



HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Tuesday 13 September 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, Ms. Anne Kilgallen, Ms. Mary Culliton, Prof. Fergus O’Kelly

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

Joined the meeting: Gemma Moore, Dr. Ciara Martin, Dr. Michael Riordan, Dervla Gray, Prof. Ellen Crushell (Item 3), Dr. Philip Crowley, Dr. Aisling Sheehan, Ms. Helen Deely (Item 6), Ms. Margaret Brennan, Ms. Mairead Twohig (Item 7), Ms. Sharon Hayden (Item 8), Mr. Jim Ryan, Mr. Tony McCusker (Item 9), Prof Deborah McNamara, Dr Kenneth Mealy, Ms. Ciara Hughes (Item 11).

Apologies: No apologies

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 and introductions were made to the two new Committee Members.

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 12th July 2022.

2.2 Matters Arising

- It was agreed that the Chair would write to the Board about Committee concerns regarding the Minister's proposal on the Patient Safety Bill 2019 Committee Stage Debate.
- The report from the Confidential Recipient Briefing will be circulated to the Committee after the Board meeting for noting.
- It was requested that for future meetings, written updates will be requested for items where the committee has previously received detailed briefings.

3. Staff/Patient Experience/Story

Dr. Michael Riordan, Dr. Ciara Martin, Dervla Gray and Prof. Ellen Crushell joined the meeting at 09.40

Dr Riordan provided an example of designing and implementing a model of care from the perspective of the national paediatric renal service. A discussion with the parents of a young patient with life-long renal disease was played by video for the Committee. It illustrated the impact of the disease on the family's lives and the impact of the new service model of providing shared care and expertise closer to their home.

There was discussion about developing the model of care and local outreach in other parts of the country, the use of ancillary staff and the possibility of having nurse specialists available to reduce travel for patients living outside Dublin. Dr. Riordan advised that there are plans to set up similar clinics in Limerick and Galway. He advised that they also intend to set up a 'home therapies' service. There was also discussion about transition points and taking a holistic approach to the wellness of the child, particularly in relation to adolescents.



4. Paediatric Model of Care

Prof. Ellen Crushell presented on the “National Clinical Programme Paediatrics and Neonatology (NCPN)” and opened with some statistics on children in Ireland.

Prof Crushell advised that the National Clinical Programme for Paediatrics and Neonatology was established in 2011 by the HSE and the Faculty of Paediatrics, RCPI, under the governance of the CCO and now via the National Clinical and Advisory Group lead, Dr. Ciara Martin, supported by two Clinical Advisory Groups, Faculty of Paediatrics RCPI. Prof. Crushell provided an update on the programme work and discussed the increasing number of children being admitted to hospital under the care of psychiatry, highlighting the impact of the COVID pandemic on this population. Dr. Martin advised that she is developing a strategy to address this over the next 5-10 years. She advised that she will have a small team approved in the next 2-3 weeks. There was a request for a further update to be brought to the Committee in 2023.

5. Quality Profile

The Committee considered the Quality Profile data from the July 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 Chair observed that an in-depth CAMHS presentation was requested in May. She commented that the paper was deferred from July and was due for presentation at this meeting. The Chair requested that this paper be submitted for October’s agenda. The Committee observed that both the recalculation and the desired range should be shown on the Quality Profile graph. Dr. Healy advised that she will include KPI targets on the Quality Profile Data in future.

Dr. Healy acknowledged that the Chair requested further explanation on the Ophthalmology figures in this meeting. She noted this as an action for next month.

The Chair suggested that going forward, a Quality Improvement Plan should be appended to the Committee briefing paper. A discussion was also had about how the data presented is aggregated. It was agreed that Dr. Healy would take one area as an example and present dis-aggregated data on it for the workshop on 19th October.



6. Fetal Alcohol Syndrome

Dr. Philip Crowley and Dr. Aisling Sheehan joined the meeting at 11am.

Dr. Sheehan presented a position paper on, “*Prevention of Fetal Alcohol Spectrum Disorders (FASD)*”. She advised that the HSE FASD Prevention Expert Advisory Group was established in late 2020 following a national survey with health, social care and education professionals and the development of a position paper on FASD prevention. She provided an overview of FASD prevention measures and outlined fourteen actions being implemented by the HSE. Of these, five are new actions and nine are in progress. She advised that the Department is also undertaking training needs analysis in this area.

The discussion with the committee covered issues relating to the importance of encouraging GPs to pro-actively engage with patients about alcohol consumption during all stages of pregnancy, allocation of funds to prioritise digital intervention prevention programmes, the stigma attached to FASD, and misdiagnosis of FASD as ADHD or autism. The Committee sought clarification with regards to governance around delivery of actions. There was also discussion about giving nuanced messages in terms of the doses of alcohol allowed at various times of pregnancy. Dr. Sheehan advised that the advice is strongly against nuancing, as research has shown that people’s perception of their own drinking levels are generally under-estimated.

Dr. Crowley thanked the Committee for their interest in this area. He advised that the FASD programme was strongly endorsed by the EMT. The Chair reinforced the Committee’s support on these actions and asked for an update on it in the future.

7. Internal Audit

Margaret Brennan, Quality Patient Safety Lead for Acute Operations and Mairead Twohig, General Manager joined the meeting at 11.55am.

Ms. Brennan informed the Committee that the review is ongoing in SSWHG regarding the disposal of perinatal organs by the Mortuary Department in Cork University Hospital in 2020. An update was provided on the HSE Internal Audit recommendations that had been presented to the Committee in March. Advised that 3 are implemented, 3 are not yet due and 2 are in progress.

The Committee raised the issue of engagement with families and asked if Open Disclosure has



taken place as required and was informed that the Hospital Groups determined the requirement for Open Disclosure. The Committee also sought further clarification about the measures put in place to ensure solutions are implemented in all hospitals and was advised that the forthcoming Postmortem guidelines (currently being updated) will inform what further measures will be required in the Hospital Groups. The Chair asked about the Human Tissue Bill legislation and was advised that it is still being progressed. Agreed that an update on the internal audit recommendations would be provided for the December Committee meeting

8. CCO

Dr. Colm Henry, Chief Clinical Officer and Sharon Hayden joined the meeting at 12.15pm.

The CCO provided an update on Covid, the Vaccination Programme, Therapeutics and the number of prescriptions notified between April and August both in the community and in the acute hospital setting. Dr. Henry advised that two sub-groups of the National Ukraine Health Response Planning and Coordination Group are being established to scope and design a sustainable future service model and advised that there are some public health concerns, particularly in relation to the risk of transmission of COVID in congregated settings, vaccination status and blood borne viruses. He also advised that a HSE Model of Care is being developed to incorporate additional care delivery domains.

The CCO advised that the WHO declared Monkeypox a public health emergency on 23rd July 2022 and that coordination of the integrated Health Protection MPX response from National Health Protection Acute Operations Response Programme and NHP Surveillance Programme/HPSC and NHP Immunisation Programme/NIO continues.

He reported that the identification of vaccine derived polio viruses has occurred in Europe and Northern America in 2022 and that this year, vaccine-type viruses were identified in the London waste-water system and that the Department of Health, in collaboration with national experts, developed a National Polio Plan (NPP) in 2011. He advised that the plan was updated in 2019 but requires further updates. He reported that the nation is 87.9% vaccinated, but that a higher level of vaccination is needed for herd immunity. The Committee held a discussion on the challenges caused by anti-vaccine propaganda and how to raise awareness of the issue.



The CCO provided an update on National Screening Services and advised that the Coombe Women and Infants University Hospital (CWIUH) have not processed cervical screening samples since the cyberattack. Extensive planning for the implementation of the Phase 1 Programme of the Cervical Check patient-requested review process is underway and will commence by year end and an interim report has been produced and is under revision by the Legal Framework Group. It was noted that the National Cervical Screening Laboratory project is developing a new bespoke laboratory designed for use as a national laboratory for cervical screening, which is due to be operational in Q4 2022.

Regarding the proposed amendment to the Patient Safety Bill by the Minister for Health, the CCO noted that correspondence has issued from the Chair of the Board to the Minister in regards to this matter. He also provided an update on Breastcheck and the Consultant Radiologist shortage and addressed the Termination of Pregnancy (TOP) data anomaly, where there was a discrepancy in the data reported by the media in early July. The CCO advised that where any un-submitted notifications are found, they will be forwarded to the Department, and an addendum to the Ministerial Report will be published.

The CCO reported that five adverse outcomes were reported to the OEST in August and that there have been seven maternal deaths since the start of 2021 to date. He advised that NWIHP have issued communications on ethnicity and suicide to the health system.

The CCO outlined the key findings from the “*First Report into the Implementation of the Structured Chronic Disease Programme in GP practice*” and will present on the key phases of the programme in a future meeting.

The CCO also provided an update on the reconfiguration of Our Lady’s Hospital Navan.

An update was provided with regards to Letterkenny University Hospital and also an update on Transgender Services as requested by the Chair. He advised that NHS England requested a recent review of Tavistock led by Professor Hilary Cass. The CCO and the clinical team are meeting Dr. Cass mid-September to discuss the report and findings. Dr. Orla Healy agreed to provide a report to the Committee in October, based on her engagement with Prof. Cass. The CCO also provided an update on National Service Plan priorities for 2023.



9. Mental Health

Mr. Jim Ryan, Head of Mental Health, Community Operations and Tony McCusker, General Manager, Mental Health Operations, joined the meeting at 1.15pm.

Tony McCusker presented the HSE Mental Health Operations Actions Plan in response to the MHC Annual Report 2021. He provided a brief background on inspection and regulation in Mental Health Approved Centres and outlined the findings of the 2021 annual report. A discussion was had about the percentage increase of non-compliant premises this year.

The Chair asked for a list of critical points that were raised, what the status of compliance is and when they will be implemented and also suggested re-circulating the report electronically in advance of the next meeting. She also advised that she would like to see more detail on it before it goes to the Commission. The Chair asked Tony McCusker to revert to the Mental Health Commission to ask for an extension of time for submission of the HSE response. It was agreed that a revised draft would be circulated to the Committee for comment by the end of September.

10. Risk Management

The Committee took the Risk Management paper as read and agreed to submit questions by email.

Committee Member J. Browne circulated an email from the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) confirming that the 'go live' date for the full commencement of the Assisted Decision-Making Act 2015 is November 21st 2022. The email also confirmed that it is the intention of the Department to move the Assisted Decision-Making Bill 2022 through the Seanad as quickly as possible. This process will begin on 15th September.

11. Surgery

Professor Deborah McNamara & Mr. Ken Mealy joined the meeting at 2.00pm.

Prof. McNamara provided an update on "Safety and Quality issues in Surgery in 2022". The Committee raised questions with regards to waiting lists and the role of the NTPF. They also discussed the Acute Surgical Assessment Units and Dr. Mealy advised that the process has been curtailed because of Covid. The ambition for complex surgery and concentration on a smaller



number of sites was also raised and the Committee sought clarification with regards to restructuring of Surgical Services.

12. A.O.B

Deirdre Madden

11th October 2022

Signed: _____

**Deirdre Madden
Chairperson**

Date