



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

A meeting of the Board of the Health Service Executive was held on Wednesday 13th May 2020, at 18:00 via Videoconference.

Present: Ciarán Devane (Chairperson), Deirdre Madden (Deputy Chairperson), Aogan Ó Fearghail, Brendan Lenihan, Fergus Finlay, Fergus O' Kelly, Fiona Ross, Yvonne Traynor, Sarah Mc Loughlin, Tim Hynes.

In Attendance for Board Meeting:

Paul Reid (CEO), Anne O'Connor (COO), Colm Henry (CCO), Steven Mulvany (CFO), Mairead Dolan (Assistant Chief Financial Officer – Finance Specialists), Niamh O'Beirne, Paul Connors (Communications), David Walsh (National Director Community Operations), Fran Thompson (CIO), Dara Purcell (Secretary), Hannah Barnes.

Please note minutes are recorded in the order in which agenda items were discussed.

1.0 Governance & Administration and Chairperson's Remarks

The Chairperson, Ciarán Devane welcomed Board Members to the meeting. No conflicts of interest were declared. The minutes of the monthly Board meeting of 27th March and the Special Board meetings on COVID 19 on the 25th March, and the 1st, 8th, 15th, 22nd, 29th April, and 6th May were approved by the Board.

The Board met in the absence of management at the start of the meeting and the Chair briefed Board Members on the conference call held with the Minister on 12th May 2020. The key topics relating to of Covid-19 which were discussed were testing and tracing with a focus on turnaround times, direct provision facilities plan for screening services; Face masks/coverings.

The CEO and Executive Management Team joined the Board meeting at 18:17pm.

2.0 Annual Financial Statements

2.1 Notification of AFS amendment requiring Board approval

S. Mulvany (CFO) informed the board of the material adjustment within the AFS that required board approval. While carrying out the on-going audit and review process the HSE identified that the Connolly Urgent Care Centre which was built under licence by the National Paediatric Hospital

Development Board and which was substantially completed in Q 2019 should be reflected as an asset in the HSE's Statement of Financial Position. The asset has been valued at €34.9 million and was recorded in the HSE's capital expenditure account as part of the grant funding process, however it was agreed that when the asset was built and ready for substantial use that it would be handed back to the HSE and held as a HSE asset going forward. The Board noted this adjustment constitutes a material change due to its value, but it has no impact on the reported surplus in either the Revenue or the Capital Income and Expenditure Accounts. It is an entry that only impacts the HSE's Statement of Financial Position

2.2 Recommendations from Audit and Risk Committee Meeting 12th May 2020

B. Lenihan, Vice Chair of the Audit and Risk Committee confirmed that Committee had reviewed the proposed HSE accounting treatment of the Connolly asset adjustment at its meeting on 12th May 2020 and were satisfied to recommend it for approval. The Board approved the adjustment and nominated the CEO and Chairperson to sign the Annual Financial Statements for submission with the Annual Report to the Minister.

B. Lenihan also advised the Board that a draft of the C&AG's audit certificate had been received and it does not contain a limitation of scope which was until recently possible because of the practical impact on audit progress from the Covid-19 restrictions. He noted one matter of emphasis regarding procurement and the multiyear challenges seen in this area was contained in the draft audit certificate similar to previous years.

The Board thanked the CFO, M. Dolan, and the finance team for their hard work and diligence during these challenging times to arrive at this point within the statutory timeframe.

The Audit and Risk Committee also recommended that the Board reaffirms the adoption of the 2016 Code of Practice for the Governance of State Bodies and this was agreed by the Board noting it was necessary to meet our compliance obligations and to support the explicit representations that are requested by the C&AG to finalise the audit process. **(Decision no: 130523)**

The Committee had also reviewed and made suggested improvements to the wording of the draft comprehensive report required from the Chairman to the Minister under the DPER code. These will be included, and the report sent to the Minister by the Chairman.

M. Dolan left the meeting at 18:24pm

3.0 Covid-19

3.1 COVID-19 Update

The CEO informed Board members that there would be a press conference on the 14th May and the Testing and Tracing report which had been considered by the Board would be published.

The CEO confirmed that the Taoiseach has been briefed on the matter and he informed the Board that the exchange of correspondence between the HSE and the Department/Minister regarding NPHE Testing and Tracing targets would now be published on the Department's website.

The CEO was asked about the target performance levels needed to effectively deliver a testing pathway that will deliver increased capacity levels and reduced turnaround times while mitigating the associated risks. He confirmed the HSE is on track to increase capacity to 15,000 tests per day through the end-to-end COVID-19 testing and contact tracing process by May 18th. The focus now is to significantly improve the end-to-end turnaround times. The HSE have committed to an average turnaround time from swabbing to test result notification of two days or less and have also set the target of achieving a turnaround time of 3 days from point of referral to completion of contact tracing in 90% of cases. The CEO spoke to the following initiatives planned to improve testing capacity, a GP service called "Find my Test" which will go live on Thursday 14th May; Active Management of contacts of a confirmed case; automatic texting of negatives, speeding up receipt of this result; automatic testing for contacts of a confirmed case; automated scheduling of appointments to reduce wait times; automatic test referral for contacts of confirmed cases; and improved notification of complex cases to Public Health Departments.

The Board emphasised the need for effective communications around the testing and tracing plan. P. Connors confirmed there is good engagement with the Communications teams in Department of Health and the Department of an Taoiseach surrounding this issue and the focus of communications will be the use of metrics.

The CEO was asked to provide further clarity on the amount of Contact tracing that is currently operational. Although 1800 people are trained to carry out contact tracing the numbers deployed will depend on the number of positive cases being confirmed. Per 250 positive results there is a requirement for 70 people to be deployed to carry out contact tracing. Currently there are between 40 and 120 people working on contact tracing and additionally there are Public Health Teams across the country working on contact tracing for the more complex cases. The contact tracing teams are rotated to ensure no loss of skills in the area.

The CEO was requested to provide an update on the progress made on the Private Hospital Arrangement. The CEO clarified that 320 private Consultants have signed Type A contracts and a further 40 are expected to do so.

A decision regarding the extension or termination of the Private Hospital Agreement needs to be made at the end of May. This matter was being considered by the EMT and proposals will come to the Board for consideration.

The CEO informed the Board he was due to appear before the new Oireachtas Special Committee on COVID-19 Response Tuesday 19th May, and the focus of the meeting is on Testing and Tracing however the Committee did have the remit to ask questions on further topics.

In relation to Testing and Tracing the CEO was asked to provide further details on specific supports provided to the Meat Industry which has appeared to be particularly vulnerable throughout the crisis. C. Henry said that due to the characteristic of the Meat Industry and the plant setting there has been significant clusters within these congregational settings. Depending on the setting Public Health will enter the facility and test a cohort or all the staff there. Testing is based on the Public Health advice from site visits rather than a policy of a single testing strategy. Key messages to the sector are awareness, early detection, and strict adherence to advice from Public Health.

3.2 Mobile COVID Tracker app

Board members were provided with a briefing paper on the Mobile COVID Tracker app in advance of the meeting setting out the progress to develop a mobile application to support and augment the contact tracing programme.

The CIO provided an overview of the app development and functionality. The HSE have now opted to progress development based on a more 'de-centralised' or 'distributed model'. This means that the matching of contact traces occurs on everyone's mobile phone and is not held centrally by the health services. He confirmed significant development has been carried out to date and the app development team are working very closely with the national contact tracing operations at HSE to ensure that the app is designed in a way that supports and augments current policy and practice in relation to contact tracing. The work in deploying the Apple and Google API is being undertaken in conjunction with both companies. An extensive programme of research and development and testing will be completed before the App will be made available to the public.

The CIO was asked the population uptake required for the most effective use of the app and advised that a minimum uptake is not critical as it is in addition to the contact tracing rather than supplementing it but it is expected that the app will have a high take up. The CIO was asked if patient or user groups are being involved in the testing process.

The CIO confirmed his team had met with a patient focus group to do a “walk through” of the app and that the DoH also have a weekly user focus group. The CIO informed the meeting that a launch is expected to take place in early June before the launch the app will have to be approved by Government. The CIO confirmed that the HSE owns the IP and that other countries have been in contact to request the source code.

The CIO clarified that the app would not be able to be used for other reasons which has been made very clear by Apple and Google in response to being questioned regarding expected legal challenges and the app having further uses. The HSE will be publishing the Data Protection Impact Assessment and the Data Protection Commissioner has been reassured that the app is decentralised which means that the HSE is not holding any personal data, only mobile phone numbers. Questions were raised if the app would be suitable for use by the older and vulnerable groups and the CIO confirmed that the app was big button technology and would be accessible. He also informed Board Members that due to the age of digital consent being set at 16 years old within Ireland means that users will be asked to confirm that they are 16 yrs. old or above once they download the app.

The Board requested the CIO to provide more detail before the end of May on performance measurements (penetration, downloads compliance costs and quality) and on the Data Protection impact assessment and risks

3.3 Continuity of Community Services – Non COVID Planned Approach

The briefing paper circulated prior to the meeting on the planned approach to the continuity of Community Services – Non COVID was taken as read. A O Connor informed the Board on integrated programme *‘Continuity of System Wide Healthcare Services’* established to deliver a centrally coordinated and governed approach to the restoration of non-COVID healthcare while in parallel delivering a COVID-19 response. The programme is led by the Chief Clinical Officer and Chief Operations Officer and will provide a clinical and operational prioritisation framework for non-COVID services. The Continuity of Community Services – Non-COVID programme is a work stream within the overall programme and is led by the National Director of Community Operations.

D. Walsh provided an overview of the prioritised services which have continued since COVID-19, the reduced services and the discontinued services across primary care, mental health, older persons and disabilities. He confirmed a significant challenge is the drain on resources caused by deployment of Nursing and other staff across existing services e.g. from community / day services to residential services and also responding to COVID related absenteeism and need to provide cover for essential services. Approximately 10% of total staff have been redeployed to specialist COVID-19 models.

D. Walsh highlighted the services being prioritised to restart such as the school immunisation programme, older people services to assist people leaving hospitals, and the flu vaccination programme.

The COO confirmed the priority services resumption plans are being developed with agreement of timeframes for restoration – pre-Sept and post Sept. Further work is to be carried out on clinical prioritisation and enabling.

D. Walsh answered questions regarding consultation with patient groups. He said that engagement with vulnerable groups has taken place and that concerns have been raised in relation to the return of services to normal.

It was noted not all services can resume fully as they were carried out previously for example the therapies services will not be able to provide group work for the foreseeable future and that the commitments within the service plan will not be met as a lower volume of people will be able to use services. D. Walsh was requested to provide a more detailed breakdown of services which have been reduced to the next meeting of the Board Safety and Quality Committee meeting.

The Board raised the need for appropriate supports being provided to section 39 agencies in financial trouble due to impact of COVID 19 on funding. The COO confirmed the HSE had received representations about this from some providers and that the HSE has continued to reach out to providers. The CFO advised that the providers have been significantly impacted financially and none will be in a better position after the crisis. It was acknowledged that there will be significant challenges for the rest of the year in some section 39 agencies.

4 Any Other Business

The Chairperson thanked the Board Members, CEO, Secretariat and members of the EMT for their contributions and the meeting concluded at 20:10 pm.

Signed: Ciarán Devane.

Ciarán Devane

Chairperson

Date: 20th May 2020