



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 23 September 2022 at 9.00am via video conference.

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

HSE Executive Attendance: Damien Mc Callion (COO), Dean Sullivan (CSO), Stephen Mulvany (CFO), Mary Day (ND Acutes), Maurice Farnan (AND Community Operations), Miin Alikhan (AND Planning and Reporting), Joe Ryan (ND Operational Performance and Integration) Orla Treacy (Operational Performance and Integration), Dara Purcell (Secretary), Patricia Perry.

2. Governance and Administration

The Chairman welcomed the Committee members to the meeting. 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.

The Committee held a discussion in relation to its Terms of Reference of the Committee, which will be circulated to members for discussion at the next meeting.

The Committee discussed and agreed the following approach to its work:

- Work programmes should be structured to reflect operations in both Community and Acute Services based on the levels of expenditure.
- The Committee's programme, should include updates in relation to strategic HSE communication / media matters, and reports or reviews from relevant regulatory bodies, and refer any items to the appropriate Committee.
- Issue invitations to advocates/advocacy bodies to present to the Committee, that will be impactful and with the potential of building two-way relationships, and inviting Board members who may wish to attend.
- The Committee also agreed to strengthen the Committee, in terms of its external membership, to include a member or members who have expertise in analysing and interpreting data, and performance delivery.

2.2 Declarations of Interest

No conflicts of interest were declared.



2.3 Approval of Minutes

The Committee approved the minutes subject to changes being made based on feedback from the meeting. Amendments included were:

- Minutes of 22 July 2022: 'The diagnostic review being carried out by Prof Risteard O'Laoide on **cancer services** to be provided to the Committee'.
- Minutes of 30 August 2022: *The Committee discussed challenges relating to staff recruitment and retention; **the pace and approach for the implementation of Regional Health Areas and also the need for a strategic focus that delivers transformational change; and national strategies.***

It was agreed that the updated minutes would be circulated to the Committee.

3. Performance Oversight

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

3.1 Operational Service Report – June 2022 & July 2022

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

The COO presented to the Committee the key messages from the Operational Services Report noting that the acute services has continued to be impacted with Covid 19 with numbers increasing through June and July.

The Committee were informed that the data indicated that attendances at emergency departments in July 2022 were higher than pre-COVID levels, and the percentage of patients aged 75+ years seen within 24 hours in July 2022, was lower than July 2019. A key priority is to support the compliance with the NSP target for patients aged 75+ years being seen within 24 hours.

The COO advised the Committee that HIQA are due to conclude their reports in relation to Cork University Hospital and University Hospital Galway. There are site visits planned for Sligo and Kerry this week and further visits planned for Cavan and Tullamore. He advised that the ND OPI have been working on a long term improvement plan and Winter plan for each site and that a meeting is planned with the CEO of HIQA. The Committee noted that there have been 29 improvement plans per hospital site which are aligned with Safer Better Healthcare (SBHC) standards and have been submitted to the DoH.

The Committee reviewed the data in relation to Scheduled Care and noted the performance against NSP targets in relation to Waiting Times and the numbers waiting at the end of July 2022 for Inpatient Day Case, Outpatient and Urgent Colonoscopy Breaches which have all been impacted with the high rate of Covid 19 as set out in the report. The Committee noted that 88 of the breaches in July 2022 took place in the Saolta University HealthCare Group and that the Group is implementing an improvement plan which includes the use of private sector capacity, mobile endoscopy units, and a dynamic purchasing agreement that enables the use of external



resources in public hospitals, out of hours and at weekends.

The Committee discussed the performance data in relation to Cancer Services and noted that improvement plans which have been received from relevant hospitals in relation to Symptomatic Breast and Prostate Cancer are currently under review by Acute Operations and the NCCP. Engagement is ongoing with the relevant Hospital Groups and hospitals to agree implementation requirements.

The Committee considered the report in relation to Healthcare Associated Infections (HCAI) and noted that cases were rising. The Committee were informed that the HSE have established a governance structure and arrangements for Antimicrobial Resistance and Infection Control, and the cause of this increase is discussed at the monthly operational performance management and NPOG meetings.

A discussion took place in relation to the Acute Services and Community Services Capacity, and the prior DoH Capacity Review completed by PA Consulting and requirement for HSE to be able to quantify capacity requirements and related staffing requirements. It was advised that the DoH would need to initiate this but the HSE can assist. The Committee agreed to suggest to the Board that an initiative be undertaken within the HSE to establish the bed capacity requirement accurately and to begin to engage with public policy in the wider sense to develop a strategic approach.

The AND Community Operations provided an update to the Committee in relation to Waiting List Initiatives Community Services. The Committee discussed the challenges and constraints in designing and implementing waiting list initiatives including the ongoing new demand for services, internal workforce availability, competing with private or small practice organisations when attempting to recruit, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services. The Committee noted that a project group has been established of national clinical leads and operational community leaders to oversee work for a number of initiatives that are both clinically high priority as well as being operationally achievable within current constraints. The Committee noted the progress for these initiatives underway including orthodontic treatment, primary care child psychology, Counselling in Primary Care Services, and CAMHS initiatives.

A discussion took place in relation to CAMHS and it was noted in the minutes of NPOG that the performance against target is reducing for referrals seen and those offered a first appointment and seen within 12 weeks. The Committee noted that the CAMHS team will be presenting to the Quality and Patient Safety Committee next month and the Performance & Delivery Committee will consider the performance on mental health services further at their meeting in October.



In relation to Progressing a Disability Services Roadmap the COO spoke of the model that is being progressed, where one-third of special schools will get HSCP staff but the staff will remain part of the community teams, which will be a positive result, as staff are available for longer hours. The COO was requested to bring the roadmap to the Committee for consideration when completed.

Progress with Assessment of Need (AON) cases was discussed. The Committee were advised that challenges will remain for the remainder of 2022 due to a recent court ruling and the inability to recruit staff. It was noted that the AON operating protocol is being redrafted at present as a result of the court ruling.

The Committee discussed the use of language and labeling within HSE reports, and highlighted an example that was mentioned in the report, the term “long waiter”. The Committee also suggested words like child, person, person with a disability, be used rather than generic terms in all discussions and reports. The COO agreed that this would be reviewed.

The Committee discussed vaccination campaigns relating to Covid 19 and the Winter Flu. The Committee were advised that Covid 19 screening and vaccination rates were slow, but there was some improvement in the at risk groups, and in relation to the Winter Flu Vaccine Rollout, it was confirmed that implementation will commence next week, and there will be a promotional campaign planned for the uptake for both vaccines for the winter.

In response to a discussion on the issue of visiting policy for family and carers in healthcare settings it was agreed that the COO would engage with the CCO and provide an update to the Committee on policy and local implementation at the next meeting.

4. NSP Planning and Estimate Process

The CSO presented to the Committee for their consideration the proposed outline of the Planning Process for the National Service Plan (NSP) 2023.

He advised the Committee that he has been informed that there will be 1 Letter of Determination (LOD) submitted from the DoH and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) which will be received within 21 days of Budget Day of 27 September, and in line with legislation, the NSP will need to be updated and finalised within a further 21 days of receipt of the Letter of Determination.



The Committee discussed the proposed outline of the NSP and welcomed various sections relating to including a wider strategic context on informing planning and activities; the key health and social care delivery priorities and actions to strengthen access and continuous improvement for a coordinated, high-quality system and key strategic enablers to optimize front-line care delivery while future-proofing our system. It was agreed that the terminology in some parts of the document would need to be reviewed, for example where it refers to “healthcare consumer” and “our citizens”.

The Committee discussed with the CSO and CFO the deficit and the impact on service level planning. The CSO advised the Committee that the deficit figure for 2022 is improving.

The Chair and Committee agreed with the proposed outline of the Planning Process for the National Service Plan (NSP) 2023, and that issues relating to the NSP would be discussed in the coming months.

5. Committee Focus Area

5.1 Older Persons – Enhancing and integrating service for older persons

AND Community Operations advised the Committee that he was presenting this item on behalf of Sandra Broderick, Assistant National Director, Services for Older People, who is on leave at present. The Committee sent their best wishes to Ms Broderick.

The AND Community Operations provided to the Committee a comprehensive overview of the Older Persons Service, covering all work streams sitting within the Older Persons Operations unit and highlighted challenges faced by the unit with regards to delivering on target KPIs and relevant projects. The report placed key emphasis on some of the major challenges being faced by the unit which included:

- Cost of Care in Community Nursing Units;
- Delivery of the 2022 Home Support Tender;
- Delivery of Home Support Services; and
- Delivery of the Community Support Teams.

He outlined to the Committee a number of challenges in relation to the provision of services for Older People, to which the Committee discussed including Demographic pressures, Environmental Challenges and Operational Challenges.

The Committee held a discussion relating to recruitment and retention of staff; Public versus Private Provision; Assisting Living Facilities; Support for Health & Wellbeing ; Support for Volunteers; cost of care, and the voice of the person who requires the services.



It was agreed that feedback from the Committee be taken into future work including the inclusion of service user representation/patient engagement in planning and the delivery of services; and alternative financial model similar to the to work ongoing in the disability services. The Committee is to propose to the Board at their next meeting, to consider championing a cross-sectoral approach to build awareness and support development and progression of key issues relating to older persons services.

6. Corporate Risk Register

6.1 CRR 04 Access to Care

The COO 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 reviewed with the COO the actions in place to mitigate the impact of this risk, and discussed the issues relating to the areas of CAMHS, Disability services and Acutes, and the issue of recruitment and retention of staff.

It was again noted that CAMHS and disability services are the two areas of concern, stating the performance and staffing remains a worry. However, as set out in the report, there are also performance challenges including in a number primary care therapy services.

The Committee discussed the use of private hospital capacity as per Safety Net 4 Agreement 2022, and queried the plan going forward as the agreement terminated end of June 2022. The COO advised the Committee that ND AO has been in contact with hospitals and a process for a successor to the agreement is underway.

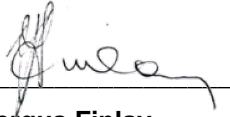
The Committee discussed the service model Pathfinder under the National Ambulance Service, the Committee noted that this was a very valuable service and received an update from the COO in relation to this service being utilized more, and if this service model was planned to be replicated in other sites, he advised the Committee that the National Ambulance Services has developed a 10 year strategy, which will have an emphasis on the continued development of alternative care pathways, specialist paramedic roles and progress towards meeting capacity and organisational development improvements.

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



7. AOB

No matters arose. The meeting ended at 12.35pm and the Committee members held a private discussion.

Signed: 
Fergus Finlay
Chairperson

18 November 2022

Date