HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 18 November 2022 at 9:00 via video conference.

Committee Members Present: Fergus Finlay (Chair), Brendan Whelan, Anne Carrigy (left meeting early), Sarah McLoughlin, Sarah Barry.

HSE Executive Attendance: Damien McCallion (COO), Yvonne O'Neill (ND Community Operations), Robert Kidd (AND Acute Operations), Joe Ryan (ND Operational Performance and Integration) Orla Treacy (Operational Performance and Integration), Dara Purcell (Secretary).

Joined the Meeting: Robert Morton (Interim Director National Ambulance Service – Item 5), Patrick Lynch (CRO – Item 6).

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 the Executive members to the meeting.

2.1 Declarations of Interest

No conflicts of interest were declared.

2.2 Approval of Minutes

The Committee approved the following minutes:

- 23 September 2022
- 2 November NSP Special Meeting
- 8 November NSP Special Meeting

2.3 Committee Meetings 2023

The Committee discussed the draft work plan which was circulated in advance of the meeting. During consideration of the proposed focus area topics, the issue of assaults on healthcare staff was raised. It was agreed that a discussion on this topic would be referred to the Board in recognition of its serious nature. Variation in the management of waiting lists from hospital to hospital was also discussed and the Committee agreed to revisit this topic in a later meeting. It was also agreed that as part of the COO papers, more enablers should be provided in future.

It was agreed that the draft work plan and meeting dates for 2023 would be reconsidered at the December meeting.

3. Performance Oversight

All performance/activity data used in this document refers to the latest information available at the time

The COO Report, Operational Service Report (August and September Data), Performance Profile (August and September Data), National Performance Oversight Group Meeting Notes (August and September Data), the Winter PMO Report, and the Scheduled Care Report which had been circulated prior to the meeting were noted. Both August and September Data was circulated to the Committee as the October meeting of the Committee was postponed.

The COO updated the Committee on the key operational pieces outlined in the above documents. In relation to vaccination, he advised the Committee that although the uptake of flu vaccines is good overall, the uptake of Covid-19 vaccine boosters among healthcare workers is low. The COO confirmed that there will be better data available on this issue in January but uptake rates are concerning currently. He advised the Committee that work is ongoing to make these vaccines as accessible as possible to both healthcare workers and vulnerable people.

While considering the data presented on un-scheduled care, the Committee discussed the definitions for unscheduled care and scheduled care and the importance of being able to compare data year-on-year. Regarding scheduled care incorporating information across many specialties, the Committee felt it is difficult to get a sense of true performance by specialty at macro level. The COO confirmed improvement on waiting list year to date

The Committee discussed how communication to the public in being managed in a number of areas and suggested it should be improved in relation to improvements on waiting lists. The COO advised that this is currently being examined and emphasising good performance of services would also be beneficial for HSE staff. It was also highlighted that the positives of working for the HSE are not publicised enough which may impact recruitment and retention and it was agreed that this issue should be examined by the People and

Culture Committee in future.

The COO highlighted that in relation to primary care therapies, the workforce has grown significantly though recruitment challenges do remain. He confirmed that work is underway to make some roles more desirable Work is also in progress by National HR with the DOH to increase the intake of trainees, albeit if agreed it will be some years before the benefit will be seen in the workforce. ND Community Operations highlighted that a consistent trend emerging from analysis is that additional administrative staff would have a significant positive impact on clinicians time, freeing up roughly 20%.

In relation to cancer services, the Committee queried whether there are challenges in accessing private diagnostic capacity, as this is considered a safety net of the public system currently. AND Acute Operations confirmed that the HSE has had access to private diagnostic services in recent months and this will come to an end soon but that does not stop access in certain areas e.g. emergency care.

Following questions from the Committee, AND Acute Operations advised that significant staffing challenges can be seen in midwifery, more so than nursing generally. He confirmed that international recruitment drives are currently underway but it remains a significant pressure point in the system. Despite work underway in this area, it is expected to remain an issue in the short term. Recognising that there are many outside challenges, such as difficulty securing accommodation, which impact the HSE's recruitment efforts, the Committee highlighted that the HSE needs to focus on improving what is under its control.

Following a request from the Committee at its September meeting, the COO provided a verbal update on the policy and local implementation of visiting policy for family and carers in healthcare settings. AND Acute Operations highlighted that revised guidelines had been received from the HPSC in August which now replace previous guidance. He advised that the system has been surveyed and though there is generally daily access permitted for visitors, there is variability cognisant of local quality patient safety issues, however, the HSE is now seeking uniformity across the system to the greatest extent possible. The Committee highlighted that visitors are often part of the patients care and this should be considered in implementation of future visitors' policy.

4. Committee Focus Area

4.1 Mental Health Area Focus Report

It was agreed that this item would be deferred to a Joint meeting with the S&Q Committee where it would be considered alongside several upcoming regulatory reports which should be received in the coming weeks.

ND Community Operations noted that the National Forensic Mental Health Service is now open in Portrane and the Committee acknowledged the work undertaken to complete this project.

5. National Ambulance Strategy

5.1 Proposed National Ambulance Service Strategic Plan 2021-2031

Director of NAS joined the meeting

The Director of NAS provided the Committee with an overview of the Proposed National Ambulance Service (NAS) Strategic Plan 2021-2031, highlighting that the Plan will build on evolving improvements, to ensure continued focus on the developments of strategic priorities being embedded under NAS Strategy 2016-2020 'Vision 2020'. He noted that particular emphasis is on the continued development of alternative care pathways, specialist paramedic roles and progress towards meeting capacity and organisational development improvements. The NAS aim is to increase capacity and support new developments in anticipation of the expected demand growth of 107% over a 10-year period from 2017 to 2027.

The Director of NAS confirmed that the plan has been designed to align with relevant HSE plans, such as the HSE Corporate Plan 2021- 2024, the HSE People Strategy 2019-2024 as well framing the various actions being progressed under the Sláintecare reform programme. He advised that the DOH have been engaged with this planning process and believes there should be corporate support from both the DOH and HSE.

It was noted that the Audit and Risk Committee had already considered the procurement aspect of the Plan and that it had been submitted to the Committee in advance of it going to the Board.

The Committee held a discussion relating to ambulance services provided by the Dublin Fire Brigade (DFB). The Director of NAS advised that the DFB is an important element of ambulance response in the Dublin metropolitan area and there is currently a taskforce examining the logistics of this relationship. The view from this taskforce is that the DFB will continue to operate an ambulance service and it will become more cohesive with the NAS over time.

The Committee discussed the Plan's strategy for digital replacement in the NAS. The Director of NAS outlined that the digital operations plan was developed with the CIO as part of the wider eHealth strategy and confirmed that in line with Enabler 3 (Technology and eHealth) of the HSE Corporate Plan 2021-2024, a Digital Obsolescence Plan will be developed to ensure the replacement of all related infrastructure is planned for.

The Committee thanked the Director of NAS for his presentation and acknowledged the work completed in producing the NAS Strategic Plan. In particular, the Committee welcomed the collaborative approach seen in border areas and took the opportunity to acknowledge the work of the Northern Ireland Ambulance Service in their response to the tragedy in Creeslough last month.

The Committee recommended that the NAS Strategic Plan 2021-2023 be sent to the Board for approval.

Director of NAS left the meeting

6. Corporate Risk Register

6.1 Corporate Risk Register Q3 2022

CRO joined the meeting

The CRO presented to the Committee an update in relation to CRR 04 Access to Care, outlining the risk description as a risk to safety and health outcomes for patients as a result of demographic change, demand for health services exceeding capacity and the non-availability of suitably qualified healthcare staff, which has an Inherent Risk Rating of 25; and a Residual Risk Rating of 20.

The Committee questioned whether 'demographic change', 'inadequate planning' or 'underinvestment' is the risk given that demographic change has been known for a long time.

The Committee requested that both the robustness of current mitigating actions and the risk description be considered by EMT. The CRO confirmed similar feedback had been received from the Audit and Risk Committee.

The CRO also presented to the Committee an update in relation to CRR 15 Sustainability of disability services, outlining the risk description as a risk to service continuity and the provision of appropriate, safe and quality care for people with disabilities as a result of; deficits in the current delivery model; absence of agreed multi-annual investment and reform; funding and governance challenges on the provision of service to children with complex disability needs; and the requirements of Part 2 of the Disability Act 2005 (assessment of need), which has an Inherent Risk Rating of 25; and a Residual Risk Rating of 20.

The Committee expressed its extreme concern at the ongoing residual Risk Rating for this risk. The Committee advised that the only way to reduce this risk is through a fundamental change to how services are delivered. The Committee discussed with the CRO the viability of current action plans to reduce this risk rating and it was acknowledged that plans themselves don't reduce the risk, it is their effective implementation that has to be the focus.

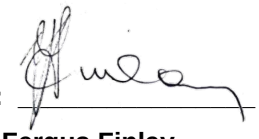
It was agreed that feedback from the Committee in relation to both of these risks would be communicated by the CRO to the EMT.

The Chair thanked the Committee members and EMT members for their time.

7. AOB

No matters arose under this item.

The meeting ended at 12:15.

Signed: 

9 December 2022

Fergus Finlay
Chairperson

Date