



HSE Planning and Performance Committee Meeting

Minutes

A meeting of the HSE Planning & Performance Committee was held on Friday 21 April 2023 at 9:00 via video conference.

Committee Members Present: Fergus Finlay (Chair), Brendan Whelan, Anne Carrigy, Sarah McLoughlin, Sarah Barry, Joan Johnston.

HSE Executive Attendance: Damien McCallion (COO), Yvonne O'Neill (ND Community Operations), Mary Day (ND Acute Operations), Orla Treacy (Operational Performance and Integration), Niamh Drew (Deputy Corporate Secretary).

Joined the Meeting: Mark Brennock (ND Communications – Item 2.4), Philip Crowley (ND Strategy and Research – Item 3), Miin Alikhan (AND Strategic Planning and Reporting – Item 3), Marie Carroll (Planning Specialist – Item 3), Pat Healy (ND Clinical Programme Implementation & Professional Development - Item 5), Joe Doyle (National Lead Social Inclusion – Item 6), Patrick Lynch (CRO – Item 7).

Minutes reflect the order in which items were considered and are numbered in accordance with the original agenda. All performance/activity data used in this document refers to the latest information available at the time.

1. Committee Members Private Discussion

The Committee held a private session to review 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. Governance and Administration

The Chair welcomed executive members to the meeting.

2.1 Declarations of Interest

No conflicts of interest were declared.



2.2 Minutes of Committee Meetings

The Committee approved the following minutes:

- 22 March 2023

2.3 HSE in the News

ND Communications joined the meeting

The ND Communications provided the Committee with an update on current HSE media coverage. The Committee highlighted the importance of HSE engagement with those involved and their families

ND Communications left the meeting

3. Annual Report

ND Strategy and Research, AND Strategic Planning and Reporting and M Carroll joined the meeting

The Committee noted the draft Annual Report 2022 and the timelines and process to finalise it outlined in the papers circulated in advance of the meeting. It was agreed that any further feedback from the Committee would be submitted directly to the ND Strategy and Research for incorporation into the final draft. The Chair confirmed that a special Committee meeting would be held on 25 April to review the final draft Annual Report 2022 prior to its submission to the Board for final approval on 26 April 2023.

ND Strategy and Research, AND Strategic Planning and Reporting and M Carroll left the meeting

4. Performance Oversight

The COO Report, Operational Service Report (February Data), Performance Profile (February Data), National Performance Oversight Group (NPOG) Meeting Notes (February Data), and the PMO Report – Winter/NSP 2022-23, which had been circulated prior to the meeting, were noted.

The COO updated the Committee on the key strategic and operational updates outlined in the above documents, focusing in particular on Cancer Services, Unscheduled Care (USC), and Scheduled Care. In relation to Cancer Services, the COO advised that Prostate Cancer services at Cork University Hospital (CUH) have been escalated to joint National Director level and the Joint



(NCCP/Acute Operations) Oversight Group continue to monitor and actively engage with CUH. The Committee sought an understanding as to why there was underperformance and the COO provided a high-level update and agreed that further information will be provided when cancer services comes to the Committee as a focus area later in the year.

In relation to USC, the COO advised that there are National Service Plan actions targeting USC and KPIs are improving. The COO acknowledged the work undertaken in Waterford University Hospital in the wake of the fire in Wexford General Hospital in March. A case study on WUH's response to the urgent and emergency care has been proposed and the COO confirmed that it would be shared with the Committee when available. The Committee highlighted the importance of sharing learning gained from such case studies and queried whether this study would be shared with other services which are underperforming, and whether there are mechanisms to facilitate shared learning throughout the system. The ND Acute Operations advised of improvement programmes in place and planned and confirmed that implementation of such learning can vary between hospitals but the learning improvement process is linked to outcomes and KPIs. In relation to the USC multi-year plan, the COO confirmed that work is progressing with an aim to include it as part of this year's Estimates process and an update would be provided to the Committee in the coming months.

In relation to scheduled care, the COO advised that although removals from waiting lists are trending above targets, additions to waiting lists have exceeded targets. The Committee highlighted the importance of understanding exactly the causal factors for increasing rates of referral and that the changing demographic and health profile of the population must be considered.

The ND Community Operations updated the Committee on community services contribution to access e.g. transfers of care, home care packages and residential placement. The ND also advised of ongoing negotiations in relation to a home care staffing tender process. The COO also presented data on Urgent Colonoscopy, National Screening Services, CAMHs and Orthodontic Services which was noted by the Committee.

5. Committee Focus Area - General Practice

ND Clinical Programme Implementation & Professional Development joined the meeting

The Committee noted the General Practice deep dive paper circulated in advance of the meeting.



The paper covered the following in relation to General Practice:

- Overview, Key Facts & Figures
- Progress with Reform & Development of Integrated Services
- Workforce Expansion & Increased GP Training Places
- Strategic Review
- Expansion of Eligibility for 6/7 Year Olds & those on Median Income Risks, Issues and Challenges

The ND gave the Committee an update on each of the above sections. The Committee discussed in particular the proposed changes to the current GP training system and actions currently underway to boost supply of GPs including pathways to aid recruitment from non-EU countries. The ND confirmed that the key strategic action was to accelerate the number of Training Places through the ICGP with current plans to increase from 285 this year to 350 by 2026. The Non-EU Doctor intervention is a short/medium term intervention until sufficient trainee's graduate post 2026.

The Committee discussed the upcoming expansion of eligibility and were broadly supportive of taking away the barrier of income for GP care. The Committee also highlighted the importance of making the GP role as attractive as possible which should include developing family friendly working conditions and ensuring GPs have adequate support staff available to them.

The Committee thanked the ND for the presentation, noting that it was a positive update.

ND Clinical Programme Implementation & Professional Development left the meeting

8. Committee Focus Area – Progressing Disability Services

The COO provided a verbal update on the Roadmap for Service Improvement 2023 – 2025 Disability Services for Children and Young People. He confirmed that dialogue between the HSE and the DOH is ongoing and the aim is to get the Roadmap approved as soon as possible.

It was agreed that the COO would provide a further update at the next Committee meeting and bring the completed Roadmap to the Committee when it is agreed with the DOH.



6. Committee Focus Area – Social Inclusion

J Doyle joined the meeting

The Committee noted the Social Inclusion deep dive paper circulated in advance of the meeting. Social Inclusion in the HSE works with a range of statutory services in partnership with the community and voluntary sectors to address health inequalities and improve access to health services for vulnerable and excluded groups. The paper covered the following in relation to Social Inclusion:

- Healthcare Services for People who are Homeless
- Drug and Alcohol Services
- LGBTI+ and Health
- Traveller and Roma
- Refugees, International Protection Applicants and Migrants
- Domestic, Sexual and Gender Based Violence
- Service Wide

The Committee received an update on the RAG status of National Service Plan actions as they apply to each of the above sections. The Committee discussed challenges to their achievement, with the most significant ones being recruitment and funding.

In response to questions from the Committee, they were advised the impact of the upcoming RHAs on social inclusion programmes should be positive as services should become better aligned to population needs. He also confirmed that Government Departments are broadly supportive of social inclusion initiatives and there is a good working relationship between them and the HSE Social Inclusion office.

The Committee thanked J Doyle for the presentation and the work of his team, highlighting the reputation of accessibility held by the HSE social inclusion office.

J Doyle left the meeting



7. Risk Management

CRO joined the meeting

The CRO updated the Committee on the ongoing comprehensive review of the current corporate risks. This review is being conducted in line with the 'Moody' Risk Report recommendation. He advised that the first stage involved a desk top exercise which provided very useful insights and enabled the development of a simple assessment tool, which is now being used for the fuller examination of each risk.

The CRO advised that the paper circulated in advance of the meeting relating to the 'Access to Care' Risk, was prepared based on the focus areas of the review. It is hoped the further analysis of the risk and approach adopted, will be of use to the Committee when reviewing this and other risks. The Committee expressed their support for the work underway and highlighted the importance of the CRR becoming a more accessible document, that there would be clarity on its purpose and audience, that we should see a sustained reduction in risk over time and that there should be a clear rationale for how and why risks are added to the CRR. Identified risks should also inform our planning processes.

CRO left the meeting

9. AOB

No matters arose under this item.

The meeting ended at 14:00.

Signed:

Fergus Finlay
Chairperson

26 May 2023

Date