



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 16 March 2021 at 9.00am 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, Item 2), Dr Philip Crowley (ND QID), Mr Patrick Lynch (ND QAV), Mr Dara Purcell (Secretary), Ms Rebecca Kennedy.

Joined the meeting: Ms Margaret Fitzgerald (Lead for Social Inclusion, Item 4), Dr Siobhán Ní Bhriain (Lead for Integrated Care, Item 5), Ms Suzanne Rowley (INOR Manager, Item 6), Mr Paddy Kenny (RCSI, Item 6), Ms Winifred Ryan (HR, Item 8), Prof Peter Gillen (RCSI, Item 8), Prof Risteárd Ó Laoide (Director NCCP, Item 9), Dr Sarah McLoughlin (HSE Board Member, Item 9).

1. Governance and Administration

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

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

The following items were discussed and noted:

- Minutes of the Meeting on 19 January 2021 were approved.
- The Committee’s Annual Report will be amended and brought back to the Committee for approval at its next meeting.
- No conflict of interest was declared.
- The Committee welcomed the appointment of Ms Anne Carrigy to the HSE Board.

2. CCO Report

The CCO presented his monthly report to the Committee beginning with a COVID-19 update. This focused on the vaccination programme and the decision to pause use of the AstraZeneca Covid-19 vaccination. The CCO advised that this instruction was given by the Department of Health on advice from the National Immunisation Advisory Committee and was based on a safety signal arising from four unusual clotting events in Norway. He emphasised that this was a difficult decision to make but public confidence in any vaccination programme is key and the public should be confident that possible safety issues are being recognised.

The Committee discussed the possibility of future COVID-19 surges. The CCO advised that there is a fourth wave currently in other European countries and that in Ireland, the 20% week-on-week drop in cases appears to have plateaued. The ND QID noted this is likely due to the increased transmission rate of the B117 variant. In relation to non-COVID services, the CCO advised that should a fourth wave occur it will greatly impact all activity carried out in hospitals. In relation to extra capacity provided by the private hospital deal, he advised that while some services being provided by the private sector are being stood down, the option remains to re-engage should it be necessary.

The Committee discussed the data provided as part of the National Screening Service Update and noted their concern in relation to the low response to CervicalCheck programme invitation letters. The CCO confirmed that it is the intention of the screening services to facilitate appointments for all those who may have missed an appointment and he will provide an update on the uptake of invites at the next Committee meeting.

The CCO updated the Committee on the work completed to date by the Oversight Group established to ensure the implementation of the recommendations made in the LUH Gynaecology Service Review. He advised that a plan with eleven action areas was developed but some work was suspended in January due to COVID-19 so it is not possible to confirm when they will be completed. The Committee expressed concern in relation to the planned withdrawal of the Special Measure Team (SMT). It was agreed that the CCO would report on the next steps in relation to this at the next meeting of the Committee.

The CCO provided an update on Assessment of Need with reference to a briefing paper from the COO on the Expert Group to evaluate the Assessment of Need Standard Operating Procedure which was circulated to the Committee in advance of the meeting. The Committee queried whether the HSE is prepared for the care requirements which will come from the reform of the Assessment of Need process. The ND QID advised that to date there has been a focus on meeting the needs of children rather than going through the formal assessment procedure and that although implementation will

pose a significant challenge, the review will clearly align with the roll out of the Children's Disability Networks as well as work under way via the National Clinical Programme for People with a Disability.

In relation to the implementation of the recommendations of the Brandon report, the CCO advised that there are currently four workstreams underway and the HR assessment report is nearing conclusion. The Committee agreed that the COO should be invited to its next meeting to provide a further update.

Finally, the CCO advised that Dr Orla Healy has been appointed as the new National Clinical Lead for Patient Safety. The Committee welcomed this appointment and agreed that Dr Healy should be invited to attend the Committee when she has taken up her role.

The CCO left the meeting

3. Quality Profile

The ND QID presented the March 2021 quality profile report, updating the Committee on a number of areas with particular focus on Healthcare Acquired Infection, Rapid Access Clinics, colonoscopy, hip fracture surgery and MMR vaccination rates. The Committee requested that further information on vaccination be provided in future and it was agreed that the Chair would engage with ND QID in relation to adjusting the metrics used in the Quality Profile.

4. Social Inclusion and COVID

M Fitzgerald joined the meeting

M Fitzgerald briefed the Committee on the work being completed by the HSE National Social Inclusion Office in its response to the COVID-19 pandemic. She advised that this work involves engagement with vulnerable groups including Travellers, Roma, those living in Direct Provision and the homeless population. These groups have been significantly affected by the COVID-19 pandemic as they are frequently excluded from mainstream society and need bespoke efforts to be reached. M Fitzgerald also noted that enhanced integration across services has been seen during the pandemic response e.g. engagement with local authorities, NGOs and Government departments.

The Committee strongly supported this work and suggested social inclusion be included as module during medical training and that engagement with emergency health practitioners would be beneficial. It was agreed that M Fitzgerald should return to the Committee later in the year with a further update.

M Fitzgerald left the meeting

5. National Clinical Programmes

S Ní Bhriain joined the meeting

S Ní Bhriain presented an overview of the National Clinical Programmes (NCPs) to the Committee with a focus on safety and quality aspects of the NCPs and how they responded to COVID-19. She advised that the NCPs programmes of work for 2021 aim to address additional service delivery challenges and impacts as a result of COVID-19 and enable the system to transition from a hospital-centric model towards a community and primary care-based service, securing sustainable improvements in both patient and service user outcomes.

The Committee discussed whether the level of patient engagement used in developing the programmes was sufficient. The ND QID advised that the NCPs aim to be as responsive to patient needs as possible and noted the National Service Plan 2021 has committed to a range of new patient partnership posts which will work to engage patients at community and acute level.

S Ní Bhriain left the meeting

6. Irish National Orthopaedic Register (INOR)

S Rowley and P Kenny joined the meeting

S Rowley and P Kenny briefed the Committee on the Irish National Orthopaedic Register (INOR), one of 13 national audits managed or governed by the National Office of Clinical Audit (NOCA). She advised the INOR is a patient safety initiative which aims to improve the quality of services and care provided to patients having joint replacement surgery through the analysis of clinical and patient reported outcomes, and to monitor the safety of implants and support hospitals should an implant recall occur.

The Committee discussed the importance of developing a comprehensive, Nationwide orthopaedic register considering that all private hospitals are not part of INOR. It supported NOCA's view that it would be appropriate that all public patients treated under the National Treatment Purchase Fund (NTPF) joint arthroplasty programme are monitored as part of INOR, thereby offered the same degree of quality assurance in private hospitals, as if treated within the public sector. Currently, there are 9 out of 12 elective public hospital in the Register and phase II of the project will include the roll out of 10 non-elective hospitals.

It was agreed that NOCA would provide the first National report from INOR to the Committee when published later this year and that the ND QID work with NOCA and INOR to improve reporting on private hospital activity.

S Rowley and P Kenny left the meeting

7. Risk Management

The ND QAV provided a CRR update to the Committee with reference to the Risk summary and individual Risk Assessments circulated prior to the meeting. He advised the Committee that the Q4 2020 review of the Corporate Risk Register (CRR) has been completed. The work was delayed due to the current COVID-19 surge and the significant pressures this has put on EMT members. The ND QAV advised that work is being undertaken to create a better understanding of appropriate risk ratings among the risk owners.

The monitoring of risks at Committee level was discussed. It was suggested that Chairs of Committees with secondary responsibility for CRR risks should attend meetings of the Committee with primary responsibility for those risks when they are discussed. It was also agreed that the Chair will seek an update in relation to the joint ARC and S&Q Sub-Group which was formed in 2020 for monitoring 5 of the 6 of the COVID-19 CRR risks.

8. Update on the National Communications Healthcare Programme

W Ryan and P Gillen joined the meeting

W Ryan and P Gillen gave the Committee an overview of the development of the National Communications Healthcare Programme which was established in response to feedback received in the first National Patient Experience Survey 2017. This survey highlighted poor communication between patients and healthcare providers as one of its main findings. W Ryan advised that the Programme is designed to support all healthcare staff to learn, develop and maintain their communication skills with patients, their caregivers and with colleagues.

The Committee discussed the different modules of the programme and emphasised the importance of communication training beginning at undergraduate level and continuing throughout an individual's career. The Committee expressed its full support for this programme and thanked W Ryan and P Gillen for their work to date.

W Ryan and P Gillen left the meeting

9. Impact of COVID-19 on Cancer Services

R Ó Laoide and S McLoughlin joined the meeting

R Ó Laoide briefed the Committee on this item and took the 'Briefing paper on the impact of the COVID-19 pandemic on people with cancer and cancer services in Ireland' circulated prior to the meeting as read, noting that it should be considered draft as it has not been published yet. He highlighted that COVID-19 is having a negative impact on all health services not just cancer, and that the pandemic has affected cancer services internationally. In Ireland, the key areas of concern are patients' access to endoscopy and services' access to data, the latter of which is hindered by difficulties extracting it from various unintegrated sources and from the private sector.

The Committee discussed the potential wider impact on the health service of delayed diagnoses of cancer. R Ó Laoide emphasised that the risk of future burnout of staff in all areas including cancer services is significant, which the Committee was particularly concerned by. He also advised that access to diagnostics and IT infrastructure are the two key areas which much be addressed for improvement to be seen in cancer services and in the wider health service.

The Committee thanked R Ó Laoide for his presentation and acknowledged the substantial work completed to keep cancer services running during the COVID-19 response.

R Ó Laoide and S McLoughlin left the meeting

10. State Claims Agency Clinical Claims Report 2017

C O'Keeffe presented this report to the Committee which provides an in-depth analysis of the clinical claims that were finalised by the State Claims Agency (SCA) in 2017, across a range of specialist services in the publicly funded health and social care sector in Ireland. He highlighted the key findings for consideration and provided an overview of claims per service e.g., claims related Maternity and Gynaecology, Perioperative Care, and Medicine.

The Committee discussed possible contributory factors to these claims including staffing, poor performers, incident reporting, and poor communication. C O'Keeffe highlighted that the number of claims is increasing, and it is hoped that the development of a culture of learning when things go wrong, the commitment of dedicated health and social care workers, and the ongoing implementation of relevant national policies will reduce the risk of the occurrence of preventable adverse events. The Committee thanked C O'Keeffe for the presentation and noted the SCA advice within the report.

11. Any Other Business

Date of Next Meeting: 20 April 2021 (TBC).

The meeting concluded at 4.00pm.

Signed: Deirdre Madden

20/04/21

Deirdre Madden

Chairperson

Date