



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 Wednesday 11 November 2020 at 10.00am via video conference.

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

**HSE Executive Attendance:** Dr Colm Henry (CCO), Mr Patrick Lynch (ND QAV), Dr Philip Crowley (ND, QID), Ms Niamh Drew (Secretary), Ms Rebecca Kennedy.

**Joined the Meeting:** Dr Peter McKenna (CD NWIHP, Item 2), Ms Angela Dunne, (Director Of Midwifery, NWIHP, Item 2), Dr Léan McMahon (IMIS Data Manager, Item 2) Mr David Munnelly (NWIHP, Item 2), Dr Vida Hamilton, (Acutes NCAGL, Item 4 & 5), Dr Michael Power (Clinical Lead for Critical Care, Item 4 & 5), Ms Anne O’Connor (COO, Item 7).

#### 1. Governance and Administration

The Committee met in the absence of management at the start of the meeting

D Madden took the Chair at 10.30 am and welcomed members of the Committee and the Executive to the meeting.

It was agreed that the December meeting of the Committee will include an hour of private session for members to discuss the workplan 2021.

The following items were discussed and noted:

- Minutes of the Meeting on 13 October 2020 were approved.
- No conflict of interest was declared.

#### 2. Irish Maternity Indicator System

*P McKenna, A Dunne, L McMahon and D Munnelly joined the meeting.*

The Chair welcomed the NWIHP team to the meeting. P McKenna spoke to the Committee on the Irish Maternity Indicator System (IMIS) National Report 2019. He gave an overview of the establishment of the IMIS advising that the system collects, analyses, and publishes information and outcomes relating to births in the 19 maternity units across the country. It is intended for within-hospital use and the data is collected by hospital staff within the maternity hospital/unit and reviewed by senior hospital managers.

The Committee discussed in detail 5 of the 40 metrics developed to measure performance in maternity units. An in-depth discussion was had with regards to upward trajectories in certain metrics. It was highlighted that this is the first time in six years that these upward trajectories have been seen but it will not be possible to fully analyse the trend until year end. The Committee also queried how IMIS captures the patient voice and experience within the matrix. It was noted that the reports such as the Maternity Survey helps gives view of women's experiences throughout the system in the HSE.

The Committee discussed with the team the evidence of how the information provided will lead to improvements within the 19 maternity units. It was noted that the availability of this data increases the duty and responsibility to use it productively and to ensure it improves safety and quality in line with the HSE Framework for Improving Quality in our Health Service.

*P McKenna, A Dunne, L McMahon and D Munnely left the meeting*

### **3. Quality Profile**

#### **3.1 Quality Profile Report**

The ND QID presented the November 2020 quality profile report. The Committee welcomed the update highlighting that as previously agreed, a workshop with the Committee and QID team to identify more in-depth Safety and Quality data should be arranged as part of the workplan for 2021.

### **4. Audit**

*V Hamilton and M Power joined the meeting*

#### **4.1 ICU Audit**

V Hamilton gave the committee an overview of the 2018 NOCA Irish National ICU Audit (INICUA). She highlighted to the committee the nine key recommendations of the audit and the impact the COVID pandemic has had on the implementation of some of them.

The Committee welcomed that 52m has been allocated to expand critical care bed capacity and noted that a submission by the DoH is seeking to bring the total number of critical care beds to a 446. While this progress was welcomed, the Committee discussed the resources required to support these beds and welcomed that recruitment strategies for both critical care nursing and medical posts are underway.

The Committee sought clarification as to why the audit benchmarks against UK only data. It was clarified that the INICUA is run by NOCA in conjunction with the Intensive Care National Audit & Research Centre (ICNARC) which is a UK based service which makes the UK data more comparable to Ireland than data from other countries would be.

V Hamilton confirmed that in relation to the INICUA Report for 2019, analysis has been completed and the report is due for publication in early 2021. The Committee look forward to its publication.

## **5. National Sepsis Pathway**

V Hamilton presented to the Committee background on the National Sepsis Programme which was established in 2013. The Committee welcomed the presentation and noted the work outlined in the programme's workplan for 2021. The Committee discussed the sepsis awareness campaign planned for GP/community as it was noted that the data provided was hospital based and did not take account of areas such as nursing homes. It was noted that recruitment for a GP lead is underway. The Committee thanked V Hamilton for her work on the programme to date.

*V Hamilton and M Power left the meeting.*

## **6. CCO Report**

The CCO presented his monthly report to the Committee beginning with a COVID-19 update. The CCO noted that there has been a reduction in the 14-day incidence rate but the rate still remains highest among younger people. However, Ireland's incidence rate is low compared to other European countries.

It was also acknowledged that Ireland has the highest rate of testing with 2343 tests per 100,000 of population. The CCO provided an update in relation to vulnerable groups, nursing homes, and schools.

The Committee discussed the recent announcement in relation to a potential COVID-19 vaccine and while this is welcome progress, it was cautioned that the relevant safety and approval process has not been fully completed yet.

The Committee sought clarification with regards to the planned approach to distribution when a COVID-19 vaccine becomes viable. The CCO will bring further updates on this matter to the Committee as they are available.

In relation to media reports that 600,000 flu vaccines had gone missing, the CCO confirmed that these vaccines are not missing and that each year there is a lag between payment for the vaccines and their delivery. He also confirmed that 50,000 flu vaccines are currently being held back from distribution until an assessment of where needs them most is completed.

The CCO briefed the Committee on an Interim Report on the on the Impact of “Cocooning” measures on older people in response to the COVID-19 and advised that this report would be made available before the end of the year. The Committee also noted the National Clinical Review on the Impact of COVID-19 Restrictions on Children and Guidance on Reopening of Schools and the Normalisation of Paediatric Healthcare Services in Ireland which was circulated prior to the meeting.

#### *COO joined the meeting*

The CCO briefed the Committee on the structures that have been established to implement the recommendations from the LUH gynaecological service review. An implementation group has been established and is working on the 50 recommendations from the report.

While the Committee welcomed the progress update, they queried what process would be undertaken to ensure that both lessons learned and controls are in place to prevent similar issues reoccurring in other areas nationwide. The COO confirmed that a national oversight group had been established to provide reports and updates on progress in relation to the implementation of recommendations. Further work has also been progressed in the development of national clinical guidance on the assessment of post-menopausal bleeding and the development of associated timelines. It was also noted that recruitment for a clinical lead is underway.

The Committee welcomed the update and they requested that they are kept informed of progress. The CCO confirmed that further analysis in relation to timelines for diagnosis of endometrial cancer was being carried out and he would update Committee when complete.

## **7. Risk Management**

### **7.1 Update re COVID-19 Risk Sub-Group**

The Chair advised the Committee that she has engaged with the chair of the COVID-19 Risk Sub-Group and it has been agreed that a meeting will take place to discuss progress in December.

### **7.1.1 Implementation of the Recommendations of the NIRP Report: Independent Review of the management of 'Brandon'**

The COO provided the committee with an update on the work of the oversight group that is being established to implement the recommendations of the NIRP Report. The Committee discussed in depth publication of the report so that learning from it could be shared and implemented, though some members expressed reservations about publication if it was against the express wishes of the residents and families involved. It was requested that the COO inform the oversight group of the views of the Committee in relation to the publication of the report and she was asked to bring an update to the Committee in Q1 2021.

### **7.1.2 Risk 16 – Regulatory non-compliance**

The COO provided an update in relation to CRR Risk 16 – Regulatory non-compliance and discussed the ongoing operational challenges providing services in a COVID-19 environment. The Committee discussed the current control measures and the additional controls and actions that are currently being implemented. The COO confirmed that control measures to strengthen the annual ICQ and CAS process have progressed over the past couple of years. The Committee welcomed the update and noted that work has commenced with the newly appointed risk officer.

## **8. Any Other Business**

Date of Next Meeting: 16 December 2020.

The meeting concluded at 4.00 pm.

Signed: Deirdre Madden

Date 23/04/21

**Deirdre Madden**

**Chairperson**