



## **HSE Safety and Quality Committee Meeting**

### **Minutes**

A meeting of the HSE Safety and Quality Committee was held on Friday 20 January 2023 at 09.00am in Dr. Steevens' Hospital. Some members joined via MS Teams.

**Committee Members Present:** Prof Deirdre Madden (Chair), Prof. Fergus O'Kelly, Dr. Cathal O'Keeffe, Dr. Yvonne Traynor, Ms. Anne Carrigy, Ms. Jacqui Browne, Ms. Margaret Murphy, Dr. Anne Kilgallen,

**Apologies:** Ms. Mary Culliton

**HSE Executive Attendance:** Dr. Colm Henry (CCO), Dr. Orla Healy (ND QPS), Joseph Duggan (National Director of Internal Audit), Niamh Drew (Deputy Corporate Secretary)

**Joined the meeting:** Grace Turner (Head of Strategy, Business and Projects in National Screening Service), Yvonne O'Neill (National Director, Community Operations), Jim Ryan (Assistant National Director, Head of Operations, HSE Mental Health Services), Dr. Siobhan Ni Bhriain (National Clinical Director, Integrated Care), Dr. Amir Niazi (National Clinical Advisor and Group Lead for Mental Health)

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.



## 2. Governance and Administration

### 2.1 Declarations of Interest

No declarations of interest were declared.

### 2.2 Minutes

- The Committee approved the minutes of the 13<sup>th</sup> December 2022.

### 2.3 Matters for Noting

- An update was provided on the implementation of Recommendations in the IA Report on Compliance with HSE Standards on Postmortem Practice and Procedures.
- HCA Workplan 2023

The 'Final Healthcare Audit Plan 2023' and the 'Method for deriving the Healthcare Audit Plan 2023' were noted. The Assistant National Director, Internal Audit will attend the February meeting to discuss any queries on these items with the Committee.

## 3. Chief Clinical Officer Report

*The CCO joined the meeting at 11am.*

The CCO provided the Committee with an overview of his report.

### Winter viruses

As a healthcare system, the HSE continues to manage an exceptional influenza season.

### Pressures on unscheduled care

The CCO reported that a welcome decrease in attendances and admissions has been observed following a sustained period of unprecedented unscheduled care activity. The National Crisis Management Team continues to meet to ensure that all required measures, including exceptional



escalation actions and supports available through the Winter Plan 2022/23, are implemented to mitigate the impact of the continuing high levels of respiratory illness and the resultant pressures on hospitalisations and patient safety. The Chair, on behalf of the Committee, commended the work of frontline staff and management in handling the challenges of the past few weeks.

The Committee discussed the administration of IV antibiotics by nurses in residential settings and communities. The CCO agreed that an update would be provided on this item at the next committee meeting as part of his report.

The Committee also discussed the importance of learning from this winter. The CCO referred to a number of actions that are being progressed on this basis in order to plan for 2023/24.

The Committee discussed the importance of the ability to discharge patients to the community and how the challenges in recruitment and retention in home help potentially impact this.

The CCO noted that members of the National Crisis Management Team (NCMT) continue to visit Emergency Departments and acute hospitals to provide support and assistance with problem-solving to inform immediate actions and to share learnings to assist with long-term planning.

### **Autumn Vaccination Programme**

NIAC have provided recommendations for a COVID vaccine booster for 18 – 49-year-olds, and the vaccination portal opened on December 29<sup>th</sup>. 67% of second booster vaccinations administered were to this age group in CVCs (23k between 29th Dec and 5th Jan). Due to the significant increase in newly approved groups (c. 1.48m 18–49-year-olds are now eligible), the percentage uptake has decreased from 49% to 31% as the denominator has become larger.

### **Streptococcus**

The CCO provided the Committee with an update on Group A Streptococcus Surveillance in Ireland (as of January the 10th 2023). He informed the Committee that invasive Streptococcus is rare, and that in 2022, the numbers were not unusual, but that there was a greater surge in children having it. An update was provided in relation to the medicine working group of the IMT. The CCO advised that the group, composed of AMRIC and the HPRA, has been formed and that they have agreed the content and pathway for advising the system on currently available options for antibiotics.



### **National screening service (NSS)**

*Grace Turner, Head of Strategy, Business & Projects, joined the meeting*

The Head of Strategy, Business & Projects, provided the Committee with an update on the National Screening Service Strategic Plan 2023 – 2027. The Committee's feedback at the last meeting has been incorporated into the strategy. Achieving the objectives outlined in the Strategy will provide support and strong governance, quality assurance and continuous quality improvement, as well as supporting the achievement of strategic goals.

The Committee was informed that the Cervical Check service has resumed at the Coombe, noting that it will take time for the Coombe to grow into a principal laboratory. The Committee was given an update on Interval Cancer. The Cervical Check Interval Cancer Audit Implementation Group was established in December 2020. One of the key ERG report recommendations for action by this group was the establishment of patient-requested reviews. This review process is to begin shortly. The Legal Framework Group interim report outlined twelve recommendations regarding NSS, four of which require actions from the EMT and the Board. Following a discussion from the Committee about the recommendations, it was agreed to bring the recommendations to the Board.

The Chair suggested that it would be important to learn from women about the review process through an independent qualitative research project in 18 months-2 years' time when a sufficient number of women have gone through the process.

### **National Womens and Infants Health Programme**

A copy of the *Neonatal Therapeutic Hypothermia in Ireland Report 2020* was shared with the Committee. The Report provides the aggregate data for all infants with Neonatal Encephalopathy (NE) requiring Therapeutic Hypothermia (TH) for the 5-year period 2016-2020.

### **National Cancer Care Programme (NCCP)**

During the current winter pressure, acute oncology triage services are ensuring that patients can be assessed without attending ED. Where possible, patients who are being actively treated are being proactively contacted, given the concerns about non-presentation. Designated rooms for unscheduled assessments are working well, if at capacity in places. While patients may still need to go to ED if requiring admission, they will have already been assessed and have a management plan in place. Outsourcing to the private sector (or in-sourcing via overtime) is in use to address capacity



challenges in radiation oncology. Elective surgical cancer treatments continue to be prioritised for admission, though challenges in securing beds remain.

### **Our Lady's Hospital Navan (OLHN)**

The CCO informed the Committee that seriously ill patients are being appropriately diverted by way of the ambulance protocol previously discussed by the Committee and the Board.

### **Cass Report on Transgender services**

The CCO advised that Dr. Cass is due to meet with the HSE clinical team in February. The aim is to discuss the interim Cass Report and to share the findings with the HSE. A further update will be brought to the Committee at its next meeting.

## **4. CAMHS – Response to MHC Interim Report Dec '22**

*Yvonne O'Neill (National Director, Community Operations), Jim Ryan, (Assistant National Director, Head of Operations), Dr. Siobhan Ni Bhriain (National Clinical Director, Integrated Care) and Dr. Amir Niazi (National Clinical Advisor and Group Lead for Mental Health) joined the meeting at 12.59pm.*

The National Director of Community Operations presented on the Child and Adolescent Mental Health Service (CAMHS) in terms of service provided for CAMHS, an update on both the Maskey Report and the MHC Interim Report 2022. She referenced cases of particular concern in the Cork/Kerry area and advised that the concern largely related to medication management. ND Community Operations also discussed the wider systemic findings of the report and advised that the team did not identify any related concerns for the cases brought to the attention of the HSE by the MHC.

Dr. Niazi reported that a review was conducted of the four areas identified in the MHC Interim Report. He commented that the team have responded immediately and comprehensively to every communication raised by the Commission. He also highlighted that, in terms of recruitment and retention, three times more doctors were trained this year than last year and that most of those trained emigrated overseas. He advised that there are around 600 patients nationally waiting for more than 12 months to receive a CAMHS appointment. It was advised that an Assisted National Director and National Clinical Lead in Child and Youth Mental Health will be appointed in the coming weeks under the Governance of Community Operations and CCO office to improve the Governance in this area.



A discussion was had about the practice of consultants holding video consultations with patients and whether remote consultants can adequately understand the culture and nuances of patients presenting in the region. Dr. Niazi explained that all participating consultants are familiar with the Irish healthcare system and that all other team members are based locally. During assessments, if the Consultant is connected via video link, another member of the multidisciplinary team is present in the room with the patient. He assured the Committee that The Executive Clinical Directors in the CHO's hold regular meetings with these Consultants and the teams. ND Community Operations explained the difficulty experienced in recruiting consultants for certain areas and advised that four attempts had been made. It was also explained that, in feedback taken during online forums, a preference was made by young people for virtual, over in-person, consultations. She also explained that the consultant who works overseas does present in person to the patient once a month.

Concern was expressed around waiting lists and it was acknowledged that clinical capacity is the greatest issue. The funding targets in 2022 to address this work resulted in 700 young people seen and subsequently taken off the Waiting List.

A discussion was had about the increase in homeless children and adolescents, and how the team identify cases and manage them appropriately. Dr. Niazi reported that two functioning teams have been put in place to deal with this issue on the north side, led by two consultant psychiatrists and two on the south side of Dublin. He advised that additional resources are also being put in place in Cork.

Dr. Niazi outlined the seven reports that are currently ongoing within HSE Mental Health Services in order of priority and provided an update on each, with regards to an internal audit of South Kerry and North Kerry.

A discussion was had about the impact of audits on the team and the Committee requested assurance that they can expect improvements in the future. ND Community Operations advised that improvement is taking place due to investment and that the point made regarding deficits in the IT structure is important. She advised that the team are at procurement stage for a single integrated system but that this will not be available for two more years. She advised that COG'S (CAMHS Operational Guidelines) were published in 2019, and that they compare the functioning of a CAMHS team against these standards. ND Community Ops advised that investment in types of early intervention/prevention is also important and advised that a lot of investment is being made in this



area. She stressed the importance of continuing with existing practices.

The Committee observed that the report provides a large platform for change and asked how it will be used. Dr. Ni Bhriain advised that a National Taskforce has been proposed to publicly set the strategic direction of travel. It was advised that this is approved and coming under the new AND National Clinical lead for CAMHS.

A discussion was also had about the change in referral age for 18- to 25-year-olds. ND Community Ops advised that a recommendation has been made to amend this to a 16-to-25-year age group. It was acknowledged that some children are more suited to adult services at 16 or 17 years old and that there is a need to be flexible around transmissions.

In response to a question about how the media attention from the Interim Report may affect the confidence of people in the system, ND Community Operations stressed the importance of patients continuing their CAMHS service. She advised that an information line has been opened and that people will be contacted by the team. Dr. Niazi advised of the need to address the identification of a lack of consultants on one team. He referred to the report on recruitment retention and advised that there are a lot of positives to be gained from this.

The Chair took Item 4.1, “Sharing the Vision” and Item 4.2, “Mental Health Commission Annual Report 2022” as read by the Committee.

Ms. Kilgallen asked if the Mental Health Commission review of CAMHS is issued to the “Sharing the Vision” information group. ND Community Operations advised it is a published report available to all and that the range of findings will progress many aspects of the STV policy document. She highlighted that the Chair of this group is an external person and recommended that further information on “sharing the Vision” can be made to the Committee if desired.

The Committee was very concerned about this report and the deficiencies identified in the CAMH service. It will keep this matter on its agenda and require updates on implementation of recommendations and further improvement at regular intervals.

## **5. AOB**



*Deirdre Madden*

10<sup>th</sup> February 2023

Signed: \_\_\_\_\_

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**Deirdre Madden  
Chairperson**

**Date**