



HS-POL-11 Serious and Untoward Incident (SUI) Policy

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Policy Statement

Framework wants to provide the best possible service for our service users, our stakeholder and the wider community. We aim to ensure that all our services are safe however we recognise that on occasion, due to the nature of Framework's work and because sometimes things go wrong, incidents may occur. When they do, our response should be one of transparency and organisational learning.

Framework are committed to identifying the underlying causes of incidents, learning from these and implementing any necessary changes to minimise the chance of them re-occurring. In doing this we will promote an open and fair culture that encourages transparency, investigation and analysis.

Framework will ensure that learning from incidents enables appropriate strategies and actions to be developed and implemented to improve practice whilst promoting a safe working environment for service users, staff and contractors.

Where other agencies are involved in serious incidents Framework will aim to work transparently with those agencies, sharing reports, investigations and learning wherever appropriate.

Purpose

This policy and procedure aims to demonstrate that Framework has a robust system in place to deal with Serious and Untoward Incidents (SUIs) and to minimise the risks they present. It applies only to those events that have been categorised as a SUIs and that may require investigation. All other incidents should be managed in line with the Incident, Accident & Near Miss Reporting Policy & Procedure 5.27

It will ensure that there is a consistent approach to the management of SUIs and that staff at all levels are aware of their roles and responsibilities in the reporting and management of such events.

The incident reporting processes described will be used to enable Framework to identify and analyse issues and risks in order to continually improve our service and safeguard service users, staff, resources, property and the organisation's reputation. The ultimate aim is to reduce the risk of future harm.

Scope

The policy outlines Framework's definition of a SUI. It also details the organisation's approach to reporting, investigations and on-going learning.

This policy applies to all Framework employees. Service users, volunteers, contractors and others may report incidents to staff, who should then determine whether the circumstances require a SUI report. If not, then they should use whatever they consider the most appropriate reporting mechanism.



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Serious and Untoward Incidents Procedure

1. Definitions

There is a distinction between incidents and Serious and Untoward Incidents (SUI). For the purpose of this Policy an incident is defined as: An event or circumstance that could have, or did, result in unintended or unnecessary harm to a person and/or a complaint, loss or damage.

A SUI would normally be where one or more of the following occurs:

1. The death of a person receiving accommodation, support or treatment from Framework.
2. Serious injury or harm to (or by) a person receiving accommodation, support or treatment from Framework.
3. Serious or unexplained outbreaks of infection or disease in services (e.g. food poisoning, Legionnaire's Disease) or the confirmed transmission of serious infectious disease between a staff member and a service user (e.g. HIV/Hepatitis B).
4. Serious injury or death of a member of staff/volunteer, (including staff working for independent contractors or partner agencies) in the course of Framework duties.
5. Serious clinical incident or procedure resulting in adverse outcome for person receiving treatment from Framework.
6. A series of similar events (a possible pattern emerging) that is causing concern, such as a high number of complaints regarding a member of staff (including independent contractors), a particular service, practice or site that may warrant further investigation and action.
7. Major disruption e.g. fire, flooding, etc. which resulted in casualties or major & sustained disruption to services.
8. Near miss events that may have resulted in death or serious harm.
9. A serious fraud or financial error which has significant impact on Framework resources.
10. Serious Breach of Data Protection Act e.g. theft of computers containing sensitive confidential information.
11. Other incident that may cause serious undermining of public confidence and reputation.
12. Allegations of abuse caused by a member of staff.

Serious Harm – is taken to mean an injury or illness or condition that will result in admission to hospital or being off work for more than one week. This relates to staff incidents only.

For a death of service user – Please also see HS-PR-01 Dealing with a death procedure



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2. Responsibilities

All Framework staff are responsible for ensuring the timely reporting of all incidents that occur within any service, and where required their active engagement with the review process.

Identification: Responsibility for identifying incidents to be regarded as potentially Serious or Untoward lies with Service Managers. If any doubt exists around whether an incident be identified as a SUI, Frameworks Operational Risk Manager and the SHEQ team must be consulted.

The SUI Panel: The decision on how to proceed with a SUI lies with the SUI Panel. The SUI panel consists of:

- At least one member of the senior management team;
- The Assistant Director of SHEQ;
- The Operational Risk Manager;
- At least one member of senior operational staff i.e. assistant director or operations manager.

Where an immediate response is required and the panel is unavailable, a decision may be taken by a member of the SLT. The SUI panel is responsible for the making the following decisions:

- Does the incident reach the threshold to be considered a Serious and Untoward incident?
- Do the circumstances described warrant further action or investigation?

Coordination: If an investigation is required, the SUI panel will agree terms of reference and an appropriate individual to carry out the investigation.

Chief Executive: Overall accountability for incident management within the organisation lies with the Chief Executive who has responsibility for establishing and maintaining an effective risk management system within the organisation including sharing lessons learnt. This responsibility is formally delegated as follows:

Deputy Chief Executive: Has delegated responsibility for managing the development and implementation of service user risk management, and service user safety including the identification and management of serious incidents.

Assistant Director of SHEQ: has delegated responsibility for the co-ordination of the SUI process and recording mechanisms.



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Director of Finance, Governance and Risk: has delegated responsibility for the development and implementation of financial risk management and financial governance.

Corporate Leadership Team: has the responsibility for approving any recommendations identified in a SUI investigation report.

All Managers: All managers are responsible for ensuring that all incidents (including serious incidents), which occur in their areas of responsibility, are reported immediately through the agreed reporting systems.

Operations Managers: It is the responsibility of the Operations manager to review all incident reports (including SUI reports) originating in services within their area of responsibility.

All staff: must take responsibility for the immediate situation until a more senior person is available. Staff must ensure that all potential/actual incidents (including serious incidents) are reported, and the incident report is fully completed, within the requirements of this policy and procedure. In the first instance, the incident must be reported within 24 hours.

3. Incident Reporting, Identification and Action Required

3.1 Using Datix

All incidents/accidents/near misses/SUIs should be reported using the Datix reporting systems. An instruction guide is available on FRED. All staff should receive training and coaching on using the system as part of their induction.

It is the responsibility of the staff member to report the incident/accident/near miss. Where this is not possible (because of absence from the workplace), their line manager should report on their behalf.

Reports should be made within 24hrs of the incident/knowledge of the incident taking place or as soon as practically possible.

All SUIs require an extra level of information to be reported for consideration to the SUI Panel, via the Serious and Untoward Incident Initial Report Form (SUI 1).

3.2 Potential Serious & Untoward Incident Reporting

Where a SUI has occurred, the Service Manager (or Assistant Manager or Team Leader if the Manager is absent) must complete Section 1 of the Serious and Untoward Incident Initial Report Form (SUI 1) within 24hrs of the incident occurring or coming to the attention of staff. If neither the Service Manager nor Assistant Manager are available then the SUI 1 form should be completed by the most senior member of staff on site.



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It is important to note that the death of a person receiving accommodation, support or treatment from Framework must be reported as a SUI1 and sent to the SUI Report inbox.

The completed form must be forwarded to the SUI Report inbox
sui.reports@frameworkha.org)

and the relevant Operations Manager. If the potential SUI occurs at a weekend or holiday period then the SUI 1 Form should be emailed to the Duty Manager
dutymanager@frameworkha.org).

3.3 Consideration by the SUI Panel

On receipt of a SUI1 report the SUI panel will discuss the report to determine how it should progress within 5 working days. There are three possible routes:

3.3.1 The incident is considered to have met the required threshold and does warrant investigation

If the panel has confirmed an incident as a SUI and determined that the circumstances warrant an investigation, the SUI Panel must set out the Terms of Reference for the subsequent investigation. The SUI panel may on occasion consult with colleagues in the drafting of SUI Terms Of Reference, such as colleagues from finance, HR, etc.

Where necessary, any member of the SUI panel has the authority to make the decision to immediately escalate the report to the Chief Executive or the Framework Board.

3.3.2 The incident does meet the threshold but does not warrant investigation

If the panel has confirmed an incident as a SUI and determined that the circumstances do not warrant an investigation.

3.3.3 The incident is not determined as SUI

Whether or not the incident is determined to be a SUI, the SUI panel has the authority to request further information via the relevant Operations Manager or via a management report from another source.

As SUIs may have financial and insurance implications all SUI reports will be circulated to the Finance Director.

The outcome of all SUI Panel decision making will be logged and tracked by the Operational Risk Manager/SHEQ Team.

Once agreed by SUI Panel, the result of discussions, and any subsequent next steps will be shared with the appropriate Operations Manager(s) and Service Directors.



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3.4 Other Immediate Action

Following the identification of a serious incident, immediate action may be needed to mitigate the harmful consequences of the incident. The relevant Operations Manager is responsible to ensure this occurs. The immediate action needed will depend on the nature of the incident, and is likely to include:

- Support for the person/s involved
- Support for the service where the SUI occurred; both at the time of the incident and throughout any further investigatory process.
- Defusing of the situation and those involved (an immediate opportunity to discuss emotional impact in a safe environment)
- Ensuring the local environment is safe and secure
- Gathering basic information about a chain of events and retention of records
- Notifying Police (where appropriate and necessary)
- Contact with the Service User and/or family - offering support and invitation of inclusion of possible subsequent investigatory action where appropriate
- Some serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) may also require reporting under RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. For more information see Accident and Incident Reporting Policy Framework 5.27
- Some services may have additional external reporting requirements to complete. For example: Statutory notification to the CQC, drug related death panels etc
- Support staff in line with the Critical Incident Stress Management Policy 6.51 inclusive of referral for CISM debrief as required.

Consideration should also be given to the effect on Framework's reputation. If necessary the Communications Officer should be immediately briefed so that media and other interest can be effectively dealt with.

4. SUI Investigation

Once the SUI panel has determined that a SUI has reached the threshold for investigation and has agreed the terms of reference, the SUI panel will appoint an Investigating officer whenever possible within 5 working days of the incident occurring.

The Investigation Officer will hold an appropriate role within the organisation. Wherever possible the appointed investigator will hold a role outside that of the immediate service under investigation.

The completed SUI Initial Report Form (SUI 1) including the terms of reference, is then passed to the Investigating Officer, along with a copy of the SUI Policy and Procedure.



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The Investigating Officer should then complete their investigation and produce a formal report using the SUI Investigation Report Form (SUI 2). The investigation must be completed within 30 working days; inclusive of a mid-point review of progress between the investigating officer and the SHEQ team. The final report is then sent to the SUI panel via the SUI reports inbox (sui.reports@frameworkha.org).

The SUI panel will then consider whether any further investigation or clarification is needed to be carried out by the Investigator.

Finally the SUI panel will ratify the recommendations made in the report before they are presented to CLT for sign off.

4.1 Completing a SUI 2 Form

The investigating officer should complete a SUI Investigation Report Form (SUI 2) reporting their findings and any recommendations for improving good practice.

Throughout the investigation process, the investigating officer will receive support from the SHEQ team as a point of contact.

This form contains sections for the main questions to be addressed as well as additional guidance. The investigation will include yet not be limited to:

- Gathering factual information including documentary evidence available
- Obtaining statements of those involved in the incident
- Reviewing support, clinical treatment, condition, risk status and support or care plans
- Establishment of timelines and identification of any parts of the process where problems may have occurred
- Identification of contributing or causal factors – both active and latent factors
- Identification of causes, problems or issues
- Identification of key learning points including that which worked well
- Development of recommendations including a corrective action plan.

When necessary, the SUI Panel has the authorisation to appoint an appropriate external individual(s) to undertake or contribute to the investigation and if required determine extended Terms of Reference for the investigation.

5. New Information Received about an Incident

There may be circumstances where a SUI is not immediately identified and so the subsequent identification and investigation timescales are not maintained. This would principally be where additional information is provided usually from a third party that brings new factors to light that were not apparent when the incident initially occurred. Examples include information from a Medical or Police investigation. Where further information comes to light concerning previous incidents or events that would potentially escalate the matter to the level of a SUI, it is the responsibility of the member of staff to report it in line with SUI procedure.



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Where this occurs the SUI Panel will reconsider the incident and make an appropriate determination as in section 3 of this procedure.

6. Implementation and Organisational Learning

Framework is committed to continually learning from serious incidents. The CLT will be the conduit to collate, analyse and disseminate learning from serious incidents.

SUI recommendations will be considered at the next available CLT meeting. The CLT will determine whether recommendations are accepted or rejected. CLT may amend recommendations before agreeing them.

CLT will determine and assign to individuals any actions arising from recommendations along with timescales for completion.

All recommendations and resulting actions are collated in the SUI Action Log so that all outstanding actions can be tracked. The SUI Action log will be considered regularly, at least once per quarter at CLT.

A regular summary of SUI's received and progressed will be reported to the Framework Board.

6.1 Impact Assessments

Where the SUI process is considered to have identified significant implications for service or organisational practice, CLT may seek further assurance that any areas of concern have been addressed and the changes to practice remain embedded.

In these cases any relevant recommendations can be marked as requiring a subsequent "Impact Assessment" follow up process.

The purpose of an Impact Assessment is to determine whether any: changes in practice or process, dissemination of learning; changes in resourcing; have had the intended effect.

Where an Impact Assessment is commissioned, CLT will determine the scope, nature and schedule of that assessment and will assign an individual to take responsibility for undertaking it. An Impact Assessment may:

- take place some time after direct SUI recommendations have been completed
- include services / people not involved in the original SUI.

Any such commissioned Impact Assessments will be tracked via the SUI Action Log. Those undertaking the Impact Assessment will be required to submit a report of their activity and findings by the scheduled date.

A regular summary of SUI's received and progressed will be reported to the Framework Board.



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7. Support for affected staff and Critical Incident Stress Management Debriefing

Serious Incidents may sometimes involve distressing or traumatic experiences for those staff directly or indirectly involved. These can potentially overwhelm usual coping mechanisms as staff may not be prepared or used to dealing with them.

Framework will offer staff a structured approach to responding to serious untoward incidents. This comprises initial peer-support (diffusion); CISM debriefing; and follow-up support.

Diffusion is a very brief process of peers checking in with each other after an incident. CISM debriefings offer a safe, open and non-judgemental space for participants to share initial reactions following critical incidents, e.g. sudden death, serious injury, a threat to an individual's physical and / or psychological safety and wellbeing; a distressing situation or event. It is a voluntary process for participants. It is not automatically offered following incident.

Note that it is not necessary that circumstances or events are categorised as Serious Incidents to warrant the use of diffusion or debriefing. It is however expected that managers make this offer to those staff closest to the service users implicated or the events reported as serious incidents.

For guidance on the process please see the "Critical Incident Stress Management Debrief Procedure.

8. Support for affected Service Users

Serious Incidents will also potentially affect service users directly or indirectly involved. Staff should be mindful of these impacts and of the reaction this might prompt in service users. Staff teams should consider the most sensitive and appropriate way to support individual service users on a case by case basis, which could include a referral to the Psychologists at: psychology@frameworkha.org.

9. Reviewing the SUI Policy

This procedure will be reviewed and updated to reflect service and management changes, organisational learning and changes to relevant legislation, as and when required.

Changes must be approved by the CLT.

