An Stiúrthóireacht um Ardchaighdeáin agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and Patient Safety Directorate
Office of the Chief Clinical Officer

Mr Peadar Toíbín TD
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25th July 2023

Re: **PQ ref 34387/23**
To ask the Minister for Health what systems are in place to ensure appropriate and swift reporting of adverse incidents to the State Claims Agency; and if he will make a statement on the matter.

Dear Deputy Toíbín

I refer to your parliamentary question above which has been referred to HSE Quality and Patient Safety Incident Management for response.

The HSE and all Designated State Authorities (DSA) are required to report adverse incidents as defined in the National Treasury Management Agency (Amendment) Act, 2000 s.11(2) to the State Claims Agency (SCA). The HSE Incident Management Framework 2020 outlines the process and incident reporting requirements for HSE and HSE-funded services.

Incidents are reported on the National Incident Management System (NIMS) for the purpose of meeting legal requirements under the NTMA (Amendment) Act 2000 and for the purpose of supporting system learning and quality improvement in HSE and HSE funded services.

HSE staff report incidents in a number of ways and ultimately upload the data onto NIMS. Staff report on paper forms, on alternative incident reporting systems or directly onto NIMS. The latter means that there is timelier reporting onto NIMS. Where paper reporting and alternative systems are used it means that the incident data needs to be transcribed manually onto NIMS.

The HSE and SCA have been running a project called ePOE which enables direct incident reporting onto NIMS. It has been successfully rolled out at a number of large acute hospital sites such as James Connolly Hospital Blanchardstown, most of the Saolta Hospital Group and all of CHI Hospital Group. The HSE are engaging with many more sites as well as community settings who are interested in ePOE. The current roll-out timeline is estimated at minimum 8 years with current resources. Additional funding has been sought to increase capacity to support and speed up its roll-out, to improve data validation[1] and to improve the analysis and

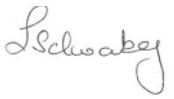
[1] There is often duplicate reporting, incorrect reporting, etc.

oversight of the learning stemming from the reported incidents. This will be important for the purpose of implementing the Patient Safety Act also.

There are a number of other projects underway to continually improve the NIMS system and the reporting practices, improve data and ensure user engagement with the system. For example, for ambulance services a system that would be more accessible like an app/portal would be of benefit.

I trust this clarifies the matter but please do contact me if you require any further information.

Yours sincerely



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