

HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 22 Oct 2021 at 8:00am via video conference.

Committee Members Present: Brendan Whelan (A/Chair), Fergus Finlay, Sarah McLoughlin, Brendan Lenihan, Louis Flynn, Sarah Barry.

HSE Executive Attendance: Anne O'Connor (COO), Dean Sullivan (CSO), Stephen Mulvany (CFO), Niamh Drew, Jaymie Crone

Apologies: Tim Hynes (PD Committee Chair), Philip Crowley (ND Strategy & Research)

Joined the meeting: Liam Woods (ND Acute Operations), Yvonne O'Neill (ND Community Operations), Orla Treacy, Marie Carroll (Planning Specialist), John Smith (Assistant ND)

1. Governance and Administration

1.1 Welcome and Introductions

Brendan Whelan took the Chair and 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 put forth relevant actions as they became apparent.

1.2 Declarations of Interest

No conflicts of interest were declared.

1.3 Approval of Minutes

Minutes from the 17 September were deferred and will be presented at December meeting for approval.

2. Performance Oversight

The COO presented the Performance Profile for August to the Committee which 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 which had been compiled utilising August 2021 data or most recent data available at this time. The results are based on expected levels of activity/targets as per National Service Plan 2021

The COO noted in relation to the dashboard project, the phase 2 extension has been delayed until October 15 due to technical issues. The Committee discussed Emergency Department performance as set out in the performance profile report. The COO confirmed overall trends in ED presentations is directly impacted upon by the requirement for GPs to participate in the Vaccination Programme and the inability by GPs to access Healthlink for referrals. The COO informed the Committee that over 30% ICU capacity is occupied by Covid-19 related cases and surge plans are continuously being put in place. Predicted ICU occupancy numbers for the next few weeks are estimated at 100-200 cases depending on the rate of transmission with new variables being included such as transmission from children to adults.

The Committee discussed with the COO the impact of the new waiting list plan, the impact on hospital capacity based on the recent NPHET COVID 19 modelling projections and the performance areas being considered by NPOG under the Performance and Accounting Framework as reported in the performance report including access targets for referrals to the symptomatic breast cancer clinic. The COO confirmed that the improvement plan is being implemented and that the majority of patients are being seen within a clinically acceptable time and the number of attendances is rising.

The Committee discussed Home Support for Older People. The COO noted that the Home Support initiatives included in the Winter Plan provides for an additional 5m home support hours to be delivered by end of 2021.

The COO discussed recruitment challenges for nursing and health and social care professionals The COO noted that nursing numbers will be greatly helped by incoming graduates of about 800 and work is underway to fulfil 1,400 posts in relation to health and social care professionals.

The Committee discussed the prevention of infection within hospitals. The COO noted that active management of infection spread is underway in hospitals through implemented safety procedures and work with Prof Martin Cormican is being conducted to look at infection in hospitals due to growing numbers of Covid-19 transmissions in hospitals and how high levels of vaccination uptake by healthcare workers has reduced transmission.

The Committee discussed the ongoing work to establish the Children's Disability Networks (CDN) across each of the nine CHO's. The COO noted significant progress is being made in line with the timeline for the reconfiguration of the CDN teams where outstanding vacancies are currently being progressed. Lead agencies for each of the networks have been agreed in all CHOs and standardised CHO governance structure and processes have been agreed upon between the HSE and all agencies and are currently being implemented in all CHO areas

In response to questions from the Committee in relation to the Covid-19 booster vaccination program for healthcare workers, the COO noted that a large portion of HSE staff are vaccinated and will be able to avail of the Covid-19 booster shot in phase 2 of the booster vaccination program.

The Committee requested an update with regards to the performance notice in relation to John of Gods, The COO informed the Committee that following considerable engagement, an agreed Memorandum of Understanding providing a progression of a time-bound sustainability impact assessment jointly by HSE and SJOG has been agreed. This is to ensure the implementation plan to improve the performance issues identified remains.

3. Winter Plan Update

The COO highlighted the challenges ahead and discussed the proposed Winter Plan noting that it includes a range of initiatives to be undertaken which will aim to enhance community capacity, decrease acute hospital demand through the prioritisation of Primary Care and Community Services and advance the goals of Sláintecare and mitigate the impact of COVID-19.

The COO noted that this is done through prioritising Vaccinations, Population Health, Test & Tracing, Pathways of Care and Building Capacity. Three Winter Plan initiatives have been currently highlighted as vital, step down beds, purchasing of private sector services and home support.

The COO noted the initiatives identified in the Winter Plan are mainly service capacity and treatment pathway enhancements that are permanent in nature and where put in place will require full year funding in 2022 and beyond. Where full year funding is required, these initiatives will be clearly identified in the NSP 2022 submissions of which they are a subset.

The COO noted that the continual prioritisation, balancing and judgement calls of service requirements and competing demands to launch new initiatives whilst delivering on the restoration of certain service plans is the main focus going into the winter months.

The COO noted that talks have been had to revisit the amount of funding being allocated to the Winter Plan. Re-allocations may be necessary to free up funding for 2022.

4. National Service Plan

The CSO introduced and presented pre budget draft of the NSP as circulated noting significant work has already been completed by services in identifying their priorities for action in 2022, this has contributed to the pre-budget drafting of the NSP 2022.

He noted that the Letter of Determination (LoD) and the Annual Statement of Priorities are awaited from the DoH in order to complete the planning process. The CFO presented a high-level summary of Budget 2022 setting out the additional core level funding expected for 2022 for both existing levels of service and new developments and the additional COVID-19 Revenue funding.

The CFO informed the Committee that discussions are ongoing with the DoH regarding the amount of COVID funding that will be included in the base budget on a reoccurring basis.

The Committee discussed recruitment and the COO noted recruitment targets from June to December are 4,076 posts which is in line with the revised target in NSP 2021.

The approach and timeline for the production of the NSP 2021 was noted by the Committee and it was agreed that additional meetings of the Committee maybe required.

5. AOB

The Committee held a private session to debrief post meeting.

The meeting concluded at 10:14am

Signed: Brelan Chelan

Date 10/12/2021

Brendan Whelan

A/Chairperson