



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Thursday 14 April 2022 at 08:00am via video conference.

Committee Members Present: Mr. Tim Hynes (PD Committee Chair), Mr. Fergus Finlay, Mr. Brendan Whelan, Dr Sarah Barry, Mr. Louis Flynn

HSE Executive Attendance: Ms. Anne O'Connor (COO), Mr. Dean Sullivan (CSO), Mr. Stephen Mulvany (CFO), Mr. Patrick Lynch (ND Gov & Risk) Mr. Dara Purcell (Corporate Secretary), Ms. Niamh Drew, Mr. Jaymie Crone

Apologies: Dr Sarah McLoughlin, Mr Brendan Lenihan

Joined the meeting: Ms. Yvonne O'Neill (ND Community Operations) Ms. Orla Treacy, Mr Liam Woods (ND Acute Operations), Mr. Joe Ryan (ND Operational Performance & Integration) Ms. Marie Carroll (Planning Specialist), Mr. Joseph Doyle (National Lead National Social Inclusion Office)

1. Governance and Administration

1.1 Welcome and Introductions

The Chair welcomed the Committee members to the meeting. 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, noting that the focus of the meeting would be to receive updates on key items and to suggest relevant actions as they became apparent.

1.2 Declarations of Interest

No conflicts of interest were declared.

1.3 Approval of Minutes

The following minutes were approved by the Committee,

- 11th March 2022

The EMT Members joined the meeting at 08:30am

2. HSE Board Conti Cyber Attack Post Incident Review

Clinical, Operational, ICT and Cyber Resilience Transformation Programme

The CSO provided the Committee with an update on the progress being made on the Clinical, Operational, ICT and Cyber Resilience Transformation Programme. In particular it was stated that the High Level Implementation Plan has been approved by the EMT.

The Committee also noted the timeline for concluding the tender process to support the ICT/ Cyber work-stream. The request for tender also required companies to identify appropriately qualified and experienced individuals to fill the roles of interim Chief Technology Transformation Officer [CTTO] and Chief Information Cyber Security Officer [CISO]. The Committee welcomed the reporting arrangements of these two posts noting the Interim CTTO will report to the CEO and sit on the EMT and the Interim CISO will report to the CTTO.

The Committee discussed how the HSE is progressing the filling of these roles on an interim basis while formal sanction for the permanent posts is awaited. The Committee Chairman said he is working as part of the tender evaluation group with the CSO, CIO and CRO. This group will consider the proposed Interim CTTO and CISO identified from the companies who have submitted tenders and make the interim appointments urgently. Further discussion focused on the scope of the interim CTTO role, the development of the Investment Case for the ICT/ Cyber and Operational and Clinical Resilience work-streams.

The Committee discussed the pace at which the Implementation Programme is progressing and emphasised this needs to be an urgent priority for management. The Committee was informed that the Implementation programme is receiving priority attention by the CEO/EMT noting the Cyber Post Incident Review Implementation Group is chaired by the CEO and continues to meet fortnightly.

The Programme Management requirements to support each of the work-streams in an integrated way that are set out in the High Level Plan have been finalised. Discussions are taking place seeking to identify an appropriate individual as HSE Programme Manager. Work has also commenced on developing an Investment case for implementing the overall programme to be submitted to the Department of Health.

Marie Carroll joined the meeting at 09:30am

3. Annual Report Update

The Committee reviewed the latest draft of the 2021 Annual Report (AR) which had been circulated prior to the meeting.

The CSO expressed that engagement continues with the relevant service areas to finalise the 2021 Annual Report and also reflected in this draft is the Committee's feedback provided at the March 2022 meeting.

The Committee noted that the AR is a statement of record and an opportunity for self-reflection and openness. The Committee suggested the AR should, in relation to the performance and achievements, reflect the challenges faced by the HSE in 2021 highlighting what didn't work so well and the lessons learned, as appropriate.

The Committee provided the following feedback:

- The tone of the report should be reflected at the outset in the Chair's Statement and the CEO's Review
- Stronger messaging such as:
 - There needs to be a stronger reflection of what worked, what were the challenges, mistakes made and the lessons learned (e.g. Brandon Report)
 - Despite having endured momentous events, the report should reflect how we have continued to move forward as an organisation; that the HSE has matured significantly over the past couple of years, driven by strong leadership
- The Committee agreed that the strapline on the front cover be changed from 'Our health service working for us all' to the slogan used for the vaccination programme 'HSE ForUsAll'
- Inclusion of piece on progress of National Maternity Hospital.

The CSO thanked the Committee for its advice and feedback which will be reflected in the next draft of the AR to be considered by the Committee at the planned additional meeting on 22 April 2022. He noted the Board is due to consider the AR 2021 final draft on 27 April 2022 in accordance with the legislative timeline.

4. Operational Performance Focus Areas 2022

Social Inclusion

As part of its ongoing work programme, the Committee reviewed the operational performance in the area of Social Inclusion to address health inequalities and improve access to health services for vulnerable and excluded groups.

The National Lead National Social Inclusion Office (NSIO) described the work being done by the HSE NSIO to implement and support, in an operational manner, ongoing services for those groups addressed in the work of the Social Inclusion. Key groups experiencing exclusion and inequality, include: homeless people; people who use drugs and alcohol in a harmful way; migrants, refugees and international protection applicants; Traveller and Roma communities; LGBTI+ people; and people who experience Domestic Sexual and Gender Based Violence (DSGBV).

The NSIO are continuing to implement actions to enable the engagement and influence of these groups in service user structures across HSE service areas; advance models for peer-led health initiatives within these groups; and strengthen an infrastructure of NGO platforms within these groups for these purposes.

The National Lead NSIO informed the Committee that delivery of the majority of National Service Plan (NSP) 2022 social inclusion projects either have minor issues that are being managed or are fully on track. However, he noted achievement of WTE recruitment targets for funded initiatives in NSP 2022 may be delayed and service quality may be impacted as a result of the scarcity of the staff with required skill-sets. In addition COVID-19 continues to be a threat to vulnerable populations and the Social Inclusion is continuing to work with CHO areas to provide necessary services to respond to COVID-19 as required, in collaboration with HSE Public Health, the Department of Health, Housing and Local Authorities.

In response to questions on the governance and the service delivery model for social inclusion services, the Committee were informed that the overall funding of €170m is split 70/30 between NGOs and direct HSE provisions through its Community Health Organisations (CHOs). CHOs have relevant clinicians in their local offices overseeing services and having strategic and operational involvement with Social Inclusion programmes.

The Committee discussed how the NSIO can work to improve engagement with and across the community and voluntary sectors. The Committee asked the National Lead NSIO to consider if arrangements could be made through Service Level Arrangements to encourage larger NGOs to share

knowledge/learnings/ innovations with smaller NGOs. The National Lead NSIO agreed to discuss this further with the Committee Chairman.

The Committee noted the NSIO are developing effective responses with further investments and increased service capacity to cater for the needs of people in vulnerable position.

The Committee acknowledged the work being done for socially excluded groups by the Social Inclusion with the CHOs playing a significant operational role in the various strands of action across differing social inclusion objectives and thanked the NSIO for their time and contribution.

5. Performance Oversight

The February 2022 Performance Profile and Operational Services Report, Winter Plan/NSP 2021-2022 PMO Report and draft National Performance Oversight Group Meeting Notes of 18 April 2022, circulated prior to the meeting were noted. The Committee had a focused discussion of the Operational Service Report January 2022 (OSR) which summarises the operational performance across Community and Acute services based on expected levels of activity/targets as per National Service Plan 2022.

The Committee discussed with the COO, ND Community Operations and ND Acute Operations the performance, achievements and challenges in the community, acute and national screening services.

5.1 Acute Services:

The ND Acute Operations reported to the Committee that the Acute Hospital system continues to be impacted in February 2022 by COVID-19. Staffing levels were particularly negatively affected in terms of sick leave and this had a direct impact on scheduled care. In some instances staff were re-deployed to cover unscheduled care areas due to staff shortages. In addition to the beds that were occupied by patients with COVID-19, the number of patients whose discharge were delayed (608) is significant and is impacting upon elective capacity at a number of sites.

The total number of ED attendances for February 2022 was significantly higher than February 2021. There are a number of factors contributing to the increase in ED attendances including the impact on GPs of their participation in vaccination programmes, and the gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase. The Committee was informed this is being closely monitored by Acute Operations and improvement initiatives are underway.

The Committee discussed issues in relation to patient experience when in hospitals due to the increased demand on the system and the impact staff absence is having on the ability to respond to care requirements in hospitals.

The Committee were informed that a survey on patient experience is due to be published within the next few weeks and the findings will be presented to the Committee.

The Committee discussed the factors and challenges regarding Non-Consultant Hospital Doctor (NCHD) retention. The ND Acute Operations informed the Committee that a report had been provided to the People and Culture Committee recently on the work being done by National Doctors Training and Planning Unit to address these challenges through improvements in working conditions, and training and career opportunities. Additionally, monitoring compliance with the European Working Time Directive (EWTd) has recommenced with shared site visits with the Irish Medical Organisation. The Committee requested that data on staff experiences be presented at the next Committee meeting.

The Committee discussed the performance data on urgent colonoscopies in February 2022, noting breaches in the Saolta University HealthCare Group had reduced following the commencement of an Improvement Plan. The Hospital Group has committed to delivering full compliance by end of Quarter 1 2022.

In response to the discussion on performance in relation to Symptomatic Breast Services, where five of the nine hospitals met the target with one hospital marginally below the target, and three of the hospitals below the target of 95%, the Committee were informed that improvement plans have been received from the Groups in relation to Cork UH, Mater MUH, St James's Hospital and Galway University Hospital and are currently under review by Acute Operations and the NCCP and engagements are planned with the relevant Groups to agree implementation requirements.

5.2 Community Services:

The ND Community Operations (CO) noted the overall performance of community services had been stabilising. However, Covid-19 is again impacting adversely across the system with significant staff absences and very high numbers of outbreaks in Residential Care facilities. Private residential facilities again are seeking staffing and support from CHOs and this is providing an additional challenge where CHOs are already trying to manage significant staff absences and outbreaks in HSE facilities.

The ND CO briefed the Committee on a number of waiting list initiatives being progressed in community services to help people access the care and support that they need as soon as possible.

Waiting list initiatives have been approved with resources secured for children and young people assessed as Grade IV waiting for orthodontic treatment for more than 4 years in Quarter 1 2022 and the children waiting for primary care psychology for more than 12 months in Quarter 1 2022. A further two initiatives related to CAMHS and Primary Care Counselling services were approved recently and these will commence as soon as possible. In addition to these, the Project Group are designing a pipeline of further waiting list initiatives which are in design and approval stages.

The Committee considered the pressures and demands for the health sector and social inclusion services the current humanitarian crisis has brought. The Committee discussed the response by the HSE to the risks of mental health and psychosocial deterioration as people face traumatic events and stress from acute conflict. The Committee were informed social inclusion services in Ireland are seeing high demand to provide care for those who have fled Ukraine with physical injuries and mental trauma and people with chronic conditions, whose care has been disrupted because of the conflict.

The Committee discussed the impact on system capacity arising from the Maskey Report, which looked into certain issues in the care received by children and young people at South Kerry Child and Adolescent Mental Health Services and the recent High Court Ruling on Assessment of Need in disability services. It was noted that the scale of impact on planned delivery/improvement cannot be indicated currently but it is expected to have some implications. It was also reported that the impact of the restoration of the Haddington Road Agreement hours may be significant.

In relation to National Screening Services, the Committee received an update on CervicalCheck screenings and waiting times noting the service is now operating normally issuing invitations and reminder letters when due.

6. Corporate Risk Register (CRR)

The Committee considered the extract of the HSE Corporate Risks for Q1 2022 that had been circulated prior to the meeting which provided the risk assessments and status update on the controls and actions recommended to mitigate each of the risks on the Corporate Risk Register where the P&D has oversight, namely of Access to Care (Risk 4), Digital environment and cyber failure (Risk 11) and Sustainability of disability services (Risk 15).

The Committee discussed the risk appetite, risk rating and the risk controls and critical actions recommended to manage each of the 3 risks.

The CRO noted that the revised CRR was approved by the EMT on 8 March 2022 and subsequently considered by the Audit and Risk Committee (ARC) at its March 2022 meeting. General feedback on

the Register has been provided by the ARC to each EMT member. This feedback will be considered as part of the Q2 2022 CRR review

The CRO highlighted some of the new features in this revised CRR report including, linking risks to the HSE's Risk Appetite articulated by the Board in November 2021, inclusion of a target risk rating which is set at the levels included in the Risk Appetite Statement, linking corporate risks to the strategic objectives set out in the HSE Corporate Plan 2021 – 2024 and also identifying the 'owners' of the risk controls.

The CRO and COO will agree with the Committee Chairperson / Secretariat a schedule for in depth consideration of each if the risks assigned to the Committee for monitoring and oversight.

7. AOB

The Committee held a private session to debrief post meeting.

The meeting concluded at 11:45am

Signed: 
Tim Hynes
Chairperson

Date 20th May 2022