



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on 22 July 2022 at 08:00am via video conference.

Committee Members Present: Mr. Tim Hynes (Chair), Mr. Fergus Finlay, Mr. Brendan Whelan, Dr Sarah Barry, Dr Sarah McLoughlin, Lt Col Louis Flynn, Ms Anne Carrigy

HSE Executive Attendance: Mr Damien Mc Callion (COO), Mr. Dean Sullivan (CSO), Mr. Stephen Mulvany (CFO), Mr. Patrick Lynch (ND Gov & Risk), Mr. Dara Purcell (Corporate Secretary), Ms. Niamh Drew, Ms June Robinson

Joined the meeting: Ms. Orla Treacy (Operational Performance & Integration) Ms Yvonne O Neill (ND Community Operations), Mr Liam Woods (ND Acute Operations), Dr Philip Crowley (ND Strategy & Research)

2 Governance and Administration

2.1 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.

2.2 Declarations of Interest

No conflicts of interest were declared.

2.3 Approval of Minutes

The following minutes were approved by the Committee,

- 24 June 2022

The Chair informed the Committee that member Lt Col Louis Flynn is stepping down from the Committee. On behalf of the Committee the Chair thanked him for his time and commitment to the Committee over the last number of years.

EMT joined the meeting



Committee Matters

The Chair welcomed Damien McCallion as the interim Chief Operations Officer (COO) to the meeting. The Committee held a discussion on the role of the committee in the context of the new Board Committee for Technology and Transformation. It was agreed the core focus of this Committee will continue to be to review performance achievements as reported in the Operational Services report. Each meeting will have a specific focus on an aspect of operational performance as set out in the workplan. The need to improve how management information is reported to the Committee will be discussed with the COO and considered further at the October Committee meeting.

3. Performance Oversight

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

The Committee asked the new interim COO for his overview for the first two weeks within the role. The COO informed the Committee that his immediate priority will be finalising and implementation of the Winter Plan. Overall the performance of community services has been stabilising however remains challenged in a number of service areas. 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. 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. He highlighted that there remains a lot of work in the area of disabilities and mental health as these services remain under severe pressure. In relation to Acute services the COO reported that activity year to date has been significantly impacted by the surge in COVID cases (OMICRON). Work will remain focused on capacity and waiting lists including ensure the full operationalisation (including capital and staffing) of additional bed capacity and reform of scheduled care by progressing the Scheduled Care Transformation Programme to achieve NSP 2022 targets.

The May 2022 Operational Service Report, Performance Profile, National Performance Oversight Group Meeting Notes of 6 July 2022 and the PMO – Winter NSP 2021-22 Reports circulated prior to the meeting were noted.

The Committee reviewed the key performance messages in the Operational Services Report (OSR) the COO provided updates and briefings on cancer services, Ukraine, child health, assessment of need, mental health and the increase in referrals.



ND Acute Operations provided an update with regards to scheduled and unscheduled care noting that the issue of homecare is challenging and continues to impact on services provided.

The Committee queried when it is expected to see a roadmap for the programme **Progressing Disability Services for children** and the ND Community Operations informed them that a draft has been submitted to the Minister which will be circulated to the Committee.

The Committee were informed that with regards to Testing, Tracing and Vaccination Programme the KPIs over May 2022 remain consistent with March and April 2022 and are all on target. The Committee noted this however sought discussion with regards to the retention for retaining covid funding in 2023.

The Committee discussed Child Health Screening and it was noted that the underlying performance of the metric continues to improve, the actions taken to date to improve the performance include, additional administration support to alleviate the pressure on the public health nurses and allow them to prioritise the screenings. However, it was noted that the difficulty in recruiting and retaining public health nurses is a challenge to the programme. The Chair agreed to discuss recruitment and retention of public health nurses further with the Chair of the People and Culture Committee.

The ND Community Operations informed the committee that with regards to Therapy waiting lists there are a number of challenges and constraints facing Community Operations in designing and implementing waiting list initiatives including the ongoing new demand for services (referral increases) internal workforce availability, competing for staff with private or small practice organisations, limited information systems, the once-off nature of the funding and the minimal experience of private procurement for community-based services.

The Committee requested an update on the national roll out of Community Intervention Team (CITCs) and the ND Community Operations confirmed roll out. The Committee discussed the level of engagement with therapists in special schools.

ND Acute Operation provided an overview on Cancer Services highlighting concerns in UHG in relation to urgent Breast and UHC relating to Prostate. He informed the Committee that improvement plans have been received from both Hospitals. Acute Services and NCCP will review the two-improvement plan's and consider the practicality of the actions contained in the plans and decide the next steps for improving performance. The Committee noted concerns and the increasing complexity of cases reporting. It was also noted that factors that have impacted on performance include the cyber-attack in 2021 and COVID 19.



The Committee discussed performance in Diabetic Retina Screening. The COO acknowledged that there is a backlog in Diabetic Retina Screening but advised that they are running a Saturday clinic to address this. ND Acute Operations advised that Prof Ristead O' Laoide Director of the National Cancer Control Programme is currently conducting a diagnostic review, and this will be shared with the Committee when completed.

ND Acute Operations provided briefing on arrangements that have been put in place to support time critical surgery which may be impacted on due to the decreased capacity. The Committee acknowledged and supported the plan that has been put in place but noted concern that this is not a long-term strategy. ND Acute Operations advised that this is a plan only for the interim.

ND Acute Operations briefed the Committee on the escalation of unscheduled care at UHL. The COO confirmed that he has commissioned the Performance Monitoring and Improvement Unit (PMIU) to lead an intervention aimed at supporting the hospital and community services in driving a programme of work to respond more effectively to the current pressures. The intervention includes work with the UHL and CHO3 teams to put in place sustainable longer-term initiatives as part of the 3 Year USC Plan.

The Committee discussed the escalation processes and how to capture and transfer learnings across the system. The Committee requested that a briefing is prepared which sets out the issues that lead to the escalation of unscheduled care at UHL.

Actions Summary:

1. A briefing be provided to the Committee on plans to address the challenges in Disability Services and consideration of the proposed roadmap for the programme to Progress Disability Services for children.
2. The diagnostic review being carried out by Prof Ristead O'Laoide on cancer services to be provided to the Committee.
3. Briefing ref. escalation of unscheduled care at UHL to be presented at October Committee meeting.

4. NSP Planning and Estimate Process

The CSO and CFO provided an update on the planning and preparation of the Estimates and National Service Plan NSP 2023. The CFO noted that the NSP 2023 will need to specify and project the financial requirements or full cost of existing services (excluding COVID-19 services) will be for 2023, which is informed by the forecasting of expenditure to the end of 2022.



The CFO highlighted the focus on recruitment for the remainder of the year in order to ensure maximum progress on the delivery of the funded reforms as set out in the NSP 2022. He also advised that oversight is on full implementation of all strategic developments and service improvements funded in previous years, and to identify exceptional areas where targeted investments are required in 2023, and where there is an assured supply of the requisite staff categories.

The CSO informed the Committee that there has been significant engagement with senior management in setting out the new unified approach for the National Service Plan 2023.

Further to discussions in relation to the taking forward of the Estimates process and NSP for 2023, the CSO confirmed the key dates at which these issues will be considered by EMT, the Performance & Delivery Committee and the HSE Board is being finalised and will be circulated to the Committee/Board. The Committee Chair noted that additional meetings of the Committee will need to be scheduled in August/September for this purpose.

5. HSE Board Conti Cyber Attack Post Incident Review

The Chair advised members that the new Board Transformation and Technology (T&T) Committee is scheduled to meet for the first time after the P&D Committee meeting and that going forward the new Committee's responsibilities would include oversight of the Cyber/ ICT Work-stream within the wider Post Incident Review (PIR) Implementation Programme.

The Committee noted the DPER sanction had been received for the permanent CTTO and CISO posts and that given that these posts are critical transformation roles for the HSE that it is intended to seek and attract two individuals in a highly competitive international market. The Committee agreed that while sanction has been provided based on the job descriptions provided to the DOH and DPER and that no fundamental changes can now be made, a final review of the Job Descriptions should be undertaken by the Interim CTTO and CISO who have taken up the senior leadership roles in this transformation programme.

The Committee also noted that as these are very specialist posts, it will be necessary for the HSE to engage with the Public Appointment Service to ensure that a comprehensive



recruitment campaign, including an executive search, is in place to reach high calibre candidates.

The Committee held a discussion about how overall Board oversight of the wider implementation programme will be organised once the new T&T Committee is fully established. It was noted that currently, the Audit and Risk Committee (ARC) has oversight responsibility for Business Continuity Management, Data Protection and Legal Services and it was proposed that to maintain the integrity of Board oversight for the overall post implementation review (PIR) programme the Committee suggested that there needs to be clarity about responsibilities. The arrangements put in place should avoid duplication of responsibilities while at the same time ensuring the interdependencies between the work-streams are identified and managed. The PMO will have a critical role in this regard.

The Chair agreed to discuss with the Chair of the ARC how the various oversight responsibilities should be discharged. The CSO confirmed that the overall PIR programme status reports will be provided to both Committees.

Action Summary:

1. Chair requested that a separate meeting group be set up to discuss delivery of the PIR recommendations.

7. Corporate Risk Register

ND Gov and Risk presented this item noting that this is the first report produced from the new Risk Information System and that it will continue to develop overtime.

He noted that the EMT approved Q2 2022 Corporate Risk Register in June including the residual risk ratings, the full risk assessments and in particular the risk assessments for two new risks added to the CRR during Q2 2022 which were

- Risk 18 Assisted Decision Making
- Risk 19 Invasion of Ukraine

The Committee welcomed the new risk Heat Map which is a graphical representation of the movement in CRR residual risk ratings from Q1 to Q2. The dashboard provides a consolidated summary of the CRR with information extracted from the Risk Information



System, including total HSE inherent and residual scores and Risks by EMT and Board Committee.

The Chair highlighted the importance of having flags that clearly identify highlight areas of risk and welcomed the work to date that has been carried out.

8. AOB

The meeting concluded at 12.30pm.

A handwritten signature in black ink, appearing to read 'F. Finlay', is centered on a light-colored rectangular background.

Signed:

Fergus Finlay
Chairperson

Date: **23rd September 2022**