



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 July 2020 at 10.00am in the Indigo Room, Dr Steevens' Hospital, Dublin 8.

**Committee Members Present:** Prof Deirdre Madden (Chair), Prof Fergus O'Kelly, Dr Yvonne Traynor, Ms Anne Carrigy, Dr Chris Luke, Ms Margaret Murphy (via video call).

**Apologies:** Dr Cathal O'Keeffe.

**HSE Executive Attendance:** Dr Colm Henry (CCO, Item 2), Mr Patrick Lynch (ND QAV, Items 2-6), Dr Philip Crowley (ND, QID), Dr Susan O'Reilly (Director, National Cancer Control Programme, Item 2.3), Dr Orla Healy (Specialist in Public Health Medicine, Item 2.3), Prof Ann O'Doherty (Clinical Director, BreastCheck, Item 2.3), Mr Vincent Lynch (Chartered Institute of Internal Auditors, Item 3), Ms Cora McCaughan (ND Healthcare Audit, Item 3), Ms Niamh Drew (Secretary), Ms Rebecca Kennedy.

### 1. Governance and Administration

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

D Madden took the Chair at 10.35 am and welcomed members of the Committee and the Executive to the meeting.

The following items were discussed and noted:

- Minutes of the Meeting on 17 June 2020 were approved.
- No conflict of interest was declared.
- The updated Action Log and Workplan were reviewed and approved by the Committee.

## 2. CCO

### 2.1 CCO Update

The CCO presented a verbal update to the Committee on COVID-19 noting that there are currently low levels of community transmission being recorded and that the positivity rate of tests is around 0.2%. This will have an impact on plans for the resumption of services under the Continuity Framework which assumes that community transmission remains low and restrictions continue to ease. He advised that services will not be the same when they reopen and that changes will be seen throughout the system. The Committee questioned the CCO in relation to how backlogs and delays in processing patients will be addressed. He advised that these concerns are addressed in the Continuity Framework and that if demand for services cannot be reduced capacity needs to be expanded via lengthening of the work week or purchasing of service from private hospitals.

### 2.2 Sláintecare Update

The CCO provided a short update on Sláintecare advising that progress had been greatly stalled due to COVID-19 and that work in this area is resuming now.

### 2.3 National Screening – Legal matters update

*Dr S O'Reilly, Dr O Healy and Prof A O'Doherty joined the meeting*

The CCO gave the Committee an overview of this matter advising that given that interval cancer audit is a component of the overall quality assurance in cancer screening programmes, he and National Director of National Screening Services commissioned a review of audit of interval cancer for all three cancer screening programmes (BreastCheck, CervicalCheck and BowelScreen) with the aim of producing recommendations based on the available evidence, international experience and practice. This review commenced in November 2018 with the establishment of two Expert Reference Groups, one for BreastCheck and one for CervicalCheck and BowelScreen. The Expert Reference Group report on the management of interval cancers in the BreastCheck-screened population has previously been considered by the Committee and the Board earlier this year. Expert Reference Group reports on the audit of interval cancer in the BowelScreen and CervicalCheck screened population have now been completed and were circulated to the Committee in advance of the meeting, along with the Expert Reference Group report on the management of interval cancers in the BreastCheck-screened population.

The CCO advised that the Expert Reference Groups comprised patients and patient advocates/representative organisations, representatives from professional disciplines and international experts who either attended or provided detailed input into deliberations. In accordance with the terms of reference, the Expert Reference Groups have made recommendations based on international evidence and best practice while having regard to the findings of the Scally Review. These recommendations of the Expert Reference Groups provide a design for interval cancer audit which supports quality assurance within each programme, and which is in line with international best practice for cancer screening programmes. Implementation of the recommendations of this report will permit the recommencement of clinical audit of interval cancers in the cancer screened population in Ireland. He noted that this will support the quality and safety of the programme for the participants by enhancing professional education and learning, acknowledging that audit of interval cancer is but one element of quality assurance in screening. It will also meet patients' needs for information following diagnosis of an interval cancer.

The CCO briefed the Committee on legal matters relating to the Screening Services, noting that screening programmes operate within agreed parameters of sensitivity and specificity. As such it is both expected and accepted that interval cancers, including missed cancers will arise within the programme. He advised that increasing the sensitivity to detect all (or nearly all) cancers would expose asymptomatic participants to harm associated with unnecessary investigation and over-treatment. Despite the known limitations of screening, Ireland has seen a growth in legal cases arising from participation in cancer screening programmes and the finalisation of these reports has coincided with high profile cases involving both the CervicalCheck and BreastCheck programmes. This level of litigation also impacts staff that might have to devote days or even weeks to each court case many times in each year, undermining time available for screening and damaging recruitment and retention in services that are already under strain as a result of staff shortages.

The Committee were advised that membership of the Expert Reference Groups (patients, advocates and professionals) felt strongly that screening programmes must be supported to continue to provide quality assured, freely accessible public screening to current and future participants in order to reduce incidence of and mortality from cancer. The balance between respect for the patients' need to know their information in an open and supportive healthcare environment versus the duty to future participants and staff to maintain a viable programme has weighed heavily on their approach to implementation. All three reports reference the need for a legal framework for screening. The implementation of the Patient Safety Bill, which is currently being finalised by the Department of Health, proposes to provide legislative protection for clinical audit.

However, as of now, it remains unclear whether or not audit as it pertains to screening, will be covered by the provisions of the Act.

The Committee sought clarification on a number of areas from the CCO, Dr S O'Reilly, Dr O Healy and Prof A O'Doherty. This included an outline of any significant differences between the Expert Reference Groups, the reasoning behind proposed timelines for carrying out reviews, and what the communication process with affected patients would look like. Following consideration of this information, the Committee approved the three Expert Reference Group reports to go to the Board for review at its July 2020 meeting.

*Dr S O'Reilly, Dr O Healy and Prof A O'Doherty left the meeting.*

#### **2.4 Letterkenny University Hospital Review of Gynaecological Service**

The CCO updated the Committee on a current issue relating to a gynaecology service review undertaken following concerns raised in relation to possible delayed diagnoses of endometrial cancer. It was agreed that this item would be brought to the attention of the Board at its July meeting and the CCO will update the Committee on the implementation of the recommendations in the report at its September 2020 meeting.

*CCO left the meeting*

### **3. Internal Audit Assessment Report**

#### **3.1 External Report from the Chartered Institute of Internal Auditors**

*AND HCA and Mr V Lynch [CIIA] joined the meeting.*

ND QAV presented a background of the HSE's Healthcare Audit [HCA] function which was established in 2010 as a distinctive function in line with the design and practice of Internal Audit.

It sits within the HSE's National Quality Assurance and Verification function [QAV] and is in addition to the organisation's Internal Audit activity. It provides assurance in relation to risks and controls in care related activities in both clinical and non-clinical aspects of healthcare.

He noted that in Quarter 4 2019, he commissioned an External Quality Assessment [EQA] of the HCA function. The objective of the EQA, which was undertaken by the *Chartered Institute of Internal Auditors*, was to provide an independent assessment of conformance to the global standard of ways of working for Healthcare auditors, the *International Professional Practice Framework [IPPF]* developed by the *Institute of Internal Audit [Global IIA]* and Department of Public Expenditure and Reform's *Code of Practice for the Governance of State Bodies* [August 2016].

V Lynch spoke to the Committee on the review, as circulated prior to the meeting, noting that it involved interviews with Executive, non-Executive and HCA team members and a review of HCA reports submitted to the Risk Committee in the last 12 months, in addition to a sample of associated working papers and other relevant policies and documents. The Report identifies key achievements of the HCA Team including being well respected by senior management, being seen as adding value, providing assurance, and are professional, efficient and effective. It was recommended that the EQA report and Management Response be approved. In particular, he drew the Committee's attention to a finding that given the positioning of HCA in the organisational structure it could not appropriately be defined as a Level 3 assurance function.

The Committee discussed a proposal that the HCA function would be better positioned within the overall Internal Audit function. This is being considered as part of the current review of the 'Centre'. While this move would provide the level of independence associated with Internal Audit, the Committee expressed concern about any potential dilution of the healthcare related focus of HCA. The Chair advised that independence, including the perception of independence, is critical and the committee agreed that it would be appropriate for Healthcare Audit to sit within Internal Audit as a specialist audit team with the AND HCA having a direct line of reporting to the Safety and Quality Committee. The Committee agreed that this reporting line for Healthcare Audit would be recommended. V Lynch confirmed that this governance structure would meet the requirements of the recommendation in question and thanked the ND QAV and AND HCA for their cooperation during the reporting process.

*AND HCA and V Lynch left the meeting.*

## **4. Patient Safety Strategy**

### **4.1 Update on Implementation**

ND QAV presented this item and reminded the Committee that the Patient Safety Strategy was launched on the 13<sup>th</sup> December 2019. The report circulated prior to the meeting provided a short update for the Committee in relation to implementing the National Patient Safety Strategy. It included updates on several notable areas including the Communication and engagement process, Falls prevention, World Patient Safety Awareness Week, Service level Operational Plans 2020 and the HSE Corporate Plan.

ND QAV noted that even prior to COVID-19 being declared a global pandemic on the 11<sup>th</sup> March 2020, the focus of the health service has been to marshal its resources to respond to the impact of the virus. In this context, the priority for patient safety across the health service has been to slow the spread of COVID-19 across the country, infection prevention and control and to keep both patients and staff safe in healthcare settings. He advised that to support the COVID-19 national response, he and the three members of the national programme team were redeployed to support critical response activity and public health services. This has had some impact on planned activities for the Programme in the first half of 2020 which is likely to continue for part of the next quarter. He advised the Committee that the patient engagement process, which is a critical element of the Strategy, has also stalled as a result of COVID-19 redeployment. The Committee stressed that patient safety is a critical area and recommended that the implementation of the Strategy. The Committee will be updated on this matter at its meeting in October.

## **5. Risk Management**

ND QAV updated the Committee on the Corporate Risk Register which captures the key risks to the health service as identified by the HSE's Executive Management Team [EMT]. The Committee has a role in oversight of the management of risks to patient care and safety. An extract of the Corporate Risk Register was circulated to the Committee which outlined the risks assigned to it for oversight purposes including the risks assigned to the joint Safety and Quality Committee and Audit and Risk Committee [ARC] sub group for new COVID-19 risks. At the request of the Audit and Risk Committee, a short guidance document was prepared to support the Board's Committees in their role in supporting the oversight of risk. This was also circulated to the Committee.

ND QAV explained that nationally there has been significant engagement with the HSE's risk management policy and it is viewed by the system as relatable and applicable to them. At EMT level, risk owners will be coming into the relevant Committees and connect their everyday work to the CRR. The risk owners are reviewed every quarter.

In relation to the Committee's responsibilities, the Chair suggested that it would be appropriate that Risk 18 – Policy and legislation development and implementation - be transferred to the Safety and Quality Committee. It was agreed that the Committee would include Risk 18 in its oversight and review its other allocated risks over its next three meetings and invite the relevant EMT owners to attend.

## 6. Incident Management Framework

*C Stuart joined the meeting*

### 6.1 Update on Framework

ND QAV advised the Committee that the HSE launched its Incident Management Framework (IMF) in January 2018. The IMF represented a significant change to the way the HSE responded to incidents and aimed to provide a more person centred and responsive approach. It was co-designed with patients and the service delivery system. In order to understand the degree to which the IMF was serving to support practice, a commitment was made to review it with services a year after it was in operation. The purpose of this early review was to find out what aspects of the IMF were going well and what aspects need improvement.

He noted that the review commenced with an on-line survey and focused discussion with key stakeholder groups which identified that though there was a high level of support for the IMF and that it was serving to support practice, there were a number of areas which required more detailed guidance. These included: Comprehensive Approach to Review; Development of Recommendations; SIMT guidance; and Retention of Records. An additional piece of guidance relating to supporting service users, relevant person(s) and staff has been commissioned along with a framework for sharing learning and work in relation to these has also commenced.

He advised that consultation on the draft IMF (2020) was delayed due to the COVID-19 response but was commenced in late May with copies of the draft IMF and Guidance being sent to the delivery system and the Committee members. The consultation period was extended to take account of service pressures and closed on the 30<sup>th</sup> June 2020 and feedback is currently being collated so that it can inform the final draft. It will then be considered by the EMT followed by the Committee. C Stuart advised that of the responses collated so far, the feedback most received was that the document had been improved. They have also received a lot of practical suggestions which will be incorporated in the redraft. The Committee acknowledged the great benefit of receiving these reflections from staff and discussed the importance of getting feedback from service users in some format. C Stuart advised that this element of the work was paused due to the COVID-19 response but it is currently being revisited.

It is anticipated that the final IMF and Guidance will be presented to the Committee at its September meeting.

*C Stuart left the meeting.*

## **7. Quality**

### **7.1 Quality Profile Data – June / July 2020**

ND QID presented this standing agenda item which provides the Committee with a picture of quality of care. The Quality Profile supports oversight and decision making by analysing and presenting, over time and between services, the performance across key indicators. The information was presented using Statistical Process Control (SPC) charts to help members understand the variation in the data and supports effective decision making. He noted that there was a mixture of COVID indicators to be seen in these indicators. The Committee discussed a number of potential factors which impact the indicators including ICU Capacity and Disability Act 2005 compliance.

It was confirmed that there would be a workshop in September with the team from QID which would facilitate further discussion and the Chair emphasised the need to keep the selection of indicators patient focused.

### **7.2 Patient and Staff Experience – video**

The Committee welcomed a return of its standing item of Patient and Staff Experience video after a its absence from the agenda during the COVID-19 response. It is recognised that the item allows the Committee on opportunity to listen to, and reflect on, experiences to sensitise and provide context to later agenda items on safety and quality in the health service. The video showed a staff member sharing their experience of being redeployed to work in the Croke Park COVID-19 testing facility.

The Committee found the video provided valuable insight into a difficult redeployment and were encouraged to hear that though the work was draining at times, the employee expressed that morale was high in the facility and excellent support was provided to staff by their line managers.

The Committee will consider the function of this item further in their September Quality workshop as listening to patient and staff stories is a meaningful way to ground and provide context on the impact of Board decisions on patient and staff experience.

### **7.3 Update on Quality Improvement Programme**

ND QID provided a verbal update on this item noting that much of the programme of work has been suspended as all staff deployed to the contact management programme. Quality Improvement are currently returning staff on a gradual basis, establishing the QI programme and developing on an accelerated basis online training programmes and educational materials. Much of the programme will be completed by participants online with diplomas due to issue in September or October.



#### 7.4 Open Disclosure

The ND QID Dr Crowley advised the committee that following publication of the report of the Scoping Inquiry into Cervical Check in September 2018, and the laboratory supplementary report of June 2019, a comprehensive Implementation Plan was developed by the HSE, the Department of Health & the National Cancer Registry of Ireland to support all 58 recommendations made by Dr Gabriel Scally in his reports. As of the 9 July 2020, the HSE has completed 105 of 116 actions from the Implementation Plan. Given the challenges that have arisen due to the COVID-19 pandemic much of the remaining work on the implementation of the recommendations has not been concluded and work on implementing the remaining recommendations and actions will be re-prioritised in line with the ongoing planning for delivery of COVID-19 and non-COVID-19 services.

The Committee discussed how best to implement recommendation 32 of the Scally report which states that an annual report on the operation of open disclosure must be presented in public session to the full Board. It was agreed that full compliance with this recommendation would not be possible as the Board does not sit in public. However, the Committee recommended that in order to ensure the closest compliance possible, the report should go to the Board as an agenda item at the earliest opportunity, a comprehensive minute of the board discussion should be published as part of the board minutes, and the Open Disclosure report should be made available to the public on the same day as the board meeting.

#### 8. Any Other Business

Date of Next Meeting: 15 September 2020.

The meeting concluded at 3.45 pm.

Signed: Deirdre Madden

24/11/20

**Deirdre Madden**

**Chairperson**

**Date**

