## Risk and Incident Escalation Procedure

<table>
<thead>
<tr>
<th>Document reference number</th>
<th>QCCD 001</th>
<th>Document developed by</th>
<th>Quality and Clinical Care Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revision number</td>
<td>1</td>
<td>Document approved by</td>
<td>Director of Quality, Safety and Risk</td>
</tr>
<tr>
<td>Approval date</td>
<td>July 2010</td>
<td>Responsibility for implementation</td>
<td>All Health Sector employees</td>
</tr>
<tr>
<td>Revision date</td>
<td>July 2012</td>
<td>Responsibility for review and audit</td>
<td>Quality and Clinical Care Directorate</td>
</tr>
</tbody>
</table>
# Table of contents

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Purpose</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Scope</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Glossary of terms and definitions</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Roles and responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Procedure</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>References</td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>Appendices</td>
<td>10</td>
</tr>
</tbody>
</table>

Appendix I  Diagram summarising the HSE Risk or Incident Escalation Procedure
Appendix II  Signature sheet
1. Policy

1.1 The Health Service Executive (HSE) policy is that all agencies and services funded by the HSE must have in place policies, procedures protocols and guidelines (PPPGs) consistent with the HSE procedure in relation to the escalation of risks and incidents.

2. Purpose

2.1 The purpose of this document is to set out the HSE procedure for the escalation of risks and incidents. The steps that must be taken by each manager to escalate risks and incidents (as appropriate) that occur within their own service are outlined. The Director of Quality and Clinical Care is responsible for leading and working with other National Directors to embed this procedure throughout the HSE.

3. Scope

3.1 This procedure applies to all health sector employees. The risk and incident escalation procedure is not intended to replace routine local incident management and reporting, rather it is there to be used in circumstances where a national or integrated response is required to manage the issue. It is also designed to allow the HSE as a whole organisation to learn from risks and incidents, in order to prevent their recurrence.

4. Glossary of terms and definitions

4.1 “Risk” means the chance of something happening that will have an impact on objectives (AS/NZS 4360:2004).

4.2 “Incident” means an event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a person, and/or a complaint, loss or damage (WHO, 2009).

4.3 “Patient Safety Incident” means an event or circumstance which could have, or did lead to unintended and/or unnecessary harm to a patient (WHO, 2009).

4.4 “Serious Incident” means an incident which involved or is likely to cause extreme harm or is likely to become a matter of significant concern to service users, employees or the public (HSE, 2008).
5. Roles and responsibilities

5.1 Roles

- National Directors and line managers to ensure that employees are aware of this procedure
- National Directors and line managers to facilitate training for employees where necessary
- National Directors and line managers to ensure that employees comply with this procedure
- All employees to utilise this HSE Risk and Incident Escalation Procedure

5.2 Responsibilities

Local level

- Identifying and managing risks and incidents is primarily the responsibility of the local manager
- In accordance with the principle of local accountability, the local manager/service provider will be responsible for the management of risks and incidents in his/her area of responsibility
- The local manager will be supported in this regard by the local clinical governance committee and other relevant expertise (e.g. clinical director(s), quality manager, risk manager, service managers, complaints officers, finance, human resources, consumer affairs area managers etc) and in consultation with the regional clinical governance team as indicated by the risk or incident under review.

Regional level

- In accordance with the principle of regional accountability, the regional director of operations (RDO) will be responsible for the management of risks and incidents in his/her area of responsibility (including those which have been escalated to regional level). This will include the following:
  
  (i) Review of management plans
  (ii) Determination of the need to escalate the risk or incident to the National Incident Management Team (hereafter in this document referred to as the ‘NIMT’)
  (iii) Monitoring of the management plan to ensure its completion
  (iv) Determination of opportunities for shared learning
- The RDO will be supported in this regard by the regional clinical governance committee and other relevant expertise (e.g. clinical director(s), quality manager, risk manager, service managers, complaints officers, finance, human resources, consumer affairs area managers etc) and in consultation with the NIMT as indicated by the risk or incident under review.
National level

- Through the NIMT the Quality and Clinical Care Directorate (QCCD) and the Integrated Services Directorate (ISD) will maintain oversight of risks and incidents which have been assessed as requiring escalation to national level.

- The key responsibilities of the NIMT (through the co-chairs) are as follows:
  1. Report to National Directors, Risk Committee of HSE Board and DoHC.
  2. Overview of NIMT process.
  3. Review risks, incidents and associated management plans which have been escalated.
  4. Provide feedback and guidance on management plans, where appropriate.
  5. Ensure actions assigned to NIMT members/others have been closed out.
  6. Monitoring of management plans to ensure their completion.
  7. Determination of the need to escalate the risk or incident to the Serious Incident Management Team (SIMT).
  8. Where death or a serious incident relating to children in care or children known to the child protection system has occurred, refer (in conjunction with the Assistant National Director for Children and Families) to the chair of the HSE National Childcare Review Panel.
  9. Determination of opportunities for shared learning and service improvement.

- The co-chairs will be supported in this regard by the members of the NIMT and other relevant expertise e.g. (Care Group Assistant National Directors, Human Resources, Finance, Commercial and Support Services, Cancer Control Programme, Corporate Planning and Corporate Performance).
6. Procedure

6.1 Criteria for escalating risks and incidents

The following considerations influence the assessment that a risk may require escalation:

- Where risks have been rated as scoring 15 or greater (red risk) after risk assessment using the risk matrix outlined in the HSE’s Risk Assessment Tool

The following considerations influence the assessment that an incident may require escalation:

- Where an incident is rated major or extreme (red impact) using the impact table from the HSE Incident Management Policy and Procedure and where the existing controls mechanisms are deemed to be inadequate
- Where the incident has resulted in death and/or serious harm
- Where an incident results or may result in public safety concerns for staff, service users or others
- Where incident investigation indicates that a look back review is required
- Where incident investigation indicates that clinical/service performance review is required.

6.2 Procedure for escalating risks and incidents

Local level

- In conjunction with the local clinical governance committee the local manager will:
  
  (a) Assess the risk in accordance with HSE policies and procedures and ensure that relevant external notifications have been made
  
  (b) Investigate and manage the incident in accordance with HSE policies and procedures
  
  (c) Develop a local management plan
  
  (d) Determine if the risk or incident requires escalation
  
  (e) **If escalation is not required** - continue to manage locally
  
  (f) **If escalation is required** - advise the Regional Director of Operations (RDO) that a risk or incident requires escalation within 24 hours, submit the local management plan to the RDO and maintain local management responsibility unless otherwise directed.
Regional level

In conjunction with the regional clinical governance team and the relevant Care Group (CG) Assistant National Director (AND) the RDO will:

(a) Review the risk or incident and associated management plan

(b) Determine if the risk or incident requires escalation

(c) **If escalation is not required:**

   (i) Transfer documentation back to local manager (with feedback and guidance as appropriate)

   (ii) Adopt a regional monitoring and performance management role. The local manager may be instructed to submit further information, make some amendments to the management plan and report on progress within a specified time-frame

(d) **If escalation is required**, advise local manager, escalate risk or incident and associated management plan (forward relevant documentation to qsissues@hse.ie and make contact with one of the NIMT chairs if deemed necessary) and assume regional management responsibility unless otherwise directed. For example: where the incident has resulted in death and/or serious harm, this should be referred by the RDO to the NIMT within 48 hours of the death or incident occurring

(e) Where appropriate and in conjunction with the relevant CG AND, report as required to external stakeholders. For Example: where death or a serious incident relating to children in care or children known to the child protection system has occurred, this should be reported by the RDO to the Assistant National Director for Children and Families and referred to the NIMT as per (d) above. The AND is responsible for reporting the death or serious incident to the Health Information and Quality Authority’s Social Services Inspectorate (SSI) within 48 hours of the death or serious incident occurring.
National level

Through the NIMT, the Quality and Clinical Care Directorate (QCCD) and the Integrated Services Directorate (ISD) will maintain oversight of risks and incidents which have been assessed as requiring escalation to national level. The NIMT will:

(a) Receive information on risks and incidents which have been escalated through the line to national level or referred directly from other sources (e.g. HIQA, Media, DoHC, Service User, Clinical Indemnity Scheme, Office of the CEO, etc)

(b) Where information on risks and incidents has been referred from other sources, refer this information to the appropriate National Director or RDO with a request for a management plan to be developed and submitted to the NIMT, if deemed appropriate

(c) Review the risk or incident and associated management plan and make the following decisions:

(iii) The risk or incident is being managed appropriately, the documentation (with feedback and guidance on the management plan as appropriate) is transferred to the National Director or RDO

(iv) The risk or incident will be monitored by the NIMT. The National Director or RDO may be instructed to submit further information, make some amendments to the management plan and report on progress within a specified time-frame

(v) The risk or incident is escalated to the SIMT, the documentation is transferred to the SIMT and the RDO is informed. Note: It is the responsibility of the Director of Quality, Safety and Risk to make the final decision to escalate a risk or incident to the SIMT

(vi) Where death or a serious incident relating to children in care or children known to the child protection system has occurred, refer (in conjunction with the Assistant National Director for Children and Families) to the chair of the HSE National Childcare Review Panel. Note: It is the responsibility of the AND for Children and Families to refer a death or serious incident of this nature to the chair of the HSE National Childcare Review Panel

(d) Notify the office of the CEO, the risk committee of the HSE Board and the DOHC where appropriate

(e) Alert other service providers as appropriate

(f) Refer all relevant information to QCCD to identify trends and further opportunities for risk reduction and quality improvement nationally

(g) Review requests for independent advice/review, decide if independent advice/review is required, source the expertise and inform the RDO, National Director or Care Group Assistant National Director
7. References


8. Appendices

Appendix I  Diagram summarising the steps involved in the HSE Risk and Incident Escalation procedure

Appendix II  Signature sheet
Appendix I

Diagram summarising the steps involved in the HSE Risk and Incident Escalation Procedure

1. The risk or incident is being managed appropriately
2. The risk or incident will be monitored by the NIMT
3. The risk or incident is escalated to the SIMT
4. Where death or a serious incident relating to children in care or children known to the child protection system has occurred, refer (in conjunction with the Assistant National Director for Children and Families) to the chair of the HSE National Childcare Review Panel.

Notify the office of the CEO, the risk committee of the HSE Board and the DOHC where appropriate.
Alert other service providers as appropriate.
Refer all relevant information to QCCD.
Review requests for external advice/review.
Appendix II  Signature sheet

_I have read, understood and agree to adhere to the HSE Risk and Incident Escalation Procedure_

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Area of Work</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>