

# **National Independent Review Panel**

## **Operational Guidelines**

**2021**

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## **1. Introduction**

The HSE has been established under the Health Act 2004, wherein the object and function of the HSE is to 'use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public'. It is within this context that the National Independent Review Panel (NIRP) has been established. Although the NIRP is part of the HSE it is independent of all HSE operations at both national and community level.

The NIRP will be commissioned by the HSE's National Clinical Director, Quality and Patient Safety to complete reviews. A review will be commissioned when a level of independence outside of the relevant Community Health Organisation (CHO) as defined by the HSE's Incident Management Framework (IMF) is required. The NIRP will conduct its work in line with the HSE's Incident Management Framework and these guidelines should be read in parallel with the IMF.

The NIRP has a day to day administrative relationship with the HSE's National Clinical Director Quality Patient Safety. The Quality and Patient Safety division was established in 2021 (replacing the previously named Quality Assurance Verification Division) to monitor and report on the quality and safety of health and social care services, by building on the capacity of the organisation to respond to and learn from service user and service provider feedback, as well as risk and incident management.

The work of the NIRP lies within HSE's strategic priorities, specifically: Improving safety and managing the aftermath of safety incidents.

It is the policy of the HSE that all incidents are identified, reported and reviewed so that learning from events can be shared. Incidents will be

disclosed in accordance with the requirements of the Department of Justice and Equality's Civil Liability Amendment Act 2017 and the National Open Disclosure Policy and related guidance.

The work of the NIRP is bedded in a rights based approach and will be influenced among other things, by the United Nations Convention on the Rights of People with Disability (UNCRPD), which was ratified by Ireland in March 2018.

The HSE's Incident Management Framework (IMF) sets out the principles, governance requirements, roles and responsibilities and process to be applied for the management of incidents in all service areas. The IMF identifies three categories of incidents:

Category 1 Major/Extreme

Category 2 Moderate

Category 3 Minor/Negligible

It is intended that the NIRP will have a role in examining only Category 1 incidents, where a "very high" level of independence is required per the IMF.

The NIRP may be commissioned to conduct these highly independent reviews within the community health and social care sector. The NIRP will examine circumstances related to people who use community health and social care services where there are major concerns about how the services involved managed the care of an individual or group of individuals. The NIRP will review cases where it is suspected that there are serious failings by the HSE and/or its funded organisations that have led to significant harm and/or have compromised the quality of life of the person/s concerned.

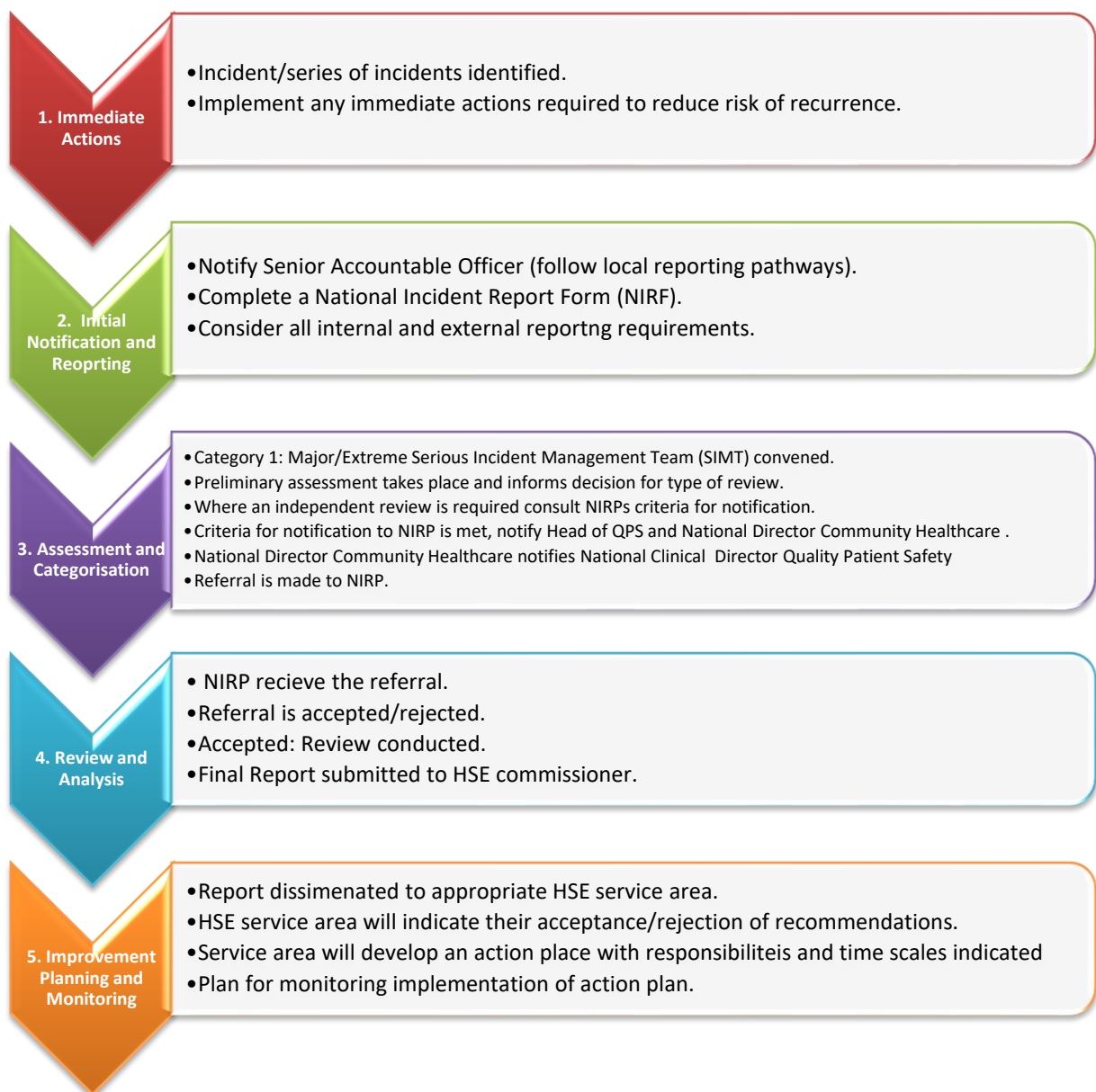
The NIRP will seek to determine what the relevant services and individuals involved in the case might have done differently that could have prevented the significant harm or improved the quality of life for the person/s concerned. The purpose of the review is therefore to ensure that lessons can be learnt from the case and that those lessons can be applied to future cases to prevent similar situations from occurring again.

It is envisaged that a NIRP review will be conducted in a trusted and safe environment that encourages honesty and sharing to ensure individuals and organisations are able to learn lessons from the past.

A NIRP review will be requested by the National Clinical Director Quality and Patient Safety on behalf of the HSE. The NIRP will submit a review report, containing the facts of the case, expert analysis of the facts, learning points and recommendations, to the National Clinical Director Quality and Patient Safety. It is envisaged that recommendations will have wide-reaching applicability relating to service improvement across the HSE and its funded agencies.

The purpose of a NIRP review is not to hold any individual to account. Other processes already exist for this, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation. We are committed to ensure fairness by adhering to this principle and the HSE note that the only policy for investigating staff is Trust in Care.

The diagram overleaf demonstrates how the IMF and NIRP interact:



## 2. NIRP Members

Within the HSE the NIRP will be managed and directed by an independent chairperson appointed through a public appointments process. The chairperson will liaise with the HSE through the National Director of the HSE's Quality and Patient Safety Team. The chairperson will relate the key findings, learning points and recommendations from reviews, to the chairperson of the HSE's Quality and Safety Committee.

The NIRP will consist of independent panel members, who are suitably experienced and expert in their field to complete reviews. All independent panel members are appointed through a public appointments process and a key criteria is that the individual will not have worked for the HSE/HSE funded agency or Tusla in the previous three years. The independent chair of the NIRP will ensure that panel members will not have a conflict of interest either real or perceived, when being appointed to complete a review on behalf of the NIRP.

The NIRP will be supported by a service manager who is an employee of the HSE, who will oversee the day to day operations of the NIRP.

The NIRP is designed to assist policy makers and service providers to learn from the findings of each review and ultimately to improve services provided to those who use community health and social care services provided by the HSE and its funded agencies.

### **3. Quality Assurance**

The NIRP operational guidelines have been developed in consultation with key internal and external stakeholders. This process will be subject to on-going monitoring and review to ensure it remains fit for purpose, produces high quality review reports and ultimately assists the HSE to improve the services it provides. The NIRP governance arrangement ensures robust oversight of the work of the NIRP including oversight by the HSE's Quality and Safety Committee (see section 5 below).

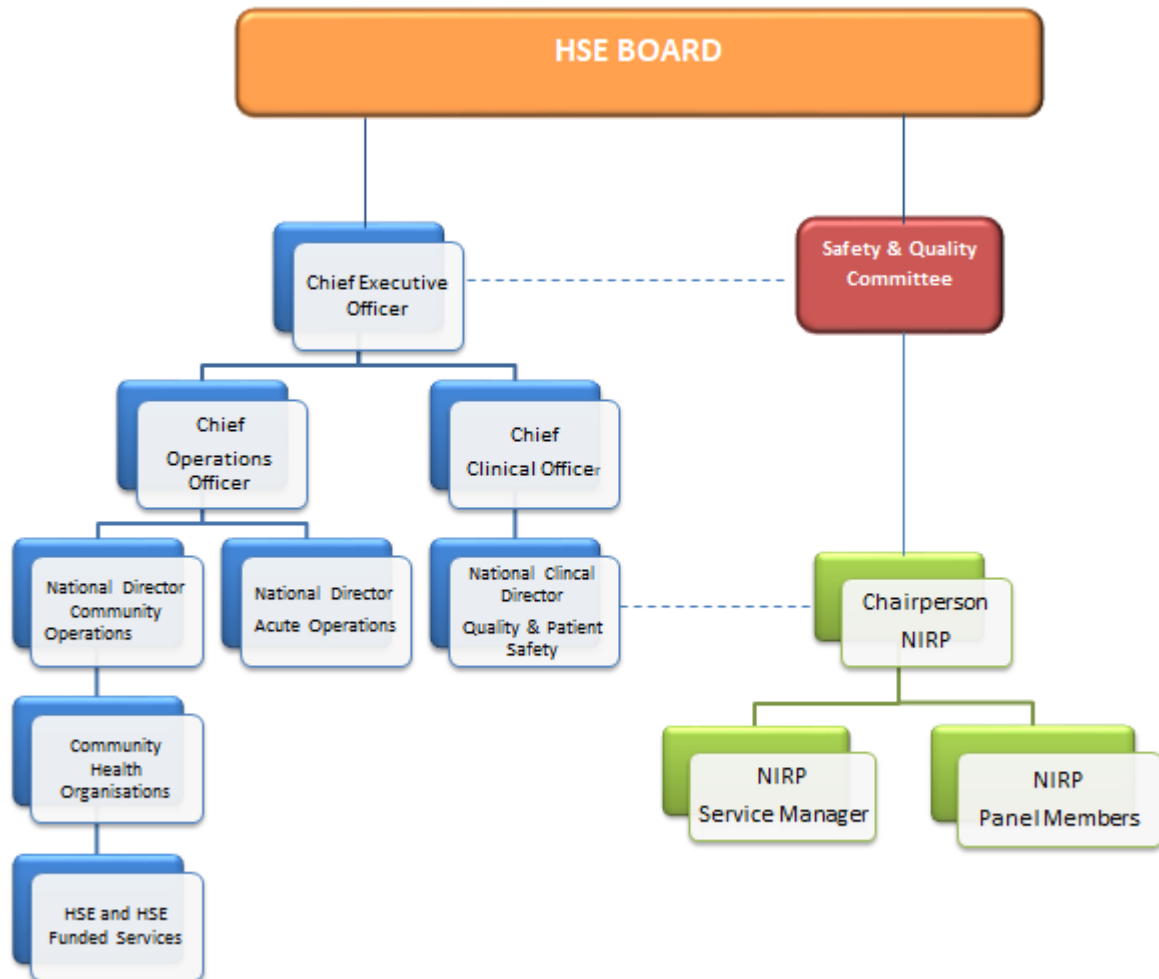
### **4. Mission Statement**

The NIRP is committed to promoting learning and best practice by reviewing cases in a professional and timely manner, with a view to



assisting the community health and social care sector to improve its services and prevent similar situations occurring in the future.

## 5. Governance



The chart above outlines the relationship between the NIRP and the HSE.

The NIRP Chairperson will interact with the HSE's Safety and Quality Committee, in the following ways:

- Relate overall findings, key learning points and recommendations from work completed by the NIRP;
- Attend the Committee as and when required;
- Submit an annual report to the Committee.

The NIRP Chairperson has a direct day to day working relationship with the National Clinical Director Quality and Patient Safety and will submit reports to her when they are completed.

Upon submitting a report to the National Clinical Director Quality and Patient Safety, the NIRP have the following expectations:

- The report will be disseminated to the appropriate HSE service area;
- The HSE service area will indicate their acceptance or rejection of the recommendations. In the case where the recommendations are not accepted, rationale for this must be provided;
- The HSE service area will develop an action plan with responsibilities and timeframes for completion indicated.

The NIRP will, from time to time, commission an evaluation review to determine if the recommendations made through NIRP reports are effecting systemic change, as intended.

## **6. Purpose**

Reviews will only be undertaken when specific criteria have been met and in particular when the concerns raised are associated with service users who have been previously known to the HSE or are currently in receipt of a HSE or HSE funded service within community health and social care

The focus of any review process undertaken by the NIRP is to ensure the review process is person centred, respects staff and establishes the facts

and any key learning points. The review process must identify what went wrong and why. It must also identify the potential for change, improvements in the quality and safety of services and how a recurrence can be prevented.

## 7. Principles

The NIRP is built upon the following key principles and values aligned to the HSE IMF:

Principle	Description	Application
Person Centred	The person/s that the review concerns will be considered the most important aspect of the review.	<p>The person's voice will be represented in the review report.</p> <p>The person's rights in relation to; consent, privacy, confidentiality, GDPR, independent advocacy and representation in line with national, European and international law, will be upheld throughout the review process.</p> <p>The review team will meet and liaise directly with the person and/or their nominated person.</p> <p>For the purposes of the review process, it is essential that the person has been offered the appointment of an independent advocate or legally appointed representative.</p>
Supporting our Staff	Our staff will be treated with fairness and respect	The causes of incidents are rarely the fault of any individual staff member, and staff themselves can be adversely impacted. The principles set out in the

<b>Principle</b>	<b>Description</b>	<b>Application</b>
	underpinned by the principles of natural justice and due process.	<p>Incident Management Framework and the accompanying staff information leaflet apply and include;</p> <p>Respect: We will be open and honest with you and treat you with care and compassion</p> <p>A named contact: We will nominate a liaison person who you can contact to discuss the review and answer any questions you might have.</p> <p>Fairness: The review will be conducted in line with fair procedures and natural justice (this is explained further below).</p> <p>Outcome: You will be made aware of the outcome of the review and any recommendations made.</p>
Independence	Reviews will be completed by	The review will be led by professionals who are external to the HSE and/or the HSE funded body.

<b>Principle</b>	<b>Description</b>	<b>Application</b>
	professionals who are independent of the case under review and of the organisation/s whose actions are being reviewed.	<p>The reviewers will be sufficiently removed from the case under review in that they will have no professional or personal association in the area where the concern has arisen.</p> <p>Panel members must declare a conflict of interest prior to the review commencing and all decisions on the selection of panel members for a review must be taken by the independent chair in the context of the principle of independence.</p>
Credibility	The credibility of review team members relates to their, integrity, trustworthiness, independence and expertise.	<p>All NIRP members will be appointed through a public appointments process.</p> <p>The eligibility criteria:</p> <ol style="list-style-type: none"> <li>1. Individuals cannot be a current employee of the HSE, HSE funded agency or Tusla in the past 3 years.</li> <li>2. Individuals must have significant practice</li> </ol>

Principle	Description	Application
		<p>and/or management experience related to the practice of safeguarding vulnerable people.</p> <ol style="list-style-type: none"> <li>3. Individuals must have a proven ability to analyse complex information, examine documentation and obtain sensitive information from concerned parties, including service users, whether orally or in writing.</li> <li>4. Individuals must have experience in dealing objectively and sensitively with challenging situations, possibly in the face of conflicting information.</li> <li>5. Individuals must have a proven track record of working as part of a team and delivering timely results.</li> </ol>
Proportionality	The scope of the review must be proportionate	The Chairperson will be responsible for defining the scope of the review and appointing a team in accordance with the complexity and scale of issues

<b>Principle</b>	<b>Description</b>	<b>Application</b>
	according to the scale and level of complexity of the issues being examined.	being examined.
Fair and Balanced	The review must be fair and balanced. The findings must be based on the facts and must be considerate of legislation and policies of the day.	Chairperson will be responsible for quality assuring the report in this regard.
Natural Justice	The person at the centre of the review and our staff will be treated in a manner which upholds their rights (as mentioned above under 'Person	The person at the centre of the review will have an opportunity to contribute to the review process. Where they cannot engage in the process they must have an independent advocate and/or legally appointed representative who can do this on their behalf.



<b>Principle</b>	<b>Description</b>	<b>Application</b>
	<p>Centred and Staff support</p> <p>All persons affected (service users, staff, previous staff members and family) are treated in a manner which is fair and just.</p> <p>Where issues of individual practice are identified these will be brought to the individuals attention and the SAO by the Chair of the NIRP.</p>	<p>Persons who have been affected will be listened to, have an opportunity to contribute to the review process and will be advised of the outcome.</p> <p>All persons who have been affected will be made aware that the review process's primary purpose is to understand the weaknesses in the system that contributed to failings.</p>
Transparency	Openness and transparency should be	The review process as outlined in this document will be followed. If the process is deviated from, the

<b>Principle</b>	<b>Description</b>	<b>Application</b>
	built into the review process to ensure professional and public confidence in it.	rationale should be agreed with and accounted for by the Chairperson.
Systemic	A systemic review involves looking at the broader systems and processes within which a concern has arisen.	The focus of the review process will be to improve the systems and processes which have led to the situation of harm and/or compromised quality of life of the person/s concerned. The focus is on learning and improving service delivery to service users.
Confidentiality	Confidentiality refers to the rules and expectations that are outlined under 'General Data Protection Regulation' (2018).	Reports will be pseudo anonymised to prevent the identification of the person at the centre of the review. Practitioners and professionals whose work is commented on in the review will not be named.

## 8. Criteria for Notification

The criteria for notification to the NIRP are framed within the context of the HSE's Incident Management Framework (IMF). This Framework provides a consistent methodology for managing failings across all service sectors within the HSE and HSE funded bodies.

Incidents within the IMF are categorised as follows:

1. **Category 1 Major/Extreme (IMF)**
2. **Category 2 Moderate**
3. **Category 3 Minor/Negligible**

The NIRP will only consider reviewing Category 1 Major/Extreme reports within community health and social care where it is identified that potentially serious failings have occurred in the quality of service provision.

The criteria for notification are as follows:



### **Standard Notification Pathway**



## **9. Criteria for a NIRP review to be undertaken**

Following the receipt of a notification/ The NIRP will consider conducting an independent review if the following criteria are met:

**Community Health and Social Care Sector**

**HSE/HSE funded community services**

**Potential significant failings**

**Significant public concern**

**Opportunity for widespread learning**

It is the expectation that all cases notified to the NIRP will have been appropriately reported in line with HSE Incident Management Framework.

## **10. Acceptance/ non acceptance**

In the event that the NIRP do not consider the criteria have been met for an independent review, the National Clinical Director of Quality and Patient Safety will be informed by the NIRP Chairperson in writing including the reasons for the decision.

In the event of a Category 1 Major/Extreme report where the NIRP has been notified and agreed that an independent review should take place, the NIRP Chair will write to the office of the National Clinical Director of Quality and Patient Safety to notify that the review has been accepted.

## **11. NIRP Referral to the National Clinical Director of Quality and Patient Safety**

In some instances a serious case may be brought to the NIRP's attention which has not been notified to the NIRP by the HSE. In such instances, the NIRP independent chair will bring this case to the attention of the National Clinical Director of Quality and Patient Safety to consider initiating a category 1 IMF process and a referral to NIRP.

## **12. Nominated Agency Representative**

There are three key representatives required for the purposes of liaison and communication with the NIRP during a review process, they are:

### **Senior Accountable Officer (SAO):**

In the context of a category 1 incident, the Senior Accountable Officer is the person who has ultimate accountability and responsibility for the services within the area where the incident occurred.

The role of the SAO in relation to category 1 incidents specifically:

- Assure themselves that all care has been provided to any person affected/harmed as a result of the incident(s)/circumstances;
- Notify the relevant National Director of the occurrence of the incident(s)/circumstances in accordance with agreed pathways;
- Ensure that a Serious Incident Management Team (SIMT) is convened within 5 days of the notification of the incident to them

For the purposes of a NIRP review:

The SAO must be a direct employee of the HSE.

The role of the SAO (or his/her senior nominee e.g. local accountable officer) in relation to a NIRP review is:

- To appoint the Senior Liaison Person (see below);
- To act as HSE liaison (or appoint his/her senior nominee) for the person(s) at the centre of the review and, if appropriate, their family and/or legally appointed representative and/or independent advocate;
- To ensure all files and documentation relating to the case are secured in a safe environment;
- To source and provide information in the form of files and/or documentation to the Review Panel.

### **Local Accountable Officer (LAO)**

The local accountable officer (LAO) is the local manager who is responsible for the service in which the incident occurred e.g. Director of Nursing, Person in Charge, Head of Service.

The role of the LAO in relation to a NIRP review is:

- To ensure that staff within the service are aware of the NIRP review process
- To facilitate and support staff to participate in the review process
- To ensure that all care has been provided to any person directly affected as a result of the incident
- To meet with the NIRP review team on a regular basis to receive updates on the progress of the review.

### **National Community Services: QPS Lead**

The QPS lead within National Community Services currently holds responsibility for leadership for quality service provision and the safety of those in receipt of such services. In the context of a NIRP review, the role of the QPS lead is:

- To organise and chair briefing updates with the CHO and other relevant parties;
- To hold an operational role in overseeing the safety of the person(s) at the centre of the review;
- Liaison between the review panel and HSE.

### **Senior Liaison Person (SLP):**

The SLP will be appointed by the SAO.

The SLP is a senior person within the service where the incident/concerns have arisen. The role of the SLP is to:

- Act as the point of contact between the NIRP review team and the service;
- Coordinate all information pertaining to the review that will be sent to the NIRP;
- Facilitate communication between the staff member(s) affected and NIRP.

## **13. Terms of Reference & Review Plan**

All reviews will have clear Terms of Reference (TORs) and a review plan that will form the foundation stone for any review. The TORs and review plan are the road map for the review and should be distinct, clear and comprehensive.

TORs will outline the following:

**Introduction:** This will include a background to the review and the Commissioner of the review.

**Purpose:** Detail the rationale and what the review is required to examine e.g. *"to establish the facts relating to (the incident/concern), to identify the causal and contributory factors and to make recommendations that will reduce the likelihood of recurrence"*.



**Scope:** This will set out the bounds of the review in respect of a specific period of time and/or specific issues to be reviewed e.g. *"from referral to the service until present day"*.

### **Review Plan:**

The purpose of a review plan is to clearly document how the work of the review will be carried out in line with the TORs with details on the remit of the review, the methodology that will be used to conduct the review and the relevant actions that will be taken by the agency, HSE and NIRP in order to complete the review.

The review plan will be shared and agreed between the NIRP, HSE, agency and the person at the centre of the review and/or their legally appointed representative. An important purpose of the plan as distinct from the TORs is to help make the process as easy to understand as possible. The review plan will be developed in a format that is easily understandable for the person at the centre of the review.

The review plan will include:

- **Terms of Reference.**
- **Scope:** Period of time to be reviewed, agencies and professionals to be invited to participate in the review and documents that will be required as part of the review.
- **Timescale:** This will outline the expected time frame for completion of the review and the need to advise the National Director QAV of any delays that may impact on the review being completed within the stated time frame.

The timeline for commencement of a review will begin when all the information, in the form of relevant files and documentation, relating to the review, have been received by the review panel. The

timeline should not exceed nine months, nonetheless if the timeline needs to be extended, agreement must be sought from the Chairperson.

- **Methodology:** This will detail the policy under which the review is being completed (e.g. Incident Management Framework), the process being applied (e.g. concise, aggregate, comprehensive, systems analysis), the adherence to Natural Justice, Fair Procedures and Data Protection requirements.
- **SAO and SLP:** Outlining responsibilities and commitments from the agency, the HSE and NIRP.
- **Other investigatory processes:** Other processes may run concurrently to an NIRP review. It is crucial that neither processes impact adversely on the other. It will be outlined in the review plan how this will be managed, as appropriate.
- **Person Centred Review:** It will be described how the person at the centre of the review can participate in the review process, should they chose to do so. If the person at the centre of the review cannot participate in the review, it will be described how and to what extent the persons legally appointed representative and/or independent advocate will participate in the process on their behalf.
- **Family Involvement:** Family involvement will be decided on a case by case basis. Where family members are to be involved in the review process, it will be outlined who and to what extent the family of the person at the centre of the review will participate in the review process and how they will be communicated with throughout the process.
- **Confidentiality:** Reports will be pseudo anonymised to prevent the identification of the person at the centre of the review. Practitioners and professionals whose work is commented on in the review will not be named they will be referred to by their position.
- **GDPR:** It will be outlined how data will be stored, shared and used.
- **Escalation processes:** outlining how:

- New safeguarding issues that present during the review process are to be dealt with;
- Non co-operation/ non-compliance issues are to be dealt with.
- **Consent:** Consent will be dealt with in line with the Assisted Decision Making Act 2015 and The HSE National Consent Policy.

## **14. Review Team**

Members of the NIRP have been appointed in accordance with their expertise and experience in:

- Practice and management related to social care;
- Substantial experience in examining governance and risk systems in social care settings;
- Investigative, interviewing, research and report writing skills.

The NIRP Chairperson will appoint a review team from the panel. The team will be appointed in accordance with their specific expertise and will consider the nature of the case under review. Depending on the scale of the review, the review team will usually be made up of two professionals with a lead reviewer identified.

It is essential that reviewers have no direct prior association, personal or professional, with either the adult or the service whose case is being reviewed.

It is possible that a number of reviews may be operational at any one time. It is also possible that panel members may be involved in more than one review at any one time.

The review team will develop a review plan which must be submitted for agreement by the Chairperson prior to the commencement of the review.

The review team may seek independent expert opinion, if necessary, during a review process.

## **15. Chairperson NIRP**

The role of the Chairperson of the NIRP is to:

- Oversee the work of the NIRP;
- Determine what cases meet the 'Criteria for Review';
- Confirm with the National Director of Quality Assurance and Verification of the acceptance/non acceptance of a review commission;
- Appoint panel members to complete reviews;
- Oversee each review to ensure the integrity of the process and adherence to fair procedure;
- Ensure high quality reports are produced at the conclusion of each review;
- Ensure each review sets out practical findings, learning points and recommendations that are evidence based;
- Ensure that each review has identified critical issues and factors that led to shortfalls or successes in service delivery;
- Ensure each review makes recommendations which might improve organisational and practitioner effectiveness in practice in relation to service delivery, supervision, management and governance and identifies any specific actions which may assist with same;
- Present the final report to the HSE National Clinical Director of Quality and Patient Safety;
- Provide regular progress reports on the work of the NIRP to the Chairperson of the HSE' Safety and Quality Committee and National Clinical Director, Quality and Patient Safety, HSE;
- Report on a regular basis, (including an annual report) to the HSE's Safety and Quality Committee on the work of the NIRP;

- Act as a spokesperson for the NIRP as required.

## **16. Time Frame for reviews**

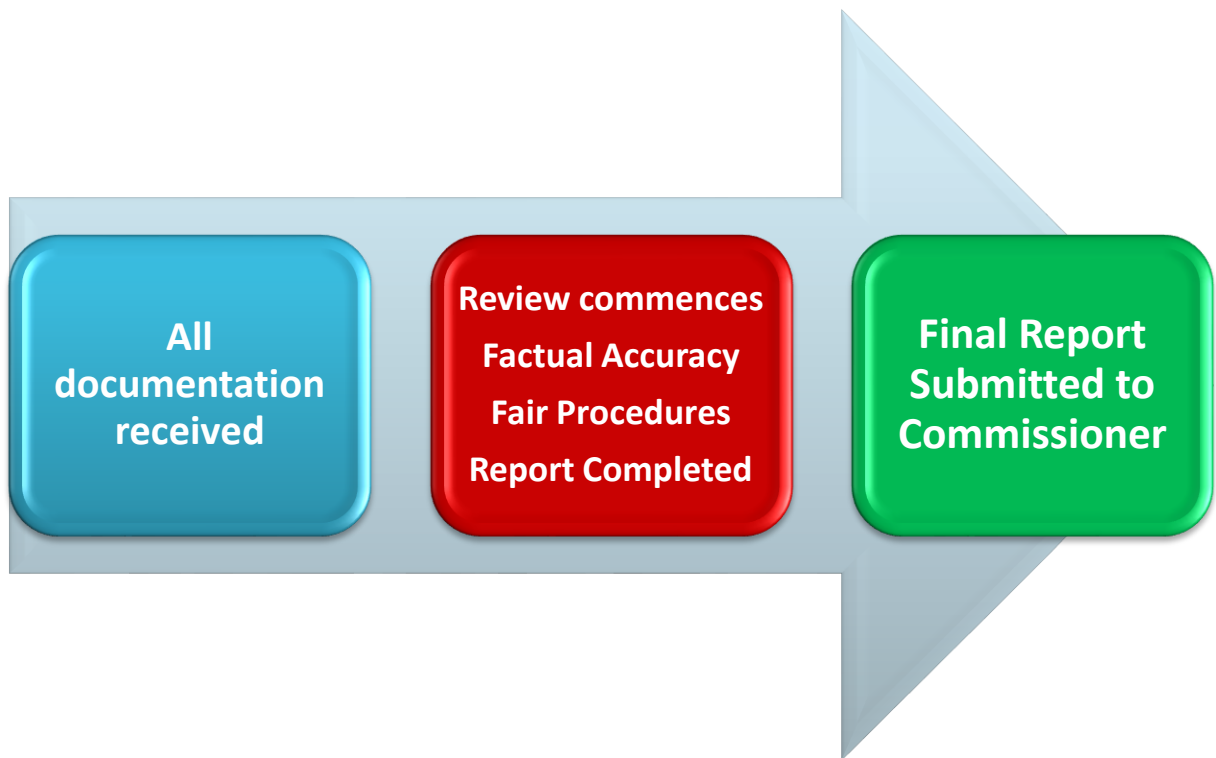
The decision on whether or not to proceed with a review should be taken within 5 working days from the time the NIRP has received notification.

The NIRP will inform the HSE of the requirement for service areas, agencies and other relevant parties to secure all records, including electronic records, pertaining to the case. All electronic records must be in a searchable and accessible format. Records must be clearly indexed. All service areas, agencies and relevant parties will be provided with a '*Chronology Template*' to complete and submit to the NIRP. The information on this template will inform the Terms of Reference and the Review Plan.

The timeframe for the completion of a review will be agreed on a case by case basis, based on the TOR, the complexity of the review and the existence of parallel processes e.g. disciplinary process, criminal proceedings or Coroner Court inquests. While some reviews may be concise and be completed sooner, as a general rule the NIRP should aim to complete reviews 9 months from the date on which all information relating to the circumstances being reviewed, have been received by the NIRP.

In circumstances where the time frame needs to be extended, this must be approved by the NIRP Chairperson. The issue of timeliness of reviews should be monitored closely and form part of the annual report to the HSE's Safety and Quality Committee.

All records will be returned to the original source, upon completion of the review.



## Review Process Map

*Please note some of the steps will occur in parallel where appropriate*



## **17. Person Centred**

The NIRP recognises that the most important aspect of a review is the person at the centre of it. The NIRP are also committed to treating staff fairly and respectfully.

When a review is commissioned the person and/or their legally appointed representative will be informed both in person and in writing of the decision to complete a review. Where a person is a Ward of Court, the Wards of Court Office will be informed in writing of the decision to complete a review.

At the start of the review process the review team will meet with the person and/or their legally appointed representative to:

- Explain the purpose and remit of the review;
- Agree with the person how they and/or their legally appointed representative will be involved;
- Agree the best method of communication with the person and/or their legally appointed representative;
- Signpost supports services to the person if needed.

The person and/or their legally appointed representative will be given the opportunity to meet with the review team and to read the completed report. This will occur prior to the report being submitted to the HSE.

## **18. Family Involvement**

The NIRP recognises the value that family participation can bring to the review process.

The involvement of family members in the review will be decided based on the circumstances of the case under review.



## 19. Escalation Procedure

At the outset of all review processes the NIRP on accepting a referral to complete a review will write a letter of acceptance to the HSE. Within this letter the NIRP will seek assurances that all relevant notifications and reports e.g. Safeguarding and Protection Team, Tusla, An Garda Siochana and any other relevant agencies, have been fulfilled and completed in respect of the concern being reviewed.

During the course of a review there is a possibility that NIRP members may become aware of a **new** safeguarding concern in the service where the review is taking place.

In circumstances where the concern relates to an adult the following steps should be followed by NIRP members:



## Children's First 2015

In circumstances where the concern relates to a child the following steps will be followed by the NIRP:



## Non-Compliance

This refers to circumstances where a HSE or HSE funded agency is refusing to comply with the NIRP's requests for information, engagement and participation in respect of a review process.

All issues of non-compliance will be directed to the National Clinical Director of Quality and Patient Safety, on behalf of HSE, who in turn will direct them to the appropriate National Director for follow up and resolution.

## 20. Content and Layout of the Report

All reports completed by the NIRP will follow the same format and will include:

- Executive Summary
- Introduction
- Profile of Service User(s)
- Background: Legislative Context

- Findings
- Analysis
- Recommendations

## **21. Factual Accuracy and Due Process Procedure**

In conducting a review, the interrelated factual accuracy and due process requirements are an essential part of the overall review process.

It is vitally important for the integrity and credibility of any report produced by the NIRP, that the facts contained in each report are correct. It is also important that the factual accuracy process commences at the start of every review and continues until the final review report is submitted.

To ensure a comprehensive process, the NIRP will communicate regularly with the service at the centre of the review. The NIRP will work closely with the service to ensure that all appropriate documentation is made available to the review team. The review team will continually seek clarification on any issues or facts they are considering, with a view to as far as is possible eliminating any ambiguities to ensure that their analysis is based on accurate information.

Towards the end of the review process, the NIRP will furnish a draft report to the service(s) at the centre of the review. The objective is to enable the service to confirm the factual accuracy of the report. It will provide the opportunity for them to make comments, observations and provide the NIRP with further factual information. The NIRP will consider each of the comments and observations from the service and will provide feedback on changes made.

**Due process** is a separate but interrelated process that runs alongside the factual accuracy process and is integral to the review. It operates in accordance with the principles of natural justice. This is a process whereby **all** individuals referred to in the report (albeit pseudonymised) are provided with the elements of the report that pertain to them. They will be given the opportunity to respond, comment, make observations or provide further factual information to the review team. The NIRP will consider each individual response, comment and observation and make changes to the final report as appropriate. The individual will then receive feedback on all items raised by them and the changes made. This

process will happen independently of the individual's line managers or the senior liaison person and senior accountable officer.

All documentation relating to this process will be retained by the NIRP.

## **Framework**

- Each review will have a review plan which sets out a terms of reference for the review. The review plan will also set out the scope of the review, the membership of the review team, the review commissioner, the key stakeholders and the methodology to be used.
- All NIRP review reports will be pseudonymised to protect the identity of service users, the service and staff.
- All reports completed by the NIRP will undergo legal review prior to the completion of the report, to ensure that the NIRP has adhered to the terms of reference of the review and has fulfilled its obligations in accordance with the principles of natural justice.

## **Factual Accuracy Procedure**

<b>Step</b>	<b>Action</b>
<b>1.</b>	<p><b>The NIRP are commissioned by the HSE to undertake a review.</b></p> <p>A review plan and terms of reference are drafted, shared and discussed with the relevant stakeholders e.g. the service area, the service user/family and the National Clinical Director of Quality and Patient Safety.</p> <p>A Senior Liaison Person (SLP), a Senior Accountable Officer (SAO) and a Local Accountable Officer (LAO) will be appointed from the service area at the centre of the review for the purposes of liaison with the NIRP throughout the review process.</p> <p>All relevant documentation will be requested from the service(s) at the centre of the review.</p> <p>All relevant documentation will be requested from external agencies as appropriate.</p> <p>Regular communication and meetings will be held with the service(s) at the centre of the review to ensure the timely flow of information between the review team and the service. This should</p>

Step	Action
	<p>also ensure timely clarification of issues and facts.</p> <p>The review team will communicate directly with service users, their families and individual professionals as per the review plan. They will to seek to clarify information, facts and issues as appropriate.</p> <p>All meetings that take place with individuals as part of the review process will be minuted. Draft minutes will be issued to all attendees to ensure they are factually correct. A final copy of all minutes will be issued to all attendees.</p>
2.	<p><b>Upon completion of the first draft, the report will be shared with the SAO and LAO of the service at the centre of the review (e.g. the HSE CHO, section 38/39 agency).</b></p> <p>The NIRP will write to the SAO and/or LAO detailing the factual accuracy process, providing them with the opportunity to observe, make comment and correct factual inaccuracies.</p> <p>The draft report will be accompanied with the instruction of who the service can share the report with in order to perform factual accuracy checks.</p> <p>Upon receipt of feedback from the SAO and/or the LAO of the service, the NIRP will consider each of the comments received and provide feedback.</p> <p>This process may occur on more than one occasion as the report is amended, to ensure all parties are accepting the accuracy of the facts contained in the report.</p> <p>Due Process, which is separate but related to the factual accuracy procedure will be conducted with <b>all</b> individuals at the end of the service level factual accuracy process.</p>
3.	<p><b>The NIRP will identify external agencies e.g. An Garda Síochána who are referred to in the report. The NIRP will write to each agency to provide them with the elements of the report that pertain to them.</b></p> <p>Each agency will be requested to confirm the accuracy of the</p>

Step	Action
	<p>information provided to them and/or to provide the NIRP will further comments, observations or factual information.</p> <p>Upon receipt of feedback from the agency, the NIRP will consider the items of feedback received.</p> <p>The NIRP will provide the external agency with feedback on their submission.</p>
4.	<p><b>The NIRP will share the final draft report with the SAO of the service at the centre of the review, allowing them to make any final observations, comments or corrections.</b></p>

**Due Process for individuals mentioned in the report [providing the opportunity for them to comment on the factual accuracy of the report]**

Step	Action
1.	<p><b>The NIRP will identify <u>all</u> individuals mentioned in the report; this will include all professionals including those who no longer work in the service, service users and family members.</b></p> <p>Upon completion of the service level factual accuracy process, the NIRP will initiate the Due Process stage of finalising the report with the individuals referred to in the report. The NIRP will write to all individuals identified (including those professionals who have already participated in the factual accuracy process) and provide them with the elements of the report that pertain to them. This serves to offer each individual an opportunity to respond, comment and make observations, on the report or share further factual information with the NIRP, on their own behalf.</p> <p>Upon receipt of feedback from each individual, the NIRP will consider the comments received and make any appropriate changes to the report.</p>

	The NIRP will provide each individual with feedback on their submission.
<b>2.</b>	<b>Upon completion of the factual accuracy and due process procedures and following legal review of the draft report, the final report will be submitted to the HSE commissioner.</b>

## **22. Parallel Reviews and Investigations**

Parallel reviews and investigations may include, but are not limited to; HR processes, Trust in Care investigations and/or An Garda Síochána investigations.

Where harm of a service user is identified at the outset of a NIRP review process, the HSE must consider whether there is a concern relating to the behaviour, competence or accountability of an employee(s). In these circumstances the HSE must consult with Human Resources (HR) to determine if a separate HR investigation is required. As per the HSE's Incident Management Framework (2020) *'the review commissioner must ensure there is separation between the processes to ensure that each process remains robust and retains the integrity required to achieved the intended outcome in a timely manner'* (p. 32).

Parallel review/investigation processes can continue, however, consultation should take place to ensure clarity of roles and responsibilities.

In circumstances where there are concerns or allegations of abuse of a vulnerable adult the HSE must consider whether processes such as Trust in Care and/or reporting to An Garda Síochána are required. As above an NIRP review can continue in parallel with these processes with appropriate consultation.

## **23. Quality Assurance of Review Reports**

Prior to finalising the report, the Chairperson of NIRP must ensure that:

- The review has been pseudo-anonymised;
- The report is within the scope outlined in the Terms of Reference;
- The review process applied was consistent with the Review Plan;
- There are clear linkages between the findings of fact, analysis, and recommendations;
- The recommendations or key learning points made are practical and proportionate to the findings;
- The recommendations must be designed to facilitate learning;
- The process applied has adhered to the principals of natural justice and due process;
- The report has been peer reviewed;
- The report has been reviewed from a legal perspective.

## **24. Publication of the Review Report**

The NIRP complete all reviews within the framework of the HSE's Incident Management Framework which states '*reports relating to service users are personal to the service user and their relevant person(s) and as such are not generally published*' (pg. 35).

The NIRP have no authority to publish any report completed by them. The report is submitted to the HSE commissioner upon its completion. The NIRP will furnish the commissioner with an executive summary which may be appropriate for publication within the context of sharing the learning. Any decision to publish an NIRP report or executive summary is entirely a matter for the HSE.

## **Dissemination of Learning**



The decisions regarding how dissemination of learning will take place lies with the National Director Community Services. The NIRP will participate in learning events relating to reviews, as appropriate.

## **25. NIRP Register**

The NIRP Chairperson will establish a register of all reviews undertaken by the NIRP. This register will include the details of review, the key findings, the key learning points and recommendations.

**Guidance Document Review Date: 2 years from date of publication or earlier if required.**

## Appendix 1

### NIRP Referral Form

Section 1: Notifying Agency Details			
Agency Name:		Date Agency Notified of Concern:	
Name:		Position:	
Email:		Phone:	
Address:		CHO Area:	
Senior Accountable Officer (SAO):		Senior Liaison Person (SLP):	
Position:		Position:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Section 2: Service User Details			
Name:		D.O.B:	
Gender:		Phone:	
Address:		Service Type:	Residential <input type="checkbox"/> Day Care <input type="checkbox"/>

			Home Care <input type="checkbox"/>
			Respite <input type="checkbox"/>
			Other <input type="checkbox"/>
<b>Is the Service User aware of this notification?</b>			
<b>Brief Description of Service User:</b>			
<b>Section 3: Incident Details</b>			
<b>Please Complete the Chronology Document attached to this form.</b>			
<b>Section 4: Other Agencies Notified</b>			
<b>Organisation</b>	<b>Yes</b>	<b>No</b>	<b>Date Notified</b>
<b>Coroner</b>			
<b>An Garda Siochana</b>			
<b>Safeguarding &amp; Protection Team</b>			
<b>Tusla</b>			
<b>HIQA</b>			
<b>Advocacy Service</b> <i>(If 'Yes' please complete section</i>			

5)				
<b>Section 5: Independent Advocate Details</b>				
<b>Name:</b>			<b>Title:</b>	
<b>Address:</b>			<b>Phone:</b>	
<b>Email:</b>			<b>Are they aware of this notification?</b>	
<b>Section 6: Family/Carer Details</b>				
<b>Name:</b>			<b>Address:</b>	
<b>Phone:</b>			<b>Email:</b>	
<b>Relationship to Service User:</b>			<b>Are they aware of this notification?</b>	

Section 7: Details of Other Professionals Involved			
<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>		<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>	
<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>		<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>	
<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>		<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>	
<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>		<b>Name:</b> <b>Profession:</b> <b>Work Address:</b> <b>Telephone:</b> <b>Email:</b>	

Section 8: Details of Person Completing Notification:			
<b>Name:</b>		<b>Position:</b>	
<b>Declaration: I confirm that I am authorised to make this referral:</b>			
<b>Signed:</b>		<b>Date:</b>	

FOR OFFICE USE ONLY

To be completed by NIRP:

Section 8: NIRP			
Date Received:		Review ID:	
Date sent to NIRP Chair:		Date confirmation letter sent to referrer:	
Signed:			

Section 9: To be completed by NIRP Chair			
Date Received by Chair:			
Recommendation to proceed to Review:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Terms of Reference enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If not proceeding to review, alternative process	
--	--

<b>recommended:</b>	
<b>Reason to proceed/not proceed:</b>	

<b>Signed by NIRP Chair:</b>	
------------------------------	--



## Appendix 2

### Chronology Document

<b>Name of Service User:</b>		<b>D.O.B:</b>	
<b>Address:</b>			
<b>Name of Person Completing Form:</b>		<b>Position:</b>	
<b>Work Address:</b>		<b>Telephone:</b>	
<b>Email:</b>			

### Section 1

Family Composition		
Relationship to [Service User]	Name	DOB/Age/DOD

### Section 2

***Complete this section in chronological order i.e. starting with the first concern/incident***

<b>Chronology of Events</b>			
<b>Date</b>	<b>Detail of Concern/Incident</b>	<b>Actions</b> (Including referrals to external Agencies)	<b>Source of Information</b> (Name of file and location in file, index the information).

### Section 3

<b>Signed:</b>	
----------------	--



## Appendix 3

### Terms of Reference and Review Plan

<b>Ref Number:</b>	
<b>Name of Service User:</b>	
<b>D.O.B:</b>	
<b>Address:</b>	

<b>Agency:</b>	
<b>Address:</b>	
<b>Senior Liaison Person:</b>	
<b>Phone:</b>	
<b>Email:</b>	

<b>CHO:</b>	
<b>Address:</b>	
<b>Senior Accountable Officer:</b>	
<b>Phone:</b>	
<b>Email:</b>	

## 2. Commissioning Contract

[Outline the responsibilities and commitments on each side]

## 3. Terms of Reference

### ***Introduction:***

[Brief description of what is being reviewed e.g. this review is in relation to an incident which occurred in (location) on (date). The commissioner must be identified.]

### ***Purpose:***

[Detail the rationale and set out what the review is required to examine e.g. *'To establish the facts relating to <the incident>, to identify the key causal factors, to identify the key learning points and make recommendations'*.

### ***Scope:***

[Period of time to be reviewed e.g. *'from admission to service to present day'* and identify the issues that are the central focus of the review e.g. *'identify the factors that led to <incident> on <date> and the response from the agency in preventing a recurrence'*.

***Membership of Review team:***

[Names, titles, lead reviewer]

***Objectives***

[The policy under which the review is being carried out]

[The need to ensure the principles of natural justice and fair procedure are adhered to]

[The final report will be submitted to the Commissioner]

***Timeframe for completion***

***Communication during the Review***

[Outline how key participants in the review will be communicated with, the service user, family members, staff members. If liaison persons and advocates are appointed, their roles should be outlined here.]

If communication queries are made by an external party these will be directed to the Commissioner of the review for response.

**4. Roles of Senior Accountable officer and Senior Liaison Person**

**5. Methodology**

**6. Access to Documents**

[Detail what documents will be viewed and how they will be accessed.]

**7. Interface with other processes**

[If other processes/reviews/investigations are occurring parallel to this process document how this review team intend to manage that].

In general, with the exception of some investigations conducted by An Garda Siochana, there is no impediment to the review of incidents proceeding.

## **8. Confidentiality**

## **9. GDPR**

## **10. Consent**

## **11. Escalation process**

## **Appendix 4**

# **Report Template**

# **Independent Review Report**

## **Ref: [0000/0/0]**

## **Month and Year**

## **TABLE OF CONTENTS**

### **EXECUTIVE SUMMARY**

### **1 INTRODUCTION**

#### **1.1 INTRODUCTION**

#### **1.2 THE REVIEW TEAM**

#### **1.3 TERMS OF REFERENCE**

#### **1.4 METHODOLOGY**

### **2 PROFILE OF [NAME OF SERVICE USER]**

#### **2.1 BACKGROUND**

### **3 FINDINGS**

#### **3.1**

#### **3.2**

#### **3.3**

### **4 ANALYSIS**

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### **5 LEARNING POINTS**

#### **5.1**

#### **5.2**

#### **5.3**

### **6 RECOMMENDATIONS**

#### **6.1**

### **7 APPENDICES**



## **National Independent Review Panel (NIRP)**

### **Purpose**

The NIRP has been commissioned by the National Director of Quality Assurance and Verification, HSE to undertake this review. Reviews are undertaken when specific criteria have been met and when concerns relate to service users who are or have been in receipt of a HSE or HSE funded service.

This review process will remain person centred and the focus will be, to establish the facts and identify the key learning points. The review process will make recommendations which will bring about improvements in the quality and safety of services and prevent similar future recurrences.

### **Mission Statement**

The NIRP is committed to promote learning and best practice by reviewing serious adverse incidents of a safeguarding nature in a professional timely manner, with a view to assisting the social care sector to improve its services and safeguarding responsibilities and prevent similar incidents occurring in the future.

## **EXECUTIVE SUMMARY**

- 1. INTRODUCTION**
- 2. PROFILE (BACKGROUND)**
- 3. FINDINGS**
- 4. ANALYSIS**
- 5. LEARNING POINTS**
- 6. RECOMMENDATIONS**

## **1. INTRODUCTION**

**1.1** [Briefly outline why this review is taking place.]

**1.2 The Review Team** [This will include short biographies on the authors]

### **1.3 Terms of Reference**

**1.4 Methodology** [Outline exactly how the review will be carried out: desktop, meeting with individuals, how the information has been sourced and retrieved and involvement of person at centre of review and family members.]

## **2. PROFILE OF [SERVICE USER]**

### **2.1 Background**

[Profile of person to include, age described as in their 30's, 40's etc (not DOB to increase anonymity), family, current living circumstances and services the person is currently linked to]

[Outline key milestones during the period under review, where the person lived during this period, members of family who lived with the person or had strong contact with them. Include a genogram]

### **3. FINDINGS**

#### **3.1**

[Outline the information pertinent to the concerns that are being reviewed.]

## **4. ANALYSIS**

### **4.1**

[Examine how and why: events occurred, information was shared, decisions were or were not made and actions that were or were not taken. This section should address the Terms of Reference and key lines of enquiry. Highlight good practice.]

## **5. LEARNING**

### **5.1**

[Highlight key areas for learning. The learning points in this section will correlate directly with the recommendations in the next section. State any early learning and if it has already been acted on.]

## **6. RECOMMENDATIONS**

### **6.1**



## **7. APPENDICES**

## Appendix 5

### Standards for NIRP Review Reports

The National Independent Review Panel (NIRP) will produce reports that will be written by various authors. It is important that reports produced on behalf of the NIRP are of a consistent standard and format. The standard NIRP report template must be used for all review reports produced. The following standards should be adhered to by authors.

- Font face: Verdana, size 12 and spacing 1.5
- Use left aligned text only.
- Pages numbered on bottom right hand side.
- Numbered headings with individually numbered subparagraphs.
- Dates: Day/Month/Year e.g. 24 January 2018
- Time: Use 24hr Clock 09:00, 17:15
- Referencing: Use the **Harvard System** e.g. (Lynch & Drew, 1997, p.59) for a direct citation or (Lynch & Drew, 1997) for paraphrasing or referring to their work.

Bibliography: [Author]. (Year) [Title of Book]. [*Location*]: [Publisher].

- **When referencing material from files/documentation relating to the case under review. Make a copy of the specific document and place in a separate file.**

**Within the body of the report, cite the name of the file where you have taken the document from, date of document and index number – this is for the purposes of quality assurance and these references will be removed from the report before it is submitted in final draft to the Commissioner.**

- Numbers: All numbers under one hundred (e.g. ninety-nine), rounded numbers (e.g. four hundred, two thousand, one million) and ordinal numbers (e.g. third, twenty-fifth) should be written in words.
- Use digits for numbers greater than one hundred and in the following situations:

<b>Use Digits</b>	<b>Examples</b>
Numbers above 100	I counted 3987 books in the library.
Money	Stan noticed that €45 was missing from his wallet.
Measurements	Use digits with a measurement symbol e.g. 55 cm
Percentages	Use 64%
Surveys	3 out of 5 students have a part time job.

## **Writing Style**

- Only the title page, the executive summary, the introduction, and the references should start on a separate page; the other sections should not. However, a heading needs to indicate the beginning of each section.
- Sections and Paragraphs – each section of the report must be numbered. Within each section, each paragraph must be numbered.
- Clarity – explain issues, findings and recommendations.
- Brevity – regarding the volume of information within the report, keep it as succinct as possible.
- Simplicity – Avoid long sentences. Use two sentences instead.