



HSE Safety & Quality Committee Meeting

Minutes

A meeting of the HSE Safety & Quality Committee was held on Tuesday 12 April 2022 at 13:00pm via video conference.

Committee Members Present: Prof Deirdre Madden (Chair), Ms Jacqui Browne, Dr Cathal O’Keeffe, Ms Yvonne Traynor, Mr Fergus O’ Kelly

HSE Executive Attendance: Dr Colm Henry (CCO), Dr Orla Healy (ND Quality & Patient Safety) Ms. Niamh Drew (Deputy Corporate Secretary), Mr. Jaymie Crone

Apologies: Dr Chris Luke, Ms Margaret Murphy, Ms Anne Carrigy

Joined the meeting: Dr Jennifer Martin (Clinical Lead QPS Intelligence), Ms Sharon Hayden (GM CCO Office), Mr Damian McGovern (Programme Manager, National Trauma Strategy), Prof Keith Synnott (National Clinical Lead Trauma Services), Prof Orla Hardiman (National Clinical Lead Neurology), Ms Dervla Kenny (Programme Manager Neurology), Ms Yasmin Ryan (National Office Trauma Services), Ms Gemma Willis (Patient Advocate)

1. 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 brief summary on the agenda and the relevant papers, noting that the focus of the meeting would be to receive updates on key items and to suggest relevant actions.

1.2 Declarations of Interest

- No conflicts of interest were declared.

1.3 Approval of Minutes

- The following minutes were approved by the Committee: 8th March 2022

2. Chief Clinical Officer (CCO) Report

The EMT Members joined the meeting at 13:30pm.

- The CCO presented his monthly report to the Committee beginning with an update on Covid 19 Pandemic data. He noted that patient acuity and the demand for ICU beds is lower, primarily due to the success of the vaccination programme, but the level of patients being admitted to hospital and testing positive with COVID-19 is currently 53% higher than the rate during the surge in January of this year when mandatory public health measures were in place. COVID 19 data trends over the last week have shown improvement.
- The CCO informed the Committee that the booster uptake remains generally low, particularly in the younger age groups (54.4% uptake for the 18-39 group and 61% in 18-49 group). It is estimated that 716k of the 16+ population remain eligible for booster vaccination with an estimated 193k who are currently ineligible due to having had COVID in the last 3 months.
- The CCO also provided an update to the Committee on Covid 19 Therapies noting that significant progress has been made by the COVID-19 Therapeutics Implementation Working Group to support the roll out of the therapeutics recommended by the Therapeutics Advisory Group.
- The CCO provided an update on Public Health Consultant Recruitment and Reform and informed the Committee that the first five Consultant in Public Health Medicine posts, Area Directors of Public Health, commenced in post on the 28 March 2022 with an objective to lead the reconfiguration of the current ten Departments of Public Health to establish six Public Health Areas, in line with Slaintecare's Regional Health Areas (RHA). The Committee discussed with the CCO the responsibilities and the processes of mapping out the role and responsibilities of these positions.
- The Committee received an update with regards to Consultant Radiology recruitment and retention within the National Screening Service, raised their concerns and discussed proposed solutions. The CCO agreed to provide an update to the Committee at next month's meeting.
- The Committee discussed the update received from the CCO with regards to the proposed additional amendments to the Patient Safety Bill. Concerns were highlighted that inclusion of disclosure of interval cancer to the Bill could imply that interval cancers are patient safety incidents. This is contrary to the three Expert Reference Group Interval Cancer Reports (ERGICR) which outlined interval cancers as recognised, unavoidable, and expected occurrences in population screening programmes. He informed the Committee that the

Chair of the Interval Cancer Legal Framework Committee is planning to write to the Minister for Health to outline the concerns raised. Clarification is being sought in relation to what the amendments are and what they potentially mean for the NSS programme. The Committee discussed these concerns and queried whether patients with diagnosed interval cancer will be informed if something was originally missed. The Committee observed that incidents must be investigated through the HSE Incident Management Framework but if not seen as an incident, then it won't be seen through this Framework or informed to the patient. The Committee requested a paper be brought to the next meeting further detailing the concerns discussed, the definition of an incident in screening, given the expectations of population screening, the current SOP in relation to where an incident is identified, setting out the current post-discovery reporting process of an interval cancer incident for clarity purposes.

- The Committee noted the imminent commencement in June 2022 of the Assisted Decision Making (Capacity) Act 2015 and an update was given with regards to the programme of work to prepare for its commencement. The Committee requested a copy of correspondence between the DoH Secretary General and the HSE CEO that highlight the HSE's perspective on this Act and some concerns arising be shared with them.
- The Committee also received a further update in relation to the situation at OLH Navan. It was noted that no progress has been made since the last Committee meeting. The Committee again highlighted their serious concern in relation to patient safety and risks. The Committee requested that the Committee Chair write to the Chair of the Board asking that a letter be sent by him to the Minister communicating that the reconfiguration will take place in four weeks' time.
- An update was also provided with regards to Letterkenny University Hospital and the Committee were informed that the Clinical Director of Women and Infants Health had discussions with relevant clinicians to discuss what can be done to support LUH with recruitment of staff issues and the proposed recommendations have been passed on to the Chief Operating Officer (COO) for further review. The Chair requested to keep this item on the Agenda for future meetings until it is resolved.

2 Patient Staff Experience

Gemma Willis, Yasmin Ryan, Jennifer Martin, Damian McGovern & Prof Keith Synnott joined the meeting at 2:30pm

- The Committee received a briefing paper produced by the National Clinical Lead and Programme Manager for Trauma Services on people's experience of Trauma.
- The Committee heard that Trauma is the leading cause of death in people under the age of 40 and is an increasingly important cause of death in older people as the population ages and becomes more active.
- It was noted that in similar jurisdictions to Ireland, the introduction of an inclusive trauma system has been shown to reduce the risk of death from trauma by 20-30% with a concomitant reduction in the incidence of long-term disability. The report "A Trauma System for Ireland" recommended the implementation of such a system in Ireland.
- Ms Gemma Willis who attended the meeting by video link, provided a video presentation of her personal experience of experiencing multiple traumatic injuries in a serious accident. She also discussed with the Committee areas where the current system can be improved by the implementation of a trauma system and illustrated how these improvements would have made a difference to her experience of care. She highlighted the importance of ensuring patients are given access to the relevant people and facilities that can provide care and getting the services needed in the appropriate time-frame through having: trauma co-ordinator to liaise with the patient's family; early identification and management of all injuries and identification of need for transfer; single call to single centre; immediate, safe transfer to MTC; single multi-disciplinary outpatient treatment support; single point of contact and co-ordinated care beyond hospital stay.
- The Committee thanked Ms Willis for her video and for sharing her story which was very important and useful in understanding the need for an inclusive trauma system.

3 National Trauma Strategy

- Continuing the discussion on Trauma, Prof Synnott presented a briefing paper and presentation focused on the National Trauma Programme which had been circulated to the Committee prior to the meeting.
- He informed the Committee that the National Trauma Programme is expected to take 5-7 years to implement and the first stage is the commencement of major trauma services at the two designated Major Trauma Centres and Mater Misericordiae University Hospital by the end of Q3 2022 and Cork University Hospital by end Q4 2022.

- The National Trauma Strategy includes 45 key recommendations that will deliver an inclusive Trauma System to ensure that patients will receive appropriate care in the most appropriate facility from Pre-Hospital, Hospital and Rehabilitation and ongoing care.
- The Committee discussed the efficiency and importance of time effectiveness of the transfer of a patient from a trauma unit to major trauma centre. It was noted that geospatial data has been utilized effectively and units are factored to be near motorways and major roads as well as adult and paediatric intensive care retrieval services have been progressed in conjunction with the development of transfer protocols to get people very quickly for transfers.
- The Committee also highlighted the importance of having specialized doctors / consultants of the same standard of expertise in every main unit to reduce the need for transfer e.g. neurosurgery. The Committee queried what would happen if there were no beds available for a transfer. It was explained that the aim of the Trauma Programme is to ensure there is 85% or less occupancy levels maintained so that there is always capacity for transfer patients.

5. Quality Profile

- The HSE Quality Profile Report which provides statistical insights into quality and patient safety data and to support understanding of variation in performance over time, was circulated to the Committee prior to the meeting for consideration. Dr Healy briefed the Committee on the current data and provided follow up information as had been requested with regards to the National Ambulance Service turnaround times, delayed transfer of care and discharges.
- The Committee noted that 10 out of the 11 indicators are dis-improving and highlighted the potential concern of patterns emerging. The Committee noted there is a Quality Improvement Workshop planned in June to further discuss the quality indicators and to address dis-improvements further.

6. Neurology Programme

Prof Orla Hardiman and Dervla Kenny joined the meeting at 4:00pm

- A briefing paper and presentation from the National Clinical Lead and Programme Manager Neurology, on the performance of Neurological Service in Ireland for 2022 was circulated to the Committee prior to the meeting for their review.
- The Committee discussed the necessary recommendations to tackle the issues presented including supporting the continued upscaling of Slaintecare Integrated Fund (SIF) projects that are to be rolled out and improve services in disadvantaged areas as well supporting the development of a 'Hub and Spoke' model of care with integration between acute and

community services to bridge the geographical inequities that exist in Neurological care in Ireland.

- The importance of ensuring the funding required to realise the pathways being developed in collaboration with the Scheduled Care Transformation Office and the development of a specialised service and integrated pathway for persons with Huntington’s disease in Ireland was also highlighted.
- The Committee also commented on the concern that the Neurology services rely heavily on the voluntary/ not-for-profit sector to deliver and integrate essential care between hospital and community for patients and the importance of ensuring appropriate governance structure and mechanisms are in place to fulfil the HSE’s role as clinical providers to the voluntary sector.

7. A.O.B

The Committee held a private session to debrief post meeting.

The meeting concluded at 4:30pm

Deirdre Madden

10th May 2022

Signed: _____

Deirdre Madden
Chairperson

Date