



Office of the
Confidential
Recipient

Annual Report 2023

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Introduction:

The Office of the Confidential Recipient (OCR) was established in 2014 by the Health Service Executive (HSE) in the wake of events in HSE Aras Attracta, Swinford Co. Mayo. The Confidential Recipient (CR) is appointed by the Office of the HSE CEO under a Delegation and is independent in their role and function.

The role of Confidential Recipient includes the following matters –

- To independently assist and advise service users, their families, other concerned individuals and/or staff members who may in good faith wish to report concerns and issues regarding the care and treatment of individuals who are in the care of the HSE or HSE funded agencies,
- Assist with the referral and examination of concerns, and
- To require that any matters regarding the care and treatment of individuals who are in the care of the HSE, or HSE funded agencies, are appropriately addressed by the HSE or HSE funded agencies.
- Any dispute as to whether or not a function has been delegated to the Confidential Recipient will be decided by the CEO.

Leigh Gath: The first Confidential Recipient:

The Office of the Confidential Recipient was saddened to hear of the death of Leigh Gath, former Confidential Recipient, who passed away on the 27th of July 2024. May Leigh rest in peace. Leigh was a lifelong passionate disability advocate and activist. We extend our sincere condolences to Leigh's husband Eugene, children Aisling and Karl, extended family and friends.

Mission Statement:

The CR has oversight and is required to be satisfied that the Health Service Executive (HSE) has appropriately addressed reported concerns. The (CR) is respectful and empathetic to Service-Users and works in partnership with the HSE to resolve issues. The CR Office is committed to the principals of respecting and upholding human rights, a person centered approach, promotion of advocacy, quality and safety of services, Service-User self-determination, and a resolution focused approach, respect for confidentiality, empowerment and knowledge and a collaborative approach.

Operating Procedures- Web forms:

The CR adheres to the functions outlined in the Delegation to the Confidential Recipient effective from the 19th of December 2014. For administrative purposes, the (CR) reports to the National Clinical Director for Quality and Patient Safety and this is the escalation pathway if the matters are not resolved.

In 2023, the OCR established an online enquiry process through the HSE Confidential Recipient webpage. This has proved a popular route for Service Users, families, staff and members of the public to submit enquiries with potential concerns. A total of a hundred and thirty-one (131) enquiries were received. Not all these enquiries gave rise to a formal concern or complaint being submitted to the HSE.

- **Non-progressed Referrals Withdrawn:**

The OCR is often the last place that Service-Users and their families reach out to for support and advice. They look to be reassured that their information will be kept confidential. An emerging theme is for families to query if the Service-User will be approached by staff and questioned about the raised concern once it is submitted. Another worry for Service-Users and their families is that the service will be withdrawn should they complain. Regrettably, despite reassurance by the CR, Service-Users and their families may make the decision not to proceed. They are mindful that they can come back to the OCR at any time. Where the reported concerns are of a safeguarding nature, the OCR has a duty of care to respond and report accordingly.

- **Health Information and Quality Authority (HIQA):**

The OCR has a Memorandum of Understanding with the HIQA). The CR Office has a quarterly meeting with HIQA, and in line with their regulatory function notifies all concerns and complaints within the residential and acute setting.

Informed Consent – Service-User:

The (OCR) adheres to the HSE National Consent Policy 2022. Some people contacting the OCR may require support to understand and give informed consent. Where this is needed, the CR supports the Service-User with an easy-to-read version. The CR Office has developed an Informed Consent Form.

Activity in the Office of the Confidential Recipient:

The activity in the Office of the Confidential Recipient (CR) has increased in 2023. The range of raised concerns being received are not only complex but illustrate the seriousness of the raised concerns relating to patient safety and quality of care (See Table2).

- **Education:**

In 2023, the CR Office delivered twenty-six (26) presentations and workshops to HSE-funded services around the country, explaining the role and function of the Office - empowering Service-Users to speak up and speak out, so their voice is elevated and their human rights upheld.

- **Awareness Raising Work:**

The CR Office has an active Twitter/X account (@CRcomplaints) which is frequently updated. In striving to promote awareness of the Office of the Confidential Recipient (CR), this Office has developed a Poster and a Leaflet.

- **Consultations and Advice:**

In 2023, the OCR began to receive increased requests for advice, consultations and guidance from Service-Users, families' professionals and advocates. In these situations, Service-Users were self-advocating to resolve their complaint and leading out on the process at the local level. Professionals were also handling complaints at the local level and reaching out to this Office for advice and guidance to resolve concerns with HSE-funded services and strengthen and maintain effective partnership working with Service-Users, their families and support network. Advocates from other agencies were looking for advice on how to navigate the HSE complaints processes. In 2023, the CR Office received a total of two hundred and twenty-four (224) consultations for advice and guidance. This is an emergent component of the CR Office and contributes to timely resolution of reported concerns and complaints to the benefit of Service-Users.

INDIVIDUAL CASE WORK:

- **HSE: Community Safeguarding Referrals:**

In 2023, the OCR received thirty-nine (39) community Safeguarding and Protection referrals. These referrals involved third party safeguarding concerns and did not pertain to HSE services or HSE funded agencies. These referrals were forwarded to the HSE for the attention of the relevant HSE Safeguarding Team. This is a rise of 37 referrals from 2022.

- **HSE: Acute Hospitals:**

In 2023, the OCR received seventy-five (75) reported concerns and complaints relating to Service User experiences in acute hospitals. This is a rise of forty-five (45) referrals in 2022.

The CR communicates reported concerns to the Chief Executive Officer (CEO) of the given Hospital Group, requesting that the hospital complaints processes support a resolution of the reported concerns. The concerns can vary from Service-Users complaining about a lack of support to be self-determined to return to their family home, which in many cases requires a HSE home support care package. All too often, Service-Users and their families highlight that a nursing home is suggested as the only option. Other reported concerns include Service-User experience in the emergency department, interactions with staff, poor communication, quality and patient safety and issues around onward referrals amongst others. This CR notifies the Health Information and Quality Authority (HIQA) of all hospital reported concerns and complaints.

- **HSE: Funded – Home Support Services:**

In 2023, the OCR received eleven (11) reported raised concerns and complaints in relation to home support services. Specific data in 2022 on home support services is not available. Concerns raised include the quality and safety of service provision, frequency of service, staff resources and turnover of staff. Often, there are additional concerns intertwining with the home support service leading to complexities in resolving the reported concern. Service-Users are also complimentary of the service and rely on the service to support their independent living.

- **HSE: Personal Assistant Hours:**

An emerging theme is that of Service-Users who require Personal Assistant (PA) hours expressing frustration that their PA hours often commence from the time the staff member leaves their work base to drive to the Service-User's home, which reduces the time they must complete tasks.

A second theme is that Service-Users are advised by the HSE that they cannot get PA hours if they are passed the age of sixty-five (65) years. They are informed that as they were not availing of the PA service prior to reaching sixty (60) years of age, they are not entitled to the service. In this situation, Service-Users are informed they can apply for home support service in the home but not outside of their home. This restricts Service-Users independent living.

- **HSE – Mental Health Services:**

In 2023, the OCR received thirteen (13) mental health raised concerns and complaints including community, residential and psychiatric hospitals. This is a decrease of 2 referrals from 2022. Many of the reported concerns center on families trying to support their loved one's cope with their family member's mental health difficulties.

An emerging theme is that families are looking for support in their role to gain mental health knowledge of what their loved one is experiencing. They express apprehension and uncertainty for their family member in the community and often feel that there

are in-sufficient supports available in the community for the Service-User and for the family.

A second theme is where Service-Users have experienced comments being made to them once a raised concern and or complaint is submitted to the OCR.

A third theme is where Service-Users are dressed in clothes belonging to other Service-Users. When families try to raise their concerns locally, they are concerns it will be viewed negatively and that they are being difficult.

A fourth theme is where Service-Users and their support network highlight a lack of communication, inclusion and information sharing from HSE –Mental Health Services, repeated references to General Data Protection Regulations (GDPR).

- **HSE-Funded: Inappropriate placements – under 65 years of age:**

In 2023, the OCR supported 2 Service-Users under sixty-five (65) years of age residing in private nursing homes. Specific data in 2022 on inappropriate placements is not available. Service-Users living with a disability find themselves placed in a nursing home, against their will and preference or informed consent, there is a real sense of injustice and discrimination that cannot be denied. Often, they see themselves as understood through their disability and being in receipt of food, clothes and shelter is the perceived threshold for a quality of life by service providers.

It is an increasing theme that Service-Users under sixty-five (65) requiring residential support are being presented with the nursing home pathway as the only option.

A further theme is that there are several Service-Users with diagnoses that require specialty placements. Families wish to ensure that their loved ones will receive the appropriate specialised care that can support their diagnoses. Often, it is the case that Service-Users are placed in non-specialty Nursing Homes, and their families continue to advocate through the OCR for funding and a placement in a specialty service.

- **HSE- Funded: Residential Care- Day Service – Respite:**

In 2023, the OCR received thirty-two (32) reported concerns and complaints relating to residential services and respite. This is a decrease of 3 from 2022. Service-Users advocate to be treated and valued as human beings and not seen through their disability. The availability of respite for families providing full time care to their loved ones is very important. Service-Users believe that respite gives them independence, time and space to be with their friends and peers and away from their parents in a positive way.

An emerging theme is that Service-Users often state that they cannot get any further respite, as the respite beds are now being used for full-time residential placements. It comes as a shock and disappointment to them and their families. The CR recognises the need for fulltime residential placements but also recognises taking away a valuable respite service from Service-Users is not helpful to supporting Service-Users and their families.

A second theme is that families and in particular older parents who have cared for their loved one are looking to plan long term for their adult children with physical and intellectual disabilities. They seek engagement with the HSE Disability Service to identify long term residential placements. In many cases, parents who are older have their own health needs and increasing medical appointments to attend and, in some cases, scheduled medical procedures planned. When they approach the HSE to request respite and expect to receive understanding and respite, they are often told nothing is available.

Private Nursing Homes -15 Referrals:

In 2023, the OCR received fifteen (15) raised concerns pertaining to individuals in private nursing homes. This is an increase of 9 on 2022. These raised concerns are notified to HIQA, and the CR provides the reporter with information on the appropriate pathway to raise their concerns.

An emerging theme is that the OCR receives reported concerns and complaints from Service-Users and families pertaining to access to HSE Primary Care Services in private nursing homes. On occasion, Service-Users contact the OCR stating that as they are resident in a private nursing home. They assert that they are sometimes misinformed by the HSE that they cannot receive HSE Primary Care Services in the private nursing home. The CR reassures Service-Users that they have a right to HSE Primary Care Services.

Conclusion:

The OCR is committed to supporting Service-Users resolve their raised concerns and complaints to their benefit and ensuring they receive the highest standard of service. It is a privilege to work with Service-Users and their families. The OCR provides an important, confidential and safe space for persons with a disability and older persons, making sure their voices are heard, their will and preferences respected, their right to be treated with equality and dignity recognised and responded to in a meaningful way. The CR assists and advises Service-Users, advocates for them while empowering them, including taking action to assist and communicate their wants and secure their human rights. The CR represents the interests of Service-Users and ensures they are receiving a safe and effective service. The OCR is committed to continuing to deliver a high-quality rights-based service to Service-Users in 2024. Finally, the OCR is committed to continued collaborative working with the HSE and its funded agencies to the benefit of Service-Users.

Gráinne Cunningham O'Brien

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Appendices: pages 14-18:

Table 1: Total Raised Concerns and Complaints by Community Health Area (CHO) Area (1-9), 2015 – 2023:

| CHO Area | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------|------|------|------|------|------|------|------|------|------|
| CHO 1 | 9 | 15 | 17 | 17 | 8 | 9 | 10 | 9 | 8 |
| CHO 2 | 16 | 34 | 20 | 12 | 13 | 21 | 10 | 12 | 14 |
| CHO 3 | 8 | 16 | 17 | 20 | 11 | 11 | 16 | 8 | 17 |
| CHO 4 | 13 | 46 | 28 | 38 | 23 | 20 | 20 | 19 | 22 |
| CHO 5 | 9 | 25 | 18 | 20 | 22 | 22 | 28 | 13 | 11 |
| CHO 6 | 9 | 26 | 11 | 19 | 8 | 11 | 6 | 6 | 7 |
| CHO 7 | 26 | 20 | 30 | 31 | 14 | 20 | 23 | 19 | 41 |
| CHO 8 | 19 | 18 | 29 | 25 | 36 | 25 | 23 | 16 | 13 |
| CHO 9 | 10 | 20 | 26 | 24 | 20 | 26 | 19 | 7 | 13 |
| Total | 119 | 220 | 196 | 206 | 155 | 165 | 155 | 109 | 146 |
| | | | | | | | | | |

Table 2: Breakdown of concerns raised and complaints per CHO:

| | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Concerns/Complaints | 8 | 14 | 17 | 22 | 11 | 7 | 41 | 13 | 13 |
| Male | 3 | 10 | 12 | 14 | 3 | 5 | 22 | 2 | 8 |
| Female | 5 | 4 | 5 | 8 | 8 | 2 | 19 | 11 | 5 |
| LGBTQ+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Under 65 | 4 | 10 | 9 | 13 | 7 | 5 | 21 | 7 | 8 |
| Over 65 | 4 | 4 | 8 | 9 | 4 | 2 | 20 | 6 | 5 |

| Origin of referral | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO7 | CHO 8 | CHO 9 |
|---------------------------------|-------|-------|-------|-------|-------|-------|------|-------|-------|
| Service user | | 2 | 3 | | 1 | 1 | 6 | 6 | |
| Family Member/Significant Other | 5 | 7 | 8 | 15 | 7 | 3 | 30 | 3 | 8 |
| Staff | 1 | | 1 | | | | 1 | 2 | 1 |
| Anonymous | 2 | 5 | 3 | 3 | 3 | 3 | 2 | 2 | 4 |
| Advocate | | | 2 | 4 | | | 2 | | |

| Type of complaint | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Lack of service/ Staff | 3 | | 2 | 5 | 1 | 2 | 9 | 2 | 2 |
| Alleged Safeguarding abuses (Neglect, physical, emotional, Financial) | 2 | 5 | 5 | 5 | 2 | 2 | 5 | 2 | 6 |
| Home care issues | 1 | | | | | | | 1 | 1 |
| Accommodation issues | 1 | | | | | | | | |
| Funding | 1 | | | | | | 2 | | |
| Lack of communication by HSE services | | 1 | | 3 | 2 | | | | |
| Moving Service User against their will | | 1 | 1 | | | | | | |
| Poor care practices | | 2 | | | | | | | |
| Denial of Service | | 1 | | | | | | | |
| Quality of care | | 4 | | 3 | 3 | 2 | 5 | 4 | 3 |
| Access of equipment | | | 2 | | 1 | | 1 | | |
| Inappropriate Placement | | | 2 | 2 | 1 | | | | |

| | | | | | | | | | |
|---|--|--|---|---|---|---|----|---|---|
| Seeking full time residential placement | | | 3 | 1 | | | 4 | 1 | |
| Delayed Discharge | | | 1 | 1 | 1 | | | 2 | 1 |
| Staff behaviour | | | | 1 | | | | 1 | |
| Financial Charges | | | | 1 | | | | | |
| Concerns against Safeguarding Team | | | | | | 1 | | | |
| Moving Service User without consent | | | | | | | 15 | | |

| Place of Concern/complaint | CHO 1 | CHO 2 | CHO 3 | CHO 4 | CHO 5 | CHO 6 | CHO 7 | CHO 8 | CHO 9 |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| HSE funded Residential Home (Disability Service) | 1 | 4 | 1 | 3 | 4 | 3 | 4 | 1 | 5 |
| HSE Funded Residential (Mental Health) | 1 | | | 1 | | | 2 | | |
| Family Home | 6 | 5 | 8 | 8 | 3 | 4 | 13 | 9 | 4 |
| Supported living (Mental Health) | | 2 | | | | | | | |
| HSE Nursing Home | | 2 | 1 | 1 | | | 17 | 1 | 1 |
| HSE Acute Psychiatric Unit | | 1 | 1 | 1 | 1 | | | | |
| Supported living (Disability Service) | | | 1 | | | | | | |
| Private Nursing Home | | | 3 | 2 | 1 | | | | |
| HSE Day Service | | | 1 | 2 | | | 1 | | 1 |
| HSE Respite House (Disability) | | | | 1 | | | | | |
| HSE Acute Hospital | | | 1 | 3 | 2 | | 1 | 2 | 1 |
| HSE Community Mental Health Services | | | | | | | 3 | | |
| HSE Rehabilitation Service | | | | | | | | | 1 |

Table 3: Formal Raised Concerns and Complaints:

| Disability/Older Persons | Mental Health | Primary Care | Total |
|---------------------------------|----------------------|---------------------|--------------|
| 128 | 12 | 6 | 146 |

Infographics:

75

Number of times information was provided and/or reported to the Hospital Group CEO regarding Acute Hospital Concerns

39

Referrals and information provided – and or reported to HSE Safeguarding and Protection Team CHO 1-9 throughout the country

224

Consultations

15>

Private Nursing Homes reported to HIQA

26

Presentations and Workshops across HSE-Funded Services throughout the country

33

Cases carried over from 2023 into 2024