# Incident Management
# Policy and Procedures (Northern Ireland)

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# 1. Introduction

Florence aims to ensure that we learn from all incidents or near-miss events which may have the potential to harm people or the business. Where possible Florence will aim to reduce or eliminate such incidents.

These measures provide internal assurance that quality and safety are improved wherever possible, and facilitate the company discharging its statutory and regulatory obligations in relation to incidents.

The investigation of an incident forms part of a wider strategy of risk management, which promotes making attempts to find out why an incident occurred, to reduce the risk of it occurring again.

This policy describes the processes which ensure that incidents are reported accurately and promptly; properly investigated; that lessons are learned, and improvements implemented.

# 2. Policy Statement

Florence recognises the importance of reporting all incident or near miss events as an integral part of its Quality Assurance and Risk Management strategy.

Florence is committed to ensuring the safety of all who use its services, to improve the quality of care delivered to service users and to ensure the safety of care professionals and members of the public.

No matter how minor an accident or incident is, Florence expects that it should be reported and recorded on the Incident Management System, which is a mandatory legal requirement.

Serious incidents should also be reported to the Health and Safety Executive (HSE) as required under legislative requirements, RIDDOR.

Florence will ensure that business wide learning and subsequent actions are central to our risk management approach, outlined in the Quality Assurance and Risk Management Policy.

The main objective of the Incident Management Policy is to define the procedures that must be used for the reporting, investigation and analysis of, incidents, adverse events and near misses.

This policy also describes the processes used for issuing warning letters to care professionals and how persistent offenders are removed from the Florence Platform where the risk becomes too great to continue working with them.

## 3. Scope

This policy and the procedures apply to all directors, managers and all employees including care professionals on Florence Platform.

This guidance applies to the Central Florence team and all care professionals signed up to and working through the Florence Platform.

## 4. Definitions, Roles and Responsibilities

**Accident –** an unfortunate incident that happens unexpectedly and unintentionally, typically resulting in damage or injury.

**Incident** –an unexpected event that causes or has the potential to cause harm to an individual, financial loss or damage to property of an individual or the business or a threat to business operations or business reputation.

**Near miss** – an unplanned event that did not result in the harm, but had the potential to do so.

**Care Professionals** - Anyone on the Florence platform that carries out work on behalf of Florence in other organisations, for example registered nurses and care assistants. They have the responsibility to comply with good governance standards by adhering to all policies, processes and systems by Florence.

**Central Team** - All direct employees of Florence that are not signed up to work on the Florence platform. They have the responsibility to comply with good governance standards by adhering to all policies, processes and systems by Florence.

**Chief Executive Officer (CEO)** has overall responsibility for risk management within the Company.

**Client** - an organisation or business that utilises Florence's services, for example, a care home, a hospital or domiciliary care provider.

**Employees** - everyone employed by Florence directly and indirectly, including care professionals using the platform and the central team. They have the responsibility

to ensure that they are aware of the requirements of this policy and to keep any personal data involving incidents confidential, in line with GDPR.

**Governance Lead (GL)** reports to Head of People Operations & Governance  is responsible for:

- ensuring that the incidents monitoring system is updated in a timely and accurate manner;
- monitoring the completion of actions identified during the investigation, and for 'closing' the incident record once the investigation is complete and lessons have been learned.
- monitoring incident  trends and escalating themes / trends identified to the Head of Nursing and Governance.

**Leadership Team** - comprises the most senior leaders in Florence, namely Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Technology Officer (CTO), Chief Revenue Officer (CRO), Chief Finance Officer (CTO), Chief Marketing Officer (CMO), Managing Directors and all other Heads of Department. All Leadership members have the responsibility to ensure:

- all policies, processes and systems are followed to a good standard of governance;
- to promote an open, honest and transparent culture whereby concerns can be raised and acted on as appropriate without fear of reprisal;
- Share learning within Florence

**Head of People Operations & Governance** - has responsibility for:

- Oversight of the incident management process;
- Reviewing incident report themes and trends and implementing business-wide actions, where appropriate, to address these;
- Ensuring that learning from concerns are  shared with the Florence leadership team and, where appropriate, care professionals on Florence Platform.
- Supporting users of the Florence platform who have been involved in complaints, in particular if the involvement of external bodies is required;
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**Regulation and Quality Improvement Authority (RQIA)** - is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

**Registered Manager for Northern Ireland –** is responsible for:
- reviewing incident report themes and trends and implementing Northern Ireland-wide actions, where appropriate, to address these;
- producing an annual report relating to the concerns raised and actions taken over a 12-month period.
- notifying the RQIA of any incidents that require notification in a timely manner, meeting the requirements

**Registered Person for Northern Ireland** -is responsible for ensuring that this policy and procedures is followed by reviewing monthly quality assurance reports.

**Service User** - a person who uses health and/or social care services. Sometimes known as a "patient", "person in care" or "resident of a care home".

## 5. Procedures

### Incident Reporting

The reporting of all actual and near-miss incidents is a key factor in facilitating business wide learning, which will consequently reduce the risk of a similar incident happening again if appropriate remedial actions are implemented.

Florence actively encourages all employees to report any incidents that they come across in their day-to-day work. Florence understands that to build an open and transparent culture it is preferable to over-report than under-report incidents and, as such, no employee will be disciplined for reporting incidents. However, employees should be mindful to use the appropriate reporting channel and use the Raising Concerns/Whistleblowing Policy if more appropriate.

Reporting an incident is not an admission of guilt. Mistakes and accidents are learning opportunities and individuals will be supported in undertaking training etc. to prevent them from happening again.

Before an incident is reported, action should be taken to ensure the immediate safety of people involved, and to preserve the scene of the incident, if necessary.

All incidents and near misses should be reported to the Governance team at Incidents@Florence.co.uk for recording on the incident management system.

Ideally the person to report an incident should be the person who was directly involved in or witnessed the incident first-hand. To report an incident, the reporter

needs to write a full and comprehensive account of the incident, sticking to the facts as the reporter understands them. Details of any immediate actions taken should be included, as well as events from the time that the incident occurred, to ensure that the details surrounding the incident are accurate.

## Incident Categorisation

Incidents are categorised as Low, Medium, High and Critical level based on impact on safety of service users, clients, employees or public; financial and reputational impact for the organisation.

Low level incidents are defined as:

- Incidents that have caused minimal injury, loss, disruption, requiring no /minimal intervention or treatment.
- Examples include:
    - Medication given but not signed
    - Care plan documentation error or omission
    - Using mobile phone on duty
    - Sleeping on shift (no harm occurred)
    - Care professional walking off shift (no breach of regulations)
    - Small financial loss
    - Rumours with potential for public concern

Medium level incidents are defined as:

- Incidents that have caused injury, illness, loss or disruption, requiring treatment or intervention.
- Examples include:
    - Administering time critical medication at the wrong time
    - Medication error or omission, resulting in potential harm
    - Moving and handling incident - alleged poor practice
    - Unexplained injury of service user
    - Failure to recognise deterioration
    - Hate speech/racism
    - Nurse walking off shift resulting in breach of regulations (no other nurse in the building)
    - Financial loss of 0.1 - 0.25 percent of budget. Claim less than £10,000.

- Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.

High level incidents are defined as:

- Incidents that have caused significant injury, illness, loss or disruption, requiring treatment or intervention by a third party.
- Examples include:
    - Medication overdose resulting in treatment by GP/paramedic
    - Allegation of abuse or neglect, escalated to police/safeguarding
    - Allegation of masquerading worker
    - Fraudulent references
    - Financial loss of 0.25–0.5 percent of budget. Claim(s) between £10,000 and £100,000. Uncertain delivery of key objective/loss of 0.5 - 1.0 percent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.
    - National media coverage,  service well below reasonable public expectations.

Critical level incidents are defined as:

- Incidents that have led to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of service users, clients or employees.
- Examples include:
    - Unexpected death of a service user
    - Alleged sexual assault or rape
    - Racially motivated attack
    - Gross failure of service user safety if findings are not acted on. Inquest/ombudsman inquiry.
    - Gross failure to meet national standards.
    - National media coverage with >3 days service well below reasonable public expectations. Total loss of public confidence.
    - Financial loss or claim(s) >£100k

## Internal Escalation

The Governance Lead should review all medium, high, and critical level incidents in

the first instance.

Incidents categorised as high or critical level require escalation by the Governance Lead as follows:

- For high-level incidents, inform the appropriate Managing Director and the Head of People Operations and Governance. If the incident is related to care or clinical practice, a clinical member of the governance team should also review it at the earliest stage.
- For critical-level incidents, escalate them to the leadership team via the Head of People Operations and Governance or CEO.

Immediately notify the Head of People Operations & Governance of any incidents involving potential referrals to professional bodies or regulators, or those involving the police or coroner.

For Scotland and Northern Ireland, inform the Registered Manager for the service of any issue involving a nurse.

## Incident Investigation

The aim of an investigation is to understand the circumstances which led to the incident occurring and to reduce the risk of such an incident happening again in the future. The lessons learned will be shared widely to ensure that each business area is able to benefit

The objective of an investigation is not to apportion blame. While a person may be held accountable for a violation, Florence recognises that errors do occur, and the investigation should support individuals where appropriate.

Incidents should be investigated initially by the Governance Support Manager without delay, to ensure the integrity of information as far as possible. The investigation should be aimed to be completed within 4 weeks of the incident occurring wherever possible and should address the following points:

1. Documentation of the outcome of the incident (i.e.. did the service user come to any harm and if so what harm?).
2. What actions can be implemented now to reduce the risk of a similar incident happening again (e.g. training for the care professional involved)

3. What wider actions can be implemented to reduce the overall risk of a similar incident happening for someone else (e.g., including a particular topic within training for all care professionals).

Written statements from the complainant will be requested if not initially provided to ensure that the correct individuals / incident description is obtained. Complainants will be reminded at weekly intervals to provide the written description of events.

The alleged perpetrator will be asked to provide a statement once the events are clear, statements should be provided using the Florence statement template. This must be dated and signed by the author, and should include their name and designation.

Statements will then be shared with the complainant/client and/or manager of the service where the incident took place and agreed actions will be implemented once the service manager has responded to the statements.

The client will be required to respond to the Governance Team once the statements have been received, they will be reminded to respond on a weekly basis until a response has been received..

If statements are not received in a timely manner - the alleged perpetrator will be reminded on three occasions on a weekly basis until the statement is received.

If the alleged perpetrator is a nurse and they have not submitted in a timely manner, this should be escalated to the Head of Nursing and Governance and a further email that references section 23 of the Professional Code of Conduct will be sent. This clause reminds all registrants that it is a breach of the Professional Code of Conduct not to engage with investigations in a timely manner.

Failure to engage with the above process may result in a referral to the NMC /NISCC/Access NI.

All incidents will be managed, monitored and reviewed to ensure that significant findings are acted upon to prevent recurrence.

Investigations may make use of some, or all, of the following techniques:

- Interviews (professional discussions) with concerned parties;
- Obtaining written witness statements;
- Photographs of the scene of the incident;

- Inspection of the location of the incident, including relevant equipment; and

- Comparison of actual events with local or Florence policies, where relevant.

## Riddor Reportable Incidents

Under the Reportable Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) the Head of People Operations & Governance / Chief Operating Officer is required to notify the Health and Safety Executive of RIDDOR-reportable incidents which occur while on Florence property. Further information can be found in the Health and Safety Policy.

This duty to report applies not only in the case of incidents affecting employees, but also to visitors to Florence property.

For individuals who are working in a care home setting the responsibility to report any incidents under RIDDOR lies with the Home Manager.

Only the Head of People Operations & Governance / Chief Operating Officer or Chief Executive should report Florence related RIDDOR incidents to the HSE.

Where an individual is absent from work due to injury caused by an incident, their absence (including sick pay) should be managed according to the Absence Management Policy.

Subject to any applicable statutory entitlement and to clause 7 and clause 8 of the care professional contract, the Temporary care professional is not entitled to receive payment from the Employment Business or the Client for time not spent working on the Assignment, whether in respect of holidays, illness or **absence for any other reason**, unless otherwise agreed.

## Closing Investigations

After thoroughly investigating incidents and taking all necessary actions, investigations can be closed. The Governance Team is responsible for confirming the actions taken with all relevant external parties in writing, including the reporter, service manager, appropriate witnesses, and safeguarding teams, as necessary.

It is important to inform all external parties of the actions taken and the investigation's closure to maintain transparency and accountability. The written

confirmation provided by the Governance Team serves as a record of the investigation, actions taken, and outcome. This record can be used to identify patterns, trends, and areas of improvement for future incidents or investigations.

If any party is dissatisfied with the actions or investigation, they should speak to the Governance Lead and/or raise a complaint using the Complaints Policy.

### Information Governance/Information Sharing

Any incident data provided to third parties must be anonymised or pseudonymised as described in the Florence Information Governance Policy.

Statements and any written accounts will be anonymised for the purpose of data protection, in conjunction with the IG Policy.

### Identifying Themes and Trends

The Governance Lead is responsible for reviewing incident reports on a monthly basis to identify themes and trends. If emerging themes and trends are identified, the Governance Lead will escalate them to the Head of People Operations & Governance and Registered Managers (NI) and suggest organisation-wide actions to address these issues.

Themes and trends are discussed at monthly Governance Team meetings and periodically at leadership team meetings.

## 6. Monitoring and Compliance

The policy will be reviewed after one year and thereafter every 3 years by the QGD or earlier if there are any changes in the legislation, registration requirements or Company policy.

The Head of Nursing and Governance will routinely review incidents, complaints, investigations, lessons learned and actions taken to ensure adherence to this policy.

| Date | Reviewed changes |
|------|------------------|
| 02/09/2024 | Change to reporting line for the governance team |
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## Appendix A - Policy Summary

**Things you should know:**

1. All incidents, no matter how insignificant they may seem, should be reported
2. All adverse events, incidents and near-misses will be investigated with a non-biased/"no blame" approach by Florence
3. Florence has a dedicated incidents support team that can be reached during office hours at [incidents@florence.co.uk](mailto:incidents@florence.co.uk)
4. Incidents that are categorised as "high" or "critical" will be escalated appropriately within the organisation.
5. Out of hours support is available to all care professionals on Florence App in the event of an emergency
6. All incidents are aimed to be investigated within 4 weeks of reporting
7. Florence monitors themes and trends of incidents and aims to implement any learning across the organisation

**Things you should do:**

1. Engage with investigation of incidents in an open and honest way
2. If you are asked to write a statement, you should be given an opportunity to review any documentation that may be appropriate to help with your recollection of the incident, for example care documentation or medication administration records (MAR).
3. Use the Statement Guide (appendix A) to write your statement, keeping it in line with GDPR requirements, keeping them factual and non-emotive.
4. If you are unhappy with the outcome of the investigation, please speak to the Governance Lead or raise your concerns using the Complaints Policy..