



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 Wednesday, 23<sup>rd</sup> October 2019 at 10.30pm in Indigo Room, Dr Steevens Hospital, Dublin 8

**Members Present:** Prof. Deirdre Madden, Mr Mark Molloy, Prof. Fergus O'Kelly, Dr Cathal O'Keeffe, Ms Anne Carrigy, Dr Chris Luke

**HSE Executive Attendance:** Mr Patrick Lynch, Dr Colm Henry, Ms Jennifer Martin

**Joined the Meeting:** Agenda Item 2 - Ms Leigh Gath, Agenda Item 3 – DoH Ms Elizabeth Adams, Mr David Keating, Ms Jenny Hogan and Ms Susan Reilly,

**Dialled in:** Agenda item 5 - Dr Sarah McLoughlin, HSE Board Member.

**Secretariat:** Jim O' Sullivan Ms Niamh Drew, Ms Joanne Lee

**Apologies:** Ms Margaret Murphy, Ms Yvonne Traynor, Dr Philip Crowley

#### 1. Introduction and Chairperson's Remarks

D Madden took the Chair and welcomed members to the meeting of the Committee. The Chair also welcomed Dr Chris Luke to his first meeting

Prior to the Executive joining the meeting, the following matters were considered:

- Minutes of the Meeting on 26<sup>th</sup> September 2019 - Approved.
- Status update of Committee Action Log – Discussed

No conflict of interest was declared.

#### 2. Confidential Recipient

L Gath, Confidential Recipient joined the meeting and presented an overview of the role and responsibilities of the HSE Confidential Recipient role. Ms Gath outlined the process of receiving a complaint or concern and the steps that follow to address.

An overview was given regarding status for the 2018 period setting out how many concerns/complaints were raised by HSE divisions, the timelines for investigations and the number of complaints resolved.

The Committee thanked Ms Gath for her presentation and commended her for her work to date. It was agreed that the Office of the Confidential Recipient would brief the Committee as and when needed but formally once a year

### **3. Patient Safety Bill**

Representatives from the Department Health joined the meeting to present on the Patient Safety Bill. The general scheme for the Patient Safety Bill approved by Government on 5 July 2018, provides the legislative framework for a number of important patient safety issues, including the mandatory open disclosure of a list of notifiable patient safety incidents and the notification of same externally to the Health Information Quality Authority (HIQA), the Chief Inspector of Social Services and the Mental Health Commission (MHC) to contribute to national learning and system wide improvements.

The mandatory requirement for open disclosure will ensure that patients and their families receive appropriate timely information in relation to an incident that may have occurred in relation to their care. The Bill incorporates a dual approach to identifying notifiable patient safety incidents for the purposes of mandatory open disclosure to the patient and external reporting to the regulator. The Bill provides for a Schedule of notifiable patient safety incidents and affords the Minister for Health with the power to make regulations for any matter encompassed by the Bill. The Schedule will cover incidents of significant importance to the population in terms of their seriousness and life-long impact for the patient and their family, such that the incident warrants listing in the Bill.

The Bill will also contain provisions in relation to clinical audit and the extension of HIQA's remit to private hospitals and, following the judgment in *National Maternity Hospital v Minister for Health*, an amendment to Section 9 of the Health Act 2007 to bring clarity and appropriate scope to allow for the ordering of a Health Information Quality Authority investigation to address potential serious risks to users of health or social services.

The general scheme of the Patient Safety Bill underwent pre-legislative scrutiny at the Oireachtas Joint Committee of Health on 26 September 2018. The Office of the Parliamentary Counsel (OPC) to the Government is currently finalising the drafting the Bill. Officials of the Department and the OPC are continuing to progress this legislation, working towards publication of the Bill in the Autumn Dáil session.

There was discussion about some of the aspects of the Bill, in particular, the proposed framework in relation to Open Disclosure and its alignment with the Civil Liability (Amendment) Act and Regulations. The proposed exemption of Clinical Audit from Freedom of Information legislation was also discussed.

D Madden thanked the DoH for their presentation and it was agreed that Committee members would circulate any further questions for consideration by DoH to the Secretary by 1 November. It was noted that the closing date for correspondence to be sent to DOH is 6 November.

### **4. National Patient Safety Strategy**

National Director QAV presented to the Committee on the National Patient Safety Strategy which was brought to the Committee seeking endorsement in advance of it been considered by the HSE Board.

The Patient Safety Strategy 2019 to 2024 has a vision for patient safety where all patients and those who use our health and social care service will consistently receive the safest care possible. The safety of those who use our services is a high priority for the HSE. While significant work has been undertaken and improvements seen in recent years, this Strategy provides a practical means by which these efforts can be harnessed to bring about further improvements.

The Committee welcomed the Strategy and the work that has been carried out. A detailed discussion took place regarding the resources required to deliver the strategy and the mechanisms required to ensure that communications are clear.

The Committee endorsed the National Patient Strategy and it will be submitted to the HSE Board for formal approval in November. The Chair undertook to raise the issue of financial resources with the Board separately.

## **5. Patient Engagement**

S Mc Loughlin joined meeting via teleconference

National Director QAV provided the Committee with a report on Partnering with Patients, Services Users and Family Members. The Committee welcomed the report and noted the number of patient representative groups at national level. The Committee also welcomed the National Patient and Service User Engagement and Experience Project and the mission to develop the voice of the patient at the centre of the health care service.

CCO highlighted a proposal of including patient and staff experiences of quality at senior leadership meetings to provide a fuller picture of how quality, or failure of quality, are experienced by those who use our services and by our frontline staff.

The Committee supported this proposal and agreed that, once the proposal was sufficiently developed, Patient and Staff experience stories would be added as an agenda item for Committee discussions.

## **6. Report from Chief Clinical Officer (CCO)**

### **Report for Chief Clinical Officer (CCO)**

The Chief Clinical Officer's Report presented to Committee an overview of current and strategic safety and quality issues from across the functions of the CCO, including: QAV; QID; National Quality Improvement Team; National Women and Infants Health Programme; National Cancer Control Programme; and Clinical Design & Innovation.

A verbal update was provided on Letterkenny Gynaecological Services. CCO informed the Committee that a full external review has been commissioned and he will revert to Committee when completed.

Update was provided on Breast Implant Associated Anaplastic Large Cell Lymphoma which is an emerging issue. Letters are being issued to the patients who have breast implants or have had tissue expanders to advise them of the signs and symptoms and to offer advice and guidance. Hospital phone

lines will be available for phone support, advice on clinical review and FAQ. Phone support will be provided by the 8 cancer centres for the period during which the letters are issuing and short time after.

## **7. Risk Management**

National Director QAV provided an update on the HSE's Corporate Risk Register to the Committee. The HSE's Corporate Risk Register captures the risks identified by the HSE Executive Management Team (EMT) considered to be the most important facing the HSE at corporate level. It was agreed that further information on these risks would be provided at future meetings to indicate the length of time the risks had remained on the register and any change in their status over that period. The CCO will also advise the Committee of any major emerging safety risks/ concerns at its monthly meeting.

It was agreed that the Health Care Audit Plan 2020 and the 2018 Annual Report would be brought to the Committee for consideration at its next meeting.

## **8. Papers for Endorsement**

Two papers were presented to the Committee for endorsement;

### Non-Training Scheme Doctors and Medical Workforce Planning

CCO presented to the Committee a report on Non-Training Scheme Doctors and Medical Workforce Planning for discussion and endorsement. In July 2013, a Working Group chaired by Professor Brian Mac Craith, was established to carry out a strategic review of medical training and career structures in the public health system (the Mac Craith Report). The final report published in 2014 made 25 recommendations, which sought to address a range of challenges and issues relation to the recruitment and retention of doctors in the Irish public health system. One of the recommendations was to develop and improve career structures and pathways for Non-Consultants Hospital Doctors (NCHDs) not on training schemes, also known as Non-Training Scheme Doctors (NTSDs). The report noted there were approximately 900 NTSDs working in the acute hospital system.

It was agreed that this report be endorsed by the Committee and would go to the HSE Board for approval in November.

### Employment of Consultants Not Registered on the Specialist Division of the Register of Medical Practitioners

CCO presented to the Committee a report on Employment of Consultants Not Registered on the Specialist Division of the Register of Medical Practitioners for discussion and endorsement. The purpose of the report is to provide an analysis of the current situation and outline the work of the project team to date. The report sets out the key findings and recommendations of the project team following site visits in Community Healthcare Organisations (CHOs) and Hospital Groups where Consultants who are not in the Specialist Division of the Register of Medical Practitioners (Non SDR Consultants) are currently employed. The objective of the project was to progress to have all Consultants employed by the HSE on the Specialist Division of the Register of the Medical Council.

It was agreed that this report be endorsed by the Committee and would go to the HSE Board for approval in November.

**9. Any Other Business**

Date of Next Meeting: 21<sup>st</sup> November 10.30pm, Indigo Room, Dr Steevens Hospital.

The meeting concluded at 4.30 pm.

Signed: Deirdre Madden  
Deirdre Madden  
Chairperson

21/11/19  
Date