

Procedure for the Allocation and Support of SAI Chairs undertaking Level 2 or Level 3 SAI Reviews.

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1.0 INTRODUCTION / PURPOSE

1.1 Background

This procedure provides an overview of the process used to allocate SAI Chairs by Corporate Governance for those Serious Adverse Incidents (SAIs) that require Root Cause Analysis (RCA) Methodology (Primarily Level 2 SAI Reviews).

This document also outlines key responsibilities and points to consider associated with the set-up, support, completion and follow-up of these reviews.

SAI reviews should be conducted at a level appropriate and proportionate to the complexity of the incident under review.

In order to ensure timely learning from all SAIs reported, it is important the level of review focuses on the complexity of the incident and not solely on the significance of the event.

1.2 Purpose

This procedure outlines how SAI chairs undertaking Level 2 or 3 SAI reviews are allocated and supported across the Belfast Health and Social Care Trust (BHSC).

2.0 SCOPE

This procedure applies to BHSC staff involved in Serious Adverse Incident (SAI) Reviews including, SAI Chairs, Directorates and Corporate Governance.

3.0 ROLES/RESPONSIBILITIES

3.1 Corporate Governance

The Corporate Governance team has responsibility for overseeing the implementation of this policy across the Trust, including allocating and supporting SAI Chairs undertaking Level 2 Reviews.

Corporate Governance will oversee timelines for SAI Reviews in line with Regional HSCB Procedures, working with Directorates and SAI Chairs to review SAI reports prior to submission to HSCB.

3.2 SAI Chairs

It is the responsibility of individuals chairing an SAI Review to ensure:

- Co-ordination and chairing of meetings (in conjunction with identified panel members) to progress the review to a satisfactory conclusion.
- The review is completed within the scope of the Terms of Reference (ToR). When additional items are identified during the review the SAI Chair should bring them to the attention of the Commissioning Directorate for their consideration. Where changes are agreed by the Commissioning Directorate then an amended ToR will be submitted to Corporate Governance for review and onward processing to HSCB as appropriate.

- Escalation of identified professional concerns to Commissioning Directorate in a timely manner to allow action as appropriate.
- Escalation of immediate learning or action that needs taken, prior to approval of the final SAI report to ensure that further harm or reoccurrence is prevented.
- Commissioning Directorates are kept up to date on progress of the review via a previously agreed contact. This is especially important if there will be a delay in not meeting previously agreed timescales. This should support any updates required to be shared with the person identified to be the service user / family / carer Liaison officer.
- They are aware of what has been agreed as part of the Service User / Family Engagement Plan such as frequency of update agreed and ensure Liaison officer if separate to the review team is kept updated to allow this agreed engagement to be maintained.
- Any concerns emerging during the review process that may require prompt additional action should be fed back to the Commissioning Directorate at the earliest possible opportunity. (The Commissioning Directorate governance team should then ensure the relevant Director is informed).
- Obtain outside independent professional advice as and when required**.

***NB: Please note this will need approval from the Commissioning Directorate*

- Being Open process is applied.
- Any agreed recommendations / actions identified are clear.
- Oversight / Co-ordination of the preparation of a report that supports HSCB guidance.
- Where possible, a report is provided in a timely manner (as per HSCB guidance).
- A meeting occurs on behalf of the SAI review team with the Commissioning Directorate to discuss report prior to finalisation. (This is especially important in relation to any recommendations / actions identified)
- All relevant documentation, which supported the review, is provided to the Directorate on conclusion of the final report for filing.
- Directorates are provided with assistance in answering DRO queries as and when received, which relate to progress of an investigation or findings documented within the final report.
- The Trust is provided with assistance answering Coroner's Office queries relating to the findings identified as part of the review process.

If the SAI chair is external to the Trust for a Level 2 Review (ie sourced via the Leadership Centre or another approved external RCA provider, Corporate Governance will ensure a suitable Data Access Agreement is in place. NB if additional external resources is then subsequently sought by the Commissioning

Directorate, responsibility for completion of a separate Data Access Agreement(s) rests with the Commissioning Directorate)

3.3 Directors/Co-Directors/ Divisional Senior Leadership

Directors/Co-Directors/ Divisional Senior Leadership have responsibility for ensuring that SAI Review Reports are approved prior to submission to Corporate Governance prior to any peer review stage and also at final submission to HSCB* (**if a further update has been requested as part of the peer review process*).

3.4 Directorate Governance Managers

Directorate Governance & Quality Managers have responsibility for ensuring SAI reviews are commissioned in line with Director/Co-Director requirements with support from the Corporate Governance team.

4.0 KEY PROCEDURE PRINCIPLES

4.1 Definitions

Definition of a Trust Incident and of a Serious Adverse Incident can be found in the following documents on the BHSCT Hub:

- [BHSCT Incident Reporting Policy](#)
- [BHSCT SAI Policy](#)

Further information can also be found in:

- [HSCB Procedure for the Reporting and Follow-up of Serious Adverse Incidents \(Version 1.1, November 2016\)](#)

4.2 Principles

Whilst most SAIs will be subject to a Level 1 review, for some more complex SAIs, our organisation may instigate a Level 2 or 3 review.

Where a Level 2 is required the Commissioning Directorate will liaise with the Corporate Governance team to identify an appropriate SAI Chair in line with HSCB Regional procedures.

(Where a Level 3 is required the Commissioning Directorate usually Director will need to liaise with the HSCB to identify both an appropriate SAI Chair and review team in line with HSCB Regional procedures).

4.3 Steps Pre-Allocation of SAI Chair

4.3.1 Any adverse incident that meets SAI criteria should be reported **within 72 hours** of the incident being discovered using the HSCB Regional SAI Notification Form. Director approval* (*or nominated deputy) would be required.

4.3.2 Depending on the incident, the Commissioning Directorate as part of the notification process will determine the level of review required.

Note: When a Level 2 or 3 review is instigated following notification of a SAI, our organisation is expected to inform the HSCB within 4 weeks, of the Terms of Reference (TOR) and Membership of the Review Team.

- 4.3.3 Directorates that have identified a SAI that requires a Level 2 review will make contact with Corporate Governance using the SeriousAdverseIncident@belfasttrust.hscni.net mailbox requesting for a SAI Chair to be identified making reference to the specific SAI.

For Clinical Directorates this will be usually completed via the Directorate Governance Manager.

4.4 Steps for Allocation of SAI Chair

- 4.4.1 Following the request to identify an SAI Chair, Corporate Governance will review the incident. Using the database of staff trained in RCA methodology (Including the Medical / Dental Chairs) Corporate Governance will then identify someone to provisionally complete outside the Directorate where the incident occurred.
- 4.4.2 Corporate Governance will make contact with proposed SAI chair to check availability and to discuss incident. This will be progressed as soon as possible, but no longer than within 2 working days* of request being received by Corporate Governance.
- 4.4.3 In the event of the initially identified chair not being available to meet the required timelines due to availability Corporate Governance will return to the database of trained staff and identify a further name. This process will be repeated until an available chair is identified.
- 4.4.4 When the list of available BHSCT trained staff has been exhausted and no available chairs are remaining, then the Corporate Governance team will approach external sources for SAI Chair support on agreement from the Commissioning Directorate.

Where SAI Chairs are sourced externally via Corporate Governance then a SLA and Data Access Arrangement will be checked prior the review commencing. If absent Corporate Governance will progress with the relevant organisation / individual

- 4.4.5 Records will be maintained by Corporate Governance in relation to what SAI chairs have been contacted and who has completed reviews to date. Updates on SAI chairing will be provided to the SAI Review Group as and when required.

4.5 Steps Post-Allocation of SAI Chair

- 4.5.1 Corporate Governance via SAI mailbox will confirm SAI chair to relevant Directorate.
- 4.5.2 The Directorate must arrange a meeting with the identified chair as soon as possible. (This may be facilitated by Director, Co Director, Service Manager or Directorate Governance & Quality Manager).
- 4.5.3 At the meeting referred to above the following will be discussed:
- Overview of incident
 - Required timelines (to support HSCB guidance)

- Admin support to be provided* (**This should be facilitated via Directorate where SAI originated*)
- Link person for additional queries / support (*If not the person listed above*)
- How service user / family / carer will be updated and by who
- Identification of additional panel members.
- Draft Terms of Reference

NB: Timelines for SAI Reviews are outlined in the HSCB Regional Procedures on the HUB link below:

<http://intranet.belfasttrust.local/directorates/medical/riskgovernance/Pages/Corporate%20Governance/Serious-Adverse-Incidents0911-9361.aspx>

4.5.4 Chair in conjunction with panel to agree draft ToR with Commissioning Directorate..

NB: Depending on who has commissioned the review this may be via a Director, Co Director, Service Manager or Directorate Governance Manager.

4.5.5 Once the ToR has been agreed this will be sent to Corporate Governance via the Directorate for onward sharing with HSCB.

NB: For Clinical Directorates this will be completed by Directorate Governance & Quality Managers.

4.6 Set-up of SAI Review Panel

4.6.1 A panel will be set up after initial meeting with Commissioning Directorate. Depending on the incident, the Commissioning Directorate will assist in the identification of admin support for panel members.

NB: For Level 2 ToRs Review Team membership will be approved by the DRO / HSCB.

4.6.2 Agreement will be completed between identified SAI Chair and Commissioning Directorate on the method of identifying and informing other team members.

4.6.3 Agreement will be reached between the identified SAI Chair and Commissioning Directorate on individual assigned for service user /family liaison.

4.6.4 Commissioning Directorate will identify admin support for the purposes of the SAI Review. Admin support will be provided with regards to setting up meetings, note taking and other general secretarial duties as required.

4.7 Update on SAI Review progress

SAI chairs will be expected to provide regular updates to an agreed contact on review progress, including engagement with the service user / family in line with agreed engagement plan / HSCB guidance

Where immediate learning / action is identified then it must be escalated to the Commissioning Directorate / Corporate Governance in a timely manner to ensure that no further harm or reoccurrence. Note learning may be Regional. If so

Directorate Governance teams should be contacted to ensure the correct procedure is followed to flag Regional learning at the earliest opportunity.

In the event of a significant delay being encountered the Commissioning Directorate must be informed (by the agreed contact) at the earliest possible stage.

4.7.1 Timelines for Level 2 (RCA) SAI Reviews

For those SAIs where an RCA is instigated immediately, sections 2 and 3 of the RCA Report, outlining ToR and membership of the review team, are expected to be submitted no later than within 4 weeks of the SAI being notified to the HSCB.

RCA review reports must be fully completed using the RCA report template and are expected to be submitted to the HSCB 12 weeks from the SAI being notified to the HSCB.

Action plans should be completed and submitted to Corporate Governance as close as possible to submission of final SAI report.

4.7.2 Timelines for Level 3 (Independent) SAI Reviews

Timescales for completion of Level 3 reviews will be agreed between the reporting organisation and the HSCB/PHA DRO as soon as it is determined that the SAI requires a Level 3 review.

Action plans should be completed and submitted to Corporate Governance as close as possible to submission of final SAI report.

4.7.3 Exceptions

In most circumstances, all timescales for submission of reports must be adhered to. However, it is acknowledged, by exception, there may be occasions where a review is particularly complex, perhaps involving two or more organisations or where other external organisations such as PSNI*, HSENI etc.; are involved in the same review. In these instances the reporting organisation must provide the HSCB with regular updates. This would be co-ordinated between the Directorate and Corporate Governance, who then in turn would inform the HSCB. *In some of these cases (such as PSNI involvement) if a SAI Review cannot proceed the HSCB so long as they are informed can pause the clock on these reviews and will recommence when the SAI Review can commence / re-commence.

NB: If the SAI is linked to Child & Adult Safeguarding and / or PSNI investigations this potentially may impact the SAI Review process. Further clarification should be sought from relevant Directorate.

4.8 Agreement of Identified Learning / Actions

Prior to the report being finalised a meeting must be set up between the SAI Chair and the Commissioning Directorate.

Key learning / actions should be discussed and agreed to ensure appropriate wording prior to finalisation of the document. This should be factored into the overall timelines to assist BHSCT meeting the HSCB timelines.

4.9 Submission of Draft SAI Report

After meeting with Commissioning Directorate (as outlined above), a draft copy should be sent to relevant Director/Co-Director for review / approval prior to submission for peer review organised by Corporate Governance. This review / approval should be factored into the overall timelines to assist BHSC meeting the HSCB timelines.

Any notable changes to the report made after the SAI Review team have submitted to the Commissioning Directorate should be communicated back to the SAI chair.

SAI Reports for Level 2 reviews will undergo a Peer Review process involving usually a Clinician and Manager independent to the Commissioning Directorate. This may be completed via a desk-top review approach or when required a meeting will be set up with the SAI Chair and SAI Review team to discuss any report queries raised.

4.10 Final Directorate Review of SAI Report

Following completion of the peer review process the Commissioning Directorate will have a final review of the draft / amended SAI Report for approval prior to submission to Corporate Governance for onward sharing with the HSCB.

4.11 Submission of Final SAI Report

Commissioning Directorate will send the final SAI report to Corporate Governance for onward sharing with the HSCB. This should be accompanied with the relevant service user / family engagement checklist (as per HSCB guidance) and SAI Report Key.

4.12 SAI Chair Peer Review Group

To assist BHSC strengthen existing arrangements and identify improvement opportunities a Peer Review Group will be set up by BHSC. Co-ordination will be via the Medical Directorate. All Chairs who have completed a SAI since the last meeting would be requested to attend, or nominate a panel member to present any key findings from their SAI.

4.13 Designated Review Officer (DRO) Queries

A DRO is a senior professional/officer within the HSCB / PHA and has a key role in the implementation of the SAI process namely. From notification of a SAI to the HSCB, until closure post receipt of the final report, queries linked to the SAI can be received. The DRO query will be shared via Corporate Governance to the Commissioning Directorate. The SAI chair may be asked to provide additional information. This would then be shared back via the Commissioning Directorate before approval to send to Corporate Governance for sharing with the HSCB.

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

Following approval, this procedure will be disseminated to staff across the Trust involved in or with responsibility for SAI Reviews including Directors, Co-Directors, Directorate Governance Leads and SAI Chairs.

NB: This procedure will also be included as part of standard templates provided when and email request for SAI Review is issued to a Commissioning Directorate via the BHSCT SAI mailbox.

5.2 Resources

Directors are responsible for ensuring that staff involved in SAI Reviews in their Directorates have awareness and understanding of this procedure.

5.3 Exceptions

Staff not involved in SAI Reviews.

6.0 MONITORING

This procedure will be monitored and reviewed annually by the BHSCT Governance Forum.

7.0 EVIDENCE BASE / REFERENCES

HSCB/PHA Regional Procedure for the Reporting and Follow-up of SAIs
<http://intranet.belfasttrust.local/directorates/medical/riskgovernance/Pages/Corporate%20Governance/Serious-Adverse-Incidents0911-9361.aspx>

8.0 CONSULTATION PROCESS

BHSCT Governance Forum

9.0 APPENDICES / ATTACHMENTS

N/A