HSE and the Department of Health

Communication Protocol

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

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Approved by:	National Clinical Director NQPSD HSE/ National Patient Safety Office Department of Health
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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 timely briefing or update as required.

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

This protocol relates to <u>major or significant patient safety incidents and issues of concern</u> 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.
- Lookback Review as described in the HSE Lookback Review Guideline 2022

3. How these major/significant incidents/issues could be 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 other Indemnifiers.
- 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 major/significant patient/service user safety incidents and issues of concern lies with the service involved and follows the governance for health and social care whether within a Health Region or a national service.

From the HSE to the Department of Health

Based on an assessment of the major/significant patient/service user safety incident or issue of concern, the relevant service, observing its own governance notifies National Quality and Patient Safety (via the agreed e-mail QRSTullamore) for onward communication. The service will prepare the patient safety notification based on the criteria set out in section 2. The minimum information requirements are set out in Appendix 1 but in exceptional circumstances, and in the interest of any necessary urgent escalation, a partially completed template may be submitted. All patient safety notifications will automatically be sent to the National Patient Safety Office (NPSO) in the Department of Health.

This protocol does not preclude communication between the relevant HSE and Department of Health operational teams however all patient safety issues/incidents, that meet the criteria set out in section two above, must be communicated through the Patient Safety Protocol either in advance or at the time of such communication.

The PSP does not replace or substitute other reporting requirements to regulators etc. Standard reporting on the NIMS system is a prerequisite for incidents.

From the Department of Health to the HSE

Should the Department of Health become aware of any patient safety issue/incident then the communication channel is aligned with this process. This means that the NPSO contacts the National Quality and Patient Safety team in the HSE who in turn liaise with the relevant service. Routine communication is via the agreed email (QRSTullamore).

Please note that National Quality and Patient Safety within the office of the Chief Clinical Officer is the only national point of contact for the NPSO within the HSE.

Note: The person or office sending the relevant correspondence should also seek confirmation from the person or office being contacted 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 or issues 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

This process outlined above will also be observed for updates on existing patient safety protocol communication.

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 two above is met.

8. Review of the Communications Protocol

This Protocol remain under constant review in the context of Slaintecare implementation and changes to national and regional quality and patient safety structures in the HSE.

Appendix 1: Minimum information required for all services[1]

Briefing Category – (please tick one)

Incident   ☐

Issue   ☐

1. **If this briefing relates to an incident please include NIMS/ IIMS Incident Number** *Click or tap here to enter text.*

2. **General information**

   - *Date of incident or issue identified* *Click or tap here to enter text.*
   - *Health Region or national service to which the incident or issue pertains.* *Click or tap here to enter text.*
   - *Location and specialty/sub-specialty or service to which the incident or issue relates* *Click or tap here to enter text.*
   - *Is this incident/issue being managed in line with relevant HSE Policy* **Y** ☐   **N** ☐
   - *Name relevant policy* *Click or tap here to enter text.*

3. Details of the Senior Accountable Officer of the Service relating to the management of this incident/issue

   - *The name, role and contact details of the Senior Accountable Officer* *Click or tap here to enter text.*
   - *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?* *Click or tap here to enter text.*
   - *Is there a named person responsible for managing this incident or issue at the location of the incident/issue?*
     Y ☐   **N** ☐

4. Details of HSE Regional Executive Officer or relevant National Director/Lead relating to the management of this incident/issue

   - *The name, role and contact details of the Regional Executive Officer/National Director* *Click or tap here to enter text.*

5. Summary of case details/ incident/ issue

   - *Brief description of incident or issue (no personal details to be provided)* *Click or tap here to enter text.*
   - *Is this a Serious Incident?* **Y** ☐   **N** ☐
   - *Is this a Serious Reportable Event (SRE)? (if yes, category and classification to be identified)* **Y** ☐   **N** ☐
     Click or tap here to enter text.

6. 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? **Y** ☐ **N** ☐
- Has a service user/family liaison/designated person been assigned? **Y** ☐ **N** ☐
- 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? **Y** ☐ **N** ☐ *Click or tap here to enter text.*

7. Preliminary assessment

- Has an initial assessment been undertaken in relation to this incident/ issue? **Y** ☐ **N** ☐
- 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?) **Y** ☐ **N** ☐ *Click or tap here to enter text.*

8. Assessment and Review

- Is a further review required planned? **Y** ☐ **N** ☐
- If not, what is the rationale for this decision? *Click or tap here to enter text.*
- If yes, what is the nature of that review? *Click or tap here to enter text.*
- 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 **Y** ☐ **N** ☐
    - Membership of the team internal to the service/hospital/NAS Operational Area **Y** ☐ **N** ☐
    - Membership of team external to the service/hospital but internal to the Health Region/national service **Y** ☐ **N** ☐
    - Membership of the team involving persons external to the Health Region/national service **Y** ☐ **N** ☐
- When is it expected that this review will be completed? *Click or tap here to enter text.*

9. Communications

- Is there a communication plan including a media plan in place? **Y** ☐ **N** ☐
- If yes, at what organisational level is this plan being coordinated? *Click or tap here to enter text.*
- Is this issue the subject of media attention? **Y** ☐ **N** ☐
- Please attach copies of any media statements issued.

10. Other critical information

- Is there any other critical information that needs to be included? **Y** ☐ **N** ☐ *Click or tap here to enter text.*

Form completed by: *Click or tap here to enter text.*

Date: *Click or tap here to enter text.*

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