

RQIA Escalation Policy and Procedure

Policy type:	Operational
Directorate area:	All
Policy author/champion:	Hall Graham
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1 Introduction

RQIA provides independent assurance about the quality, safety and availability of health and social care services in Northern Ireland, while encouraging continuous improvements in these services and safeguarding the rights of service users.

This policy relates to the reporting and escalation by RQIA of concerns, direct allegations and/or disclosures, which have resulted, or are likely to result, in risk to patient safety and/or risk of service failure arising during inspections and / or reviews carried out by RQIA. It applies to both the statutory and independent sectors.

The policy outlines the process for assessment and categorisation of risk, and the procedure to be followed by staff/external reviewers who wish to alert senior management of concerns, direct allegations and / or disclosures. It also sets out the procedure to be followed when a matter requires attention by the organisation being inspected or reviewed, and where appropriate for notification to other organisations.

This policy should be read in conjunction with the RQIA Enforcement Policy and Procedure which outlines enforcement activity that may result from escalation of issues.

2 Scope of the policy

This policy applies to all staff employed by RQIA, and to those working on behalf of RQIA, including -

- mental health/learning disability team inspectors
- infection, prevention and hygiene team inspectors
- regulation directorate inspectors
- all external reviewers including peer, lay and expert reviewers
- RQIA Board members

For the purposes of this policy:

- a concern is any event or circumstance that has or could lead to harm, loss or damage to people, property, environment or reputation.
- a direct allegation is any claim or assertion made by an individual about another individual's action or behaviour, raised during the course of an inspection or review.
- a direct disclosure is any claim or assertion made by an individual about his or her own action or behaviour, raised during the course of an inspection/review.

3 Policy Statement

RQIA promotes an open and positive approach to the reporting and management of concerns, direct allegations and disclosures to:

- protect patients and clients from harm
- maintain standards
- manage risks appropriately
- minimise and/or prevent the recurrence of said event/s
- facilitate learning

RQIA Escalation Policy and Procedure is applicable in all key areas of work and delivery as follows.

3.1 RQIA Reviews

The RQIA review programme takes into consideration relevant standards and guidelines, the views of the public health care experts and current research.

During reviews, RQIA examines the organisation and/or the service/s provided, highlights areas of good practice and makes recommendations to the service/organisation under review.

Findings are reported and any lessons learned are shared across the wider health and social care sector.

3.2 Infection Prevention and Hygiene Inspections

Infection, prevention and hygiene inspections are part of an overall programme designed to reduce healthcare associated infections in Northern Ireland, and provide public assurance about services.

A rolling programme of announced and unannounced inspections in acute and non-acute hospitals in Northern Ireland has been developed to assess compliance with the Regional Healthcare Hygiene and Cleanliness Standards.

3.3 Regulation and Inspection

The Regulation Directorate is responsible for registering, inspecting and encouraging improvement in a range of health and social care services delivered by statutory and independent providers. These services are provided in accordance with The Health and Personal Social Services (Quality, Improvement and Regulation)(Northern Ireland) Order 2003 and its supporting regulations.

Regulated services include residential care homes, nursing homes, children's homes, independent health care providers, nursing agencies, adult placement agencies, domiciliary care agencies, residential family centres, day care settings and boarding schools.

3.4 Mental Health and Learning Disability

RQIA has a specific responsibility to assess mental health and learning disability services under the Mental Health (Northern Ireland) Order 1986, as amended by the Health and Social Care (Reform) Act (Northern Ireland) 2009.

RQIA has also been designated as a national preventive mechanism by the UK government under the Optional Protocol to the Convention Against Torture and other Cruel Inhuman or Degrading Treatment or Punishment (OPCAT) which aims to ensure the protection of the rights of those in places of detention.

4 Responsibilities

In line with the Scheme of Delegation for RQIA Policies, the RQIA Board has responsibility for the approval of the Escalation Policy. The RQIA Board will monitor escalation activity through the Chief Executive's Report to the Board and on the basis of an annual summary report of formal escalations.

The Chief Executive has responsibility for ensuring that the Escalation Policy is applied within the legislative framework and in a consistent manner. The Chief Executive will inform the RQIA Board of any formal escalation at the earliest available opportunity.

Directors will ensure that matters which require escalation are brought to the attention of the Chief Executive in a timely manner.

The Executive Team has operational responsibility for ensuring that the Escalation Policy and Procedure is applied appropriately at all times and escalation issues are managed appropriately in accordance with this policy. Directors are also responsible for:

- ensuring that where appropriate, issues are brought to the RQIA Serious Concerns and Complaints Group (SCCG)
- identifying trends and proactively minimising risk of further harm by informing external organisations as appropriate
- dissemination of learning to relevant staff, through the heads of programme/senior inspectors by relevant briefings / training as appropriate.

Heads of programme/senior inspectors have responsibility for ensuring that all relevant RQIA staff and external reviewers are aware of and adhere to this policy. They must ensure that staff and reviewers escalate concerns correctly and pass on concerns when appropriate to the relevant director. Heads of programme will also have responsibility for maintaining a list of all escalated concerns, direct allegations and/or disclosures. They are responsible for the dissemination of learning on behalf of RQIA. Inspectors/project managers have responsibility for adhering to the policy and ensuring that they raise any concerns, direct allegations and /or disclosures and escalate appropriately. They have responsibility for ensuring that all external reviewers also adhere to this policy.

5 Training

It is the responsibility of the heads of programme/senior inspectors to ensure that all RQIA staff members are aware of their duties and responsibilities in respect of the RQIA Escalation Policy and Procedure.

It is also the responsibility of the heads of programme/senior inspectors to ensure that all external reviewers are aware of their duties and responsibilities in respect of the RQIA Escalation Policy and Procedure.

6 Equality

This policy was equality screened on 10 April 2013 and was considered to have neutral implication for equality of opportunity. The policy does not require to be subjected to a full equality impact assessment.

7 Monitoring

The policy will be reviewed by the heads of programme/senior inspectors on behalf of RQIA.

8 Review

This policy will be reviewed in November 2016.

9 Procedure - Stages of Escalation

Appendix 1 contains specific advice for inspectors/project managers/reviewers on dealing with the initial disclosure/allegation.

The chart in Appendix 2 indicates the pathway to follow when dealing with concerns, direct allegations and/or disclosures.

If during the course of an inspection or review an inspector, project manager or external reviewer becomes aware of any issue which presents a risk to a service user, and has the potential to cause harm, they should inform the RQIA review team/inspection team lead immediately.

These issues are then graded in terms of severity and for agreement of actions to reduce/minimise further harm. This is to ensure that the most appropriate personnel are involved in managing the individual categories of concerns, direct allegations and/or disclosures. Issues may be categorised as minor, moderate or major.

Minor

If following risk assessment there is a minor risk to service users, the appropriate service provider is informed and a record is kept by the review/inspection team. The risk is dealt with at a local level at the time, and in the case of inspection is followed up through recommendations and requirements set out in a quality improvement plan.

Moderate

If following risk assessment there is a moderate risk to services users, the appropriate RQIA director is informed through the line management pathway. They will then contact the relevant service provider/ trust staff. An action plan and time frame for action is agreed and any necessary follow up considered.

Major

If following risk assessment there is a major risk to service users which has the potential to cause significant harm, and for which immediate remedial action is needed, as a first step, the relevant RQIA director is informed.

The director will inform RQIA's Chief Executive who will, in turn, bring the matter to the attention of the chief executive, registered person or responsible individual of the organisation concerned. This will be in the form of a letter of escalation, which will provide the necessary information and stipulate what action should be taken and within what timeframe, in order to remedy the situation.

All such letters of escalation will be copied to the chief executives of appropriate external organisations, for example, the Health and Social Care Board, Safeguarding Board Northern Ireland, and to the relevant officer at the Department of Health, Social Services and Public Safety. The RQIA Chairman and Board will be advised of all such matters at the earliest opportunity.

Inspectors and reviewers will need to use professional judgement, based on evidence and current best practice guidance, to categorise concerns and to determine the degree to which a risk presents an immediate or continuing threat to patient / client safety. All project managers, inspectors and external reviewers will discuss the nature and extent of the perceived risk with their team leader and/or line manager as part of the escalation policy flow chart.

The initial assessment of an incident may need to be carried out quickly, even when all relevant facts may not be immediately available. The decision whether to escalate a matter to director or chief executive level will be taken on the basis of the degree of risk and the likelihood of significant harm being experienced by patients and clients.

APPENDIX 1

Specific Advice on Dealing with Initial Disclosures/Allegations

- Always listen straight away to someone who wants to tell you about incidents, suspicions of abuse or other issues of concern.
- If possible, write brief notes of what they are telling you while they are speaking. These notes may help later if you have to remember exactly what was said.
- If you do not have the means to write a note at the time, complete a contemporaneous record of what was said as soon as possible afterwards.
- Keep the original notes.
- Do not give a guarantee that you will keep what is said confidential or secret. If you are told about concerns you have a responsibility to inform the right people in order to get something done about it.
- Explain that if you are going to be told something very important that has implications for patient safety, you will need to tell the people who can deal with it. However, you will only tell people who absolutely have to know. Also point out that you cannot offer help if you are not told.
- Do not ask leading questions that may suggest your own ideas of what might have happened. Simply ask “What do you want to tell me?” or “Is there something else you want to say?”
- If required, seek advice immediately from the senior inspector/line manager or head of programme who will ensure that the correct procedures are followed.
- Discuss with the person in charge or, if the concern is about the person in charge, with a responsible individual, or if the concern is about the responsible individual it should be brought immediately to the attention of the head of programme and the Director of Regulation and Nursing, to determine whether any steps need to be taken to protect the person who has brought the matter to your attention.

APPENDIX 2

Escalation Flow Chart

