



HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Tuesday 11 October 2022 at 9.00am via video conference.

Committee Members Present: Prof Deirdre Madden (Chair), Ms. Anne Carrigy, Ms. Jacqui Browne, Ms. Anne Kilgallen, Ms. Mary Culliton, Prof. Fergus O’Kelly

HSE Executive Attendance: Dr Colm Henry (CCO), Dr Orla Healy, Niamh Drew, June Robinson, Bridget Moylan.

Joined the meeting: Sharon Hayden, General Manager to CCO (Item 3), Dr. Philip Crowley, Dr. Catherine Conlon, Assistant Professor Social Policy, Dr. Maeve O’Brien, Interim Programme Lead (Item 6), Tom Malone, National Director, Internal Audit, Cora McCaughan, Assistant National Director, Healthcare Audit (Item 8), Yvonne O’Neill, National Director, Community Operations, Sarah Hennessy, General Manager, Community Operations- Mental Health, Paul Braham, Senior Operations Manager (Area DON), HSE Community Operations - Mental Health Services, Dr Amir Niazi, National Clinical Advisor and Group Lead for Mental Health (Item 9).

Apologies: Dr Yvonne Traynor, Dr. Cathal O’Keeffe, Ms. Margaret Murphy

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

No conflicts of interest were declared.

2.1 Minutes

The Committee approved the minutes of the 13th September 2022.

2.2 Matters Arising

- The Committee was informed that there is no date yet agreed for the Chair / Deputy Chair to meet the Minister regarding the Patient Safety Bill 2019 Committee Stage Debate.
- The Confidential Recipient Briefing which was circulated to the Committee following the Board Meeting of 30th September was noted.
- The response to the Mental Health Commission Annual Report was noted.
- Committee meeting calendar 2023: **It was agreed to hold meetings on the second Friday of the month for the first six months of the year.**
- Committee Work Plan 2023: **It was agreed to expressly align the Terms of Reference with the Workplan.**
- The November meeting will be held in person and the committee discussed options regarding the venue and agenda.
- The Quality Workshop will be held on 19th October and Committee was informed that some Operations EMT will be in attendance

3. CCO Report

Dr. Colm Henry, CCO, and Sharon Hayden, General Manager, joined the meeting at 09.30

- The CCO provided updates on the Pandemic Response in relation to Covid rates, the Vaccination Programme and Therapeutics. He advised that there are no new Covid variants and that there is a strong focus on communication around the COVID 19 booster programme. An update was provided on Monkey pox.
- The CCO advised that there have been four recent cases of Meningococcal disease reported. He advised that there is no known infectious link between the cases and that this is not an outbreak. Public health continues to monitor the situation closely and there



is an imminent press release by the HSE.

- Cancer screening: The CCO provided an update on the National Screening Service and advised that the National Cervical Screening Laboratory (NCSL) at CWIUH is due to be operational in Q4 2022. The building is due to be handed over and then equipped; recruitment remains challenging.
- The Chair advised that she sent the European Commission Recommendations on cancer screening to Dr. Henry with a view to ensuring our alignment. Dr. Henry advised that screening policy is set by the Department following advice received from the National Screening Advisory Committee (NSAC). The CCO report helpfully provided the Committee with an update on the status of BowelScreen, BreastCheck and CervicalCheck Vs Council Recommendations which shows a positive alignment, with some recommendations awaiting decision from the NSAC.
- In relation to the National Cancer Care Programme, it was noted that the loss of experienced staff and difficulties in recruiting new staff is impacting on services and may be adding to capacity challenges.
- There was also an update in relation to the work of the Obstetric Events Support Team (OEST) which to date has been informed of six maternal deaths within the scope of its remit. NWIHP have engaged with Perinatal Mental health services and the Clinical lead of the Adult Mental Health service and have agreed to fund the new Clinical Lead of Perinatal Health.
- Regarding the National Doctors Training Programme (NDTP), the CCO advised that the Minister for Health has established an NCHD Taskforce and outlined the priority areas to be addressed by that group.
- The CCO advised of the upcoming launch of the 'Patient Safety Together' new HSE online resource that will enable all users to access and download new and up to date quality and patient safety (QPS) information. Learning will be identified and shared from patient safety incident data, research and international evidence and will be disseminated through HSE National Patient Safety Alerts (HSE NPSAs) and Patient Safety Supplements. **The Committee welcomed this development and asked for a demonstration of it at the December meeting.**
- **The CCO advised that a new Framework for Patient Service Engagement is being planned to be published and the document will be shared in advance of publication**
- The CCO provided an update on the reconfiguration of Our Lady's Hospital Navan on which the Committee continues to express serious concern.
- **Regarding Letterkenny University Hospital, it was agreed with the committee that the CCO should provide a briefing every second month on the gynaecology department with any urgent updates provided in between if required.**



- In relation to Transgender Care, Dr. Henry advised that a meeting took place with Dr Cass to discuss the published Interim Cass Report 2022 in the UK. The model of care for children expressing gender dysphoria was described to Dr Cass and she agreed that the model of care in Ireland mitigated many of the concerns highlighted in her report. For instance, all Irish referrals have had prior CAMHS assessment and have follow-up by a multidisciplinary team. Dr Cass highlighted the need for an orderly transition to a new and more sustainable model of care in the UK and that referrals to the Tavistock Centre would continue until alternative services were put in place. There is an opportunity for Ireland to be part of the work being progressed in the UK in relation to the incorporation of treatments into a research protocol, sharing a common learning and output. This is being explored by the HSE team to understand how we can participate in this research and enable this to happen. **The Committee requested that this item be kept on its agenda with regular updates on progress from the CCO.**

4. National Centre for Clinical Audit (NCCA)

Dr. Orla Healy provided a background on the NCCA office which arose from the report “*A National Review of Clinical Audit*” which was published in 2019 by the CCO. Dr. Healy advised that the National Steering Group for Clinical Audit was set up to establish a national structure. She advised that the local structure will be developed over the next year and a work stream has been set up to look at legislative implications. The Office has linked with Healthcare Quality Improvement Partnership (HQIP) in the UK to develop a strategic plan and model to sense-check it and advised that the plan has become embedded in the day-to-day work of the Office. The Committee discussed the importance of encouraging learning around audits and outputs. **Dr. Healy agreed to present a follow up report to the Committee in June/July 2023.**

5. National Independent Review Panel

Dr. Healy advised that the recruitment for a Chair of the National Independent Review Panel (NIRP) is underway. There was further discussion about the Terms of Reference for the NIRP, in particular about the need for a clear policy on publication of NIRP reports.

There was discussion on providing further clarity around access to reports and the need to facilitate those involved having time to understand them prior to publication. The Committee



also requested a written process around this. It was suggested that the Executive Summary should be published by default, which is the reverse of the current position. The Committee approved renaming the 'Executive Summary' to 'Major Findings and Learnings', bringing in a formal 'Learning event' following a review report, and finally, publishing the major findings after the learning event. **Dr. Healy will submit these changes next month for sign-off by the Committee.**

6. Unplanned Pregnancy and Abortion Care

Dr. Philip Crowley, Dr. Catherine Conlon, Assistant Professor Social Policy, Dr. Maeve O'Brien Interim Programme Lead joined the meeting at 11.16am.

Dr. Crowley advised that the Unplanned Pregnancy and Abortion care research study was commissioned by the Sexual Health Crisis Pregnancy Programme (SHCPP) in 2019 with the support of HSE National Women and Infant's Health Programme and HSE Primary Care Strategy and Planning and with the knowledge of the Department of Health. The study was published in July 2022.

This was a qualitative study of the experiences of women who accessed unplanned pregnancy support and abortion services since the enactment of the Health (Regulation of Termination of Pregnancy) Act 2018 on 1 January 2019. Written into the 2018 Act was the provision for a review of the operation of the legislation; an Independent Chair has been appointed by the Department of Health to lead on this review process. The Committee queried how participants were recruited and were advised that people were met with at the point of access of care e.g. in crisis pregnancy counselling services, GPs in acute settings. A question was posed on the potential difficulty of gaining emergency access to GPs; and the Committee was advised that 'My Options' can provide the contact details of available GP providers in the patient's area.

In response to a question about how many women were invited to the study compared to those who partook, this was not known due to the sampling approach; the research team did not ask clinicians to report on the number who were provided with information on the study. It was noted that those needing most support were those with gestation over twelve weeks. The SHCPP is about to embark on a review of crisis pregnancy counselling with a view to assessing how best these crisis pregnancy counselling services can be reconfigured to address need in the current context. A query was raised by the Committee about aftercare for women who have ToP – and the Committee was briefed on HSE funded post abortion



counselling services and the My Options 24-hour nursing line in operation.

7. National Complaints Briefing

Chris Rudland joined the meeting at 11.55am.

The Committee was briefed on the “*Your Service Your Say (YSYS) Feedback and Complaints*”, providing an update on developments within the National Complaints and Governance and Learning Team (NCGLT).

It was outlined how the KPI of complaints being handled within 30 days is set at 75%; in 2021 the return for this KPI was 73%. The HSE handled 15,743 Stage 2 formal complaints in 2021, representing a 5% increase on 2020. In relation to Assessment of Need Complaints which are handled by NCGLT, there was a significant reduction in the time taken to close them out, whereby the AoN Complaints Officer took 47 days on average to complete cases compared with 89 days in 2020.

The Committee was informed of how both the Hospital Groups and CHOs carry out annual self-assessments regarding their compliance in dealing with complaints, in line with the Ombudsman’s suite of recommendations from the *Learning to Get Better Report 2015* and it is acknowledged that additional NCGLT audits needs to be conducted annually to ensure accuracy of these self-assessments.

With the rollout of the updated YSYS Policy and Staff Guidance Manual in Q4 of 2022, NCGLT aim to provide better clarity and guidance to assist staff in dealing with complaints. A strong emphasis on learning from patient and service user feedback/journeys will form part of the guidance materials and to develop a greater online presence to assist service users and patients in making complaints and feedback.

The Committee raised concerns regarding complaint officers and how, in some hospitals, these staff are not a dedicated resource for complaints management. The Committee were informed that the delegation orders rest with the CEO/CHO to assign this function and have in the main selected the above model for complaint management. The committee also questioned how feedback gets back to the person at the root of a complaint to ensure that there is learning for staff. The Committee was informed that this is a priority for them, and that they provide staff with the tools to ensure this learning is captured and fed back to the



appropriate team members involved with the complaint.

8. Internal Audit

Tom Malone, ND of Internal Audit and Dr Cora McCaughan, Assistant National Director of Healthcare Audit, joined the meeting at 12.29am.

An overview of the Internal Audit Report: January – July 2022 and the NDIA Activity Report from January – June 2022 and the Dashboard January – June 2022 was presented to the Committee. A discussion was had about red flags and how they are managed. The Committee was advised that a recommendation has been written and that the timeframe for implementation is 3-6 months. Issues are flagged to the National Director using a colour coded system which provides visibility of how the site is performing and includes recommendations on compliance issues at local level and systemic issues. The Committee was informed that recommendations are tracked by Internal Audit and monitored using site visits and that statistics are reported on a regular basis.

The Committee raised questions in relation to the audits which had 'Unsatisfactory' and 'Limited' opinions and concern was expressed in relation to those relating to:

- Audit of compliance with National Ambulance Guidelines (Patient Non-Transport) which showed multiple inconsistencies in the way PNT electronic patient care records were completed.
- The level of assurance in relation to the workforce involved in providing anaesthetic cover as recommended by the standards in the Model of Care in Anaesthesiology. 67% (4) of sites did not have in place the number of consultants necessary to enable the provision of the '2 plus 2' model of cover for unscheduled care. 50% (3) of sites had not identified anaesthetic cover for unscheduled care as a risk on their risk registers.
- Compliance with HIQA National Standard on Medication Management in Disability Services. This is the level of assurance that residents at the adult residential disability services are protected from harm through medication management processes. Two sites failed to demonstrate that lessons learned were used to improve residents' safety and to prevent reoccurrence, increasing the risk of repeated medication incidences and errors with potential adverse outcomes for residents.



In response to a question on how audits are assigned, ND IA advised that the IA unit operates under the International Professional Practices Framework. The framework requires IA to be satisfied that the auditors assigned to an audit have the necessary skills and competencies required to conduct the audit in line with its objectives. A discussion was had on how to ensure that healthcare auditors have enough resources, and the Committee was advised that Internal Audit would not sign up to deliver services that they could not provide sufficient resources for. It was also advised that they are delivering more reports than ever and advised that they are on target to issue over 100 HCA reports this year which is a significant increase on previous years. There was discussion on the need to ensure credibility of findings and that a strong healthcare-based team is needed for this.

The Chair requested that the ND of Acute Operations be invited to attend the committee to speak on this and discuss the implementation of audit recommendations.

9. CAMHS

Yvonne O'Neill, National Director, Community Operations, Sarah Hennessy, General Manager, Community Operations- Mental Health, Paul Braham, Senior Operations Manager (Area DON), HSE Community Operations - Mental Health Services, Dr Amir Niazi, National Clinical Advisor and Group Lead for Mental Health joined the meeting at 1.30pm

The Committee was provided with a presentation on Child and Adolescent Mental Health Services, which covered a range of areas including referral and access, activity of teams, waiting lists, inpatient services, staffing, funding, and service improvements. The Chair queried the decrease in the percentage of accepted referrals / referrals offered first appointments and seen within 12 weeks in CAMHS in 2021 and 2022. Information was provided on the decreases that are observed during these months on an annual basis due to school holidays and the summer months.

A question was raised regarding a reference to undergraduate training and post-graduate training to address recruitment challenges. The Committee was informed that there had been an increase in undergraduate Mental Health nursing places from approximately 270 to 450 places per year across all 3rd level institutes. These additional academic places are funded by the HSE/DOH. The HSE has also funded post graduate places, i.e., existing



qualified nurses in general or intellectual disability nursing are funded to complete a one-year post graduate degree to attain their psychiatric nursing qualification.

There was also discussion regarding recovery in CAMHS and mental health services. The team gave several examples of the move towards a more recovery-oriented approach to service delivery with the Recovery Framework, Youth Advocacy Services, representation of family members and ADHD Ireland on the National Oversight Group responsible for the implementation of the Maskey Recommendations as well as local examples of coproduction in CHO4. **The team was invited to present on progress in May 2023.**

10. Medicine Safety

Dr. Healy provided an update on the original report by Ciara Kirke, Clinical Lead, National Medication Safety Programme. She described the nature of the challenge of medication-related harm and outlined actions to address it. She advised that the programme has been reconfigured and is now under the remit of 'Quality Improvement'. She advised that there has been a lot of engagement with the wider system, particularly in seminars. Dr. Healy outlined some recent activities of the programme for World Patient Day, including the "iSimpathy" Project. She advised that the evaluation of the EU-funded iSIMPATY project, which is delivering medication reviews with patients of GP practices in border counties to address the challenges of polypharmacy and adherence, is complete and that interim analysis has highlighted a very positive experience with the project to date. The Committee commented that the Unique Patient Identifier Number is also critically needed. Dr. Healy advised that no progress has been made on the EHR project. She advised that a National Programme is being established on VTE (venous thromboembolism, blood clots). **Dr. Healy agreed to provide a bundle of the new Medical Safety Brochures to members of the Committee.** She advised the Committee of a Codeine Alert, advised that the EU are looking at combination preparation and advised that she is working with them to issue an alert on data gathering.

11. Quality Profile

Dr Healy presented the October 2022 Quality Profile which provides statistical insights into quality and patient safety data and to support understanding of variation in performance over



time, which had been circulated to the Committee prior to the meeting for consideration. She provided an update on each of the data metrics and the Committee raised questions with regards to some of the most noticeable performances. Dr Healy noted a risk of harm from codeine-containing products, prescriptions, and combinations and advised that acute physicians have been asked to notify any cases associated with codeine. She also noted that the EU Medicine Agency may issue a directive concerning this matter.

Concerns were raised regarding percentage of attendees aged 75 years and over at ED who are discharged or admitted within 6 hours. The chair noted the presentation at the June 2022 Committee meeting from the ND Acute Operations and the ND Community Operations regarding this, and that they will return to the Committee in December to discuss this matter. **The Committee sought to clarify if the numbers regarding the percentage of psychology patients on waiting lists for treatment included people under the age of eighteen. Dr. Healy said that she would clarify this.**

The Committee requested consideration be given to allocating the validation of waiting lists to the Audit and Risk Committee.

Dr. Healy and the Committee discussed a mockup document regarding how the quality profile will be presented going forward. This will be further discussed at a workshop on 19th October.

12. A.O.B

Deirdre Madden

15th November 2022

Signed: _____

Deirdre Madden
Chairperson

Date