



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 Thursday, 21 May 2020 at 10.00am via teleconference

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

HSE Executive Attendance: Dr Colm Henry, Mr Patrick Lynch, Dr Philip Crowley, Ms Yvonne O' Neill, Ms Niamh Drew, Ms Amy Phillips

Apologies: Ms Margaret Murphy

1. Governance and Administration

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

D Madden took the Chair at 10.10 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 29 April 2020 were approved subject to amendment.
- No conflict of interest was declared.
- The Committee acknowledged the response received from Dr Geraldine Shaw in relation to a query which had been raised by the Committee at its meeting of in March with regards to the Minister for Health's request that options be explored to maximise and increase the frontline workforce across the system. The Committee had sought clarification with regards to registration rules for student nurses and midwives. Dr Shaw had provided clarification to this matter which the Committee acknowledged.

2. Update on Non Covid Service provision (Acute and Community)

The CCO, C. Henry presented a paper on the approach to service continuity: Clinical Roadmap for the Delivery of Non-COVID Services in a COVID Environment which had been circulated to the Committee prior to the meeting. The paper highlighted that the COVID-19 pandemic has led to unprecedented interruption of normal healthcare activity, with services across both acute and community settings affected. As a result of the decision by the National Public Health Emergency Team to postpone all “non-essential surgery, health procedures and other non-essential health services”, waiting lists for scheduled care (inpatient, day case and outpatients) have increased.

In addition, the volume of referrals to services such as cancer screening has fallen, and there has been a decline in public attendance for unscheduled care in both acute and community settings due to concerns about contracting the virus. There is now a need to begin to reintroduce the community and acute hospital services that were reduced or suspended as a result of the COVID-19 pandemic and this must be done in a planned, phased and appropriate manner so as to optimise patient care while minimising risks to the public, to healthcare staff and to the wider healthcare system.

The Committee discussed particular aspects of the paper with the CCO such as resumption of cancer screening services. Although screening remains a high priority, there is a need for caution and an evidence-based approach to be adopted in relation to resuming services. The Committee agreed that open honest communication with the public is necessary to ensure public understanding of the reasons for decisions made in this context and confidence in the safety of the service when it resumes.

Committee members also raised concerns regarding private patients who are now subsequently on public waiting lists as a result of the arrangement made with private hospitals. There was discussion regarding issues of use of private hospital capacity, access to consultant care, preservation of existing clinical pathways and continuity of care for patients.

The Committee also highlighted the need for consistency across the healthcare system in relation to new ways of working in the future, for example to ensure telehealth systems are being used as effectively as possible where they are appropriate.

The Committee was advised of an ongoing study on the strengths and weaknesses of telehealth in the current environment which will give evidence of the effectiveness of telehealth on the Irish healthcare system. Committee members also highlighted that although telehealth is effective, it is not appropriate in all areas, and should always be used alongside other resources.

The Committee also raised questions about community and social services. The CCO confirmed that planning for the return to normal services in the community is also underway and the Committee welcomed Y O'Neill, AND Performance and Planning, Community Operations to the meeting who briefed the committee on the ongoing work within Community Services during the Covid period. The Committee was informed that initially some community health services continued to operate in as normal a fashion as possible, until the stay at home phase was announced by the government on March 27th. Since then whilst some services such as non-urgent routine appointments may have been paused, not all services have been cancelling appointments, with many services finding alternative ways to carry out appointments through a variety of methods i.e. telephone, texting, video calls etc. However, she also noted that some services were suspended as staff members were redeployed to support the creation of new COVID models of care e.g. Community Testing, Clinical Assessment Hubs, etc. The prioritisation of services across the community has been supported by the Business Continuity planning process at National and CHO levels since mid-March. This involved applying a standardised approach to categorising and describing all community services and assigning a Priority Level to each.

The Committee discussed the risks associated with resumption of services and noted that to date, much public health messaging regarding COVID-19 has focused on social distancing, hand hygiene, PPE for health care workers, and the need for increased testing. It was acknowledged that the CEO in his weekly briefings and other HSE personnel have sought to encourage people, particularly those with time critical conditions to continue to attend their GPs and emergency departments when required. The Committee recommended that a wider communication strategy be put in place to encourage those most in need of care to seek healthcare services as usual and to outline the HSE's plan for resumption of services.

The Committee members commended the CCO, his team and management across the HSE in both Acute Services and Community Services for their hard work and dedication during the COVID-19 response to date and their work on the papers that were presented to them.

3. Quality

Dr P Crowley presented his paper on 'Maintaining Quality During a Pandemic' to the Committee. He noted that there will be substantial learning from the Covid pandemic to take forward and apply in the new ways of working that will be necessitated in the immediate and longer-term future, and new work practices that will need to be implemented. He advised the Committee that learnings from this crisis will be extracted, shared and applied so that the best of what has been developed during this crisis is retained, and so that a return to go back to the old way of doing things doesn't happen.

It was noted that the recovery response will have to be fast paced and reactive, with new structures, services and initiatives introduced in much shorter timeframes. Dr Crowley highlighted that it is essential that the HSE facilitates a coordinated response, through collaborative working, strong communication and mutual respect. The Committee discussed the importance of rebuilding public confidence in coming into healthcare services again. The importance of clear communication on the control of the virus is crucial, and to re-establish work going forward in a new way was welcomed by the Committee.

The Committee raised questions in relation to the extent of patient engagement and P. Crowley assured there would be regular engagement with patient cohorts when designing contact management programmes. Concerns were also raised regarding the effectiveness of telehealth, and whether there would be increased public expectation of telehealth in the future. Opportunities were highlighted in relation to e-prescribing and working innovatively to ensure that service users can access services outside of hospital settings.

Clarification was sought with regards to when the National Quality Improvement Team would return to producing the quality profile data reports, P. Crowley advised that some non COVID-19 related data is still ongoing, and it was agreed that Quality data reporting will form part of the next committee meeting.

It was suggested that a survey, or a similar tool should be implemented to assess the quality of patient care and their experience of care during this time. The Committee emphasized the mortality rate of this crisis amongst nursing homes, and the importance of reflection on this to carry any learnings forward. The Chair advised the Committee of the newly established Board working group which will work with the Chief Strategy Officer and the EMT on recovery planning and which aims to address many of these issues.

4. Risk Management

P Lynch presented this item to the Committee noting that as a result of the COVID 19 response, the Quarterly Review of the Corporate Risk Register was delayed by a month. The first stage of the quarterly review was conducted during the last week of April and first week of May 2020. The review included meetings with individual members of the EMT. The Quarterly CRR Risk Review considered the current risks on the Corporate Risk Register and the impact of COVID 19 on these risks and sought to identify significant additional risks that have emerged for the health service since the emergence of COVID 19 in Ireland.

P Lynch highlighted that it had been agreed that new risks will only be added where they cannot adequately be reflected in and managed through risks already captured in the CRR. The list of new strategic risks emerging as a result of COVID 19 will be considered by the EMT and brought to the Audit and Risk Committee in June and then subsequently to the Safety and Quality Committee at its meeting on June 17th

The Committee members discussed a number of potential service and health related risk areas many of which had been highlighted under the previous agenda item, such as the impact of COVID 19 on long term residential care, return to normal services and the risk of exposure to COVID 19 amongst health service staff. The financial risks to the health service, the budgetary pressures faced many Section 39 agencies and the impact of on-going physical distancing requirements in health facilities was also discussed.

The Committee also emphasised the importance of learning from the COVID 19 pandemic and P. Lynch confirmed that this will be taken into consideration and that the work underway to review the HSE's Corporate Risk Register will involve assessing the risks emerging directly as a result of COVID 19 and the impact of COVID 19 on all the other corporate risks.

12. Any Other Business

Date of Next Meeting 17 June 2020

The meeting concluded at 12.05 pm

Signed: Deirdre Madden

Deirdre Madden

Chairperson

24/11/20

Date