



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 23rd July 2021 at 8:00am via video conference.

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

HSE Executive Attendance: Dara Purcell (Secretary), Niamh Drew (Deputy Company Secretary), Jaymie Crone

Joined the meeting: Anne O'Connor (COO), Fran Thomson (CIO), Liam Woods (ND Acute Operations), Paul Reid (CEO), Bernard O'Regan (Disability Planning), Dean Sullivan (CSO), Yvonne O'Neill (ND Community Operations), Orla Treacy, Maurice Farnan (Interim/A.N.D. Community Operations), Stephen Mulvany (CFO), Dara Purcell, Niamh Drew, Jaymie Crone

1. Governance and Administration

1.1 Welcome and Introductions

Tim Hynes took the Chair and welcomed the Committee members to the meeting. He provided a brief summary on the agenda and relevant papers to be discussed for the meeting. The Committee affirmed acknowledgments of the papers. The Chair advised the Committee that the focus of this meeting would be to receive updates on key items and to put forth relevant actions as they became apparent. Tim Hynes provided the Committee with an update on the discussions he had with the Chair on the areas of focus of the P&D Committee until the end of the year in the context of the Board Strategic Scorecard. The Committee noted that it is worth querying if this will sit well with other Committees.

1.2 Declarations of Interest

No conflicts of interest were declared.

1.3 Approval of Minutes

23rd of April 2021.

- Minutes were approved by the Committee

18th of June 2021

- Approved subject to grammar corrections and correction with regards to Sarah McLoughlin's attendance

1.4 Matters Arising

No significant matters arising for immediate attention.

2. National Service Plan 2021 & Performance Oversight

The CFO, COO, Liam Woods, Maurice Farnan and Orla Treacy joined meeting at 08:30.

The Performance & Delivery Committee agenda has Performance Oversight as a standing item. In this context the Performance Profile's and Operational Services Report's for March 2021 and April 2021 were presented to the Committee for consideration in order to provide assurance to the Board as to the performance monitoring function.

It was agreed that the consideration of the performance profile and operational service reports would form part of the overall discussion on the NSP Q1 Review agenda item. It was noted that the objective of the NSP2021 Review is to establish progress made during Q1 on key Strategic Programmes and Operational KPIs and to propose, based on the latest data and information available, if revised NSP targets are required, and if so, what revisions are required. The Committee noted the NSP2021 Review Phase 1 Report was submitted by the Board to the Minister on the 4th May.

The COO then presented the current status of the NSP Review 2021 Phase 2 report which provides best estimates and updated assessments of expected activity, expenditure, recruitment, and reform initiatives achievable by year-end. The COO noted that April was the only month that they got a full month of data for the NSP Review and that the current data does not account for the impact of the Delta variant. She emphasised that since before the cyber-attack the HSE and DOH have been making clear the need to consider our planned developments, and the very welcome €1.1bn and increased WTE's to support the same. The desire is it being deliverable over an 18 month rather than the original largely 12 month period envisaged by the NSP2021, considering that the original core government and

NSP assumptions were level 3 restrictions or for a better scenario for 2021 and did not include a vaccination programme. With the additional impact of the cyber-attack, and the imminent 4th surge related to the delta variant, that 18 month delivery timeline is under further pressure.

The Committee noted from the report that all KPIs, Outputs and Deliverables planned for Q1 were achieved by Test and Trace and Mental Health Reform, and the majority of KPIs, Outputs and Deliverables are on track in the Vaccine Programme, Infrastructure and Equipment, Disability Reform, Enhancing Bed Capacity and New Drugs.

However it noted that Elective work has been significantly impacted by COVID and more recently the cyber-attack. The private sector has been less available and it is expected that the 4th wave will add to the challenge. Adjustments to scheduled care targets are therefore proposed.

Furthermore services in hospitals and the community have been impacted during Q1 with the ongoing impact of the pandemic and cyber-attack year-to-date. Services most adversely affected include high volume/activity in hospitals, endoscopy, scheduled care, BreastCheck, BowelScreen, Diabetic RetinaScreen, child health screening, primary care therapies, food control inspections, palliative care and older persons. Bowel screening faces challenges in onward referrals more than in screening appointments themselves.

In response to specific questions on the operational and service performances for March and April particularly the back-log in scheduled care, noting there are 50,000 more on the scheduled care waiting list than last year, the Committee were informed that the new national director has been working with the CCO to work on changing KPI's in response to serious incident reports and the Committee requested more information on this work be provided to her following the meeting.

The Acutes ND noted that on the scheduled care side there has been lost capacity in the first half of the year. This resulted in reduced access to scopes.

Maurice Farnan notified the Committee that the data collection process and models used for KPI's need to be further discussed and also that there will be a long tail effect from Covid-19 that must be monitored. He informed the Committee the work is ongoing to address the assessment of needs for disability services.

The Committee discussed the balance between the money invested and the outcomes achieved. The Committee were informed that NTPF have identified additional case capacity. The Committee queried if there has been completed tender processes for procedures not covered by NTPF. It was

noted that the contracting process was nearing conclusion and 15 million had been released as part of the scheduled care transformation programme to secure additional activity at an early date.

The CFO informed the Committee that in summary financial terms, the complexity and uncertainty outlined above, there is a significant internal review yet to be finalised in order to mitigate any potential inconsistencies between the WTE, activity and strategic programme outlook and the resultant financial position. In terms of the insight from the analysis of the first three / four months of the year, along with consideration of resource data to the end of June, the Committee discussed what this means to year end and also what it means for 2022.

The Committee welcomed the assurance of the management focus to the remainder of the year being to seek to maintain our response and readiness around COVID, to deliver the approved and funded new measures essential for the creation of the future system design. These are part of the very welcomed NSP2021 government investment of €1.1bn in the permanent strengthening of the health service as envisaged by Slaintecare. There will be a significant attention on planning, preparation and implementation of efforts to commence addressing backlogs, waiting lists and similar. This includes first stopping the growth in such backlogs and waiting lists that has been driven by the pandemic and the recent cyber-attack, then getting back to pre-pandemic levels and finally working to fully address access issues in a sustainable way. This will take a number of years and, as a start, will require us to make as much use as possible this year of the access to care funding currently provided on a once-off basis within our 2021 COVID monies and these will be key issues as we begin to plan for 2022 Estimates.

3. Corporate Centre Review

The CEO joined the meeting and presented the new design structure that has now been defined for the HSE Corporate Centre which had been supported by the Board and implemented on 14 June 2021.

He informed the Committee that the Review commenced its work in January 2020 and its mandate was to consider whether the HSE's corporate functions as currently organised were geared to support operational services both now and into the future. The Review process involved broad consultation and there was very good participation by most if not all of the individuals who are likely to be impacted by the review. The review also incorporated the considerable learning that we have arising from the COVID-19 pandemic and our crisis response. The internal consultation process was supplemented by a number of design workshops and by research of other health systems. The presentation provided to the Committee in advance of the meeting outlined the changes made across all the portfolios of responsibilities assigned to National Directors in on the Executive Management Team. The CEO said particular attention was paid during the design phase to the Operations, Strategy and Clinical functions, and he discussed with the Committee brought the Board through a number of changes and consolidations that are taking place within these functions and additionally within the Finance, National HR and Internal Audit

The CEO discussed the long term target structure, stating that the population target and structure needs to be flexible, to be able to be built up or built down. It should be split into enhancing public health, testing and tracing structure which must remain and the vaccination structure in the context of booster vaccines, population vaccines and school programs. He noted the need for better learning availability on disruptive technologies in relation to E-Health. In finance, procurement needs focus as well as further work on the IFMS system. The CEO concluded that the clinical audit was brought in which improved auditing standards overall. The Committee thanked the CEO for his presentation.

The Committee discussion focused on the need to ensure integration between the operational functions and planning/strategy, the need for strong accountability at local regional and national level supported with appropriate devolved authority. The CEO said he has regular meetings with hospital groups every month which assist accountability, transparency and control. In response to questions the proposed creation of the regional health authorities the CEO said there are concerns around the timing of such a change. He acknowledged the importance of this development from an improved service integration and accountability perspective. However, he is of the view that given the current impact of the pandemic on the health services, now is not the time to introduce such

large-scale structural reforms. These structural changes will require legislative amendments which will need to be developed and implemented over time. The Committee emphasised the need to further build on and improve the relationship between the HSE operational services and S38, S39 bodies and that more work needs to be done on their understanding of their funding obligations to these bodies. In conclusion the Committee welcomed the new structures and thanked the CEO for taking the time to attend the Committee. The Committee said the tremendous work undertaken by the HSE in dealing with the pandemic and more recently in the rollout of the Covid-19 vaccination programme has resulted in the HSE being seen as a trusted organisation well capable of managing and responding to a significant national emergency.

4. Transfer of Services – Disability function from Department of Health to Department of Children, Equality, Disability Integration and Youth

Bernard O Regan joined at 10:10

The COO briefed the Committee on the transfer of services noting that a key risk for HSE relates to the unsustainable delivery model for disability services where year on year, costs exceed the available budget allocated from Central Government. She stated the formal transfer of responsibility will take place on January 1st 2022 on the key assumption that the necessary due diligence as well as legislative arrangements have been put in place. The COO noted at the moment a new agency won't be formed as a result of this transfer and that the HSE will still be running this department. The paper presented is veering towards the replicate model of transfer. The COO opened the floor to any queries the Committee may have.

The Committee queried the dynamics between the departments, if different departments have diverse views. The COO expressed that departments are keen to work with the HSE but do make it known that they believe it is a big task, that there is not one unanimously agreed model and they can't make the process any simpler. The preparedness for non-forecasted changes in the budgets post transfer were queried. The COO affirmed the awareness of this and that there will be pushes for more funding in Disabilities to tackle this. She stated there is a preference to avoid HSE resources needed in other areas being used to fund the changes in forecasted costs in the Disability budgets. It was noted that the replicate model that is recommended requires the most processes and work and that a mechanism must be put in place to deal with any issues that arise while trying to implement this model. It was agreed that the Chair of the Committee would discuss this matter further with the HSE Chairperson

Bernard O Regan left the meeting at 11:00

5. Risk Management

The COO then presented the corporate risk register to the Committee. She confirmed that there is currently 27 risks on the register, 18 are red status and 9 are amber status. She also stated 9 risks are currently key operational risks and require an update on a monthly basis.

The COO updated the Committee on risk 8, the capacity access and demand risk. There is still a present risk of poorer outcomes for patients and service users due to the insufficient capacity across community and acute services which has been impacted by COVID 19, the cyber-attack and changing demand patterns for scheduled and unscheduled care. The COO then provided an update on risk 11, a risk to disability service continuity and the provision of appropriate, safe and quality care for people with disabilities effected by the cyber-attack. This risk is mainly due to deficits in the current operational delivery model; an absence of agreed multi-annual investment and reform; funding and governance challenges experienced by some providers and the impacts that COVID-19 has on the provision of service to children with complex disability needs and the requirement to comply with the Disability Act 2005 The COO noted that the assessment of needs in disabilities was slowest system to come back.

The Committee queried if risk 8 will continue to rise on the risk register The COO stated it is dependent on capacity, the direction of the Delta variant and the lasting effects of the cyber-attack, concluding that continuing to rise is a possibility. The Committee stated to consider the impacts on Mental Health and on families in the absence of respite and to check what work has been done on monitoring this. The COO confirmed there is currently not structure put in place to monitor these aspects and conversation will be had.

The COO and Fergus Finlay left meeting at 11:20.

6. Oversight Agreement

The CSO joined meeting at 11:22

The CSO provided an update on the draft Oversight Agreement which sets out the broad governance and accountability framework and relationship between the HSE and the Department of Health. He informed the Committee the draft Oversight Agreement the HSE has worked with the DoH over the past number of months in order to prepare an Oversight Agreement which meets the requirements of the DPER Code of and is agreeable to both parties. External legal advice was also sought to ensure the agreement is in line with statutory requirements. Feedback received from EMT and Board members have also been incorporated into the final draft which has now been updated to include further feedback from the DoH and is ready for consideration and approval by P&D and HSE Board.

The Committee recommended the draft Oversight agreement for submission to the Board for formal approval. Some drafting changes were suggested to paragraphs 5.2.3 and 9.7.4 which the CSO agreed to considered.

The CSO left at 11:40

7. IFMS Update

The CFO joined meeting at 11:46

The CFO introduced the IFMS which is set to be introduced in offices and acute settings. This system improves on the current financial systems improving integration, fluency and accountability. The CFO has confirmed that the design stage has been closed. That overall there has been a delay of 9 months due to Covid-19 and the cyber-attack on the implementation of this system. He noted the building test phase has been extended from 6 months to 9 months and that overall the project is 12 months behind. The CFO noted that the voluntary sector engagement has to be pushed more. He also noted that work is being done on an overall legal framework which the voluntary sector is looking for. The CFO opened the floor to questions by the Committee.

The Committee queried if there is an expectation of more resistance from other relevant parties that will have to use IFMS. The CFO believes there will be as some parties do not want a new system as it is a big change and a large system The Committee noted that the delays have been well flagged, forecasted and accurately recorded and that overall the delays are not the most positive information but not something that should cause too much worry. The Committee agree that importance still remains on getting the voluntary organizations to take on this new system. The Committee noted that

there is more risk and difficulty the longer the timescales are too keep pushing and convincing parties to take on this system and that this should be noted and monitored. The Committee thanked the CFO for his contributions.

8. Estimates Process

The CSO re-joined at 12:00

The CSO introduced this item and provided an update on the preparation of the Estimates Process for 2022, which incorporates two separate elements, an estimate requirement for an existing level of service for 2022, which the CFO gave a high-level briefing on and an estimate requirements for key new developments for 2022.

The CSO noted that due to the impact of Covid-19 and the Cyber Attack some elements of the 2021 plan haven't been delayed and the impact of this will make plans forecasted for 2022 more challenging. The CSO informed the Committee that is he is proposing to bring a first draft of a plan regarding a number of service estimate elements to the Committee for its September meeting

The Committee welcomed the update provided by the CSO and CFO and an in-depth discussion was had on the numerous challenges in this area. The Committee discussed with the CSO the prospect of the NSP having to be approved by a second government department, the CSO confirmed that engagement is ongoing with the government department to discuss such matters. The Committee also discussed challenges with regarding to securing funding

It was agreed that the Estimates Process would be an agenda item for the next number of meetings

The CFO left meeting at 12:22. Sarah Barry left at 12:22.

9. ICT Capital Plan

The CIO joined at 12:30

The CIO briefed the Committee on the ICT Capital Plan noting that it is part of the 2021 service plan which was approved by the Board in Dec 2020 and that it reflects the priorities and actions implementable within the funding envelope available of €120m. The CIO explained that elements of the capital plan had been put on pause due to Covid-19 and the cyber-attack.

The Committee queried the implications on services from the delays of the capital plan and the services not being created querying if the delays are aligned more from Covid-19 in Quarter 1 or the Cyber-Attack in Q2. The CIO noted they were broadly on track in Q1 but Q2 has been extremely challenging and there have been significant setbacks. The CIO also highlighted the challenges with regards to staffing and noted that recruiting the people with the best expertise for these critical projects on the capital plan is becoming much more difficult and expensive.

The Committee noted the difficulty in covering so many projects and suggested a 3 year review could be beneficial for the ICT capital plan

10. Cyber-Attack Update

The CIO provided an update on the current standings with the cyber-attack and informed the Committee that there are 22 acute systems that are still in the red and are being worked back to full operating capacity. He noted all of the community and business systems have been stood up again while 6 community and 3 business systems remaining outstanding.

The Committee held a discussion on the different approaches to improve the recovery response to the cyber-attack and discussed the advantages of working with global digital companies. The Committee also sought an update of the ongoing work of the Conti Review Oversight Group and the CIO noted progress is continuing on point and that the Committee will be briefed further over the next few months

AOB

The Committee held a private session to debrief post meeting.

The meeting concluded at 13:24.

Signed: 
Tim Hynes
Chairperson

Date: 17th Sep 2021