**Appendix B – Incident, Accident and ‘Near Miss’ Report Form**

**INCIDENT, ACCIDENT AND ‘NEAR MISS’ REPORT FORM PART 1**

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| ***Incident Number (for official use):*** |
| **DATE, TIME AND LOCATION OF INCIDENT**  **Date of Incident: Time of Occurrence (24 hr):**  **Site (ICB/Other – please detail): Exact Location:**  **If incident occurred within external Organisation/ICB/ Other NHS Trust/Service Provider (i.e. nursing home), please provide full details of the site, address, etc.** |
| **REPORTER DETAILS**  **Name of Reporter:**  **Position Held:**  **Organisation:**  **Department:**  **Contact Number:**  **Email Address:**  **Reported to for Investigation: Line Manager**  **(all incidents) IG team**  **(information/cyber incidents)** |
| **INCIDENT DESCRIPTION**  **Please provide a factual account including any factors which may have**  (Facts only to be recorded – not opinion) Include the names of all affected or involved, or other factors that contributed to the incident - please use continuation sheet if necessary. |

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| **INCIDENT CATEGORIES**  **Type(please Tick)**  **Accident**  **Incident** |
| **Sub-Type(please Tick)** |
| **Quality**  **Performance**  **Finance**  **Contracts**  **Planning and Delivery**  **Health and Safety**  **Environment**  **Security**  **Information/cyber**  **Communications**  **Engagement**  **Human Resources**  **On Call/Out of Hours Emergency Response Safeguarding**  **Further Classification**  **Please provide further specifics around the type of incident, accident and near miss that has been experienced, if possible and based on the sub-type chosen for example:**  Incident – Information/cyber – Breach of Confidentiality  Accident – Health and Safety – Slip,Trip,Fall  Near Miss – Security – Building access |
| **PERSON/S OR PREMISES AFFECTED**  **ICB Employee**  **Contractor**   **Member of Public**  **Provider**  **Other**   **Name:**  **Tel No:**  **Other Contact Details:** |

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| **WITNESSES**  **Were there any witnesses? Yes**  **No**  **If yes, please provide details: Name: Address:**  **Telephone: Email:**  **Witness Statement Completed**  ***(please tick once completed)*** |
| **PERPETRATOR DETAILS**  **If a violence and aggression incident has occurred, please provide details of the perpetrator (if known): Name:**  **Contact Details (if known):** |
| **OTHER PERSONS INVOLVED**  **Please provide details:** |
| **WAS ANY EQUIPMENT INVOLVED?**  **Please provide details including make, model and serial number where possible:** |
| **WERE ANY INJURIES SUSTAINED?**  **Please provide details:** |

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| **IMMEDIATE ACTION TAKEN**  **Please provide a description of what action was taken immediately following the incident including first aid, emergency response, reporting etc:** |
| **ABSENCE FROM WORK**  **Did the incident, accident or ‘near miss’ result in any absence from work? Yes**  **No**   **Was any injury sustained, work related?**   **Absence Period:**  **None – Immediate Return to Work**   **Less than 1 day**   **More than 7 days**   **If absent for more than 7 days with a work related injury, ensure that this has reported to HSE via the RIDDOR process?**  **Please tick if applicable and once completed**   ***All other absences should be managed as per the Absence Management Policy.*** |
| **RISK SCORE**  **Please score the incident, accident or near miss using criteria for consequence and likelihood on the following page:**  Consequence Score **(C)**  Risk Score **(C x L)**  Likelihood Score **(L)** |

**Quantitative Measure of Risk – Consequence Score**

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

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|  | **Consequence score (severity levels) and examples of descriptors** | | | | |
|  | **1** | **2** | **3** | **4** | **5** |
| **Domains** | **Negligible** | **Minor** | **Moderate** | **Major** | **Catastrophic** |
| **Business objectives/ projects** | Insignificant cost increase | <5 per cent over project budget | 5–10 per cent over project budget | Non-compliance with national 10–25 per cent over project budget | Incident leading  >25 per cent over project budget |
| No impact on objectives | Minor impact on delivery of objectives | Major impact on delivery of strategic objectives | Failure of strategic objectives impacting on  delivery of business plan |
| **Finance including claims** | Small loss Risk of claim remote | Loss of 0.1–0.25 per cent of budget | Loss of 0.25–0.5 per cent of budget | Loss of 0.5–1.0 per cent of budget | Loss of >1 per cent of budget |
| Claim less than  £10,000 | Claim(s) between  £10,000 and  £100,000 | Claim(s) between  £100,000 and £1 million | Claim(s) >£1 million |
| **Service/ business interruption Environmental impact** | Loss/interruption of >1 hour | Loss/interruption of  >8 hours | Loss/interruption of  >1 day | Loss/interruption of  >1 week | Permanent loss of service or facility |
| Minimal or no impact on the environment | Minor impact on environment | Moderate impact on environment | Major impact on environment | Catastrophic impact on environment |

**Qualitative measure of risk – Likelihood score**

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

**Quantification of the Risk – Risk Rating Matrix**

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

**PART 2 - INVESTIGATION**

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| **WHY DID THIS INCIDENT, ACCIDENT OR ‘NEAR MISS’ HAPPEN?**  **Based on the information already provided in PART 1 of this form, please describe why you think this incident, accident or ‘near miss’ happened.** |
| **CORRECTIVE ACTIONS**  **Based on the immediate actions provided in PART 1 of this form, please describe any further actions that have been taken, any actions still in progress including any measures taken to prevent recurrence.** |

**ACTION PLAN**

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

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| --- | --- | --- | --- | --- |
| **Action** | **Responsible Officer** | **Target Date** | **Date Completed** | **Comments** |
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| **COMMENTS**  **Please use this space to provide any additional comments:** |
| **Based on the actions provided as part of the incident investigation process, please describe any recommendations or service improvements:**  **A form ‘0’ for ‘New Ideas’ has been completed:**      **If ‘No’ please explain your reasons for not taking this idea forward:** |

**Reporter NAME:** ………………………………………………………………………………………

**Reporter SIGNATURE:** ………………………………………………………………………………………

**DATE:** ………………………………………………………………………………………

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

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