HSE Planning and Performance Committee Meeting

Minutes

A meeting of the HSE Planning & Performance Committee was held on Wednesday 17th January

2024 at 9:00 via video conference.

Committee Members Present: Fergus Finlay (Chair – joined approx. 09:45), Sarah McLoughlin,

Joan Johnston, Sarah Barry (left approx. 11:00), and Anne Carrigy.

Apologies: Brendan Whelan

HSE Executive Attendance: Damien McCallion (COO), Mary Day (ND Acute Operations), Grace

Rothwell (CO South/South East Community Healthcare), Dara Purcell (Corporate Secretary),

Rebecca Kennedy (Office of the Board).

Joined the Meeting: Caitríona Meehan (AND Communications - Item 2.3), Maurice Farnan (AND

Community Operations – Item 3), David Walsh (ND Community Operations – Items 3 and 4), Glen

Doherty (Clinical Lead Endoscopy - Item 4), Grace O'Sullivan (Manager Endoscopy - Item 4), Pat

Healy (ND Clinical Programme Implementation and Professional Development - Item 5), Conor

Kirwan (GM Enhanced Community Care Programme - Item 5).

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.

Committee Members Private Discussion 1.

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.

S Barry agreed to chair the meeting until F Finlay joined.

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2. Governance and Administration

2.1 Declarations of Interest

No conflicts of interest were declared.

2.2 Minutes of Committee Meetings

The Committee approved the minutes of 8 December 2023 and 14 December 2023 subject to two changes which would be approved via email after the meeting.

2.3 HSE in the News

AND Communications, COO and F Finlay joined the meeting

The AND Communications provided the Committee with an update on current HSE media coverage, particularly in relation to winter pressures in hospitals. Management in hospitals over Christmas was discussed and the Committee noted senior management including CEOs were on the ground in hospitals during this period. The COO advised that an after action review of this period will be completed and can come to the Committee at a later meeting.

The Committee highlighted that the public information campaigns running over winter in relation to viruses circulating and keeping well are positive and should be considered in other public health areas.

AND Communications left the meeting

3. Performance Oversight

The COO Performance Report, Performance Profile (November Data), and NPOG meeting notes, which had been circulated prior to the meeting, were noted. The Committee noted that due the ongoing FORSA industrial action in relation to recruitment pause, data is unavailable for certain sections: Finance, Older Persons, Primary Care/ECC, PCRS, Palliative Care, Mental Health, Disability, Social Inclusion, Acute HCAI (partial), Cancer Services RACs (partial) and Absenteeism.

The COO updated the Committee on the key strategic and operational updates outlined in the above documents, focusing in particular on Urgent and Emergency Care, Cancer Services, Therapy Waiting Lists, and Human Resources; Pay and Numbers Profile.

In relation to Urgent and Emergency Care, the Committee noted that 8 Hospital/CHOs remain formally



escalated to the National Directors under the Performance Accountability Framework (PAF) as the level of improvement required has not been achieved. The COO advised that Performance notices were issued, improvement plans were taken from the sites and in light of the current focus on unscheduled care it was decided to review overall performance in February to acknowledge any improvements and consider de-escalations.

The Committee discussed cancer services in Cork and Breast cancer services at Galway which both remain escalated. The COO confirmed that the St Luke's Radiation Oncology Network (SLRON) equipment replacement has been escalated through the Capital Plan with Estates and a progress report will come to the Committee when available. The Committee queried when the Diagnostic Review which had been previously discussed by the Committee would be available. The COO advised that the review has not commenced but an independent group has been appointed and the Terms of Reference can be provided to the Committee.

M Farnan joined the meeting approx. 10:40

In relation to Therapy Waiting Lists, the Committee were advised that Primary Care Operations continue to progress work on the breakdown of WTE into Primary Care Teams and ECC to support the analysis of productivity and patient throughput and expect to have an updated report in January. The Committee discussed the KPIs used for CAMHs reporting and noted they have not changed for 2024. In relation to Disability services, it was noted that key CDNT KPIs for reporting to the Committee in 2024 are currently under review by Disability Operations.

ND Community Operations, ND Acute Operations and G Rothwell joined approx. 11:05

Regarding the Human Resources; Pay and Numbers Profile, the Committee noted that Acute Operations and Community Operations have formally escalated to National Director level Hospital Groups and CHOs that have breached Management and Administration targets.

The COO advised that an update on the Performance Accountability Framework 2024 should be available to bring to the February Committee meeting.

S Barry and M Farnan left the meeting



4. Endoscopy

G Doherty and G O'Sullivan joined the meeting

G Doherty presented to the Committee on Endoscopy in Ireland. Endoscopy procedures are performed by consultant gastroenterologists and surgeons, specialist gastroenterology and surgical trainees, trainees outside of training schemes and advanced nurse practitioners. These procedures are both diagnostic and therapeutic and are also used as part of the BowelScreen programme. Each Hospital Group has a Clinical Lead for Endoscopy as does each Hospital.

The Committee discussed the briefing paper which was circulated in advance of the meeting and covered Endoscopy Demand, Capacity and Demand Management, GI Endoscopy KPIs, GI Endoscopy Waiting Lists, and Accreditation of Endoscopy Services. The Committee discussed the possibility of expanding the age range who are offered bowel cancer screening. G Doherty advised that HIQA is currently undertaking a Health Technology Assessment to understand cost effectiveness of expanding this screening to a wider demographic.

ND Community Operations, G Doherty and G O'Sullivan left the meeting

5. Reform of Primary Care, Community and Enhanced Community Care (ECC)

ND Clinical Programme Implementation and Professional Development (CPIPD) and C Kirwan joined the meeting

The ND CPIPD presented to the Committee on Reform of Primary Care, Community and ECC. The Committee noted the paper circulated in advance of the meeting which focused in particular on implementation of ECC Programme, covering the establishment of Community Healthcare Networks, Community Specialist Teams for Older People, Community Specialist Teams for Chronic Disease, Community Intervention Teams and the development of a volunteer-type model in collaboration with ALONE.

The Committee discussed staffing for ECC and highlighted that there is an apparent gap between HSE inputs and clear unmet need being experienced on the ground in relation to ECC. The ND CPIPD advised that it will take some time for the additional recruitment to have an impact and it was agreed that an update on progress would be brought back to the Committee later in the year. The Committee also discussed the shift left in the context of the Integrated Care Programme Chronic Disease/Chronic



Disease Management and requested that more information on how this will impact on the system be provided.

In relation to an Integrated Care Programme for Older People measure of patients who are discharged home, the Committee queried where exactly would these people be discharged home from and it was agreed that further data including demographics of this cohort would be provided to the Committee. The Committee discussed the language used in relation to ICPOPs and asked that it focus on dignity, independence and respect for older people.

6. AOB

No matters arose under this item.

The meeting ended at 12:50.

Signed: 16 February 2024

Fergus Finlay

Chairperson Date