



## HSE Performance and Delivery Committee Meeting

### Minutes

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

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

**HSE Executive Attendance:** Damien McCallion (COO), Yvonne O'Neill (ND Community Operations), Mary Day (National Director for Acute Operations), Orla Treacy (Operational Performance and Integration), Dara Purcell (Secretary).

**Joined the Meeting:** Bernard O'Regan (Head of Disability Operations – Item 4), Angela O'Neill (National Disability Specialist, Community Operations - Item 4), Deborah Smullen (National HR Lead Social Care - Item 4).

#### 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 Minutes of Committee Meetings

The Committee approved the following minutes:

- 18 November 2022

##### 2.3 Committee Terms of Reference

A discussion on the Committee Terms of Reference was deferred until the January meeting.



## **2.4 Committee Meetings 2023**

### **2.4.1 Meeting Dates 2023**

The Committee approved the 2023 Committee Meeting dates.

### **2.4.2 Work Plan 2023**

The Committee approved the draft Work Plan 2023, noting that if the Terms of Reference are amended this it may need to be reconsidered. The possibility to hold some Committee meetings on-site in various services was discussed and the COO confirmed he would be happy to facilitate this.

## **3. Performance Oversight**

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

### **3.1 COO Report**

The COO Report, Operational Service Report (October Data), Performance Profile (October Data), National Performance Oversight Group (NPOG) Meeting Notes (October Data), the Winter PMO Report, and the Scheduled Care Update, which had been circulated prior to the meeting, were noted.

The COO updated the Committee on the key operational pieces outlined in the above documents. The system remains under pressure, and the impact of increased emergency department (ED) attendances can be seen on patient experience times, with 94.9% of all patients being seen within 24 hours. He advised that it appears respiratory syncytial virus (RSV) and resulting children admissions have peaked, however, Strep A continues to add pressure. The HSE are working to reassure parents, and help them to deal with these illnesses at home rather than having to bring children to ED. The Committee discussed the pressure in paediatric hospitals relative to previous years, recent correspondence issued to schools that didn't specifically reference to activating filtration systems. The COO advised the committee on Integrated Service Modelling and will provide details to the Committee.

In relation to the wider hospital system, Covid-19 and flu cases have been slowly rising. In order to mitigate the pressures on the emergency care system, the measures outlined in the Winter Plan and there is significant daily and weekly focus, including regular calls with Hospital Group and CHO Chief Executives and the National Ambulance Service (NAS) Director. The Committee queried whether rapid access clinics for older people are still running. The COO confirmed that they are as part of the Integrated Care Programme for Older Persons (ICPOP), however, they are not universally accessible across the country due to ongoing recruitment issues. The Committee also discussed nursing led clinics and integrated care, and how they could be used to alleviate pressure from the hospital system. The Chair informed the Committee that they would be looking at integrated care early in 2023.



In relation to the NAS data provided, the COO confirmed that performance of ambulance turnaround times ( $\leq$  30 minutes) is below the 80% target which is a major concern and NPOG and the Winter Oversight Group are monitoring the situation. A two-step process has been agreed to address performance: Short-term remedial exercise to address immediate issues in specific areas with working group focused on any short term mitigating actions; longer-term strategic exercise to consider wider systemic issues and put in place a strategy and plan to support the consistent achievement of targets. This process will commence in January with key stakeholders and a series of solution-focused workshops with members of the Working Group. The final report is expected at the end of April 2023.

The COO advised that 120 new urgent colonoscopy breaches were seen in October. The highest number of breaches occurred in Mayo and Naas with first time breaches seen in Bantry and Ennis. Mayo has been escalated to National Director level. The National Director is following up on options to deliver additional services within the Hospital Group. In Naas, insourcing and outsourcing is being utilised to reduce waiting lists by half since last month.

Regarding Cancer Services, the COO advised that the National Cancer Control Programme (NCCP) has seen GP referrals increase by 30% by comparison to 2019 figures, with RAC's/sites of concern being Galway (symptomatic breast service) and Cork (prostate). The COO confirmed that National Directors are satisfied that the improvement plan in Galway is being implemented within capacity and they are also reviewing the trajectory for performance improvement. The NCCP and Acute Operations have reviewed the improvement plan provided by Cork but have requested further detail which is expected to be received in the short-term.

Following a discussion by Committee on the low MMR vaccination rates, the COO advised that the vaccine teams have been under a lot of pressure as a result of the roll-out of monkey pox and Covid-19 vaccines but work is underway to bring vaccination services back to full capacity.

In relation to the reduction in target wait times, the COO confirmed that wait times have decreased, but are still behind targets. The Committee welcomed the fact that waiting list times were improving, however, they questioned whether a bigger impact could be made. The COO stated that there will be a review with services providers to assess 2022 performance, they are considering various action plans and policies that should give a greater return, and that they look at demand modelling to assess if sites have got capacity to set reliable targets. Planning for the 2023 plan is currently underway. The Committee discussed the 'validation' of waiting lists, and if they are being properly audited to ensure the validation of waiting lists is appropriate. They were informed that audits are undertaken of waiting lists and that there is a clear policy to ensure consistency in validation of waiting lists.

#### **4. Disability Services**

The ND Community Operations introduced the Progressing Disability Services (PDS) Roadmap item to the Committee, noting the paper circulated in advance of the meeting was intended to support discussion. She



advised the Committee that significant feedback received from the Chair and Committee member B Whelan prior to the meeting has been incorporated into the Draft PDS Roadmap document. She confirmed that a revised draft of the PDS Roadmap document would be provided to the Committee following the meeting.

The National Disability Specialist (NDS) gave a presentation to the Committee which facilitated engagement with members on: the wider context of Progressing Disability Services; establishment of Children Disability Network Teams (CDNTs); the purpose of the PDS Roadmap document; and wider Disability legislative and service context underpinning the need for the Roadmap.

She advised the committee that historically, services for people with a disability in Ireland were provided by religious orders and later by voluntary parent and friends associations. Some organisations provided services for people with a specific type of disability or in a specific age group which resulted in a wide variation in the availability of services and in access criteria to services depending on where a child lived or what diagnosis they had.

The NDS confirmed that the Progressing Disability Services for Children and Young People Programme (PDS) was developed to address this significant variance and risk, with a view to ensuring that all children with a disability or complex developmental delay have equity of access to services, based on their need, rather than their diagnosis, where they live or go to school. In line with the Programme for Government and with Government policy, specifically Sláintecare, services are to be provided as close to home as possible.

The NDS confirmed that the PDS has been developed to support all stakeholders to progress the next phase of implementation of the CDNT model of support. The PDS Roadmap is intended to provide a framework for the various stakeholders - Ministerial, Departmental and operational through the HSE and its funded service providers - to work together in their respective roles to improve services for children and their families. It sets out a range of actions to improve the services and to set out expectations of stakeholders in the following areas: Communication and Engagement; Workforce planning; Implementation of the CDNT Model of Service; Engagement with colleagues in Education; Plans for a Review of the implementation of the CDNT structures; and Assessment of Need.

The NDS advised that the establishment of CDNTs represents the first step in the delivery of the Sláintecare programme. This model is underpinned by values of person centeredness, inclusion, community integration, participation, independence and choice. The CDNTs were established to provide services for at least 42,000 children with complex needs in the State. Prior to their establishment, some children with disabilities or developmental delay received a relatively high level of health and social care services and many of these children and their families had long established relationships with service providers and their staff. This change programme required some children and their families to transfer to new services and adapt to new staff, new locations and a new model of support.



The NDS advised that in the context of these changes for children and families, as well as staff and providers, there was considerable public debate and challenge on the scale and pace of change, the underlying policy direction and changes to provision of specialist Disability services to children attending special schools. The capacity of services was also being significantly impacted by the prevailing recruitment and retention challenges being experienced more widely across all services and where there is a reliance on large increased numbers of health and social care professionals.

Regarding this change from therapy provision in schools and routing them to the CDNTs, the Committee highlighted that communication in this area was not sufficient at the time which compounded the issue. The Head of Disability Operations confirmed that the HSE acknowledges that some of its communication with families has fallen short of what was required and appropriate in relation to these arrangements.

The Committee queried where exactly CDNTs fit in to service and whether there is sufficient awareness among service users and their families about what they are. The NDS advised that there is currently family fora being established to advocate for service users and that this engagement will hopefully improve awareness.

In relation to Assessment of Need (AON), the NDS confirmed that children do not need this assessment to access disability services but if it is requested, the HSE legally must provide it. This process takes a significant amount of resources (noted alternative options for service delivery is under consideration) and when complete, there is no guarantee that there will be services available to meet the needs of the individual outlined in their AON. The legal right to an assessment of needs is enshrined in legislation from 2005, but neither that act nor any other legislation provides any right to the services the assessment prescribes.

The Committee discussed the AON process, querying who carries out the AONs and whether they are independent. The NDS confirmed that the assessor is employed by the HSE but they are required to act in an independent manner when carrying out assessments, each of which require 36 hours of clinical assessment.

The Committee discussed workforce planning and the communications campaigns underway currently to encourage recruitment given that vacancies in the area are 30%. The difficulties in provision are compounded by the fact that the HSE and its partners have huge difficulty in recruiting and retaining therapists in the necessary fields. It was emphasised that the CDNTs branding as a HSE service should be clarified.

The Committee requested data be provided on the total number of therapists (e.g. Occupational Therapists and Speech and Language Therapists) produced by the third level system annually as there appears to be a severe shortage. The Committee queried whether there is international data available which could help inform workforce planning. The Head of Disability Operations advised that while there is little data available, work is underway to evaluate what can be used.

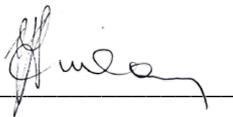


The Committee thanked the COO and team for their work on the PDS Roadmap to date. It was agreed that feedback received would be incorporated into a further draft and the Chair and B Whelan would engage with the ND Community Operations directly. An updated draft will return to the Committee for consideration prior to its submission to the Board.

**5. AOB**

No matters arose under this item.

The meeting ended at 13:20.

Signed: 

**Fergus Finlay**  
**Chairperson**

25/01/23

**Date**