



HSE Performance and Delivery Committee Meeting

Minutes

A meeting of the HSE Performance and Delivery Committee was held on Friday 17 February 2023 at 9:00 via video conference.

Committee Members Present: Fergus Finlay (Chair), Brendan Whelan, Anne Carrigy, Sarah McLoughlin, Sarah Barry, Joan Johnston.

HSE Executive Attendance: Damien McCallion (COO), Yvonne O'Neill (ND Community Operations), Mary Day (National Director for Acute Operations), Joe Ryan (ND Operational Performance and Integration), Orla Treacy (Operational Performance and Integration), Dara Purcell (Corporate Secretary).

Joined the Meeting: Fidelma Browne (AND Communications – Item 2.4), Mairead Dolan (CFO – Item 3), Brendan Lenihan (Board Member – Item 3 & 7), Dean Sullivan (CSO – Item 6-8), Philip Crowley (ND Strategy and Research – Item 6-7), Yvonne Goff (ND Change and Innovation – item 8), Patrick Lynch (CRO – Item 9).

1. Committee Members Private Discussion

The Chair welcomed new Committee member Joan Johnston who introduced herself to the Committee.

The Committee held a private session to review 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.

2. Governance and Administration

The Chair welcomed executive members to the meeting.

2.1 Declarations of Interest

No conflicts of interest were declared.



2.2 Minutes of Committee Meetings

The Committee approved the following minutes subject to one change:

- 25 January 2023

2.3 Committee Terms of Reference

The Committee Chairman thanked members for their feedback on the Terms of Reference noting the redrafted version as circulated prior to the meeting had incorporated this feedback.

The Committee Chair advised he will follow up with Committee members via email to finalise the TOR and get agreement for them to be submitted for approval at the February Board meeting.

2.4 HSE in the News

AND Communications joined the meeting

The AND Communications provided the Committee with an update on current HSE media coverage, highlighting in particular on matters which impact have negatively impacted on the organisation's reputation such as issues like the Child and Adolescent Mental Health Services (CAMHs), and a range of "medico/legal" issues, including especially the Coombe Hospital case.

The Committee discussed the impact this coverage can have on the reputation of the HSE and also on staff wellbeing and noted that often, the HSE is in the news because people negatively impacted during their interaction with services feel there is no other way to have their voice heard and it is understandable for them to turn to the media. The Committee made the point that some issues in the media related to policy and politics but that media coverage which relates to how services are delivery should be a lever for change through service improvement.

AND Communications and S Barry left the meeting

3. Specialist Community Based Disability Services

CFO, B Lenihan joined the meeting

The COO provided an update on the upcoming transfer of policy, functions and funding responsibility relating to specialist community-based disability services (SCBDS) from the Department of Health (DOH) to the Department of Children Equality, Disability, Integration and Youth (DCEDIY) due to



take effect from 1st March 2023. He advised that a Government decision in December 2020 clarified that the HSE will retain responsibility for the delivery of SCBDS following the transfer and that the transfer does not encompass mainstream health services delivered to people with disabilities which will remain under the DOH.

The Committee noted correspondence from the Minister for CEDiy dated 13 February 2023 which was circulated in advance of the meeting. This correspondence highlighted the ongoing necessary enabling work being completed by officials from the DCEDIY, DOH and HSE on financial governance methodology, assessment and verification and outlined that the consolidation of whole-of-Government Disability Equality Policy and specialist disability services within a single department provides an opportunity to deliver improvements for service users. The Committee welcomed the Minister's priority to ensure that the seamless delivery of services is maintained throughout the transfer process.

ND Community Operations informed the Committee that regarding progress with the Transfer of Functions for Disability Services, there has been extensive engagement between the Departments and the HSE, bilaterally and trilaterally, to prepare for the Transfer.

The focus of the engagements has been to:

- Maintain continuity in the delivery of and accountability for delivery of services
- Minimise the administrative impact on the HSE
- Seek agreement between all parties to building on existing administrative, governance and reporting mechanisms and to avoid where possible unnecessary duplication, though acknowledging that there will be some duplication for example in accountability to two Ministers and Departments.

The HSE has also been briefing DCEDIY on the financial risks in Disability Services including setting out details of the legacy deficit position and the starting deficit position at the beginning of 2023. The Committee noted a series of meetings and workshops involving key stakeholders are ongoing and the primary areas of attention for these include:

- The funding arrangements in place to Section 38, section 39 and for-profit providers
- The governance arrangements in place for oversight of the service arrangement process
- Clarity of governance arrangements in place for ensuring appropriate use of funding where a Provider may receive funding from more than one care group i.e. Disability funding only used for Disability services and Mental Health funding only used for Mental Health services



The CFO confirmed that the HSE obligations will not change in relation to financial reporting. The HSE accounts will be managed in the same way as usual, the only change is there will be different income sources now. The Committee emphasised the need for a standard monthly reporting template which the CFO agreed is an important step.

The Committee discussed the potential impact this transfer will have on service users. The Committee were informed that what is being transferred to the new Department is policy and overall financial and political accountability. The HSE will continue to deliver disability services directly and indirectly through funded agencies. The HSE will continue to be accountable for the quality of all disability services delivered which cost around €2.5 billion to provide annually.

The Committee noted the following implications of the Transfer of Functions:

- Dual reporting requirement of the HSE to two Ministers and two departments
- Requirement for Ministerial approval from Minister for CEDIY for the disability “chapters” in the Corporate Plan, Service Plan
- Requirement for separate and appropriate performance reporting and accountability
- The transfer raises challenges to the provision of integrated care and support while also creating the potential for improved cross-sectoral working

CFO, B Lenihan left the meeting

4. Performance Oversight

All performance/activity data used in this document refers to the latest information available at the time

The COO Report, Operational Service Report (December Data), Performance Profile (December Data), National Performance Oversight Group (NPOG) Meeting Notes (December Data), and the PMO Report – Winter/NSP 2022 -23, which had been circulated prior to the meeting, were noted.

The COO updated the Committee on the key strategic and operational updates outlined in the above documents, focusing in particular on Serious Incidents, Internal Audit and Ambulance Turnaround Times. In relation to Serious Incidents, the COO advised that State Claims Agency have agreed in principle for all Section 38 and Section 39 organisations access to NIMS such that the HSE can attain a system-wide view of compliance with KPIs. The COO advised that NPOG had discussed



oversight arrangements and progress to date in implementing outstanding recommendations from Internal Audits completed in 2020 and 2021. At next review, end Q1/2023, services will be able to identify areas where recommendations cannot be implemented. Regarding Ambulance Turnaround Times, the COO advised that NPOG noted dis-improvement in performance in December however it was also noted that there has been improvement in some sites in January. He confirmed that the National Director will identify exemplar sites and related contributing factors such that learning can be scaled in other hospital sites.

The COO also presented data on Urgent Colonoscopy, Cancer Services, Child Health, Psychology and PCRS. In relation to Cancer services, the Committee noted that there is persistent non-compliance in Rapid Access Clinics' performance and queried whether delays in diagnostics are contributing to this issue. The COO advised that he would provide an update on a Diagnostics Review which is underway currently when available. The Committee also queried the factors which are used to decide indicators for the data presented each month and whether the degree of additional risk on people when they are not met is taken into account. The COO advised that the deciding factor varies and will usually be based on clinical guidance, statutory responsibilities, or attainable targets based on available resources.

The Committee discussed in depth the update provided on Disability Services in relation to the Assessment of Need process and the Progressing Disability Services (PDS) Roadmap. The Committee emphasised the importance of the PDS Roadmap and restated its willingness to engage with executive members in relation to its drafting. The COO confirmed that the Committee would be presented with further drafts and be kept updated on progress.

The COO presented the 2023 Waiting List Action Plan to the Committee, advising that it is the next stage of the multi-annual approach to reducing waiting lists and moving towards achievement of the Sláintecare maximum waiting time targets. He advised that in 2023, significant investment is being made available to support the delivery of additional in-year activity to clear waiting list backlogs; progress key strategic reforms and; implement sustainable solutions to address capacity deficits. The Committee supported the plan but noted that a wider discussion at Board level is required. It was highlighted that further Sláintecare investment will be required to reduce waiting lists long-term, especially in relation to primary care and diagnostics.



5. Social Inclusion

This item was deferred to the March Committee meeting.

6. Annual Report 2022

CSO, ND Strategy & Research joined the meeting

The ND Strategy and Research provided a brief verbal update on the progress with preparation of the HSE Annual Report 2022. He confirmed that Committee feedback from the February meeting has been incorporated and an updated draft is due to be presented to the Committee at its next meeting on 24 March.

The Committee noted the timelines and process to prepare and finalise the Annual Report and agreed to hold a special Committee meeting if required in April to review the Annual Report prior to its submission to the Board for final approval on 26 April 2023.

ND Strategy and Research left the meeting

7. National Service Plan 2023

B Lenihan joined the meeting

The CSO gave a brief verbal update on the NSP 2023, noting that there has been significant ongoing engagement with the DoH in relation to the financial challenges as described in the current NSP 2023, but no agreement has been reached. He advised that the DoH had in recent days provided their view of the financial gap which is not accepted by the HSE and engagement continues, supported by the CEO and EMT.

The Committee noted the position as reported in relation to finalisation of the NSP 2023.

ND Strategy & Research, B Lenihan left the meeting



8. Sláintecare

ND Change & Innovation joined the meeting

The ND Change and Innovation presented the draft End of Year Sláintecare Action Plan Report 2022 and the draft Sláintecare Action Plan 2023 to the Committee.

Regarding the draft End of Year Sláintecare Action Plan Report 2022, the ND Change and Innovation advised that the 2022 Sláintecare Action Plan was published in June 2022, and outlined a concise set of reform outcomes and output-based deliverables in line with the two Reform Programmes defined in the Sláintecare Implementation Strategy and Action Plan 2021-2023.

She advised that the draft End of Year Sláintecare Action Plan 2022 is presented for consideration and comment by EMT, P&D, and Board Members. The end of year report is also in the process of being considered and approved by the Department's Management Board.

The Committee noted the end of year summary position as presented. Under Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing, 29 projects were outlined as having a Q4 deliverable and of these:

- 13 projects have delivered and will continue ongoing delivery of designated outputs in 2023
- 2 projects aligned to Enhanced Community Care have met the target for year end and are complete
- 10 projects have encountered minor delays and are due for completion Q1- Q2 2023
- 4 projects have encountered significant delays and have been escalated

Under Reform Programme 2: Addressing Health Inequalities - towards Universal Healthcare, 6 projects were outlined as having a Q4 deliverable and of these:

- 4 projects have delivered and will continue ongoing delivery of designated outputs in 2023
- 2 projects have encountered minor delays and are due for completion Q1 - Q2 2023

Committee were informed that once signed-off, the 2022 end of year action plan report would be published.



The Committee considered the deliverables in the draft Sláintecare Action Plan 2023 under Reform Programme 1: Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing and Reform Programme 2: Addressing Health Inequalities - towards Universal Healthcare, and discussed a number of projects under these programmes.

The Committee noted that the Action Plan 2023 contains a concise set of reform outcome/output-based deliverables that are to be reported on externally. To minimize the reporting requirements, all deliverables align to the Board Strategic Scorecard. Tracking and monitoring of the deliverables will aim to use outputs from existing reporting and mechanisms as much as possible.

The Committee welcomed both the 2022 Report and 2023 Action Plan and it was agreed that they should be presented to the Board for consideration.

CSO, ND Change & Innovation and B Whelan left the meeting

9. Risk Management

CRO joined the meeting

The CRO presented the Corporate Risk Register (CRR) Q4 2022 Report to the Committee, focusing in particular on the Committee's allocated risks CRR 04 Access to Care and CRR 15 Sustainability of Disability Services. The Committee noted limited movement in risk ratings in the Q4 Report in relation to the risks assigned to the P&D Committee and discussed the need to gain a deeper understanding of what is preventing any meaningful reduction in the profile of many corporate risks

The Committee noted that the CRO will bring a proposal to the EMT in relation to undertaking a systematic review of each of the corporate risks during 2023. As part of the review, each EMT Risk Owner with the support of their CRST member will undertake an assessment of why the ratings for the risks they coordinate remain so high, in particular, what are the factors driving the continued high residual rating. It was agreed that the CRO would report the outcome of the EMT systemic review back to the Committee.

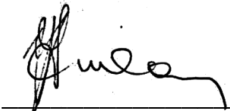
CRO left the meeting



10. AOB

No matters arose under this item.

The meeting ended at 13:30.

Signed: 
Fergus Finlay
Chairperson

Date: 22 March 2023