

**Lancashire &
South Cumbria
Integrated Care System**

**Independent
Chair**

February 2020



WELCOME

Hello and thank you for your interest in the role of Independent Chair of the Integrated Care System (ICS) serving Lancashire and South Cumbria (LSC).

Lancashire & South Cumbria ICS has an ambitious vision to empower and support healthy local communities, so that local people have the best start in life and can live and age well.

We are a partnership of NHS, local authority, public sector, voluntary, faith and social enterprise and academic organisations, working together to join up health and care services, listen to the priorities of our communities, local people and patients and tackle some of the biggest challenges we are all facing.

Healthier Lancashire and South Cumbria is the name of our shared vision and five-year strategy for improving health and care services and helping the people of Lancashire and South Cumbria live longer, healthier lives. To achieve this we will need to make difficult decisions about how and where our services are delivered and how we organise ourselves to achieve our aims as an ICS.

Our belief is that **Together we can make things better**. The partnership of organisations working across our ICS have agreed this clear purpose for our work together. This will happen in neighbourhoods, local places and across the whole of Lancashire and South Cumbria.

Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live longer, healthier lives.

At the heart of this vision are the following ambitions:

- We will have healthy communities

- We will have high quality and efficient services
- We will have a health and care service that works for everyone, including our staff.

In the following pages we highlight how we are changing the way we work and how we are collaborating to improve services achieve great efficiencies and ensure that we continue to invest in our 1.8 million population.

To help us on this next stage of the journey, we are looking for an Independent Chair who can provide non-executive and independent leadership to one ICS. A senior individual who can help our partner organisations to achieve system-wide objectives. This role will be key in the leadership of the ICS, helping to ensure the successful implementation of our strategy.

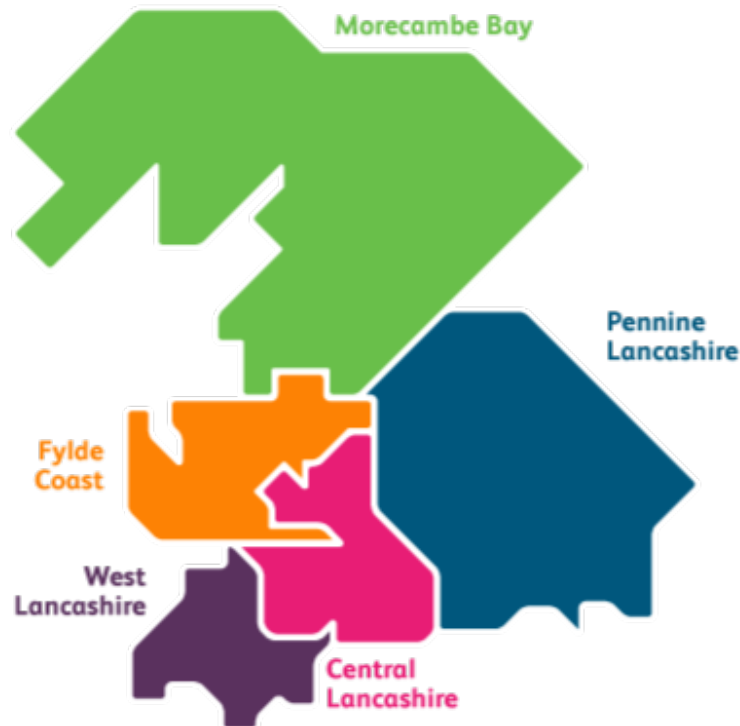
The ideal candidate will have substantial board-level experience, personal credibility within their own field and will be able to develop strong and effective partnerships across large and complex organisations. You will have a positive presence and the interpersonal skills necessary to carry out the role successfully, building and enhancing relationships within the Lancashire and South Cumbria ICS community and with a wide range of stakeholders, including politicians and the wider public sector, locally and nationally.

If this sounds like you, we would love to hear from you. Please contact our recruitment partners, Janice Scanlan and Jenny Adrian, at Hunter Healthcare on 020 7935 4570 to arrange a confidential discussion.

ABOUT OUR INTEGRATED CARE SYSTEM (ICS)

Lancashire and South Cumbria ICS is a partnership of NHS, local authority, public sector, voluntary, faith and social enterprise and academic organisations. We work together to join up health and care services, listen to the priorities of our communities, local people and patients and tackle some of the biggest challenges we are all facing.

We have an ambitious vision to empower and support healthy local communities, so that local people have the best start in life and can live and age well.



Healthier Lancashire and South Cumbria is the name of our shared vision and five-year strategy for improving health and care services and helping the 1.8 million people in Lancashire and South Cumbria live longer, healthier lives. To achieve this we will need to make difficult decisions about how and where our services are delivered and how we organise ourselves to achieve our aims as a partnership. We have listened to local people and worked together to set out how we will deliver the aims of the NHS Long Term Plan and address the most urgent needs of our population.

For more information, please visit our website [here](#).

OUR PARTNERS

NHS Organisations

- Blackpool CCG
- Blackburn with Darwen CCG
- Chorley and South Ribble CCG
- East Lancashire CCG
- Fylde and Wyre CCG
- Greater Preston CCG
- Morecambe Bay CCG
- West Lancashire CCG
- NHS Midlands and Lancashire Commissioning Support Unit
- Blackpool Teaching Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Lancashire and South Cumbria NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust
- North West Ambulance Service NHS Trust
- NHS North West Regional Specialised Commissioning Team
- The Innovation Agency, the Academic Health Science Network (AHSN) for the North West Coast

Voluntary, Community, Faith and Social Enterprise (VCFSE)

The ICS has established strong partnerships with the VCFSE sector. A Voluntary Sector Partnership Alliance has been formed by the sector comprising chairs of VCFSE networks in each of the five local health and care partnerships.

Local Authorities

Upper tier/unitary councils

- Lancashire County Council
- Blackburn with Darwen Borough Council
- Blackpool Council
- Cumbria County Council

District councils

- Preston City Council (Central Lancashire ICP)
- Chorley Council (Central Lancashire ICP)
- South Ribble Borough Council (Central Lancashire ICP)
- Fylde Council (Fylde Coast ICP)
- Wyre Council (Fylde Coast ICP)
- West Lancashire Borough Council (West Lancashire MCP)
- Barrow-in-Furness Borough Council (Morecambe Bay ICP)
- Lancaster City Council (Morecambe Bay ICP)
- South Lakeland District Council (Morecambe Bay ICP)
- Burnley Borough Council (Pennine Lancashire ICP)
- Hyndburn Borough Council (Pennine Lancashire ICP)
- Pendle Borough Council (Pennine Lancashire ICP)
- Ribble Valley Borough Council (Pennine Lancashire ICP)
- Rossendale Borough Council (Pennine Lancashire ICP)

OUR STRATEGY

We and our partners across Lancashire and South Cumbria are committed to taking coordinated action to improve health and wellbeing, provide clinically sustainable services and to do this within available resources.

We need to accelerate changing the way we provide services across Lancashire and South Cumbria over the next four years.

We will take action as a partnership to:

- Reduce health inequalities
- Improve our performance on national targets, particularly for waiting times for urgent treatment, cancer services and routine surgery
- Provide more consistent, high quality care for everyone
- Deliver more care in our local communities
- Ensure good care at the end of life
- Make better use of our collective resources and stop overspending on our budgets.

The NHS Long Term Plan, published in January 2019, set out an ambitious programme of service improvement for health and care in England. It describes how Integrated Care Systems will work in new, more coordinated ways. We have listened to local people and worked together with colleagues across the health and care sector to develop a five-year strategy to deliver the aims of the Long Term Plan and to address the most urgent needs of the 1.8million people living in Lancashire and South Cumbria.

How we will deliver our strategy:

- Delivering safe and sustainable, high quality services
- Delivering better, joined-up care, closer to home
- Improving the health and wellbeing of local communities

Our strategy is currently in draft format and not yet available online. To obtain a copy with further information on our plans and priorities, please contact our recruiters (see page 14).



A CASE FOR CHANGING THE WAY WE WORK

We recognise that there is no single factor, no one organisation that can guarantee the health of every community or person. Our health and wellbeing is heavily influenced by our education and work opportunities, our lifestyle behaviours, our environment including the quality of our homes – as well our ability to maintain our own health and access good clinical care when we are ill.

We understand that members of the public are concerned when they hear about pressures on local health and care services. This may be a consequence of personal experiences of receiving care or hearing that “difficult choices” need to be made about the future of local services.

It is true that we are facing some significant challenges and believe that our ICS partnership provides new opportunities to tackle these, working together with local people.

THE SCALE OF CHANGE NEEDED:

- **We are not taking sufficient action to tackle health inequalities.**

Where you are born can affect how long you live by as much as 10 years in Lancashire and South Cumbria. 1:6 of neighbourhoods in Lancashire and 1:10 in Cumbria are in the most deprived decile nationally

- **Our performance on some national targets is poor.**

We struggle to consistently achieve targets for treatment in A&E, cancer services and routine surgery in all of our hospitals. Solving many of these issues requires action by several organisations

- **Our services do not always provide consistently high quality care for everyone.**

There is unwarranted variation in outcomes for people with conditions such as Cancer, Coronary Heart Disease and Mental Health. Gaps in the workforce create fragility in hospitals, community and care services

- **We are spending more money than we receive from government.**

NHS organisations need to reduce spending by £167m over the next few years. Local Authority funding has reduced by an average of 40% over the last 5 years

We believe that we need to change the way we work together if we are to address these major issues successfully:

- Agreeing the key priorities which all our partner organisations support will help us repair the fragmentation in our current health and care system;
- Simplifying the current complex arrangements for making decisions will ensure faster progress in tackling poor performance and reducing financial deficits in our frontline organisations;
- Sharing good practice across Lancashire and South Cumbria will help us to talk honestly with the public about how we create sustainable services for the future - and enable our staff deliver those changes.

The good news is that we have begun to take action already. We have some great examples of work taking place in neighbourhoods, in our local Integrated Care Partnerships (ICPs) across Lancashire and South Cumbria that demonstrate how we are putting local people and patients must be at the centre of everything we do.



OUR PLANS AND PRIORITIES

Our job is therefore to ensure our partnership organisations:

- support people in their neighbourhood and community,
- create shared plans for local areas (ICPs) of 300-500,000 people,
- unite around a set of priorities we have agreed to undertake in partnership across Lancashire and South Cumbria.



Below we illustrate the partnership priorities we are proposing Lancashire and South Cumbria ICS should take forward over the next 4 years. Our priorities show how we intend to:

- Support our communities and our staff,
- Strengthen partnerships to improve care and promote innovation
- Plan to improve our population's health and our use of resources



JOB DESCRIPTION

The role as the independent Chair of the ICS will be to support the next stage in its evolution, enabling and galvanizing the work of system leaders to maximise the benefits of collaborative working, shared decision making and effective governance.

The post will include leadership of the work of the following collective forums:

- ICS Board
- Joint Committee of CCGs
- Acute, community and MH provider collaborative
- Partnership forum

The focus of the role is likely to be on the following key groups across Lancashire and South Cumbria:

- Groups of executive and non-executive leaders
- Elected members and council executives
- Leaders of external stakeholders e.g. universities, VCFS organisations, Healthwatches
- Members of the public who choose to attend meetings held in public
- Regulators
- MPs

KEY RESPONSIBILITIES

1. Decision-making within the ICS

The independent chair has a clear responsibility to ensure the ICS partners agree arrangements for decision-making in order to:

- Demonstrate a robust and defensible approach to collective decision-making by public bodies operating in a statutory environment.

- Enable those partners to agree and communicate a coherent strategic direction in line with the expectations on Integrated Care Systems.
- Maintain oversight of the ICS strategy and implementation in line with a plan that maintains a clear focus on population health outcomes.
- Ensure that the Board remains continuously able to discharge its duties and responsibilities as set out in the terms of reference in support of the work of the Chief Officer and other executives.
- Take lawful, collective decisions as delegated by the statutory bodies e.g. through Joint Committee of CCGs.
- Make recommendations for collective action which can be supported by individual (sovereign) boards.
- Create conditions through which the Boards of partners are prepared to cede authority into shared ICS governance arrangements.
- Review the collective priorities and performance of the individual partners and partnership as a whole.

2. Governance

The independent chair will have responsibility for ensuring that proper governance and development arrangements are in place to assure member organisations of the on-going capability and capacity to meet the ICS's duties and responsibilities by:

- Setting a tone and style of the ICS behaviours and discussions, which support effective decision

making, encourage open and constructive debate, and ensure that system leaders are held to account for agreed deliverables.

- Ensuring there are constructive relationships with all members of ICS decision making groups and ensure that all members are able to make an effective contribution.
- Ensuring the ICS governance operates in line with the highest ethical standards of public service probity and accountability; and that any conflicts of interest are appropriately resolved.
- Providing assurance that the Board operates independently of its stakeholder member organisations and that any conflicts of interest are appropriately managed.
- Ensuring the Board addresses and incorporates best practice with regard to relevant legislation and guidance, including equality and diversity in its functioning.
- Work with Board members and other stakeholders to steer and contribute to the ongoing development of an effective set of governance arrangements

3. Engagement with key stakeholders

The ICS approach of working to a collective vision and set of principles is expected to have an increasing influence on all of the key partners. With this being the case, the independent chair is in a position to develop a working relationship with key stakeholders which is different than that of the Chief Officer and the Executive team.

JOB DESCRIPTION

These stakeholders are likely to include:

- Organisational chairs and non-executive Directors
- The representative non-executive directors on the ICS Board
- Elected members of Local Authorities
- MPs
- Neighbouring health and social care economies

In line with this, the chair will:

- Promote and explain the ICS's objectives, remit, actions and achievements to key stakeholders and the wider public, acting as an ambassador for the ICS.
- Ensure the ICS works effectively, with good collaboration between its members, encouraging and supporting the development of 'stakeholder-ship' working to ensure the strategic objectives of the ICS are achieved on behalf of the stakeholders.
- Support the ICS Chief Officer and the other executive officers to maintain good relationships with regulators and wider stakeholders including, politicians, local councillors, NHS provider boards and CCG governing bodies.

4. Relationship to the ICS Chief Officer

The most significant relationship across the Integrated Care System is the relationship between the Independent Chair and the Chief Officer. This relationship has to be close enough to allow the Chair to play a key role as 'critical friend and trusted and advisor' yet distant enough to allow the Chief Officer and by association the other executive officers freedom to operate effectively in making the necessary decisions and taking appropriate actions to achieve successful delivery of the ICS's strategy and plan. The role will include agreeing and reviewing the objectives of the ICS Chief Officer (with input as appropriate from the Regional Director).

5. General

The chair will:

- Ensure that the interests of patients and the community are at the heart of all discussions and decisions at the Board.
- Ensure that all forums are effective in all aspects of their role; and are appropriately focused on key responsibilities, supporting the work of the Chief Officer and other executives.
- Ensure that constructive relationships exist between the members of the Board.
- Promote a culture of openness and transparency, including wider engagement as appropriate.

- Represent and promote the interests of the ICS at local, regional and national level.
- Develop a culture that promotes equality and values diversity. The postholder must be aware of and committed to the Equality and Diversity policies of LSC ICS, comply with all the requirements of these policies and also actively promote Equality and Diversity issues relevant to the post.
- Ensure the principles of openness, transparency and candour are observed and upheld in all working practices.
- The post holder will have, or acquire through training provided by the organisation, the appropriate level of safeguarding and knowledge, skills and practice required for the post and be aware of and comply with the organisation's safeguarding protection policies and procedures.

PERSON SPECIFICATION

The successful candidate will have substantial board level experience, personal credibility within their own profession and ideally, will be familiar with working with large, complex organisations, which operate in a regulated environment. The candidate will have the presence and interpersonal skills to carry out such a prominent role successfully, building and enhancing relationships within the ICS Board, in the Lancashire and South Cumbria community and with stakeholders, including politicians and the wider public sector community, both locally and nationally.

Specifically, the successful candidate will have the following attributes:

KNOWLEDGE

- Knowledge and understanding of health and social care and the broader public sector.
- Understanding of complex public service systems of a similar scale to Lancashire and South Cumbria.
- Bring a sound understanding of public sector principles and values.

EXPERIENCE

- Considerable experience of senior leadership role at board level.
- Chairing complex professional meetings at a very senior level and ability to chair in an efficient and effective manner.
- Working across agency and professional boundaries and collaborative and 'stakeholder-ship' working.

- Working with professionals and members of the public in order to improve services.
- Managing strategic change in a political context.
- Working with regulators and politicians.
- A track record in securing or supporting improvements for patients or the wider public.

SKILLS

- Leadership: proven ability to demonstrate presence and engage people by the way they communicate, behave and interact with others including politicians, members of the public, and clinical and professional leaders.
- Outstanding communication skills at the highest levels: interpersonal, presenting, media relations, maintaining a positive public and professional profile.
- Ability to influence and persuade, articulating a balanced view and to encourage constructive debate. Also, confidence to question information and explanations supplied by others, who may be experts in their field, and where necessary to challenge this. Assertive, clear thinking and able to negotiate.
- The ability to set direction through effective leadership by contributing to the strategy and aspirations of Lancashire and South Cumbria, consistent with its values.
- Ability to generate and develop good working relations across Board member organisations at Board and senior management levels.

- Problem solving skills: ability to identify issues and areas of risk, and lead stakeholders to effective resolution and decision.
- Chairing skills: ability to organise, coordinate and follow through on key decisions; manage competing or differing views, and positively challenge to achieve the desired outcome.
- Significant demonstrable skills in negotiating to assist in managing and resolving conflict to deliver successful outcomes.
- Ability to recognise discrimination in its many forms and promote Equal Opportunities policies within the operation of the Committee.
- Ability to ensure high standards of confidentiality in terms of sensitive cross-organisational matters.
- Self-motivating and able to operate outside of a single agency hierarchical structure.
- Politically and publicly astute - able to take an objective view, seeing issues from all perspectives and especially external and user perspectives.

QUALIFICATIONS/TRAINING

- Educated to Master's Level or similar level experience.
- Evidence of continuous professional development.
- Business qualification desirable.

PERSON SPECIFICATION

ATTITUDE/MOTIVATION

- Demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role.
- Be committed to upholding the Standards for members of NHS Boards and Governing Bodies in England developed by the Council for Healthcare Regulatory Excellence.
- Enthusiasm, commitment and a determination to carry forward a particularly complex and challenging agenda.
- Demonstrable commitment to improving the health, care and well-being of local populations.
- Ability to enthuse and gain the commitment of others.
- Commitment to principles of promoting equality and respecting diversity.

TERMS AND CONDITIONS

Time Commitment

The post holder will be required to commit up to 3 days per week to LSC ICS duties, including some possible evening engagements. This time commitment will be subject to review.

Remuneration

The remuneration for the post is up to a maximum of £60k per annum, depending upon the agreed time commitment.

Period of Appointment

The postholder will be appointed for up to 24 months in the first instance, with a review and potential further 12 month extension at the end of this period.

HOW TO APPLY

Application deadline: 24th February 2020

All applications must quote Lancashire & South Cumbria ICS Independent Chair and include:

- A CV (with current salary details and notice period) which demonstrates how you meet the criteria
- A covering letter highlighting the aspects of the role and the ICS that particularly attract you and outlining why you feel you are right for this role.
- Contact details for up to four referees (who will not be contacted without your permission)
- A contact email address and telephone number
- A completed Equal Opportunities Monitoring Form and Fit and Proper Person declaration (available at <http://www.hunter-healthcare.com/opportunities/>)
- Please send all documentation by email to Hunter Healthcare at applications@hunter-healthcare.com

For a confidential discussion please contact Janice Scanlan or Jenny Adrian on 020 7935 4570.

TIMELINE OF EVENTS:

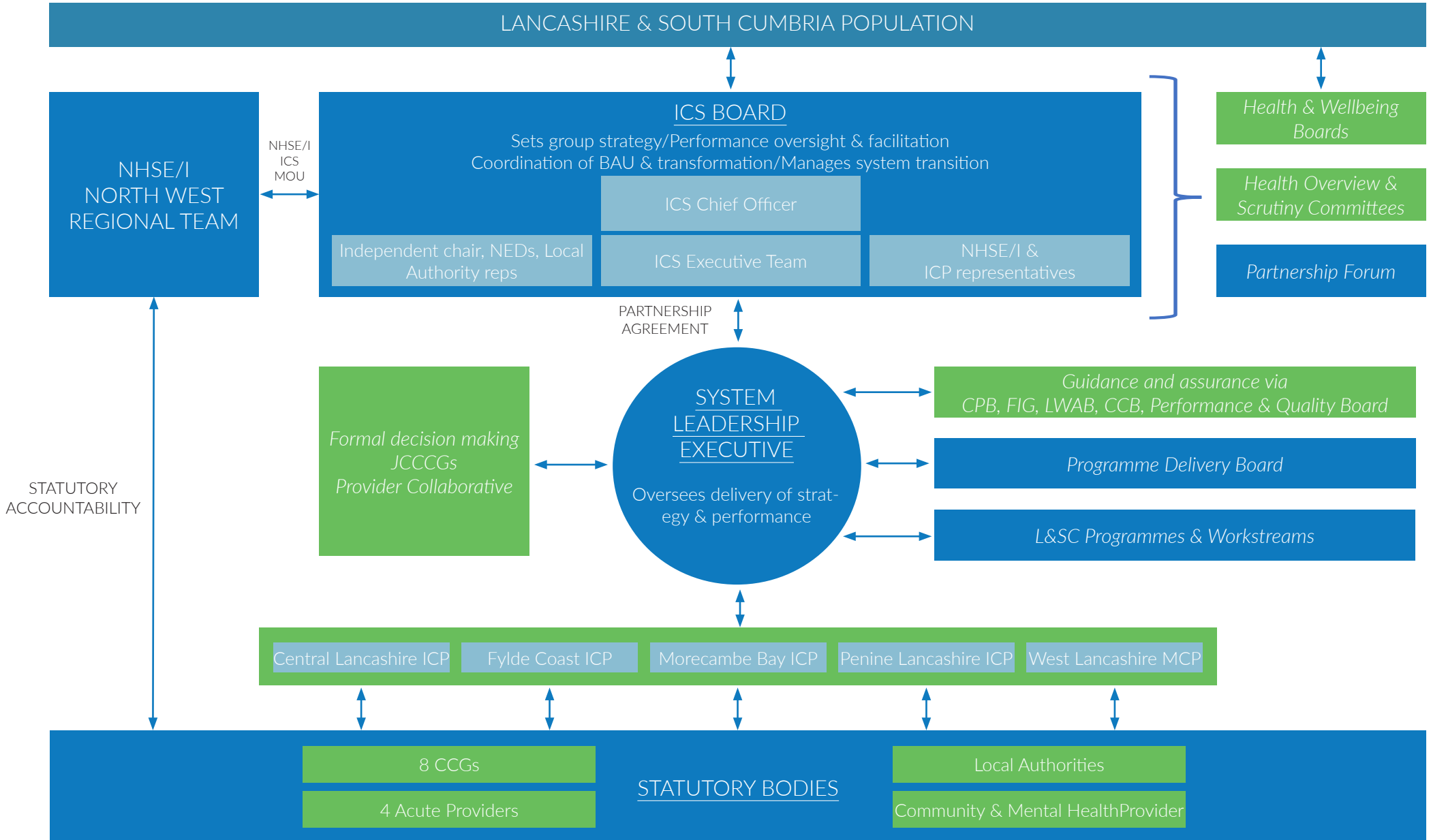
- **Application closing date - 24th February**
- **Identification of candidates to be invited to interview - 6th March**
- **Interviews - 13th March**

APPENDIX 1 - EXCLUSIONS & ELIGIBILITY

This is a high profile independent role. To avoid any conflict of interest and loss of integrity in the Lancashire and South Cumbria system, an individual shall not be eligible to hold the role of Independent Chair if he/she:

- a) is a Member of Parliament; Member of the European Parliament; Member of the London Assembly; Elected member or employee of a local authority in England and Wales, or of an equivalent body in Scotland or Northern Ireland;
- b) is a person who, within the period of five (5) years immediately preceding the date of the proposed appointment, has been convicted -
 - i) in the United Kingdom of any offence, or
 - ii) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three (3) months without the option of a fine;
- c) is a person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings);
- d) is a person who, has been dismissed within the period of five (5) years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from contractual employment by any public sector organisation within the United Kingdom.
- e) is a health or social care professional or other professional person who has at any time been subject to an investigation or proceedings, by anybody which regulates or licenses the profession concerned (the "regulatory body"), in connection with the person's fitness to practise or alleged fraud, the final outcome of which was:
 - i) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
 - ii) the person's erasure from such a register, where the person has not been restored to the register;
- iii) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
- iv) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted;
- f) is subject to:
 - i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002;
 - ii) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);
- g) has at any time been removed from the office of charity trustee for a charity or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated;
- h) has at any time been removed, or is suspended, from the management or control of anybody under:
 - i) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990 (powers of the Court of Session to deal with management of charities),
 - ii) section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005 (powers of Court of Session to deal with the management of charities),
- j) is not eligible to work in the British Islands;
- j) shall have behaved in a manner or exhibited conduct which in the opinion of the ICS Board has or is likely to be detrimental to the honour and interest of the Lancashire and South Cumbria ICS and is likely to bring the ICS into disrepute. This includes but is not limited to dishonesty, misrepresentation (either knowingly or fraudulently), defamation (being slander or libel), abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the ICS in a manner that would ultimately be in favour of that individual whether financially or otherwise.

APPENDIX 2 - GOVERNANCE STRUCTURE



APPENDIX 3 - FURTHER INFORMATION

INFORMATION GOVERNANCE, DATA PROTECTION AND CONFIDENTIALITY

All staff are expected to:

- Ensure the confidentiality and security of all information that is dealt with in the course of performing your duties in accordance with the requirements of the Data Protection Act 2018 and adhere to the principles of Caldicott;
- Be aware of the Information Governance Handbook which provides the framework and procedures in which information should be managed. They should become familiar with the “handbook” and keep up to date with any changes that are made, including the completion of mandatory IG Training on an annual basis. Breaches of the procedures within the “handbook” could be regarded as gross misconduct and may result in serious disciplinary action being taken, up to and including dismissal;
- Comply with and keep up to date with the requirements of legislation such as the Freedom of Information Act 2000 and Computer Misuse Act 1990;
- Ensure that your staff maintain that the confidentiality and security of all information that is dealt with in the course of performing their duties is in accordance with the requirements of the Data Protection Act 2018 and the principles of Caldicott; and
- Ensure that your staff are aware of their obligations under legislation such as the Freedom of Information Act 2000; Computer Misuse Act 1990, and that staff are updated with any changes or additions relevant to legislation.

EQUALITY AND DIVERSITY

The LSC ICS is committed to equality and diversity and works hard to make sure all staff and service users have access to an environment that is open and a free from discrimination. As a system we value the diversity of our staff and service users, and therefore recognise and appreciate that everyone associated with the LSC ICS is different and so should be treated in ways that are consistent with their needs and preferences.

In support of this all staff are required to be aware of the LSC ICS's Equality and Diversity Policy and the commitments and responsibilities to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not

We firmly believe that it makes good business sense to have a workforce representative of the communities we serve and so encourage applications from all sections of the community.

SAFEGUARDING CHILDREN AND ADULTS

All employees are required to act in such a way that at all times safeguards and promotes the health and well-being of children and vulnerable adults. Familiarisation with and adherence to the policies and procedures of the Local Safeguarding Boards (Children and Adults) and those of the LSC ICS is an essential requirement as is participation in mandatory safeguarding training.

HEALTH & SAFETY

In accordance with the Health and Safety at Work Act 1974 and other supplementary legislation, you are required to take reasonable care to avoid injury during the course of work and co-operate with others in meeting statutory regulations.

- To comply with safety instructions and policies and procedures.
- To use in a proper safe manner the equipment and facilities provided.
- To refrain from wilful misuse of or interference with anything provided in the interest of health and safety and any action which might endanger yourself and others.
- To report as soon as practical any hazards and defects to your senior manager.
- To report as soon as practical accidents and untoward incidents and to ensure that accident forms are completed.