



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 11 March 2022 at 08:00am via video conference.

Committee Members Present: Mr. Tim Hynes (PD Committee Chair), Mr. Fergus Finlay, Dr Sarah McLoughlin, Mr. Brendan Whelan, Dr Sarah Barry.

HSE Executive Attendance: Ms. Anne O'Connor (COO), Mr. Dean Sullivan (CSO), Mr Fran Thompson (CIO), Mr Stephen Mulvany (CFO), Ms. Niamh Drew, Mr. Jaymie Crone

Apologies: Mr Louis Flynn, Mr Brendan Lenihan

Joined the meeting: Ms. Orla Treacy, Mr Liam Woods (ND Acute Operations), Ms. Marie Carroll (Planning Specialist), Mr Patrick Lynch (ND Gov & Risk), Mr Pat Moran (PWC), Mr Richard Horne (PWC), Ms. Fiona Murphy (Chief Executive National Screening Service), Mr Michael Redmond (Deputy CIO), Ms. Helen Coughlan (CTO)

1. Governance and Administration

1.1 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.

1.2 Declarations of Interest

No conflicts of interest were declared.

1.3 Approval of Minutes

The following minutes were approved by the Committee,

- 18th Feb 2022

EMT members joined the meeting at 08:30am

2. HSE Board Conti Cyber Attack Post Incident Review

The Committee received an update paper on the Cyber Post Incident Review (PIR) Implementation Plan which was circulated prior to the meeting for consideration.

Representatives from PWC who had been contracted to assist the HSE with the PIR High Level implementation plan provided the Committee with a progress update on the three main work-streams that will be included in the plan:

- ICT/ Cyber Transformation [including both strategic and tactical actions]
- Clinical and Operational Resilience Transformation
- Programme Governance and Programme Management

They set out for the Committee the key elements of the implementation Plan, proposed governance structure as well as critical path actions. They confirmed the work is now substantially complete subject to finalising clinical and community services engagement as part of the Operational and Clinical Resilience programme

Work is ongoing to implement the recommendations in the Post Incident Review of the cyber-attack report. An EMT Oversight Group has been established, chaired by the CEO, which meets on a fortnightly basis. The P&D committee are also updated on an ongoing basis, most recently at their meeting 11 March 2022.

The CSO and CRO provided the Committee with an update on the other key developments since the last Committee meeting which include:

- (a) Sanction is currently being sought from the Department of Health to fill the permanent Chief Technology & Transformation Officer and Chief Information Strategy Officer roles and the relevant documentation has been submitted. The importance of progressing the sanction process has also been discussed with senior Department officials including the Secretary General.
- (b) It is proposed to fill both of these key roles on an interim basis and a request for tender to support the IT/Cyber Transformation Programme has issued with a closing date of 22 March 2022. The interim Chief Technology & Transformation Officer will report to the CEO and sit on the EMT.
- (c) The CIO is leading on implementation of many of the tactical recommendations set out in the post-incident review.

- (d) Work has commenced on developing an investment case for implementing the overall programme with an aim to have this ready for discussion with the Department in advance of this year's Estimates process.
- (e) The EMT Oversight Group chaired by the CEO meets on a fortnightly basis.

The Committee discussed some of the key areas of ICT/ cyber security development since the cyber-attack. The Committee suggested adopting an 'agile delivery' methodology in the programme to enable implementation in a more effective way.

The CSO, Marie Carroll joined the meeting at 09:30am

3. Annual Report Update

The Committee received an update on drafting of the 2021 Annual Report (AR) which included the proposed structure of the report and its key messages

The Committee were informed that the preparation of the HSE's Annual Report is now reaching its final stages. This is consistent with the legislative requirement on the HSE to complete and adopt a report on the performance of the organisation's functions no later than 30 April each year.

The report is being prepared in the context of the continuing prevalence of Covid-19 during 2021, the roll-out of the vaccine programme and the impact of the cyber-attack.

The draft Annual Report was reviewed by the P&D Committee at their meeting of 11 March 2022 and further drafts will be reviewed by EMT and the P&D Committee during April before being finally brought to the Board on 27 April 2022 for adoption and subsequent publication.

The Committee considered the content of the draft report and made the following recommendations as key messages to be addressed:

- HSE's emergence from COVID-19, including staff well-being and opportunity for change. The Committee noted that references to emergence from COVID-19 (movement from pandemic to endemic) may be premature.
- Tackling climate change and sustainability.
- Implementation of policy targets and include reference to how the approach to Sláintecare has evolved. The Committee suggested the report include the HSE's current view on the implementation of Sláintecare.

- The Board's confidence in the management and controlling of business, including financial management, for the HSE.
- For some elements of the report, writing is too future-looking and / or too conditional. Further emphasis should be put on highlighting what has happened to achieve more balance.
- Consideration to be given as to whether straplines in Communication campaigns during the year would be appropriate for the front cover.

The Committee welcomed the work being done and noted further drafts will be reviewed by EMT and the P&D Committee during April 2022 before being finally brought to the Board on 27 April 2022 for adoption and subsequent publication.

The COO, Orla Treacy (Operational Performance & Integration), ND Acute Operations, Chief Executive National Screening Service joined meeting at 10.00am

4. Operational Performance Focus Areas 2022

National Screening Service

The Committee received an update paper on the National Screening Service Report which highlights the performance of screening services nationally.

The Committee reviewed with the Chief Executive of National Screening Service (NSS) the performance, priorities and challenges for each of the programmes, BreastCheck, CervicalCheck, BowelScreen and DiabeticRetina Screen.

BreastCheck

BreastCheck activity capacity is running at approximately 75%; with 10,560 mammograms carried out in January which is above target by 560 (5.6%), despite the continued impact of COVID-19 on capacity and staff absences.

BowelScreen

The BowelScreen programme screened 4,502 eligible participants in January which is 64% (7,998) below the target of 12,500. Invitations and completed screening tests continue to be impacted by the surge in COVID-19 infection rates. BowelScreen colonoscopy sites are scheduling appointments at reduced capacity due to the impact of COVID-19 on hospital capacity. Endoscopy services are not expected to operate at full capacity until at least April 2022. An additional Endoscopy Unit will be available to BowelScreen in Q1 2022.

CervicalCheck

The Committee were informed that CervicalCheck is fully operational, with 22,992 screening tests completed in January which is 22% below the target of 29,500.

CervicalCheck is working with colposcopy units and the National Women & Infants Health Programme to ensure sufficient capacity is available following the introduction of HPV testing and associated increase in referrals.

DiabeticRetina Screen:

Diabetic RetinaScreen has staffing and uptake issues due to Covid-19. Diabetic RetinaScreen achieved a reduction in the number of times participants with the lowest risk of progression of retinopathy will be screened, by extending the screening interval for this cohort to two years. The programme continues to invite eligible participants to the new 2-yearly screening pathway. To date this is proving very successful with approximately 88% of participants remaining on this pathway.

The Chief Executive of the NSS informed the Committee that BreastCheck and BowelScreen continue to operate at least one year behind due to the pause in screening during 2020 and 2021 and the ongoing impact of COVID-19 and due to a global shortage of radiologists. The BreastCheck Radiology staffing levels are below optimum which impacts the programme's ability to provide screening services.

The Committee discussed the challenges in recruitment noting there is global staff shortages. The Committee welcomed that a national review of radiology staffing has been requested by NSS & NCCP and initiated by the office of the CCO. The aim of this group is to explore short, medium and long-term options, look at training positions, education, and the promotion of breast radiology as a career option. In the immediate term, BreastCheck continue to actively recruit and aim to appoint consultants into vacancies across all four units.

5. Performance Oversight

The January 2022 Performance Profile and Operational Services Report, Winter Plan/NSP 2021-2022 PMO Report and National Performance Oversight Group Meeting Notes of 18 February 2022, circulated prior to the meeting were noted. The Committee had a focused discussion of the Operational Service Report January 2022 (OSR) which summarises the operational performance across Community and Acute services based on expected levels of activity/targets as per National Service Plan 2022.

The Committee discussed with the COO, ND Community Operations and ND Acute Operations the performance, achievements and challenges in the community and acute services.

It was noted, that while overall performance of community services has been stabilising, Covid-19 is still presenting challenges across services with Covid-related staff absences being reported across the system although these are reducing.

The Committee were informed that Community Intervention Team referrals, the percentage of new patients accepted onto the nursing caseload and seen within 12 weeks, access to Palliative Inpatient Beds, patients offered an appointment within 12 weeks in general adult mental health and referred patients in Psychiatry of Old Age services offered an appointment within 12 weeks are all performing ahead of National Service Plan 2022 targets.

The Committee discussed initiatives within Community Services that improve access to care for patients. The Committee were informed that a Project Group has been established to oversee work to consider priorities and possible initiatives to improve the different waiting lists within Community Services. The Committee welcomed the publishing of the Department of Health (DOH) Wait List Plan which identifies €20m for allocation to Community initiatives alongside a number of medium to long term actions to address access to care in Community Services.

The Committee discussed Emergency Department (ED) attendances and admissions with the National Director Acute Operations. It was noted that these rose in January 2022 with last week being one of the busiest since the pandemic began and that there was an increase in admissions of people over 75.

The Committee highlighted the matter of the numbers of dentists exiting the Dental Treatment Services Scheme (DTSS) and the adverse impact on medical card holders who rely on the DTSS. Challenges for service users include, delays while seeking treatment, increased travel times where there is no dental service locally. Cognisant of the immediate impact on those in need of dental treatment the COO noted discussions will take place with the DoH on the critical need to prioritise the negotiations in respect of the DTSS. The Committee requested a paper on the peripheral affects relative to the gaps in service and that the matter be brought to the attention of the Board at the next meeting scheduled 25th March 2022.

The Committee discussed the impact of the 'roll back' of the Haddington Road hours. It was noted that a reduction in the work week for staff in the 9 CHOs could have an impact of over 112 thousand hours of staff time per week. This would have a significant adverse effect on community services in the later part of 2022. There will be a related impact across all service areas. It was noted a Government decision is pending on this. The Chair requested that this matter be included in the CEO report presented at the next Board meeting.

The CIO, Deputy CIO and CTO joined the meeting at 11:15am

6. Information Technology Update

Prior to the meeting for consideration, the Committee received an update paper and PowerPoint slides on the eHealth Cloud Strategy 2019 – 2021, which will create a new model for ICT delivery across the HSE; delivering more efficiency and effectiveness in service delivery through a more integrated, shared and digital environment.

The Committee discussed the need for the HSE to have a robust eHealth Cloud Strategy as an intrinsic element of the business delivery model for modern organisations with the potential to deliver higher levels of resiliency, security and agility at a more optimal price point. The HSE's eHealth Cloud Strategy must be aligned with the objectives of the Public Service Reform Plan of increasing efficiencies with the overarching objective of providing better outcomes for citizens, businesses and public servants through embracing the latest technological advances.

The Committee discussed the challenges, opportunities and delivery of Cloud and noted the current objectives for the implementation of this strategy which include, continuing to leverage Public Cloud services for new services where appropriate and for Technology & Application Modernisation and adapting Government Private Cloud as part of the overall strategy for service deployment. It was also expressed that a finance operating model also needs to be agreed as well as enhancing governance further. The CIO noted expanding and building out the cloud technology team will also assist in completing the objectives of this plan.

7. AOB

The Committee held a private session to debrief post meeting.

The meeting concluded at 11:45am

Signed: 
Tim Hynes
Chairperson

Date: 14/04/2022