



## HSE Planning and Performance Committee Meeting

### Minutes

A meeting of the HSE Planning & Performance Committee was held on Friday 23 June 2023 at 9:00 via video conference.

**Committee Members Present:** Fergus Finlay (Chair – left meeting at 11:00), Sarah McLoughlin (Chair from 11:00 for Items 2.3, 4-6), Brendan Whelan, Anne Carrigy, Sarah Barry, Joan Johnston.

**HSE Executive Attendance:** Stephanie O’Keeffe (ND Operations Planning), Maurice Farnan (AND Community Operations), Mary Day (ND Acute Operations), Robert Kidd (AND Acute Operations), Joe Ryan (ND Operational Performance and Integration), Orla Treacy (Operational Performance and Integration), Sara Maxwell (Office of the CEO), Dara Purcell (Corporate Secretary), Niamh Drew (Deputy Corporate Secretary), Rebecca Kennedy (Office of the Board).

**Joined the Meeting:** Bernard Gloster (CEO – Item 2), Fidelma Browne (AND Communications – Item 2.3), Risteárd Ó Laoide (ND National Cancer Control Programme (NCCP) - Item 4), Ciara Mellett (National Cancer Control Programme - Item 4), Philip Crowley (ND Strategy and Research – Item 5.2), Miin Alikhan (AND Strategic Planning and Reporting – Item 5.2).

*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. Committee Members Private Discussion

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.

#### 2. Governance and Administration

The Chair welcomed executive members to the meeting, noting that the CEO was joining the Committee for the first time.



The CEO gave the Committee an overview of his objectives for the HSE, highlighting in particular the importance of building strong community care and therapy services rather than focusing on hospital care. He outlined how changes in culture and governance must support change in care models and all three elements must work together.

The Committee thanked the CEO for the update and was supportive of his objectives.

*CEO left the meeting.*

## **2.1 Declarations of Interest**

In relation to Item 4 – Cancer Services, Sarah McLoughlin declared her work with a cancer charity.

## **2.2 Minutes of Committee Meetings**

The Committee approved the following minutes:

- 26 May 2023

## **3.6 Roadmap for Service Improvement 2023-2025 Disability Services for Children and Young People**

The Committee noted that executive members will be engaging with the DoH on this matter in early July and an update will come to the Committee following this.

## **3. Performance Oversight**

The COO Report, Operational Service Report (April Data), Performance Profile (April Data), National Performance Oversight Group (NPOG) Meeting Notes (April Data), and the PMO Report – Winter/NSP 2022-23, which had been circulated prior to the meeting, were noted.

The ND Operations Planning updated the Committee on the key strategic and operational updates outlined in the above documents, focusing in particular on, Urgent and Emergency Care (UEC), Scheduled Care and reform of Primary Care and Enhanced Community Care.

In relation to UEC, the ND Operations Planning advised that based on a mid-year performance review against NSP targets, revised improvement targets are being set for sites where the view is some sites will not achieve the NSP targets in 2023. The Committee discussed the various pilot



projects which are seeking to improve patient access and discharge. They noted that while many of these are effective there is no uniform rollout of impactful initiatives system wide. The ND OPI identified a number of successful pilot projects that have been scaled but acknowledged that there isn't a uniform approach to scalability. In this context work is ongoing to improve review of pilot project implementation prior to scaling of projects.

The ND Operations Planning updated the Committee in relation to reform of Primary Care, Community and Enhanced Community Care. She confirmed that significant progress is being made with over 2,643 WTE on boarded or at an advanced stage of recruitment, representing 76% of the overall 3,500 WTE approved for the programme. The work of Community Intervention Teams was highlighted and it was agreed that a paper would be circulated to the Committee following the meeting.

ND Operations Planning also presented information on escalation to National Directors under the Performance Accountability Framework 2023 in addition to updates on Urgent Colonoscopy, Cancer Services, Therapy Waiting Lists, Child and Adolescent Mental Health Services (CAMHS), Disability Services Assessment of Need, the Pay and Numbers Strategy, and the Mental Health Commission Annual Report 2022 which was noted by the Committee.

*F Finlay left the meeting and S McLoughlin took over as Chair*

### **2.3 HSE in the News**

*AND Communications joined the meeting*

The AND Communications provided the Committee with an update on current HSE media coverage, particularly in relation to the Emily case and the recent resignation of a Board member.

*AND Communications left the meeting*

### **4. Committee Focus Area – Cancer Services**

*ND NCCP and C Mellett joined the meeting*

The Committee noted the Cancer Services papers circulated in advance of the meeting and the ND NCCP presented to the Committee, covering National Cancer Strategies; the Impact of Covid; Performance of Cancer Services; and Future Planning for Cancer Services.



The ND NCCP advised that overall, cancer services are performing well, particularly in the context of the impact of the COVID pandemic although it will take some time to fully understand the effect of lower levels of cancer diagnosis in 2020 and 2021 on the long-term levels of cancer incidence and prevalence and the stage of diagnosis at presentation. He advised that the burden of cancer is growing and sustained investment in cancer control services is needed in order to support services to address performance and capacity challenges.

The Committee noted the significant work of cancer services staff and discussed current challenges in cancer service provision across the country, as reflected in the monthly performance data reported to the Committee. The ND NCCP highlighted particular services which are currently challenged and discussed with the Committee causes for underperformance. In particular, the Committee discussed recruitment challenges which the ND NCCP flagged as a major contributor to issues seen. It was agreed that further information on recruitment specifically within cancer services would be provided to the Committee. The Committee noted the importance of data and IT in enabling the planning and delivery of cancer services.

The role of private hospitals in public service provision was discussed and the ND NCCP confirmed the role is significant, with interest displayed by the private system in more collaboration in relation to organisation of services and patient data systems. The Committee expressed concern that an overreliance on the private sector for provision of services could unintentionally contribute to challenges in the public health system, such as competition for recruitment. The Committee expressed support for the proposed infrastructure review and agreed that it would be helpful if there was a particular focus on the development of cancer infrastructure in the next National Cancer Strategy. The ND NCCP updated the Committee on the ongoing diagnostics review. The scope of the review is across the whole health system and it will be necessary for planning future cancer services. The Committee welcomed that the first phase of the diagnostics review is scheduled to be completed in September, and requested to be updated on future progress.

The Committee considered the membership of the Integrated Cancer Care Committee and queried whether there are plans for a patient advocate to be added, given that the National Cancer Strategy 2017 - 2026 states that patient representatives are to be involved in policy making, planning, practice and oversight of cancer services. ND NCCP advised that the NCCP has a history of patient involvement and that this observation is correct and will be considered.

The Committee thanked the ND NCCP for the presentation.

*ND NCCP and C Mellett left the meeting*



## 5. Service Planning

### 5.1 Update on UEC Planning

The Committee noted the papers circulated in advance of the meeting and the ND Operations Planning provided an update in relation to the multiannual urgent and emergency care plan which covered Planning for Delivery; Progress to date across UEC workstream areas; UEC Programme Deliverables; UEC Framework, Progress made on Planning Dependencies; and the Overarching Assurance structure.

The ND Operations Planning advised that services are being asked to consider how existing resources can be improved rather than developing new services. In relation to queries from the Committee on the projected timescale, the ND Operations Planning advised that local plans are due to be returned by services by end of month but this timeline may not be met as the required resources to produce them are not available on the ground in all services.

The Committee thanked the ND Operations Planning for the update and confirmed their support for the development of the multiannual urgent and emergency care plan.

### 5.2 National Service Plan (NSP) 2024

*ND Strategy and Research and AND Strategic Planning and Reporting joined the meeting*

The Committee noted the papers circulated in advance of the meeting and the ND Strategy and Research provided an update in relation to the NSP 2024 which covered the proposed approach to the annual service planning process (including Estimates) and the development of a national planning framework for 2024. The NSP 2024 will focus on the delivery and implementation of pre-existing commitments.

The AND Strategic Planning and Reporting outlined some features of the planning approach being taken for 2024. She advised that they are aiming for much earlier and integrated engagement; will not be issuing an open call for new service developments to services this year and will instead use an exception based call; and will issue guidance in July to services to assist with optimising existing resources. It was agreed this document would be forwarded to the Committee when available for their information.



The Committee discussed the additional complexity of working with two different Letters of Determination (LoD) as it is expected that one will be received from both the Department of Health and from the Department of Children, Equality, Disability, Integration and Youth.

The Committee noted the indicative timelines provided and thanked the ND Strategy and Research and AND Strategic Planning and Reporting for the update.

*Executive members left the meeting*

**6. AOB**

No matters arose under this item.

The meeting ended at 13:30.

Signed: \_\_\_\_\_

**Fergus Finlay**  
**Chairperson**

21 July 2023 \_\_\_\_\_

**Date**