



## HSE Safety and Quality Committee Meeting

### Minutes

A meeting of the HSE Safety and Quality Committee was held on Friday 24 March 2023 via MS Teams.

**Committee Members Present:** Prof Deirdre Madden (Chair), Dr. Cathal O’Keeffe, Dr. Yvonne Traynor, Ms. Anne Carrigy, Ms. Jacqui Browne, Dr. Anne Kilgallen, Ms. Mary Culliton

**HSE Executive Attendance:** Dr. Orla Healy (ND QPS), Niamh Drew (Deputy Corporate Secretary)

**Apologies:** Prof. Fergus O’Kelly, Ms. Margaret Murphy

**Joined the meeting:** Item 3: Maria Lordon Dunphy (AND Quality & Patient Safety Directorate, Lead Quality Improvement and National Centre for Clinical Audit), Lorraine Schwanberg (AND Incident Management), Jennifer Martin (Clinical Lead QPS Intelligence), Dr. Maureen Flynn (Director of Nursing, QPS Connect Lead NQPSD and ONMSD), Dr. Mary Browne (Clinical Lead QOS Educate, Quality and Patient Safety Directorate). Item 4: Dr. David Hanlon (NCAGL Primary Care), Prof. Mac MacLachlan, (Clinical Lead), Mr. Mike Walsh (Programme Manager). Item 5: Angela Tysall (HSE Lead for Open Disclosure). Item 7: Dr. Siobhan Ni Bhriain (NCD, Integrated Care), Anne Horgan (General Manager, CDI). Item 8: Dr. Colm Henry (CCO). Item 9: Patrick Lynch (ND GR), Damien McCallion (COO). Item 10: Yvonne O’Neill (ND Community Ops), Dr. JP Nolan (Head of Quality and Patient Safety, Community Ops)

Minutes reflect the order in which items were considered and are numbered in accordance with the original agenda.

## 1 & 2. Governance and Administration

### 1.1 Welcome and Introductions

- The Chair welcomed the Committee members to the meeting.



- The Committee held a private session where the Chair provided a summary of the agenda, the relevant papers and approach to conducting the meeting, noting that the focus of the meeting would be to receive updates on key items and to suggest relevant actions as they became apparent.

## **2. Governance and Administration**

### **2.1 Declarations of Interest**

Ms. Kilgallen declared that she is on the Board of Children’s Health Ireland.

### **2.2 Minutes**

The Committee approved the minutes of the 10<sup>th</sup> February 2023.

### **2.3 Matters for Noting: SQ Committee Annual Report 2022**

A discussion was held on some additions to add to the Annual Report.

### **2.4 Matters for Noting: SQ Committee Assessment 2022**

The Committee agreed to fill out the SQ Committee Assessment individually and return their scores.

### **2.5 Matters for Noting: SQ Committee Workplan July - December Suggested Topics**

The Committee agreed to further consider themes and topics that should be included in the Workplan for July to December and send these to the Board office.

## **3. Patient Safety Strategy**

*Lordon Dunphy, Ms. Schwanberg, Ms. Martin, Dr. Flynn and Dr. Browne joined the meeting at 11.00.*

*“Patient Safety Strategy (PSS) 2019 – 2024 Progress update on delivery of the strategy commitments”. The NQPS Leadership team presented progress reports on the 6 key themes in the Patient Safety Strategy. The Chair acknowledged the significant volume of work carried out by the NQPS team and it was agreed that a member of the team would address one of the six*



commitments at each of the Safety & Quality meetings for the remainder of the year.

Dr. Browne suggested that the CEO team would benefit from completing the E-Learning Programme.

#### **4. National Clinical Programme for People with Disabilities**

*Dr. Ní Bhriain, Prof. MacLachlan, Mr. Walsh and Dr. Hanlon joined the meeting at 11.45.*

Prof. MacLachlan outlined the context of the NCP 'People with Disability' (NCPPD) Programme. In terms of the layers of systems change, he provided an update on the status of progressing disability services for children and young people, advising that this piece of work is due to be completed in 2022. He advised the Committee that the transfer of the function from the Department of Health to the Department of Children, Equality, Disability, Integration and Youth is due to be completed this month and that the plan to move to Regional Health Areas was scheduled for 2024.

It was noted that the governance structure for the 31 national clinical programmes report directly to the CCO. It is overseen by 6 National Clinical Advisors and Group leads (NCAGLs), who each have a number of clinical leads reporting to them.

He advised that the World Health Organisation is creating a rights-based model of leadership and governance, which is seen as an Irish initiative within Europe. The Chair suggested a discussion on this at a later meeting once the paper has been finalised.

Prof. Mac Lachlan defined the purpose of the National Clinical Programme for People with Disability (NCPPD) as, "to support the design of effective and efficient assessments, interventions, and supports for people with disability; that are evidence-informed and context-appropriate, and provided within a social and rights based model of disability".

In terms of achieving quality and safe patient care, he outlined the NCPPD collaborations with other stakeholders, namely National Disability Operations, National Disability Planning and Change Delivery, Disability Advisory Group, Other National Clinical Programmes and outside agencies.

He took the Committee through the Programme Activities in terms of Clinical Designs and Broader Disabilities. Specifically, under the Clinical Design activities, Prof Mac Lachlan provided an update on the 'Assessment of Need' process, which was approved within HSE via the CCO Clinical Forum, and advised that the Minister of State at the Department of Children, Equality, Disability, Integration



and Youth had decided to obtain separate legal advice on the matter. He cautioned that this may incur a further delay in the use of AON.

Prof. Mac Lachlan outlined the challenges, risks and opportunities for the Programme and advised of the need for a multi-annual investment strategy in disability services, as outlined in the Disability Capacity Review. He highlighted the challenges associated with large-scale change in children's and related services and also with integrated working and planning between different care groups. He also outlined challenges presented by the Disability Act and the interpretation of the Act. He spoke about recruitment and retention issues in Disability Services, both in the short and longer terms and in terms of meeting the supply line.

A discussion was held on the role of the United Nations Committee on the Rights of Persons with Disabilities (CRPD), the body of independent experts which monitors implementation of the Convention by the States parties. He advised that the Disability Act allows people to claim rights and, once the optional protocol has been ratified, it will allow citizens to report where we fail to comply with the CRPD.

The Committee discussed the importance of 'mainstreaming' from a number of perspectives: in claiming a right to independent living standards, in achieving a new Assessment of Needs, in completing a transfer of functions from the Department of Health to the Department of Children, Equality, Disability, Integration and Youth and in redesigning of the Clinical Programme. Prof. Mac Lachlan acknowledged the importance of the right to independent living standards and advised that it is important for someone in a clinical programme to have a role around mainstreaming. The Committee was advised that there are many discreet projects ongoing with mainstreaming in mind, in addition to two task pieces on support for adults and education, leadership and disability awareness.

There was discussion on 'what a rights-based approach looks like' and Prof. MacLachlan suggested that how to inculcate this ethos more broadly into the programme needs to be explored. Prof. MacLachlan agreed to share the WHO document on a rights-based leadership approach with the Committee and advised that the evidence is strong for this approach. Dr. Ni Bhriain advised that implementation of the Assisted Decision-Making (Capacity) Act will help us greatly in this area and that additional funding had been achieved for this purpose this year.

Dr. Ni Bhriain acknowledged that Mr. Walsh and Prof. MacLachlan are leaving the programme. She



advised that the positions have been advertised and that applications are being short-listed currently. She thanked Mr. Walsh and Prof. MacLachlan for their contribution.

## 5. Open Disclosure

*Ms. Tysall joined the meeting at 12.30pm.*

The HSE Lead for Open Disclosure presented a summary of the key developments from the HSE Open Disclosure Programme for 2022, as outlined in detail in the Annual Report for 2022. Ms. Tysall advised that there had been over 100% increase in the uptake of training in 2022.

A discussion was held about the mandatory training for Open Disclosure. Ms. Tysall advised that Module 1 is mandatory for all staff. In addition, she advised that staff who, as part of their role, may have to engage in formal open disclosure meetings, must also complete Module 2 on HSeLanD. They must also attend face to face skills training.

Ms. Tysall advised that out of a 30% annual target, the overall uptake of training per CHOs and Hospital Groups was at 27% for 2022, with one Hospital Group achieving 94% uptake over the past 3 years. The Committee were advised that monitoring of Open Disclosure is done through the Performance and Accountability Framework. The pending DOH National Open Disclosure Policy framework for 2023 was discussed and it was established that the HSE Open Disclosure Policy will need to be revised to align with the provisions of the framework and the pending Patient Safety Bill.

it was advised that the Patient Safety Bill is progressing through the Seanad. It passed second stage on the 15<sup>th</sup> of Feb and committee stage on 7<sup>th</sup> March and is due to be debated at report stage on 29<sup>th</sup> March. It is expected that it will be enacted in Quarter 2 of 2023.

## 6. Quality Profile

The Committee considered the Quality Profile from the January data cycle.

A discussion was held about the length of timeframes that are set in metrics and whether we should be aspiring to best-practice for waiting times. Dr. Healy advised that targets are based on best practice and consider service limitations. It was suggested that it would be beneficial to have a



benchmark of what is good quality and safe service in the margins of the report, as a reference. It was also suggested that the data be dis-aggregated, to make it more meaningful for the service. Dr. Healy agreed to take the data away to review it from this perspective.

## **7. National Clinical Programme for Integrated Care**

*Dr Siobhan Ni Bhriain and Ms. Anne Horgan joined the meeting at 13.15.*

The National Clinical Director, Integrated Care, Clinical Design & Innovation provided an update on National Clinical Programme from the perspective of Priorities, Risks/Challenges and Modernised Care Pathways.

The programme priorities were presented and Ms. Horgan spoke on the impact of heart failure and advised that virtual consultations have resulted in an 80% reductions in attendances at emergency departments in certain areas. Eight risks/challenges were presented, ranging from the absence of protection of liberties legislation in the context of the Introduction of Assisted Decision Making Act (ADMA) 2022, to 'Sepsis Awareness'. An overview of scheduled Care Modernised Care Pathways was also provided. It was explained that reform in the context of scheduled care services includes two phases and it was advised that currently more than thirty pathways have received clinical design approval by CCO CAC and seven pathways have been prioritised for funding with commencement to implementation underway 2023. It was advised that an Integrated IT system is due to go to tender at the end of 2023/start of 2024.

## **8. Chief Clinical Officer Report**

*The Chief Clinical officer joined the meeting at 2.30pm.*

An update on winter viruses, the autumn vaccination programme and the therapeutics programme was provided and it was advised that Covid 19 activity remains stable and low.

### **Updates on Specific Functions:**

CervicalCheck is developing and agreeing a plan with the NSCL to increase the number of samples processed by NCSL to 10% of the overall number processed by CervicalCheck. The CCO advised that the Cervical Check programme will always need to have two laboratories available.



The CCO advised that BreastCheck remains a year behind schedule, owing to the pause in screening due to Covid and Covid infection control measures, but that there continues to be gradual improvements. The CCO advised that the NSS has published "*Implementation of Prof MacCraith Report: Review by NSS*" which outlines the progress made by the HSE, National Screening Service and CervicalCheck addressing recommendations from the MacCraith Report. He undertook to provide a short summary of that report by the NSS at the next meeting.

The CCO advised that there were less than five events reported to the OEST in February. The CCO has written again to the hospital group that to date has not engaged with the OEST programme.

The CCO advised that a significant backlog has emerged in the routine reporting times in the regional histopathology service in University Hospital Waterford.

The CCO gave an update on Modernised Care Pathways, there has been an allocation by the Government of €123m, including funding of €43 million on a recurrent basis for the HSE to implement for 2023. The phased national approach to implementation will be supported by appropriate governance and programme management.

The CCO updated the committee in relation to Our Lady's Hospital Navan. The HSE is reviewing the position in relation to the date for the full reconfiguration while it continues to monitor the extended ambulance by-pass. This will come back to the Committee at its next meeting.

The CCO responded to a question raised in relation to the consultant-only prescribing of Cariban and why it cannot be prescribed by GPs. This is a food substance that is unlicensed and is prescribed by a consultants for the first prescription and can then be prescribed by a GP after that. The CCO advised that first access through a consultant has not been an issue to date and activity is included in the Balanced Score Card for board.

In relation to the administration of Intravenous Antibiotics in Residential Care Facilities, it is planned that a steering group will be established and will be co-Chaired by ONMSD and the Chief Officer Nominee, which will bring this piece of work to a conclusion.



In relation to Gender Identity Services, a review of implications of the Interim Cass report for the provision of Gender Identity Services for Ireland has been completed by the National Clinical Director for Quality and Patient Safety. It was advised that the HSE will develop a model of care to reflect the evolving scientific and clinical evidence base, which informs the work on understanding and meeting the health and social care needs of children and young people who express gender incongruence or dysphoria.

The CCO also provided an update on the Patient Safety Bill 2019. He advised that the National Quality and Patient Safety Directorate is making preparations for the HSE to meet the requirements of this and that it is progressing through the House of the Oireachtas currently.

Regarding Letterkenny University Hospital, the CCO advised that the SAOLTA hospital group has been requested to provide a position paper on next steps and outline of plans when the external clinical lead finishes their 6 month post. This is in order to understand the options that will enable oversight to be sustained.

## **9. Risk Management**

*ND GR and the COO joined the meeting at 15.15.*

The Chief Risk Officer [CRO] presented the CRR Q4 2022 Report to the Committee and advised that it had been approved by the EMT and considered by the Audit and Risk Committee at their February meeting.

The CRO referred to an analysis of our corporate risks that he has undertaken, together with a review of each risk which is currently underway. The work to date points to the need for a greater definition of the risks we are managing and the measures we have in place to manage these risks. Once this review is complete, he will be bringing proposals to the EMT and the ARC to improve the understanding of risk and its management.

The COO presented CRR 08, "Safety Incidents leading to harm to Patients" and advised that the risk assessment had been undertaken jointly between the Offices of the CCO and COO.





## 10. National Independent Review Panel (NIRP)

*Dr. JP Nolan and Yvonne O'Neill joined the meeting at 16.00.*

The ND Community Operations provided an update on Implementation of Recommendations of NIRP Reports in relation to the Amy, Brandon and Emily reports. She outlined the Actions Still in Progress for each report and the work completed to date.

It was observed that the Brandon Report was a major springboard to changes and it was advised that the 'Structured Compatibility Assessment' is being looked at as a model in assessing housing needs.

The ND Community Operations advised that independent advocates are involved in terms of advocacy supports.

The COO advised that the biggest challenge faced is how to provide adequate housing. He advised that the CEO is due to meet the Minister of Health in relation to this.

A detailed presentation on Adult Safeguarding was deferred to April.

25<sup>th</sup> April 2023

Signed: \_\_\_\_\_

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**Deirdre Madden**  
Chairperson

**Date**