



HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Tuesday 25th April 2023 via MS Teams.

Committee Members Present: Prof Deirdre Madden (Chair), Dr. Cathal O’Keeffe, Prof. Fergus O’Kelly, Dr. Yvonne Traynor, Ms. Anne Carrigy, Dr. Anne Kilgallen, Ms. Mary Culliton, Ms. Jacqui Browne

HSE Executive Attendance: Dr. Orla Healy (ND QPS), Niamh Drew (Deputy Corporate Secretary)

Apologies: Ms. Margaret Murphy

Joined the meeting: Item 3: Dr Éimear Smith (Consultant in Rehabilitation Medicine, National Rehabilitation Hospital and Mater Hospital), Dr. Sarah McLoughlin (Board Member); Item 4: Dr. JP Nolan, Head of Quality & Patient Safety, Community Operations; Item 7: Grainne Cunningham O’Brien (Confidential Recipient); Item 8: Dr. Colm Henry (CCO), Damien McCallion (COO) Yvonne O’Neill (ND Community Operations), Bernard O’Regan (Head of Operations for Disability); Item 9: Dr. Colm Henry (CCO); Item 10: Yvonne O’Neill (ND Community Operations), Bernard O’Regan (Head of Operations for Disability), Carol Grogan (Chief Inspector, HIQA), Finbarr Colfer (Deputy Chief Inspector, HIQA), Ciara McShane (Interim National Operations Manager for Disabilities, HIQA).

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 made.

2.2 Minutes

The Committee approved the minutes of the 24th March 2023.

2.3 Matters for Noting: SQ Committee Workplan July – December

An outline of the work plan will be presented at the May meeting

2.4 Matters for Noting: S&Q Committee Assessment Evaluation 2022

The findings of the Safety & Quality Questionnaire were presented for questions 1-8 and it was agreed to circulate the findings of the remaining questions to the Committee.

3. Patient/Staff Experience

Dr Éimear Smith, Consultant in Rehabilitation Medicine, National Rehabilitation Hospital and Mater Hospital, joined the meeting at 10am.

Jacqui Browne provided an introduction to a Patient/Staff Experience on the theme of disability and the Committee were shown a video encompassing the experience of two patients with SCI (Spinal Cord Injury). They spoke about their experience of transitioning from childhood to young adult services within the NRH (National Rehabilitation Hospital) and the benefits of the way in which care is structured for patients in this category.



Dr. Eimear Smith, Consultant in Rehabilitation Medicine, National Rehabilitation Hospital and Mater Hospital, provided a background on the work of the National Rehabilitation Hospital. She explained the advances that have been made in this department and outlined areas for improvement.

Dr. Smith explained that there is a low incidence of spinal cord injury in Ireland due to the road safety measures introduced in recent years and the low level of violence in Ireland. She advised that spinal cord injuries are managed by the Children's Disability Network team, which is designed to primarily treat acquired brain injuries. She also advised that the treatment for spinal cord injuries varies, depending on the age of the child presenting, among other factors. She highlighted the importance of involving parents and siblings in the psychological treatment of the patient and advised that, in an effort to make the treatment more of a partnership with the patient, a more personalised 'goal-planning' approach has been adopted. She advised that this has been transformative in focusing the treatment on meeting the patient's personal goals. The inclusive and caring approach of the National Rehabilitation Centre was commended by the Committee and the importance of ICU nurses in treating ventilated patients was highlighted.

A discussion was also had about the challenges and fears that children face, particularly as they become adults, with this injury. Dr. Smith highlighted the importance of the prevention of complications in ensuring the quality of the service. The use of 'PPI Ignite', a network which promotes excellence and inspires innovation in public and patient involvement (PPI) in health and social care research in Ireland, was discussed and the Committee were advised that an application for funding had been made to the NCCA in order to support the department.

In relation to how we can learn from similar functions internationally, Dr. Smith advised that there are large teams of Quality Improvement Researchers, specifically in Toronto Canada, which we could learn from.

4. Safeguarding

Dr. JP Nolan, Head of Quality & Patient Safety, Community Operations, joined the meeting at 11.15.

Dr Nolan presented on Adult Safeguarding. He advised of the number of referrals since Covid and advised that the quality of referrals was improving. He provided a breakdown of the various types of referrals that are made, and the age groups that are primarily affected in each case.



The Committee were advised that an increase in the workforce of Safeguarding has been secured for 2023, in addition to the hiring of a Director of Nursing to work in this area, for the first time. The barriers and challenges that Safeguarding is facing were outlined and the need to formulate a new operating model for safeguarding and to provide an approach for RHA implementation was discussed.

A discussion was had on the increase in concerns raised and whether the increase in the number of upheld concerns is becoming a trend and the communications of the service. It was noted that the HSE operates as a health and social care service, while other countries generally operate on a more societal level, with a broader coverage of the services that refer to safeguarding services operated by local government, for example. The Committee also discussed the role of Designated Officers and observed that there is also a statutory person in charge of each Designated Centre. The Committee also considered and discussed the role that agencies have in supporting the Safeguarding function.

A discussion was had about the data that the Safeguarding Team currently has access to and the issues that it may highlight in terms of spotting trends and concerns. They were advised that the team will have the ability to carry out qualitative analysis using the new IT system in the near future.

In response to a question regarding the number of dedicated new service developments which have been funded, the Committee were informed that in addition to almost doubling the workforce over recent years, the new 'National Safeguarding Case Management System' will assist greatly.

5. Quality Profile

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

A discussion was had on how more accountability can be provided to the Committee for profiles which are consistent outliers in terms of performance. It was noted that the Quality Profile data goes to NPOG in advance, to provide Operations with visibility of it and that NPOG then monitor the necessary improvements.

In relation to "CAMHS: Percentage of accepted referrals/re-referrals offered first appointment and



seen within 12 weeks”, it was noted that the Maskey Oversight Group has transitioned to a Mental Health Steering Group and that a national clinical lead has been appointed.

A dedicated training day was suggested for the S&Q Committee, to allow them to keep up with advances in patient safety science and other QI developments.

7. Confidential Recipient

Grainne Cunningham O'Brien joined the meeting at 13.00.

Gráinne Cunningham O'Brien, the new Confidential Recipient as of 11 November, outlined her role in terms of advocacy, empowerment and listening.

She listed the various challenges that people with disabilities face and advised that she is drafting up a new, more user-focused protocol to guide her work. She outlined some improvements that she is making to the role, including updating the website, setting up a Twitter account and completing a business plan to gain appropriate funding for the advertisement and development of the service.

The Confidential Recipient expressed her commitment to protecting the confidentiality of the role so that service users could feel safe in making a complaint or raising a concern. She advised of the importance of informed consent, explaining that some service users cannot give their consent in writing and may need to be catered to through their families.

The Confidential Recipient's report was welcomed by the Committee and it was suggested that she create an animated signed video for communicating to the public on the website. It was also suggested that the video should cater to all persons with intellectual disabilities and those with mental health issues. The Committee agreed to support the Confidential Recipient's requirement for further administrative support.

The Committee suggested using the Ombudsman and the Ombudsman for Children in promoting how to 'work together'. The Irish Advocacy Service was also suggested as an independent resource.

8. High Court Judgement Learnings



The ND Community Ops, Head of Operations for Disability and COO joined the meeting at 14.00.

ND Community Operations, Head of Operations for Disability, and the COO presented the range of learnings made from a recent High Court judgement which the Chair had brought to the attention of the Committee. There was significant concern that any person would be in a situation such as that outlined in the judgment of the court.

ND Community Operations advised that protocols are in place so that they can they can work to minimise the risk of these cases. The Head of Operations for Disability provided an update on the case in question.

Various challenges were outlined including the capacity to provide the relevant service, availability of housing and finding the requisite staff to provide the service, bearing in mind the specific skillset that is needed to care for complex and challenging needs. The HSE is engaging with the Department of Health to highlight the need to amend regulations regarding emergency response. It was advised that these should be registered within 28 days but that sometimes this doesn't happen.

A discussion was had on how to pre-empt the needs of patients in order to avoid such cases arising in the future. Mr. O'Regan advised that there is significant demand on disability services for residential support, which is resulting in crisis situations.

A discussion was had about cooperation between CHO borders. The Committee advised that there is good cross-county support and collaboration but cautioned that people need to be allocated as close to their home network as possible. He advised that there are 139 children funded in residential services at the moment. He reminded the Committee that residential service can be for life in some cases and that there is a need to ensure that the setting is appropriate.

In terms of future planning, he advised that the HSE has worked with the Department of Health in terms of a longer-term plan and work is ongoing to look at the level of service. In terms of the collaboration with disabled people, he advised that structures are being put in place to improve this.

The COO advised that a wider policy piece and also an escalation piece are being implemented and that the Head of Quality & Patient Safety, Community Operations, will carry out a short review over the coming weeks. The COO advised that he and the CCO will write out some guidance for future reference as such cases may still happen.



The Committee commented that the HSE has a duty under the Convention and other legislations and that it is important not to fall back into congregated settings. The COO advised that there are two advocates on the CAMHS Implementation Group and also on the Steering Group on Under 65s in Nursing Homes.

9. Chief Clinical Officer Report

Dr. Colm Henry, CCO joined the meeting at 14.30.

The CCO provided updates on Public Health and advised that Dr John Cuddihy has been appointed as the National Director for Public Health. COVID-19 testing has now transitioned to a clinically driven model during the first weekend in April 2023, following agreement with the Chief Medical Officer in the Department of Health. The CCO noted that Group A Streptococcus has shown a continued rise this year.

The Coombe Hospital continue to pause HPV and cytology sample processing for CervicalCheck. The requested accreditation documentation was submitted to Irish National Accreditation Board (INAB).

The second round of dialogue commenced with the interested laboratories at start of May in response to a request from the Committee at the March meeting to clarify indemnity for laboratories providing a service for NSS Cervical Check. The CCO explained that Cervical Check indemnity is provided in two ways. He advised that State Claims cover the HSE laboratories e.g. Coombe for cervical screening, and over 15 laboratories for histology. For third party providers Quest, MedLab and CPL, he advised that they provide full indemnity for HSE and that the indemnity is included in the cost of Cervical Check tests, which has risen considerably since 2018.

The CCO provided updates on Diabetic Retina Screening, Personal Cervical Screening Reviews and a recent court case in relation to Breastcheck and an update on Cervical Check slide release protocol. Cervical Check, NSS and their legal team are currently working on a new protocol in consultation with the relevant external parties to address the deficiencies highlighted.

The CCO outlined the update on the MacCraith report and this report is now complete. He also



provided an update on the National Womens and Infants Health 'OEST' Programme and also University Hospital Waterford Histopathology Review, in addition to providing an outline of the HSE National Clinical Sepsis Programme.

The CCO provided the committee with an update in relation to Our Lady's Hospital Navan. The Committee continues to express its serious concern in relation to the delay in full reconfiguration and the consequent risks to patient safety arising.

10. HIQA – Disability Overview Report 2021

The ND Community Ops, Head of Operations for Disability, Chief Inspector, Deputy Chief Inspector, and Interim National Operations Manager for Disabilities in HIQA joined the meeting at 15.00.

The Chief Inspector, Deputy Chief Inspector and Interim National Operations Manager for Disabilities in HIQA presented the findings of their 2021 report and identified trends for 2022. The Chief Inspector highlighted that the report reviewed not just compliance, but also continued quality improvement and the Interim National Operations Manager highlighted the importance of governance in this. The importance of learning was also highlighted.

Regarding the 2021 report, key findings included: correlation between governance and management versus the impact for residents; congregated versus community-based services; the importance of a human rights-based approach and the need to respond to emergency residential requirements. It was observed that 'overall positive' findings for found for 2022.

It was advised that there is good communications with the HSE and advised that their monthly meeting affords them a broader insight into the organisation. The challenges shared in areas such as recruitment and retention of staff, rising costs, an increase in demands and the changing needs of residents were noted.

A discussion was had on the status of forthcoming home support legislation. The Deputy Chief Inspector advised that draft regulations were issued before Christmas for consultation. He advised that the timelines for the introduction of the regulations were not clear yet.

A discussion was had regarding the findings of planned inspections versus unplanned inspections. It was advised that there is a detailed approach to inspections and that they are announced in a three-year cycle. It was advised that the detriment of unplanned inspections is that some residents



may not be there. All unannounced inspections were suspended during Covid but these are being reinstated now. It was advised that the majority of inspections are unannounced.

In relation to the expanding role of home support, it was reported that the challenge is recruiting Personal Assistants. It was advised that it is difficult to recruit and that research into homecare showed a complex system which is funded differently for different people.

The Head of Operations for Disability advised that he has a monthly engagement with the Deputy Chief Inspector and the Interim National Operations Manager and that he also reviews the reports when published. He advised that the reports relating to individual organisations are raised with the Heads of Disability and that the HSE is directly working with providers to support them to meet the level required.

11. AOB

The Safety & Quality questionnaire was agreed to be circulated.

It was agreed to invite the CEO to the May meeting.

16th June 2023

Signed: _____

Deirdre Madden
Chairperson

Date