

Incident Reporting Policy

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1. Introduction

- 1.1 The Incident Reporting Policy defines the approach NHS Lincolnshire Integrated Care Board (ICB) takes to ensure the effective identification and management of incidents to meet its statutory obligations.
- 1.2 NHS Lincolnshire ICB aspires to the highest standards of corporate behavior and clinical competence, to ensure safe, fair, and equitable procedures are applied to all organisational transactions, including relationships with patients and their carers, the public, staff, stakeholders, and use of public resources.
- 1.3 The reporting of incidents and near misses enables: -
 - Prompt and accurate gathering of information to support the effective management of any immediate risks.
 - Prompt communication and support for individuals involved in the incident, thereby minimising distress of those affected.
 - Identification of patterns and trends of incident/near misses to support the ICB's management of broader risks as part of an early warning system.
 - Fulfilment of the ICB's legal duties under the statutory regulations including RIDDOR 2013⁽¹⁾; the Health and Safety at Work Act 1974⁽²⁾; the Management of Health and Safety at work Regulations 1999⁽³⁾ and the NHS Digital Guide to the Notification of Data Security and Protection Incidents ⁽⁴⁾
 - A culture of openness in reporting of incidents/near misses.
- 1.4 The ICB is committed to an open, fair and just culture, based upon the principles of the NHS Improvement/England Just Culture Guide⁽⁵⁾ published in June 2019 [NHS England » A just culture guide](#) where staff feel able to report incidents and learn from mistakes without fear of recrimination.
- 1.5 The intention is not to apportion blame but to create an environment that encourages staff to report incidents and near misses, the awareness of which will enable the ICB to learn lessons and support the implementation of actions to prevent incidents reoccurring.
- 1.6 This policy covers the reporting and management of the following types of incidents:
 - Corporate Business Incidents
 - Clinical Incidents/Incidents that Impact on Patient Safety
 - Health and Safety/Fire/Security or Environmental Incidents
 - Information Governance Incidents
 - IT (Information Technology)/Cyber Security Incidents
- 1.7 The incident reporting policy interlinks with the current ICB Serious Incident Reporting Policy, based upon the NHS England Serious Incident Reporting Framework, published in March 2015⁽⁶⁾. The ICB Serious Incident Reporting Policy will be replaced by the ICB Incident Response Policy/Plan, which is in development. The ICB Incident Response Policy/Plan will reflect the Patient Safety Incident Response Framework published by NHS England in August 2022⁽⁷⁾.

2. Purpose

- 2.1 The purpose of this policy is to outline the arrangements for identifying, reporting, and investigating incidents and near misses within the ICB, achieved by:
- Providing guidance on the process for reporting and managing incidents for employees/contractors utilising the ICB Local Risk Management System – Datix.
 - Defining roles and responsibilities of ICB employees, specialist teams, committees and the ICB in the reporting and management of incidents.
 - Outlining the principles that underpin the ICB's approach to incident reporting and management.
 - Providing clear definitions of terminology within incident reporting and management.
 - Providing clear definitions of the types of incidents that can be reported within the Local Risk Management System – Datix
 - Providing clear principles of incident investigation
 - Outlining how actions, outcomes, trends, and lessons learnt from incidents are monitored and reviewed.
 - Outlining how the ICB aims to meet external onward reporting requirements i.e., RIDDOR, GDPR, LFPSE

3. Scope

- 3.1 This policy applies to all staff directly employed by NHS Lincolnshire ICB. The policy is designed to ensure that all ICB staff have a clear understanding of their responsibilities to effectively report and manage incidents/near misses.
- 3.2 Incidents occurring in an NHS provider organisation (inclusive of independent contractors), commissioned by the ICB, should be reported, and investigated in accordance with the provider's own incident reporting policy and procedures.
- 3.3 The policy describes how incidents will be identified, managed and ultimately lessons learnt utilised to promote future best practice. Incident reporting is the foundation of an effective risk management system. As referenced earlier in the policy, the aim of the incident reporting system is not to apportion blame, but to learn from incidents/near misses and improve practice accordingly. Disciplinary action should not form part of the response to a report of an incident, except in cases where one of the following applies:
- Where there are repeated occurrences involving the same individual, despite retraining/support in place.
 - Where the incident results in police investigation
 - Where, in the view of the ICB or any professional registration body, the action causing the incident is far removed from acceptable practice.
 - Where there is a failure to report an incident in which a member of staff was either involved or about which they were made aware
- 3.4 The incident decision tree, appendix A may be used to support this decision.

4. Definitions

- 4.1 An Incident is an untoward or adverse event that gives rise to, or has the potential to produce, unexpected or unwanted effects which could be detrimental to the safety of patients, other persons, staff or the ICB. Example of adverse incidents can include, however, are not limited to:

- The environment (workspace) – Security; Fire; Personal Accident
- Organisational Reputation – Information Governance
- Property – Security; Fire; Personal Accident
- Service Delivery – Clinical; Security; Information Governance
- Staff – Violence/Abuse/Harassment; Ill Health; Personal Accident

4.2 A **near miss** means any incident which could have led to harm but did not, because intervention or evasive action was taken. **Harm** means injury, ill health, damage, theft, or loss relating to persons, property, income, or reputation.

4.3 The incident may impact different aspects of the ICB, for example:

- Reputation
- Resources
- Staff, Patients, Carers, Contractors
- Quality of ICB Services Provided/Commissioned

5. Roles and Responsibilities

5.1 The roles and responsibilities in relation to the management of incidents, and the implementation of incident reporting policy are defined below:

Role	Responsibilities
Integrated Care Board	<p>The ICB has a responsibility to ensure the implementation of effective risk management systems and processes in relation to the business of the ICB. As referenced earlier in the policy incident management is integral to the identification and effective management of risks both clinical and non-clinical, providing an early warning system. The ICB is therefore responsible for ensuring appropriate policies and procedures are in place in relation to incident management.</p> <p>The ICB also has a duty to promote and support a fair, open and just culture in the reporting and management of all incidents.</p>
Health, Safety and Wellbeing Forum	<p>The Health, Safety and Wellbeing Forum is responsible for ensuring that there are appropriate arrangements for the management and response to incidents/near misses; that staff are appropriately trained and aware of their responsibilities.</p> <p>The Health, Safety and Wellbeing Forum will receive quarterly reports describing themes/trends of incidents reported and learning identified.</p>
Audit and Risk Committee	<p>The Audit and Risk Committee is responsible for receiving detail of all information governance incidents. The Audit and Risk Committee and the Senior Information Risk Owner (SIRO) receive a quarterly and annual report detailing information governance incidents reported.</p>
Chief Executive	<p>The Chief Executive has ultimate responsibility to ensure compliance with the Health and Safety at Work Act 1974 and associated legislation, and that the incident reporting policy is implemented and effective within the ICB.</p> <p>This responsibility is delegated at a strategic level to the Director of Nursing in relation to clinical risk management, and role of the Caldicott Guardian.</p> <p>The role of Senior Information Risk Owner (SIRO) is delegated to the Director of Finance.</p>
Director of Nursing	<p>The Director of Nursing has delegated strategic responsibility, from the Chief Executive, for clinical risk management including the reporting and management of</p>

	<p>incidents (clinical and non-clinical) pertaining to the staff employed by the ICB/clinical services provided by the ICB.</p> <p>The Director of Nursing, as Caldicott Guardian, is responsible for ensuring the protection and use of patient identifiable information, which may be used during the incident reporting process.</p> <p>Operational management of the ICB risk management system Datix, and associated reporting/monitoring is delegated to the Head of Quality Services.</p>
Director of Finance and Contracting	<p>The Director of Finance and Contracting as the Senior Information Risk Owner (SIRO) with support from the Information Governance Team of NHS Arden and Greater East Midlands Commissioning Support Unit is responsible for ensuring that adequate arrangements are in place for the reporting of information governance events or incidents; managing information governance risks and analysing, investigating and escalation of events/incidents and recommendations in line with the NHS reporting requirements and information governance work plans, progress recommendations and lessons learnt.</p> <p>The SIRO will receive quarterly and annual information governance reports from the Information Governance Team.</p>
Information Governance Team (NHS Arden and Greater East Midlands Commissioning Support Unit)	<p>Through a service level agreement between the ICB and NHS Arden and Greater East Midlands Commissioning Support Unit, the Information Governance Team provide specialist information governance expertise; and support the Director of Finance and Contracting and Director of Nursing to ensure the appropriate review, management, monitoring and escalation of information governance incidents reported by ICB staff.</p> <p>The Information Governance Team are responsible for providing quarterly and monthly reports to the SIRO and Audit and Risk Committee on information governance incidents reported.</p> <p>The Information Governance Team are responsible for providing advice and guidance to staff in relation to information governance incidents reported.</p> <p>The Information Governance Team are responsible for the notification of appropriate incidents to the ICO on behalf of the ICB, linking in with the reporting team/investigator of the incident.</p>
Head of Quality Services Team	<p>The Head of Quality Services Team has delegated responsibility from the Director of Nursing to receive information and analyse trends in relation to incidents reported.</p> <p>The Head of Quality Services Team has the responsibility for the management and maintenance of the ICB risk management system Datix. The role undertaken on daily basis by the Quality Services Team of the ICB.</p> <p>The Head of Quality Services Team has responsibility for the reporting of incident activity, lessons learnt through quarterly reporting to the Health, Safety and Wellbeing Forum.</p>
Quality Services Team	<p>The Quality Services Team has the responsibility to maintain the risk management system Datix. Ensuring appropriate system updates are undertaken as required.</p> <p>The Quality Service Team has the responsibility to review newly reported incidents, allocate lead investigators and monitor completion of the investigations.</p> <p>The Quality Service Team provide a specialist resource to support ICB staff in the management of incidents, providing advice/guidance on the use of the risk management system Datix; risk grading incidents, sourcing expertise advice (safeguarding, infection prevention and control, information governance) to support the completion of robust and proportionate incident investigations.</p>

Managers	<p>Managers have the responsibility to manage risk within their own departments/service. Managers must ensure that they, and their staff for whom they are responsible, are fully aware of the ICB incident reporting policy and staff have access to the web-based risk management system, Datix.</p> <p>Following every incident or near miss, Managers must take immediate action to ensure the situation is safe, and immediate risks have been mitigated. This may include the wearing of protective clothing, removal of similar items of equipment, undertaking/reviewing risk assessments and/or change in procedure. This action should be documented within the investigation form on the web based Datix risk management system.</p> <p>The Manager is also responsible for assessing whether there are broader implications relating to the incident, which may require further escalation within the ICB i.e., RIDDOR; IG Incident</p>
All Staff	<p>Staff employed by the ICB have a responsibility to report near misses and incidents (clinical and non-clinical) to ensure that the ICB effectively meets all statutory reporting requirements.</p> <p>Any member of staff that are involved in an incident or a near miss must complete an electronic incident form, within one day of the incident occurring, via the web-based risk management system Datix. Guidance and support on the completion of the incident form can be secured from the ICB Quality Services Team, contact details available on the ICB Intranet.</p> <p>The staff member is required to assess the incident, when entering the information on the Datix system. If the staff member suspects that the incident is serious in nature, has broader implications for the ICB/staff/patients/carers or is RIDDOR reportable; the incident must be reported immediately to their Line Manager and advice secured from the ICB Quality Services Team.</p> <p>Staff working out of hours should escalate incidents of a serious nature/ RIDDOR reportable to the Tactical on Call.</p> <p>Datix is accessible using the following link https://incidentreporting.lincolnshire.nhs.uk</p>
Heads of Clinical Services	<p>There are several clinical services provided by the ICB, including, but not limited to:</p> <ul style="list-style-type: none"> • Mental Health Commissioning • Continuing Healthcare • Infection Prevention and Control • Safeguarding • EACH <p>The Head of the Clinical Service has the responsibility for the oversight, management and escalation of any clinical incident reported within their service. The Head of Clinical Service will escalate any concerns regarding clinical incidents reported to the appropriate Lead Associate Director of Nursing for the service.</p> <p>The Head of Clinical Service will undertake any actions to support the review of the clinical incident and sharing of lessons learnt commensurate with their role.</p> <p>Reporting of learning from ICB clinical incidents will be reported through to the appropriate clinical forum by the Head of Clinical Service.</p>

6. Body of Policy

Procedure for Reporting an Incident

- 6.1 The immediate priority for all staff in the case of an incident is to take the necessary steps to ensure the safety of those involved i.e., staff, members of the public, patients etc. In addition, prompt action must also be initiated to prevent a reoccurrence of any further incidents or a near miss graduating to an incident.
- 6.2 The level of action required will be dependent on the type of incident reported, however, consideration should be given where appropriate to:
- Any immediate health needs of the individual(s) involved in the incident, without putting any additional individuals at risk. This includes arranging any first aid or medical assistance needed.
 - Remove, retain any equipment deemed to be faulty.
 - Contact emergency services where required.
 - Inform the appropriate line manager, or senior member of staff that the incident has occurred.
 - Consider any immediate communication that may be required, should the incident have the potential to impact other staff, members of the public, patients, services provided by the ICB.
 - Inform the police if there had been a violent or criminal act.
- 6.3 The incident should be reported onto the ICB web-based risk management system (Datix), within one day of the incident occurring. There is no password or Datix account required for staff to report an incident, the reporting form can be accessed via a link on the ICB intranet or via <https://incidentreporting.lincolnshire.nhs.uk>. Guidance notes on completing the incident form on Datix are included in appendix B.
- 6.4 The incident form should be completed by the individual staff member involved in the incident, or where this is not possible an identified witness of the incident. It is important that only the facts of the incident are recorded, providing as much detail as possible to support further investigation of the incident. There should be no judgement statements or opinions identified within the completed incident report. The description of the incident should not include any person identifiable information, this information should be included in the person affected section of the Datix form.

Reporting to External Agencies

- 6.5 The line manager, supported by the Quality Services Team, will be responsible for determining when there is a need to involve external agencies in the investigation.
- 6.6 Examples of where this may be necessary could include:
- Where the incident falls within the definitions and timeframes for an external agency e.g. RIDDOR reportable incidents to the Health and Safety Executive (HSE); information governance incidents to the Information Commissioners Office (ICO)
 - Where an external agency is involved in the incident
 - Where there is a high probability of litigation i.e. involvement of NHS Resolution
 - Where there is insufficient expertise to test equipment within the ICB
 - Where there is a need to eliminate bias
- 6.7 The external agencies for whom the incident may be required to be shared include, however,

not limited to:

- Police
- Local Authority
- Professional Regulatory Bodies
- NHS Property Services
- NHS Resolution
- Counter Fraud and Security Management Services

- 6.8 RIDDOR (Health and Safety Executive) The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 require that organisations must report deaths, major injuries and accidents resulting in over 7-day injury, diseases and dangerous occurrences and gas incidents.
- 6.9 Whilst there is no longer a requirement to report to RIDDOR occupational injuries resulting in three days of incapacitation, all injuries sustained in the course of work are required to be reported by ICB staff on the Datix incident reporting system.
- 6.10 The Quality Services Team will support the appropriate line manager to carry out RIDDOR reporting to the Health and Safety Executive (HSE). When there is a suspicion that the incident may be RIDDOR reportable this should be identified on the incident reporting form; and direct contact made with the Quality Services Team as soon as possible.
- 6.11 In the event of the incident resulting in major injury or death, staff are required to undertake an immediate notification of the incident to the appropriate Line Manager, for onward escalation to the Director of Nursing and Head of Quality Services and appropriate Director for the service in which the incident occurred. Outside of normal working hours this should be to the senior manager (Tactical on Call).
- 6.12 Personal Data Breaches (Data Security and protection Incidents) Personal data is defined as *“any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person”*.
- 6.13 A Personal Data breach is defined as; *“a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. It also means that a breach is more than just about losing personal data.*
- 6.14 *A personal data breach can be broadly defined as a security incident that has affected the confidentiality, integrity, or availability of personal data. In short, there will be a personal data breach whenever any personal data is lost, destroyed, corrupted, or disclosed; if someone accesses the data or passes it on without proper authorisation; or if the data is made unavailable, for example, when it has been encrypted by ransomware, or accidentally lost or destroyed.”*
- 6.15 GDPR places a mandatory requirement on the ICBs to report breaches of personal data. Any security breach that creates a risk to the rights and freedoms of the individual is a personal data breach and could be notifiable to the Information Commissioners Office (ICO) if it reaches a certain threshold. Any personal data breach that could create a significant risk to the rights and freedoms of an individual must be notified to the Information Commissioner’s Office.
- 6.16 The incident **must** be recorded on NHS Lincolnshire ICB’s Datix as soon as possible and within 24 hours of identification, recording all information known at that point. Further detail can be added as necessary. The Quality Services Team will immediately notify the Information Governance team of any incidents which include reference to a data security and protection or an information governance breach.

- 6.17 The NHS Arden and Greater East Midlands Commissioning Support Unit Information Governance Team are then able to provide appropriate support to the investigating manager to ensure all necessary action has been taken to manage information governance risks identified. All breaches must be investigated within 72 hours and the incident reported to the Information Commissioners Office (ICO) if necessary.
- 6.18 The Information Governance Team will report appropriate incidents to the Information Commissioners Office (ICO). The Information Governance Team will confirm with the ICB SIRO or Deputy SIRO incidents for reporting to the Information Commissioners Office (ICO).
- 6.19 All breaches of personal data should be assessed in line with NHS Digital's 'Guide to the Notification of Data Security and Protection Incidents' published in May 2018.
- 6.20 Any incident must be graded according to the significance of the breach and the likelihood of those serious consequences occurring. Incidents should be reviewed by the NHS Arden and Greater East Midlands Commissioning Support Unit Data Protection Officer, Caldicott Guardian or Senior Information Risk Owner when determining what the significance and likelihood of a data breach will be.
- 6.21 If the incident scores anything other than 'grey' in the breach assessment grid, the DHSC & ICO must also be notified. The incident should be recorded on the Data Security and Protection Toolkit Incident Reporting Tool, and the DHSC and ICO will be automatically notified once submitted.
- 6.22 The Information Governance Team will identify to the SIRO any information governance incidents that meet the reporting criteria to the Information Commissioners Office. The SIRO will approve relevant information governance incidents for reporting to the Information Commissioners Office (ICO). The Information Governance Team will undertake the reporting of information governance incidents to the ICO on behalf of Lincolnshire ICB.
- 6.23 Estates and Facilities Incidents relating to property leased by the ICB should be notified by the reporter, or their Line Manager directly to NHS Property Services via the 24/7 helpdesk number 0808 196 2045, on immediate identification of any areas of risk. Immediate action should subsequently be documented on the Datix incident form by the reporter.
- 6.24 Incidents that occur whilst using hot desk facilities in sites maintained by other NHS Organisations should be alerted to the appropriate site maintenance team, through contact via the appropriate site reception team.

Learning from Patient Safety Events (LFPSE)

- 6.25 Learning from Patient Safety Events (LFPSE) is a national patient safety system designed to capture patient safety incidents at a national level to support learning and improvement. Patient safety incident data is uploaded via Local Risk Management Systems (LRMS) such as Datix, or directly via an online LFPSE account. NHS Lincolnshire ICB's Quality Service Team will be responsible for ensuring that appropriate patient safety incidents are uploaded to LFPSE as required.

Procedure for Investigating an Incident

- 6.26 On identification of an incident reported via the Datix risk management system, the Quality Services Team will:
- Review the incident to ensure appropriate actions have been taken to mitigate any immediate risks.
 - Consider if any internal escalation is required and liaise with the reporter/line manager to ensure that this has been completed.

- Establish if any external reporting is required, liaise with the reporter/line manager to ensure this is completed.
- Share a link to the incident with appropriate specialist teams as required i.e. Information Governance Team, Safeguarding, Infection Prevention and Control to secure specialist advice to support the management and investigation of the incident.
- Identify and appropriate lead (investigating manager) to investigate the incident and allocate appropriate access to the Datix incident form. In most cases, this will be the Line Manager of the individual involved in the incident or Head of Service where the incident occurred.
- Incident review undertaken should be based upon the principles of the NHS Improvement/England Just Culture Guide published in June 2019(5) [NHS England » A just culture guide](#) where staff feel supported through the incident review process, with a focus on learning from mistakes without fear of recrimination.

6.27 Investigating Managers will be required to:

- Risk grade the incident. The risk grading matrix and guidance notes on completion are available within the Datix system Dif 2 investigation form. Further advice on risk grading an incident is available from the Quality Services Team on request.
- Undertake an investigation within 10 working days of the initial report; and upload the outcome into the Datix investigation form (Dif 2). Summary guidance on completing an investigation is provided within appendix C. The Datix investigation form (Dif 2) provides full detail of the fields that are require completion as part of the incident investigation. Advice and guidance on completion of the Datix investigation form (Dif 2) is available from the Quality Services Team on request. The Quality Services Team are contactable via licb.clinicalriskincidents@nhs.net

6.28 The investigation should include:

- Collection of evidence of what has occurred i.e. correspondence, witness statements (evidence should be uploaded into the appropriate incident file within the Datix risk management system)
- Consideration of the evidence collected against protocols/procedures in place.
- Conclusions/recommendations of actions to minimise risk, based on the facts of the incident that have been established.
- An action plan, including mechanisms for monitoring its success/completion. Action plans will be monitored in the first instance by the Head of Department/Line Manager.
- Identification of how lessons learnt will be shared within the individual reporter, team, department, and organisation as appropriate.

6.29 As a general principle, the level of investigation required is directly proportionate to the level of risk posed by a potential reoccurrence of the incident and the potential for the investigation identifying new lessons to learn.

6.30 If the incident investigation has not been completed within this timescale the investigating manger is to identify to the Quality Services Team the progress of the investigation, and the anticipated date of completion. This information will be included in the electronic Datix file for the appropriate investigation as part of the investigation audit trail.

Involving/Communicating with Patient/Public

6.31 Consistent with 'Being Open' guidance and the ICB Being Open and Duty of Candour Policy, patients, staff, members of the public should be informed when things have gone wrong, and they have been harmed as a result. Specifically, duty of candour applies to any patient safety incident that has been assessed to have resulted in moderate harm, severe harm or death.

6.32 Staff should liaise with the appropriate Associate Director of Nursing and adhere to the Caldicott principles before the transfer of person identifiable information from the ICB.

- 6.33 Where disclosure of information is essential within the ICB or to the partner agencies, staff should follow the local protocols governing the protection of and use of patient identifiable information.
- 6.34 The ICB will acknowledge, provide appropriate support and apologise for failings in the service it delivers, reassuring patients, staff and their families that the right lessons have been learnt from incidents reported.

Follow Up/Support

- 6.35 Staff involved in incidents may require additional support. This can be obtained from the following sources:
- Occupational Health Service
 - Staff member's own GP
 - Staff Side Representatives
- 6.36 Staff may wish to access these directly or seek support in accessing further support from their line managers.

Reporting and Learning

- 6.37 Learning will be identified through the investigation of incidents. Incident outcomes will be shared with the incident reporter, and where appropriate broader learning will be shared within the immediate team and wider ICB.
- 6.38 Incident trends, actions and learning from incidents will be analysed and reported on a quarterly basis by the Head of Quality Services to the ICB Health, Safety and Wellbeing Forum. The incident report will include detail on categories of incidents reported, location, and detail of any externally reportable incidents RIDDOR etc. The incidents reported through to the Health, Safety and Wellbeing Forum, include, but are not limited to incidents relating to the ICB environment (security; fire) and staff incidents relating to violence/abuse/harassment and personal accidents.
- 6.39 The ICB Health, Safety and Wellbeing Forum will monitor incident trends, and will support the development of robust actions to address any common themes/risk that emerge.
- 6.40 The ICB Health, Safety and Wellbeing Forum will also identify appropriate ICB Committees and Staff Forums where lessons learnt will benefit from being disseminated.
- 6.41 Clinical incidents will be monitored by the appropriate Head of Clinical Service and reported through to the appropriate clinical forum.
- 6.42 Information governance incidents will be reported through to the Audit and Risk Committee on a quarterly an annual basis by the Information Governance Team.

7 Communication, Monitoring and Review

- 7.1 The incident reporting policy is available via the ICB Intranet site and should be included as part of the local induction for all new staff on their commencement of employment with the ICB.
- 7.2 The Health, Safety and Wellbeing Forum will monitor the implementation of the incident reporting policy through receipt of quarterly reports describing incident reporting and learning. The quarterly incident reports into the Health, Safety and Wellbeing Forum will be anonymous, to maintain confidentiality.

7.3 Any individual who has queries regarding the content of this policy or has difficult understanding how this policy relates to their role, should contact the Head of Quality Services or the Quality Services Team.

8 Staff Training

8.1 All new members to the ICB staff will be introduced to the principles of risk management, including incident reporting procedures as part of the corporate induction checklist by the designated line manager.

8.2 It is the responsibility of every staff member supported by their line manager, to ensure that they are familiar with the ICB incident reporting policy; and to identify training needs in relation to this. Such training needs should be reported through the staff member's line management to the Head of Quality Services. Bespoke training sessions are available from the Quality Services Team to support specific staff needs, on request. The Quality Services Team can be contacted via licb.clinicalriskincidents@nhs.net

9 Equality and Diversity Statement

9.1 The ICB is committed to promoting equality in all of its responsibilities – as commissioner of services, as a partner in the local economy and as an employer. This policy and procedure will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender, reassignment, marriage or civil partnership, pregnancy and maternity, race, religion, sex, and sexual orientation.

9.2 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined in the Equality Act 2010.

9.3 The completed equality impact assessment is included as appendix D.

10 Interaction with other Policies

10.1 The policy should be read and used in conjunction with the following policies and procedures:

- Serious Incident Reporting Policy/Patient Safety Incident Response Policy
- Incident Response Plan
- Health and Safety Policy
- Freedom to Speak Up Policy
- Being Open and Duty of Candour Policy
- Safeguarding Adult Policy
- Safeguarding Children Policy
- Data Protection and Confidentiality Policy
- Information Governance Management Framework

11 References

11.1 The following references have been used throughout the incident reporting policy:

- 1 The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995 [RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 - HSE](#)

- 2 Health and Safety at Work Act 1974 [Health and Safety at Work etc. Act 1974 – legislation explained \(hse.gov.uk\)](#)
- 3 Management of Health and Safety at work Regulations 1999 [The Management of Health and Safety at Work Regulations 1999 \(legislation.gov.uk\)](#)
- 4 NHS Digital Guide to the Notification of Data Security and Protection Incidents published in 2018 [Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](#)
- 5 NHS Improvement/England Just Culture Guide (4) published in June 2019 [NHS England » A just culture guide](#)
- 6 NHS England Serious Incident Reporting Framework, published in March 2015 [serious-incident-framwrk-upd.pdf \(england.nhs.uk\)](#)
- 7 Patient Safety Incident Response Framework published by NHS England in August 2022 [NHS England » Patient Safety Incident Response Framework and supporting guidance](#)

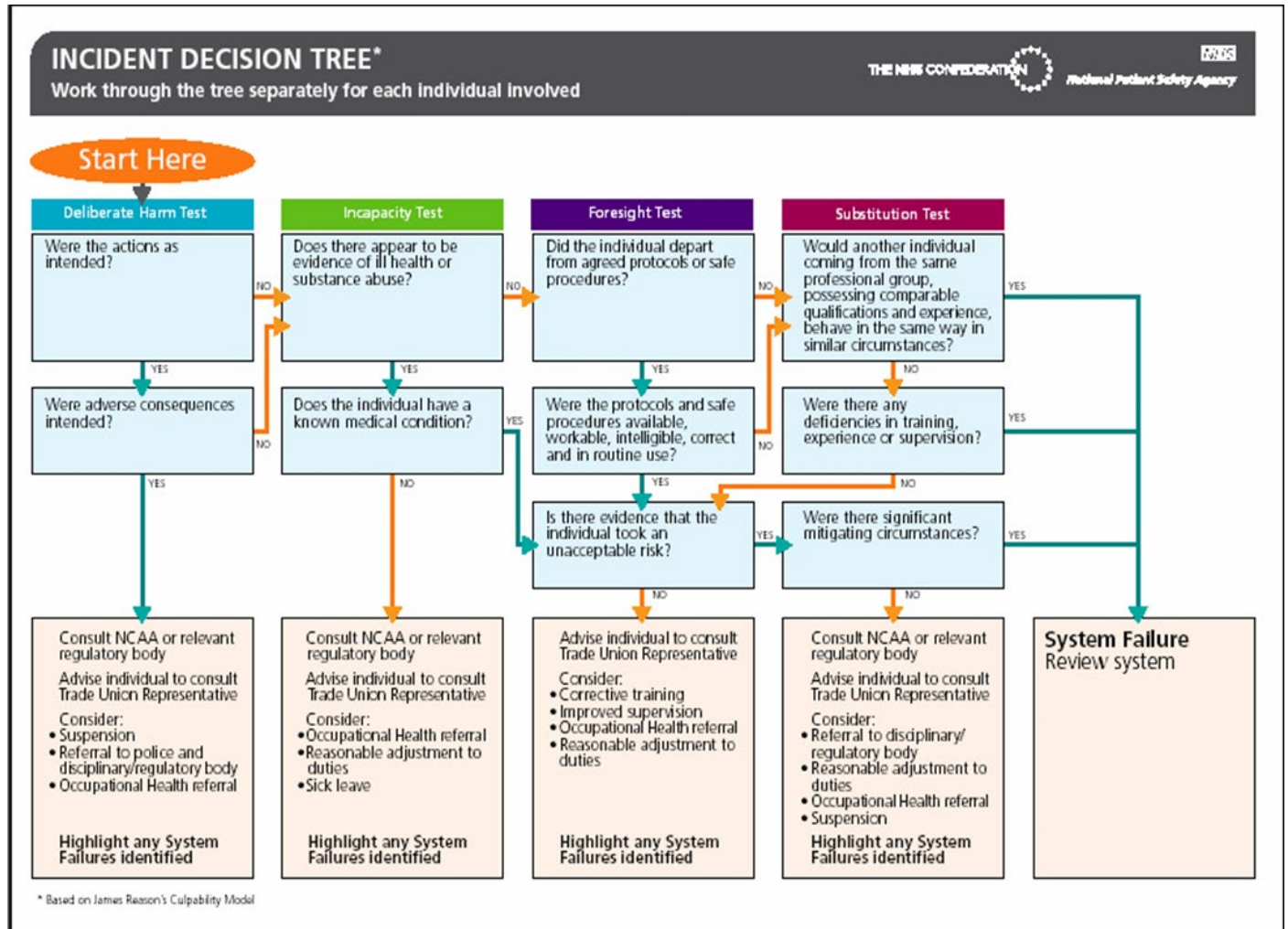
12 Glossary

12.1 The following acronyms have been used within the incident reporting policy:

Acronym	
EACH	Elective Activity Co-ordination Hub
DHSC	Department of Health and Social Care
GDPR	General Data Protection Regulation
HSE	Health and Safety Executive
ICB	Integrated Care Board
ICO	Information Commissioners Office
LFPSE	Learning from Patient Safety Events
NHS	National Health Service
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SIRO	Senior Information Risk Owner

Appendix A

Incident Decision Tree



Appendix B

How to complete the incident reporting form on Datix

Accessing the incident form

1. Navigate to the following page by opening your browser (e.g., Internet Explorer) or click the link: <https://incidentreporting.lincolnshire.nhs.uk>

Incident Date and Location

2. Enter the incident date or click the calendar icon next to the 'Incident Date' to select the date.
3. Select the organisation where the incident took place from the drop-down menu next to 'Organisation' (e.g., ICB etc.).
4. Select the Location where the incident took place from the drop-down menu next to 'Location' (e.g., ICB Headquarters etc.).
5. Select the Exact Location where the incident took place from the drop-down menu next to 'Exact Location' (e.g., Lincoln, Sleaford etc.).
6. Select the specialty where the incident took place from the drop-down menu next to 'Specialty' (e.g., Corporate etc.).



Incident Date and Location

* Incident date (dd/MM/yyyy) 

* Organisation

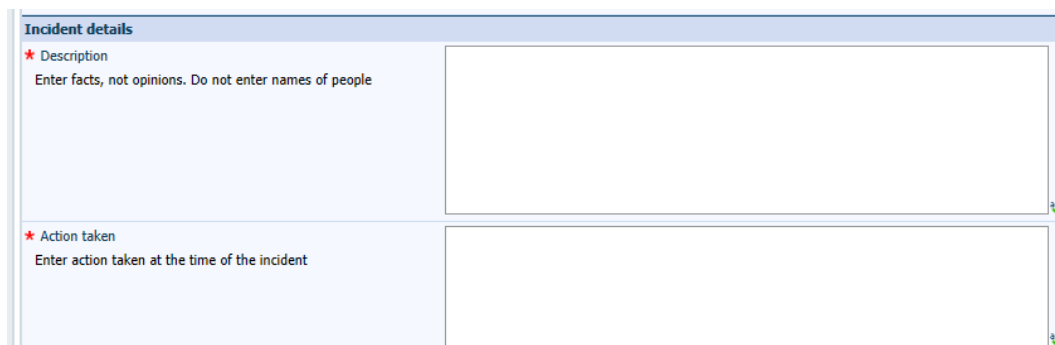
* Location

* Exact Location

* Specialty

Incident Details

7. Type a description of the incident in the box next to 'Description'. Please *do not enter opinions or the names of people involved and keep this as concise as possible*.
8. Enter the action taken after the event in the box next to 'Immediate action taken'. *If no action was taken enter 'None'*.



Incident details

* Description
Enter facts, not opinions. Do not enter names of people

* Action taken
Enter action taken at the time of the incident

Incident Coding

9. Choose who was affected by the incident from the 'Incident affecting' drop-down list.
10. Choose what was affected by the incident from the 'Incident Type' drop-down list.
11. Choose the type of incident from the 'Category' drop-down list.
12. Choose the details of the incident from the 'Subcategory' drop-down list.

Incident Coding	
Incident affecting	<input type="text"/>
Incident Type	<input type="text"/>
Category	<input type="text"/>
Subcategory	<input type="text"/>

Safeguarding Incidents

For safeguarding incident:

13. Choose 'Yes/No' from the field "Do you think this is a safeguarding issue?"
14. Choose the safeguarding concerns from the "safeguarding concern(S)" dropdown list. (i.e., *Children Safeguarding, Adult Safeguarding etc.*).
15. Type the safeguarding referral details in the box next to 'safeguarding referral details:' please do *not* enter opinions or the names of people involved and keep this as concise as possible.
16. Choose the nature of concern from the "Nature of concern" drop-down list (i.e., *Adult – Domestic Abuse, Adult - Emotional*).
17. Choose 'Yes/No' from the field "Has safeguarding referral been made to the Local Authority?"

Safeguarding Details	
★ Do you think this is a Safeguarding Issue	<input type="text" value="Yes"/>
Safeguarding Concern	<input type="text"/>
Safeguarding referral details:	<input type="text"/>
Nature of concern:	<input type="text"/>
Has safeguarding referral been made to the Local Authority?	<input type="text"/>

Pressure Ulcers Incidents

For pressure ulcer incidents,

18. For pressure ulcer incidents, specify the pressure ulcer grade by selecting grade from dropdown list next to "Grade of Pressure Ulcer?" (Note: *Grade 2 Pressure Ulcers are not managed by this site*)

Pressure Ulcers	
Grade of Pressure Ulcer?	<input type="text"/>
Incident Severity and Result	<input type="text" value="Pressure Ulcer Grade 3"/> <input type="text" value="Pressure Ulcer Grade 4"/>
Result	<input type="text"/>

Infection Control Incident

In the Incident Type drop-down, if “Healthcare Associated Infections (infection control incident)” is selected,

19. Choose Yes/No from the ‘Was the patient at risk of infection?’ drop-down list.
20. If yes is selected, then type the details in the ‘Please detail the risk of infection.’
21. Choose Yes/No from the ‘Did the patient acquire the infection?’ drop-down list.
22. If yes is selected, then type the details in the ‘Please detail how they acquired the infection.’

Incident Severity and Result

23. Choose the results of the incident from the ‘Result’ drop-down list.
24. Choose the severity of the incident from the ‘Severity’ drop-down list.
25. Select the initial risk grading from the risk matrix.

Likelihood of recurrence (Initial)	Consequence (Initial)				
	Negligible	Minor	Moderate	Major	Catastrophic
Almost Certain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlikely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Grade (Initial):

Additional Information

26. Was any person injured or affected by the incident? Please select Yes/No and enter their details.
27. Was any other contact involved in the incident? Please select Yes/No and enter their details.
28. Any documents to attach. Please select Yes/No then
 - Select the Link as type from the dropdown.
 - Provide a description.
 - Browse to attach the document.
 - You can add more documents by clicking on “Add Another” Button

Details of Person Reporting the Incident

29. Enter your details in this section.
 - Full name *(This is a required field)*
 - Professional Area *(This is a required field)*

- Telephone Number *(This is a required field)*
- Email Address *(This is a required field). Please this should be your NHS.Net email address.*

Reporters' Locality

30. Which ICB Locality are you a member of? *(This is a required field)*
31. Which Organisation are you reporting from? – You can start typing your organisation and then select when it shows up or scroll through the list to select.

Submitting form

32. Click Submit to submit the form (You will only have a reference number for your records)
 33. However, if you need a copy of the incident you are reporting on file, Click Submit and Print to submit and print a copy of the form!
-

Appendix C

Incident Investigation Guide



Lincolnshire
Integrated Care Board

Incident Investigation Guide



Appendix D

Equality Impact Analysis Form

Project Details

Project Name:	Incident Reporting Policy
EA Author:	Tracy Petch, Senior Patient Safety Manager
Team:	Nursing and Quality Directorate
Date completed:	15.07.22
Version:	1

What is the aim of the project/proposal?

The policy has been reviewed and updated to reflect the transfer from CCG to ICB. The purpose of this policy is to outline the arrangements for identifying, reporting, and investigating incidents and near misses within the ICB. To ensure the commissioning of high-quality care that puts the safety of patients and staff first.

All staff have a major role to play in the identification and management of all types of incidents, the policy aims to encourage and support an open and fair culture. When things go wrong the ICB aims to respond quickly and positive to mitigate risks and ensure the continued wellbeing of patients, staff, and the public.

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

This policy is applicable to all employees, patients, visitors, students, and contractors.

Stage 1, Scoping point

Is a full Equality Impact Analysis required for this project?

You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.

It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.

Yes	<input checked="" type="checkbox"/>	Proceed to the full Equality Impact Analysis form	No	<input type="checkbox"/>	Explain why further analysis is not required.
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If no, explain below why further Equality Impact Analysis is not required. E.g. 'This report is for information only' or 'The decision has not been made by the ICB' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EIA.)

Equality Impact Analysis Form

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EIA. An Equality Impact Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

1. Evidence used

To demonstrate that the decision made has been informed you should include examples of the information used to determine the impact and complete the EIA.

Examples are likely to include:

- **Population Data** - e.g., demographic profile (Census),
- **Service Activity Data** e.g., profile of patients using a service.
- **Consultation and Involvement findings** - e.g., any engagement with service users, local community, specific groups.
- **Research** - e.g., good practice guidelines, service evaluations, literature reviews, reports
- **Participant knowledge** - e.g., experiences of working with different or population groups, experiences of service users in other service areas / localities.

Not applicable as incident reporting Legislation* applies to all employees, patients, visitors, students, and contractors.

*Legislation that covers incident reporting includes, but not limited to the Health and Safety Executive RIDDOR reporting (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995); fulfilment of the Health and Safety at Work Act 1974; the Management of Health and Safety at Work Regulations 1999 and the Data Protection Act 2018 – General Data Protection Regulation (GDPR)

2. Potential Impact of decision

In the following boxes, for each protected characteristic, detail the findings and impact identified (positive or negative) within the research detailed above. This should include any identified health inequalities which exist in relation to this work.

As part of these considerations, you should include how the ICB will be meeting the requirements of the public sector equality duty (PSED):

“In exercising their functions, public authorities must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation.*
- Advance equality of opportunity between people sharing a protected characteristic and others.*
- Foster good relations between people sharing a protected characteristic and others.”*

Before completing this section, you should ensure you can suitably answer the following:

What is the equality profile of the population i.e. service users/patients and/or workforce that is intended to benefit from the activity/project?

(By collecting and analysing demographic data of protected characteristics relating to patients/service users and/or workforce, within the geographical area concerned, the ICB will be able to identify the groups that may be adversely affected at a greater proportion to others).

2.1 Age

Describe age-related impact and evidence. This can include safeguarding, consent, and welfare issues.

- The age of the ICBs staff varies between students and more mature staff.
- The age of patients, contractors and visitors can vary although under 18 years of age are not routinely admitted to ICB premises unaccompanied.
- The ICB does not treat patients on ICB premises if patients visit the ICB they are classed as visitors.

Consideration should be given to younger and elder individuals (visitors to ICB offices/events) that may have difficulty understanding the terminology and following the process. Appropriate language should be used to support the individuals understanding. A suitable location for in person discussion should be identified to support possible difficulties with mobility and to accommodate welfare needs.

2.2 Disability

Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

Due consideration should be given to the individual to ensure individual needs are considered throughout the investigation and during any meetings that may be undertaken, ensuring appropriate location and equipment are identified for meetings held and any sensory or neurodiversity accessible information requirements are also considered.

2.3 Gender reassignment (including transgender)

Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

Due regard will be given to individuals needs during the investigation and meetings. Appropriate discussions with individuals who have transitioned or are going through transition to agree appropriate use of pronouns and person referencing within investigation reports and correspondence.

2.4 Marriage and civil partnership

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

However due consideration should be given to family circumstances which may impact on availability during the investigation.

2.5 Pregnancy and maternity

Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.?

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

Due regard will be given to service users'/patients (especially those who may be pregnant) needs during the investigation and meetings.

Staff returning from maternity leave as previous employees should be aware of the incident reporting policy, however, additional support and guidance will be provided on request.

2.6 Race

Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

Appropriate individual requirements will be facilitated to ensure that the individual can engage fully with the process. If required, the use of translators and interpreters will be undertaken to ensure full understanding by the service user of the process and outcomes.

2.7 Religion or belief

Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent, and end of life issues.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

Realistic efforts will be made to accommodate the service users'/patient's requirements to facilitate specific religious requirements or belief needs. Including timing of discussions or meetings around prayer times or ensuring appropriate or chaperones are included in the process.

2.8 Sex

Describe any impact and evidence in relation to men and women. This could include access to services and employment.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

Appropriate facilities will be made available for any individual dependent on the degree of issue/sensitivity provisions will be made to support those individuals that may want confidential discussions in a male or female only setting.

2.9 Sexual orientation

Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

Not applicable to this policy as national incident reporting guidance does not differentiate on the protected characteristics.

All individuals involved with the process will be given an opportunity to request specific requirements to support their involvement and understanding with the process.

2.10 Carers

Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but an ICB priority and best practice)

Not applicable to this policy as national incident reporting guidance does not differentiate in relation to part time hours or different working patterns.

Out of hours and lone working will be strengthened through the risk assessment process, linked to health and safety policies/procedures.

Individuals to be given an opportunity to request any specific requirements in relation to their caring responsibilities which will be supported to aid the reduction of carer pressures in the undertaking of the process.

2.11 Other disadvantaged groups

Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the ICB in meeting its legal duties to identify and reduce health inequalities.

Not applicable as the legislation protects all employees of the ICB and the other groups this policy applies to.

Equal consideration will be given to any service user that is involved with the process of this policy.

All processes linked to this policy will be conducted in such a way that provides equity to all service users from different backgrounds and circumstances. Giving due regard to diverse needs and requirements of individuals will be key to the implementation of this policy.

3. Human rights

The principles are Fairness, Respect, Equality, Dignity and Autonomy.

Will the proposal impact on human rights?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Are any actions required to ensure patients' or staff human rights are protected?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

If so, what actions are needed? Please explain below.

The policy enacts national incident management guidance, and no human rights requirements are impacted by this.

4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on s ICB's to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st, 2013.

The duties require that ICB's properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

4.1 What evidence have you considered to determine what health inequalities exist in relation to your work?

This can include local and national research, surveys, reports, research interviews, focus groups, pilot activity evaluations or other Equality Analyses. If there are gaps in evidence, state what you will do to mitigate them.

(This may be different or similar to that which has informed the EIA)

Not applicable to this national incident reporting guidance does not differentiate on the grounds of health inequalities.

The policy will principally cover the staff of the organisation and not patients. However, there is an acknowledgement that an incident reported may have the potential to involve a patient/carer.

4.2 What is the potential impact of your work on health inequalities? Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

If you feel that the project will not impact / be relevant to Health Inequalities, please give a rationale.

Not applicable to this policy as the policy does not provide a "service". The policy ensures adequate incident management process are in place to protect all staff (and designated groups earlier).

Not applicable to this policy as national incident reporting guidance does not differentiate on the grounds of health inequalities.

The policy will principally cover the staff of the organisation and not patients. However, there is an acknowledgement that an incident reported may have the potential to involve a patient/carer.

4.3 How can you make sure that your work has the best chance of reducing health inequalities?

Not applicable.

5. Engagement/consultation

What engagement is planned or has already been done to support this project?

It is expected that the ICB will have carried out a level of engagement with those affected whether formal or informal. This should be focussed to the groups most affected, and as per the guidance document published by NHSE: Working in partnership with people and communities: statutory guidance

Engagement activity	With whom? <i>e.g. protected characteristic/group/community</i>	Date
Not applicable		

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will... (If a supporting document is available, please provide it or a link to the document)

This policy is an update of the CCG policy following transition to ICB.

6. Mitigations and changes

If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

Are these vital to the project continuing?

Not applicable.

7. Is further work required to complete this EIA?

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

Work needed	Section	When	Date completed
No			

8. Development of the Equality Impact Analysis

If the EIA has been updated from a previous version, please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data

Version	Change and Rationale	Version Date
001	EIA completed	15 July 2022

9. Final Sign off

Completed EIA forms must be signed off by the completing manager. They will be reviewed as part of the decision-making process. Service lines should maintain an up-to-date log of all EIAs.

Version approved:		
	Name	Date
Signature of responsible officer	Tracy Petch	23 August 2023
Which committee will be considering the findings and sign off the EA?		
Minute number (to be inserted following presentation to committee)		