of thought, conscience and religion	Yes
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	Yes
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	Yes
• To peaceful enjoyment of possessions	Yes
a) **What existing evidence (either presumed or otherwise) do you have for this?**	
Incidents may be about personal or physical safety (eg health and safety) security of buildings or belongings, or relate to discrimination or abuse on basis of protected characteristics which include religious belief, marital status, pregnancy/breastfeeding etc.	
19. **How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped**	

to deal with them?	
The policy sets out what should be done in response to an incident	
20. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.	
Policy specifies that the following are examples of incidents and should be reported: Violence, abuse, harassment, discrimination – including physical assaults, deliberate self-harm, aggressive incidents, verbal abuse, sexual harassment, intimidation or threatening behaviour and discrimination against people on the grounds of religion/belief, gender (including transgender), race, age, disability or sexual orientation."	
21. Describe how the policy contributes towards advancing equality of opportunity.	
As above	
22. Describe how the policy contributes towards promoting good relations between people with protected characteristics.	
As above	
23. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.	
Positive impact is due to supporting people who may be subject to violence, abuse, harassment or discrimination, or other incidents. This is not "positive discrimination" but seeks to provide a fair and effective response to a negative experience and prevent recurrence.	
24. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.	
Regular reminders to colleagues via the staff bulletin regarding the reporting procedure	
25. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.	
N/A	

Signed (completing officer): …………………JJames   Date: …………2/4/19……………………….

Signed (Head of Section): ……………………………………   Date: …………………………………………..

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