

Main Office Unit 9, Brewery Yard Deva City Office Park Salford M3 7BB Registered Office P.O Box 4325 Manchester M61 0BG +44 (0)161 236 2182 support@wearesurvivors.org.uk wearesurvivors.org.uk

Twitter: @ThisIsSurvivors Facebook: /ThisIsSurvivors

Governance Policy SUINM Policy



DOCUMENT CONTROL PAGE						
Title	Title: SUINM Policy Version: 3.0					
Ë	Reference Number: WASSI001					
Supersedes	Supersedes: All previous SUINM Policies and versions. Significant Changes: No changes as new policy					
Originator or Modifier	Originated by: We Are Survivors					
	Modified by: Chief Executive Officer - We Are Survivors					
	Reference Material: Survivors Manchester SUINM Policy (OPG004b); DSC Safeguarding					
0	Policy (2023); MHCC Safeguarding Audit Toolkit (2022)					
Ratification	Referral Date: 25.10.23					
	Referred by: Operations Director - We Are Survivors					
	Ratified by: Deputy Chief Executive Officer - We Are Survivors					
Ä	Ratified Date: 27.10.23					
Application	Applies to: All We Are Survivors Trustees, Employees and Volunteers					
	Authorised for inclusion in: Quality Standards, Funding Application, Grant Agreements or					
	Contracts, or other uses as agreed with Operations Director					
	Issue Date: 28.10.23					
Circulation	Circulated by: Operations Director					
	Accessible: BreatheHR, Teams Drive (General > Files > Policies)					
C	Accessible. Dreathenn, reams brive (<u>General > nies > rolicles</u>)					
Review	Last Review Date: 25.10.23					
	Next Review Date: 01.10.24					
Ľ	Review Responsibility: Safeguarding Lead & Operations Director					



SUINM POLICY

1. Purpose and Scope

The purpose of this policy is to inform all those engaged in delivering interventions to We Are Survivors clients and being in contact with clients, when and how to record any Serious and Untoward Incidents and Near Miss (SUINM) within the organisation.

This policy must be read in conjunction with We Are Survivors Safeguarding Policy.

A Serious and Untoward Incident or Near Miss is defined as an incident that actually occurred; or a member of staff/consultant/partner of volunteer is aware of an incident occurring; in relation an individual engaged in any of We Are Survivors services that has or could result in one or more of the following:

- Unexpected or avoidable death to one or more of We Are Survivors clients;
- Serious harm to one or more of We Are Survivors clients, staff members, contractors or volunteers;
- A scenario that prevents or threatens to prevent We Are Survivors' ability to continue to deliver services;
- Allegations of abuse, other than the reason(s) for engaging with We Are Survivors;
- Actual or potential adverse media coverage or public concern about We Are Survivors or its contracts/service level agreements;
- Unnecessary damage, loss or harm;
- The compromising of the immediate safety a We Are Survivors client, staff member, contractor or volunteer; or
- Intelligence that is of importance to the ongoing safety of a We Are Survivors client, staff member, contractor or volunteer, or the community.

*Based on National framework for reporting and learning from serious incidents requiring investigation. Ref: 0974. March 2010rs.

2. Responsibility

It is the responsibility of all We Are Survivors staff, contractors and volunteers to handle all SUINMs as per point 3 of this policy; to accurately record all SUINM's as per point 4 of this policy; and follow all reporting procedures as set out in the SUINM Process Map (Appendix 1).

Upon the notification of a SUINM / 'Risk Alert', it is the responsibility of each individual staff member to make themselves aware of the risk via the 'Risk Register'.

It is also the responsibility of all staff, contractors and volunteers to check the 'Risk Register' at the beginning of every working day to ensure that personnel and client safety is upheld.

3. Handling a SUINM

The following process should be followed with all SUINM incidents within We Are Survivors:



a) Discovering a SUINM

Upon becoming aware of a SUINM, the staff member must inform another member of staff as no individual should deal with a SUINM independently or alone, in order to be able to manage the SUINM safely and effectively.

Immediate actions should be taken to ensure the safety of the client by following the SUIMN Process Map (see Appendix 1).

b) Reporting a SUINM

The Line Manager must be informed immediately of the incident to ensure that the correct governance procedures are followed and all staff needing to be informed are.

In the event of the Line Manager being absent, temporary delegation for SUINM management moves to the appropriate Services Director.

The Line Manager must inform the Services Director and Deputy Chief Executive Officer of the incident within 1 working day.

The Deputy Chief Executive Officer will decide if the Chief Executive Officer, Safeguarding Lead and Risk Governance Trustees need to be informed immediately. The Deputy Chief Executive Officer will add to the Exec Whiteboard for discussion/reporting at the next Exec Huddle.

c) Recording a SUINM

All SUINM incidents, intelligence reports (IR), etc relating to clients must be recorded on the Risk Register **immediately**, following the risk entry processes and reporting to Line Manager.

The Risk Register will auto-notify the relevant people within the organisation, depending on the SUINM 'Risk Type' as follows:

Risk Type	Auto-Notification of Risk Register Entry
Harm to Client	All staff
Harm from Client	All staff
Harm from Other	All staff
Child Safeguarding	All staff
ACCT	All OUT Spoken Staff, Criminal Justice Services Director, Deputy
	Chief Executive Officer
Intelligence Report	Leadership Team, Criminal Justice Services Director, Deputy Chief
	Executive Officer, Chief Executive Officer

All volunteers should be supported by a member of staff to complete the SUINM recording.

Examples of a SUINM to be recorded are (but not exclusively):

- A safety incident on outreach
- 'Spotting' new young people around the red light areas
- Receiving a 'dodgy' call on the helpline



- Concerns around a client's safety
- Known sex-offenders being regular seen in areas of concern
- Suicide or self-harm risk increase

A SUINM (pt1) should be completed by the member of staff raising the incident and submitted to the Line Manager.

The Line Manager should seek counsel from a member of the Executive Leadership Team – for OUT Spoken, Probation or PCOSO services, the primary contact is the Criminal Justice Services Director; for community based services, the primary contact is the Community Services Director.

In the event that either Director is unavailable, the Deputy Chief Executive Officer must be informed.

The Services Director must inform the Deputy Chief Executive Officer, who will register the SUINM on the Executive Leadership Strategic Matrix board, located in the Executive Office.

In the event of the Deputy Chief Executive Officer being absent, the Chief Executive Officer will take responsibility.

4. SUINM Governance Reporting

The Deputy Chief Executive Officer (or Chief Executive Officer in absence) will take the responsibility for initiating the governance reporting of any SUINM.

Where there is a reporting requirement of a contract, the Deputy Chief Executive Officer will report immediately to the Chief Executive Officer, then to the named Commissioner, Grant Manager, funder or named individual as per contract particulars, **within 24 hours of the SUINM incident**.

When appropriate, the Deputy Chief Executive Officer will also inform the Designated Officer / LADO (Local Authority Designated Officer) and any appropriate governing bodies and authorities.

Any SUINM which is designated a safeguarding concern must be referred to the Safeguarding Lead as standard.

If the SUINM involves harm caused by a staff member, the Chief Executive must immediately report to the Risk Governance Trustees via Risk Alert Text Group.

5. Learning from SUINM

We Are Survivors believes that all SUINM can provide the organisation with learning, to ensure that the same event does not occur in the future, and to better safeguard those engaged or working with the organisation.

We also believe that others, involved in the individual attached to the SUINM event, can take some learning and therefore, we aim to disseminate any learning to third parties, in line with the following We Are Survivors policies:

- Safeguarding Policy
- Confidentiality Policy
- Data Protection Policy



• Duty of Candour

Following a SUINM, the Services Director will complete SUINM RCA (pt 2) to provide the organisation with learning and provide evidence of learning to any commissioner or governance process personnel.

Submission of SUINM RCA (pt2) should be submitted to the Deputy Chief Executive Officer, Safeguarding Lead and Risk Governance Trustee(s) within 30 days of the incident.

Following agreement by the Deputy Chief Executive Officer and Chief Executive Officer, should then submit the SUINM RCA (pt2) to relevant commissioners / contract leads or Designated Officer / LADO (Local Authority Designated Officer).

All learning from SUINM is disseminated verbally at team meetings, and via 'read receipt' secure email to ensure that all staff are aware of learning and that We Are Survivors' 'no fault forward' ethos is maintained.

6. Governance of Learning from SUINM

A Risk Governance Sub Group meeting is held every quarter with the following members:

- Risk Governance Trustee (Organisational Risk)
- Risk Governance Trustee (Client Risk)
- Chief Executive Officer
- Deputy Chief Executive Officer
- Criminal Justice Services Director
- Community Services Director
- Operations Director

Minutes from the meetings stored in the Risk Governance drive and a summary is provided by the Risk Governance Trustees to all attendees at the following Board Meeting, recorded in Board Meeting minutes.

All Risk Governance Trustees have 'live' access to Client Risk Register to 'dip sample' and 'spot check' all SUINM processes and activity.

Risk Governance Trustees also receive a copy of the Organisational Risk Register at the start of every month by the PA to the Chief Executive Officer.

7. SUINM of Public Interest

If a SUINM is deemed as being of public interest the Chief Executive Must be informed immediately to ensure that an appropriate response is issued in a timely manner, and in line with the Duty of Candor Policy.

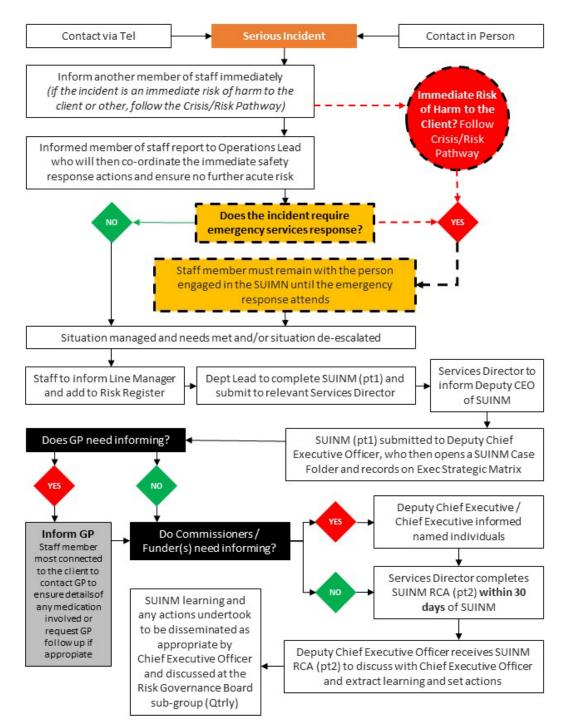
The Chief Executive Officer will discuss with the Chair of Trustees if any media statement should be issue, and only the Chief Executive Officer or Chair of Trustees are authorised to speak with the media.

The Chief Executive Officer can nominate another person to speak with the media if appropriate.



(Appendix 1)

SUINM PROCESS MAP





(Appendix 2)

SUINM RCA (ROOT CAUSES ANALYSIS)



SUINM RCA (Part 1)

Client URN			Client DO	В						
Gender		Ethnicity								
Relationship to Organisation										
SUINM Details										
Date of SUINM			Time of SU	Time of SUINM						
Location of SUIN	Μ									
SUINM Type	Actual	Actual Near Miss		Never Event Yes		Never Event No				
Description of SUINM (please provide brief summary of key points)										
Action Taken of SUINM (please provide brief summary of key points)										
Is the SUINM of I	Media Interest? (FA	O Chief Execu	tive Officer)	Yes	No	Unsure				
Outcome of SUINM (please provide brief summary of key points)										
Report Author				Date						
Date Reported		Rec	eived bv							



SUINM RCA (Part 2)									
Client URN		C	lient DOB						
Investigation									
Assessment of Initial Response:									
Effect of SUINM on	Client:								
Names of Professionals Involved:									
Were Family Inform	ned: Y N Met	thod:							
Findings / Conclusio	on								
Root Causes to SUII	NM:								
Lessons Learned:									
Recommendations:									
Investigator Date									
Date Submitted		Submittee	l to						