



HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Tuesday 12 July 2022 at 9.00am via video conference.

Committee Members Present: Prof Deirdre Madden (Chair), Dr Yvonne Traynor, Ms Anne Carrigy, Ms Margaret Murphy, Dr Cathal O'Keeffe, Ms Jacqui Browne.

HSE Executive Attendance: Dr Colm Henry (CCO), Dr Orla Healy, Dara Purcell, Patricia Perry, June Robinson.

Joined the meeting: Sinead Lardner (Item 3), Bernard O'Regan (Item 4), Edel Quinn (Item 4), Sean Dineen (Item 7), Dr. Orlaith O'Reilly (Item 7), Dervla Kennedy (Item 7), Sharon Hayden ((Item 8), Fiona Murphy (Item 9), Grace Turner (Item 9), Prof. David Keegan (Item 9), Patrick Lynch (Item 10), Damien McCallion (Item 11), Margaret Brennan (Item 11),

Apologies: Dr Chris Luke, Prof. Fergus O'Kelly.

1 & 2. Governance and Administration

1.1 Welcome and Introductions

The Chair welcomed the Committee members to the meeting. On behalf of the Committee the Chair offered her sincere condolences to Margaret Murphy on the death of her husband Barry.

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.

2.1 Declarations of Interest

No conflicts of interest were declared.

2.2 Approval of Minutes

Minutes of Committee meeting 14 June 2022 were approved.



3. Safe Staffing Framework for Nursing

Sinead Lardner, National Lead for Safe Nurse Staffing and Skill Mix joined the meeting.

The National Lead presented the Framework for Safe Nurse Staffing and Skill Mix (the Framework) to the Committee which had been circulated prior to the meeting. She noted that the Framework had been developed in response to an increasing body of research evidence linking satisfactory nurse staffing to patient outcomes. She outlined the three phases of the Framework, noting that the implementation of the Framework is on a phased basis in Model 4 hospitals. She reported that the implementation of Phase I on General and Specialist Medical and Surgical Care Settings in Adult Hospitals is initially focusing on the nine Model 4 sites. It is envisaged that implementation in these sites will be completed by end 2022. Phase I implementation will then progress to the Model 3 and 2 sites. TrendCare (the acuity and dependency software system to support implementation) is also initially focused on the Model 4 sites and will then progress to the Model 3 and 2 sites.

Phase II of the Framework on Adult Emergency Care Settings was launched at the start of June 2022 and is currently being finalised and the first stage of Phase III on Long Term Residential Care Settings (Nursing Homes) is currently in pilot phase. The Committee discussed staff target ratios noting the methodology is to include bed occupancy and factor in absenteeism and trends which show the demand per shift.

The Committee welcomed the introduction of this new Framework noting that the effect of the introduction of a policy on safe nurse staffing which incorporates a systematic approach to determining nursing and HCA levels has been to stabilise the nursing workforce in the pilot wards; this stabilisation has resulted in a number of improved patient, staff and organisational outcomes including a reduction in missed care and a general increase in staff perceptions that wards are adequately staffed and resourced.

4. National Independent Review Panel: Brandon Report

Bernard O'Regan, Head of Operations – Disability Services and Edel Quinn, Head of Service, Disability Services CH01, joined the meeting.

The Committee was provided with an update on each of the five recommendations made in the National Independent Review Panel - Brandon Report. The CH01 Strategic Working Group was established with an initial meeting held in May 2021 and monthly meetings have taken place since



along with the SWG Project Team Leads meeting on a weekly basis to progress actions and oversee progress.

The Committee received an update on implementation of the recommendations in the Serious Incident Management Team (SIMT II 2020) in CHO1 which was established in January 2020. The SIMT II 2020 initiated a further review from the years 1991 – 2002 in relation to the alleged sexually inappropriate conduct of service users towards other service users in a Disability Services setting, the Sean O’Hare Unit, which is now closed and services transferred to Ard Greine Court.

The Committee was informed that the COO had recommended an external validation of the SIMT2 2021 methodology & decision outcomes therein. This external validation was commissioned in December 2021 and the recommendations from the “Validation Report” are in the process of implementation.

The Chair noted the Committee’s dissatisfaction that this report had been issued externally prior to the Committee receiving it. The Chair asked for the reference in the report that the Safety and Quality committee of the Board of the HSE had recommended an external validation be removed as it is inaccurate. The updated report should then be recirculated.

The Committee was provided with an update on the “Overview Report of Governance and Safeguarding in HSE Designated Centres for People with Disabilities in Donegal in January 2022” and the implementation of the recommendations in the Chief Inspector of HIQA-initiated programme of regulatory inspections in January 2022. Three regulations were identified to assess the overall effectiveness of the HSE supervision, governance, oversight and safeguarding measures in Co Donegal designated centres.

The Committee was informed that measures such as safeguarding planning and additional training and social worker meetings with managers on a quarterly basis have been introduced. A detailed compliance plan has been submitted by HSE CHO1 Disability Services to HIQA to bring services into compliance with the regulations. The compliance plan has been accepted by HIQA and implementation is progressing.

The Committee requested the Terms of Reference for the Human Rights Committee referred to in the Report and for the name of the independent chair to be sent to them. The Committee also requested that the risks as identified in the most recent inspections (Feb/Mar 2022) of designated



centres at Ard Greine Court be reviewed.

Bernard O'Regan and Edel Quinn left the meeting at 11.15am.

5. Quality Profile Summary

Dr. Orla Healy joined the meeting at 12.10pm.

The Committee considered the Quality Profile data from the May data cycle as presented by Dr. Healy which reported on key indicators across seven domains of quality: Safe, Effective, Person-Centred, Timely, Efficient, Equitable, and Better Health & Wellbeing.

The Committee noted that:

Average national performance has been on target for the indicator, "Percentage of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge". It was noted that average national performance is below the 2022 target for the CAMHS indicator and Dr. Healy reported that the CAMHS indicator had stabilised within the last few months. It was agreed that a paper with more detail on the CAMHS indicator would be provided at the September meeting.

The Committee welcomed the improvement in a number of indicators. However, they discussed the fact that the average national performance is below the target in terms of the levels of psychology patients on waiting lists, as is the percentage of ophthalmology patients on waiting list for treatment ≤52 weeks. Dr. Healy explained that the original decline was due to Covid and that this should have stabilised at this stage. Further information will be provided to the Committee on improvements on this target for next month's report. It was also noted that the Child Assessment indicator figures have continued to improve.

Following the Committee review of the indicators, the Committee acknowledged there are areas of good performance reported and agreed to continue to keep the indicators which are not on target, under review.

The Committee requested for the September meeting that the Operations Division provide further information on the cause of below target performance on the CAMHS indicator and sought clarification on why improvements in Ophthalmology have not been sustained.



6. Patient Safety Surveillance System

Dr. Healy gave an overview of the new Patient Safety Surveillance System under development. She advised that links have been established with WHO Patient Safety Flagship, who are interested in collaborating with Ireland as a world leader in developing a National Patient Safety Surveillance System. This Surveillance System is an unprecedented initiative, and no other country has a fully functioning system allowing them to liaise with international colleagues. Dr. Healy advised that the project would feed into the share hub and that the ICT platform will act as a depository for staff and public information. She advised of the use a pilot site, which will be brought as an update to the Committee at a later stage.

She advised that a draft business case was presented to and accepted by the Development Steering Group and the business case will form the basis of applications for funding from the estimates process, Sláintecare or other funding sources in the latter half of 2022. She also informed the Committee that the National Women and Infants Health Programme (NWIHP) have been identified for Phase 1 implementation. Early-stage work has already begun with the scoping phase complete and the 'define' stage underway and on target. An update on the PSS system is due to be brought to the Committee at a later date.

7. Diabetes

Sean Dineen, Clinical Lead and Dr. Orlaith O'Reilly, Programme Manager, joined the meeting at 11.30am.

The Clinical Lead for the National Clinical Programme for Diabetes provided a presentation which was welcomed by the Committee There was discussion on Diabetes within the ECCP, and Diabetes and Technology. It was reported that with regards to "Diabetes within the ECCP", a significant programme of reform is underway in Services for Chronic Disease Management and Services in the Office of NCAGL Chronic Disease. It was explained that the NCP Diabetes have been working on programmes such as Structured Education and Diabetes Prevention programme to address prevention and early intervention.

A discussion took place on the Specialist Ambulatory Care Hubs and the team make-up in the hub including if a nurse practitioner could alleviate the requirement for an endocrinologist in every hub. The Committee was advised that the teams comprise of community and hospital-employed staff but that staffing remains an issue. The ICPCD programme and NCPD have applied to the Scheduled Care Transformation Programme for additional funding.



In relation to “Diabetes and Technology”, an outline of the Freestyle Libre (FSL) and Continuous glucose monitoring (CGM) systems was provided. The Committee was informed that the use of such diabetes technologies is now the standard of care in most European countries and has been shown to result in improved blood sugar control and a reduction in hospital admissions. NCP Diabetes and PCRS are working together to explore mechanisms to address the issues raised by the provision of these technologies based on age-criteria, and a HIQA HTA is being undertaken. The Committee indicated support for the priorities within the programme.

Sean Dineen and Dr. Orlaith O’Reilly left the meeting at 12.10pm.

8. CCO Report

The CCO presented his monthly report to the Committee highlighting the following areas:

- Covid-19 Epidemiology: The data provided in the report was up to 4th July at the time of the meeting. The CCO advised that Covid-19 disease indicators are rising, driven largely by Omicron sub-variants BA.4 and BA.5 and that confirmed positive Covid-19 cases in hospital have increased. At the last SQ meeting there was reference to a media article which stated that Ireland’s COVID 19 death rate is one of the world’s highest. A summary of Ireland’s position was provided in the CCO report from the World Health Organisation and the ECDC, confirming that Ireland is ranked 76th in the world and 19th in Europe for Covid-19 deaths per million cases.
- Potential alignment of the Flu and Covid-19 vaccination programme with an October 2022 commencement date.
- Therapeutics - the Committee was informed that there has been a total of 253 prescriptions notified from 15/04/2022 to 28/06/2022. A specific clinical advisory group has been established to continue to provide clinical advice on current and emerging COVID 19 therapeutics, the governance of which is reporting to the NCAGL for Acute Hospital under the CCO division. The HSE Covid 19 Therapeutics group have now recommended the use of Paxlovid for vaccinated adult patients at high risk of severe disease (adults aged over 75 years or adults aged over 65 years with additional risks) and that this clinical guidance is currently being updated and communicated.



- Ukrainian crisis - There have been almost 40,000 Ukraine arrivals since March and all pathways of care are progressing.
- National Screening Service – an update was provided, noting that the Department of Health have commissioned Dr. Scally to review the progress of his recommendations on his report. The CCO and NSS met with Dr Scally in June with regards to the implementation of the recommendations from the *Scoping Inquiry into the Cervical Check Screening Programme*. The draft report is expected in late July 2022. The CCO also informed the Committee that following the cyber-attack, the Coombe laboratory has not yet been re-opened and this is being monitored.
- Obstetric Event Support Team (OEST) - A detailed discussion was had in relation to OEST and the CCO is liaising with the OEST team in relation to the review of emerging trends, particularly in the ethnic minority population. It was agreed that the CCO would report back on this to the Committee in September.
- The Committee expressed disappointment that a study on “Unplanned Pregnancy and Abortion Care (UnPAC)” had not been brought to the Committee prior to its publication. They were advised that a briefing would be provided to the SQC in September and that this work has been undertaken by the Chief Strategy Office team.
- The Committee was briefed on the proposed establishment of a new group, the “Simulation and Frontline Clinical Innovation Unit”. Its objective is to advance simulation and innovation to support improved healthcare delivery and will be supported by a National Lead for Simulation.
- The CCO also advised that the Clinical Team of the Year award was awarded to the HSE Antimicrobial Resistance and Infection Control Team (AMRIC) at the Irish HealthCare Centre Awards.
- Our Lady’s Hospital Navan – a verbal update on Our Lady’s Hospital Navan was provided to the Committee and the Chair provided an update to the Committee with regards to the Board’s discussion of this matter.



- Letterkenny University Hospital - the Committee was advised that significant progress has been made in terms of engagement, process redesign, increasing capacity, reducing waiting lists, introducing new pathways, systems and services, and recruiting additional clinical and support staff.

9. National Screening Services

Fiona Murphy, Grace Turner and Prof. David Keegan joined the call.

A Report was presented on the Interval Cancer Project which outlined the ERG recommendations and progress made on their implementation. The Committee was informed that the process of “Patient Requested Reviews” is being used as a restorative approach. The six points involved in the restorative approach were explained and the benefits of patient-requested reviews were outlined. Also highlighted were the risks involved in planning and executing Patient Requested Reviews. The communication supports and enablers that are being provided as part of the Patient Requested Review process were outlined and the steps in setting up the Legal Framework Group, including timelines and an update on the progress to date, were discussed. A briefing on the concept of the “International Agency for Research on Cancer (IARC) Collaboration Summary” was provided to the Committee and it was noted that the National Screening Service, Department of Health, and the IARC, part of the World Health Organisation, have formed a collaboration to prepare strategic guidance on best practices related to cervical cancer screening.

As an action, it was agreed that a communication plan would be put in place, and it was agreed to ensure that Communications would have enough information to support the wider stakeholders. These include, for example, the public, screening participants, laboratory service providers and people who have requested a PRR. Chair advised that representations have been made to the Minister for Health regarding the draft Patient Safety Bill.

Fiona Murphy, Prof. Keegan and Grace Turner left the meeting at 3.15pm.

10. Corporate Risk Register Q2 Report 2022

Patrick Lynch, Damien McCallion and Margaret Brennan joined the meeting

P. Lynch presented on the Corporate Risk Register Quarter 2 Review advising that the Corporate Risk Register was approved by the EMT at their meeting on the 28 June 2022. He advised that it had been tabled for review by the ARC at a dedicated workshop on 7 July 2022. He added that two



new risks were added to the CRR during Q2 2022: Risk 18 “Assisted Decision Making” and “Risk 19 Invasion of Ukraine”.

The Chair also mentioned the new Risk, “*Assisted Decision Making*” has been allocated to the SQC and will come to the Committee in Sept for discussion.

11. Risk Management

Patrick Lynch, Damien McCallion and Margaret Brennan

The COO advised that there is a significant amount of collaboration required for the management of Risk No. 008 and set out a number of actions. He advised that a full review of this risk be carried out, which will include working with the COO office and will be reviewed by the COO Risk Management team. He advised that an internal group with external expertise could be included and that this ought to be included in the Terms of Reference. The Chair advised that the rate description for the risk brought to the Audit and Risk Committee in June ought to be reconsidered and the CRO definition to be clarified. The COO agreed to revise this and link it into Patient Safety Strategy. It was agreed that the COO would present the new risk, “Assisted Decision Making”, for a detailed discussion at the September meeting.

AOB

The Chair thanked Committee Members for attending.

The meeting ended at 3.55pm.

Signed: 
Deirdre Madden
Chairperson

13 September 2022

Date