



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 13 October 2020 at 10.00am via video conference.

**Committee Members Present:** Prof Deirdre Madden (Chair), Dr Yvonne Traynor, Ms Anne Carrigy, Dr Chris Luke, Ms Margaret Murphy, Dr Cathal O’Keeffe.

**HSE Executive Attendance:** Dr Colm Henry (CCO), Mr Patrick Lynch (ND QAV), Dr Philip Crowley (ND, QID), Ms Niamh Drew (Secretary), Ms Rebecca Kennedy.

**Apologies:** Prof Fergus O’Kelly.

**Joined the Meeting:** Mr Chris Rudland (Item 2), Ms Mary Dunnion (HIQA, Item 6), Mr Finbarr Colfer (HIQA, Item 6), Mr Dean Sullivan (CSO, Item 7).

#### 1. Governance and Administration

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

D Madden took the Chair at 10.30 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 15 September 2020 were approved.
- No conflict of interest was declared.

## **2. National Complaints**

*C Rudland joined the meeting*

The ND QAV presented an overview of the HSE Complaints Management System (CMS) to the Committee. He noted that the use of the CMS and research relating to complaint classifications enables learning from experiences of patients and service-users. The CMS also supports the implementation of the HSE's Your Service Your Say Feedback policy and it enables service areas to enhance the quality and safety of their services and prevent or minimise the occurrence of such complaints. He also highlighted the importance of the Healthcare Complaints Audit Tool (HCAT) which is a method of classifying complaints developed by the London School of Economics (LSE).

The Committee questioned the ND QAV and C Rudland in relation to data presented in a paper circulated prior to the meeting including querying how psychological harm to a patient is currently measured. The importance of taking all elements of a complaint into account was highlighted and it was agreed that a paper would be brought back to the Committee on this matter at a meeting in early 2021.

*C Rudland left the meeting*

## **3. Quality**

### **3.1 Quality Profile Report – October 2020**

ND QID presented this standing agenda item which provides the Committee with a picture of quality of care. He highlighted the COVID-19 metrics to the Committee and answered their questions on COVID-19 testing, noting that it is important not to lose sight of the role of infection control and prevention and relying solely on testing to reduce spread of the disease. The Committee discussed the remaining metrics and ND QID committed to broadening the safety measures presented at the next Committee meeting.

## **4. Medication Strategy**

### **4.1 Briefing on Medication Safety**

ND QID presented this item to the Committee at the request of the Chair. The report circulated prior to the meeting provided an outline of the HSE commitment to reducing medication-related harm. The Committee stressed that the data provided was stark and of great concern.

The ND QID advised the Committee that some progress is being made in relation to implementation of initiatives to reduce harm in this area, but it is slow and requires greater attention to be advanced with urgency. He noted that the report will be brought to the EMT for consideration and it was agreed that it would then be brought back to the Committee for feedback and more substantial discussion at its December meeting.

The Committee requested that while patient safety is threaded throughout the risks in the Corporate Risk Register, consideration should be given as to whether there should be a distinct patient safety risk included on the CRR. This could highlight the major areas of harm (medication safety, falls, emergency obstetric care and possibly others). It should also focus on the governance of patient safety.

## **5. CCO Report**

The CCO presented his monthly report to the Committee beginning with a COVID-19 update. He advised that unfortunately due to high levels of community transmission, outbreaks are now being seen in nursing homes and among vulnerable populations.

On service resumption, the CCO advised that the Budget 2021 implications appear to be positive at this time with increases seen in capacity, disability and mental health. The Chair queried whether there has been an assessment of year to date data from 2019 by comparison to this year. The CCO noted that significant regression in children who require special attention has been recognised, as has the impact on vaccination and screening programmes. The CCO agreed to provide a paper at the next meeting showing by reference to data comparing year-to-date 2020 and 2019, the effect of COVID-19 on people with other conditions such as cancer, children with special needs and older persons.

The CCO noted that Community Operations service restoration has been impacted particularly badly by COVID-19 redeployment, however the situation is improving and current activity levels are above target. Following questions by the Committee, the CCO advised that further redeployment from these services is unlikely due to ongoing recruitment and he would seek clarification as to whether volunteers are still carrying out contact tracing.

In relation to disability, the CCO advised that this area would benefit positively from Budget 2021. The Committee welcomed this while expressing concern at the length of time it will likely take to get new recruits in place. Y Traynor confirmed that this is currently being examined by the People and Culture Committee.

The CCO confirmed that the Interval Cancer Audit reports will be published in the coming weeks which the Committee welcomed.

Finally, the CCO provided a short update on the implementation of recommendations from the review on gynaecology services in LUH. Following questioning from the Committee, he provided assurance that he is satisfied that the process in place for implementation is suitably robust. He will continue to keep the Chair and the Committee informed of progress at regular intervals.

## **6. HIQA**

*M Dunnion and F Colfer joined the meeting*

### **6.1 Regulation of Disability Designated Centres**

The Chair welcomed M Dunnion and F Colfer to the meeting. F Colfer presented to the Committee on findings from inspections of disability designated centres and outlined the range of actions available to HIQA where non-compliance is identified. He answered questions from the Committee on areas inspected including regulation of staffing and reporting to An Garda Síochána where abuse is identified. He emphasised that regulatory action is always taken with the wellbeing of service users to the forefront.

Following a request from the Chair, M Dunnion outlined the funding and structures of nursing homes, particularly private nursing homes, in Ireland and differences between their regulation and that of disability designated centres run by the HSE or agencies funded by the HSE. The Committee noted that in relation to disability services, the HSE has a direct governance responsibility for both directly provided and funded disability services. The Committee noted their expectation that HSE managers with responsibility for these services should maintain the highest standard of management. The Chair thanked M Dunnion and F Colfer for their time and the Committee agreed that a faster move from congregated settings should be pushed for at Board level.

*M Dunnion and F Colfer left the meeting.*

## **7. Risk Management**

### **7.1 Review of Risks assigned to Committee**

ND QAV updated the Committee on developments in risk within the HSE noting that a programme of work aiming to define risk appetite in the organisation is beginning now.

### 7.1.1 Risk 7 – Current configuration of hospitals

*CSO joined the meeting*

The CSO gave the Committee an overview of this risk including the mitigation factors outlined in the CRR. The Committee commented on the challenges presented by the existing organisational structures in the context of mitigating risk.

### 7.1.2 Risk 18 – Policy and legislation development and implementation

The CSO advised the Committee of his view that there was potential for this risk to be de-escalated from the CRR as it has been partially mitigated by the wider oversight agreement between the HSE and the DoH. The Chair expressed concern that this risk preceded COVID-19 and that there may still be risk here of the HSE not having input into the drafting of legislation and significant policies. The Committee agreed to await further discussion on this risk following EMT review of the CRR and ongoing review of the Corporate Centre.

## 8. Any Other Business

Date of Next Meeting: 11 November 2020.

The meeting concluded at 4.00 pm.

Signed: Deirdre Madden

24/11/20

**Deirdre Madden**

**Chairperson**

**Date**

