



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 11 December 2020 at 2:30pm via video conference.

Members Present: Tim Hynes (Chair), Sarah McLoughlin, Fergus Finlay, Louis Flynn, Sarah Barry, Regina Moran.

Apologies: Brendan Lenihan

In attendance: Dean Sullivan (CSO, Item 2), Anne O'Connor (COO, Item 3), Stephen Mulvany (CFO, Item 4), Liam Woods (ND Acute Operations, Item 3), Yvonne O'Neill (ND Community Operations, Item 3), Orla Treacy (Item 3), Valerie Plant (IFMS, Item 4), Dara Purcell (Secretary), Rebecca Kennedy.

1. Governance and Administration

The Chairperson, Tim Hynes welcomed members to the meeting. No conflicts of interest were declared.

At the start of the meeting the Committee met in the absence of management.

The Committee approved the minutes of the meeting of 23 October and the special meetings of 11 and 18 November 2020.

EMT members joined the meeting at 2:45.

2. Corporate Planning and Reporting

2.1 Update on Oversight Agreement, Board Strategic Scorecard, Corporate Plan, and National Service Plan

The CSO provided a verbal update to the Committee which provided details on the Oversight Agreement with the DoH, Board Strategic Scorecard, Corporate Plan, and National Service Plan (NSP). He confirmed that good progress has been made in relation to the Oversight Agreement, and an update will be brought back to the Committee in January 2021 before presentation to the Board.

He advised that the Board Strategic Scorecard is being considered by a working group which is being chaired by Board member F Ross. The Board Strategic Scorecard is being designed to provide a high-level overview of progress against key Programmes/Priorities set out in the Corporate Plan and NSP 2021, and will support the reporting requirements as set out by the Minister in the Letter of Determination (LoD). In doing so the Scorecard aims to: Track progress of key Programmes/Priorities at a high level; Highlight issues relating to progress in a timely manner; Support Board discussions; Minimize multiple requests and duplication of effort in collating reports for Board/DoH. The Committee briefly discussed which indicators would be used as part of this Scorecard and the CSO confirmed there will be 15 to 20 areas of service reported on which have not yet been finalised. A progress report on the work of the working group will be provided to the next Board meeting.

In relation to the Corporate Plan and the NSP, the CSO confirmed that both documents were submitted to the DoH within the required timeframe and there is no further development to report on. He noted that the Minister is due to respond to the NSP shortly, so a further update will be possible for the January 2021 meeting. The Committee acknowledged the work completed during the NSP process and thanked the EMT for their efforts.

CSO left the meeting

3. Performance Oversight

COO, ND Acute Operations, ND Community Operations, and O Treacy joined the meeting

3.1 September / October Performance Update

The COO noted that there were 2 Performance Profiles circulated to the Committee prior to the meeting and provided a high-level overview of the monthly October 2020 report which was the most recent. She informed the Committee the Performance Profile is published on a quarterly basis and provides an update on key performance areas for Community Healthcare, Acute Hospitals and National Services in addition to Quality & Patient Safety, Finance and Human Resources.

The Committee discussed the reporting from a number of areas including colonoscopy, ED Performance, home support, redeployment in community services, and disability. Clarity was sought in relation to achievement of performance targets relating to Urgent Colonoscopy and Number on waiting list for GI Scopes and whether anything can be done to improve this performance.

The COO confirmed that due to the nature of this procedure it is proving difficult to reach target performance levels in a Covid environment, however work is ongoing to improve and there has been a new Clinical Lead appointed in this area.

In relation to ED Performance, the Committee queried whether the percentage of people 75 years old or older admitted or discharged within 24 hours can be attributed to people in this age group now being hesitant to attend hospital when they need to. The COO confirmed that hospital attendances by older persons are not significantly different by comparison to last year and the improvement in the speed of admission or discharge can likely be attributed to sustained commitment from clinicians to infection prevention protocols and additional capacities. The COO reported that COVID-19 has negatively impacted performance, with waiting lists now larger than at the outset of the pandemic but said the total number of adults and children waiting for an inpatient or day case procedure has been reducing for 5 successive months from May to October 2020 (the most recent data available). In comparison, outpatient waiting lists have continued to increase throughout the year due to the reduction in the overall volume of patients seen in 2020 in comparison to 2019, with the temporary closure of services and distancing recommendations impacting on the physical capacity to deliver services at the same volumes as pre-COVID-19. It was noted that the development of the Access to Care Plan as part of the National Service Plan 2021 is designed to meet the need and regain some traction in addressing waiting lists.

Questions were raised in relation to the accessibility of home support and the Committee queried whether public health nurses are becoming overwhelmed with requests as they are often the first point of contact in accessing this care. The ND Community Operations advised that she is not currently aware of any areas where public health nurses are overwhelmed but she can follow up on a certain area if required and report back to the Committee.

The Committee discussed the impact of redeployment within community services on people's health and why the redeployment of frontline staff in community services was much higher than in acute services. The COO advised that ideally, nobody would have been redeployed but this was necessary to delivery on COVID-19 response. Re-deployed staff are now being reinstated across all CHOs, especially with recruitment of personnel for testing and tracing functions and where staff cannot return to substantive posts in the New Year they will be back-filled.

In relation to the Children's Disability Networks, the COO confirmed that 26 are now fully configured and 15 partially. Assessment of Need has been a huge issue but there is now a catch up programme underway resulting in a significant increase of assessments completed on time. The Committee acknowledged the huge amount of work completed to get to this point. The model being used for these assessments was discussed and the COO confirmed that the new model is more efficient, will tie into the disability networks and will allow more children to get assessed more quickly.

The Committee discussed the effects of slow progress made on the reopening of disability day services provided by voluntary/3rd party providers. The COO advised that roughly 60% of day services have now been reinstated nationally and CHOs are working with providers to get back to full service, however, some are not in a position to do so. She noted that there is an additional €10m in next year's budget to help staffing levels in this area which should help reinstatement of services. Concern was raised by the Committee that the people who use these services and their families are being left at a disadvantage and requested a more detailed briefing on this disability service provision be brought back to the Committee as a stand-alone agenda item at the end of Q1 2021.

3.2 Reporting of COVID-19 Deaths in Residential Care Facilities

The COO spoke to the Report of COVID-19 Deaths in RCFs circulated prior to the meeting which has been requested by the Committee at its meeting on 23 October 2020. She noted that identification of deaths in RCFs is dependent on the individual being linked to an outbreak in such a RCF, or being formally identified as a resident of such a facility on the Computerised Infectious Disease Reporting System. Therefore, data in the reports should not be considered an exhaustive list of all deaths due to COVID-19 linked to RCFs. The Committee considered the data provided and thanked the COO for providing the paper. The Committee agreed that the report will be provided to the Board.

3.3 Update on Winter Plan

The COO presented to the Committee the Winter Plan PMO Update which was circulated prior to the meeting, outlining the progress with the 5 workstreams of the Winter Plan: Acute Capacity, Community Capacity, Integrated Pathways, Public Health, and eHealth.

The Committee emphasised the need for progress in recruitment to be recorded and reported as this is critical and will have an effect on the entire Winter Plan.

The COO confirmed that there is a separate process which captures recruitment but her team are also considering including in this report.

COO, ND Acute Operations, ND Community Operations, and O Treacy left the meeting

4 Integrated Financial Management System

V Plant joined the meeting

4.1 Quarterly IFMS update

V Plant provided the quarterly IFMS update to the Committee with reference to the paper circulated prior to the meeting. She updated the Committee on the status of: the IFMS SAP Implementation Project and current challenges; the IFMS Re-Plan which was necessitated by the impact of the COVID-19 emergency; a review that was conducted by DXC in relation to performance concerns raised by IFMS Programme Management; and Key Next Steps for the project. She advised that as there is zero contingency within the Design Stage timeline, scheduled to conclude 5 February, a number of key challenges (set out in detail in the update documentation) are being closely managed.

The CFO noted that engagement with voluntary organisations is key to the project and they are now beginning to make progress in this area. He confirmed that given that the IFMS is a priority in the LoD, there is work being undertaken to ensure engagement with the DoH will be significant.

The Committee thanked CFO and V Plant for the work completed to date and confirmed their ongoing support for the project.

CFO and V Plant left the meeting

5 AOB

The Committee agreed that it will consider the area of recruitment as it affects performance targets in 2021.

Date of Next Meetings: 22 January 2021 (TBC).

The meeting concluded at 17:35pm.

Signed: 
Tim Hynes
Chairperson

19.02.2021

Date