



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 19 February 2021 at 8:00am via video conference.

Members Present: Tim Hynes (Chair), Fergus Finlay, Brendan Lenihan, Louis Flynn, Sarah Barry.

Apologies: Sarah McLoughlin, Regina Moran.

In attendance: Dean Sullivan (CSO, Item 2), Aedín McNeill (Item 2), Marie Carroll (Item 2), Anne O'Connor (COO, Item 3), Liam Woods (ND Acute Operations, Item 3), Yvonne O'Neill (ND Community Operations, Item 3), Orla Treacy (Item 3), Patrick Lynch (ND QAV, Item 4), Fran Thompson (CIO, Item 5), 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 11 December 2020.

EMT members joined the meeting at 8:45am.

2. Corporate Planning and Reporting

The CSO, A McNeill and M Carroll joined the meeting

2.1 Annual Report 2020 – Process and Timelines

The CSO provided an update to the Committee on the proposed process and timelines for the production of the HSE Annual Report 2020 (AR2020) and confirmed that the National Service Plan 2021 and the Corporate Plan 2021-24 have now been approved by the Minister. He advised that the Health Act 2004 requires the HSE Annual Report to be prepared and adopted, no later than the 30 April each year, on the performance of its functions during the preceding year. He advised that the drafting of AR 2020 will be co-ordinated and led by the Planning Unit within the Office of the CSO,

linking in with relevant staff from across the HSE Centre. The intention, in developing AR2020, is that the end document will meet all legislative requirements and be fit for purpose while minimising the burden on the system in terms of its preparation, recognising the current significant pressures across the organisation.

The CSO confirmed that AR2020 will be prepared in the context of COVID-19 and the HSE's response to the pandemic will be a key focus throughout. It will outline the public health measures established to manage the Pandemic, the new services and new ways of delivering existing services that were put in place to enable service continuity, as well as reporting at a high-level, on progress with key priorities included in National Service Plan 2020, noting that service delivery was significantly impacted during the year.

The Committee noted the proposed timeline and highlighted that the AR2020 will be an important document which will form a fundamental part of the HSE's public accountability. The Committee recommended that the AR2020 include clear information on the risks and challenges in the organisation and while retaining a concise narrative, provide linkages to further information should a reader require it. The CSO confirmed that transparency one of the aims of the document and these recommendations will be considered. It was agreed that the Committee would hold a special meeting in addition its usual monthly meeting in March to provide the required oversight on the AR2020 in advance of a draft being submitted to the Board.

The CSO, A McNeill and M Carroll left the meeting

3. Performance Oversight

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

3.1 November / December Performance Update

The COO noted that there were two Performance Profiles and Operational Service Reports circulated to the Committee prior to the meeting and provided a high-level overview of the monthly December 2020 reports which are the most recent. The COO informed the Committee that when the data for January 2021 is provided it will be notably different from December 2020 due to the interruption in planned levels of service resulting from the wave 3 COVID-19 response and overall performance for the year will be challenged.

The COO and Committee discussed reporting from a number of areas including serious incidents, urgent colonoscopy, immunisation, mental health, Rapid Access Clinics in cancer services, the establishment of Children's Disability Networks, and indemnification on communicable disease in third party service providers (home-support).

In relation to the number of requests for assessment of need received for children, the COO advised that this is a community-based service and there is currently a national improvement plan in place which has and should continue to improve performance in this area albeit the pace of progress has been impacted due to response to current COVID-19 wave. The Committee queried whether more assessment is resulting with more needs not being met. The COO noted that this area will continue to improve with time the establishment of Children's Disability Networks and continued to focus on early intervention services.

The COO reported that COVID-19 has negatively impacted performance in relation to older persons home support hours. An issue has arisen in relation to indemnification on communicable disease. The Committee discussed possible ways to mitigate risk relating to this issue. It was agreed that the issue needs to be considered at a higher level and should be brought to the attention of the Board.

The Committee queried whether vaccine hesitancy is likely to significantly impact the rollout of COVID-19 vaccines and whether there are plans to build a national vaccination workforce as many vaccinators are currently redeployed from other areas. It was agreed that a meeting should be scheduled with the CCO to discuss vaccine programme requirements further.

In relation to planned levels of activity, performance and reform as per NSP2021, and with regard to the Chair of the Board's undertaking to the Minister to keep delivery of the entirety of NSP2021 under close review, the Committee considered how achievements post the current COVID-19 wave response would be tracked suggesting the identification of focus areas and building a composite reporting process around these areas. It was noted that formal correspondence will issue from the Chair of the Board to DoH in relation to this in April 2021.

Finally, the COO advised that colleagues in the DoH are keen to present to the Committee on the Health System Performance Assessment Framework and it was agreed that a meeting would be arranged for 24 February 2021 to facilitate this.

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

4 Risk Management

ND QAV joined the meeting

4.1 Review of CRR Risks assigned to Committee

The ND QAV provided a CRR update to the Committee with reference to the Risk summary and individual Risk Assessments circulated prior to the meeting. He advised the Committee that the Q4 2020 review of the Corporate Risk Register (CRR) has been completed. The work was delayed due to the current COVID-19 surge and the significant pressures this has put on EMT members.

The ND QAV advised that work is being undertaken to create a better understanding of appropriate risk ratings among the risk owners. The Committee thanked ND QAV for the progress made to date and confirmed their ongoing support for this work.

ND QAV left the meeting

5 Quarterly Reviews

CIO joined the meeting

5.1 Review of ICT Capital plan / rollout of e-health initiatives

The CIO provided an update on the progress made in relation to the implementation of the ICT Capital Plan for the first 6 weeks of 2021. The ICT Capital Plan is part of the 2021 service plan which was approved by the Board in Dec 2020 and it reflects the priorities and actions implementable within the funding envelope available (€120m 2021). The ICT capital plan is an integral part of the 2021 service plan and the Office of the CIO (OoCIO) works in partnership with the relevant service area to deliver on the plan.

The CIO advised that ICT enabled projects are critical to the success of the health service reform agenda, however, 2021 is remaining a hugely challenging environment as the COVID-19 response continues to absorb resources. In particular, workforce management and recruitment are proving problematic which impacts on all other elements of the plan. Areas such as development costs of business proposals, immunisation systems and patient centred design thinking were also discussed.

The Committee discussed the importance of patient experience of ICT projects and emphasised that the development of new systems should be user centric. It was agreed that a workshop would be organised for the Committee with the OoCIO in relation to patient experience design using the home support project as an example.

The CIO briefed the Committee on the work of the HSE Digital Academy and its work to improve the digital literacy of the organisation. It was agreed that a deep dive on this subject be added to future agenda. It was also agreed that the Health Intelligence Unit should be invited to present to Committee in the coming months.

The Committee and CIO discussed the potential for a change in how some areas of the plan could be funded. The CIO agreed to draft a three-year overview of areas which could potentially change from a capital expense (capex) to an operational expense (opex). The Chair also requested that more detail on what investments have been made and what did not make it into the ICT Capital Plan be provided at the next quarterly review.

CIO left the meeting

6 AOB

Date of Next Meeting: 19 March 2021 (TBC).

The meeting concluded at 12:25pm.

Signed: 
Tim Hynes
Chairperson

19.03.2021

Date