



Minutes of HSE Board Meeting

Friday 26 April 2024

A meeting of the Board of the Health Service Executive was held on Friday 26 April 2024 at 9:00am, via videoconference.

Present: Mr Ciarán Devane (Chairperson), Prof Deirdre Madden (Deputy Chairperson), Dr Yvonne Traynor, Mr Brendan Whelan, Mr Aogán Ó Fearghaíl, Mr Fergus Finlay, Mr Tim Hynes, Dr Sarah McLoughlin, Ms Anne Carrigy, Prof Fergus O’Kelly, Ms Michelle O’Sullivan and Mr Matt Walsh

In Attendance for Board Meeting:

Mr Bernard Gloster (CEO), Ms Niamh Doody (Executive Business Manager), Mr Dara Purcell (Corporate Secretary), Ms Niamh Drew (Deputy Corporate Secretary), Ms Patricia Perry (Office of the Board)

Joined the meeting:

Dr Andy Philips (REO South East), Ms Kate Killen White (REO Dublin & Midlands), Ms Sara Long (REO Dublin & North East), Mr Tony Canavan (REO West & North West), Ms Sandra Broderick (REO Mid West), Mr Stephen Mulvany (Chief Financial Officer), Mr Damien McCallion (Chief Operations Officer), Mr Patrick Lynch (A/Chief Strategy Officer), Mr Mark Brennock (ND Communications), Dr Colm Henry (Chief Clinical Officer), Mr John Ward (CTTO), Ms Grace Rothwell (ND Acute Operations), Mr David Walsh (ND Community Operations), Ms Miin Alikhan (AND Strategic Planning and Reporting)

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. Board Members Private Discussion

The Chairperson welcomed members to the meeting and provided an update to the Board during their private session on several matters.

2. Governance and Administration

2.1 Declarations of Interest

No conflicts of interest were declared.



2.2 Chairperson's Remarks

The Chairperson updated the Board on the engagement he had with the Acting CSO to discuss the development of the new HSE Corporate Plan. It was agreed that a review of achievements made on the previous plan and a discussion on the development of the new Corporate Plan will take place at the May and June Board meetings.

The Board were informed of a review undertaken by the HSE into concerns made by 4 Patient advocates and welcomed the recommendations being implemented to ensure frameworks for decision-making with advocacy groups are clearly articulated, documented and transparent.

The Board noted the arrangement in place for Acting CEO while the CEO is on planned annual leave.

2.3 Ministerial Correspondence

The Board noted correspondence received relating to:

- Letter to Minister for Health re Implementation Plan, National Taskforce on the NCHD Workforce Recommendations dated 27 March 2024
- Letter to Minister for Health re Health Performance Visualisation Platform (HPVP) system dated 15 April 2024
- Letter from Minister for Health re 2024 Revised Approved Level of Expenditure dated 15 April 2024

2.4 Minutes of Board meeting

The Board approved the minutes of the Board meeting of 27 March 2024.

3. Chief Executive Officer

CEO, Executive Business Manager and REOs joined the meeting

3.1 CEO Report

The Chair welcomed the CEO and Regional Executive Officers (REO's) to the meeting and the CEO Report was taken as read. The CEO reported to the Board on a number of the key significant areas as set out in the report relating to operational matters, strategic objectives, ministerial priorities and organisational change.

Discussions were held on the following aspects of the report:



Improve scheduled care to enable more timely access and reduce the number of people waiting for services

The Board welcomed the publication of the Waiting List Action Plan 2024 by the Minister on Wednesday 27 March 2024, noting the Minister has requested a specific focus to achieve significant improvement in 2024 on implementation of Patient Initiated Reviews (PIR) for all specialties, where clinically appropriate; use of central referrals for all specialties in all Hospital Groups; and Utilisation of new consultants and the new consultant contract to deploy extra clinics and maximise the use of clinic infrastructure for late evenings and on Saturdays.

The CEO highlighted that scheduled care has come under pressure from the demands faced in unscheduled care and that there has been a waiting list growth of over 28k, for the first 16 weeks of 2024. He noted that this is closely aligned with the targets set out in the Waiting List Action Plan. It was also noted that while there has been an additional 6% in referrals onto the waiting list, compared with 2023, there has been 4.3% additional removals from waiting lists in the same period. The average wait time remains consistent at 7.4 months, but the CEO cautioned that there may be slippage this year as the rate of additions is expected to be approximately 5% higher than experienced in 2023.

He highlighted that long waiters have reduced by 9k year to date, with 25k remaining and there are several specialties which remain a challenge within these group of patients waiting.

The Board discussed the challenges from the aftermath of the COVID-19 pandemic, emergency department pressures and other operational factors, including recruitment. The Board noted that despite these challenges many individual hospitals have delivered reductions in both their waiting lists and waiting times and welcomed the work underway to replicate this positive performance across the entire hospital system including with Voluntary hospitals.

Reform and Performance in respect of Disability Services

The Board welcomed the establishment of a dedicated Cabinet Committee on CED (Children Education Disability), to bring further focus to addressing some of the challenges in the Disability sector. The CEO informed the Board that he is engaged in discussions with Departments of An Taoiseach, DCEDIY and Education as there are many challenges in this area including waiting times for an Assessment of Need (AON). He noted that progress has been made in recruitment of Children's Disability Network Teams (CDNT's) but remains concerned in the level of need required. It was agreed that the CEO would present further on reform and performance in respect of Disability Services at the Board May meeting.



Manage the COVID-19 pandemic while delivering health services safely to the public

The Board were informed that the seasonal booster for COVID-19 has now commenced. The CEO provided the Board with a high-level overview of long COVID noting that, long COVID is a new clinical entity, characterised by a wide variety of symptoms, for which there is currently no evidence-based treatment. It is the subject of ongoing research both in Ireland and internationally and the HSE responded to the need by establishing clinics nationally to support this newly emerging condition.

Urgent and Emergency Care (UEC)

The CEO provided an overview of how improvements are being managed to address the upward trends with consistent growth within emergency departments. The CEO confirmed that while seeing improvements in several areas there remains challenges, but a high volume of work is being carried out and good progress is being made.

The Board queried if there was a national focus on hospital site that weren't performing and plans to grow and build trust and confidence in these areas. The CEO noted the operational dimension at individual hospital / CHO level is now switching from the HG CEO to REO. The national focus will now be with the revised Centre performing the planning, enabling, performance management and assurance in respect of many functions. This is due to commence with Unscheduled Care this May Bank holiday weekend.

The CEO also briefed the Board on implementation of the new consultant contracts. It was agreed that the CEO would revert in three months to the Board with data on the progress and impact of the changes made including data on the increased number of outpatient clinics now being run; comparisons across regions and hospitals; and the impact on the waiting lists.

University Hospital Limerick (UHL)

An update was provided to the Board on UHL performance. The CEO informed the Board that following receipt of the report currently being prepared by former Chief Justice Frank Clarke and a review of the transcripts from the inquest into Ms Aoife Johnston's death he would revert to the Board.

Patient Safety Protocol

The Board was informed that the CCO continues to receive updates on the independent review into matters regarding spinal surgery at CHI and the final report is due in May. The CEO noted he is considering the wider governance aspects between CHI and HSE. In particular the operation of the



SLA, the commissioning of the new hospital; access, particularly for spinal surgery and the matters being addressed by the CCO commissioned review are being considered.

The Board noted that the Minister for Health had established a Paediatric Spinal Taskforce with Mark Connaughton SC as the independent Chairperson. The Board welcomed the establishment of this multi-stakeholder taskforce to drive improvements and enable all stakeholders to contribute to the improvement and development of paediatric spinal services. The Board welcomed the range of stakeholders represented on the Taskforce which will bring expertise, experience, and patient user perspectives to this important work.

Measles

Noting that there was a lower than expected uptake on this campaign, the CEO informed the Board that he is awaiting a full report which will be brought to the Safety and Quality Committee for discussion and then submitted to the Board.

Employment Control & Industrial Relations

The CEO confirmed that he is awaiting Departmental approval for the Pay and Numbers Strategy and that he anticipated receiving the development posts for 2024 shortly. An update will be provided to the People and Culture Committee and the Board when finalised.

Navan Hospital

The CEO confirmed that he had received the first report from the group charged with addressing matters in respect of Navan Hospital / Northeast and that he is consulting with the Department on this. He will advise the Board further at the May Board meeting.

3.2 Board Strategic Scorecard

Reviewing the Board Strategic Scorecard (BSS), the CEO informed the Board that the April 2024 BSS reports on February 2024 KPI data and includes the most current progress update of key deliverables across all 19 scorecards at the time of reporting. The CEO confirmed that the BSS is showing improvements and five of the Scorecards reported an upgrade in their rating. He also noted that in the context of the new Centre Structure, commencing in June, it is anticipated that there will be further separation of reporting data for Executive, Operational and Strategic Performance.

The Board considered the BSS presented and provided feedback relating to a number of Scorecards.



The Board approved the BSS for April 2024, reflecting February 2024 data, for submission to the Minister for Health, and a copy to be sent to the Department of Children, Equality, Disability, Integration and Youth.

4. Committees of the Board Briefings

4.1 Audit and Risk Committee

The minutes of the Committee meeting of 22 March 2024 were noted.

The Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 12 April 2024 as follows.

The Committee were provided with an update from the Deputy Director, Comptroller & Auditor General (C&AG) on the progress to date of the audit for the year ended 31 December 2023 and discussed the matters that may be included in the audit cert.

The Committee received updates in relation to YTD Expenditure and the Health Budget Oversight Group, and the Chair highlighted the Committee's concerns relating to the insufficient information provided on the YTD financial condition at this stage in the year, noting that it does not facilitate good financial governance. It was noted that this was due to the Fórsa industrial action, and the Finance team have worked hard since the end of the dispute to complete the 4 month ends to close out 2023, and that the March 2024 Results with the Q1 commentary will be available for the Committee's May 2024 meeting.

The Committee received an update with regard to the Procurement Compliance Self-Assessment returns for 2023 noting that 88% declared compliant.

The Committee had considered the detail of proposed contracts and properties, and recommended approval to the Board.

The Committee discussed Service Arrangements (SA) between the HSE and its voluntary organisation partners funded under Section 38 and Section 39 including the issue of the increasing reluctance of a small number of larger Agencies to sign-up to a SA, which is an ongoing concern. The Committee welcomed the work each year by service managers in terms of attempting to get all SAs completed

The Committee were provided with updates in relation to the HSE Management of Fraud & Corruption Policy; and the Implementation of the Healthcare Records Retention Policy.



The Committee discussed the review of the current resourcing model for the provision of legal services in the HSE, which had been commissioned by the Committee. The Committee were provided with a detailed summary of the findings of the Review which related to resources, capabilities, output and benchmarking. The Committee noted some recommendations in the report which were eminently sensible and should be pursued, but had some concerns with other recommendations, and requested management to consider further what is the best overall strategy for the provision of legal services. The CEO advised the Board that the report will be considered by the Productivity Unit.

The Committee considered and welcomed the Corporate Risk Register (CRR) 2024, and recommended it to the Board for approval.

The Committee were provided with an update in relation to the National Maternity Hospital at St Vincent's University Hospital (NMH at SVUH) Programme and noted the status of key activities ongoing. The Board discussed the tendering process, the readiness to commence the main construction works, and the Programme Governance Mobilisation including the HSE role and the establishment of a new Programme Board, and it was agreed that a Board Strategic Focus would take place at a Board meeting in the coming months.

The Committee noted the Internal Audit Monthly report update and welcomed the Access and Cooperation Escalation Protocol, which is designed to address the risk of delay in completing planned audits.

4.2 Safety and Quality Committee

The minutes of the Committee meeting of 14 March 2024 and the Quality profile from the February data cycle were noted.

The Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 18 April 2024.

The monthly Chief Clinical Officer's report was presented to the Committee, which included a briefing on the DOH 7th National Healthcare Quality Reporting System Report 2021/2022 which highlighted where Ireland does well and where there is further work needed.

The Committee noted the key findings of the National Screening Service (NSS) Cervical Check Programme Report 2020-2022, which showed high numbers of women screened and young women



showing high engagement with the programme. The Committee advised the CCO that it would be useful and important to include patient feedback as part of these reports in future.

The Committee also noted the HSE's first national TB Strategy: Striving to End Tuberculosis – A Strategy for Ireland 2024 – 2030.

The Committee were updated with regard to the HSE Commissioned Independent Review of Paediatric Orthopaedic Surgery Service at CHI and Dublin Hospitals, with the first phase of the review, the risk assessment, expected in May 2024. The Committee advised the importance of being able to demonstrate continuity of care to the public and that surgeries are being carried out while this review is underway.

The Committee noted that a Clinical Lead to develop an updated clinical model of care for gender healthcare services has been appointed, and were updated on the National Doctors Training Programme – Medical Workforce.

An update on the proposed clinical governance operating model for the Health Regions was provided to the Committee and it was noted that the current form of the model is a management structure and its implementation will involve patient representatives.

The Committee was presented with research findings commissioned by NQPSD, the purpose of which was to ascertain patient/service user experience concerning open disclosure and perceptions of what's important in shaping the patient experience of open disclosure, and discussed a possible need for culture change around open disclosure within the HSE.

The Open Disclosure Annual Report 2023 was presented to the Committee and a summary of key developments was noted, the Committee expressed its continued support for the implementation of the Open Disclosure Programme.

The Committee were presented on the work of the new National Simulation Office (NSO) and were advised that as new structures are developed in the Health Regions, there is potential for simulation to support the transformation of healthcare, improve patient safety, and the quality of care.

The Committee were provided an overview of the 'Fiona' Report, which outlined the NIRP review into the care provided by the HSE to a young woman known as Fiona, and discussed the potential for learnings from the Report.



4.3 Planning and Performance Committee

The minutes of the Committee meeting of 16 February 2024 were noted.

In the absence of the Committee Chair, Committee member Brendan Whelan provided a verbal report on the matters considered at the Committee meeting that took place on 19 April 2024.

The Committee received an update on current HSE media coverage, particularly in relation to good news stories, the tone of voice in media channels, and integration between regional and national communications.

The Committee were presented with the monthly COO Performance Report and Performance Profile (February Data), and noted that the Regional performance meetings had commenced.

Key strategic and operational updates were provided to the Committee with a particular focus on Scheduled Care, Urgent and Emergency Care, Cancer Services, *National Radiology Review Steering Group and Working Group* and Therapy Waiting Lists.

In relation to Therapy Waiting Lists, the Committee discussed the functioning of the current KPIs, and queried the mapping of the Health Regions and whether they are effectively aligned with the Children's Disability Network Teams (CDNTs).

The Committee were presented with an overview of the Multiannual Urgent and Emergency Care (UEC) Plan 2024-2026; and the Urgent and Emergency Operational Plan 2024, and expressed its full support for the development of the multi-year plan and provided feedback on the draft. The Committee discussed delayed transfers of care were discussed and patient flow was highlighted as an area requiring focus.

The Committee were presented with the new Corporate Risk Register (CRR), and there was general agreement that the revision delivered a better document which will be more useful going forward.

The Committee considered the content of the draft HSE Annual Report 2023, and highlighted the need to emphasise patient involvement along with the theme of reform and commitment to improvement and made final suggestions which are incorporated as part of the Chairperson's statements. B Whelan noted that the Annual Report 2023 was being presented to the Board later in the meeting.



4.4 Technology and Transformation Committee

The Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 17 April 2024.

The Committee were provided with an update on the implementation of the HSE Prioritisation Framework for Transformation and noted that during 2023 the Framework was used as a support tool to identify priority service developments in preparing the National Service Plan 2024.

The Committee were advised that under the new HSE Structures, an Organisational Change Unit will be developed which will have responsibility for driving organisation wide transformational programmes, and discussed the key role that the new HSE Corporate Plan will play in the upcoming transformation process.

Board member Professor Deirdre Madden left the meeting.

5. Reserved Functions of the Board

5.1 Contracts and Properties

The CEO presented to the Board the following papers which were recommended by the ARC for approval, to which the Board considered and approved.

- i. Single-Supplier Framework Contract(s) for the Supply of Cleaning and Paper Hygiene Products **Board Decision No.: 260424/14**
- ii. Multi-Supplier Panels for the provision of short-term temporary and locum agency Health & Social Care Professionals and Health Care Assistants **Board Decision No.: 260424/15**
- iii. Contract Award for a Managed Laboratory Service for the New Children's Hospital **Board Decision No.: 260424/16**

CEO left the meeting

5.2 Corporate Risk Register 2024

The CSO presented the Corporate Risk Register (CRR) 2024, which has been developed following significant engagement with the ARC, Board Committee Chairs, EMT, Corporate Risk Support Team members and with relevant Subject Matter Experts.

The Board welcomed the CRR 2024 which marks a fundamental change to the way corporate risks are recorded and reported, and noted that the CRR is a dynamic document and that the format will



require further refinement, and that the CRR Q1 2024 will be brought to the May ARC meeting, who will continue to review the CRR each Quarter.

The Board approved the Corporate Risk Register 2024 and Board members requested that they be included in discussions relating to clinical risk. **Board Decision No.: 260424/17**

5.3 HSE Annual Report 2023

The CSO presented to the Board for consideration and approval the final draft of the HSE Annual Report 2023, which had been recommended by the EMT and presented and endorsed by the Planning & Performance Committee at their meeting on 19 April 2024.

The Board considered the content of the draft Annual Report 2023 and it was agreed that a further paragraph would be included in the Chair's Statement relating to the commitment to improvement and lessons learned.

The Board noted the outlined timeline for finalisation of the Annual Report and that while every effort is made to synchronise the timing of the Annual Report and the Annual Financial Statements (AFS), the submission and publication of the AFS is entirely dependent on sign-off by the Comptroller and Auditor General (C&AG). The timing of the AFS submission is not legislatively required as in the case of the Annual Report, the AFS continue to be audited by the C&AG and it is expected these will be brought back for final approval by the Board in May.

Board members adopted the HSE Annual Report 2023, and noted that it may be subject to required editorial amendments during the design and layout process. **Board Decision No.: 260424/18**

Fergus Finlay, CSO and Miin Alikhan left the meeting

6. Board Strategic Focus

6.1 Productivity and Savings

The CFO and COO presented the Board Strategic Focus paper on the Savings element of the Productivity and Savings Taskforce Action Plan, to the Board for discussion.

The Board noted that the paper relates to the 2024 high-level non-pay savings strategy for the HSE which was endorsed by the Productivity and Savings Taskforce, established by the Minister for Health and jointly chaired by the Secretary General of the DoH and the CEO. The Taskforce's action plan was recently approved by the Minister for Health, published by the DoH, and previously circulated to the Board.



The action plan covers both savings and productivity measures, and savings encompassing both pay related savings (Pay and Numbers Strategy) and non-pay related savings, covered by the Non-Pay Strategy, which was the specific focus for discussion at the meeting.

The CFO advised that the key driver is the requirement to enable services to operate within the available 2024 non-pay budget or as close to same as possible, to limit the level of reliance on supplementary funding support in 2024, as outlined in the NSP 2024 approved by the Ministers for Health and Children, Equality, Disability, Integration and Youth.

The Board noted the key objective for 2024 is to increase service activity and improve access for patients and other service users, while strengthening financial management, including in regard to pay and staffing. It was highlighted that savings targets are not to be delivered by cuts to services, and that improvements in productivity, reductions in excess purchase / utilisation / wastage, along with avoiding further price increases or seeking price reductions where feasible was required. Each service area, at the direction of and within the flexibility of any decisions of the REOs (or National Director where relevant) in 2024, must operate within these positions while absorbing the typical level of increases in costs expected during the year.

The Board noted that the 2024 Non-Pay Strategy had been discussed with the EMT and SLT and that the CEO issued commencement memos to the operational system via, the REOs and other members of the EMT. The Board welcomed that the operation of the Strategy will be kept under review by the CEO and the REOs with the support of the CFO and members of the SLT, and that the area of Disability services is to be finalised, with ongoing engagement with the DCEDIY.

The Board welcomed the Productivity and Savings Taskforce Action Plan and discussed areas that are critical for delivering on productivity and savings improvements such as ICT solutions including the Electronic Health Records (EHR), Health Performance Visualisation Platform (HPVP), Agency and overtime reduction.

7. Any Other Business and Close

There was no further business. The meeting concluded at 2.55pm

Signed: Ciarán Devane
Chairperson

Date: 29th May 2024