



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 21 Jan 2022 at 09:30am via video conference.

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

HSE Executive Attendance: Ms. Anne O'Connor (COO), Mr. Stephen Mulvany (CFO), Mr. Dean Sullivan (CSO), Mr. Dara Purcell (Corporate Secretary), Ms. Niamh Drew, Mr. Jaymie Crone

Apologies: Mr. Brendan Whelan

Joined the meeting: Mr. Patrick Lynch (ND Gov & Risk), Ms. Yvonne O'Neill (ND Community Operations), Ms. Orla Treacy, Ms Angela Fitzgerald (AND Acute Operations), Mr. Joe Ryan (ND Operational Performance & Integration), Mr. Philip Crowley (Strategy and Research), Ms. Marie Carroll (Planning Specialist)

1. Governance and Administration

1.1 Welcome and Introductions

The Chair 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 suggest relevant actions as they became apparent.

1.2 Declarations of Interest

No conflicts of interest were declared.

EMT joined the meeting at 09:30am

2. HSE Board Conti Cyber Attack Post Incident Review

The Committee reviewed the Conti Post Incident Review (PIR) Implementation Plan which was circulated to the Committee prior to the meeting for their consideration.

The CSO outlined the work underway to develop high-level proposals for implementing the recommendations in the report. This includes the establishment of an integrated Conti Post Incident Review Implementation Programme and associated governance arrangements. He informed the Committee an EMT Implementation Oversight Group has been established and held its first meeting on 25 January 2022. He noted there will be considerable investment required to implement the breadth of IT and cyber-transformation envisaged in the report. The development of a multi-year investment case will be an early priority for the Programme.

The Committee provided feedback on the implementation plan to address the gap between the paper presented and a level of assurance that would satisfy the Committee that the recommendations of the report are being implemented as a matter of priority, noting that the scale of the ICT Cyber transformation planned requires significant detailed planning.

The Committee requested the revised plans for an IT/Cyber Transformation Programme be developed setting out in more detail the programme structures and reporting processes with time critical actions, including weekly and monthly delivery milestones to ensure delivery of the report recommendations is achieved as a matter of urgent priority. The IT/Cyber Transformation Programme will require considerable multi-year investment and the plan should include the EMT's approach to progressing planning and validation of the investment case for development and ensuring current expenditure is aligned to the recommendations of the report. Considering the ongoing cyber risks, the cyber security enhancements that have been introduced since the cyber-attack should be set out.

The Committee emphasised that addressing and mitigating ongoing concerns about the adequacy of the HSE cyber infrastructure and ICT systems security as highlighted in the PIR report will require immediate interim actions within a short time frame. The Committee requested that a paper be presented to the January Board meeting setting out the key actions taken and timelines for implementation of the transformational change envisaged to date in response to the PIR report, not only in our cyber and IT capability but also in our operational and clinical resilience.

In relation to the recommendations in the report for the appointment of the Chief Technology & Transformation Officer [CTTO] and Chief Information Security Officer [CISO] roles, the Committee requested that the draft job descriptions be prepared urgently and presented to the Committee.

Consideration should also be given to options to implement the recommendation for the appointment of an interim CISO.

The Committee Chairman agreed to be available to the CSO for further discussion on these matters if required. It was agreed the Committee will receive an update on implementation of the recommendations at each monthly meeting

The COO, ND Community Operations, ND Operational Performance & Integration, Orla Treacy, Angela Fitzgerald joined the meeting at 10.00am

3. Performance Oversight

The Operational Performance Focus Area (OPFA) Report circulated to the Committee prior to the meeting was noted. The Committee welcomed the proposal to have papers at each monthly meeting providing focused reports on specific areas of operational performance based on the key deliverables from the Ministers Annual Statement of Priorities and NSP2022.

The Committee noted the National Performance Oversight Group Meeting Notes of 5 January 2022 and the PMO Report of the Winter Plan/NSP 2021-2022.

The Committee considered the Operational Services Report and Performance Profile for November, which had been circulated to the Committee prior to the meeting for review.

The COO informed the Committee that the key challenge across all services up to the end of November 2021 was the impact of the increase in COVID-19 cases on services. While the focus has been on the continued delivery of critical community and acute services, the single biggest challenge has been ensuring staffing of critical community and acute services, despite a current average absence rate of more than 12%.

The ND Community Operations provided an update on the performance in community services, noting that there was good performance and reduced waiting times in a number of areas. It was noted that the 91 Children's Disability Networks are now in place and progress on addressing the Assessment of Need backlog was noted. Service demand in disability services is increasing with related staffing challenges albeit that 185WTEs have commenced in the service in 2021 with a further 200 WTEs planned for 2022. The ND Community Operations also advised the Committee of challenges in child health assessment services and advised that it was agreed to help the service by providing administrative support to free up staff to support PHNs working to scope of practice and to undertake targeted recruitment to fill nursing posts.

The Committee were informed that recruitment challenges in general will continue to be a feature in 2022 notwithstanding the efforts being made to address them. A particular concern remains in respect of home support, given the ageing population and the policy / intention to support people to live as long as possible at home and support early discharge from hospital. This also impacts on maintaining and developing home supports for people with disabilities.

The Committee discussed recruitment challenges in Home Support Services which affects both older persons and disability services and two CHOs in particular are affected. The COO chairs an Oversight Group developed to address recruitment challenges and this work continues. The Committee discussed areas that should be considered in addressing these challenges. It was noted also that Minister Butler has established a group to consider this too and the requirement to consider a whole of Government approach was discussed.

The Deputy National Director, Acute Operations provided an update on the performance in acute hospitals. The Committee discussed the factors contributing to the increase in ED attendances which has resulted in longer waiting times for admitted and non-admitted patients. These factors include the gradual return of patients to EDs as lockdown measures are eased, vaccination levels increase, and increased presentations linked to COVID.

The Committee noted the reported improvements in waiting times for scheduled care, in particular the number of people waiting over 6 months for inpatient day cases, which is at its lowest point since March 2020 and the number of people waiting over 6 months for Colonoscopies / OGDs and outpatient cases which are at their lowest point since May 2020. Critical Success Factors were reviewed as was the planned approach for 2022.

The Deputy National Director Acute Operations reported that the number of urgent Colonoscopy breaches in November is down again from last month noting the Saolta University HealthCare Group had a notable reduction of around 35.5% in breaches from October to November which is due to the waiting list action plan being successfully implemented across the Hospital Group. She also noted, in relation to routine Colonoscopy cases, the numbers waiting at the end of November have decreased since October.

The Committee considered the challenges in relation to Symptomatic Breast Cancer Services in particular; the sustained growth in referrals, access to public and private diagnostic capacity because of competing demand for diagnostic services, and radiology consultant manpower challenges at a number of sites. Implementation plans received to date are currently under review by Acute Operations and the National Cancer Control Programme (NCCP). It was noted that radiology

consultant manpower challenges is also affecting the National Screening Service and potentially this will be considered at Board.

The Committee welcomed that improvement plans have been requested in relation to Cork UH, Mater MUH, St James's Hospital and Galway University Hospital with a view to dealing with increased demand and ensuring patients are seen in a timely manner.

The Committee considered the capacity and resilience of the health system to deal with increased demand and reduced services during the winter period where Covid is more prevalent. The COO informed the Committee that between April and October 2021 the system demonstrated a good ability to return to business as usual following winter and COVID pressures earlier in the year which is expected to be replicated in 2022. In addition, the Access to Care Plan has funding of €200m that can be used to contribute to tackling increased Covid related demand. €37m is allocated for community service.

The Committee discussed the issue of unknown/ unrecorded Covid cases, and the vulnerability of pregnant women to Covid. The Deputy National Director Acute Operations reported on the ongoing engagement with a pregnancy advocacy group with the National Lead for Health Care Associated Infection and Antimicrobial Resistance in relation to COVID-19 and vaccine uptake in this particular.

Patrick Lynch joined the meeting at 11:15am

4. Risk Management

Risk Appetite Statement

The CRO gave the Committee an overview of the Risk Appetite Statement which was approved by the Board in November 2021 and had been circulated prior to the meeting.

The CRO explained that it is the role of the Board to articulate the acceptable appetite risk for the HSE. The Risk Appetite Statement describes and sets parameters on the target level of risk the HSE is willing to accept to achieve its strategic objectives. The acceptance of risk should be linked to the expected benefits, improved services or service efficiencies and while there may be limitations to the use of the Risk Appetite Statement, it is intended to provide a useful guide and framework for planning the management of risk. The CRO explained the other components of the Risk Appetite Statement such as Risk Tolerance, where a risk is observed, the target level of risk is identified, and then the risk is monitored to ensure that the action plan is robust enough to ensure the target risk level can be achieved in a defined timeframe. It will serve as a reference for the Committee as it reviews Corporate Risks throughout the year.

The Committee were advised that risks reports will now also set out the risk appetite target for each risk. It was noted that the Risk Appetite Statement is another tool to assist the Committee to more effectively monitor the Action Plan for each risk to ensure it is robust enough to mitigate the risk.

The Committee thanked the CRO for his presentation.

5. Annual Report

ND Strategy & Research & Marie Carroll joined the meeting at 11.30am

The ND Strategy and Research provided a verbal update to the Committee on the timelines for drafting of the 2021 Annual Report.

The Committee suggested some key messages that should be included in the Annual Report such as our response to the Cyber-Attack and Covid-19 Pandemic, staff well-being, climate change and sustainability messages and measures taken to address implementation of Government policies.

The ND Strategy and Research welcomed the input from the Committee which will be addressed in drafting the Report. He informed the Committee that the Annual Report is due to be finalised 30 April 2022. The first draft of the Annual Report will be considered by EMT on 8 March 2022 and presented to the Committee on 11 March 2022 with a further draft to the Committee on 14 April 2022. It was noted there may be an additional requirement for a Special Committee meeting later in March /April to consider the final draft.

6. Approval of Minutes

The following minutes were approved by the Committee,

- 10th December 2021 (minor drafting changes were recommended and agreed).

7. AOB

The Committee held a private session to debrief post meeting.

The meeting concluded at 12:30pm

Signed: 
Tim Hynes
Chairperson

Date: 18th Feb 2022