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## Governance Policy

# SUINM Policy

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## 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) or risk to individuals 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 or 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 of a We Are Survivors client, staff member, contractor or volunteer.
- Intelligence that is of importance to the ongoing safety of a We Are Survivors client, staff member, contractor, volunteer, or the community.

\*Based on the 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 'Risk Alert'/SUINM, it is the responsibility of each individual staff member to make themselves aware of the risk via the client 'Risk Register', held in the staff area of the website.

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. Managing 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 in order to be able to manage the SUINM safely and effectively, as no individual should deal with a SUINM independently or alone.

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**

A 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 to SUINM management moves to another Line Manager or if unavailable, the appropriate Director.

The Line Manager must inform their Director of the incident within 1 working day.

The Director will decide if the Deputy Chief Executive Officer needs to be made aware immediately or if it can be held for discussion at the Directors Huddle.

If immediate, then the Deputy Chief Executive Officer will decide if the Chief Executive Officer needs to be informed, especially if risk to reputation. If not, then it will be brought to the attention of the Chief Executive Officer at the following CEO Huddle.

It is the responsibility of the Chief Executive Officer to decide if any further knowledge escalation needs to happen to the Risk Governance Trustees, external commissioners, etc.

**c) Recording a SUINM**

All SUINM incidents, intelligence reports (IR), etc. relating to clients must follow risk entry processes and be reported to a Line Manager.

Following risk discussion, staff and the Line Manager should take further actions that must include whether an entry onto the formal risk register is to be made (via the secure ‘Staff Area’ of the website: [www.wearesurvivors.org.uk/staff-area/risk-register](http://www.wearesurvivors.org.uk/staff-area/risk-register)).

If the risk must be recorded on the Risk Register, this should be completed immediately; ensuring the entry includes ticking that discussions have been had with the 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 client facing staff
Harm from Client	All client facing staff
Harm from Other	All client facing staff
Child Safeguarding	Chief Executive Officer, Deputy Chief Executive Officer, all Executive Team, all Service Managers

ACCT	Criminal Justice Service Director, OUT Spoken Service Managers, OUT Spoken Senior Practitioners.
Intelligence Report	Criminal Justice Service Director, OUT Spoken Service Managers, Chief Executive Officer, Deputy Chief Executive Officer, all Executive Team

Permissions for auto-notify are held by the Operations Director; the risk register maintenance should be undertaken by Kodr; the email is maintained by YellowGrid.

A member of staff should support all volunteers 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

Once the staff member alerting the SUINM has entered details onto the Risk Register, the Line Manager must review and add comment *within 48 hours*, allowing for the risk process to happen and any actions to be made etc., ensuring accuracy.

Line Manager must inform their Director of the request to close within *5 working days*. If a risk entry is required being ‘left open’ for longer, it must be escalated to the Deputy Chief Executive Officer who may then discuss the SUINM with the Chief Executive Officer.

The Chief Executive Officer will then decide whether the SUINM needs to be included on the Organisational Risk Register (managed by the Chief Executive Officer).

The Director must close the risk when processes and outcomes are appropriately met and no further actions are required.

Accompanying inputting on the formal risk register, a SUINM RCA (pt1) (see Appendix 1) should be completed by the Line Manager of staff raising the incident and submitted to their Director.

The Line Manager should seek counsel from their Director and in the event that the Director is unavailable, the Deputy Chief Executive Officer must be informed.

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

#### **4. SUINM Governance Reporting**

The Chief Executive Officer will decide if the SUINM needs reporting externally and set a plan for who takes responsibility for speaking to the relevant commissioner, authority, etc.

Where there is a reporting requirement of a contract, the Deputy Chief Executive Officer will report immediately to the Chief Executive Officer who will decide on the course of action for the named

Commissioner, Grant Manager, funder or named individual as per contract particulars, **within 24 hours of the SUINM incident.**

When appropriate and upon the authorisation of the Chief Executive Officer or Board, 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
- GDPR & IG Policy
- Duty of Candour Policy
- Sexual & Domestic Harms Policy

Following a SUINM, the Director will complete SUINM RCA (pt 2) (see Appendix 1) to provide the organisation with learning and in the event of a need, can provide evidence of learning to any commissioner or governance process personnel.

Submission of SUINM RCA (pt2) (see Appendix 1) should be submitted to the Deputy Chief Executive Officer and Safeguarding Lead within 30 days of the incident.

A review of SUINM RCA (pt2) should take place and then once confirmed all facts are correct, the report should be submitted to the Chief Executive Officer, who will send to Risk Governance Trustee(s) as part of the governance process.

Upon authorisation of the Chief Executive Officer, the Deputy 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 Subgroup 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 will be taken by the PA to the Chief Executive Officer

The standing agenda is:

1. Org Risk Update (DC, JL)
2. Services/Client Risk Update (CS, CC)
3. Client Risk Scrutiny (AT)
4. Org Risk Scrutiny (KV)

Minutes from the meetings stored in the Risk Governance drive and a summary is provided by the Risk Governance Trustee(s) 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 Operations Manager & PA to the Chief Executive Officer.

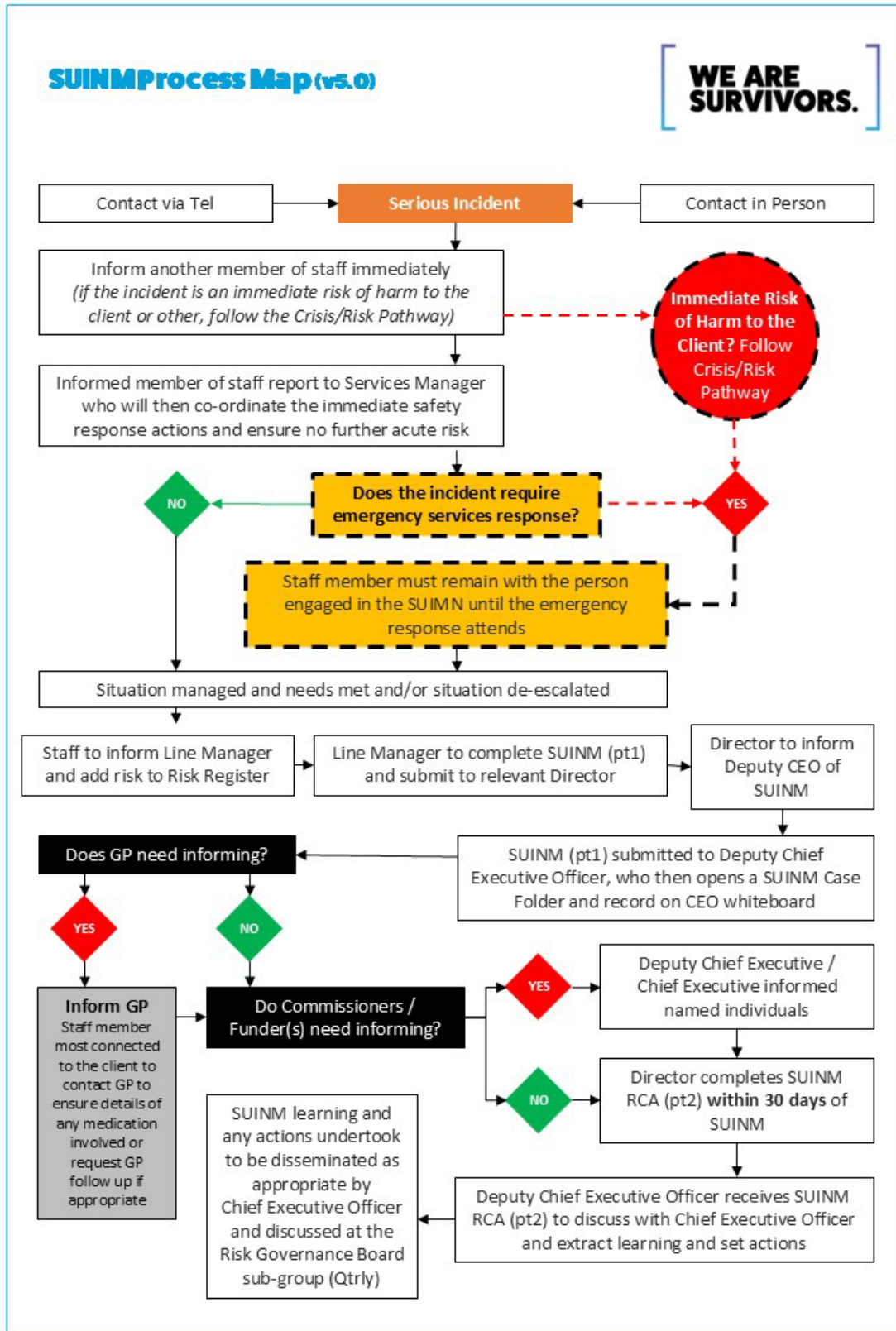
## **7. SUINM of Public Interest**

If a SUINM is deemed as being of public interest the Chief Executive Officer 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 issued, 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 Form

**SUINM RCA (ROOT CAUSES ANALYSIS)**

SUINM RCA (Part 1)					
Client URN				Client DOB	
Gender			Ethnicity		
Relationship to Organisation					
SUINM Details					
Date of SUINM				Time of SUINM	
Location of SUINM					
SUINM Type	Actual	Near Miss	Never Event Yes	Never Event No	
Description of SUINM <i>(please provide brief summary of key points)</i>					
Action Taken of SUINM <i>(please provide brief summary of key points)</i>					
Is the SUINM of Media Interest? <i>(FAO Chief Executive Officer)</i>	Yes	No	Unsure		
Outcome of SUINM <i>(please provide brief summary of key points)</i>					
Report Author				Date	
Date Reported			Received by		

SUIINM RCA (Part 2)				
Client URN			Client DOB	
Investigation				
Assessment of Initial Response:				
Effect of SUIINM on Client:				
Names of Professionals Involved:				
Were Family Informed:	Y	N	Method:	
Findings / Conclusion				
Root Causes to SUIINM:				
Lessons Learned:				
Recommendations:				
Investigator			Date	
Date Submitted			Submitted to	