

**Primary Care Services**  
**Standard Operating Procedure**  
**Escalation Processes**

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Approved By (sponsor group)	Policy Review Group
Ratified By	Quality Assurance Group
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Version Control Summary

Version	Date	Author	Comment
1.0	10 <sup>th</sup> March 2022	Joanne Alder-Pavey	
1.1	17 <sup>th</sup> January 2023	Irfaan Ibne	Amended Escalation Steps

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## 1. Purpose

The purpose of this document is to lay out the correct escalation processes for challenges to normal operation within Primary Care practices.

Following the correct escalation steps will allow practices to manage situations which may arise locally, without escalating directly to senior management.

## 2. List of Potential Situations with Escalation Steps

Topic	1 <sup>st</sup> Line	2 <sup>nd</sup> Line	3 <sup>rd</sup> Line	Datix Incident Required
Fraud	Practice Manager	Head of Operations (where available) or nominated manager	Service or Medical Director	No
Bullying / harassment / discrimination	Line Manager	Head of Operations (where available) or nominated manager	Service or Medical Director	No
Clinical safety - GP	Lead GP	Medical Director	Executive Director or Chief Medical Officer	Yes
Clinical Safety - Nursing	Lead Nurse	Head of Nursing	Director of Nursing or Medical Director	Yes
Safeguarding (Inc. FGM)	Local Safeguarding Pathway	Medical Director and Head of Nursing	Director of Safeguarding	Yes
Information Governance	Practice Manager	Head of Operations (where available) or nominated manager	Service or Medical Director	Yes
Health & Safety	Practice Manager	Richard Harwin		Yes
Conduct *	Line Manager	Head of Operations (where available) or nominated manager	Service or Medical Director	No
Capability	Line Manager	Head of Operations (where available) or nominated manager	Service or Medical Director	No
Estates	Practice Manager	Director on call (OOH), Head of Operations (where available) or nominated manager		Yes
IT – ELFT	ELFT IT Helpdesk	Head of Operations (where available) or nominated manager		Yes
IT – ICB Hardware	Practice Manager	Head of Operations (where available) or nominated manager		Yes
IT – ICB Clinical Systems	Practice Manager	Head of Operations (where available) or nominated manager		Yes
Operational Issues	Local discussion	Talk to other local services about support	Mobilise BCP. Discuss GP staffing with Medical Director, other staffing with Head of Nursing, Head of Operations (where available) or Service Director	Yes

\* If conduct presents an immediate physical threat to staff or patients, call the police

The People & Culture Team, Freedom to Speak Up Guardian and Counter Fraud Team will act as advisors and provide support for relevant issues

### 3. Succession Planning for Staffing

Succession Planning				
Clinical Cover- GP's	Lead GP	Other members of the practice management team	Sequence of actions- <ul style="list-style-type: none"> <li>Local discussion as a practice leadership team has taken place</li> <li>Offer to staff of bank additional shifts as band matched rates</li> <li>Request for bank staffing has taken place and chased up multiple times</li> <li>Request (if admin) via submission to 'ELFT Agency' for framework admin</li> <li>Request for framework agency clinical cover taken place and chase up multiple times</li> <li>Practice team has been spoken to about coming in on non-working days or moving around shift patterns to accommodate gaps</li> <li>Practice has discussed any opportunities or support buddy practices can provide</li> <li>PCN ARRS roles are fully being utilised to redirect to patients</li> <li>PCN has been spoken to about additional ARRS cover where rota gaps exist and they can help</li> <li>Practice's succession plan / BCP has been mobilised which is to swap as clinical team members for others such as obtain ANPs / instead of GPs etc</li> <li>Non framework agencies have been explored with procurement and Trust Agency Team and Mohit has signed this off</li> <li>Practice leadership team (GP, Nurse and Practice Manager) feel they are not alternatives left and trigger escalation to Head of Operations for collective discussion.</li> </ul>	Yes, if issue serious enough to escalate to head of ops
Clinical Cover- Nurses	Lead Nurse	Other members of the practice management team		
Admin Cover	Practice Manager	Other members of the practice management team		

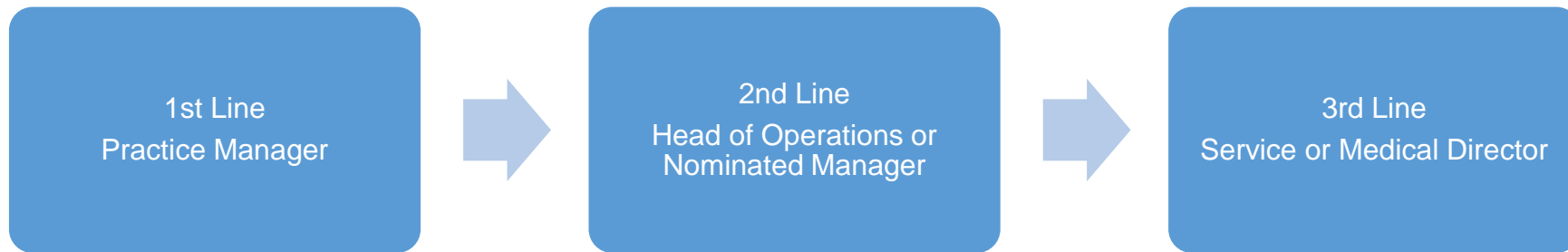


Clinical Cover Risk  
and Escalation Report

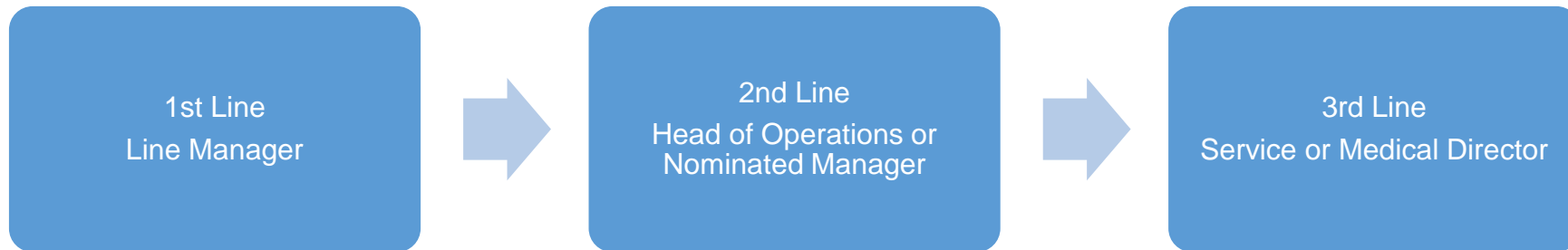
**Buddy Practices for cross cover and support**

- LRS and CMC
- Greenhouse and Outreach
- NTP and HE1

#### 4. Process Chart for Suspected Incidents of Fraud

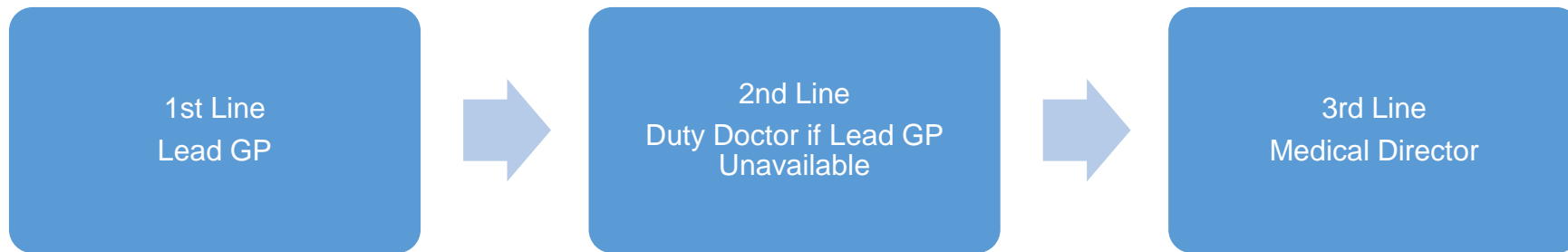


## 5. Process Chart for Allegations of Bullying / Harassment / Discrimination

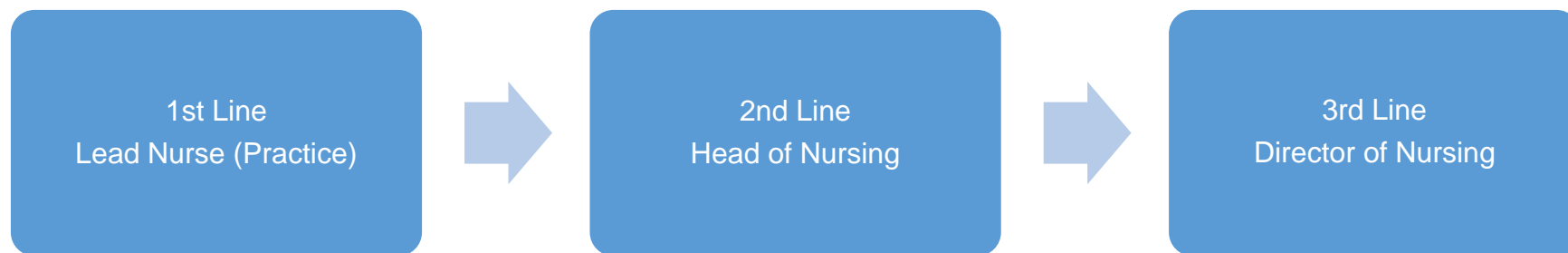




## 6. Process Chart for Clinical Safety Concerns – GP



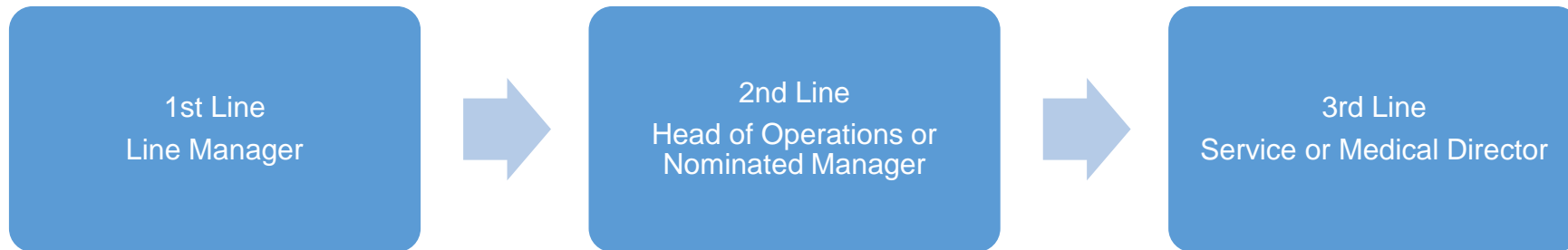
## 7. Process Chart for Clinical Safety Concerns – Nursing



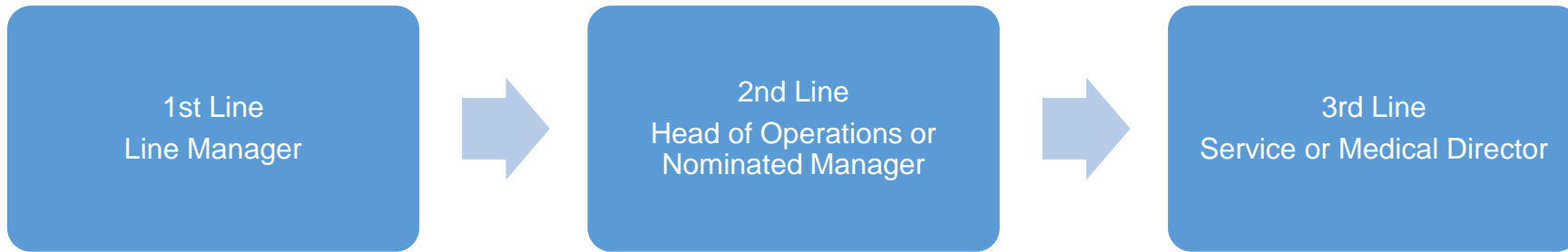
## 8. Process Chart for Safeguarding Concerns (Inc. FGM)



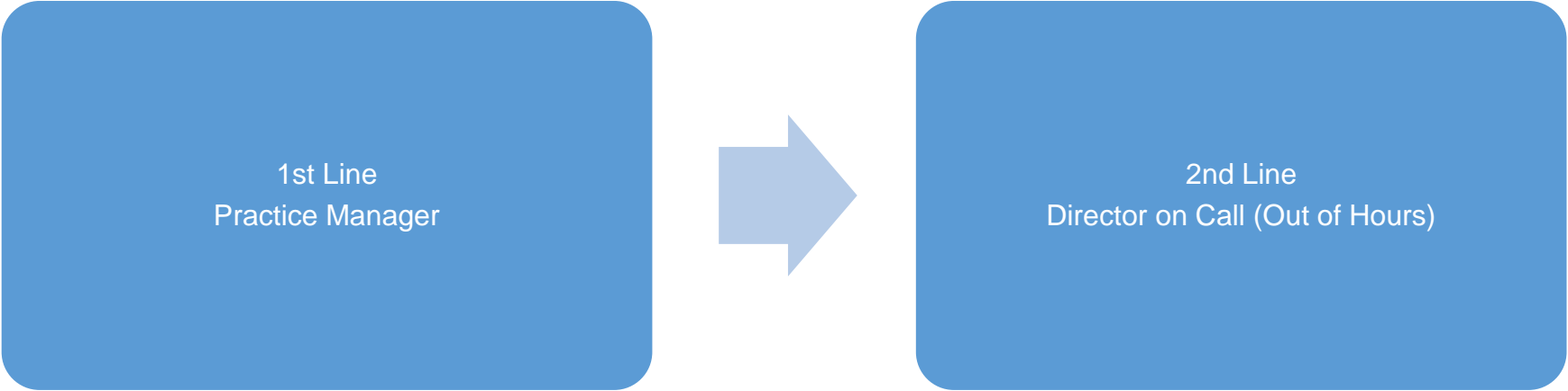
## 9. Process Chart for Concerns About Staff Conduct



10. Process Chart for Concerns About Staff Capability



11. Process Chart for Estates Issues



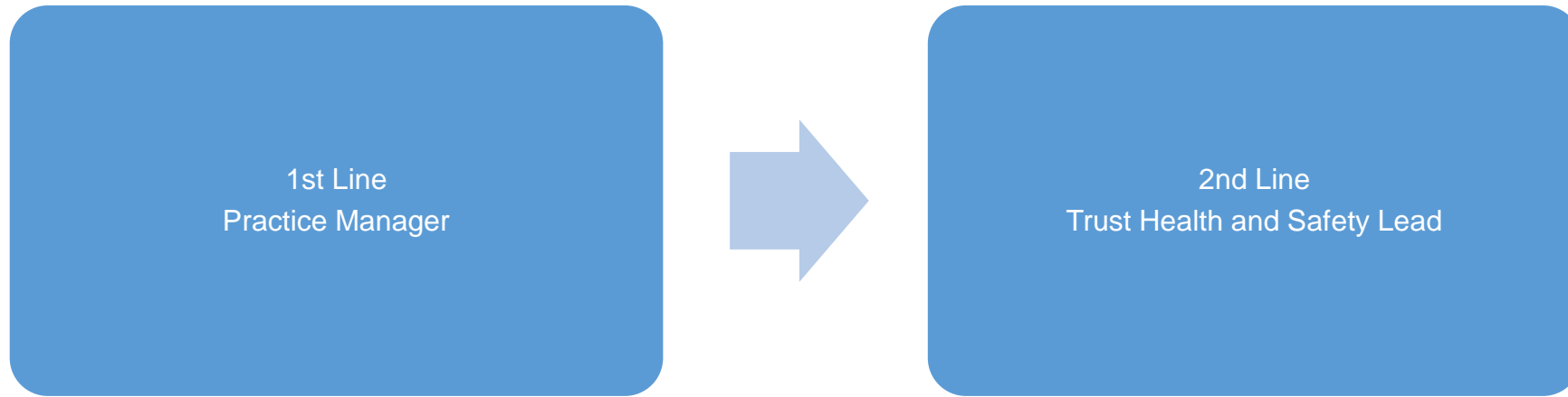
12. Process Chart for ELFT IT Issues

1st Line  
ELFT IT Help Desk

13. Process Chart for CCG Hardware and Clinical Systems

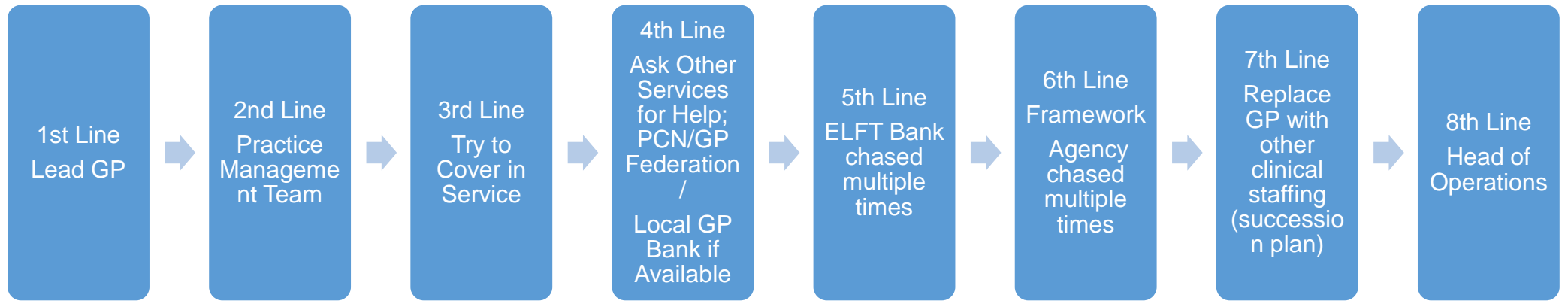
1st Line  
Practice Manager

14. Process Chart for Health and Safety Concerns

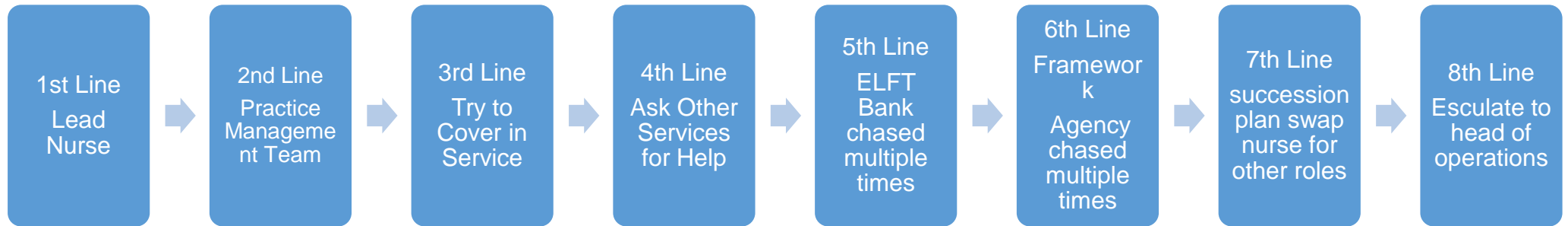




15. Succession Planning Process Chart for Clinical Cover – GPs



16. Succession Planning Process Chart for Clinical Cover – Nursing



17. Succession Planning Process Chart for Admin Cover



Please note when escalating staffing issues to the Head of Operations as last line escalation the expectation is practice managers have repeatedly chased up staffing sources such as bank and agency teams.

