



HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Friday 19th May 2023 in the Indigo Room of Dr. Steevens' Hospital and also via MS Teams.

Committee Members Present: Prof Deirdre Madden (Chair), Dr. Cathal O'Keeffe, Dr. Anne Kilgallen, Mary Culliton, Jacqui Browne, Margaret Murphy.

HSE Executive Attendance: Dr. Colm Henry (CCO), Dr. Orla Healy (ND QPS), Martina Queally (Chief Officer Community Healthcare East), Niamh Drew (Deputy Corporate Secretary), June Robinson (Office of the Board)

Apologies: Anne Carrigy, Dr. Yvonne Traynor, Prof. Fergus O'Kelly

Joined the meeting: Bernard Gloster, CEO; Item 3: Dr. Colm Henry (CCO); Item 4: Dr. Orla Healy (ND QPS); Item 5: Patrick Lynch (ND Governance & Risk); Elaine Kilroe (AND, Enterprise Risk Management); Item 6: Dr. John Cuddihy (ND Public Health); Sharon Hayden (Office of the CCO), James McGrath (CEO Office)

Minutes reflect the order in which items were considered and are numbered in accordance with the original agenda.

1 & 2. Governance and Administration

1.1 Welcome and Introductions

- The Chair welcomed the Committee members to the meeting.
- The Committee held a private session where the Chair provided a summary of the agenda, the relevant papers and approach to conducting the meeting, noting that the focus of the meeting would be to receive updates on key items and to suggest relevant actions as they became apparent.



- Committee Assessment Evaluation

2. Governance and Administration

2.1 Declarations of Interest

No declarations of interest were made.

2.2 Minutes

The minutes of the 25th April 2023 were deferred to the June meeting.

2.3 Safety & Quality Committee Work Plan July – December

Amendments regarding the draft Committee work plan, which had been circulated prior to the Committee meeting, were agreed.

2.4 Matters for Noting:

2.4.1 Briefing Paper on 'Progress to date with regards to HSE implementation of recommendations from the Mental Health Commission Annual Report 2022' was noted.

2.4.2 Healthcare Audits: An update on recommendations from 2022 and progress with regards to 2023 Audits was noted by the Committee. In relation to the status of recommendations from the Healthcare Audit Reports issued in 2022, the Committee requested more detail on recommendations not yet started.

2.4.3 Healthy Ireland Plan

Healthy Ireland Plan was noted, with a suggestion on having more visibility on social inclusion for disadvantaged groups.

Chief Executive Officer (CEO) Introduction:

The CEO introduced himself to the Committee and set out his three priority challenges: Access and Performance, Public Confidence and Timely Implementation. He spoke about the importance of



Care, Culture and Governance in the organisation and also noted two immediate issues that he has taken direct focus on. These are RHA implementation and the Waiting List Action Plan.

3. CCO Report

Dr. Colm Henry joined meeting at 11.15am

The CCO provided updates on Public Health Reform and advised that the Public Health Reform programme will have a focus on addressing health inequalities and the work of social inclusion.

He provided an update on respiratory viruses and advised that the WHO have declared that Covid-19 is now an established and ongoing health issue, which no longer constitutes a public health emergency of international concern. He provided an update on the spring vaccination programme beginning on 1st May and advised that planning has begun for the rollout of an autumn programme for approved groups.

With regard to National Screening Service, the Committee were advised that the Coombe Hospital continue to pause HPV and cytology sample processing for CervicalCheck, pending the approval of documentation which was submitted to the Irish National Accreditation board on 18th April. It is expected that INAB will complete an onsite visit before accreditation is restored and in relation to the Cervical Check Laboratory services tender. It was noted that the second round of dialogue commenced with the interested laboratories at the start of May.

The CCO provided updates on Diabetic Retina Screening, BreastCheck and the NSS Strategy, which was recently launched by the Minister of State at the Department of the Taoiseach and at the Department of Health. He also provided an update on the work of the Obstetric Event Support Team (OEST), which sits within the National Women and Infants Health Programme (NWIHP). He advised that there are ongoing challenges regarding engagement with one hospital group and that communication to address this issue is ongoing. The Committee expressed its support for the important work of the OEST and its concern that one hospital group was not engaging with this learning mechanism to help drive improvements in maternity care. It was agreed that this would be discussed in more detail at the Committee's June meeting, which is dedicated to the theme of Women's Health.

The Committee received a briefing on the HSE Termination of Pregnancy Review, which was



commissioned to identify and evaluate what changes and/or improvements are required to improve its safety and quality from both a service provided and service user perspective. The CCO informed the Safety and Quality Committee that he commissioned the Review to look at the services provided under Section 11 of the Act. This was to identify and evaluate what changes and/or improvements are required to improve its safety and quality from both a service provider and service user perspective. This review has been completed and the report and recommendations accepted by the Steering group.

He advised that NWIHP have been requested to develop a time-bound, costed implementation plan to support the delivery of the recommendations as well as the recommendations from the recently published Review of the Operation of the Health Regulation of Termination of Pregnancy Act 2018, commissioned by the Minister for Health and Chaired by Dr. Marie O'Shea.

The CCO provided an update on the National Cancer Control Programme and the launch of the '*Model of Care for Psycho-Oncology Services for Children, Adolescents and Young Adults (CAYA) and their families in Ireland*'. He advised that this model of care aims to address the psychosocial needs of people who develop cancer in the age range of 0 to 24 years. The CCO advised that the Model of Care recommendation is that fertility preservation options should be discussed as early as possible with all patients of reproductive age whose treatment carries a risk of infertility.

Regarding Our Lady's Hospital Navan, the CCO advised that a meeting is scheduled in the coming weeks and he will brief the Committee further in June. The CCO provided an update on LUH and the report received from SAOLTA group. The CCO agreed to confirm the status of Consultants on the Specialist register in next month's report.

5. Risk Management

The National Director Governance and Risk and Assistant National Director Enterprise Risk Management joined the meeting at 12.40.

The CRO updated the Committee on the current review of the HSE's corporate risks, which is expected to result in significant changes being proposed to the risks recorded on the CRR.

The CRO advised that the papers circulated in advance of the meeting set out the areas of focus for



the review and an associated analysis of the risks assigned to the Committee for oversight purposes. The analysis covers the following: the historic rating of the risk, reported Risk Event – Risk Source and Risk Impact and Risk Controls.

The Committee discussed the importance of ensuring that contingencies for the potential occurrence of the risk are captured in the new risk format when developed and expressed their support for the work underway.

The importance of identifying appropriate preventative controls at each level of the health service was reiterated and particularly controls that reduced risks to the safety of individual patients and service users was discussed. The CRO agreed that this is an essential part of managing risk. The importance of extracting learning from adverse events was also raised, as this learning needs to inform additional risk reduction activities. The CRO advised that an update on the Review will be provided to the Executive Management Team on 6th June with a view to the final report being completed by the end of June for consideration by the EMT and ARC in July.

6. Public Health

Dr. John Cuddihy, ND Public Health, joined the meeting at 14.00.

ND Public Health provided an overview of the Public Health Priority Programme, with a focus on addressing health inequity and the work of social inclusion. He provided the background to the Programme and an outline of the subsequent 'Public Health Reform Programme' which was mobilised in 2019. He also explained the various stages involved.

The Chair commented on the absence of a Public Health Strategy to date. The ND Public Health advised that a lot of work is happening in this area to tackle health inequity, but agreed that no comprehensive strategy to guide that work has previously existed. He advised that the Strategy would require the involvement of broader stakeholders, but that some initial steps in the programme can be achieved quickly.

The Committee commented that the stakeholders of the programme were not clearly defined and observed a lack of reference to a 'Traveller Health Strategy'. Dr. Cuddihy advised that areas in Public Health are working at area level with minority groups and that the strategy will be more HSE-



focused and will provide governance. He acknowledged that there are a number of groups that are not part of the broader strategy, such as persons with disabilities, and agreed that they will need to be included. The Committee cautioned against the use of liaising with agencies when communicating with these groups, due to the potential conflict of interest that can arise, and recommended communicating with the individuals directly. The Chief Officer for Community Healthcare East advised that a lot of the funding for the strategy is received through Slaintecare and advised that she is chairing the National Implementation Group for Travellers. It was observed that it would be very useful for the Regional Health Authorities to have public health embedded into the structure. Dr. Healy also advised that an academic study is being carried out on the treatment of migrant women.

A discussion was held on the screening and assessment of needs. A request was made for greater clarity around the process following the assessment of needs, and how the needs are met. Dr. Cuddihy advised that, under Slaintecare, planning and resourcing is to be informed by health needs assessment.

Chief Officer Community Healthcare East also provided an update on the implementation of Public Health Reform at a Regional and Local Level, outlining the drivers of change in the Irish Health Service. She provided an introduction to the Slaintecare 'Community Healthcare Network' Model of Service and a breakdown of the 'Community Healthcare Organisation' Population Alignment nationally. To demonstrate Enhanced Community Care (ECC) in action, the Chief Officer provided a background to ICPOP; Chronic Disease; and gave the example of the 'Musculoskeletal Outreach Osteoarthritis Knee Programme' in operation, including the number of service users and the clinical guidelines advocated. She also provided an overview of the key clinical programmes in Mental Health Services and Disability Services in Community Healthcare East.

A discussion was held on how patients will be included in the Integrated Care Programme. Ms. Queally explained that they will be advertising this service through GPs, Public Health Nurses among other channels, but that they wish to make sure that the whole programme is fully established before doing this. In relation to referrals in her own area of Wicklow, she advised that currently most people on the ICPOP programme are being discharged from hospital and that the programme has enabled people to be discharged at an earlier stage. She highlighted that the ultimate aim of the programme is for people to be seen earlier in the community and have access to the required diagnostics and consultant care through the ICPOP programme with direct referral from their GPs. Where admission to the acute hospital is required, the length of stay would be reduced



through earlier supported discharge. The aim for the Chronic Disease Management programme was noted as similar to the above in terms of proactive management of chronic disease in the community, with the required diagnostic and consultant care to support GP practice.

In response to a question on how Enhanced Community Care (ECC) impacts on the Traveller population, Ms. Queally advised that the overall ECC programme would focus on population health with each CHN serving a population of approximately 50,000. This approach will allow the system to have a clear understanding of the health needs within the individual units of the population, which will include the Traveller population. By way of example, Martina outlined that through the Social Inclusion team in her area, the COPD Consultant set up a special clinic for the Traveller population in Wicklow. She reported almost 100% attendance and advised that all patients needed attention, with one person requiring admittance to hospital. She outlined the opportunity this presents for improving compliance and impacting on attendance rates within a difficult to reach group of high needs and where there can be low levels of trust.

In a discussion on threats related to climate change, Dr. Cuddihy advised that there is a key role for general health related to Climate Change and that it is being brought to bear on the new model. He advised that there is a Steering Group on Climate Change who are working on mitigation of these effects.

In a discussion on how GPs interface with the Public Health Reform Programme, Ms. Queally advised that there is a GP lead on the Steering Group for Enhanced Community Care and Community Healthcare Network level, and highlighted the importance of GPs being fully engaged on the strategy.

When asked whether the Community Healthcare East model can be replicated around the 95 other Community Healthcare Networks (CHNs), Ms. Queally agreed that the model/framework can be replicated, but cautioned about the importance of establishing the correct clinical governance.

4. Quality Profile

The Committee considered the Quality Profile from the March data cycle.



Following the Committee's discussion last month on how more accountability can be provided to the Committee for the departments which are consistent outliers in terms of performance, Dr. Healy advised that the Quality Profile was discussed in detail at the National Performance Oversight Group (NPOG) meeting. She advised that this information is supplied directly by Operations and shared with the Community Healthcare Organisations (CHOs) and Acute Hospitals, as part of their monthly meetings.

In a discussion on, '*CAMHS: Percentage of Accepted Referrals/Re-Referrals Offered First Appointment and Seen Within 12 Weeks*', Dr. Healy advised that an improvement plan and implementation governance is in place.

Regarding, '*Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours*', the CCO advised that 30 specialist hubs are being set up through the Integrated Care Programme for Older People (ICPOP).

In relation to, '*Primary Care: Percentage of Psychology Patients on Waiting List for Treatment less than 52 weeks*', Dr. Healy advised that concerted efforts are being made for a HR plan to recruit. The Committee asked whether assessment of needs for children have re-commenced and Dr. Healy advised that she would revert to them on this matter in the June meeting.

Regarding, '*Acutes: Number of Acute Bed Days Lost Through Delayed Transfers of Care*', it was observed that this metric is stable and above target. It was advised that delayed transfers of care numbers pushed into bed days lost. Dr. Healy explained that no funnel plot is available for this metric as average figures are used. Ms. Queally referred to the surge experienced in March and advised that this was expected. She advised that capacity was also lost in ongoing care due to closures. It was observed that nursing home closures will also impact this figure.



11. AOB

Deirdre Madden

16th June 2023

Signed: _____

Deirdre Madden
Chairperson

Date