An Roinn Sláinte
Department of Health

Independent Patient Safety Council (IPSC)

Minutes of Meeting 6

Date	2pm to 4pm, Wednesday 15th June 2022 (Microsoft teams)
Location	Hosted on Microsoft teams by Department of Health, Miesian Plaza, Dublin 2
Chair	Ms Noeline Blackwell, CEO, Dublin Rape Crisis Centre (NB)
Members in Attendance	Dr Orla Healy, National Clinical Director for Quality and Patient Safety, HSE (new member) (OH) Ms Brigid Doherty, patient/public voice (BD) Mr Brian Fitzgerald, Deputy CEO, Beacon Hospital (BF) Prof Eva Doherty, Director of the Human Factors and Patient Safety training, RCSI (new member) (ED) Prof Charles Normand, Edward Kennedy Professor of Health Policy and Management at the University of Dublin, Trinity College (CN) Dr Cathal O'Keeffe, Head of Clinical Risk, State Claims Agency (SCA) (COK) Ms Angela Fitzgerald, Executive Officer, Health Information and Quality Authority (HIQA) (AF) Dr Suzette Woodward, Patient Safety Specialist, Visiting Professor, Imperial College London (SW) (joined at 2.4pm)
Apologies	Assoc Prof Paul D'Alton, UCD School of Psychology and Head of Psychology, St. Vincent's University Hospital Ms Niamh Muldoon, CEO/Registrar of the Veterinary Council of Ireland Mr Martin O'Halloran, former CEO, Health and Safety Authority Dr Una Geary, Director for Quality and Safety Improvement, St. James's Hospital Prof Gerry Fitzpatrick, Anaesthesia and Intensive Care Consultant, Tallaght Hospital (retired) Ms Peggy Maguire, Director General of the European Institute of Women's Health
In attendance	Ms Róisín Cunniffe, (Secretary), Policy Officer, Patient Safety and Advocacy Policy, NPSO (RC) Mr Maurice O'Donnell, Principal Officer, Patient Safety and Advocacy Policy, NPSO (MOD) Mr Arnel Kidpalos, Policy Officer, Patient Safety and Advocacy Policy, NPSO (AK) Mr Patrick Dolan, Principal Officer, Policy and Governance, NPSO (PD) Ms Mary McKenna, Policy Officer, Policy and Governance, NPSO (MM) For item 3 only, *Emerging themes from research on culture and values underpinning patient safety incidents* (Crowe – Vanya Sargent(VS) and Shannon Scott (SS))

Welcome, introductions and apologies

The Chair welcomed all the members to the sixth meeting of the Independent Patient Safety Council (IPSC) which was held via Microsoft Teams.

The Chair welcomed a new member to the Council, Ms Angela Fitzgerald. AF was appointed Chief Executive of the Health Information and Quality Authority (HIQA) in March 2022 and appointed by the Minister to the IPSC in June.

Prior to this appointment, she served as Deputy National Director, Acute Operations in the Health Service Executive.

NB also thanked the outgoing member, Mr Phelim Quinn, for his contribution to the Council. PQ, formerly CEO of HIQA, had retired in December 2021. This change of role led to Mr Quinn stepping down from the Council. Mr Quinn was written to and thanked by the Minister for his contribution.

Apologies were noted for Assoc Prof Paul D'Alton, Mr Martin O'Halloran, Dr Una Geary, Ms Niamh Muldoon, Prof Gerry Fitzpatrick and Ms Peggy Maguire.

NB checked there were no conflict of interest from any member or attendee and this was confirmed.

1. Approval of minutes and agenda, date for next meeting

The agenda was agreed. One change to the minutes had been sent prior to the meeting, correcting a Council member's title. The minutes for the meeting of 7th December 2021 were proposed by BD , seconded by Bf and were approved and adopted.

Action 1: Publish approved minutes.

2. Update on Complaints and Incidents Policy and Research Process (Patrick Dolan and Mary McKenna, NPSO)

The Report on the IPSC Complaints and Incidents Policy Workshop 7th December 2021, had been circulated to provide context for this item. PD gave a brief introduction and update on the progress of this work.

MM gave a short presentation on the work of NPSO to date in this area and the current status of the research tender process. Crowe were introduced to Council as the successful tenderer for the first part of the research.

A brief discussion was had by Council members regarding the complexity of dealing with clinical complaints as part of this process. Some suggestions were made regarding research contacts and engagement as part of this work, and the difficulty of separating incidents and complaints from a patient perspective was also highlighted.

PD thanked Council for their contribution and confirmed the slides would be circulated to Council.

Action 2 : MM slides to be provided to Council.

SW joined the meeting at 2.40pm.

3. Emerging themes from research on culture and values underpinning patient safety incidents (presented by Crowe – Vanya Sargent)

VS provided a brief update on the research project progress to date, outlining the work so far and the proposed timelines.

A discussion was then held to explore the *Emerging themes from research on culture and values underpinning patient safety incidents*, to gain input and direction from Council on the ongoing research work . The discussion was attended by 9 Council members, and facilitated by Vanya Sargent (Crowe), supported by Shannon Scott (Crowe) .

There were a number of questions posed by Crowe spread over five main emerging themes;

1. **Stakeholder engagement**
2. **Culture change**
3. **Blame / accountability balance**
4. **Near misses**
5. **Education and training**

An engaged discussion took place on each of the themes above, with discussions linking and exploring a number of interconnected themes and issues. Council members highlighted the importance of psychological safety for staff in enabling an environment of openness. The need for this open culture from a patient perspective was highlighted, but there was an acknowledgment that a significant culture shift was needed. It was also suggested that culture change should happen at all levels, including throughout the system. The balance and difference between blame and accountability, and development of a just culture was also discussed extensively.

Regarding recording near misses and capturing information to gain learning, the challenges in doing this effectively were discussed. The use of Safety I and safety II principles and methods in examining near misses was raised. The potential benefit of using 'good catch' instead of near miss was highlighted, as well as the value of encouraging reporting of near misses. The need for an adequate surveillance system to pick up on all relevant patient safety markers was also noted.

The value of openness and transparency was discussed, as was the importance for patients of getting answers. The substantial changes in education and training needed to enable the required culture change were acknowledged, but the value and power of training and education to change behaviours was also recognised. As part of this discussion, the concept of humanising harm, to heal, restore and learn was cited.

Council asked that it be ensured that the private hospitals were captured in this research.

The discussion was closed by the Chair at 3.25pm. Crowe thanked Council for their valuable contribution and indicated they would be very grateful to receive any additional feedback, through the secretariat, after the meeting.

Action 3 : Crowe slides to be provided to Council and any additional feedback from Council sent on.
(including the information contained in the MS Teams Chat)

4. Progress Report on Policy Framework for Open Disclosure in Healthcare

AK provided a short presentation detailing the progress on the Policy Framework for Open Disclosure in Healthcare. The drafting of the framework was outlined, including an overview of the targeted consultation with a number of key stakeholders. It is intended that a public consultation on the draft framework would be carried out in the Autumn and the framework brought back to Council before the end of the year.

MOD provided a brief overview to Council on the legislation in this area in response to a Council query, setting out the status of the Patient Safety Bill with regard to mandatory open disclosure in particular defined instances, as distinct from the intended role of the Open Disclosure framework in enabling the embedding of a culture of open disclosure across the health and social care sectors.

5. Ways of Working Discussion

A Council member made a general point regarding the ongoing role and work of the IPSC, and The potential value of examining future areas for consideration. It was suggested that it may be useful to explore this further at another meeting.

For Agenda Item 5, a paper had been circulated to Council setting out some discussion points for this item. Council considered meeting frequency and format and concluded that 2 -3 meetings per year, with 1-2 held virtually and 1 held in person, was most conducive to enabling the Council's work.

Regarding the terms of office, it was suggested that RC draft and circulate a proposal paper in line with Council's discussion regarding appropriate term length, extensions and assuring continuity.

The Council also discussed the membership and expertise of Council and the Chair asked the members to consider any gaps that may exist from a diversity and patient perspective in particular. This will be considered again at the next meeting.

Action 4 : RC to circulate paper with proposal on Terms of Office.

6. AOB and Close

No other matters were raised. It was suggested that two further meetings may be needed this year, one on the Crowe research work and a later meeting regarding he Open Disclosure Framework. The next meeting is to be scheduled for early Q3 2022, the secretariat would ascertain the most suitable date via email.

Action 5: Next meeting to be scheduled.

The Chair thanked all for their contribution and closed the meeting at 4.10pm.

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Table of Actions in Progress -7 December 2021

	Action	Responsible	Date assigned	Due Date	Status
	Action 1: Publish approved minutes.	Chair, RC	December 2021	January 2022	Complete
	Action 2: Updated tender documents to be circulated to the Council in 2022, as tendering process is progressed.	MM, RC	December 2021	Q1 2022	Complete
	Action 3: Circulate HRB report to Council.	RC	December 2021	December 2021	Complete
	Action 4: Report on the workshop to be drafted, circulated and feedback incorporated.	NPSO, RC	December 2021	January 2022	Complete
	Action 5: : NPSO to identify other workstreams suitable for consideration for the IPSC Work programme 2022.	NPSO, MOD, RC	December 2021	Q1 2022	Ongoing
	Action 6: Next meeting to be scheduled.	RC	December 2021	Q1 2022	Complete

Table of Actions in Progress – 15 June 2022

	Action	Responsible	Date assigned	Due Date	Status
	Action 1: Publish approved minutes.	Chair, RC	June 2022	July 2022	Ongoing
	Action 2: MM slides to be provided to Council	MM, RC	June 2022	June 2022	Complete
	Action 3: : Crowe slides to be provided to Council and any additional feedback from Council sent on.	RC, Council	June 2021	June 2022	Complete
	Action 4: RC to circulate paper with proposal on Terms of Office.	RC	June 2022	July 2022	Ongoing
	Action 5: Next meeting to be scheduled.	RC	June 2022	Q3 2022	Ongoing