



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of Meeting of the HSE Board Meeting

A meeting of the Board of the Health Service Executive was held on Friday 24 April 2020 at 10.00am. The meeting was held via teleconference.

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

In Attendance: Paul Reid (CEO), Anne O'Connor (COO), Dean Sullivan (CSO), Stephen Mulvany (CFO), Paul Connors (ND Communications), Niamh O'Beirne (EY), Dara Purcell (Secretary), Niamh Drew

1.0 Governance and Administration

The Chairperson, Ciarán Devane welcomed members to the meeting. The Board met in the absence of management at the start of the meeting to review and agree the agenda. It was decided the minutes presented from the last Board meeting which had been held on the 27th March and the Special COVID -19 Board meetings of the 25th March 1st April, 8th April and 15th April would be considered at the next meeting which was due to be held on Wednesday 29th April 2020.

No conflicts of interest were declared.

2.0 Chief Executive Officers Update COVID-19

In presenting his update to the Board, the Chief Executive Officer (CEO) provided an overview of progress, challenges and continuing preparations for responding to COVID-19. Included in the report are summaries of the public health and treatment pathways across community and acute settings; an overview of the operational, clinical, communication, procurement, staffing and financial measures implemented by the HSE in the last month; and the preparation for the demands that COVID-19 will continue to place on our services.

He confirmed the HSE continues to work in close partnership with the Government and in particular the Department of Health, to plan and implement the response to COVID-19. The level of collaboration and agility of decision-making on all sides is unprecedented and indicative of the demands being placed on each entity. The CEO noted that it seems the COVID-19 curve has plateaued, with a stabilisation on the numbers of Acute and ICU cases, however, there remains significant demands towards community settings such as nursing homes and the ongoing establishment of clinical hubs. The CEO also noted 4,500 tests were taken up to April 23, 2020.

PPE

The CEO noted challenges remains in relation to the purchasing of PPE, with immediate supply pressure relating to the purchasing of surgical gowns. An additional supply of 150,000 units are expected to be delivered and a further supply source has been identified. The CEO informed the Board that the first batch of PPE ordered, valued in excess of €31m, was completed on 10th April. Some product suitability issues were identified in the order which have now been addressed with the relevant supplier.

The second batch commenced delivery 17th April and included €67m worth of PPE.

The CEO highlighted the following:

- Demands based on definition changes i.e. making masks compulsory worldwide could increase the current demand of 300,000 masks per day up to 1.2 million masks per day.

- Test Centres in nursing homes increase the demands for PPE required for testing.
- Cost related PPE is now between €208-€210 million order compared to a normal €15 million per annum.
- Volume demands will increase cost from €50 million to approximately €200 million.
- Supply lines to continuously deliver PPE remains the main extremely challenging.

Private Hospital Groups

The CEO briefed the Board on the HSE agreement with 18 private hospitals and noted that this agreement is a critical component of the overall response to COVID -19 and is aimed at supporting timely and appropriate access to specialist services. The private hospitals will support the HSE to continue to provide time dependent treatments and procedures to patients including areas such as cancer and cardiovascular surgeries, chemotherapy, radiological tests and procedures. The arrangement will also enable the HSE to have access to the total capacity in the private sector of approximately 1900 beds, full complement of nurses and up to 500 private only consultants. In terms of critical care capacity, the private hospitals will offer 54 additional critical care beds and specialist staffing and 200 ventilators.

The Board questioned the CEO on the contracts being offered to Consultants under this arrangement and the likely uptake by the private consultants. The CEO confirmed there are currently up to 500 consultants working in private hospitals who are not employees of either the public or private hospital and these consultants are an important component in terms of optimising the use of the additional capacity. Government policy is that the HSE would offer these consultants temporary contracts and that this allows the HSE to extend the state Clinical Indemnity Scheme to the activities of these individuals for the duration of the agreement. Their inclusion also supports the principle of continuity of care to their patients that require care and treatment during this time. Following extensive negotiations with the representative bodies, a revised temporary contract has now issued to the private hospitals and the HSE are engaging with consultants with a view to securing their agreement to accept the contract.

Acute Services

The CEO was asked questions in relation to the need for additional capacity in the Acute Services. The CEO confirmed that following discussion with NPHEt that building up capacity in the acute setting is critical for future surge capacity. It is essential to the COVID-19 clinical Pathway of Care developed under the governance of the Chief Clinical Officer including consultation with the clinical community and review of the available evidence. This document describes the 'hospital within a hospital' model to deliver a patient pathway of care that runs in parallel with existing services with as little overlap, in either infrastructure, staffing or other resources, as possible. And the aim is to enable the delivery of COVID-19 care while maintaining essential non COVID-19 care.

The Board requested further information on the progress with the Pathway of Care be brought forward at the next Board meeting.

Nursing Homes

Board members sought further clarification in relation to the data of COVID-19 deaths in nursing homes particularly reporting to differentiate between deaths in public and private nursing homes. The COO advised the CIDR data that displays data on COVID-19 cases and deaths is not separated into public and private nursing homes yet, but it is a work in progress.

The Board emphasised the need to ensure adequate supports are being provided to nursing homes was noted, including staff, PPE and financial supports. The CEO confirmed that he shares the significant concern expressed by the Board in this area and set out the response and action which are currently been undertaken to support nursing homes.

Contact Testing and Tracing

The Board were presented with a briefing document which contained the outcomes of an intensive review undertaken on the existing end-to-end coronavirus GP referral, community swabbing, laboratory testing and contact tracing process.

The document presented a view of the current position including testing capacity limit, turnaround times and process steps. It also outlined the proposed measures to be implemented over the coming weeks to move to a testing pathway with increased capacity

levels, reduced turnaround times and one that enables active surveillance. A summary of risk, constraints and indicative six-month run cost was also discussed.

It was highlighted that the HSE has developed the existing testing infrastructure, taking unprecedented measures to build a robust end-to-end process with multiple pathways at great pace. This end-to-end process has faced challenges, most notably laboratory capacity and the supply of reagents. Challenges were also experienced with the communication of negative results. The testing backlog has been cleared and checks are underway to investigate and deal with any residual issues. The CEO noted that while these challenges have been overcome scaling the capacity and improving the turnaround time will bring new ones. The maximum number of swabs taken in one day has been 8,000 and the maximum laboratory tests has been 9,500. Both these maximums were achieved once. It was highlighted to the Board that the challenge to achieve consistent high levels of swabbing and laboratory testing 7 days per week remains extremely challenging. N. O' Berine provided details of the roadmap to significant ramping up of testing capacity including learnings from a more in-depth understanding within the HSE of the end-to-end logistics of swab to contact tracing. Improving those linkages and automating as much as possible will contribute to faster turnaround times, as will leveraging laboratory capacity in Ireland and in Germany.

The Board welcomed the progress made to date and noted the complexity of this plan. The CEO addressed concerns such as demand levels and people's behaviour following restrictions being lifted.

The Board also discussed the work underway on the app project and noted the app is one part of a very large tracing programme. The board emphasised importance of consent to receive positive or negative results via text must be consistent, and strict processes and procedures regarding access to sensitive information being available on systems. The CEO confirmed the approach being adopted will ensure that it deploys a technically robust solution which has a strong user focus and ensures that data privacy is central and at the core of the development.

In response to concerns raised by the Board, the CEO confirmed guidance on providing and facilitating support to families of staff members who have died of COVID-19 is being developed by HR, and to notify the CEO of any staff deaths immediately.

3. Planning for Return to Business as Usual

The CSO presented this item to the Board and the key elements for consideration for a post-COVID-19 recovery planning were discussed. The discussion focused on the following requirements:

- The development of a clear, high-level vision for the organisation once recovered from the crisis, as well as the performance levels that we expect to achieve over time, with clear metrics and timelines for each phase of the recovery.
- The identification of the key actions required to stabilise the organisation following the crisis.
- Determining what worked well and what didn't in relation to the ways of working and operating during the COVID-19 critical response phase.
- The identification and evaluation of the key operational, clinical pathway, cultural, information and technological changes made during the crisis with a view to informing those that should be retained and those that should be ceased, consistent with the post-COVID vision.
- Determining the impact of COVID-19 on 'normal' healthcare utilisation, underlying population health and key performance measures for 2020.
- Revisiting any deprioritised programmes, projects and services, reevaluating them in the context of the post-COVID-19 vision.
- The development of a comprehensive communications and engagement approach to support the implementation of the required behavioural and cultural changes.
- Consideration of the implications for the proposed recovery responses for key strategic documents and processes, for example, the HSE Corporate Plan, the Centre Review, the Sláintecare Action Plan and the introduction of Regional Health Areas.
- Consideration of the actions required to ensure we are as well prepared as possible for any future pandemic.

The Board welcomed the initial discussion and emphasised it is important now that plan for what happens after COVID-19, holds the gains that have been made during the crisis, minimising long-term impacts for patients and staff, maximising value for the taxpayer, and using COVID-19 to potentially inform the accelerated implementation of key elements of Sláintecare. The HSE's ability to build on from the immediate response to the COVID-19 emergency, in a managed way, maintaining momentum towards a new norm in terms of how and where key services are delivered, should be a significant feature of the HSE Corporate Plan when finalised.

It was agreed that Prof D. Madden and the CSO will establish a working group to explore and propose next steps. It was also noted that while initial work has commenced within the HSE in relation to recovery planning, in discussion with the Department of Health (DOH), Trinity College will also provide support in relation to the evaluation of the effectiveness of key service changes made in response to COVID-19, in the context of the Sláintecare vision, to inform those changes to be retained in the future.

4. Finance Update

The CFO briefed the Board on the February 2020 Finance Summary Report and the COVID 19 Finance Weekly Flash Report. He reported the HSE's financial position to the end of February 2020 shows an adverse variance of €2.8m / 0.1%. Within this, operational service areas are showing an overall positive variance with adverse variances in acute hospitals and disability services being offset by positive variances in other areas such as pensions and other demand led areas.

He informed the Board that, in the context of the response to COVID19 it is not expected that we will be in a position to deliver on the cost reductions flagged in NSP 2020 in relation to Acute services, disability services and older persons long term care services and this has been indicated to DOH and DPER.

It was also noted that in conclusion a recession will follow the COVID-19 pandemic. CFO confirmed the e-weekly COVID 19 flash report was intended to provide visibility and an early indication of the key costs related to the HSE's coordinated response to COVID-19. He reported the indicative cumulative estimated actual cost incurred on key planned responses

as at close of business on Friday 10th April is €128.9m, an increase of €55.6m compared to the previous week. And noted this cost will continue to rise rapidly as each week progresses.

The Board raised questions with regarding the PPE expenditure particularly if the contracts are volume not price given the price was subject to change. It was also raised questions on disposal of PPE and how it is being disposed from an environmental perspective. The CFO said he would revert on these matters.

5. Annual Report

The CSO presented the 2019 Annual Report to the Board Members. The Board noted that the Annual Report is a legislative requirement under the Health Act, 2004 (as amended). And must be adopted no later than 30th April. The draft Annual Report was agreed by EMT at its meeting on 7th April 2020 and was considered by the Performance and Delivery Committee at its meeting on 17th April 2020. The Annual Report was adopted by the Board subject to including biographies of Board and EMT members in the appendices for accountability, and the inclusion of corporate risks facing the organisation.

6. Committees Update

6.1 Audit and Risk:

- Minutes of previous meeting 13.03.20 were noted.
- Agenda items for next meeting include a verbal discussion with EMT regarding risks associated with private hospitals, governance and nursing homes.
- Next meeting is due to take place on 15.05.20.

6.2 Safety and Quality:

- The Chair provided a verbal update with regards to meeting on 11th March, the Committee received an update from the CCO regarding COVID-19 on the risk of indirect harm to postponed/rescheduled care.
- The next Committee meeting is due to be held on the 29 April where the CCO will provide a report on COVID-19 impact on usual services and plan for service continuity during the COVID pandemic.

6.3 Performance and Delivery:

- The Chair provided a verbal update with regards to the Committee meeting of 17th April.
- Next meeting is due to take place on 22.05.20.

6.4 People and Culture:

- The Chair provided a verbal update with regards to the Committee meeting of 3rd April where the Committee discussed recruitment, addressed part time moving into full time, re-hiring retirees, postponing leave and general support of staff.
- Next meeting is due to take place on 12.06.20.

7. AOB

Next meeting Wednesday 29th April 2020.

Signed: Ciarán Devane

Ciarán Devane

Chairperson

Date: 27/05/2020