An Roinn Sláinte
Department of Health

Independent Patient Safety Council (IPSC)

Minutes of Meeting 1

Date	2pm, 27th January 2020 (inaugural meeting)
Location	Department of Health, Miesian Plaza, Dublin 2
Chair	Ms Noeline Blackwell, CEO, Dublin Rape Crisis Centre
Members in Attendance	Assoc Prof Paul D'Alton, UCD School of Psychology & Head of Psychology, St. Vincent's University Hospital Ms Brigid Doherty, patient/public voice Prof Gerry Fitzpatrick, Anaesthesia and Intensive Care Consultant, Tallaght Hospital and Vice President, College of Anaesthesiologists of Ireland Dr Una Geary, Director for Quality and Safety Improvement, St. James's Hospital Dr Colm Henry, Chief Clinical Officer (CCO), Health Service Executive (HSE) Ms Kerrie Leonard, patient/public voice Ms Peggy Maguire, Director General of the European Institute of Women's Health Ms Niamh Muldoon, CEO/Registrar of the Veterinary Council of Ireland Prof Charles Normand, Edward Kennedy Professor of Health Policy and Management at the University of Dublin, Trinity College Mr Martin O'Halloran, Chairperson, Institute of Public Administration Dr Cathal O'Keeffe, Head of Clinical Risk, State Claims Agency (SCA) Dr Brian Place, patient/public voice Mr Phelim Quinn, Chief Executive Officer, Health Information and Quality Authority (HIQA) Dr Suzette Woodward, Patient Safety Specialist, Visiting Professor, Imperial College London
Apologies	Mr Brian Fitzgerald, Deputy CEO, Beacon Hospital
In attendance	Ms Marita Kinsella, Director, National Patient Safety Office (NPSO) Mr David Keating, Head of Patient Safety and Advocacy Policy, NPSO Ms Ciara Norton, (Secretary), Policy Officer, Patient Safety and Advocacy Policy, NPSO Ms Celeste O'Callaghan, Principal Officer, Acute Hospitals Division, Department of Health Mr Patrick Lynch, National Director, Quality and Verification Division, HSE, for item 3 only

1. Welcome, introductions and apologies

The Chair welcomed all the members to the first meeting of the Independent Patient Safety Council. The Chair outlined the important role of the new Council in providing advice and guidance to the Minister for Health on patient safety policy. The Chair also noted the unique and inclusive nature of the Council in bringing patients, citizens, health professionals, policy makers, regulators, educators, health service providers and experts in patient safety together to advise on patient safety policy. The NPSO thanked the Chair and members for their participation on the Council and looked forward to working with the Council to assist it in making an ongoing and important contribution to the evolution of the patient safety agenda in health services in Ireland.

Each member of the Council introduced themselves. The Chair informed members that there is a plan to establish and develop a webpage and publish relevant documents in relation to the Council.

2. Approval of agenda

The agenda for the current meeting was discussed, approved and adopted.

3. Presentations

3.1 Overview of Patient Safety in Ireland – presentation by DK
3.2 Patient Safety and the Department of Health – presentation by MK
3.3 Patient Safety and the HSE – presentation by PL

Three short presentations were made to the Council in relation to patient safety in Ireland, focussing on the ongoing work of the Department of Health in the development of patient safety policy and legislation and the new Patient Safety Strategy developed by the HSE and published in December 2019.

During the discussion following the three presentations, the Council gave broad consideration to the issues surrounding the scope and context within which the Council will carry out its role, and how to ensure that it makes an effective and valuable contribution to the development of national policy on patient safety. Among the topics which were raised were key considerations with regard to the Council's proposed approach, such as:

- ensuring that the Council focuses at a macro policy level rather than issues related to operational strategy;
- the principles that could be applied to guide the Council's work;
- the current status of Patient Safety in Ireland compared to accepted best practice;
- how to identify the important patient safety themes where the greatest impact can be made;
- the development of a longer term workplan with the advice of patient safety experts.

Other issues were raised by the Council were as follows:

- the importance of being cognisant of the harm that can be done by circumstances that cannot be traced back to a single specific "event"; by way of example, the harm done through patients receiving insufficient nutrition and hydration;
- recognition of the growing shift towards the provision of homecare services, which in time may give rise to new safety issues, distinct from those seen in more traditional healthcare settings, e.g. safeguarding;
- the inequality and disparity in health outcomes seen for disadvantaged groups of patients, e.g., the large difference in life expectancy for patients with intellectual disabilities as against the general population.

In assisting the Council to develop its thinking in terms of its scope and expert contribution in patient safety, the Chair undertook to give further consideration to the preparation of appropriate and relevant briefing material for the Council, in conjunction with the secretariat. Members of the Council also noted that availability to assist with the preparation for particular items where they had expertise. SW and UG volunteered to assist with this item.

Action 1: NPSO will support the IPSC by engaging with the members that volunteer in developing or contributing to briefs in advance of meetings.
Action 2: NPSO to engage with the Chair in advance of the next meeting on the development of the principles to underpin the work of the Council.

4. Review of IPSC, terms of reference, declarations of interest and confidentiality requirements

In relation to Item 4.1, Members reviewed the draft Rules of Procedure and made recommendations for modification. These were agreed to and the update will be circulated to members as soon as possible for approval.

The importance of culture and behaviours was noted in the context of patient safety and enquired as to the appropriate way for members to raise matters for consideration by the Council. It was agreed that written procedures to provide for members to correspond with the Chair in order to suggest items for future agendas would be incorporated in the revised rules of procedure.

The importance of ensuring that sub-Committees should be for the Council to establish and dissolve rather than the Minister was agreed by the Council and the rules of procedure will be amended to provide for this.

There was some discussion of the nature of the membership of the Council, ensuring that there was no conflict between an individual's professional role and their role as a member of the Council. This will be amended in the Rules of Procedure. It was noted that in certain circumstances, a particular potential conflict could arise, for example, in relation to participation of a Member in a patient safety review process. The Chair clarified that members were present in their own capacity rather than strictly as representatives of, or affiliated to, any particular agency or body. Furthermore, it was noted by the Council that it would be exceptionally unlikely that an individual patient safety investigation or review would become a subject on which the Council would be expected to engage.

Action 3: Update Rules of Procedure and circulate.

In relation to Items 4.2, 4.3, the code of conduct was approved and signed by members. Members were advised that if there was any question or doubt regarding a potential conflict, this can be raised in the first instance with the Chair.

5. Outline of Work Programme and approach to review of Open Disclosure

Draft Work Programme:

In relation to Item 5.1 a draft w**ork programme** had been prepared for the Council's consideration.
The Council discussed and approved the work programme as a procedure for working. There then followed a discussion on the items on the work programme and how work programmes can be aligned with the scope and policy context in which the Council can make an effective contribution.

The Council acknowledged that, in all its work, it should maintain a focus on what does good / excellent patient safety policy, culture, behaviours, etc., look like and seek out initiatives that deliver very good outcomes. The Council discussed that its work should be underpinned by best available evidence. One key work area identified by the Council would be to examine how to enhance and embed a safety culture throughout the health service. The question of the behaviours, systems and processes that lead to safety within health services were raised and the importance of examining the system where incidents occur, and asking why it failed, as discussed in item 3 above.

Action 4: The IPSC approved the Work Programme for 2020.

Open Disclosure:

In relation to Agenda Item 5, Paper Nos. 5.2, 5.3, D Keating outlined the draft background note on Open Disclosure and the proposal that the Council would undertake an examination of open disclosure policy at the national level as one of the first items of its work programme and makes recommendations in relation to the

development of a national policy framework regarding open disclosure. A draft Open Disclosure research project tender specification was presented to the Council. The rationale for a national policy framework is to develop a coherent approach to open disclosure across Irish health services and the wide range of health service organisations and health regulatory bodies in order to provide guidance on how best open disclosure can the implemented and embedded.

The Council discussed a proposed approach to this research and considered that open disclosure must be embedded within the context of the overall culture of the setting where it takes place. The Council advised as follows:

- The research question should be – "What is a coherent approach to open disclosure in Ireland and how can it be ensured that open disclosure is implemented and effectively embedded in Irish health services?";
- As some countries use the term "being open", this should be included among the research terms;
- The research should consider the unique issues which can arise in relation to open disclosure for vulnerable service users (such as in mental health, disabilities, gender specific issues, where there are language barriers);
- The research should identify the barriers as well as enablers to open disclosure through engagement with clinicians, patients and other relevant parties and consider how to improve compliance with open disclosure and the overall principles of openness and transparency;
- The research should examine what good and excellent open disclosure policies, procedures, practices, behaviours and cultures look like and what are the factor that deliver very good outcomes;
- The research should include the cost impact, ethical considerations and other relevant considerations;
- The research report should be presented so as to provide a range of options to the Council that are solutions-focussed and where feasibility and implementation costs have been considered.

The Council noted that the research project should build upon existing research including the "lived experience" of the operation of existing open disclosure policies in the health service. Furthermore, a lot of information can be provided from recent evidence reviews, studies and work ongoing by the HSE, HIQA, the State Claims Agency and other organisations.

The Council also considered that it would be useful to include a presentation at the next meeting on the current status of open disclosure in the HSE, how it operates as well as how information on its operation is captured, whether at a national or a hospital level etc.

In discussing Paper No. 5.3, the draft tender specification contained a proposed timeline for the conduct of the research. The Council was broadly in agreement with the approach but considered that a project of this size and importance may take longer than 16 weeks as initially proposed. The Council considered that it would be important for the successful tenderer to be in place and ready to present the proposed project overview at the next meeting of the Council.

Action 5: NPSO to update Open Disclosure tender proposal based on Council feedback and recirculate for sign-off.
Action 6: NPSO to schedule next meeting of Council at a time when the successful tenderer is in place and available to present project overview.

Other 2020 Work areas to be considered by the Council:
As part of its consideration of the 2020 Work Programme, the NPSO had asked that the Council would examine and advise on two policies currently under development.

Firstly, it was outlined that work is ongoing in the Department to develop a policy on the selection and payment of patient representatives that participate on committees involved in health policy decision-making. The Council also discussed the merits of the Council considering this matter. Some members of the Council

asked whether the Council was the appropriate body to consider the issue and there was a desire that nothing should be done to hold up its implementation. Other members noted the need in health decision-making to ensure that the patient voice is heard, and the importance of such voices in patient safety was clearly emphasised. It was also important to consider how such patients were selected and compensated.

It was suggested that the item could be taken as a review of the work that the NPSO was undertaking, rather than being taken on as a major item of work for the Council.

The Council was informed that the NPSO was developing a policy in this area on foot of instructions from the Minister, and it would be useful from the Department's perspective for the Council to review the matter when a policy position was being finalised. A recommendation was made to consider the policy on selection and payment to patient representatives from the perspective of "how best to hear the patient/public voice" and a recommendation made that the research for this policy should outline the best evidence for hearing the patient/public voice. The NPSO will present an update on this policy at the next meeting and support the IPSC to develop resulting recommendations to the Minister.

Action 7: NPSO to review parameters of the research for this policy to include the best evidence for hearing the patient/public voice.

The second policy area under consideration by the NPSO is the development of policy in relation to how complaints and investigations are managed within the public health service. It was acknowledged that delays or inefficiencies in the healthcare process can lead to dissatisfaction and frustration for the patient and their family.

It was noted that issues often arise in relation to transitions in care and poor communications within a service that can impede the delivery of care. This will be discussed at further meetings.

Action 8: Further discussion on complaints and investigations policy to take place at a future meeting of the IPSC.

6. Actions and dates of next meetings

Actions and draft minutes will be circulated to Council. The next meeting will take place following clarification on availability of presentation from Open Disclosure tender provider. Members will be emailed regarding their availability. Consideration will be given on how best to provide information and presentations on various topics to the IPSC

Action 9: NPSO and Chair IPSC to develop suggestions for informing IPSC on various themes.

An Roinn Sláinte
Department of Health

Table of Actions IPSC

	Action	Responsible	Date assigned	Due Date	Status
1.	**Action 1: NPSO will support the IPSC by engaging with the members that volunteer in developing or contributing to briefs in advance of meetings.**	Chair, CN	January 2020	Ongoing	Ongoing
2.	**Action 2: NPSO to engage with the Chair in advance of the next meeting on the development of the principles to underpin the work of the Council.**	Chair, CN	January 2020	2nd IPSC Meeting for update	Complete
3.	**Action 3: Update Rules of Procedure and circulate.**	CN, Chair	January 2020	March 2020	Complete
4.	**Action 4: The IPSC approved the Work Programme for 2020.**	Chair, CN	January 2020	2nd IPSC Meeting for update	Complete
5.	**Action 5: NPSO to update Open Disclosure tender proposal based on Council feedback and recirculate for sign-off.**	CN	January 2020	March 2020	Complete
6.	**Action 6: NPSO to schedule next meeting of Council at a time when the successful tenderer is in place and available to present project overview.**	CN	January 2020	March 2020	Complete
7.	**Action 7: NPSO to review parameters of the research for this policy to include the best evidence for hearing the patient/public voice.**	MK, CN	January 2020	2nd IPSC Meeting for update	Under review
8.	**Action 8: Further discussion on complaints and investigations policy to take place at a future meeting of the IPSC.**	MK, CN	January 2020	2nd IPSC Meeting for update	Under review
9.	**Action 9: NPSO and Chair IPSC to develop suggestions for informing IPSC on various themes.**	Chair, MK, CN	January 2020	2nd IPSC Meeting for update	Under review