



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Wednesday 28 July 2021

A meeting of the Board of the Health Service Executive was held on Wednesday 28th July 2021 at 9:00am by video conference.

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

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Mark Brennock (ND Communications), Fran Thompson (CIO), Stephanie O’Keeffe (ND Service Planning), Anne O’Connor (COO), Dean Sullivan (CSO), Anne Marie Hoey (ND HR), Damian McCallion (National Lead on implementation of COVID-19 Vaccination), Geraldine Smith (ND Internal Audit), Liam Woods (ND Acute Services), Niamh O Beirne (National Lead Testing and Tracing), John Kelly (Corporate Affairs), Justine McCarthy, Dara Purcell (Secretary), Niamh Drew, Hannah Barnes, Jaymie Crone.

1. Governance and Administration

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

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

Community Based Disability Services – Transfer of Functions, received from Minister Donnelly, 6th July 2021. It was agreed that this would be discussed during the meeting under agenda item 4.

National Independent Review Panel (NiRP), received from Minister Rabbitte, 8th July 2021. The Board requested that response be drafted and considered by Chair over the coming week.

The Chairman provided an update to the Board on the post incident review oversight group progress noting that the initial scoping phase has identified a number of observations which lead to key focus areas that will help inform the work in the next phase. These initial observations have been shared with the oversight group and can be summarised as follows;

- Profile and maturity of information security within the HSE
- Governance of IT and cyber risk across the HSE, voluntary hospitals, CHOs
- Security monitoring processes at the HSE prior to and since the incident
- Preparedness activities in place for incident, crisis and business continuity management
- Effort made by the organisation to respond to the incident

Work is now commencing of three specific workstreams:

1. Review the Technical Investigation and Response to the Conti Incident
2. Review the Organisation-wide preparedness and Strategic Response
3. Review the preparedness of the HSE to manage Cyber Risks

1.4 Approval of Minutes

The minutes from the 25th of June were approved.

2. Committee Update

2.1 Audit and Risk Committee

The minutes of the Audit and Risk Committee meetings held on the 11th and 21st of June 2021 as circulated were noted.

The V/Chair provided a high-level overview of the Committee meetings held on the 9th and 19th of July 2021. It was noted that at the Committee meeting of the 9th July the Committee were provided with an overview of the Special Legislative Accounts, and considered the financial implications of the Conti Ransomware attack, Activity Based Funding, the results of Internal Audit's Post Audit Client Survey, risk management plans relating to the Delta Variant and a number of Capital and Internal Controls items including the Final Business Case for the NMH. The V/Chair highlighted that ongoing consideration is being given to a proposed Lease Acquisition for the Galway West Business Park property.

The V/Chair of the Committee provided an overview of the Committee meeting held on 19th July in which the risk management of the Covid-19 Delta risk variant was discussed through its impact on operations and on test and tracing and the key mitigations were noted. It was agreed that these mitigations must be continuously monitored and that the appropriate balance between executing mitigating actions to a

fourth wave of Covid-19 is critical. It was noted that further consideration of the proposed Lease Acquisition for the Galway West Business Park property took place and that additional information regarding the fitting out of the unit and the overall value for money provided by the lease is being provided to Committee members.

The V/Chair gave a short overview of the J. Moody risk report which reviewed the Corporate Risk Register and the HSE's corporate risk management process. It was noted that this review has been endorsed by the Committee. The Board commended the work carried out by J. Moody and endorsed the report.

2.2 People & Culture

Minutes of Committee meeting of 9th April 2021 were circulated in Board pack and noted. The Committee Chair provided the Board with a briefing covering the key points of the People and Culture meeting that was held on the 11th June.

The Chair noted that the Committee were advised that following the cyber-attack, recruitment is operating at approx. 50% its capacity and in some Community Services areas it is operating at as low as 20% but systems are coming back slowly and support is being provided by external providers which is helping significantly. The Committee discussed the upcoming challenge of managing annual leave being carried forward as staff couldn't avail of taking leave due to the service demand with Covid 19 and the Cyber Attack and received an update from the ND Comms on the approach to communications since the cyber-attack took place.

The Committee also discussed the effects of Long Term COVID-19 on healthcare staff and received three very high quality, informative presentations the employee assistance program, Workplace Healthy Framework National Safety Function.

The Chair informed the Board that the Committee have agreed that their Terms of Reference will be reviewed, and it was noted that they are currently carrying out a Committee Performance Review and they have also committed to revisiting the HR People Strategy before the end of the year.

The next meeting of the Committee is due to be held on the 3rd September and the Committee will be considering areas such as Payroll fraud and employees on long term suspension with full pay.

2.3 Performance & Delivery

The Minutes of meetings from the 18th of June and 23rd of April 2021 were circulated in advance of the Board meeting and were noted.

The Chair of the Committee provided a summary of the Performance & Delivery Committee meeting that took place on 23rd of July 2021 noting that the Committee received updates on the current status of the NSP Review, the areas currently most impacted by the pandemic, and the operational and service performances for March and April. An update was also provided on the Corporate Centre Review and Slaintecare with discussion focusing on policy issues and quality of access, and the transfer of Disability Service. The Chair highlighted that the Committee had reviewed the Oversight Agreement and noted that further discussion would take place later in the Board meeting. The Chair advised that the Committee had received an update on the estimate process, and it was noted that some elements in 2021 haven't been progressed as much as planned and will be moved to 2022. The plan is to bring a first draft of as many service estimate elements as possible by end of August

2.4 Safety & Quality

The Minutes of meetings from the 15th of June as circulated were noted.

The Chair provided a verbal summary of the Safety & Quality meeting that took place on the 13th of July 2021. She informed the Board that the CCO report as presented to the Committee provided an update on the cyber-attack and its implications and that the Committee had sought a report from the CCO on incident seriousness arising directly from attack. The Committee raised with the CCO the issue of how best to communicate with young people in relation to the importance of vaccination e.g. use of social media. The Committee sought clarification from the CCO with regards to the numbers of vaccinated patients in ICU and the CCO office undertook to revert on this matter. A discussion on missed cancers over the last 18 months also took place and further data will be presented at the next meeting on this issue. The CCO briefed the Committee on the establishment of the NWIHP Obstetric Event Support Team and the Committee requested the need for the role of family to be included and specified in the purpose of the Obstetric Event Support Team and its implementation. The CCO noted this request.

The Committee also received brief updates on South Kerry CAMHS Serious Incident and the implementation of the Price Report and the CCO undertook to revert to the Committee at its next meeting with further detail on these matters.

The Chair highlighted the Quality Profile data report that had been circulated in the Board pack noting that the Committee had requested further analysis of three of these items in particular at its next meeting: over-75s attending EDs who are not either discharged or admitted within 6 hrs, routine colonoscopy waiting times, and turnaround times for ambulances.

The Committee also reviewed a Patient Experience video in relation to AMRIC and welcomed the work on including this perspective in the work of the Committee, particularly given the short timeframe to put it together. It was felt that the voice of the patient needs to be heard more strongly and that work will continue on this for future meetings. The presentation on patient experience at the next meeting will be from Social Inclusion.

The Committee also received a briefing on Neurology Services, the Independent Patient Advocacy Service & National Care Experience Programme and Disability Act Compliance.

The Chair introduced to the Board an overview of the new National Framework for the Governance, Management and Support of Research (RGMS Framework) noting that this is an extremely complex piece of work and acknowledging the very positive engagement that the Committee had on this with the CSO and his team. The CSO proceeded to provide a high level brief to the Board on the development and objectives of the framework noting that this was envisaged to be a more streamlined process that would ensure that all research taking place in the HSE would have appropriate governance and abides to ethical and regulatory standards. The Board welcomed the framework and the work that had been carried out.

3. Chief Executive Officers Update

3.1 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 performance information and data relating to clinical and operational service delivery and strategic developments during July 2021 including an update on Covid-19, the Delta variant, the impacts of the test and tracing system, the vaccination rollout and the vaccination passport certificate, the ongoing impact and response to the Cyber-Attack together with performance reports on National HR, Finance and overall communications.

The Board welcomed that, despite the ongoing challenges we face, our staff continue to deliver COVID and NonCOVID services, as well as supporting our vaccination and testing and tracing programmes. This remarkable response is only possible because of the extraordinary commitment that everyone has given during these unprecedented times.

The CEO informed the Board that the Framework Document “Securing the future of Smaller Hospitals, A

Framework for Change” recommended Our Lady’s Hospital Navan (OLHN) be reconfigured to be a Model 2 Hospital, with a ‘Model 2S’ Regional Orthopaedic unit. OLHN was one of nine Hospitals identified in this report for reconfiguration to a Model 2 Hospital. OLHN is the only Hospital that has not been reconfigured to a Model 2 under this policy. Discussion took place about ongoing concerns about the capacity of the hospital to manage complex and undifferentiated care safely. The hospital is one of 9 hospitals designated by the DOH Policy on Small Hospitals as Model 2 hospitals, but it is the only hospital where such designation has not been affected for a number of reasons. It was noted that a number of steps have been taken by the hospital with the Group and Acute Operations to enable safe management of patient flows including the surgical bypass and hip fracture bypass which have served to mitigate the risks of accepting unstable patients. IEHG has provided clinical and management supports to the hospital in relation to management of risks and delivery of safe care. The considered view of the CCO and the Operations teams of the HSE is that we need to move to implement fully the recommendations of the Small Hospital Framework with specific reference to Navan. In parallel, the Group is working with National Acute Operations and CCO to develop Navan’s role in the area of elective care to support the delivery of access targets and the appropriate management of medical patients through AMAU and chronic disease pathways. National Ambulance service will continue to work closely with the Group supporting the hospital to deliver quality emergency services.

In response to members questions on the project to co-locate the National Maternity Hospital in SVUH site the CSO said the Minister attended the Joint Oireachtas Committee on Health on 14 July and had stressed the importance of delivering on the new NMH and indicated that his preference would be for the State to own the land on which the new Hospital will be built on. The Minister set out that work is ongoing to finalise the various arrangements, including the legal framework, and he confirmed he will not be bringing a proposal to Government unless it provides the necessary assurances.

In this regard the CSO confirmed the legal advice commissioned by the Board/ARC had been provided to the Minister and the Department are aware of the particular points of concern for the Board in relation to ensuring that the full range of legally permitted and clinically appropriate services will be available in the new hospital, free from undue religious or other influence, that the interests of the State will be protected in relation to the investment to be made and ensuring that effective and appropriate governance arrangements are in place. The CSO was requested to ensure the Board is kept updated on any developments on this matter.

The specific schedule of papers/documents accompanying the CEO Report for July 2021 were then considered by the Board under the following agenda items.

3.1.1 Update on SJOCS and their planned withdrawal from service provision - July 27th

The CEO informed the Board that, further to previous updates, there has been significant engagement between the HSE and SJOGCS, with daily contact and meetings over the last fortnight. This engagement has taken place under the two parallel workstreams, i.e. (a) the transition planning towards the exit of SJOGCS from provision of services and (b) negotiation of arrangements where this exit could be avoided. Efforts are ongoing to finalise a memorandum of understanding (MOU) between the two organisations to underpin the withdrawal of notice and to commit both organisations to engaging in a process that leads to financial stability and sustainability, improved governance and agreed developments in the model and quality of service provided. Notwithstanding the remaining challenges, significant progress has been made in finalising an MOU that can be considered by the SJOGCS Board at a meeting on Thursday 29th July next.

3.2 Board Strategic Score Card

The CSO presented the July Board Strategic Scorecard Report which provides an update on current progress and the forecast of year-end achievements on each of 17 Programmes/Priorities reported in the scorecard. The Board were informed that due to the Cyber Attack access to data and systems to allow the necessary analysis and reporting for the Board Strategic Scorecard Report was significantly undermined. As a result, the Scorecard Report was not completed for May and June and the completion of the July Board Strategic Scorecard Report has been particularly challenging due ongoing impact of the Cyber Attack resulting in an incomplete data set with May and June updates for KPIs and Outputs/Deliverables missing for a number of individual Scorecards.

The Board queried the effects of recent events on the rating of the Scorecard. It was noted that the overall rating reduced from 3.36 to 3.06 (based on 17 Scorecards returned). This reflects the significant impact of the Covid-19 fourth Wave and the Cyber Attack across the Scorecards. The Board considered in more detail the Scorecards which have returned a Rating of 1 or 2 are as follows Reform of Home Support and Residential Care had a rating reduction of 3 to 2; Technology and eHealth had a rating reduction from 2 to 1; and People and Recruitment had a Rating reduction from 2 to 1.

The Board noted that discussions are ongoing with each Scorecard owner in relation to actions required to improve the overall rating, and bring forward where possible the December target completion dates.

The Board also noted that as part of the NSP Q1 Review, a number of NSP2021 targets have been adjusted. These adjustments have been reflected in the Board Strategic Scorecard to ensure consistency across the NSP Review and the Scorecard Report.

Following consideration by the Board, the rating for each Programme/Priority in the Board Strategic Scorecard Report will be agreed. It was noted that it is not intended to submit the July Board Strategic Scorecard Report to the Department of Health following the Board meeting, given the challenges set out above. This will be communicated to the Department.

3.3 Covid-19 Delta Variant

Impact on Testing and Contact Tracing System

The Board discussed the testing and tracing strategy and operational plan for managing the projected increase in demand over the next 3 months as a result of the Delta variant, discussing in particular the proposed actions to increase capacity and control demand across each of the four pillars of the testing and tracing pathway which are, referrals, swabbing, laboratory testing and contact tracing. It was noted that the modelling demonstrates that standing system capacity may be significantly exceeded in the coming weeks. In preparation for this, the Board was advised that the Testing and Tracing Senior Management Team have identified and assessed options for enhancing the service to provide increased capacity, control demand and ensure that the system can act with agility and pace. The operational planning approach for the next three months builds on previous operational planning activity, including the Christmas 2020 escalation plan and the May 2021 Medium Term Operational Plan. Current planning is based on the demand modelling and takes into account assumptions regarding the Delta variant, the impact of vaccination, operation of self-referral pathways, and proposed service enhancements and innovations.

The Board was also provided with an overview of the Covid-19 Delta Variant impact on Operational Service. The Board considered the key mitigations due to the rise in Delta which included reduction in elective and scheduled care, ring-fencing of capacity in critical care and general ward level in advance of expected surges, leveraged private hospital capacity via the SafetyNet2 Agreement, enhanced public health and IPC measures, expedited rollout of all available vaccines to the public, use of alternative pathways of care outside of the Acute setting, provision of additional supports to paediatric services and redeployment of staff to increase capacity for care of Covid-19 positive patients supporting capacity of test and trace to cope with expected demand.

The CEO reported that a very close eye is being maintained on developments with the Delta variant, particularly given the further loosening of COVID-19 restrictions as international travel and indoor hospitality resumes. The Board noted that at Government level three cabinet committee meetings will take place during August 2021 which the CEO will attend. In order to support decision-making at that meeting, the CEO has undertaken to enhance surveillance of hospitalisations over the coming months,

This information will be made available to the Board on a regular basis

The Board commended the work of the national vaccination programme which continues at pace with 5.1million vaccines administered as of 18 of July 2021 and welcomed that the Vaccine supply is expected to increase throughout July. In response to queries on the consent arrangements for 16-18 year old cohort it was confirmed that NIAC had advised the standard approach used for Flu vaccine programmes should be followed for this cohort. In particular, the Board recognised the success of the establishment of the max vaccination centres and asked the CEO to consider communications emphasising the need to provide young people with the opportunity to attend vaccination appointments.

The Board welcomed the significant progress has been made in terms of delivering the Digital COVID Certificate (DCC) noting the HSE successfully transferred 1.9 million vaccine records to the Office of the Government CIO to allow for the generation of DCC.

In response to Board members questions on some difficulties with the data, particularly data that was collected during the initial stages of the vaccination programme, when there was no mention of it being used to generate the DCC, the CEO acknowledged that this issue would have impacted healthcare workers in particular as they were amongst the earliest of cohorts prioritised for vaccination. Work is continuing to check and validate remaining records and rectify data where possible to enable all records to transfer.

3.4 Long Covid-19 Symptoms

The CEO and CCO highlighted the key points in the briefing paper on long term COVID circulated in advance of the Board meeting. The Board noted the establishment of a national service for those that require specialist treatment which will be provided through a three-pillar approach. The Board welcomed the establishment of this implementation group and asked that consideration be given to the merits of having patient representatives on the group. In response to a discussion in which the Board sought an understanding of the management regarding the impact of Long Term COVID on caregivers the Board were informed that the Workplace Health and Wellbeing Unit (WHWU) has proposed the development and resourcing of a Strategy for Rehabilitation Services including healthcare workers with Post-COVID-19 Syndrome to support employees in their return to work during the period of rehabilitation, including a phased return and reasonable accommodation, as recommended by Occupational Health Services.

3.5 Cyber-Attack and impact on Services

Board members noted the Cyber Update Status report which was circulated in advance of the Board meeting. The report provided an update on the impact on services following the Cyber-Attack depicting that the majority of systems are now restored, and operational business-as-usual ICT support and management is now required for all systems. The ICT resources which were fully devoted to system restoration are now being split between support and restoration with a greater number now on support provision. In response to questions on the Cyber Restoration Outlook and Timeline the Board was informed that in overall terms as the restoration of ICT systems progresses the severe impact on service delivery related to the cyberattack has reduced. Nonetheless, challenges to service delivery across our health system remain in terms of operational capacity and clinical / service user risk. It was noted that Staff who have worked very long hours since the start of the year are now taking their summer holidays is having an impact as is staff that have returned full time to other duties. In response to Board questions on the overall breakdown of the direct ICT costs to date it was noted that this consisted of approximately €3.9m in Vendor Infrastructure, €2.4m in Strategic Partner Support and €1.3m in Other Infrastructure.

3.6 Update on Board Strategies

The CEO introduced this item and provided the Board with a high level update on the HSE Cancer Strategy, Trauma Strategy, Maternity Strategy, and the National Screening Service.

The paper circulated in the Board pack provided a progress update against the abovementioned strategies was noted by the Board. T

It was noted that the Cancer Strategy is at the mid-point in its implementation. Notwithstanding the impact of COVID-19 and limited implementation funding for the first three years of implementation, good progress has been made, including Rapid Access Clinics, Surgical Centralisation, Revenue support for the NPRO Phase 2 development and the Systemic Therapy Programme.

The Trauma Strategy Implementation Programme has held a number of meetings with the Mater Hospital to progress local implementation planning for the initial phase of major trauma services.

The Maternity Strategy is undergoing a mid-point review led by the National Women and Infants Health Programme (NWIHP), which is looking at implementation of the recommendations as set out in the Strategy. It was noted that 88% of the NMS recommendations are currently recorded as complete or ongoing.

3.7 NSP 2021 Q1 Review & Financial Projections

The CEO, CFO and A/COO presented the output from the NSP 2021 Q1 Review Phase 2 which establishes progress made during Q1 on key Strategic Programmes and Operational KPIs and, based on the latest

data and information available, considered if revised NSP targets are required, and if so, what revisions are proposed. The scope of the review has been extended to assess both the impact of the pandemic and the cyberattack on strategic programmes, on service levels and on operational KPIs. The Phase 2 Review therefore provides our best estimates and an updated assessment of expected activity, expenditure, recruitment, and reform initiatives achievable by year-end.

The Board was informed that since before the cyber-attack the HSE and DOH have been making clear the need to consider planned developments as being deliverable of an 18 month rather than the original largely 12 month period envisaged by the NSP2021, remembering that the original core government and NSP assumptions were level 3 restrictions or better for 2021 and did not include a vaccination programme. Elective work has been significantly impacted by COVID and more recently the cyber-attack. The private sector has been less available, and it is expected that the 4th wave will add to the challenge. Adjustments to scheduled care targets are therefore proposed.

Services in hospitals and the community have been impacted during Q1 with on-going impact of the pandemic and cyber-attack year-to-date. Services most adversely affected include high volume/activity in hospitals, endoscopy, scheduled care, BreastCheck, BowelScreen, Diabetic RetinaScreen, child health screening, primary care therapies, food control inspections, palliative care and older persons.

Notwithstanding the progress made on new ways of working and telehealth during COVID, key technology projects have been delayed due to the focus on delivering COVID/COVAX technologies.

Recruitment continues to be challenging and despite good progress to date, with just over 4,000 staff recruited revisions to the projected recruitment targets, for which 7,802 WTE was originally profiled from January to April, have been made. This is to reflect the estimated impact of COVID surge in Q1 and the recent cyber-attack. Notably, the HSE continues to be committed to the delivery of the original NSP recruitment target to the greatest extent possible, and the estimated revisions included herein, are based on the projected year end outturn, that may be exceeded or indeed fall below to the extent that a 4th wave of COVID may impact.

The financial projections in the NSP 2021 Q1 Review reflects the complexity and uncertainty outlined above. In essence, if the level of growth in monthly costs, including that driven by recruitment of additional staff for new measures, materialises to year end, then the unfunded items called out in NSP2021 plus excess COVID and cyber-attack related costs will outweigh any once-off time related savings related to delayed new developments, leading to an adverse variance.

In settling on the approach for the remainder of the year and the key issues to plan for 2022 Estimates the Board discussed a number of factors including the essential need to appropriately focus our efforts

on addressing clinical and service risk to year end and into 2022 with the permanent strengthening of our health services, to begin to address backlogs and waiting lists and to sustain the focus on tight, predictable financial grip. The Board emphasised the priority to deliver on the very important Sláintecare policy, as evidenced by the very significant enhanced 2021 funding level and discussed by way of example, the Enhancing Community Care (ECC) programme is one of the key Sláintecare planks of the long overdue service strengthening within community services.

The Board supported the Executive's view that delivery of a breakeven position by year end against the total net non-capital determination is feasible but noted the financial outlook is set in the context of the uncertain path of the pandemic for the remainder of 2021 and into 2022, including the potential financial impact on the COVID vaccination programme, test & trace programme, as well as other pandemic responses.

Following consideration of the output from the Phase 2 review it was agreed that the limited re-planning of a subset of key targets as set out in the briefing papers will be submitted to the Minister.

3.8 *Scheduled Care & Strategy/Proposed Approach*

The briefing paper circulated prior to the meeting to update the HSE Board on Corporate Plan, Objective 3 - Improve scheduled care to enable more timely access and reduce the number of people waiting for services was noted. The Scheduled Care Transformation Programme which has been established to ensure a sustained, system-wide transformation process has previously been considered at the March Board meeting.

A status update of the current Scheduled Care Transformation Programme initiatives under the three pillars was provided. The Board noted the initiatives continue to be progressed by the Scheduled Care Transformation Programme. However, the Phase three COVID surge and the cyber-attack has impacted on initial targets, and timelines have been revised for most initiatives. Engagement continues with the DoH to progress the Waiting List Plan (which incorporates the initiatives from this Programme) and also to agree the 2021 Access to Care Plan and this is expected to be finalised and agreed in the coming weeks.

3.9 *Annual Report of Confidential Recipient & Survey Document*

A summary of key points was provided to the HSE Board from two reports from the Confidential Recipient which had been considered by the EMT and presented to the Safety and Quality Committee in April 2021.

- The Confidential Recipient's Annual Report for 2019 and 2020. (The 2019 report was not published last year due to the pandemic)
- A report of a Satisfaction Survey undertaken with users of the service during Q4 2020.

The Board welcomed the important work of the office of the Confidential recipient which has the primary role to receive concerns in relation to residential services for people with disabilities and at times cases relating to people residing in mental health or older persons units or using day services within HSE or HSE funded services. Every concern that is received is reviewed by the Confidential Recipient to develop an understanding of the issues raised and a decision is taken as to whom the concern should be referred. This will generally be the Chief Officer of a CHO area or named delegate. The Chief Officer is responsible for ensuring the concern is thoroughly examined. A protocol is in place to ensure that the outcome of the investigation is provided to the Confidential Recipient within agreed timeframes.

4. Transfer of Services – Disability function from Department of Health to Department of Children, Equality, Disability Integration and Youth

The COO spoke to the briefing papers and supporting documents regarding the Transfer of Disability Services which had been circulated as part of the Board pack. The COO briefed the Board on the formal transfer of Disability services from the Minister for Health (M/DOH) to the Minister for Children, Equality, Disability, Integration and Youth (M/DCEDIY). Board Members were advised that the approach for the transfer is to amend all necessary primary legislation and have the revised governance and accountability arrangements in place between the HSE and DCEDIY prior to the commencement date for the actual transfer likely to be January 1st 2022. The Board were provided of an overview of the transfer of functions and the requirements which the HSE will need to prepare in order to continue with service delivery and reporting to two separate Ministers for different aspects of its portfolio of services. Therefore, an important part of this transfer will involve clearly setting out and demarcating the boundaries of reporting and performance management relationships between the HSE and the two Departments. The Board considered the different governance options available for the new arrangement and discussion on the options available ensued.

In response to questions the Board were informed that appropriate monitoring and procedures have been put in place to ensure that their political issues with people being moving between departments will be avoided in the transfer. Discussion on the awareness of dual responsibility and dual process in terms of reporting from all parties involved in the transfer took place and it was noted that collaboration is key, as there is a desire that the reform of the Disability sector is to be integrated with the overall

reform of the Health sector. It was noted that the overheads in the performance for the HSE and the Department will be considerable. In response to questions regarding awareness that S39 agencies request different levels of funding each year, Board members were informed that appropriate guidelines and policies are in place to allow the HSE to accurately forecast the level of funding required. It was agreed that they trying to get this transfer done sooner rather than later is a priority.

The Board thanked the COO for her contributions and presentations.

5. Expert Reference Report

The CCO presented an update on the Expert Reference Groups (ERG) reports on the management of interval cancers which were approved by the Board in July 2020.

The ERG reports made recommendations for the management of interval cancers reviews in the BreastCheck, CervicalCheck and BowelScreen screened population which provide a design for interval cancer audit to support quality assurance within each programme, and which is in line with international best practice for cancer screening programmes. Responsibility for implementation of the ERG recommendations lies with the NSS, reporting to the CCO. A steering group has been established and a number of subgroups to take forward the necessary actions. These have members with a wide variety of skill sets including patients, advocacy representatives and professional experts from a range of affected disciplines. The initial work is going well and is on track. The update for the Board included progress to date.

Following questions, the Board was advised that the programme key performance indicators and quality assurance standards are used to monitor programme performance regularly along with regular external reviews. Implementation of the recommendations from the Expert Reference Groups will strengthen the processes in place for patient requested reviews which have always been part of the patient centred service in BreastCheck.

One of the recommendations in the BreastCheck report was that, the NSS should review the implementation of the HSE record retention policy in the context of the GDPR which was introduced in May 2018. This was in relation to data held from education exercises.

The Board was reminded that when Breastcheck started over 21 years ago, it was the first programme in Ireland to institute a quality assurance system with performance measures, KPIs and defined processes. As part of its evolving QA, it sought external accreditation. The last accreditation was from EUREF - the European Reference Organisation for Quality Assured Breast Screening and Diagnostic Services. Breastcheck was awarded the highest level of accreditation – reference level - which makes BreastCheck one of the countries that others now benchmark against. As part of the accreditation, BreastCheck were required to conduct education exercises for their clinicians. This included looking at previous mammograms in patients who went on to develop breast cancer, which is a known and

accepted occurrence across all screening programmes. This was used as a learning and education exercise for doctors and trainees. The exercises kept datasheets on a sample of women to demonstrate to EUREF that these education sessions were conducted. These have no clinical value and are not part of the patient's healthcare record and the exercise in preparing them did not affect the care that was delivered to any patient. They were not used to assess the performance of the programme. Patients were offered independent review of previous screening if they wished and this was taken up by some women. Retaining these does not meet current GDPR requirements or the HSE record retention policy. The Board considered this in 2020 and sought legal advice. Based on this legal advice, a Data Protection Notice was developed, which meets the requirements laid out in the advice provided to the HSE. It is proposed to add this notice to the HSE website to notify patients directly.

The Board noted the proposal that the HSE Record Retention policy 2013 is implemented across all of NSS. This includes the disposal of any documentation held in excess of the stated retention period and notification through the publication of the policy and data protection notice. This disposal does not affect either the patient's record or their own personal independent review of their interval cancer.

The Board asked about issues in recruitment of consulting staff in screening programmes. They were advised that the continued medico-legal system, the risk of litigation for known limitations in screening and the lack of protection for clinical audit were considerations for doctors are choosing medical specialities. The Board asked about current perceptions of screening in the public. They were advised that NSS is conducting a large survey on user's attitude to screenings at the moment to contribute towards improving the services in this sector in general. It was agreed that it is positive, and members noted and acknowledged the impressive work being conducted in screening and the commitment of staff.

The Board agreed it was important for this legacy issue to be resolved and to ensure that processes in NSS are in line with data protection legislation. The Board asked for NSS and HSE Communications to ensure an appropriate communications plan is in place including engagement with appropriate patient groups.

6. Reserved Functions of the Board

6.1 Oversight Agreement

The CSO provided a briefing on the Oversight Agreement which was circulated in advance of the meeting. The Oversight Agreement outlines the roles and responsibilities of the Minister for Health/Department of Health and the HSE and sets out the broad governance and accountability framework within which the HSE operates. It was noted that feedback received from Board members has been incorporated into the final draft. Board Members were informed that the Agreement is currently going through the approvals process within the DoH. The Board approved the Oversight Agreement (**Decision no. 280721/26**) and recommended it for submission to the Department.

6.2 Property Transactions

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

Lease Acquisition for 2nd & 3rd Floors, Mount Kennett House, Henry Street, Limerick (**Decision no. 280721/26**)

Lease Acquisition for Part of the 3rd Floor, Houston Hall, Raheen Business Park, Limerick. (**Decision no. 280721/28**)

Lease Acquisition for Punches Cross, Rosbrien, Limerick. (**Decision 280721/29**)

Lease Acquisition for Southgate Shopping Centre, Colpe Cross, Drogheda Co. Louth (**Decision no. 280721/30**)

New Lease at Bushy Park, Ennis Co. Limerick. (**Decision no. 280721/31**)

7. AOB

No further matters were discussed.

The meeting concluded at 14:30pm.

Signed: Ciarán Devane

Ciarán Devane

Chairperson

Date: 24/09/2021