



HSE Safety and Quality Committee Meeting

Minutes

A meeting of the HSE Safety and Quality Committee was held on Thursday 14 March 2024 at 10:00 in Dr Steevens Hospital, Dublin 8.

Safety and Quality Committee Members Present: Deirdre Madden (Chair), Anne Kilgallen, Mary Culliton, Anne Carrigy, Margaret Murphy (Items 1-6), Yvonne Traynor, Fergus O’Kelly, Jacqui Browne (Items 1-6), Cathal O’Keeffe.

Planning and Performance Committee Members Present (Items 1-6 only): Fergus Finlay (Chair), Sarah McLoughlin, Brendan Whelan, Joan Johnston (left approx. 12:40, rejoined 13:10), Sarah Barry.

HSE Executive Attendance: David Walsh (National Director Community Operations - Items 1-6), Dervila Eyres (Head of Operations Adult Mental Health - Items 1-6), Donan Kelly (Head of Operations Child & Youth Mental Health - Items 1-6), Derek Chambers (GM Policy Implementation - Items 1-6), Amir Niazi (National Clinical Lead Mental Health - Items 1-6), Amanda Burke (National Clinical Lead Child & Youth Mental Health - Items 1-6), Poul Walsh-Olesen (Senior Project Manager, HSE Mental Health Operations - Items 1-6), Martina Queally (REO Dublin and South East), Orla Healy (Clinical Director QPS), Niamh Drew (Deputy Corporate Secretary), Rebecca Kennedy (Office of the Board).

Joined the meeting: Assumpta Harvey (Item 2), Anne Dillon (Item 2), Tony Canavan (REO West and North West - Item 2), Orla Treacy (Operational Performance and Integration – Items 2-3), Martin Cormican (Clinical Lead for Laboratory Services Reform – Items 7-8), Sharon Hayden (Items 7-8), Colm Henry (CCO – Item 7.2).

1. Introductions & Committee Members Private Discussion

The Committee members introduced themselves as the two Committees had not met jointly before. The S&Q 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. Service User Experience

Executive members, A Harvey, and A Dillon joined the meeting

A Harvey and A Dillon each presented their experiences of accessing mental health services on behalf of a family member through Child and Adolescent Mental Health Services (CAMHS) and adult mental health services (AMHS).

Both presenters’ experiences highlighted similar issues within these services. A common problem was the



complexity of the current system which requires significant work on behalf of the service user to successfully navigate.

Both presenters were complimentary of the staff working with them and their families from both CAMHS and AMHS. They noted gaps in services where certain professionals were unavailable due to vacancies. The Committee discussed the positive impact roles such as team coordinators could bring to service user experience and overall communication and efficiency

The Committee discussed that CAMHS intervention is largely available in severe cases and highlighted that triage and direction to other services for service users who do not meet this threshold needs to be improved. The Committee highlighted that the HSE must make use of peoples experiences and the ND Community Operations confirmed they do aim to do this as much as possible in service development.

The Committee thanked A Harvey and A Dillon for giving up their time to attend the Committee and sharing their experiences.

A Harvey, A Dillon and T Canavan left the meeting

3. Overview of Mental Health Services / 4. Focus Areas / 5. Estates & Capital Plan

Items 3-5 were taken together

A paper which covered Items 3-5 was circulated in advance of the meeting and outlined mental health services broadly. The overview of services provided included General Adult Mental Health; Child & Youth Mental Health; Psychiatry of Later Life; Mental Health of Intellectual Disability; and Forensic Services.

The discussion at the meeting followed on from the patient experiences and focused largely on CAMHS. It was highlighted that the National Office for Child and Youth Mental Health has now been established and is led by the HSE's Assistant National Director and National Clinical Lead for Child and Youth Mental Health. The Committee discussed the importance of there being 'no wrong door' to access these services and that parents should not need to navigate a complex system to secure care for their children. The Committee was advised that work is ongoing in this area and there will be a focus on ensuring single points of access for service users. The Committee highlighted that referrals by GPs should also be part of a single point of access and there should be direct contact with their patient's consultants available to GPs.

The Committee discussed the performance data for CAMHS provided in the above paper and queried whether the KPIs listed were good enough to provide sufficient assurance for CAMHS performance. A Burke confirmed that they are currently looking to redefine KPIs to improve the assurance possible and to make them more useful for clinicians. However, without an upgrade of IT systems the data used will not be consistently available. The need for a modernised IT system was emphasised as critical to enabling the necessary improvements in, and oversight and governance of, CAMHS as well as other mental health services.



The Committee was advised that another two of the main challenges facing CAMHS are the recruitment pause and lack of multiannual funding. There is a substantial level of investment required to improve sustainability of the service and to develop a comprehensive service model. Multiannual funding would greatly assist in this regard as without it, services are in annual cycle without comprehensive timelines or costs. In relation to the recruitment pause, the Committee was advised that there was an adverse effect on small teams in CAMHS composed of one staff member of each discipline and it was highlighted that the profile of staffing in CAMHS is similar to disabilities which is not impacted by the pause.

In relation to Policy & Strategy landscape areas, the following were covered as part of the briefing paper: Sharing the Vision; Connecting for Life; the Maskey Report; and Sláintecare and integration. The discussion focused on the HSE's implementation of Sharing the Vision (StV). The implementation of the recommendations of the policy and the 10 work streams underway to achieve them were discussed. In particular, the Committee discussed those which are listed as not started/paused and were advised that these are not being progressed largely due to external factors such as budget prioritisation.

IT systems were again highlighted as major delivery issue, as was the lack of multi-annual funding. It was highlighted that services can't speak to each other efficiently without an IT upgrade and this was resulting in services being unduly separated for example, separation between disability and mental health.

It was agreed that Catherine Brogan, independent chair for the Sharing the Vision National Implementation and Monitoring Committee, would be invited to a future S&Q Committee meeting.

The implementation framework for the Maskey Report was discussed and it was noted that the Maskey recommendations were made in 3 broad areas: clinical, governance and supporting (for example, IT or estates). Governance in particular was discussed and the Committee was advised that the governance of the new CHI CAMHS service will come under one structure across both the CHO & CHI. The Committee were advised that a broad Child and Youth Mental health programme and action plan is being developed nationally to cover the actions in relation to Maskey, as well as consolidating the Mental Health Commission (MHC) recommendations, National audits, StV and the clinical programmes into one overarching service improvement programme.

In relation to Regulatory Compliance, the Committee discussed the MHC's Annual Report 2022. It was highlighted that the MHC expressed ongoing concern about low levels of compliance with four key regulations, namely premises, individual care planning, risk management and staffing in HSE facilities. The Committee discussed in particular infrastructure and were advised that assurance has been sought from HSE Estates that the necessary improvements will be delivered. The Committee was advised that the MHC regulatory remit will expand to 24 hour supported residences in the community once the amendment bill to the Mental Health Act 2001, which is due as priority legislation later this year, is enacted. The HSE along with other stakeholders will



work with the MHC on the development of standards to enable regulation to commence.

It was agreed that the Committee Chairs would bring a note on issues raised during the meeting to the Board.

Mental Health Executive members and P&P Committee members left the meeting

6. Safety & Quality Committee Meeting - Governance and Administration

The Chair welcomed executive members to the meeting.

6.1 Declarations of Interest

No declarations of interest were made.

6.2 Committee Minutes

The minutes of 15th February 2024 were approved.

6.3 Committee Annual Report 2023

The Committee approved its draft Annual Report 2023 which had been circulated in advance of the meeting.

6.4 Matters for Noting

- i) *Letter to Cork County Council dated 15 February 2024 re a service provision plan for Rehabilitation Mental Health Services in Cork County*

The Committee noted the above correspondence.

7. Chief Clinical Officer

M Cormican and S Hayden joined the meeting

7.1 CCO Monthly Report

M Cormican presented the CCO Report to the Committee which included an update on the Development of a HSE Laboratory Strategy. The 'HSE Review to inform the direction of laboratory medicine' was published in January 2024 which was the output of an extensive process of consultation with healthcare professionals working within the HSE laboratory services. The EMT had adopted TOR for the development of a strategy based on these findings in December 2023. The governance of the strategy was discussed and it was agreed that an update to come back to the Committee when draft goes to EMT later this year.

In relation to the Public Health Reform Expert Advisory Group (PHREAG), the Committee was advised that its report was published by Government on 6 September 2023. Its recommendations included establishment of a



new body to focus on future pandemics and other health threats. Prof Mary Horgan has been appointed as an independent expert to make a recommendation and produce a business case in this context. The Committee noted that it is the HSE/HPSC view is that any new body should be established within one existing agency to ensure it is resourced and avoid duplication.

M Cormican updated the Committee on Sepsis and the HSE Awareness campaign. He highlighted the need to increase awareness amongst the public of the signs and symptoms of sepsis so that they seek treatment and thereby reduce the mortality associated with sepsis. In addition to Public Awareness there is a need to improve detection and treatment of patients who present with possible sepsis. The Committee discussed sepsis specific training for staff and were advised that there is work to include mandatory training on sepsis underway.

Regarding the HSE CHI Independent Review, M Cormican confirmed that the first phase of the review, the risk assessment, is expected in April 2024. There have been two patient partners appointed to the oversight group and O Healy has briefed them on the scope and purpose of the work of the oversight group. Progress with advocacy groups has been limited and they opted out of a meeting with the HSE Patient Engagement lead. The Committee emphasised that learning from the patient engagement process for this review should be considered for future reviews.

The Committee was updated in relation to Breast Check surgeons and theatre access. M Cormican advised there is direct engagement with the 4 Clinical Directors to their local hospitals and with the National Director of Acute Operations, and the National Cancer Control Programme to highlight the requirement for access and the need to support for additional surgical capacity. The CEO of the National Screening Service is looking at a demand and capacity plan.

7.2 New Quality and Patient Safety Model

CCO Joined meeting

The CCO joined the meeting to take feedback from the Committee on the new Quality and Patient Safety Model, details of which were circulated in advance of the meeting. It is proposed that new National Quality and Patient Safety Unit will be established under remint of the CCO with strong relationships with the DOH Patient Safety Office and S&Q Committee. It is in development due to the roll out of the Health Regions which is aiming to create a leaner corporate centre for the HSE.

The Committee queried how existing infrastructures around incident management and risk will be dealt with under the new structure. The CCO confirmed that what is already in place and working will be preserved as far as possible. The Committee discussed the clinical lead role proposed in the new model and the CCO confirmed that this role will be a post open to doctors, nurses and HSCPs and is discipline neutral. A document on clinical governance which will come to the Committee at a future meeting will outline how this will function. The CCO confirmed that there is a requirement to revise the Incident Management Framework to reflect these structural



changes.

CCO left the meeting

8. Quality Profile

8.1 Quality Profile January 2024

The Committee noted the Quality profile from the January data cycle. The Quality Profile will now come to the Committee monthly following resolution of the FORSA action which had impacted its reporting cycle.

9. AOB

No matters arose under this item.

The meeting ended at 15:40.

Signed: Deirdre Madden

Deirdre Madden
Chairperson

18 April 2024

Date