



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## HSE Performance and Delivery Committee Meeting

### Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 10 Dec 2021 at 15:00pm via video conference.

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

**HSE Executive Attendance:** Anne O'Connor (COO), Stephen Mulvany (CFO), Dara Purcell (Secretariat), Niamh Drew, Jaymie Crone

**Apologies:** None

**Joined the meeting:** Patrick Lynch (ND Gov & Risk), Yvonne O'Neill (ND Community Operations), Orla Treacy, Bernard O Regan (Disability Strategy and Planning), Valerie Plant (ACFO), Liam Woods (ND Acute)

### 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.

The Chair informed the Committee that an update on the Performance and Delivery Terms of Reference and on the Conti Cyber-attack Review Report will be brought to the next P&D Committee meeting. The Conti Review will be reviewed to discuss the recommendation of whether the P&D Committee should be restructured.

It was noted that work was ongoing between the COO and the Committee to examine how performance data might be provided to the Committee in a format which can be clearly understood and highlights key issues for the Committee's attention.

## 1.2 Declarations of Interest

No conflicts of interest were declared.

## 1.3 Approval of Minutes

The following minutes were approved by the Committee,

- 17<sup>th</sup> September 2021
- 22<sup>nd</sup> October 2021
- 9<sup>th</sup> November 2021
- 16<sup>th</sup> November 2021 (minor drafting changes to the 16th November minutes 2021 were recommended and agreed).

EMT members joined the meeting at 15.20pm

## 2. IFMS Report

The Committee reviewed with the CFO and Assistant CFO/ IFMS Programme Director the IFMS Project quarterly briefing update report circulated prior to the meeting for the Committee's consideration.

The Assistant CFO/ IFMS Programme Director updated the Committee on, the ongoing commercial and contract management discussions with the current systems integrator (SI) following notice of termination. The Committee were informed the current overall status of the project and stage is being reported as off-track as a result of the suspension of the SI contract however, steps to mitigate the impact of this delay, including progressing in parallel the procurement process for a new SI, are continuing. This work is focused on pre-deployment preparation activities and progress with strategically aligned projects which will support the delivery of IFMS.

The Committee were informed the procurement process for an alternative systems integrator to continue the delivery of the IFMS, and in particular the build and test and deployment stages of the IFMS Project, has already commenced and is expected to be completed by June 2022.

The Committee noted the next steps are to:

- Finalise commercial terms of the termination of contract with the Systems Integrator (in parallel with procurement process for new SI).
- Progress the procurement process for a new System Integrator under Competitive Process with Negotiation which commenced in November 2021.

- Progress pre-deployment preparation activities and change management in advance of engagement of new System Integrator.
- Progress with strategically aligned projects which will support the delivery of IFMS.

The Committee requested a further update on the IFMS be provided in the January P&D Committee meeting.

Valerie Plant left meeting at 16.00pm

### **3. Performance Oversight**

The COO, Yvonne O Neill, Orla Treacy and Liam Woods joined meeting at 4.00pm

The Performance Profiles and Operational Services Reports for September and October 2021 and the OSR Dashboard Project Report was circulated to the Committee prior to the meeting for their review. The Performance Profile provides updates on key performance areas across the four domains of the National Scorecard for Community Healthcare, Acute Hospitals and National Services, Quality and Patient Safety and Finance and Human Resources and the Operational Service Report 2021 (OSR) provides the results of the performance of Healthcare Services based on expected levels of activity/targets as per National Service Plan 2021.

The COO informed the Committee that in the short term, it is likely that challenges arising from winter and the 4<sup>th</sup> wave of the pandemic will impact on performance and there is also capacity challenges in both the public and private sector. It was noted that for the remainder of 2021, there will be ongoing efforts made to prioritise services and redeploy staff to COVID-19 related work services, and vaccination programmes (Flu, COVID-19 primary vaccination and booster doses). It was further noted that there will likely be ongoing COVID-related staff absences, including in relation to Long Covid.

The National Director Community Operations provided an update on the performance of Community Services. She noted that a key lesson learnt from the cyber-attack has been the vulnerability of the data collection / performance-reporting process in Community services. This has highlighted the requirement for the proposed Integrated Community Case Management System (ICCMS) which has been included in the National Service Plan for 2022.

The Committee considered the other challenges in Community Services including the backlogs of care caused in part by patients delaying seeking treatment over the course of the pandemic and the increase in waiting lists as a result of staff being redeployed as part of the pandemic response.

The National Director Community Operations reported that Community Intervention Team referrals, physiotherapy access within 52 weeks, access to Palliative Inpatient Beds and Community Adult Mental Health Service referrals within 12 weeks are all performing better than their expected target for 2021. In relation to the Children's Disability Networks (CDN), it was noted that 85 CDNs have been established across each of the nine CHOs to improve access to services in the Disability sector. It is planned that the remaining six will be in place by year end.

The National Director Acute Operations provided an update on the performance in acute hospital services. He reported that Emergency Department attendances have risen. Factors contributing to the increase in ED attendances include the impact on GPs of their participation in vaccination programmes and of the gradual return of patients to EDs as lockdown measures had eased and vaccination levels increased. The Committee requested detail on the higher numbers attending ED, including how much of this increase is Covid-related and how much is non-Covid related.

The Committee noted that NCCP is reporting an increase in referrals for cancer services especially in relation to breast, prostate and lung cancer cases and this increase compounded by existing backlogs is having an impact on performance against NSP targets with some locations being below targets. The COO informed the Committee that improvement plans are in place to address these performance issues on Cancer services also noting there has been improvement in service at UL and University Hospital Waterford

The number of urgent Colonoscopy breaches is down as the waiting list action plan is being successfully implemented across hospital groups and improvements have been identified in service performance in surgical and emergency medical re-admission within 30 days of discharge and Ambulance response time and turnaround delays escalated within 60 minutes.

The Committee discussed the Child Health Developmental Assessment Performance. It was noted that to assist with performance, administrative staff have been redeployed to assist and support Public Health Nurses (PHNs), targeted recruitment of PHNs required to address the increased demand for public health nursing services and an increase in the number of places for PHN training.

The Committee discussed the implementation of the Winter Plan and the key areas of focus aimed at enhancing community capacity, decreasing acute hospital demand through the prioritisation of Primary Care and Community Services and advancing the goals of Sláintecare as well as mitigating the impact of COVID-19. The COO agreed to provide a summary Winter Plan Implementation update report to the Committee for consideration at their next meeting.

It was noted that as part of the HSE Access to Care Plan the HSE has put a procurement framework in place to allow Acute Services to purchase procedures from private providers. The Committee discussed projections for the future use of private capacity in response to the COVID-19 Omicron variant. It was noted that the Service Plan has Access to Care funding that can be used to contribute to tackling increased Covid-19 related demands.

The update report in relation to the OSR dashboard project circulated prior to the meeting noted that phase 2 has been extended and work was ongoing to finalise the dashboard.

#### **4. Transfer of Disability Function**

*Bernard O Regan joined the meeting at 16:45pm*

The Transfer of Disability Functions from the Department of Health (DOH) to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) Briefing Report as circulated prior to the meeting to the Committee was considered.

The Head of Disability Strategy and Planning provided an update on the arrangements underway for the transfer of policy, functions and funding responsibility relating to specialist community-based disability services (SCBDS) to the Department of Children Equality, Disability, Integration and Youth (DCEDIY) from the Department of Health (DoH) in line with the Government decision in December 2020.

It was noted that the Primary Legislation for the transfer is being progressed with the expectation that it will go to Government on the 14<sup>th</sup> December 2021 and published thereafter, in line with the expected timeframe of completion of the transfer for March 2022.

The Head of Disability Strategy and Planning confirmed there is ongoing engagement between the two Departments, the DOH and the DCEDIY to develop a comprehensive Memorandum of Understanding in addition to the necessary changes to primary legislation. The Memorandum is intended to set out the working relationship between the two Departments and the HSE including the mechanism for engagement and decision-making on developments that cut across both departments, for example to co-locate capital developments for primary care and children's disability network teams or major ICT programmes such as IFMS, Case Management and NiSRP.

The Memorandum is intended to set out the working relationship between the two Departments and the HSE and the practical requirements of the transfer including governance, performance and accountability, financial, capital and Information Communication Technology (ICT), operational and

human resources. It will also incorporate the processes for the Service Plan, Corporate Plan, Capital Plan and ICT Plan.

It was noted that a HSE Transfer Team is being established to ensure appropriate due diligence work is undertaken within the HSE and with the two Departments to agree mechanisms and protocols are in place for appropriate governance structures following the transfer of functions to the new Department.

The Committee discussed the functions and funding responsibility relating to SCBDS. It was noted that the HSE will retain responsibility for the delivery in an integrated manner for both SCBDS and mainstream health services delivered to people with disabilities but will report to DCEDIY in relation to SCBDS and to the Department of Health on other services. The Head of Disability Strategy and Planning agreed to provide further information in response to questions raised on the potential for conflicts on funding decisions that may arise between both Departments.

The Committee noted that the primary legislation is to be amended to require approval from Minister for DCEDIY for the disability section in the HSE Corporate Plan and Service Plan.

The Committee welcomed the update report and agreed that Fergus Finlay will follow up with the Head of Disability Strategy and Planning to have further discussion on the Transfer of Disability Services.

## **5. Risk Management**

*Patrick Lynch joined the meeting at 17:15pm*

The Committee considered the extract of the HSE Corporate Risks for Q3 2021 which had been circulated prior to the meeting which provided the risk assessments and status update on the controls and actions recommended to mitigate each of the risks on the Corporate Risk Register where the P&D has oversight, namely of Capacity Access and Demand (Risk 8), Disability Services (Risk 11), Cyber Security and ICT Systems (Risk 13) and Governance of Private Nursing Homes (Risk 28). It was noted that in relation to the risks presented the risk descriptions had not changed in this reporting cycle.

The Chief Risk Officer informed the Committee that the Q3 2021 review of the Corporate Risk Register and the Risk Appetite Statement, which describes and sets parameters on the target level of risk the HSE is willing to accept to achieve its strategic objectives, had been completed and was

approved at Board in the November 2021. He noted that EMT will be reviewing the Corporate Risk Register for Q4 2021 to be presented to the Audit and Risk Committee early next year.

In relation to Risk 8, the Committee noted there are targeted actions to increase capacity set out in the Winter Plan and National Service Plan (NSP) 2022. Work on individual initiatives are on-going and activity has increased generally as a result of staff returning from Covid related duties / redeployment. The agreed five-year plans for the implementation of key transformation priorities including Enhancing Primary and Community Services and Transforming Scheduled Care are expected to commence in Q4.

In relation to Risk 11, it was noted that the operations led reform team to support reform of CHO funded provider or funded entities challenged with sustainability issues has been established. Targeted for Q4 is a revision of the HSE governance framework for Section 38s and 39s as well as all 91 Children's Disability Network Teams (CDNTs) will be operational by December 2021 to improve Disability Services for children and young people. It was noted that CDNT's have been provided with an additional 185 new health and social care posts to improve access to intervention for children with complex disability needs.

In relation to Risk 13, it was highlighted that in the period since the Cyber-attack on the 14th of May, fifteen new controls have been added in total and five in the period since the 1st of October. It was noted in light of the Conti Cyber-attack Review that was published in December, which detailed series of findings in relation to the circumstances leading up to the attack and the attack itself, including the level of preparedness for and the quality of the response to the incident, the controls and mitigation measures of Risk 13 will be further reviewed.

In relation to Risk 28 which was added to the Risk Register on 7th September 2021, it was noted that one new existing control, participating in the development work of Regulatory Reform Paper with DoH/HIQA, was added and that all actions for this risk are targeted for 2022. The Committee requested that the delivery dates of the mitigating actions proposed for Risk 28, which are all set for Q2 and onwards in 2022, be reviewed to examine if more efficient ways can be found to deliver the actions sooner. The Committee requested an update on this at the next Committee meeting.

#### **HSE Test and Tracing Program update**

The HSE Test and Tracing Program update report circulated prior to the meeting for the information of Committee members which provided an update on the current demand and sustainability of the test and tracing system and the demands in light of the current pandemic conditions was noted.

The Committee sought further information on how the risks to the programme will be managed in light of the optimistic and pessimistic IEMAG scenarios that will drive short term demand that exceeds system capacity and the risk of increased spread of infection from higher levels of false negative results due to wider use of antigen tests by the system.

It was agreed Damien McCallion will be asked to provide responses to these questions.

**6. AOB**

The Committee held a private session to debrief post meeting.

The meeting concluded at 18:00pm

Signed:   
Tim Hynes  
Chairperson

21/01/2022

Date