HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Tuesday, 15 September 2020 at 10.00am via video conference.

Committee Members Present: Prof Deirdre Madden (Chair), Prof Fergus O'Kelly, 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), Mr Stephen Mulvany (CFO, Item 5), Ms Yvonne O'Neill (ND Community Operations, Item 4), Prof Martin Cormican (Item 3), Ms Cornelia Stuart (Item 6), Ms Bernie McNally (Item 7), Dr Peter McKenna (Item 9), Mr Kilian McGrane (Item 9), Ms Angela Dunne (Item 9), Ms Niamh Drew (Secretary), Ms Rebecca Kennedy.

1. Governance and Administration

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

D Madden took the Chair at 10.20 am and welcomed members of the Committee and the Executive to the meeting.

The following items were discussed and noted:

- Minutes of the Meetings on 14 July and 7 August 2020 were approved.
- No conflict of interest was declared.

2. CCO Report

The CCO presented his report to the Committee providing an overview of current and strategic safety and quality issues from across the functions of the CCO, including National Quality Improvement Team, Quality Assurance and Verification, National Women and Infants Health Programme, National

Cancer Control Programme, and National Screening Services and the Committee discussed the ongoing challenges with Communication.

The CCO advised that important discussions have taken place in planning for Winter 2020/21 and beyond, noting that the approach has been to address the backlog of non-COVID care following the unprecedented interruption of routine clinical care during the COVID-19 pandemic. As the volume of both unscheduled and scheduled activity increases, health services will need to continue to adapt to new ways of working. The Committee noted that work is continuing to model the impact of planned interventions for Winter Plan 2020-21.

In relation to COVID-19, the CCO advised that the National Clinical Programme in Paediatrics, supported by the Faculty of Paediatrics in the RCPI, submitted a document which the HSE has published concerning impact of COVID-19 restrictions on children entitled: 'National Clinical Review on the Impact of COVID-19 Restrictions on Children and Guidance on Reopening of Schools and the Normalisation of Paediatric Healthcare Services in Ireland'. The CCO advised that to date approximately 1 million children have returned to educational facilities across 4,000 schools and as of 14/09/20, there have been 162 confirmed cases notified where an educational facility was identified. Public Health Risks Assessments have been undertaken where appropriate and 62 facilities have required exclusions and testing in some form. In two facilities, clusters have been identified and public health involvement is ongoing. He noted that turn around testing has been rapid, and batch testing has been undertaken and facilitated. To date, most of what is being seen reflects what has been happening in family and community settings, and not within school settings, i.e. little evidence of intra-school transmission. The HSE experience, though early, is in line with international experience on reopening of schools and with ECDC publication of August 6th on role of school settings in COVID-19 transmission.

Concerning patterns in recent weeks, the CCO advised that there has been a slow but steady increase in cases since July, and particularly during August. The cases testing positive are younger in profile and have reflected a move from large outbreaks in workplace settings to multiple outbreaks in household settings with increased proportion attributed to community transmission. He noted that recent weeks have seen an increase in positive cases in elderly and an increase in hospitalisations and the virus retains its core features in terms of transmissibility and the sharp relation of morbidity to age.

The Committee expressed concern relating to the pressure GPs are under currently and how practices are reaching capacity. The Chair agreed that this should be considered as an additional risk to be added to the Risk Register and should be followed up.

The CCO confirmed that the HSE has prepared a workforce pandemic plan for Public Health which the DOH has agreed to fund. The plan supports the development of a multidisciplinary health function at national and regional levels with strong surveillance and other functions in line with the Crowe Horwath report.

The CCO advised that the National Screening Service (NSS) continues to recommence screening on a phased basis and three of the programmes have resumed screening through a phased approach and are currently implementing their restart plans. On-going reopening remains contingent on continuity of all aspects of screening services and related services. In relation to an outstanding query from C O'Keeffe, the CCO is to clarify whether there have been any legal claims made against the Diabetic Retina Screening service.

The CCO confirmed that the Expert Reference Groups for all three cancer screening programmes have completed their work and the 3 reports were presented at the last Board meeting. Their recommendations provide a design for interval cancer audit which supports quality assurance within each programme, and which is in line with international best practice for cancer screening programmes. The Committee expressed a strong opinion that these reports should be published without delay and the Chair undertook to share this recommendation with the Board at its next meeting.

In relation to the National Cancer Control Programme (NCCP), the CCO advised that during the COVID crisis period, cancer services in the State were requested to prioritise activity across the patient pathway in line with national clinical guidance. This ensured emergency, time critical and symptomatic services for cancer (access diagnostics, surgery, chemotherapy and radiotherapy) were delivered appropriately and that patients continued to be seen in a timely way and protected vulnerable cancer patients from exposure to COVID during the crisis period. The impact of COVID-19 on cancer services has been significant with the centres now addressing any accumulation in referrals and fall-off in attendance and presentation at rapid-access clinics. He advised that the NCCP has been reviewing the provision of cancer services in public health care settings in the context a backlog and to create resilience in key parts of the pathway to minimise delay in diagnosis and protect against future COVID outbreaks. It includes proposals to: Improve cancer access / follow up for outpatients (via Telehealth/IT); Create resilience within the designated cancer centres/surgery/early diagnosis/diagnostics; Streamline the chemotherapy pathway; and protect cancer surgical pathways with a preference for a number of theatres in each cancer centre to be designated as cancer only theatres for the duration of the crisis.

He advised that there is also a need for protected beds (inpatient/HDU/ICU) to facilitate a COVID-19 free pathway and that NCCP is a critical service recognised as part of Winter Planning. The Committee recommended that the NCCP be included as part of the Winter Plan.

The CCO updated the Committee on LUH and confirmed that the oversight group have a planned meeting this month and an update has been sought on the progress on the implementation of Dr Price's recommendations into the Review of the gynaecology services at Letterkenny Hospital and associated audit of endometrial cancers in the hospital. It was agreed that the CCO would provide another update on this matter at the October meeting.

3. Risk Management

3.1 Review of Risks assigned to Committee

3.1.1 Risk 9 – Healthcare Associated infections / COVID-19 and Antimicrobial Resistance

Prof Cormican joined the meeting.

Prof Cormican provided background information to the Committee on Antimicrobial resistance (AMR) and Healthcare Associated Infection (HCAI) to ensure full understanding of this risk. He advised that AMR and HCAI are distinct issues but do overlap. Antimicrobial resistance is a major global public health issue that impacts every day on patient safety in the community and in the acute hospital sector and it is likely that the issue will become more challenging in the future.

He advised that HCAI is the most common harm suffered by patients in the acute hospital system and is also a common harm in community services. As is typically the case in pandemics, control of healthcare associated transmission of COVID-19 is proving challenging and has contributed to a very significant number of cases and with respect to patients those infections are associated with high morbidity and mortality. The Antimicrobial Resistance and Infection Control (AMRIC) Team have supported services to respond to the pandemic by providing IPC Guidance, education and training and specialist advice. Since February 2020, the AMRIC team have developed and published 93 IPC Guidance documents, this includes service/issue specific guidance. IPC Guidance is informed by WHO/ECDC/international guidance and best practice. The requirements to implement NPHET decisions/recommendations is also addressed in IPC guidance. All guidance development includes consultation with key stakeholders to ensure guidance addresses service and/site needs and the first overarching IPC Framework and Guidance for Ireland has been published.

IPC continues to be a key issue for COVID-19 response; the AMRIC team will continue to provide guidance, education, training and specialist advice to managers, staff and services as well as public engagement through the HSE press office. He advised that a key challenge in this area is difficulty in recruitment.

Prof Cormican stressed that AMR is harming patients now, has the potential to undermine sustainability of healthcare systems, and requires a whole of society response and prioritisation by the healthcare system. He advised the Committee to ensure that AMR and HCAI are very high on the quality and patient safety agenda and that all services are planned developed and delivered in a way that appropriately manages these risks and ensures that we are in a stronger position for future pandemic threats. The Committee noted these concerns and agreed to invite Prof Cormican to quarterly meetings to ensure that AMR and HCAI remain a high priority in the Committee's work.

It was noted that reports on healthcare associated COVID 19 infections in hospitals will be provided to the State Claims Agency under their risk management remit.

Prof Cormican left the meeting.

3.1.2 Risk 15 – Screening Services

This item was covered as part of the CCO Report.

4. Community Services

ND Community Operations joined the meeting

4.1 Community Operations – Top 3 Safety & Quality Risks

The ND Community Operations spoke to the Committee on the top 3 QPS risks in Community Healthcare. In relation to the risk of harm to services users due to inability to meet demand for emergency & residential disability placements within the resources available, she noted that the demand for residential placements for people with disabilities continues to grow and outstrips capacity. For the risk of harm to persons due to the prevalence of violence and aggression in Community Healthcare, it was highlighted that the use of the National Incident Management System provides Community Operations the platform to conduct real-time and periodic surveillance – as well as retrospective analysis which is a cornerstone of proactive risk management and reporting levels have improved in time with the roll out of NIMS.

Finally, the ND Community Operations advised that the risk of loss of services due to regulatory action by HIQA and / or the Mental Health Commission for multi-annual non-compliance with the statutory requirements for Approved & Designated Centres is significant.

She confirmed that these risks are monitored with ad-hoc, monthly and quarterly risk reviews which are undertaken regionally and nationally, and that risk management is part of, not separate to business and performance management in Community Healthcare. A permanently operating risk escalation pathway exists bi-directionally between the front-line services via Heads of Service, Chief Officers, to-and-from the National Director. It was agreed that C O'Keeffe will engage with the ND Community Operations in relation to analysis of a risk in relation to ligature use and the Committee requested that the ND Community Operations report back to the Committee on this area prior to year-end.

4.2 Update on non-Covid community services

The ND Community Operations provided the Committee with and overview of non-Covid community services. She advised that overall activity levels across all services have increased during the periods of June and July and spoke on three broad areas: Primary Care and Social Inclusion Services; Mental Health Services; Disability and Older Person Services; and Tele-Health.

In relation to Primary Care & Social Inclusion Services, she noted that an increase in activity level can be seen across most of the Therapeutic Services provided under Primary Care, for example in Speech & Language Therapy 11,227 patients were seen in July which represents a 15% increase in activity from previous month. Child Developmental Screening activity has increased by 12% on previous month and is currently 36% away from year to date target. She emphasised that this finding is based on June data returns and as this is a prioritised service for return it is expected that the activity levels will increase.

On Mental Health Services, she confirmed that service available under Specialist Mental Health Services are at similar levels to that of pre-COVID-19, with 95% of services operating at full or partial scale. Child and Adolescent, General Adult and Psychiatry of Later Life referrals have increased significantly between the periods of April to July and the number of service users seen is consistently increasing month on month. Planning for the resumption of services commenced in May and day services are gradually resuming during the month of August but the quantum of service planned is still below the level of service that was delivered up to mid-March 2020.

For Disability & Older Person Services, new emergency placements and in-home respite supports for emergency cases have both reduced in activity since the previous month (55% and 52% respectively). 641,629 home support hours were delivered to people with a disability in June and 6,148 people are currently in receipt of a Disability Home Support Service.

Regarding Tele-Health, she advised the Committee that data for July representing submissions from 40 sites indicates that a total of 73,918 virtual acute outpatient consultations have taken place. Over 350,000 virtual consultations have been reported as taking place since the onset of COVID-19. Did not attend rates remain low for virtual activity at less than 1%. She confirmed that 'Attend Anywhere' has been selected as the recommended solution for national roll out across community and acute services in response to COVID-19 and since deployment commenced at the start of May, in excess of 30,000 video consultations have been completed (8,700 completed in August).

ND Community Operations left the meeting

5. HSE Financial Process

CFO joined the meeting

5.1 Briefing on HSE Financial Process

The CFO provided the Committee with a brief overview of the HSE financial process, outlining that the HSE must submit a Corporate Plan, National Service Plan and Annual Report to the Minister for Health under the Health Act 2004 (as amended). He also outlined the Government budget process for the whole of the public service and a breakdown of the HSE Care Group Spend.

CFO left the meeting

6. Incident Management Framework

C Stuart joined the meeting

6.1 Revised IMF 2020

ND QAV presented the final draft of the revised Incident Management Framework 2020, an earlier draft of which the Committee had already seen. The revised Framework has taken account of the commitments in the National Patient Safety Strategy and revisions to the HSE's Open Disclosure policy. The revised IMF continues to place emphasis on the need, in the aftermath of an incident, to adopt an empathetic, person centred and practical response to persons affected by an incident.

The Committee agreed that the revision of the IMF and Guidance will positively impact on patient and service user experience in the aftermath of an incident and endorsed the revised IMF and Guidance in advance of its consideration and sign off by the EMT.

C Stuart left the meeting.

7. National Independent Review Panel [NIRP]

NIRP Chair joined the meeting

7.1 NIRP Annual Report 2019/20

The NIRP Chair presented the Panel's Annual Report 2019/2020 to the Committee.

7.2 Review Report

The ND QAV advised the Committee that the National Independent Review Panel (NIRP) was established by the HSE to review serious incidents which occur in HSE-provided or HSE-funded services for people with a disability. The Panel reviews the circumstances surrounding such incidents, and present reports to the HSE on its findings and recommendations relating to safeguarding and service improvement. The Review Panel is independent in its role. In this capacity the NIRP Chair reports to the Chair of the Safety and Quality Committee on the overall findings, conclusions and key recommendations arising from the work of the Panel.

The NIRP Chair has a day to day administrative relationship with the National Director QAV who commissions the NIRP to undertake individual reviews. These reviews are intended to contribute to greater safeguarding of vulnerable adults in disability services.

In December 2018, the National Director QAV requested the National Independent Review Panel to undertake a Review to examine the management of serious incidents of alleged sexual assault on vulnerable residents by another resident in a named centre run by the HSE.

The ND QAV confirmed that he has now received the Final Report and provided it to the ND Community Operations for her consideration and the development of a plan to give effect to the Review recommendations. A summary of the report's findings and recommendations was provided to the Committee.

He emphasised that this is an important review and its findings and implementation of recommendations are important to ensuring the rights and safeguarding of vulnerable adults in disability services.

While not having yet seen the full report, the Committee expressed its strong view that action in response to the failings identified by the Review should be a priority for management. The Committee thanked the NIRP Chair for her work and agreed that the Chair of the Committee should report the Committee's strong feelings on this matter to the Board and requested that a copy of the Report be provided to the Board.

NIRP Chair left the meeting

8. National Complaints

8.1 Update on Complaints

This item was deferred to the October meeting of the Committee due to time constraints.

9. National Women and Infants' Health Programme

K McGrane, A Dunne and P McKenna joined the meeting

9.1 Update on National Maternity Strategy

K McGrane provided an update on implementation and progress and priorities of the National Maternity Strategy, advising that funding remains a key issue. Progress has also been stalled in this area as a result of staff redeployment.

In relation to the National Neonatal Encephalopathy Action Group, P McKenna updated the Committee on the 5 work streams currently underway. He noted that realistically, they have been set back 4 months as a result of COVID-19 and it is difficult to know how things will progress now and how some of this time could be made up. The Committee agreed that an update should be provided on the work of this group at a meeting in early 2021.

A Dunne spoke to the Committee on the National Maternity Experience survey, advising that this was the first survey of its kind. A 50% response rate was received which was noted as positive considering the impact of COVID-19. Each maternity unit are currently reviewing the results, identifying their key areas and building individual quality improvement plans. In response to queries from the Committee, she advised that this survey will be undertaken every 2 years which will allow time to implement changes identified as necessary.

K McGrane, A Dunne and P McKenna left the meeting

10. Quality

10.1 Data Quality report – August / September 2020

ND QID presented this standing agenda item which provides the Committee with a picture of quality of care. The Committee discussed the indicators expressing particular concern at the MMR vaccination rate and routine colonoscopy rate.

ND QID agreed that he would work with the Chair of the People and Culture Committee in relation to developing how data is presented to that committee so that there is some consistency in the method of data reporting across the committees.

It was noted that the Quality workshop originally scheduled for Wednesday 15th September was postponed due to COVID-19 staff redeployment. It is hoped this workshop will take place in early 2021.

11. Any Other Business

Date of Next Meeting: 13 October 2020.

The meeting concluded at 4.10pm.

Signed: Deirdre Madden   24/11/20

Deirdre Madden
Chairperson   **Date**