



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on 20 May 2022 at 08:00am via video conference.

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

HSE Executive Attendance: Ms. Anne O'Connor (COO), Mr. Dean Sullivan (CSO), Mr. Stephen Mulvany (CFO), Mr. Patrick Lynch (ND Gov & Risk), Mr. Dara Purcell (Corporate Secretary), Ms. Hannah Barnes

Apologies: Mr. Louis Flynn

Joined the meeting: Mr Joe Ryan (ND Operational Performance & Integration) Ms. Orla Treacy (Operational Performance & Integration) Mr Liam Woods (ND Acute Operations) Ms Yvonne O'Neill (ND Community Operations) Ms Sonya Cotter (Performance Management Improvement Unit)

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,

- 14 April 2022
- 22 April 2022

The EMT Members joined the meeting at 08:30am.

Marie Carroll joined the meeting at 09:30am.

3. National Service Plan Review

The CCO presented this item noting that a review of the National Service Plan (NSP) in Quarter 1 of 2022 was undertaken as requested by the Minister when he approved the NSP and in line with further correspondence from the Department circulated to the Committee prior to the meeting. This review was requested in light of the recruitment challenges identified by HSE in the NSP. The review is relatively narrow in its focus i.e. the impact of actual and forecasted recruitment on delivery of reforms set out in the NSP. An output will be a quantification of expected savings, if any, allowing for early consideration and decisions around any such monies.

The Committee were informed that NSP 2022 commits to expand the health sector workforce to meet the growing healthcare demands of the population, but also recognises the uncertainty of the labour market in the coming year. For this reason, a recruitment delivery range is detailed with a minimum growth target of 5,500 WTE over 2021 staffing levels. The HSE have also detailed an upper affordable target. In the first quarter of the year, the health sector workforce has shown strong growth with an expansion of 1,778 WTE.

The Committee discussed the level of confidence of management that the minimum recruitment target would be achieved and to what extent progress toward the upper target might be achieved through the year.

The Committee also discussed at length particularly in light of the additional recruitment challenges arising because the NSP 2022 strategy was developed exclusive of Haddington Road or the Ukraine Response impact.



The Haddington Road Agreement will equate to a requirement to recruit an additional 3,800 WTE in addition to the normal 9,500 WTE for resignations and retirements being required to stand still.

The Committee were informed that work continues on the impact and service implications, required financing and resourcing to address the Ukraine response.

The Committee felt it important that the level of recruitment should be balanced across the professions noting that 4/6 staff categories were ahead of target (Medical and Dental, Patient and Client Care & General Support) but that recruitment of Management / Admin grades was well ahead of the other professions.

The Committee was informed that as the global economy opens up post COVID, the turnover can be expected to increase in 2022. It was noted that the HSE is conducting significant work both nationally and locally, examining posts that it has been unable to fill and identifying clear pathways to do so.

The Committee noted that in order to meet the needs of standard 'staff churn' as a result of replacements due to retirements, resignations and promotions this will equate to circa 9,500 appointments to maintain existing staffing levels.

The COO said the outcome of the NSP Review is that at a minimum the recruitment strategy will result in an additional 5,500 new WTE's by year end and the HSE will aggressively strive towards the stretch target of 10,500 additional WTE.

The Committee welcomed the Review report and noted that any assurance given to the Minister would need to be by the Board given its role in the approval of the NSP. As such, the Review report should be formally considered by the Board at its next meeting. The report is to be updated to take account of the additional recruitment challenges arising because of the restoration of the Haddington Road Agreement hours and the Ukraine Response impact. It was agreed that any suggested changes from Committee Members should be submitted and would be considered prior to final submission to the Board.



4. Operational Performance Focus Areas 2022

Review of Winter Preparedness Plan October 2021 – March 2022

The Committee considered the report noting that the Winter Plan 2021/22 anticipated an approach requiring the maintenance of COVID-19 services, alongside the recovery and maintenance of routine non COVID-19 services and the ongoing implementation of reforms to enhance services in line with Sláintecare and that the plan also included ongoing implementation of outstanding initiatives funded as part of the National Service Plan and Winter Plan 2020/21.

The COO informed the Committee that due to the COVID-19 surge that occurred in January and the ongoing record levels of attendance, higher than ever experienced previously, and the relatively rudimentary IT systems available, it was not possible to clearly attribute performance gains to any particular initiatives in the plan. However, the review highlighted that, despite there being unprecedented levels of activity and a COVID-19 surge that was not responded to with any social restrictions, the key performance indicators remained stable.

The Committee held a discussion on the key learnings of the review which included:-

- The value of strong integrated governance at national, regional and local level in driving integrated problem solving and implementation of innovation.
- Combined power of alternative pathways for patients with Community Intervention Team (CIT) / Frailty Intervention Therapy Team(FITT) / Outpatient parenteral antibiotic therapy (OPAT i.e. Intravenous Antibiotics at Home) / PathFinder initiatives encouraging as we develop more ambitious integrated pathways with the Enhanced Community Care Programme (ECC).
- The data and the lived experience tells us that we must shift our focus to the most vulnerable patients, i.e. over 75 years.
- There is an imperative to return as quickly as is safe pre-covid pathways of care within acute hospitals. The impact on Medical and Surgical Assessment Units and Day Wards has been detrimental to the overall flow of patients from ED, albeit a necessity.



- Absenteeism due to COVID-19 had a major impact on performance across all services. This will need to be a major consideration for all future pandemic planning.
- Improved analytics enabled better, more focused and timely decision making throughout winter. This is an area that merits continued investment and development.

5. Performance Oversight

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

The March 2022 Operational Service Report, Performance Profile, National Performance Oversight Group Meeting Notes of 4 May 2022, Winter Preparedness Plan Review October 2021 – March 2022, and the PMO – Winter Plan Progress Report circulated prior to the meeting were noted.

The Committee discussed with the COO ongoing engagement with Ministers Rabbitte and O’Gorman in respect of a range of disability matters including the transfer of Disabilities to DCEIDY from DOH. She confirmed there was a good discussion in relation to recent events and they continued to work collaboratively with both Ministers and their departments to progress the reform of Disability services. The COO informed the Committee that the principles of the Progressing Disability Services policy and service model were agreed as the continued implementation imperative while also acknowledging that the transition to policy based Children’s Disability Network Teams (CDNTs) has been challenging for many families and staff. The HSE, in collaboration with Department officials are working to develop an overarching road map to support all stakeholders to support children with disabilities and this will be completed in the coming weeks.

The Committee agreed to have a focused discussion on Disability matters at its next monthly meeting.

The Committee reviewed the key performance messages in the Operational Services Report (OSR) relating to scheduled and unscheduled care noting the total number of ED attendances and admissions for March 2022 was higher the NSP targets due to

- The impact on access to GPs arising from their participation in vaccination programmes,



- Gradual return of patients to EDs as lockdown measures are eased and vaccination levels increase.

ND Acute Operations informed the Committee that in addition to the beds that were occupied by patients with COVID, there was a significant number of patients whose discharge was delayed (600 in March, 608 in February) and this impacted upon delivery of elective workload at a number of sites. Outpatient waiting lists is still below target, but improvements in performance is noted. Capacity has been affected in Q1 due to the COVID 19 surge.

ND Acute Operations reported on cancer services - rapid access clinics Symptomatic Breast Services noting improvement plans have been received from the Groups in relation to Cork UH, Mater MUH, St James's Hospital and Galway University Hospital. These plans are currently under review by Acute Operations and the NCCP and engagements are planned with the relevant Hospital Groups to agree implementation requirements.

The Committee considered the impact of the industrial action by the MLSA (Medical Laboratory Scientists Association) on hospital performances noting that there has been cancellation of many inpatient and day-case elective procedures and hospital outpatient appointments across the country. All routine GP testing services will be suspended on the day. Patients have been advised that appointments and procedures disrupted by the strikes will be rescheduled as soon as possible.

The Committee welcomed the ongoing engagement to attempt to resolve the dispute to avoid further impacts on patient care.

ND Community Operations reported that overall the performance of community services had been stabilising however remains challenged in a number of service areas. Performance in a number of therapy services has decreased. Improvements are challenging due to the lack of capacity in buying in services from private providers coupled with the difficulty of attracting personnel to temporary positions. These challenges are further compounded by the considerable demand across all service areas. However work is underway to attract graduates to the system outside the normal recruitment response.



The Committee considered the additional challenge 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.

In response to questions on the impact of COVID on Childhood development programme the ND Community Operations confirmed that the redeployment of staff has had a significant impact on the capacity of the Public Health Nursing service to deliver the core child health screening and surveillance programme. This resulted in developmental checks being delayed for some children. In this context, parents of children who have exceeded the age range for the final preschool developmental check, may be issued with a letter from their local area to inform them of this, and advising who to contact if they have concerns. The ND Community Operations also advised the Committee of varying strategies across CHOs to address local service delivery challenges together with the engagement of additional administrative staff to maximise nursing availability to deliver the service.

6. HSE Board Conti Cyber Attack Post Incident Review

The CSO and ND Governance and Risk provided an update to the Committee on the implementation of the strategic and tactical recommendations contained in the cyber-attack - Post Incident Review report relating to:

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

The Committee discussion focused on the progress of the work undertaken by the Procurement Evaluation Group to appoint an external specialist service provider to support the ICT/Cyber work-stream. This tender also requires the identification of suitable candidates to fill the Interim CTO/ CISO. Engagement with the DOH in relation to the permanent filling of these roles is ongoing and the Committee noted Department sanction is still awaited.



The CSO also provided an update on the Operational and Clinical resilience, programme management, and Legal and Data workstreams. Work is also being progressed to prepare an initial ICT/Cyber investment case.

The Committee welcomed the work carried out to date noting the EMT Oversight Group continues to meet on a fortnightly basis.

The Committee Chairman informed the Committee that he has had ongoing engagement with the Board Chairman on the establishment of the Board Oversight committee with a view to bringing proposals to the Board.

7. IFMS

The CFO presented an update to the Committee on the IFMS programme based on the report circulated prior to the meeting.

He confirmed the contract termination issued by the HSE to the previous systems integrator took effect on the 20 April 2022 and commercial terms are being finalised. The procurement process for a new System Integrator for the Design Review, Build, Test and deployment of IFMS is progressing as planned and it is expected that Contract Approval Request (CAR) will be presented to the FRP and HSE June Governance meetings.

The Committee thanked the CFO for the update noting that the next quarterly IFMS update will be submitted to the **June 2022** meeting of the Committee, and that the Contract Approval Request for the new System Integrator for IFMS will be considered by the ARC.

8. AOB

The Committee agreed to hold the June Committee meeting in person and an invite would be extended to other Board Members to join for briefing on Disability Services.



The meeting concluded at 12pm.

A handwritten signature in black ink that reads "Brendan Whelan". The signature is written in a cursive style and is positioned above a horizontal line.

Signed: _____

Brendan Whelan
Acting / Chairperson

Date: 24th June 2022