# Purpose

To provide clear guidance to staff regarding the capture, management and monitoring of incidents across the organisation and its contracted service providers.

# Scope

This policy applies to all staff dealing with incidents, including identified hazards and near misses, related to HNECC internal operations and contracted services.

For incidents or complaints that relate to a staff grievance, please refer to the HNECC's Internal Conflict Resolution Procedure.

# Policy Statement

This policy has been developed to provide an organisation-wide framework to ensure that incidents are captured, managed and monitored consistently and effectively, in line with legislative requirements.

# Key Requirements

## Risk Management Framework

By providing a framework and procedure that includes the management of incidents, near misses and related hazards, HNECC will:

- Manage and report all incidents in a timely and accurate manner

- Provide data to identify areas for service and / or systems improvement

- Measure performance / stakeholder satisfaction

- Provide a consistent approach to monitoring and reporting of incidents; and

- Quickly identify new risk areas and/or control strategies required.

## 1.    Mandatory Reporting

### SAC 1 and 2 Incidents

Mandatory Reporting to the Chair, CEO, insurance companies, Child Protection, ASIC etc. must apply as per the Incident Management Procedure.

Contracted providers are required to report any serious complaint or incident as per the policy: Serious Risk Event Reporting for Providers.

Where staff such as registered health professionals have a legal responsibility to report certain matters to statutory authorities, the legal responsibility takes precedence over this policy.

### Injuries to Workers

For injuries resulting in the lodgement of a workers compensation claim, the process outlined in WHS Injury Management and Reporting is to be followed and WorkCover is to be notified by the fastest possible means.

## 2.    Incidents involving Contracted Providers

Any serious adverse events occurrinig through the delivery of HNECC contracted services must be managed and reported in line with policy: Serious Adverse Event Reporting for Providers.

### 3. Confidentiality

All staff involved in the management of incidents must treat all information as confidential.

The source identity and any other private information will only be provided to those directly involved in the management of the incident. If the source is not the person directly involved/affected, no information resulting from the investigation is to be fed back to the source without the permission of the person directly involved/affected. The exception is if the person directly involved/affected was a minor in which case their parent or legal guardian can be given feedback.

Feedback will be de-identified when it is discussed in team meetings, transmitted in emails, and provided to Board Committees.

### 4. Response Times

To measure and report on HNECC 's performance in relation to the management of incidents, the following KPIs have been set:

- Percentage of incidents where the affected party has received acknowledgement of the incident within 5 business days (Benchmark 100%)

- Percentage of incidents resolved within 35 calendar days, ie finalised to the point where there is no further action to be taken by HNECC in relation to the affected party (Benchmark 90%).

### 5. Hazards / Near Misses

Hazards or Near Misses, for which there are no actual consequences, are to be assessed and acted upon based on potential consequences in accordance with the steps outlined in the Incident Management Pathway.

## Roles and Responsibilities

Any staff member can report an incident. Once reported, the online risk management system assigns the responsibility for management of the incident according to organisational structure.

Ultimately, the relevant Executive Manager is responsible for ensuring that the incident is being managed correctly and to ensure that any external reporting requirements in relation to individual incidents are met, eg DoH, HNEH, insurers.

The Risk and Compliance Manager is responsible for monitoring progress of incident management and reporting progress and outcomes to the Executive, SQP Committee and Board.

## References/Related Documents

1. HNECC documents:
   - Board Risk Oversight
   - WHS Incident Reporting Policy
   - Fair Treatment Procedure
   - Risk Management Policy
   - Complaints Management Policy
   - Serious Risk Event Reporting for Providers
   - Risk Management Framework
   - Clinical Governance Framework
2. External documents
   - AS/NZ ISO 31000 Risk Management Principles and Guidelines

## Resources

HNECC Risk Management Framework – User Guide - Incident Management

# Definitions

***Incident*** refers to all incidents, near misses and newly identified hazards

***Incidents*** include events or circumstances, which lead to unintended and/or unnecessary inconvenience, harm or upset to a person, to HNECC or its reputation.

***Hazards*** include any situation (including work practices and procedures) that may cause an incident to occur if left unchanged.

***Near Misses*** include any unplanned events that did not result in injury, illness, or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage.

***Line Executive Manager*** refers to the executive manager responsible for the portfolio, ie CEO or Executive Managers for Corporate Services; Health Planning and Performance; Quality, Commissioning and Improvement; and Practice and System Support.

***Line Manager*** refers to the direct report manager or team leader.

***A Grievance*** is a formal, itemised complaint to management regarding the mistreatment of one or more employees or the violation of the contract of employment or collective bargaining agreement.

# Document Control

| Policy Sponsor: | Risk and Compliance Manager |
|---|---|
| Distribution: | All staff |
| Policy Approved by: | Executive |
| Review Frequency: | Annual |
| Date Approved: | 23/09/2015 |
| Review Date: | 05/12/2021 |

# Revision History

| Version | Status * | Author | Date | Reason for amendment |
|---|---|---|---|---|
| V0.0 | Draft | Maureen Beckett | 12/08/2015 | |
| V1.0 | Approved | Maureen Beckett | 23/09/2015 | Approved by CEO |
| V1.1 | Reviewed | Maureen Beckett | 30/09/2016 | |
| V2.0 | Reviewed | Maureen Beckett | 13/02/2018 | Rewritten to agn with revised risk policies |
| V2.1 | Reviewed | Maureen Beckett | 28/05/2019 | Minor updates – SQP inclusion |
| V3 | Reviewed | Maureen Beckett | 05/12/2019 | Added Provider reporting, updated title |
| V3.1 | Reviewed | Maureen Beckett | 01/12/2020 | Rebranded, added provider reporting |

*Status: Draft/ Approved/ Amended/ Rescinded*

# Appendix 1: Incident Management Pathway

The following pathway outlines the process in the incident management process and is to be read in conjunction with the accompanying tables. Further details are provided in the HNECC Risk Management Framework.

| Stage | Description |
|---|---|
| **REPORT** the incident in Folio | • If the incident is received verbally or via email, the **staff member** will report the incident in Folio through the link on the website or the intranet on ChilliDB, and notify Direct Report. |
| **ASSIGN** responsibility | • The Risk and Compliance **Manager** will assign responsibility for managing the incident. Folio will send a notification to the relevant manager. |
| **ASSESS** incident rating | • The **manager** will assess the incident, complete a risk assessment matrix, and map out a plan to investigate the incident if required. . Escalate all High or Extreme incidents to the Executive Manager. |
| **NOTIFY** relevant senior staff | • The **manager** will notify the relevant senior staff according to the notifications requirements for the SAC level. CEO will notify Chair for all SAC 1 incidents. |
| **ACKNOWLEDGE** within 5 working days | • The **responsible manager** will acknowledge the incident in writing (email is acceptable) within five working days, outlining the process to be followed, including a reference number and contact details. |
| **INVESTIGATE** and act appropriately | • The **manager** will follow up with all parties to investigate the details to ensure a fair and independent review of the incident is undertaken and appropriate mitigations are implemented. |
| **RESPOND** with a clear decision | • The **manager** will communicate a clear decision to the parties within 35 working days (including options for internal or external review) then close the incident in Folio if no further review is necessary. |
| **FOLLOW UP** concerns & issues | • Where a incident is not resolved, a mediator can be appointed tp propose solutions. The **manager** will also consider any systemic changes in line with . |
| **REVIEW** systemic issues | • Where systemic issues have been identified, the Risk and Compliance **Manager** will ensure that these issues are resolved. |
| **REPORT** to Exec and Board | • The Risk and Compliance **Manager** will report all incidents to the Executive and SAC 1 and 2 incidents to the SQP Committee and Board. |

# Appendix 2: Incident Severity Assessment and Action

## Determine incident severity and assign SAC rating in Folio

Hazards or Near Misses are assessed and managed based on potential consequences.

| LIKELIHOOD | CONSEQUENCE RATINGS | | | | |
|---|---|---|---|---|---|
| | Minimum | Minor | Moderate | Major | Extreme |
| Almost Certain | SAC 3 | SAC 3 | SAC 2 | SAC 1 | SAC 1 |
| Likely | SAC 3 | SAC 3 | SAC 2 | SAC 1 | SAC 1 |
| Possible | SAC 4 | SAC 3 | SAC 3 | SAC 2 | SAC 1 |
| Unlikely | SAC 4 | SAC 4 | SAC 3 | SAC 2 | SAC 2 |
| Rare | SAC 4 | SAC 4 | SAC 3 | SAC 3 | SAC 2 |

## Determine notification, actions and follow up required based on incident severity

| Risk Rating | Action Required |
|---|---|
| SAC 1 Extreme | Critical, generally unacceptable, risk level requiring:<br>• Activity to be suspended until risk is reduced or exposure authorised by CEO<br>• Notify CEO and Chair immediately<br>• Detailed risk plan to reduce/ mitigate riskkMonthly review of control effectiveness<br>• Oversight by CEO<br>• Progress reported to Executive, SQP and Board |
| SAC 2 High | Tolerable risk level in some instances requiring:<br>• Detailed risk plan to reduce/ mitigate risk<br>• Risk review every six months and options to improve controls<br>• Oversight by Executive Manager with specific management responsibilities assigned<br>• Progress reported to Executive, SQP and Board |
| SAC 3 Medium | Broadly acceptable risk level requiring:<br>• General risk plan to mitigate risk<br>• Annual review of risk<br>• Periodic monitoring and improvement of controls to reduce risk where practicable<br>• Specified, documented management responsibilities |
| SAC 4 Low | Risk level is no major concern:<br>• Adequate systems and processes for managing risks in place<br>• Annual review of risk<br>• Management by routine procedures |