



ESCALATION & DE-ESCALATION PROCESS:

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Serious concerns including performance, patient outcomes, clinical incidents, complaints or provider reviews



“On behalf of Health Boards, to ensure equitable access to safe, effective, and sustainable specialised services for the people of Wales.”

Escalation & De-escalation Process

The WHSSC escalation and de-escalation process provides a clear methodology by which providers and the organisations understand the reporting mechanisms, early identification of issues and the actions required to find a joint resolution. This process should not be seen purely as a punitive one but a means by which problems are identified as early as possible with the aim that support and partnership working will lead to an improvement in the service commissioned.

Key principles underpinning the escalation and de-escalation process will be:

- **Transparency & Engagement:** WHSSC will be transparent regarding the stage of the process and engage with the providers, working in partnership to identify the next steps and the timescales involved.
- **Effective governance:** Assurance around the later stages of escalation and any negotiated contractual realignment imposed on provider organisation will be detailed and addressed with the provider. They will be reported through the WHSSC reporting structures outlined in the document
- Where appropriate Welsh Government will be notified following the *Guidance on the reporting and handling of serious incident and other patient safety concerns / no surprises*.

The following section sets out the process in place to review commissioned services and the steps in the escalation and de-escalation process in both identifying and responding to serious issues affecting Commissioned services. It aims to support services by ensuring that potentially serious issues are identified as early as possible and addressed effectively. De-escalation is equally as important in order to recognise actions taken to improve services and lessons shared where appropriate.

The process reflects how information will be exchanged and used in a timely manner, the triggers and prompts for escalation and intervention, and who will undertake those actions. It further builds on and enhances arrangements already in place to share information and performance. It aims to manage risks and operates within the WHSSC Commissioning Assurance Framework to compliment the suite of documents.

The following sources of evidence will be scrutinised and where concerns are identified the escalation process will be triggered:

- Performance monitoring: This includes data such as Referral to Treatment Times (RTT), and maintenance of cancer treatment targets.
- Routine process indicators: This includes length of stay and delayed transfers of care.
- Routine outcome indicators: These will vary from specialty to specialty but might include mortality indicators, complication rates etc.
- Patient reported outcomes and experience; Clinical incidents: these might include incidents related to individual patients or to units such as infection outbreaks;
- Complaints or claims;
- Reviews undertaken either internally by providers or by external agencies such as CQC or HIW;
- Notification of service disruption;
- Failure to deliver services in line with WHSSC commissioning intentions; and
- Any other sources of concern.

Stages/Levels of escalation

In order to provide consistency the escalation steps are aligned to a tiered approach similar to the Welsh Government (NHS Wales Escalation and Intervention Arrangements 2014) so that Local Health Boards/Trust will be familiar with when receiving assurance reporting:

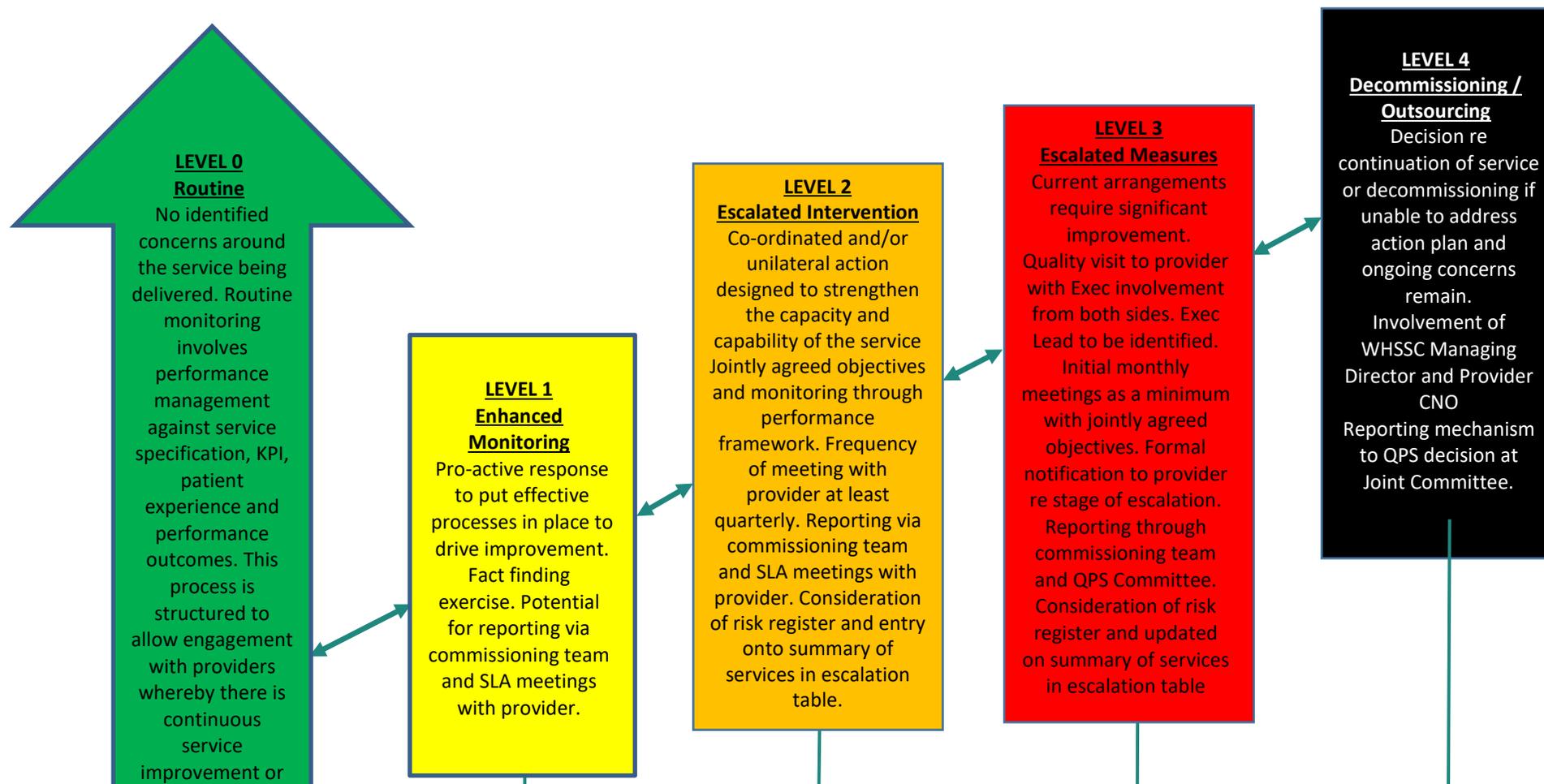
- Routine Monitoring

- Escalated Monitoring
- Escalated Intervention
- Escalated Measures
- Decommissioning/Outsourcing

Whilst the LEVELS are clearly defined depending on the severity of the issue the starting point can be at any stage of the process. Movement will take place up and down through each of the levels.

Routine Monitoring is the term used to report on all Commissioned services where there are no identified concerns around the service being delivered. Routine monitoring involves performance management against service specification, KPI, patient experience and performance outcomes. Where there are performance concerns and there is lack of available assurance in terms of improvement, there will be a need to introduce the steps in escalation. This process is structured to allow engagement with providers whereby there is continuous service improvement or decommissioning/outsourcing of services as necessary.

The following diagram represents the definitions of the four LEVELS of escalation and reporting process:



- **Level 1 ENHANCED MONITORING**

Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team.

The enquiry will lead to one of the following possible outcomes:

1. No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further.
2. Continued intervention is required at level 1 and a review date agreed.
3. Escalation to Level 2 if further intervention is required

There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider.

- **Level 2 ESCALATED INTERVENTION**

Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service.

At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include

- Provider performance meetings
- Triangulation of data with other quality indicators
- Advice from external advisors
- Monitoring of any action plans

A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the WHSSC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider.

The investigation will lead to on to the following possible outcomes:

1. Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring.
2. If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures.

- **Level 3 ESCALATED MEASURES**

Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the WHSSC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives. Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum:

- Chair (WHSSC Executive Lead)
- Associate Medical Director - Commissioning Team
- Senior Planning Lead – Commissioning Team
- WHSSC Head of Quality
- Executive Lead from provider Health Board/Trust
- Clinical representative from provider Health Board/Trust
- Management representative from provider Health Board/Trust

An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage.

If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.

- **Level 4 DECOMMISSIONING/OUTSOURCING**

Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the WHSSC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation. The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:

1. De-commissioning of the service
2. Outsourcing from an alternative provider. This may be permanent or temporary
3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider.

Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making.

Moving in and out of escalation and between Levels

In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level.

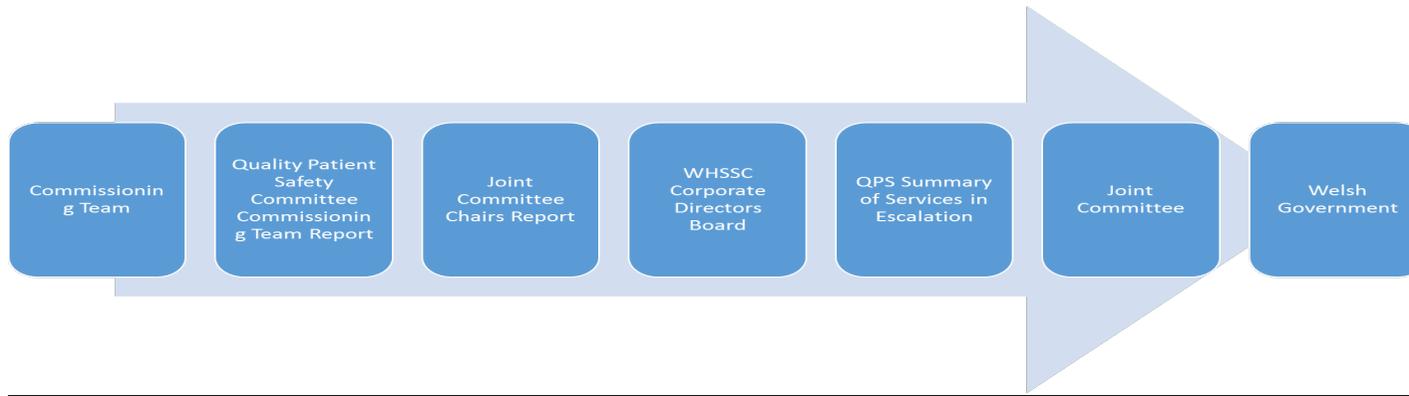
At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable.

In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.

Reporting

All services in escalation are reported through to the Quality Patient Safety

Committee via the Commissioning Team reports and a summary of services in Escalation submitted with the Chairs report to the Joint Committee. This in turn is circulated to each of the seven Local Health Boards. The following diagram illustrates reporting through the levels of escalation:



Summary of Services in Escalation Dashboard

A summary of services in escalation dashboard is submitted to the Joint Committee as an appendix to the Chairs report. The colour of the arrow demonstrates the movement within the level and the direction of the arrow the movement between the Levels.



Level of escalation reducing / improving position



Level of escalation unchanged from previous report



Level of escalation increasing / worsening position

