



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Tuesday 14 December 2021 at 9.00am via teleconference

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

HSE Executive Attendance: Dr Colm Henry (CCO), Mr Patrick Lynch (ND Gov and Risk), Dr Orla Healy (ND Q&PS), Ms Yvonne O’Neill (ND Com Ops), Dr. Geraldine Smith (ND IA), Dr. Cora McCaughan (AND IA), Ms Niamh Drew, Mr Pat Galvin.

Joined the Meeting: Mr James McGrath (Item 2), Ms Colette Tully (Executive Director NOCA), Dr Rory Dwyer (Clinical Lead NOCA), Dr Brian Creedon (Clinical Director NOCA), Ms Sandra Tuohy (AND Com Ops - Services for Older People), Angela O’Neill (National Disability Specialist)

Apologies: Ms Anne Carrigy,

1. Governance and Administration

D Madden took the Chair at 9.15am and welcomed members of the Committee and the Executive to the meeting.

The Mental Health Commission discussion item was deferred until the January 2022 meeting.

The minutes of 17th November were discussed, and it was felt by the Committee that the minutes relating to the NIRP Ard na Greine Report were not reflective of the lengthy discussion and the due consideration given by the Committee, to the item. It was agreed that the minutes would be amended and presented at the January meeting for approval.

The Committee raised questions around the accountability process for Ard Na Greine update from HR. They felt that it may be more appropriate if the work was conducted by an external party. It was explained that the internal procedure is followed in the first instance and this needs to happen internally to ensure that there is due process. The Committee requested a timeline for delivery of the

scoping exercise and asked for Terms of Reference to be circulated. The Committee agreed the importance of moving forward with learnings.

2. CCO Report

CCO Report

Dr Colm Henry provided a high-level overview on a number of areas, noting the following;

Covid Vaccination Programme - Over 3.86 million people have now received the first dose or single dose of their vaccine and over 3.80 million have received their second dose or single dose (as of 5th December). The Booster operational plan is based on cohort priorities and eligibility. Ca. 27,500 booster doses have been administered to residents in Long Term Residential Care facilities with those residents over 65 substantially completed. Healthcare Workers are two thirds complete with Ca. 209,300 vaccinated

Omicron Variant (as of 9th December)-Significant concern has been raised internationally following the recent detection of the variant B.1.1.529. Cases of B.1.1.529 have been confirmed in a number of countries/regions internationally including South Africa, Botswana, Hong Kong and Israel.

Epidemiology -One hundred and nine COVID-19 cases are currently identified as confirmed, probable or possible (PUI) Omicron cases as a result of S-gene target failure (SGTF) results since October on the TaqPath PCR assay (a type of PCR test), being a contact of a confirmed case or having recently travelled outside Ireland or having contact with a case who has recently travelled.

The CCO also provided the Committee with a briefing on the establishment of National COVID-19 Therapeutics Advisory Group, he informed the Committee that the purpose of the group is to provide clinical advice and recommendations to the CCO on the use of all existing and emerging approved COVID-19 therapeutic medications. The group will support implementation by developing clear guidance and providing clinical leadership to support care pathways and equitable access based on clinical need and prioritisation where therapeutic drug supply is limited.

With regards to the impact of 4th Wave, the CCO said that despite high vaccination uptake, the roll out of a booster programme to at-risk population sub-groups and the maintenance of several non-pharmaceutical interventions and case numbers are continuing to rise. Rising case numbers are translating into increasing harm and are showing an increase in hospital and ICU admissions in both unvaccinated and vaccinated individuals. He noted that the latest revised modelling from the National Public Health Emergency Team are showing positivity in terms of the peak cases and hospitalisation.

However, he highlighted there remains no certainty regarding the disease trajectory and case numbers continue to rise, the system will be under sustained pressure in the weeks to come.

The Committee were also given an overview on the secondary impact of COVID on a number of services. With regards to the National Screening Service the CCO noted that NSS are continuing to deliver screening across all four programmes with reduced capacity.

Breast Check is running at approximately 80% capacity, however increased Covid infections in the community may impact hospital capacity and this is being monitored. Cervical Check has screened 280,787 women between January to October 2021 which is 17% above the target of 240,000. Bowel Screen provisional number of clients who have completed a satisfactory FIT test between Jan to Oct 2021 is 77,913 which is above the revised target by 5,413 (7.5%) and DRS 2-yearly screening pathway is in place eight months and to date, of those screened approximately 85% will remain on the 2-yearly pathway.

Breast Check, 15,994 (provisional data) participants were screened from 1st November to 30th November;

Cervical Check has now issued all reminder letters that were paused in 2020 and the letter release strategy is complete. The programme is operating normally and as a result of COVID-19, the status of the 14 Bowel Screen units on 1st of December 2021 is that all Bowel Screen units are scheduling cases at reduced capacity.

The Committee were informed that the National Cancer Control Programme (NCRI) 2021 Annual Report was published last week.

The Committee held a detailed discussion on the impact of Covid on Healthcare staff and the pressures and challenges that they are continually working under. The Employee Assistant Programme (EAP) has continued to provide staff counselling, psychosocial support and manager consultations. In addition, a new national EAP phone line has been set up to provide easier access. The service has also increased the number of EAP counsellors available nationwide and launched the EAP Inspire Support Hub which gives access to a range of high-quality wellbeing resources that can be accessed 24/7.

3. Safety and Quality Reports

Susan Tuohy and Annette O'Neill joined the meeting

Delayed Transfer of Care

Ms Tuohy gave the Committee a high-level overview on Delayed Transfers of Care and spoke to a presentation on same. Ms Tuohy explained the presentation relates to people either waiting to go to

long term care or waiting to go home with care. The Covid situation and the regulations has been hampering this process as nursing homes can only take a certain amount of people. There is certain Therapies and physio available as rehab support to help with people getting home. Ms Tuohy explained that under the National Service Plan 2021, there is Home Support available but issues such as capacity and availability of carers is impacting on access for approved clients but there is a number of measures being considered to improve this including establishment of Strategic Workforce advisory group in conjunction with DOH, Extension of Tender into 2022, Reform of Home Support and establishment of New National Home Support Office. The Committee expressed that they would like to see integrated care & best practise introduced, refocus how we support people to live, like to see a lot more innovation. The Committee felt we should be looking at other models internationally, what is working, what could be introduced and compare with other internationals. It was also felt that there is a lack of signposting and there should be a one stop shop for information relating to Home Support. Ms Tuohy advised the Committee that there is lots of challenges in recruiting people and this is being studied at the moment, an integrated decision-making process is being looked at and that the English model is being followed. Ms Tuohy felt that Independent living would be the best option for the Over 65 age bracket, but the Committee were advised that there is currently no funding available for this option.

Disability – Assessment of Needs

Ms Angela O'Neill gave the Committee a high-level overview and spoke to a presentation. She advised the Committee that 2021 saw the highest number of assessments with Q3 data showing that 8000 assessments were completed, and 6000 applications were processed. The Disability Act has helped funding hugely, with any backlogs being cleared in most CHO areas. Some of the delays are database related, but there is a plan in place to replace the database which will improve efficiencies. Ms O'Neill explained that a Standard operating procedure was brought in for assessment of needs for disability, but Legal Challenges continue due to weaknesses in the Act. Some legal system rulings have come back recently, which are significant, but work is being done with DoH to address these. The Committee were advised that the Assessment of Needs and Service availability sometimes gets confused, with children sometimes getting a good level of service, but if extra children require services then the quality can reduce, but the focus is on service and availability.

Susan Tuohy and Annette O'Neill left the meeting

4. Risk Management

ND G&R joined the meeting

ND G&R gave the Committee a brief update on the Corporate Risk Register. He advised that the last report was the Q3 report, which has been signed off by the Board at the last meeting in November 2021. The Risk Appetite Statement was approved by the Board in November and this will be reviewed on an annual basis. The Q4 review, will be taking place in January 2022. The EMT have undertaken their annual review of corporate risks. A revised set of proposed risks is due to be approved by the EMT in December with a report furnished to the ARC for their January meeting. ND G&R also briefly mentioned Risk 16 – Regulatory Non-Compliance. This risk has been reviewed as part of the EMT's annual corporate risk review. The Committee were informed that the Report of the Post Incident Review into the Conti cyber-attack on the HSE's systems is now available to view on the HSE Website.

ND G&R left the meeting

5. Patient Safety Strategy – Implementation Update

ND QPS gave the Committee a brief High-level overview regarding the implementation of the Patient Safety Strategy. The Governance structures for National Quality & Patient Safety Directorate (NQPSD) and NQPS Directorate Management Team have been established. The 2022 Operational Plan is aligned with the HSE's commitments in the Patient Safety Strategy. The Recruitment process for PSS posts is being progressed as per 2020 and 2021 Service Plans. ND QPS advised there have been delays in the set up of required governance/ oversight structures for the Patient Safety Programme due to COVID. Estimate proposals for this strategy were not funded and there is currently no identified funding stream. The Committee were very disappointed to hear that no funding was received from the 2022 estimate for such an important area as Q&PS. ND QPS advised the Committee that this is a new area and they will have to take a strategic approach for the planned goals for this year and the funding estimate for next year.

6. NOCA – National Office of Clinical Audit

Dr Rory Dwyer, Ms Collette Tully and Dr Brian Creedon joined the meeting

Dr Rory Dwyer spoke to a presentation to give the Committee an update on ICU Activity during the Covid pandemic. Dr Dwyer explained that the ICU bed situation has not really improved since 2016 and there is a low amount of beds available in Ireland per 100,000 people. Ireland is compared to England for mortality rates and admission to ICU, and it is harder to get into ICU in Ireland, even though the quality of care is good once people get in. The Committee posed the question about additional infrastructure and Dr Dwyer explained that it will take years to get infrastructure and felt investment in nurses is better in the short term. Dr Dwyer further explained that under staffing in ICU is an issue,

especially experienced Nurses to staff the ICU beds. It generally takes 4 years to train an ICU nurse but nurses with 1 years' experience would be considered, to meet the increased demand, but there is a shortage in general. Dr Dwyer believes that funding, recruitment & retention of Nurses are the key factors for improvement. The Committee thanked Dr Dwyer and his team for an informative presentation.

Dr Rory Dwyer, Ms Collette Tully and Dr Brian Creedon left the meeting

7. Internal Audit

Dr Geraldine Smith and Dr Cora McCaughan joined the meeting

Dr Smith gave a summary update relating to ongoing audits, Q3 Activity Report, Q3 Internal Audit Reports, update on recommendations from Q1 & Q2 reports and the draft Annual Audit Plan for 2022. Dr Smith explained that as at the 30th September 2021 (Q3 2021) 2 Healthcare audit reports were issued. No follow up reports were issued in the quarter. The top control issues identified in this quarter were in relation to Patient Records, Training and Policies & Procedures. Dr Smith spoke to a slide relating to the Internal Audit Dashboard which illustrated the types of control issues and the extent to which each control issue occurred in the quarter and YTD. Dr Smith advised the Committee that the draft report, on the audit into the Postmortem Procedures, will be completed in late December 2021, with the final report becoming available in January 2022. The Committee asked about the availability of the final report and Dr Smith advised that it would be available in late January 2022. The Committee agreed it would discuss the findings at the February meeting. Dr Smith explained that as part of the Audit Plan for 2022 there will be 143 audits carried out which will cover 30 topics. The plan may have to be reviewed periodically according as risks and events arise. In addition, there will also be follow up audits to see what recommendations have been followed up on and implemented. Follow up audits are a new addition to the Audit Plan for 2022.

Dr Geraldine Smith and Dr Cora McCaughan left the meeting

8. AOB

The meeting concluded at 14.15

Signed: Deirdre Madden

Deirdre Madden

Chairperson

15/02/2022

Date