Reportable Incidents Procedure			
This Procedure sits under the Reportable Incidents Policy			
Brief Description & Purpose:	The purpose of this procedure is to provide detail on the escalation process for incidents and events that require reporting to University Executive, Governors and/or Regulators or other external agencies and the expected timescales.		
Applicable to (list cohorts):	**Staff:** All staff, governors and co-opted Board Committee members	**Students:** Not applicable	**Third Parties:** All who are in a formal relationship with the University
Effective From:	8 June 2020	**Last reviewed date:**	January 2023
Executive Owner:	Georgina Bailes	**Next review date:**	December 2025
Business Owner:	Jack Taylor	**Publication External Y/N**	Y
Contact for queries:	Jack Taylor		

1. Introduction

This Procedure covers the reporting and escalation of incidents that may require reporting to any external agency; where applicable the specific reporting and escalation routes of other University Policies and Procedures should be used, ensuring that the external reporting requirements of this Policy are always followed.

2. Reporting an incident

2.1 Incidents that have the characteristic identified in 3.5.1 of the Reportable Incidents Policy and which are not covered by another specific Policy and Procedures should be notified to the Director of Governance as a priority (within two days and via normal line management channels) who, in conjunction with relevant University Executive members or "Lead Specialists", will decide whether escalation to the wider University Executive, Audit Committee or Board of Governors is required. The examples below are not exhaustive, and anyone who discovers an incident that they think may be reportable should err on the side of caution and use the reporting procedure at 2.2 below.

Level	Examples
Reportable Incidents (i.e. serious or potentially serious)	• Known or suspected criminal activity • Critical incidents/occurrences: major systems breakdowns or interruptions to service/access to buildings, major incidents on campus and any other occurrence resulting in the invocation of more than one Local Business Continuity Plans • Allegations of serious professional misconduct including the abuse or mistreatment of beneficiaries, especially safeguarding issues involving vulnerable adults and/or children • Significant legislative or external regulatory breach or loss/suspension of licence • Known or suspected fraud or financial irregularity • Significant grant clawback • Significant, credible legal or insurance claims made against the University of £100k or more • Significant legal or insurance claims intended by the University of £100k or more • Public Interest Disclosures • Abuse of position

	• Significant adverse outcomes of an external inspection/review exercise • Significant information security breach • Major adverse publicity or media interest
Reportable Incidents which are also Notifiable Incidents (i.e. notifiable to external bodies)	• OfS "Reportable events" • Referrals to the University Prevent Lead, referrals that require external advice and External Referrals made to Local Authority (recorded and reported to OfS annually) • Information published on the OfS's Register (i.e. changes to) • Accountable Officer or Chair of Governing Body change • Financial events • Implementation of your Student Protection Plan • Action taken by legal or other regulatory bodies • Partnership arrangements • Change of ownership, control, legal form or structure • Any other material event or circumstance • Significant information security or data protection breaches (Information Commissioner) • RIDDOR Major injury or death (HSE) • Other legislative breaches or information which requires reporting to a number of bodies

2.2 Whenever any applicable person as defined in the header of the Procedure becomes aware that an incident has happened or is likely to happen, the following steps should be taken:

i.   If the incident is an emergency notify Security Services and the Emergency Services **immediately**.

ii.   The person discovering the incident will inform their line manager **immediately**; in the line manager's absence the incident should be escalated up the line management structure.

iii.   If the incident is defined as a critical incident or occurrence under 2.1 above, it will be dealt with under the Incident Management Plan.

iv.   In consultation with the line manager, the Responsible Manager (see Roles and Responsibilities, section 3 below) will determine if the incident can be dealt with within the Faculty or Service's normal structures and arrangements.

v.   They will confirm this judgement with the Responsible Member of University Executive.

vi.   If the incident cannot be dealt with under step iii, the Responsible Member of University Executive will inform the Director of Governance, **within two days** of the incident being discovered. In the absence of the Director of Governance, the report will be made to the Risk Manager and then the Governance Manager.

vii.   The Director of Governance will inform the Vice-Chancellor of the incident and keep them briefed during the remainder of the procedure.

viii. The Responsible Member of University Executive and the Director of Governance will determine if the incident falls within the scope of an existing University Policy or Procedure:

Safeguarding	Director of Governance and Secretary to the Board
Prevent	Director of Governance and Secretary to the Board
Data Breaches	Data Protection Officer
Death of a Student	Academic Registrar and Director of Student Library and Academic Services /Director of Governance
Public Interests Disclosure	Director of Governance

Health and Safety	Director of Health, Safety and Sustainability
Death and Major Injuries (RIDDOR)	Director of Health, Safety and Sustainability
Counter Fraud and Bribery	Chief Financial Officer
Cyber Security	Head of IT Security

      If this is the case, the escalation and reporting route within the Policy and its Procedure should be followed. This route will be supplemented to reflect the requirements of steps ix to xx below if they are not addressed within the procedures of the existing Policy.

ix. If this is not the case, the Responsible Member of University Executive and the Director of Governance will determine who is the Lead Specialist (see Roles and Responsibilities, section 3 below) for this incident, and consult them.

x. The Responsible Member of University Executive, Responsible Manager, the Director of Governance, the Lead Specialist and any other key officer required under the relevant other Policy will carry out an initial investigation **within four days** of the incident being discovered, to determine whether it is potentially notifiable to an external agency or reportable to OfS (see sections 3 and 6 of the Policy). The Vice-Chancellor and Head of Legal will be specifically informed of this conclusion; the Chair of the Board and Chair of Audit Committee will be informed if the conclusion is that the incident appears to be notifiable or reportable to OfS.

xi. The initial investigation report will recommend whether a full investigation is required; this will always be the case where the incident is notifiable or reportable to OfS.

xii. If a criminal offence appears to have been committed, the Director of Governance will inform the Police immediately and subsequent steps will be at their advice (see also step i above).

xiii. The Vice-Chancellor as Accountable Officer for OfS, the Director of Governance and the lead officer for any other external agency that may be relevant in consultation with the Head of Legal will take a view at this point whether the OfS or agency should be provided with an initial notification of the incident.

xiv. If the incident concerns the Accountable Officer, the Board of Governors will make the report to OfS (via the Director of Governance) or clearly delegate the action to report the matter to another appropriate individual who is not the Accountable Officer. The Accountable Officer will take no further part in the procedure.

xv. Other University Executive members will also be informed at this stage, unless the incident is such that confidentiality must be maintained, in which case they will be informed after the incident has concluded.

xvi. A full internal investigation will then be carried out by the same people as for the initial investigation, along with any other staff or external support required, such as Internal Audit. The timescale for this will depend on the nature and scale of the incident.

xvii. The investigation report will then be provided to the Vice-Chancellor, Chair of the Board and Chair of Audit Committee, along with a recommendation on if and where the incident should be notified outside the University.

xviii. All incidents that reach this point will be included in the Reportable Incidents Report to the next Audit Committee. The Chair of the Board and Chair of Audit Committee will decide if the incident warrants immediate reporting to Audit Committee and potentially to Board of Governors or if the standing report to the next meeting of Audit Committee will suffice.

xix. If external reporting is the recommended outcome, the appropriate officer will inform any external agency in the format required by that agency, and subsequent steps will be determined by the agency in question.

xx.   University Executive, Audit Committee and Board of Governors will be informed that an external report has been made and will be provided updates as required until the matter is closed.

xxi.   A lessons learned exercise will be carried out by the Responsible Manager in consultation with the Lead Specialist, with the lessons and any improvements to system of control or management arrangements reported to Audit Committee, which will determine any further internal reporting required.

3. Roles and Responsibilities

Role	Responsibility
Responsible manager	The relevant senior officer with operational or strategic responsibility for the specific area in which the incident has occurred, who is responsible for: ➢ initial assessment of the incident and response to it under steps i to iv of section 2.2. ➢ participation in any investigation required as set out in section 2.2.
"Lead Specialist" within the University	A designated professional at the University, normally acting as a specialist advisor (e.g. on health and safety, research ethics, security, financial controls) within one of the University's Professional Services or the individual with relevant specialist knowledge in the Faculties. The individual may be involved in reporting, escalating or handling a serious incident and may be obliged to report the incident to an external body. Where they are involved, the relevant "Lead Specialist" is responsible for: ➢ providing specialist advice or instruction on the management of the incident, including short-term containment where required; ➢ deploying the necessary resources, seeking the appropriate approval where required, to respond to the incident; ➢ ensuring the appropriate notification route is adopted where the incident requires reporting to an external body.
Responsible member of the University Executive	The individual role-holder with ultimate responsibility for the specific Faculty, Professional Service area or portfolio in which the incident has occurred. (NB: On some occasions an incident may span the responsibility of more than one member of the University Executive). The member of the University Executive is responsible for: ➢ confirming the nature, scale and status of the incident based on liaison with the responsible manager and "Lead Specialist(s)". ➢ informing the Director of Governance where the incident cannot be dealt with within the Faculty or Service's normal structures and arrangements. ➢ participation in any investigation required as set out in section 2.2.
Director of Governance	The key point of contact to whom reportable incidents should always be reported formally and who is responsible for managing and overseeing the reporting procedure set out in section 2.2. The Director of Governance as Executive Owner of the Reportable Incidents Policy is responsible for ensuring that it is kept up to date and properly communicated throughout the University.
University Executive	The University Executive is collectively responsible for the assessment of the wider strategic, reputational, legal compliance and resource implications of a reportable incident, and the actions required to ensure its proper handling.

	This will include an assessment of whether the incident has implications for the adequacy of the wider internal control environment, and providing an opinion to the Audit Committee, on whether the incident is 'material' and meets the criteria for notification to an external body. The University Executive and in particular the Vice-Chancellor and Chief Executive, will be advised by the Director of Governance on whether an incident requires escalation to the Audit Committee or Board of Governors or their respective Chairs.
Vice-Chancellor's Chief of Staff	The Vice-Chancellor's Chief of Staff will administer the notification process for any Reportable Events to OfS and will liaise with the Vice-Chancellor and Chief Strategy Officer, as appropriate. The Head of Governance will act as deputy when required.
The Audit Committee (or its Chair)	Audit Committee (or its Chair) will seek relevant assurances from the Vice-Chancellor and University Executive that the incident is being managed and has been resolved. This will be via the standing report on Regulatory Reportable Incidents to each meeting of the Committee unless an earlier report is required under section 2.2 step xvii. The Committee may also request additional assurances on the adequacy of controls in place in relation to the incident and any work require to strengthen them arising from the lessons learned exercise under section 2.2 step xx.
The Board of Governors	Board of Governors will receive and respond to the opinion of the Audit Committee in relation to a significant incident. It will also provide a steer or challenge to the University Executive on strategic, reputational, legal compliance and resource implications of an incident. For Reportable Events that involve the Accountable Officer, the Board of Governors must make the report to OfS or clearly delegate the action to report the matter to another appropriate individual who is not the Accountable Officer.

4. Version

Version No.	Reviewer	Date	Changes
1.0	Susan O'Donnell	8 June 2020	
2.0	Georgina Bailes, Richard Elliott, Jack Taylor	1 February 2023	Policy format change, updated OfS definitions reflected, reporting procedure clarified, minor amendments to wording, links added
2.1	Clare Stogden	02 August 2024	Minor amendments to titles and formatting