



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 24 June at 08:00am via video conference.

Committee Members Present: Mr Brendan Whelan (Acting Chair), Mr Fergus Finlay, Dr Sarah Barry, Dr Sarah McLoughlin, Mr Louis Flynn and Mr Brendan Lenihan

HSE Executive Attendance: Mr Stephen Mulvany (CFO), Mr. Patrick Lynch (ND Gov & Risk), Dr Philip Crowley (ND SR), Mr. Dara Purcell (Corporate Secretary), Ms Niamh Drew, Ms Patricia Perry

Apologies: Mr Tim Hynes (PD Committee Chair)

Joined the meeting: Mr John Ward (Interim CTTO)(item 3), Mr Puneet Kukreja (Interim CISO) (item 3), Ms Valerie Plant (Assistant CFO)(item 4), Ms Yvonne O'Neill (ND Community Operations)(item 5), Mr Joe Ryan (ND Operational Performance & Integration) (item 5), Ms Orla Treacy (Operational Performance & Integration) (item 5), Mr Robert Kidd (AND Acutes) (item 5), Mr Bernard O'Regan (Head of Disability Strategy & Planning)(item 6.1), Ms Miin Alikhan (AND SR)(item 7)

2 Governance and Administration

Welcome and Introductions

Mr Brendan Whelan welcomed the Committee members to the meeting noting he agreed to be the Acting Chairman for the meeting due to the unavailability of Mr Tim Hynes Committee Chairman. .

The Committee held a private session where the Chair provided a brief summary on the agenda, the relevant papers and approach to conducting the meeting.

2.1 Declarations of Interest

No conflicts of interest were declared.

2.2 Approval of Minutes

The minutes of 20 May 2022 were approved by the Committee.



The EMT Members and Mr John Ward (Interim CTTO) and Mr Puneet Kukreja (Interim CISO) joined the meeting at 09:05am.

3. HSE Board Technology and Transformation Programme

Item 3.1 Establishment of Board Committee – Oversight of the HSE’s Technology and Transformation Programme

Item 3.2 General ICT / Cyber update

Item 3.3 Introduction to Interim CTTO and CISO

The Acting Chair welcomed Mr Puneet Kukreja, Interim CISO and John Ward, Interim CTTO who had recently commenced in their new positions with HSE. They both introduced themselves to the Committee and gave an outline of their background. They welcomed the opportunity of working with the HSE and putting the findings of the Conti Post Incident Review (PIR) report into effect. The Acting Chair thanked them and stressed that what they were undertaking was a very important task for the HSE.

ND GR presented the draft Terms of Reference (TOR) for the Committee to oversee the HSE’s Technology and Transformation Programme as recommended in the Conti Post Incident Review (PIR) report. He noted this draft had been submitted to the HSE Board at its May meeting, and is now for review and input by the Committee prior to consideration again by the Board.

The Committee considered the draft TOR, and the following feedback was provided in relation to the roles and responsibilities of the Committee.

- 1)** To avoid duplication of roles and multiple reporting lines, in principle, all eHealth, IT and cyber related activity should come under the oversight of this new Committee. (It is recognised that there will be times when it will be necessary to report to the P&D Committee on technology matters, for example where technology implementation is critical to, or impacting on the performance and/or delivery of services).
- 2)** The new Committee should have patient and service user representation and while not a prerequisite for appointment, it would be desirable if these representatives have an interest in, or experience of technology.



- 3) The ARC, in its role relating to the HSE's Risk Management framework, should assign responsibility for the oversight of corporate ICT/Technology and cyber risk to the new Committee.
- 4) Given the significant people change dimension to this transformation programme, the People and Culture Committee should receive periodic updates on progress.

The Acting Chairman had forwarded his comments for ND GR consideration in relation to the draft TOR and responsibilities.

The ND GR was requested to revise the draft Terms of Reference to capture advice and recommendations of the Committee. Subject to these changes being made, the Committee agreed to recommend the TOR for approval by the Board at its meeting next Wednesday 29th June.

ND GR, Interim CISO and Interim CTTO left the meeting at 9.30am

4. Integrated Financial Management System (IFMS)

CFO & Valerie Plant, A/CFO joined the meeting @ 9.30am

The Acting Chair advised the Committee that the Contract Approval Request for IFMS replacement System Integrator (SI) paper, which was circulated to the Committee prior to the meeting, was for noting purposes. The paper had previously been submitted to the ARC at their meeting of 16th June 2022, where it was recommended to go to the Board.

The CFO provided an update to the Committee, outlining the detailed procurement process, and advised that the Procurement Evaluation Group (PEG) recommend that the outcome of the Procurement Process for the IFMS System Integrator and the Contract Approval Request be approved by the HSE Board after submission to the External Peer Review Group, which is to take place on 28 June 2022.

The Committee welcomed the update. A discussion took place in relation to the challenges that had been experienced by the HSE with the previous System Integrator company and considered what assurances were in place that the recommended company can take on the key role of SI and the robustness and willingness of the preferred bidder. The Committee were informed that based on experience with the project to date it had been possible to ensure the statement of requirements was



much more refined and a more robust process was undertaken on this occasion in the procurement process.

The CFO advised the Committee that it would be necessary in due course for a case to be made to adjust upwards the ICT Capital budget. The capital cost within the Contract Approval Request (CAR) is €59.4m, and the approved ICT capital budget for the project is €82m, with €16.8m incurred to date, and further committed costs that will bring the total costs of the project to exceed the €82m budget. Accordingly, it will be necessary to seek an adjustment sanction from the Department of Health to the €82m budget.

The Committee discussed the IFMS Project Risk Management process to manage risks, assumptions, issues and dependencies with the project. A/CFO informed the Committee that there are three levels of risk management within the IFMS Project: 1) Project Level, 2) Quality Assurance and 3) Programme Governance, in line with the HSE's Integrated Risk Management Policy. Risk management is an integral part of the IFMS Project. A critical element of the project's ways of working is the formal identification and management of risk issues and the evaluation of their impact on the business environment and the achievement of the project's goals. The risk process, which is managed centrally by the Programme Management Office on behalf of the Finance Reform Steering Committee, is embedded into the IFMS project's activities and reporting relationships. The new IFMS System Integrator will be required to adhere to and actively participate in the IFMS RAID management processes.

The Committee requested that a high-level summary of IFMS Project Risk Management Process be included in the paper going to the Board.

The Committee thanked the CFO and A/CFO for the update and was advised that the next quarterly IFMS would be submitted to the Performance & Delivery Committee at their meeting in September 2022.

CFO and A/CFO left the meeting at 9.45am.



5. Performance Oversight

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

ND Community Operations, ND OPI, AND Acutes, Orla Treacy joined the meeting

The April 2022 Operational Service Report, Performance Profile, National Performance Oversight Group Meeting Notes and the PMO – Weekly Report which had been circulated prior to the meeting were noted.

The Committee discussed the Performance Reporting to the Committee and how to make it more relevant emphasising the need to have data that reflects both point-in-time and trends over time. Issues discussed were relating to

- the difficulties on evaluating data up to two months old in a dynamic environment
- distinguishing between status metrics and trend metrics
- linkages between operational and strategic priorities
- the ability to be able to tell the good stories more effectively

It was agreed that a Workshop will be arranged to discuss and agreed the content and format of reports presented to the Committee going forward.

The ND Community Ops and AND Acute services presented the key messages to the Committee from the OSR based on April data noting that activity in April 2022 continued to be impacted by the high number of COVID admissions, particularly in the first half of the month.

Unscheduled Care

The Committee were informed the data indicated that attendances at emergency departments have increased with the reduction in COVID numbers and increased vaccination levels. The key indicator Patient Experience Time (PET) of all patients attending ED seen within 24 hours in April 2022 and seen less than 24 hours for patients aged 75+ are below the NSP target of 97%. The growth in Delayed Transfers of Care (DTC) throughout 2021 continues in 2022. The Acute Hospital system continued to experience significant levels of staff sick leave related to the latest COVID surge. These are key contributory factors in non-compliance with PET targets.



Scheduled Care

The Committee reviewed the Waiting Times for scheduled care performance against NSP 2022 targets and received an update regarding numbers waiting at the end of April 2022 for Inpatient Day Case, Outpatient, Urgent Colonoscopy Breaches and Cancer Services – Rapid Access Clinics.

Community Services

The Committee were informed that services are beginning to stabilise following the Omicron wave of Covid across Q1 2022. April data had suggested a recovery in performance with some services delivering ahead of National Service Plan targets for 2022. However, the impact of Covid in Quarter 1 will again impact on the ability to deliver on the annual national service plan KPIs. Examples of positive national performance against target and the performance challenges including in some primary care therapy services were presented to the Committee.

An additional challenge is being presented by the Ukraine situation with significant numbers of people seeking refuge and support in Ireland with a corresponding requirement for a range of health services.

The Committee were informed of 2 waiting list initiatives underway where approval and resources have been secured to continue throughout 2022: a). Children and young people assessed as Grade IV waiting for orthodontic treatment for more than 4 years in Quarter 1 2022 (583 children removed from the list in Q1). January to April year to date performance shows that 660 children have been removed from the list. B). Children waiting for primary care psychology for more than 12 months in Quarter 1 2022 (944 children removed from the list in Q1). January to April year to date performance shows that 1,241 children have been removed from the list

6. Operational Performance Focus Area 2022

ND CRO and Bernard O'Regan joined the meeting.

6.1 Disability Services

The Committee discussed with the ND Community Operations and AND Disability services the significant challenges the Disability Services are experiencing at this time including:

1. Transfer of functions from Department of Health (DoH) to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), target of which is July 2022. Ongoing



engagements with DCEDIY, which involves MOU, Operational agreements, Oversight Agreements. Challenges and Opportunities were outlined.

2. Demand for some services exceeding available capacity and resources, especially in residential services, leading to a projected deficit position at year-end.
3. Complexity of Need, especially in relation to autistic teenage and young adults for whom the availability of services in response to crisis is limited.
4. Meeting the legal obligations of the Disability Act 2005 relating to the Assessment of Need in light of the recent ruling by Judge Phelan.
5. The impact of recruitment and retention challenges to deliver key service objectives, especially in providing children's disability services through the Children's Disability Network Teams.
6. The change management process in the implementation of the CDNTs proving far more challenging than anticipated.
7. Alignment of the provision of housing with available revenue funding.
8. The ongoing impact of Covid 19, impacting staff availability and restoration of day services.
9. Sustainability of the voluntary sector and an increased reliance on the private sector.
10. Assuring the safeguarding of disabled people in services, noting the impact of the safeguarding concerns in some services in Co Donegal.
11. Increasing levels of concern for disabled people, families, politically and in the wider community that disability services are unable to adequately respond to current levels of need.

The Committee also considered the impact on these challenges of staff shortages, recruitment/retention difficulties, the need to have CDNTs working effectively, sustainability and pay parity issues in Section 38/39s (which represent 82% of Disability expenditure), demand levels increasing, reliance on private sector /VFM etc.



Other matters considered by the Committee included, the profile of Disability Services in the overall Health sector, and the absence of Disability rights legislation and safeguarding, and the concept of introducing Personalised Budgets in the sector.

The Committee considered the progress to implement the Progressing Disability Services for Children & Young People (PDS) programme agreed with Government noting PDS seeks to address the previous inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. PDS involves the reconfiguration of children's disability services into Children's Disability Network Teams to provide equitable access and child and family centred services based on need rather than diagnosis, and regardless of the nature of a child's disability, where they live or which school they attend. However, in the absence of additional resources, such equitable access, while better for some, proved worse for others.

The Committee noted the development of a Roadmap for Disability Services, which will represent the next opportunity for the Committee to engage on the topic.

It was agreed that continued and regular engagement between the Committee and ND CO is needed to

- a) build Board confidence in the Roadmap being produced and
- b) to ensure the Roadmap is implemented successfully (performance accountability).

6.2 Risk Management – CRR Risk 15 – Sustainability of Disability Services

The Committee noted that CRR Risk 15 included in CRR Review for Q2, which is to be brought to the EMT on 28th June 2022 and to a Special Risk ARC Workshop on 7th July 2022, has an Inherent Risk Rating of 25; and a Residual Risk Rating of 20. The Committee reviewed with the CRO the actions in place to mitigate the impact of this risk.

It was agreed the CRO will engage with B O'Regan and reflect on the Action Plan discussed in previous item and review the Risk scoring, CRO advised Committee that he expected to see probability coming down, given the scale of what is being put in place now.

ND CO, Fergus Finlay and Anne Carrigy left the meeting.



7. NSO 2023 Planning Process

7.1 2023 Planning Process

Dr Philip Crowley ND S&R and Ms Miin Alikhan, AND joined the meeting.

The ND S&R outlined some of the key principles, which will underpin the National Service Plan for 2023, and outlined key consideration at present as:

- Ministerial priorities
- Significant Government financial pressure arising from additional demands
- Residual open posts from the 2022 planning process
- Impact of the roll-back of the HRA and lost service delivery hours
- Rate of turnover of staff (including staff leaving due to emigration etc.)
- Extent to which COVID-19 pandemic responses need to remain in place or be scaled down.

8. AOB

No matters were raised under AOB.

The meeting concluded at 1.40 pm

Signed: 
Tim Hynes
Chairperson

Date: 22 July 2022