

Nomination and Role of an HSCB/PHA Designated Review Officer (DRO)

Revised: September 2011

Background

The requirement on HSC organisations to routinely report SAIs to the Department of Health, Social Services and Public Safety (DHSSPS) ceased on 1 May 2010. From this date, the revised arrangements for the reporting and follow up of Serious Adverse Incidents (SAIs), supported by the PHA and working closely with the RQIA.

Role of the HSCB/PHA

1. Be satisfied that the reporting Trust/organisation has considered all relevant issues and is taking reasonable steps to resolve those in a timely manner.
2. Facilitate cross-organisation working as required.
3. Consider provision of any additional resource or facilitation to resolve the immediate issues.
4. Identify any medium/long term strategic issues which contributed to the incident and that need to be addressed, and communicate these to the relevant commissioning service team.

In April 2010 the HSCB issued the procedure for the Reporting and Follow up of SAIs for full implementation on 1 May 2010. The procedure provides guidance to Health and Social Care (HSC) Trusts and HSCB Integrated Care staff in relation to the reporting and follow up of SAIs arising during the course of business of a HSC organisation/Special Agency or commissioned service. The procedure also detailed internal processes in relation to the nomination of DROs from both the HSCB and PHA.

Role of the DRO

The DRO will discharge the HSCB/PHA role with support from relevant colleagues.

DRO will:

- Check where appropriate immediate that actions have been taken.
- Take further immediate action at the request of the Lead Officer or Director.
- Provide professional advice and support.
- Escalate concerns/issues as necessary to the Director and onwards to the respective Chief Executive as required.
- Present information on patterns/trends and/or learning opportunities to the Regional SAI Group.

Process

Since the implementation of the new procedure a number of meetings have been held with DROs in order to streamline the system for designating a DRO to a SAI. The reason being, structures within both the HSCB and PHA are now embedded and the system for reviewing SAIs is now more focused on regional working rather than by local office. In addition, the administration of the SAI system will no longer be carried out in each of the four local offices and will instead be managed centrally.

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The following protocol details the systematic approach in relation to the nomination of a DRO to a (SAI) and process that follows until such time as the SAI can be closed.

Protocol

(A flowchart reflecting each step is over page)

- SAI notified to Gov Dept by Trust /Integrated Care
- Gov Dept :
 - Forwards SAI to regional leads as per Regional DRO Listing (appendix 1)
 - Copies SAI to relevant Directors as per above listing
 - Acknowledges receipt of report to Trust/Integrated Care and advises on date for submission of investigation report
- Regional Leads will consider SAI and if they consider it to be of major concern they will liaise immediately with their director with a view to bringing it to the attention of the Chief Executive.
- Regional Leads will nominate a DRO (this may be one of them or another member of staff from within their programme of care / area of specialism).
- Regional Lead (in most circumstances) will confirm to Governance Dept the name of DRO assigned to SAI.
- Where a regional lead has nominated a member of their staff as DRO, the Governance Dept will forward SAI form to identified person.
- If required the DRO will liaise with the Trust regarding any immediate actions that may be required pending receipt of the investigation report. This will be carried out in conjunction with the Governance Dept.
- Governance Dept will update DATIX accordingly.
- Governance Dept will liaise with Trust/Integrated Care with regard to investigation report deadlines ie. reminders, approval of extensions etc.
- Trust / Integrated care submit investigation report to serious.incidents (Government Dept)
- Governance Dept forward report to DRO
- DRO will liaise with other professional leads, including RQIA (where relevant) on receipt of investigation report
- If DRO and professional leads are not satisfied with report, DRO will request additional information from Trust/Integrated Care until adequate assurance is provided
- DRO and professional leads are content to close SAI in line with HSCB/PHA 'Criteria for Closing SAIs' (appendix 2).

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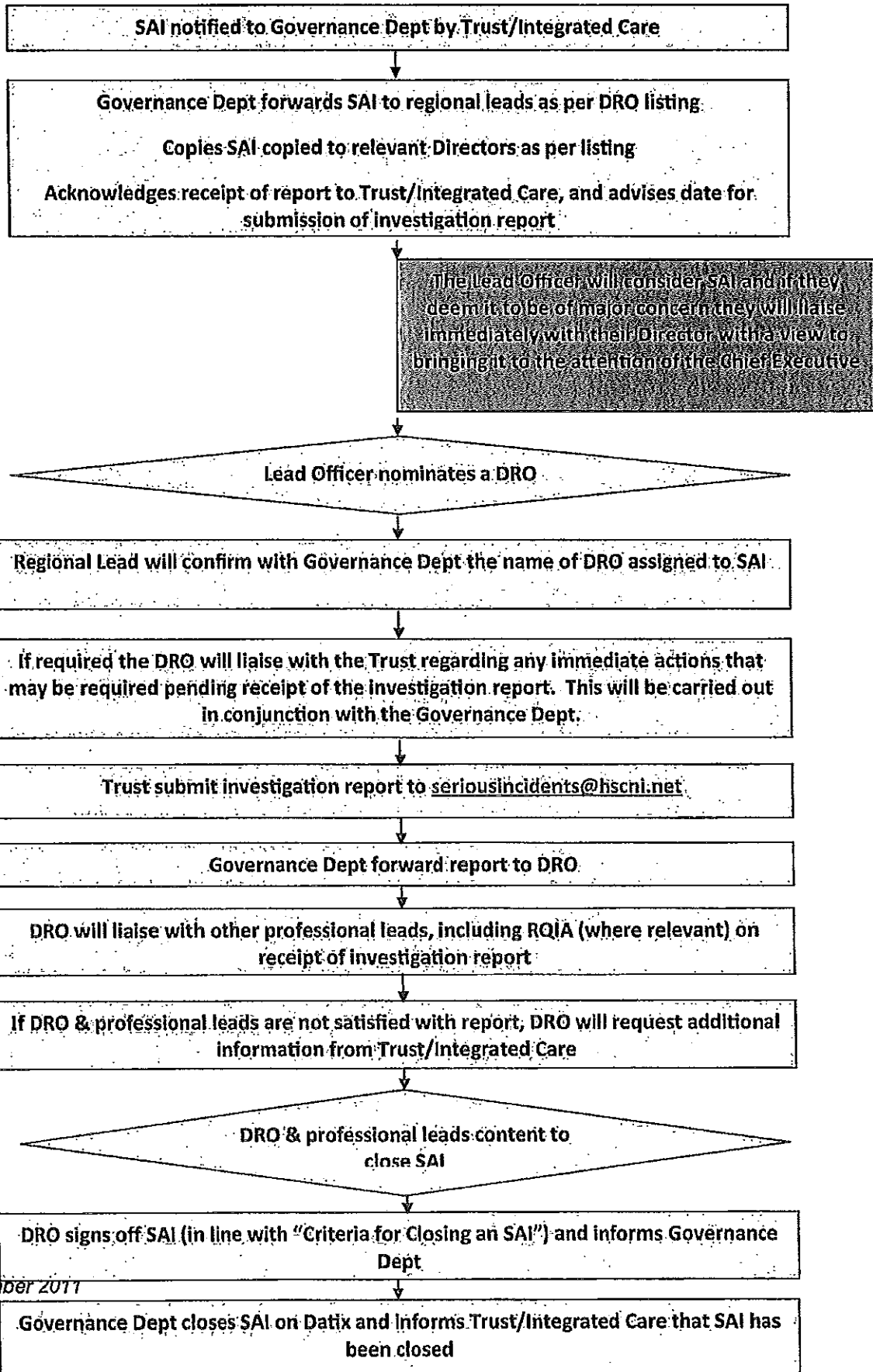
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- DRO signs off SAI and informs Governance Dept
- Governance Dept closes SAI on DATIX and informs Trust/Integrated Care that SAI has been closed
- In particularly complex or high profile incidents, the HSCB and PHA may need to establish an internal incident team chaired at AD or Director level. The team would oversee the incident by receiving updates from, and meeting with the Trust.

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SAI Process Flowchart



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REGIONAL LISTING NAMES OF SAI LEADS FOR NOMINATION OF DRO NAMES OF RELEVANT DIRECTORS TO RECEIVE COPY OF SAI		
PROGRAMME OF CARE	LEADS	COPIED TO
Acute Services & Specialist Areas	Lead Officer North Dr Heather Reid Lead Officer South Dr Diane Corrigan Lead Officer East Dr Paul Darragh Lead Officer West Dr Caroline Mason	Dr Carolyn Harper Mrs Mary Hinds Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy
Family & Childcare (Child Protection)	Regional Lead HSCB Mr Tony Rodgers Regional Lead Nurse PHA Ms Deidre Webb	Dr Carolyn Harper Mrs Mary Hinds Mrs Fionnuala McAndrew Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy Briege Quinn to be copied into all CAMHS SAIs
Mental Health / Learning Disability	Regional Lead SW HSCB Mr Aiden Murray Regional Lead Dr PHA Dr Gerry Waldron Regional Lead Nurse Mrs Molly Kane	Dr Carolyn Harper Mrs Mary Hinds Mrs Fionnuala McAndrew Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy Briege Quinn to be copied into all CAMHS SAIs
Maternity/Child Health/Acute Paediatrics	Regional Lead Dr PHA Dr Fiona Kennedy Regional Lead Nurse Ms Denise Boulter Regional Lead SW HSCB Mr Tony Rodgers	Dr Carolyn Harper Mrs Mary Hinds Mrs Fionnuala McAndrew Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy

PROGRAMME OF CARE	LEADS	COPIED TO
Elderly	Regional Lead SW HSCB Mr Kevin Keenan Regional Lead Dr PHA Dr Paul Darragh Regional Lead Nurse PHA Ms Slobhan McIntyre	Dr Carolyn Harper Mrs Mary Hinds Mrs Fionnuala McAndrew Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy
Physical and Sensory Disability	Regional Lead SW HSCB Mr Kevin Keenan Regional Lead Dr PHA Mr Paul Darragh Regional Lead Nurse PHA Mrs Molly Kane	Dr Carolyn Harper Mrs Mary Hinds Mrs Fionnuala McAndrew Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy
Independent Service Providers (Acute)	Regional Lead Dr PHA Dr Paul Darragh Regional Lead Nurse PHA Ms Rose McHugh	Dr Carolyn Harper Mrs Mary Hinds Dr Janet Little Mrs Pat Cullen Mrs Mary McElroy
Prison Health	Regional Lead SW HSCB Mr Aiden Murray Regional Lead PHA Dr Paul Darragh Regional Lead Nurse PHA Mrs Molly Kane	Dr Carolyn Harper Mrs Mary Hinds Dr Janet Little Mrs Pat Cullen Dr Sloan Harper Dr Margaret O'Brien Mrs Mary McElroy
Corporate Business	Mr Michael Bloomfield Mrs Mary Hinds	Mrs Pat Cullen Mrs Mary McElroy

INTEGRATED CARE		
PROGRAMME OF CARE	LEADS	COPIED TO
GMS	Dr Katherine MacLurg	Dr Sloan Harper Dr Margaret O'Brien Mrs Mary McElroy Mrs Mary Hinds Mrs Pat Cullen
Pharmacy	Ms Brenda Bradley	Dr Sloan Harper Mr Joe Brogan Mrs Mary McElroy Mrs Mary Hinds Mrs Pat Cullen
Optometry	Ms Margaret McMullan	Dr Sloan Harper Professor Jonathan Jackson Mrs Mary McElroy Mrs Mary Hinds Mrs Pat Cullen
Dentistry	Ms Judi McGaffin	Dr Sloan Harper Mr Michael Donaldson Mrs Mary McElroy Mrs Mary Hinds Mrs Pat Cullen

A DRO can close an SAI when it meets one of the following three criteria:

1. An independent evaluation/review of the investigation report received from the reporting organisation has been undertaken by a nominated HSCB/PHA Designated Review Officer (DRO) in conjunction with other officers/professionals (including RQIA) where relevant.

Prior to closure the DRO must be satisfied that:

- o Format and content of report is in line with regional template
- o Investigation has been carried out appropriately by reporting organisation
- o All reasonable steps have been taken to prevent recurrence.
- o Recommendations and actions are appropriate
- o Any queries arising from investigation report have been resolved including confirmation of how local learning has been disseminated
- o Where learning is identified regionally DRO will refer to the Regional SAI Review Group
- o Where performance mechanisms are required to monitor recommendations, DRO will refer to performance monitoring framework

Other specifics of independent evaluation/review DRO may wish to consider are:

- *Organisation has confirmed that it has discharged all statutory requirements.*
- *Organisation has confirmed that all necessary safeguarding requirements associated with the incident are in place.*
- *Any compensation claim/complaint available in respect of those involved in the incident has been pursued by the reporting organisation.*
- *Organisation confirms details of any disciplinary action arising from the incident*

2. DRO has been informed the SAI has transferred to another relevant investigatory process ie.

- Case Management Review,
- Public Inquiry
- Independent Expert Inquiry

3. Following initial notification DRO is advised by reporting organisation that following preliminary investigations, incident is no longer considered a serious adverse incident (SAI). DRO will consider in conjunction with other officers/professionals, requesting additional information from reporting organisation if necessary; prior to de-escalating SAI and closure.