



An Roinn Sláinte
Department of Health



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE and the Department of Health

Protocol

**Communications in relation to major/significant
patient/service user safety incidents and issues of
concern**

9th August 2019

1. Purpose

The purpose of this protocol is to:

- i. Describe the communication process between the Department of Health (DoH) and Health Service Executive (HSE) in respect of major/significant patient/service user safety issues and incidents.
- ii. Ensure that this flow of information is timely and relevant

This Protocol deals with the communication process between the DOH and the HSE only. Both the DoH and the HSE will develop and use their own internal communication and other protocols to clarify steps required to seek and obtain a 'final report' with appropriate time to respond to the incident or issue.

The timely collation and provision of a final report are essential in such cases.

2. Major/significant patient/service user safety incidents and issues of concern

This protocol relates to major or significant patient safety incidents and issues of concern such as:

- Significant/major on-going patient/service user safety risks
- Significant/major safety implications for a particular service or patient/service user group
- Media reporting of potential patient/service user issues and incidents where there is a requirement to assure the public and the DoH of patient/service user safety
- Any other patient/service user safety issue that either the DOH or the HSE deems is of significant importance to require the DoH to be informed.

3. How these major/significant incidents/issues are identified

Major patient/service user safety incidents and issues of significant concern can come to attention at national level through a number of routes including but not limited to;

- Concerns arising from regular audit or performance management information.
- HSE Performance Assurance Reports.
- Incident management processes.
- Concerns/complaints expressed by patients/service users and families, staff or the public.
- Media reports of patient/service user safety incidents, including inquest reports and litigation cases.
- Political representations and parliamentary questions.
- State Claims Agency and Regulatory Bodies.

4. Communication of major/significant patient/service user safety incidents and issues

The communications process refers to the immediate requirements for notifying potential or actual major/significant patient/service user safety incidents and issues.

The DoH and HSE will make a decision on any on-going communications or assurances to be provided to the Department if these are required.

This protocol acknowledges that the primary responsibility within the HSE for the notification and management of patient/service user safety incidents lies with Acute and Community Operations, the HSE's Quality Assurance and Verification Team – QAV (Office of the CCO) and the services for which they are accountable and that the primary working relationship for these is with the appropriate Line Division within the Department.

From the HSE to the Department of Health

Based on an assessment of the incident/issue, the relevant HSE National Operations area (acute or community) makes a decision whether to notify QAV and activate this protocol. Where such a decision is made the relevant HSE National Operations area will prepare a report on the matter based on the minimum information requirements set out in Appendix 1 of this protocol. When the relevant HSE operational area feel the benefit of submitting a partially complete template outweighs the risk of delaying submission to have all data included, an initial partially complete template will be submitted - followed by later update. This will be the exception. This report will be prepared in the shortest time possible and forwarded to QAV. These briefings will be communicated by QAV to the Director of the National Patient Safety Office (NPSO) in the Department of Health and copied to the relevant Operations National Director and Quality and Patient Safety Lead.

When in the view of an HSE National Director of Operations there is an immediate need for the Department of Health to be made aware of an issue in advance of the minimum data set in this protocol being available, nothing in this protocol will be understood to warrant a delay in urgent contact being made between the relevant HSE and Department of Health operational teams

From the Department of Health to the HSE

In the case of major patient/service user safety concerns raised with or identified by the Department these will be notified to QAV for attention by the Director the NPSO.

QAV will forward the detail of the patient/service user safety concern/ enquiry to the relevant service Division within the HSE.

QAV as the primary point of contact within the HSE for the NPSO will provide, a timely response to the NPSO with the information required as appropriate to the nature of the incident or issues raised.

Note: The person making the notification should also seek confirmation from the person being notified that they have received the communication. This is particularly important if the issue arises outside normal working hours.

5. Minimum information required for communication of major/significant patient/service user safety incidents/issues

When notifying patient/service user safety incidents there is a minimum amount of information required. This is set out in Appendix 1.

No personal identifying information should ever be included

On-going updates will be provided to the Department as required.

6. Requests for updates

In line with the Performance and Accountability Framework, the Department of Health will from time to time require updates and information related to patient safety issues, in order to ensure an effective oversight role and timely update for the parliamentary system. The Department will be cognisant of the need to enable services to focus on the on-going management of issues notified and reasonable requests for updates should be based on the nature of the issue and the requirement for appropriate ongoing assurances and up to date information. The following are examples which would fit this criterion

- Where there is a need to receive an update to respond to a parliamentary, ministerial or media matter.
- Where there is a requirement for update and/or assurance related to a patient safety issue.
- Where circumstances relating to the notification significantly change at a service level requiring an updated briefing to the NPSO/Minister

7. Conclusion of update process via the Communications Protocol

Once the incident/issue has been managed and has been brought to conclusion, communication on any related matters, e.g. service issues, should revert to usual processes.

When the incident/ issue has been brought to a conclusion, communications via the protocol can be reactivated if necessary, including if new information should emerge or a criteria in section 2 above is met.

8. Review of the Communications Protocol

This Protocol will be reviewed on an annual basis and can be further developed and modified, informed by incidents and their management.

Appendix 1: Minimum information required for all services¹

HIGHLY CONFIDENTIAL

Briefing Category – (please tick one)

Incident

Issue

1. If this briefing relates to an incident please include NIMS/ IIMS Incident Number

2. General information

- Date of incident or issue identified
- National Operations Division to which the incident or issue pertains e.g acute, community etc.
- Location and speciality/sub-speciality or service to which the incident or issue relates
- Is this incident/issue being managed in line with relevant HSE Policy

3. Details of persons relating to the management of this incident/issue

- The name, role and contact details of the Senior Accountable Officer
- Who is the primary point of contact within the HSE for queries in relation to this incident or issue if different from the Senior Accountable Officer?
- Is there a named person responsible for managing this incident or issue at the location of the incident/issue?

4. Summary of case details/ incident/ issue

- Brief description of incident or issue (no personal details to be provided)
- Is this a Serious Incident?
- Is this a Serious Reportable Event (SRE)? (if yes, category and classification to be identified)

▪ If there is a person(s) or family affected by this issue/incident

- Have the immediate care needs of the person(s) and family affected been attended to?
- Has a service user/family liaison person been assigned?
- Is there a requirement for 'Open Disclosure' and if yes, has this happened and if not is there a plan in place to give effect to this?

5. Preliminary assessment

- Has an initial assessment been undertaken in relation to this incident/ issue?
- Have any immediate safety concerns that may affect other persons been identified as a consequence of this assessment? (If yes, have any identified concerns been addressed?)

¹ The information contained in this briefing is based on facts available at the time of completion and may be subject to change when further information becomes available

6. Assessment and Review

- *Is a further review required planned?*
- *If not, what is the rationale for this decision?*
- *If yes, what is the nature of that review?*
- *Is it internal/ external to the service? (please indicate which one of the following applies)*
 - *Membership of the team internal to the team/department/NAS Operational Region*
 - *Membership of the team internal to the service/hospital/NAS Operational Area*
 - *Membership of team external to the service/hospital but internal to the CHO/Hospital Group/NAS Corporate Area*
 - *Membership of the team involving persons external to the CHO/Hospital Group/NAS Directorate*
- *When is it expected that this review will be completed?*

7. Communications

- *Is there a communication plan including a media plan in place?*
- *If yes, at what organisational level is this plan being co-ordinated?*
- *Is this issue the subject of media attention?*
- *Please attach copies of any media statements issued.*

8. Other critical information

- *Is there any other critical information that needs to be included?*

Form completed by:

Date: