Incident Reporting Policy and Procedure
RM05

Beware when using a printed version of this document. It may have been subsequently amended. Please check online for the latest version.

<table>
<thead>
<tr>
<th>Applies to:</th>
<th>All NHS Resolution (NHSR) employees, Non-Executive Directors, secondees and consultants, and/or any other parties who will carry out duties on behalf of the NHSR. Contractors and panel firms are required to adhere to the terms of their contractual agreements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
<td>RM05 – Incident Reporting Policy and Procedure v.01</td>
</tr>
<tr>
<td>Date of SMT Approval:</td>
<td>25 April 2017</td>
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</tr>
<tr>
<td>Author:</td>
<td>Jonathan Haley, FHSAU Business Services Manager</td>
</tr>
<tr>
<td>Owner:</td>
<td>Joanne Evans, Director of Finance and Corporate Planning</td>
</tr>
</tbody>
</table>
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1. Introduction

This Policy (and Procedure) describes the process for the reporting and investigation of all types of incidents and near misses within NHSR and the duties of all employees in this regard. This Policy covers all such occurrences that could impact on the organisation’s ability to achieve its objectives. This Policy applies equally to incidents involving employees, contractors, visitors, stakeholders, scheme members and members of the public who are affected by the work of the organisation. It should be noted that this Policy makes specific reference to certain responsibilities placed upon NHSR for the external incident reporting relating to Health and Safety and Information Governance incidents but is applicable to all incidents such as those affecting the management of finance, claims, appeals, National Clinical Assessment Service (NCAS), communications, NHSR’s public profile and so on.

2. Statement of intent

Incident and near miss reporting is a key element of good risk management. When something goes wrong, an investigation of how and why it did so can lead to a change in practice to ensure, where possible, that it does not happen again. In this way, lessons can be learned to reduce risk to the organisation and to improve efficiency, safety and the working environment for all employees and other relevant persons.

In order to enable learning to take place, NHSR seeks to promote an open and fair culture within the organisation and to encourage the reporting of incidents when things have gone wrong. This means that disciplinary action will be considered only where there is evidence of wilful negligence, acts of a malicious nature or gross/repeated misconduct. Should disciplinary action be appropriate, the person(s) affected will be informed as soon as the possibility emerges. The investigation would then be managed in accordance with HR10 - Disciplinary Policy, Procedure and Rules, with advice as necessary from Human Resources.

3. Equality impact assessment

As part of its development, this policy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with the NHSR’s Equality, Diversity & Inclusion Policy & Procedure and the Public Sector Equality Duty. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees and service users in relation to the protected characteristics: race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity. No detriment was identified.

4. Definitions

For the purpose of this document, the word ‘incident’ should be taken to include ‘near-misses’ unless otherwise specified.

**Incident** – any accident, event or circumstance that led to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation’s ability to achieve its objectives.

**Near-miss** – an incident that did not lead to harm, loss or damage, but could have done.
Information security event - indicates that the security of an information system, service, or network may have been breached or compromised. An information security event indicates that an information security policy may have been violated or a safeguard may have failed.

Information security incident - is made up of one or more unwanted or unexpected information security events that could very likely compromise the security of information and weaken or impair business operations.

5. Roles and responsibilities

The Board

The nature of the work carried out by NHSR is such that serious untoward incidents necessitating the immediate notification of the Board are likely to be extremely rare. The Chief Executive will notify the Board of any such incidents.

The Chief Executive

The Chief Executive has ultimate responsibility for safety and risk management within NHSR and will ensure that all incidents are dealt with appropriately and that the culture of fair blame is upheld.

All employees

All employees have a responsibility to report incidents in accordance with the procedure outlined at Section 6 of this Policy.

Line Managers

In the event of an incident occurring which involves an employee or other person within their team and/or area of responsibility, Line Managers are required to ensure that the incident is reported centrally, conduct an appropriate investigation where appropriate, and otherwise ensure that action is taken as outlined at Section 6 of this Policy. This will include grading the incident, adding the risk to the Team Risk Register where appropriate, and preparing action plans as required.

Head of IT & Facilities with responsibility for Health & Safety (Health & Safety Lead)

The Health & Safety Lead will provide advice, assistance and support to Line Managers and other employees as appropriate and support the Corporate Governance Team and the Membership & Stakeholder Engagement Team in providing relevant training associated with this Policy.

Director of Finance and Corporate Planning acting as Senior Information Risk Officer (SIRO)

The SIRO has overall responsibility for leading and fostering a culture that values, protects and uses information for the success of the organisation and benefit of its customers. They own the organisation’s overall information risk policy and risk assessment processes,
information incident management framework, and ensure they are implemented consistently by IAOs. It is their job to advise the Chief Executive on the information risk aspects of their statement on internal controls. The Director of Finance and Corporate Planning fulfils this role for NHSR.

**Operations Risk Review Group (ORG) & Information Governance Group (IG Group)**

The ORG is responsible for ensuring effective risk management across the organisation and is informed at each meeting of all non-IG related incidents which have been reported since the previous meeting as well as those which have not yet been closed, and of any actions which have been carried out or which are still outstanding, for review and discussion as appropriate. The IG Group is responsible for ensuring that robust and effective information governance and security systems are in place and for the reviewing of IG related incidents.

**Corporate Governance Team (CGT)**

The CGT will record and review the management of all incidents and associated risk(s) in accordance with the procedure outlined at Sections 6 and 7 of this Policy. In addition, they will provide advice, assistance and support to Line Managers and other employees as appropriate and ensure the provision of relevant training associated with this Policy. The CGT are also responsible for monitoring incidents and any associated trends occurring, reporting to the relevant Group(s) and feeding back to individuals or teams where appropriate.

**Contractors and Visitors**

Contractors, visitors or other persons who are involved in an incident must complete an Incident Report Form.

6. Procedure

**Reporting the incident**

When an incident occurs, and especially if it is of a health and safety nature, the first response must be to make the situation safe. All evidence should be protected and secured, e.g., damaged equipment retained, IT activity logs copied, etc, in case of the need for further investigation. This may require external, specialist input. It is essential that an Incident Report Form is completed for all incidents and near misses. Incidents should be managed in accordance with the processes and timescales detailed within the Incident Management Flowchart at Appendix 4 of this Policy.

All serious incidents must be verbally reported immediately to an Executive Director followed by high priority email either containing an Incident Report Form or a full description of the incident. The Executive Director will then determine the appropriate response and action.

An incident is serious when it falls into one or more of these categories (*not exhaustive list*):

- Any incident or near miss with a High ‘Red’ Grading
- Any incident or near miss with a High impact only grading
- Fatality
- Major accident
- Case of disease or dangerous occurrence
- Any other health & safety incident arising having potentially major implications
- Where individuals affected are likely to have been placed at risk of or incurred physical harm
- Individuals affected are likely to suffer substantial damage or distress, including significant embarrassment or detriment
- Failure to implement, enforce or follow appropriate organisational or technical safeguards to protect information or assets (intentional or not).
- It is likely to attract media interest and/or a complaint has been made directly to a higher authority by a member of the public, another organisation or an individual

The Line Manager of any staff member who has raised an incident or near miss report should seek appropriate advice from the Head of Function or appropriate colleague, e.g. Head & Safety Lead or IG Manager before reporting to an Executive Director.

In the event of a fatality, major accident, case of disease or dangerous occurrence, or any other health & safety incident arising having potentially major implications, the Health & Safety Lead should be notified as soon as is reasonably practicable, in order to determine if a member of the Facilities Team should be involved in the investigation or take the lead role on behalf of NHSR. Certain accidents, cases of disease and dangerous occurrences are reportable within specific timescales by the NHSR Health & Safety Lead to the Health and Safety Executive (HSE) or other external body. These are detailed at http://www.hse.gov.uk/riddor/reportable-incidents.htm using the form at http://www.hse.gov.uk/riddor/report.htm

In the event of an incident relating to information security, the IG Manager and SIRO should be notified as soon as is reasonably practicable, in order to determine if they should be involved in the investigation or take the lead role on behalf of the NHSR. Staff can report an information governance incident out of hours via 07771 505 383.

It is important to record all facts before the memory fades or situation changes. The Incident Report Form (Appendix 1) is available via the Intranet (under ‘Forms’) and can be submitted electronically or as hard copy. All information required on the form should be provided, stating only facts, and not giving opinions. Remember that this information may be used in support or defence of legal action.

The person experiencing or witnessing the incident must complete Part 1 of the Incident Report Form (Appendix 1) immediately after the occurrence, or within 24 hours, and then forward Part 1 to the Line Manager to complete Part 2. Where applicable, Witness Report Form(s) (Appendix 2) should also be completed. Any incident involving an employee occurring outside NHSR premises, where the person involved was engaged in activities directly related to their duties must also be recorded.

The responsible Line Manager shall ensure that, for all incidents, an investigation is undertaken of the occurrence and that any necessary remedial action is taken or initiated, recording this on Part 2. The completed Form should then be forwarded within 48 hours to the CGT as per the Incident Management Flowchart, see Appendix 4. If applicable, the CGT will refer the incident to the responsible team for further investigation (Part 3) and completion (Part 4).

On receipt of a finalised Incident Report Form, a member of the CGT will complete Part 5 and add the incident to the database. If necessary, the CGT will contact the investigator in order
to discuss the incident, grading or investigation. Incidents may need to be re-graded post investigation. Moderate or High incidents may require a more in-depth investigation. If action is taken following an incident, to reduce the risk, a further grading will be undertaken with the safeguards in place.

7. Management of risk

Ensuring continual risk reduction following the implementation of action plans.

The CGT will be responsible for ensuring that any significant incidents (and associated risks) are placed onto the appropriate Risk Registers and that action plans that have organisation wide implications are reported to the ORG or IG Group.

Approved corrective action plans produced as a result of investigations will be implemented, fully documented and monitored in order to ensure their completion. This may be the specific responsibility of a Line Manager, nominated individual, or a specific group. Completion of action plans will be verified six months after the incident. A separate process exists for the tracking of corrective actions.

ORG and the IG Group will ensure that those risk reduction measures taken post investigation continue to be effective, and that risk has not been transferred unwittingly, by regular analysis of incident data and review of the Team and overarching NHSR Assurance Framework and Risk Registers. Trends reported by the CGT will be monitored, ensuring that appropriate actions are carried out with regard to both the specific incident and wider organisational learning - by monitoring the completion of action plans and by assessing the subsequent effectiveness of any risk reduction methods introduced. ORG and the IG Group will also ensure that any matters of particular concern are reported to the Senior Management Team.

8. Training and support

The CGT are available to offer support regarding the procedure outlined in this document and any other relevant team are available for consultation of specific incidents, e.g. Facilities for health & safety matters, CGT for concerns about potential fraud, etc, and will, where appropriate, assist with the investigation of higher risk incidents.

9. Other relevant policies

<table>
<thead>
<tr>
<th>Code</th>
<th>Policy Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CG02</td>
<td>Information Governance Strategy</td>
</tr>
<tr>
<td>RM07</td>
<td>Complaints Policy and Procedure</td>
</tr>
<tr>
<td>CG05</td>
<td>Risk Management Procedure</td>
</tr>
<tr>
<td>FINP003</td>
<td>Fraud &amp; Corruption Policy</td>
</tr>
<tr>
<td>ITFA02</td>
<td>Guidance for Working with Confidential or Sensitive Information</td>
</tr>
<tr>
<td>ITFA04</td>
<td>Health, Safety &amp; Wellbeing Policy</td>
</tr>
<tr>
<td>HR03</td>
<td>Whistleblowing Policy</td>
</tr>
<tr>
<td>HR10</td>
<td>Disciplinary Policy, Procedure and Rules</td>
</tr>
</tbody>
</table>
10. References

- Australia New Zealand Standard 4360:2004 Risk Management
- Reporting of Injuries, Diseases and Dangerous Occurrences, 1995 (RIDDOR)

11. Document control

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.04.2017</td>
<td>Jonathan Haley</td>
<td>01</td>
<td>Re-write and new branding for Board approval</td>
</tr>
</tbody>
</table>
Incident report form

Please complete and submit this form to incident.reporting@resolution.nhs.uk.

If the incident is serious, inform an Executive Director immediately both verbally and with follow-up report. Either type the information or write legibly in block capitals and black ink and answer all questions. If ‘not applicable’ enter why. Continue on a separate sheet if necessary and attach to this form.

Use this form for all incidents and near misses, including any case of known or suspected work related ill-health. Any employee with knowledge of the incident may fill in the form. The information submitted on this form will be used in accordance with the Data Protection Act 1998. You can also report information governance incidents out of hours via 07771 505 383. Further information about incident reporting can be found in RM05 - Incident Reporting Policy and Procedure.

PART 1 – to be completed by the person(s) experiencing or witnessing the incident within 24 hours of the event

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job Title:</th>
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</table>

Details of Incident

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time (24 hr clock):</th>
<th>Location:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Description of incident (Give brief details – state facts only, not opinion). Explain what happened:

<table>
<thead>
<tr>
<th>Cause (including any contributory factors):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Completion is mandatory for all incidents]</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury (including name(s) of person(s) affected) or:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damage/loss or:</td>
</tr>
<tr>
<td>Data disclosure/loss [For IG incidents, completion is mandatory]:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immediate action taken to prevent recurrence, if any:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature (or name if electronic):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
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</tbody>
</table>

Send this form to your Line Manager immediately - THANK YOU
PART 2 – to be completed by Line Manager

Name: ___________________________ Job Title: ___________________________

Is absence from work expected? [ ] Yes [ ] No If yes, give estimate in days: ___

**IG incidents or cyber-attacks only** [highlight whichever applies] and ensure appropriate narrative is given in the next section:

1. Corruption or inability to recover e-data
2. Disclosed in error
3. Lost in transit
4. Lost or stolen hardware/paperwork
5. Non-secure disposal
6. Technical security failing
7. Unauthorised access/disclosure
8. Uploaded to web in error
9. Cyber Bullying
10. Denial of Service
11. Hacking
12. Malicious Internal Damage
13. Phishing email
14. Social Media Disclosure
15. Spoof Website
16. Website Defacement
17. Other

All incidents - What, if any, investigation (root/cause analysis) has been taken or is required to prevent recurrence (this may include training or assistance from another Team)?

Are there any lessons to learn from this incident?

Please grade the risk following the action taken, using the matrix at the foot of this report.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>X</th>
<th>Severity</th>
<th>=</th>
<th>Risk Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

Signature (or name if electronic): ___________________________ Date: ___________________________

Send this form immediately to incident.reporting@resolution.nhs.uk
PART 3 – to be completed by Corporate Governance Team

Responsible team: 
Date sent: 

PART 4 – to be completed by Responsible Team

Date received: 
Has the risk been eliminated? Yes ☐ No ☐ Is further action required? Yes ☐ No ☐
If further action required, please describe: 

Signature (or name if electronic): 
Date: 

PART 5 – to be completed by Corporate Governance Team

Date received: 
Information Governance Incident? Yes ☐ No ☐ Additional information: 
Health & Safety Incident? Yes ☐ No ☐
RIDDOR reportable? Yes ☐ No ☐
Other – please detail 

Risk Grade given by Line Manager 
IGT Level [0, 1, 2] 
Risk Grade given by CGT 
Database entry date: 
Entry no: 
Signature (or name if electronic): 
Date: 

Advise / Resolve / Learn
# Witness report form

<table>
<thead>
<tr>
<th>Incident involving: (Full Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At: (Place)</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Statement by witness:
(Please attach a plan or sketch if you feel it will assist explanation)

<table>
<thead>
<tr>
<th>Particulars of Witness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name: (Block Capitals)</td>
</tr>
<tr>
<td>Contact tel. no.:</td>
</tr>
<tr>
<td>Contact details (place of work/ floor/team):</td>
</tr>
<tr>
<td>Signature (or name if sending by email):</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Note: The person investigating should ensure completion of full details on the witness’ signed Statement before attaching to the Incident Report Form

**Circulation:**
- Original - Team Lead/Line Manager
- Copy - Corporate Governance Team
Injuries, Diseases and Dangerous Occurrences Requiring Notification to the HSE under RIDDOR

Notification to the HSE within the timescales required under RIDDOR, are specified below.

Notification must be made by completing the relevant online form available on the HSE's website: http://www.hse.gov.uk/riddor/report.htm

All incidents can be reported online but there is also a telephone service for reporting fatal and major injuries: Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30am to 5pm).

(i) Immediate Notification

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

The responsible Team Lead or in their absence the senior employee on duty, shall notify the Chief Executive or Director of Finance and Corporate Planning. The Chief Executive or Director of Finance and Corporate Planning will notify others as appropriate.

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.

(ii) 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 NHSR Incident Report Form(s) and Witness Report Form(s) have been completed and submitted. To avoid delay, the Line Manager will provide Corporate Governance Team with full details, immediately after the seventh day of absence.

(iii) Notifiable Prescribed Diseases

The diseases listed below, if contracted through and linked to the work activities of the NHSR on, must be reported to the HSE using the online form. In the event of an employee or Contractor contracting such a disease, the Corporate Governance Team shall be informed as soon as a doctor notifies that an employee or contractor suffers from a reportable work-related disease.
The following are not intended to be exhaustive lists of ‘injuries’, ‘diseases’ and ‘dangerous occurrences’ as defined within RIDDOR 1995, a copy of which is available via the following the link: http://www.opsi.gov.uk/si/si1995/Uksi_19953163_en_1.htm

**Reportable injuries:**

- 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 an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hour

**Reportable diseases:**

- 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

**Dangerous occurrences**

Certain dangerous occurrences e.g. electrical short circuit or overload causing fire or explosion, must also be reported to the HSE
Incident reporting flowchart

Incident occurs – make it safe!
(if incident is serious, inform an Executive Director immediately)

Person involved in/witnessing incident:
- If incident is serious or immediate action is required, inform the relevant Team (e.g. Facilities, Finance, Claims, IT, etc) and the Corporate Governance Team
- Complete Part 1 of the Incident Report Form
- Forward to responsible Line Manager within 24hrs of the event

Line Manager:
- Review Part 1 of the Incident Report Form
- Carry out preliminary investigation
- Take remedial action if possible
- Complete Part 2 of the Incident Report Form
- Copy and forward form within 48 hours of receiving the completed incident report form from the person reporting the event, to the Corporate Governance Team
- Complete Part 2 of the Incident Report Form
- Copy and forward form to Corporate Governance Team

Corporate Governance Team:
- Review action taken and complete Part 5 of the Incident Report Form
- Prepare report for ORG or IG Group

Health & Safety incidents:
Copy and forward to Health & Safety Lead for information and further remedial action

Information Security incidents:
Copy and forward to IG Manager/SIRO for information and further remedial action

Other e.g. Finance, Claims, I.T. incidents:
Copy and forward to relevant Team for information and further remedial action

Receiving person/Team:
- Review parts 1-2 of the Incident Report Form
- Take further remedial action as appropriate
- Complete Part 4 of the Incident Report Form
- Copy and forward form to Corporate Governance Team within 48 hours of receiving form

Resolved incidents