



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Friday 26th November 2021

A meeting of the Board of the Health Service Executive was held on Friday 26th November 2021 at 9:00am by video conference.

Present: Ciarán Devane (Chairperson), Deirdre Madden (Deputy Chairperson), Aogán Ó Fearghail, Brendan Lenihan, Fergus Finlay, Yvonne Traynor, Sarah McLoughlin, Brendan Whelan, Anne Carrigy, Fergus O’Kelly, Tim Hynes.

In Attendance for Board Meeting:

Paul Reid (CEO), Mark Brennock (ND Communications), Stephen Mulvany (CFO), Fran Thompson (CIO), Anne O’Connor (COO), Dean Sullivan (CSO), Geraldine Smith (ND Internal Audit), Martin Cormican (CL Antimicrobial Resistance & Infection Control), Anne Marie Hoey (ND HR), Philip Crowley (ND Strategy and research), Damian McCallion (National Lead on implementation of COVID-19 Vaccination), Patrick Lynch (CRO), Jim Curran (ND capital and Estates), John Smith (Deputy Director of HBS), Eleanor Masterson (Assistant Chief Architectural Advisor), Paul de Freine (Chief Architectural Advisor), Shirley Keane (National HCAI AMR Programme), John Kelly (Philip Lee), Ita O Sullivan (Philip Lee), John O’Donoghue (Philip Lee), John Kelly (Corporate Affairs), Dara Purcell (Secretary), Hannah Barnes.

1. Governance and Administration

The Chairperson welcomed members to the meeting and the agenda was agreed.

The Board noted the correspondence that had been received by the Chair since the last Board meeting.

No conflicts of interest were declared.

The Chair briefed Board members on the ongoing Committee review process.

1.4 Approval of Minutes

The minutes from the Board Meeting of the 29th of October were approved.

2. Committee Update

2.1 Audit and Risk Committee

The minutes of the Audit and Risk Committee meetings held on the 8th and 27th October 2021 as circulated were noted.

The V/Chair provided a high-level overview of the Committee meetings held on the 12th and 17th of November. It was noted that at the meeting of the 12th November the Committee considered the Letter of Determination (LOD) received by the Chair of the HSE on the 2nd November, the AFS process, timeline and likely financial reporting issue areas, the KPMG Audit Tracker Report update, a briefing on the HSE's Tax implications arising from its charity status, an update on banking arrangements with Ulster Bank, and a Risk Management update. The Committee were provided with a briefing paper on the Capital Plan 2022 which provided a high-level profile of the draft plan in advance of its formal endorsement at the Committee meeting of the 17th November. The Committee also received a briefing on the ECC Capital Plan Proposals Summary and noted the key components of the ECC Programme and the context the programme provides for the various projects which are brought to the Committee for recommendation to the Board. The V/Chair informed the Board that discussion centred around the risks and challenges related to the capital programme and ensuring the HSE received value for money within its projects.

The V/Chair informed the Board that the Committee had welcomed the revised version of the Risk Appetite Statement (RAS) presented at the 12th November meeting and noted that the Committee's feedback had been incorporated into this version. The Chair noted that the Committee had recommended the RAS to the Board for consideration at its meeting today and that it would be an item of discussion later on the agenda.

The V/Chair provided an overview to the Board regarding the special meeting of the Audit and Risk Committee on the 17th November which was held to consider the Capital Plan 2022 and the NMH relocation project including the Draft Final Business Case (FBC), the Legal Framework, and the DAC Constitution. The Board were told that the Committee had agreed to recommend the Capital Plan to the Board for adoption as part of the National Service Plan but requested that for the Board's briefing additional information is provided regarding projects which were not included within the plan as per the prioritisation process. Regarding the NMH relocation project the V/Chair noted that the Committee had no remaining queries about the Draft FBC noting that it is a high-quality document that sets out clearly the case for a new hospital and that the Committee had provided written advice on governance issue

concerning the Legal Framework and the DAC constitution to the Board following its meeting and will be discussed under item 5.1 National Maternity Hospital Draft Final Business Case and Legal Framework

2.2 People & Culture

The Committee Chair provided the Board with a briefing on the latest Committee discussions particularly in regards to the ToR which is under review. It was noted that the next Committee meeting is scheduled for the 3rd December. The Chair highlighted that the Committee have been recently considering briefing around People Resources and Recruitment Strategy which is also the topic for the Board's deep dive item today.

2.3 Performance & Delivery

The Chair of the Committee provided a summary of the Performance & Delivery Committee meetings that took place on 9th and 16th November 2021, noting that the Committee considered their ToR and the draft NSP 2022 at separate meetings on the 9th. The Chair advised that work is ongoing on the ToR and a further draft will be considered by the Committee at their December meeting.

The Chair informed the Board that at the two subsequent Committee meetings the Committee had reviewed with the CSO the draft NSP and the development of the ICT Capital Plan. The Committee provided the comments and feedback which have been addressed in the later drafts of the documents and which were presented for consideration by the Board for adoption at its Special meeting on the 23rd November.

2.4 Safety & Quality

The Minutes of meetings from the 20th October as circulated were noted.

The Chair provided a verbal summary of the Safety & Quality meeting that took place on the 17th of November 2021. She informed the Board that the Committee had received a briefing on the Covid Vaccination Programme and Vaccine Uptake by pregnant women and their partners as part of the CCO's report to the Committee, included in this report were updates on the antigen testing programmes in Early childcare, Further and Higher Education and Residential Care Facilities for Older Persons. The Board were informed of the verbal update provided by the CCO on the latest developments of the BreastCheck Expert Reference Group Report on Interval Cancers.

The Board were informed by the Chair of the Committee that the Committee had been briefed on the

circulation of a learning note to all Maternity Hospitals and Acute Hospitals with Maternity Units/Services advising that NWHIP have been notified of 2 maternal deaths in the last 4 weeks, that have occurred in the same geographical area. It was noted that whilst the numbers are small, given the serious nature of the adverse outcome, it was felt to be important that the wider maternity community be informed. These deaths emphasise the importance of perinatal mental health and all have been asked to review the screening process for perinatal mental health services.

The Committee Chair noted that the Committee had received an update from the Chair of the NIRP in relation to the Review into the Management of Brandon. It was noted that this review has attracted substantial media and political attention with the first newspaper report appearing on 15th October 2021. The Board discussed the developing situation surrounding this report and supported the publishing of the NIRP Report for Publication as the report was generated within the Incident Management Framework and was intended to be distributed internally for learning purposes and not for the public domain. The Board noted that the NIRP Report for Publication was written by the Independent Chair of the NIRP and contained all the salient facts and recommendations pertaining to this report.

3. Cyber Attack Update

3.1 PWC Conti Post Incident Review

The Board discussed with the CEO and CSO the progression of the PWC Conti Post Incident review. It was noted that the report had been considered by the Oversight group and the plan has now been completed subject to final accuracy checking. The Board welcomed the strategic and other tactical recommendations in the report and the key areas of learning identified such as Technology dependency and governance, cyber-security strategy and leadership, effective cyber monitoring and response, testing cyber capability and business continuity planning and disaster recovery and provided feedback on commentary within the report.

The issue of the frailty of IT architecture and infrastructure as highlighted in the PwC report was raised at the Board meeting as a matter of concern that needed to be addressed as well as Cybersecurity. It was noted that urgent changes have already been made to protect the organisation against a similar future attack and work has begun on implementing recommendations in the report. There will be engagement with the Department with a view to agreeing a multi-year ICT and cybersecurity transformation programme.

Following the discussion, the Board accepted the PWC Conti Post Incident Review Report subject to some

factual accuracy amendments and engagement with the V Chair of ARC on the risk management aspects of the findings. The Board noted a briefing will be provided to the Minister and Secretary General on the report and a communications plan will be finalised to enable publication of the report.

4. Chief Executive Officers Update

4.1 CEO Report

The Board discussed with the CEO key aspects from the CEO monthly report which had been circulated prior to the meeting. The discussion focused on a covid-19 pandemic response update, the Vaccination and Test and Trace programme, Board Strategic Scorecard, the finance update, a Cyber Attack Update, the Sláintecare Regional Health Areas, and the Winter Plan.

The Board discussed with the CEO the impact of the current wave of Covid-19 on the Health Service. The Board were informed HSE faces significant challenges with the rapidly increasing prevalence of COVID-19 in the community. The numbers of people being admitted to hospital and the proportion of those who are in turn requiring non-invasive respiratory support or advanced supports within an ICU setting has increased very substantially in the past two weeks. These developments have caused concern within the clinical community, necessitating the putting in place of temporary measures to safeguard available capacity. The increased rate of COVID-19 hospitalisations will regrettably have a negative impact on scheduled care, and on the plans under way to reduce waiting lists. The Board noted that the CEO wrote to senior operations managers and clinical directors last week outlining a number of immediate actions that must be taken in response to current hospitals, ICU and community pressures. These measures included a 14-day period of prioritisation of unscheduled COVID care and urgent time-sensitive work, the maximisation of the SafetyNet contract to support the transfer of urgent and scheduled care patients including maximum use of ICU beds, the maximisation of all available capacity in an integrated way, and enhanced focus on hospital avoidance measures. Additionally, it was noted that staff absences are continuing to rise due to Covid-19 during this time.

The Board were informed that all parts of the testing pathway are now operating at close to maximum surge capacity (referrals, swabbing, laboratory testing and contact tracing). The Test and Trace system has limited scope to further increase capacity. Further demands on the testing system in recent weeks, due to clinical referrals and close contacts, has led to delays in accessing the testing services in some parts of the country. Additional capacity has been put in place in recent weeks through utilisation of the Defence Forces, new community swabbing recruitment campaigns and engagement with private healthcare providers.

The Board noted that good progress has been made in the Covid-19 booster vaccination programme for residents aged 65 and over in Long Term Residential care facilities and for over 80s in the community since commencing October 4th, 2021. The CEO said that it is expected that the booster programme will over time strengthen immunity status at a population level and noted that booster vaccines will be offered to everyone aged 16 and over, following new recommendations from the National Immunisation Advisory Committee.

In response to questions on the proposals to increase and subsidise the use of Antigen tests it was noted that there are differences of opinion on the impact of antigen tests but that they were being used in the system according to Public Health advice. D. McCallion said that the service improvement initiative by NPHET was to introduce antigen testing for vaccinated asymptomatic close contacts and that currently approximately 3,000 close contacts per day are being referred for antigen tests. It was noted that the provision of antigen tests for asymptomatic children and staff in Primary schools, who are identified as members of a pod with a confirmed Covid-19 case, will commence on Monday 29th November. Antigen test results, symptomatic status and vaccination status are self-reported and not subject to validation. It was noted that the use of antigen testing is in place alongside the HSE test and Trace system which is continuing to perform well but is operating at close to maximum surge levels. In response to questions on recent changes to the Testing and Tracing system relating to close contact tracing and testing of vaccinated individuals and primary school children the CEO advised that these changes were based on Public Health advice.

Discussion on long term plans for living with Covid-19 took place and it was noted that the introduction of more wide spread use of HEPA filters was not currently Government policy and Prof Cormican said that the general use of air cleaning technology is not recommended by HSE-AMRIC because there is a lack of clinical evidence that it reduces the risk of infection in patients. Prof Cormican referred to concerns from an IPC perspective due to infrastructural deficits due to dependence on large multi-bed areas, but he noted that enhanced infection prevention and control practices and capacity remain in place to help reduce the spread of all infectious diseases in acute and community settings and reduce healthcare associated infection. The CEO said that the important factors that will help to reduce the transmission of COVID-19 remain good compliance with public health advice.

The CEO advised that the Department had approved the Oversight Agreement subject to some minor amendments. The Board raised no issues with the proposed final amendments to the Oversight Agreement. The Board formally approved the adoption of the Oversight agreement for publication (**Decision no. 261121/44**).

4.2 Board Strategic Scorecard

The CEO and CSO presented the November Board Strategic Scorecard Report and Improvement Plans as circulated in advance of the meeting. The Board noted the continued progress across the majority of Programmes and priorities, although performance in a number of areas has been significantly impacted by the COVID-19 pandemic and the Cyber Attack. The Board noted the improvement plans which were for the individual Scorecards which were assigned to a 1 or 2 rating in the previous month's scorecard which are Technology & eHealth, People & recruitment, and Reform of Home Support and Residential Care. Board Members noted that the overall scorecard rating reduced to 2.95, that one scorecard presented with a rating of 1 and that four scorecards presented with a rating of 2.

In response to Board members questions the CSO confirmed that an additional scorecard is being developed for 2022 regarding the HSE's climate action plan to update progress to the Board.

4.3 Financial Report

The CFO spoke to the Finance Update – Summary Finance Report – YTD September 2021 as circulated within the CEO Report to the Board. The Board were informed that the current expenditure (revenue) financial position at the end of September 2021 shows a YTD deficit of €50.7m or 0.3%, with a significant element of this being driven by the direct impacts of COVID-19, with €293.6m adverse variance on COVID-19 related costs and (€242.9m) positive variance on core related costs. The Board noted that the most recent revenue forecast submitted to the Department indicated that, subject to caveats, a substantial breakeven was feasible by year end on overall revenue I&E. Additionally, the Board were updated on a preliminary view of October results which show that actual expenditure is running c€135m below forecasted levels for the month of October.

The Board noted that the HSE Capital Plan has a YTD surplus of €58.4m/10.6% to the end of September, which compares to an overall YTD August capital surplus of €35.5m.

4.4 Update on Cyber Attack review

The CEO spoke to the Board regarding the current status of the Cyber Attack as per the update provided within the CEO report was noted.

In response to questions the CEO advised that all areas are now reporting their current

performance data with September data complete. While substantial progress has been made on back dated data from May to September, work continues to identify and enter legacy data. Due to the lack of IT systems in some services and the highly distributed nature of the services that this data set will not be fully restored. An assessment of the extent of this will be produced over the coming weeks.

4.5 CUH / CUMH

The CEO and CCO discussed with Board members the acute hospitals compliance against the HSE standards and recommended practices for post mortem examination 2012. The Board were informed that the ND Acute Operations issued correspondence on 11 November to the hospital group CEOs, confirming the commencement of the internal audit of the operation of the Standards in order to determine the assurance level of compliance. The scope of the audit is set out in Terms of Reference and includes all post mortems, completed between 1 January 2018 and 31 October 2021 across all HSE mortuaries. The results of the audit will be shared with each hospital to confirm factual accuracy and the expectations is that the overall report will be provided to HSE management and HSE Board mid/late-December 2021. It will also be discussed by the Safety and Quality Committee in January/after completion.

4.6 NIRP Report

Following on from the briefing given by the Safety and Quality Committee Chair (at agenda item 2), the CEO informed the Board that HSE remains committed to ensuring the findings and learning from the report are implemented. He noted that the intention is to publish the NiRP Report for publication which outlines the main findings including the many shortcomings identified in relation to the matter and that the document that has been prepared does not attempt to withhold any information but is an effort to balance the requirements of transparency with the nature of the NIRP process.

The Board considered Minister Rabbitte's letter to the Chairman dated 2nd November in relation to publication of the report. The Board requested that the response to the minister sets out that the document being published captures and describes thoroughly the issues and shortcomings identified and that it was important that there was an understanding as to why the full report should not be published. It was agreed that it was also important the wishes of the families are fully considered. The Chair of the SQ Committee agreed with the points raised and agreed that the Minister should be informed the report being released was prepared independently by the Chairperson of the NIRP.

4.7 Sláintecare – Regional Health Areas

A draft DoH Business Case for the implementation of Regional Health Areas (RHAs) and a draft Summary Recommendation circulated prior to the meeting was considered by the Board. The Board welcomed the commitment of the Department to progress with RHAs, and supported the proposed model, the HSE-Local model, which was identified as the preferred way forward in the Business case to implement regionalisation internally within the HSE as appropriate and pragmatic. In the absence of any costings at this time the Board expressed the view that the document is perhaps more an options appraisal than a business case, and accordingly the HSE's feedback should be viewed in that context. Given the scale of change the Board emphasised that it is essential that the process is appropriately resourced and delivered to a realistic timescale and careful consideration will need to be given to the respective roles and responsibilities of the HSE Corporate Centre and of the Department, ensuring appropriateness and clarity, and avoiding duplication and overlap. Careful consideration will also be required to be given to the organisational design and governance arrangements and associated resourcing for the RHAs and the HSE Centre. The proposed structures will require leadership and management that can take a balanced, population-based view of service delivery.

The Board noted it is the Department's intention that the Minister would bring this matter to Government for decision in December 2021, and that a detailed implementation plan would be developed in partnership with the HSE in Q1 2022. The input and comment from the Board on the draft Business Case will be included in the HSE feedback to the Department.

4.8 Winter Plan Update

The CEO and COO provided an update on the Winter Preparedness Plan: October 2021-March 2022. It was highlighted that the Winter Preparedness Plan requires an approach which maintains COVID-19 services, accounts for winter pressures, provides continuity of non COVID-19 input and comment from the HSE on the draft Business Case by ensuring, insofar as possible, effective levels of capacity and resources are in place to meet the expected growth in activity levels.

5. National Maternity Hospital

5.1 National Maternity Hospital Draft Final Business Case and Legal Framework

The Board considered the National Maternity Hospital Draft Final Business Case (FBC) and National Maternity Hospital Legal Framework. The Board noted that this is an essential project to improve the care and experience of all who will benefit from the new hospital and that all parties are seeking timely progress on this project, including achieving an acceptable Legal Framework that supports the Business Case and need for a new hospital while ensuring that there is suitable governance and control in place

for a facility of this significance the Board.

The CSO updated the Board of recent progress in relation to the Legal Framework documents and the draft Constitution, associated with the development of the new National Maternity Hospital on the campus of St Vincent's Hospital at Elm Park.

B. Lenihan, V/Chair of the ARC briefed the Board on the advice from the Committee following its consideration of the Business Case, and the Legal Framework including the DAC Constitution which had been circulated in advance of the meeting. In this regard the Board noted that the remaining net issues in the lease are the circumstances of forfeiture of the lease and the related option in favour of St Vincent's to acquire the hospital at nominal value and that it would be both prudent and essential that the DAC Constitution is an integral part of the Legal Framework, on a par with the other documents in the framework. The drafting, progression and settling of the DAC constitution in an appropriate form is a necessary priority now, and an essential precondition to agreeing to sign the framework documents.

In response to Board members request for clarification on the position adopted by SVHG that it needed to retain ownership of the land for the operation of a safe, integrated system of governance and medical protocols the Board was informed that the reasons for the SVHG statement were not known and that the option for the State to purchase the site was not provided under the Mulvey agreement. In response to concerns raised about the public's trust and confidence in the independent operation of the new maternity hospital at the Elm Park campus under the current proposal, the meeting heard the view that the ARC's recommendations for governance, DAC constitution and Legal Framework were viewed at this point to sufficient, based on current information and subject to further engagement with the various stakeholders.

On the basis of the ARC's advice, and the further consideration by Board members, the Board approved submission of the draft Final Business Case to the Department for formal technical evaluation in line with the requirements of the Public Spending Code. This approval was on the basis that – in parallel with the evaluation of the draft Final Business Case, and as a key foundation of the Board's support for submission of the Business Case and associated documentation in due course – agreement of NMH and SVHG is secured by the Department and HSE to the various Legal Framework documents, including the Constitution, in a form consistent with that proposed by the ARC to the Board which will be communicated to the Minister .

Professor Deirdre Madden, Deputy Chair, and Dr Sarah McLoughlin dissented from the Board's decision

on the basis of concerns regarding legal ownership of the site and building, governance and control of the proposed new maternity hospital and Fergus Finlay noted that his support was conditional on the range of issues in the ARC advice being met in the final legal framework.

6. Reserved Functions of the Board

6.1 Risk Appetite Statement and Q3 2021 CRR Report

The CSO and ND G&R spoke to the briefing paper on the HSE Risk Appetite Statement which were circulated in advance of the meeting. Board members noted that the Risk Appetite Statement was a revised version with some amendments which were agreed by the ARC at its meeting on the 12th November 2021. It was noted that the ARC has endorsed the Risk Appetite Statement for Board approval. The statement acknowledges that the HSE recognises that it is not possible to eliminate all risks which are inherent in the delivery of healthcare. However, it is willing to accept a certain degree of risk where it is considered to be in the best interest of patients.

The Board approved the Risk Appetite Statement and agreed that it should be reviewed in 12 months' time (**Decision no. 261121/45**).

As part of its responsibilities under the *Code of Practice for the Governance of State Bodies* to review management reporting on risk management, the Board approved the Q3 2021 Corporate Risk Register.

6.2 Approval and Signing Special Legislative Accounts

The HSE is required to prepare certain accounts under legislation. The special legislative accounts have been audited by C&AG and now require the support and approval of the Board so that they can be submitted to the Minister and laid before the Oireachtas in line with protocol and legislation. The Board was asked to consider four special legislative accounts for approval and signing. All accounts have been audited and considered by the HSE's EMT on 23rd November 2021 and ARC on 11th June and 9th December 2021, who have recommended the approval and signature of these accounts, subject to Board approval. The Board considered and approved the following special legislative accounts:

Patient Private Property Accounts (PPP) as required by Health (repayment scheme) Act 2006 (**Decision no. 261121/46**)

Hepatitis C Insurance Scheme Accounts as regulated by the Hepatitis C Compensation Tribunal (amendment) Act, 2006. (**Decision no. 261121/47**)

Long Stay Repayments Account as regulated by Section 18 of Health Act 2006 (**Decision no. 261121/48**)

Long Stay Donations fund as regulated by Section 11 of Health Act 2006 (**Decision no. 261121/49**)

6.3 Property Transactions

The Board considered and approved the following for reasons outlined in the briefing paper.

Primary Lease of Primary Care Centre at Castleblayney PCC, Bree, Castleblayney, Co. Monaghan
(**Decision no. 261121/50**)

6.4 Contract Transactions

The Board considered and approved the following contract for reasons outlined in the briefing papers.

National Contracts for the Storage and Distribution of PPE (**Decision no. 261121/51**)

Contract for the Supply of Live Attenuated Influenza Vaccine (**Decision no. 261121/52**)

6. Board Strategic Priorities for 2021

6.1 People Resources and Recruitment Strategy

The Board discussed with the ND HR the briefing papers on the update and progress on key clinical programmes which was circulated in advance of the Board meeting. The NDHR advised that the overarching objective is to ensure the workforce response to meet the duality of challenges posed by the COVID-19 pandemic and future healthcare demand both in the short and longer-term. In doing so, the challenge as set out in the 2021 National Service Plan (NSP), is to achieve net additional growth of 16,000 WTE beyond our employment levels at December 2019, by end of December 2021. The ND HR noted that NSP 2022 provides further opportunity to develop health care services and to continue to expand the HSE's permanent workforce with a minimum net growth of 5500 WTE.

The Board welcomed the progress to date and discussed with the ND HR the key actions which have been taken and are underway to further augment the resourcing strategy, as consideration is given on the deliverables in 2021 in the context of planning for 2022. In response to questions the ND HR advised that the resourcing strategy for 2021 has been successful noting a range of large scale national and international campaigns which contributed to the growth. The ND HR informed the Board that regarding the HSE workforce growth that the YTD growth in 2021 is ahead of 2020, notwithstanding that 2021 data is only up to and including October data, with two further months of growth expected. The Board were advised that an additional +11,309 WTE have been delivered since December 2019. This figure excludes those recruited external to the HSE under its 3rd party agencies namely Swabbers (approx. 400) and also

vaccinators (approx. 2500). Collectively this is an increase of over 14,000 staff, delivering both on NSP initiatives, COVID-19 response and the rollout of the national vaccination programme. In response to questions the ND HR advised that the resourcing strategy for 2021 has been successful despite a challenging recruitment landscape, noting a range of large scale national and international campaigns which contributed to the growth.

The Board discussed the challenges facing into 2022 with the NDHR, noting that the next year's Resourcing Strategy has been informed by key learnings from 2021. The Board were informed that in particular, two key additional initiatives are set out in the 2022 Resourcing Strategy that aim to further augment the approach in 2022 these being a review and revision of the current model of recruitment across the HSE and increased recruitment capacity through digital developments such as automation, data visibility, intelligence and analytics.

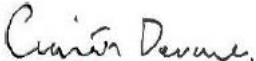
In response to questions on the dynamics within education and capturing key skills, the Board were told that the HSE will be offering all nursing and midwifery graduates permanent contracts with the HSE in 2021 and is planned for 2022. Key engagement with the DoH and DEASP also takes place with the HSE receiving intelligence on the live register with access to key skills, to target recruitment campaigns to the live register, in particular for HCA and Home Helps. Additionally, it was noted that an integrated working group comprised of NRS, Services for Older Persons, DoH and with the Education and Training Bodies is being undertaken to review eligibility criteria and access to education to support increased applications to home help and home care support roles.

7. AOB

The Chair thanked Management team members for their time.

No further matters were discussed.

The meeting concluded at 13:00.

Signed: 

Ciarán Devane

Chairperson

Date: 17/12/2021