



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Friday 29th October 2021

A meeting of the Board of the Health Service Executive was held on Friday 29th October 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.

Apologies:

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Mark Brennock (ND Communications), Stephen Mulvaney (CFO), Fran Thompson (CIO), Anne O’Connor (COO), Dean Sullivan (CSO), Geraldine Smith (ND Internal Audit), Anne Marie Hoey (ND HR), Philip Crowley (ND Strategy and research), Damian McCallion (National Lead on implementation of COVID-19 Vaccination), Jim Curran (ND capital and Estates), John Smith (Deputy Director of HBS), Eleanor Masterson (Assistant Chief Architectural Advisor), Paul de Freine (Chief Architectural Advisor), 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 and provided an update on the latest meeting of the Board Conti Review Oversight Group.

1.4 Approval of Minutes

The minutes from the Board Meeting of the 24th of September were approved.

2. Committee Update

2.1 Audit and Risk Committee

The minutes of the Audit and Risk Committee meetings held on the 9th and 19th July 2021 as circulated were noted.

The V/Chair provided a high-level overview of the Committee meetings held on the 8th and 27th of October. It was noted that at the meeting of the 8th October the Committee considered the YTD expenditure update up to the end of August 2021, the HSE's Tax Self Review submission 2020, the Risk Management update, the implementation of the Moody Report 'Critical Path' actions, and a briefing on the proposed EU Directive on the resilience of critical entities. The Committee were provided with a briefing paper on the reform of procurement & compliance improvement within the HSE and a note on estimated costs of translation and interpreting services. The Committee also received a further update on the Internal Audit Report Payroll Irregularities and were joined by the CEO of IEGH and St. Columcille's. The Committee discussed with Management the update on the Status of Management's implementation of recommendations contained in the IA report on Senior Management Overtime and the Note on Children First in Cork and Kerry.

The Chair informed the Board that the Committee were briefed by the ADPO on the interaction with the Data Protection Commissioner regarding the Cyber Attack on the HSE. The Chair advised the Board that the Committee also considered with Management Team Members the establishment of the CRO role and noted that on the Committee recommendation the proposal has been brought to the Board for approval at its meeting today.

The meeting of 27th October dealt with the National Maternity Hospital and was dealt with later in the meeting.

2.2 People & Culture

Minutes of Committee meeting of 3rd September were circulated in the 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 8th October.

The Chair informed the Board that the Committee were provided with a Communications update which covered Digital Health Information and the development of a new communications App. Briefings were provided to the Committee on Safeguarding within the HSE and the implementation of recommendations from Internal Audit findings in relation to breaches of NCHD recruitment procedures. The Committee discussed with the ND HR the briefings provided as part of the HR Update noting the impact of Health and Wellbeing Programmes within the HSE, recruitment targets, and the Consultant Contract negotiations.

The Board were informed that Committee were briefed on the National Integrated Staff Records and Pay programme (NiRSP) and discussion around the programme's governance and timelines for the programme's completion took place.

The Board noted that the People and Culture Committee's ToR has been updated but is being kept in draft format for further review.

2.3 Performance & Delivery

Minutes of Committee meeting of 17th September were circulated in the Board pack and noted.

The Chair of the Committee provided a summary of the Performance & Delivery Committee meeting that took place on 22nd October 2021 noting that the Committee were provided with the monthly Performance Oversight update which included performance profiles for August. The Committee discussed rising demands within the health system and clarification was sought in relation to service congestion. It was noted that ICU capacity has become a front-line area of service delivery and over 30% capacity is occupied by Covid related cases and surge plans are continuously being put in place. Further discussion took place on ongoing work with regards to Disability Services, the prevention of infection or prevention of disease, and concerns raised in relation to recruitment.

The Committee reviewed with the COO the proposed Winter Plan noting that it includes a range of initiatives to be undertaken which will aim to enhance community capacity, decrease acute hospital demand through the prioritisation of Primary Care and Community Services and advance the goals of Sláintecare and mitigate the impact of COVID-19.

The Committee were provided with a briefing on the National Service Plan (NSP) and Estimates 2022 and noted that it is a legislative requirement, setting out the type and volume of health and social care services to be provided by the HSE in a given year in response to the funding made available and the level of staff to be deployed. Committee Members were reminded that the NSP is required to be submitted within 21 days of receipt of the Letter of Determination from the Department of Health, which

is expected no later than the 2nd of November 2021 which is 21 days post Budget. The approach and timeline for the production of the NSP 2022 was noted by the Committee and the Board noted that it was agreed that additional meetings of the Committee will be required to provide the relevant oversight. Dates for these meetings will be confirmed following receipt of the LoD.

2.4 Safety & Quality

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

The Chair provided a verbal summary of the Safety & Quality meeting that took place on the 20th of October 2021. She informed the Board that the Committee had received a briefing on funding for the NCCP as part of the CCO's report to the Committee, included in this report were updates on Covid-19 vaccination programme, a break down of nursing posts relative to the public health reform programme, an update on the development of KPIs under the management of Post-Menopausal Bleeding via NPOG, and a CUH mortuary update. The Committee discussed with the CCO in relation to the HIQA review on Letterkenny University Hospital that HIQA have noted the recommendation from the Institute of Obstetricians & Gynaecologists (IOG) that an additional 100 consultants in OBGYN are needed in the system.

The Board were informed by the Chair of the Committee that they had reviewed a proposal to establish a National Learning Analytics Unit for Health Professionals in Ireland which would be used to analyse data from existing and novel sources to identify specific actionable targets which will deliver personalised formative feedback for doctors in training, training programme quality improvement, and clinical risk mitigation at hospitals and other clinical sites. The Chair of the Committee highlighted that following discussion on the item, the Committee saw great merit in the proposal and saw benefit in the HSE being a partner of the programme.

The Committee chair noted that Committee considered risk 3 and risk 7 from the CRR, the NIRP update, and the briefing on Improving Patient flow in emergency care. The Board further discussed the NIRP report noting that the matter is ongoing.

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 the Board Strategic Score card, the next steps in the NSP 2022 process, a finance update, a Breastcheck update, and risk management.

The Board discussed with the CEO the impact of the current wave of Covid-19 on the Health Service. The Board were informed that most services are confronting an upward trend in COVID-19 hospitalisations, resulting in challenges in a number of hospital sites. The month of October has been particularly challenging as hospitalisations associated with the virus are at their highest level for over six months. The Board noted that all indicators suggest that this winter will be challenging given the current level of unscheduled care activity. The Board were informed that there were currently 2750 Health care members of staff absent as a result of Covid-19 and that vaccine boosters needed to be urgently made available to Healthcare staff.

In response to questions regarding the vaccination programme the CEO confirmed that work is ongoing with the intention being to continue to press for increased uptake, across cohorts where uptake remains below 100%. A working group is in place and working to further enhance uptake through targeted initiatives such as further work with pharmacies in Local Electoral Areas where low uptake has been identified and the establishment of additional pop up clinics are planned in the target areas.

The CEO notified the Board that the secondment of Niamh O'Beirne to the HSE in the capacity of National Lead for Testing and Contact Tracing came to an end this month and the Testing and Tracing Programme in addition to the National Vaccination Programme has been taken over by Damien McCallion. The Board noted the departure of Niamh O'Beirne and thanked her for her very significant contribution to the success of the pandemic response. It was agreed that a formal letter of thanks would be sent to Ms. O'Beirne.

The CEO provided an update on the IFMS implementation noting that in August 2020 the HSE signed a contract with DXC Technology to deliver an Integrated Financial Management System (IFMS) with the HSE. The contract was an integral part of the HSE's Finance Reform Programme, with the objective of establishing a new Finance operating model to include a single, nationally integrated financial management and procurement system, underpinned by SAP S/4HANA (SAP's current enterprise application suite). This single platform will replace multiple legacy finance systems, which currently operated independently of one another. The Board noted that the contract with DXC has been suspended since 7 October and the project team are working through issues with DXC and progressing the project forward.

The Board were provided with a high-level update on the Cyber-attack. It was noted that as part of the Cyber-Attack Post Incident Review process, the PWC Team had moved to the factual accuracy checking process of the review timeline.

The Board were advised by the CEO that the transition of Our Lady's Hospital Navan is currently being progressed. A comprehensive plan and communications plan to safely transition Navan into a Level 2 Hospital is now agreed. The Board noted that arrangements are now being made to give effect to the agreed Communications Plan. Meetings are being arranged with the Minister for Health, Government and Opposition Representatives, Local Councillors, General Practitioners, Staff and other interested parties in order to ensure they are fully briefed on the plan and to answer any questions they may have.

The Board noted that in the intervening period since their last Board meeting there has been a further resignation from the Sláintecare Implementation advisory Council (SIAC), with Dr Anthony O'Connor informing the Minister for Health of his decision to resign from SIAC on 30 September 2021. In response to questions from Board members the CEO confirmed that he had attended a thorough and constructive meeting with the Secretary General of the DoH, where he had confirmed the HSE's commitment to Sláintecare. The Board noted that the SIAC has been formally stood down and that going forward it has been agreed that at an operational level Sláintecare will be led by the CEO through the established statutory accountability processes.

3.2 Board Strategic Scorecard

The CEO and CSO presented the October Board Strategic Scorecard Report advising the Board that the ScoreCard report had been reviewed and signed off by EMT Members. The Board were advised that as part of the National Service Plan (NSP) Q1 Review, a number of NSP 2021 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.

The Board noted that the overall rating reduced to 3.00 from 3.06 (based on 21 Scorecards returned). The Infrastructure and Equipment scorecard rating changed from 4 to 3. The Board held a detailed discussion and raised several questions on the individual Programmes and Priorities in the Scorecard.

3.3 Financial report to the Board October 2021

The Board noted the paper circulated in advance of the Board meeting detailing the August YTD data and preliminary September results. The CFO said that the current expenditure (revenue) financial position at the end of August 2021 shows a YTD deficit of €67.4m or 0.5%, with a significant element of

this being driven by the direct impacts of the 3rd COVID19 surge, with €242.3m adverse variance on COVID-19 related costs and (€174.8m) positive variance on core related costs. The Board noted that the most recent detailed revenue forecast submitted to DOH indicated that, subject to caveats, a substantial breakeven was feasible by year end on overall revenue I&E. July and August actuals, and preliminary September figures, are indicating that overall revenue I&E costs are currently running €233m behind the year-end forecast and therefore supports this forecast position. However, the CFO advised that should the current highest estimate, of the cost for the COVID booster programme, i.e. up to 1.8m people at a cost of €127m materialise in 2021, this will reduce the surplus range noted above to €80.4m / 0.3% (deficit) - €59m / 0.3% (surplus) respectively. It is noted that in effect this will lead to a substantial breakeven as the full €205m contingency for T&T held by DPER is unlikely to be released to DOH / HSE in the event that an overall surplus is delivered.

The CFO provided Board members with an overview of the 2022 financial outlook, subject to the receipt following the announcement of Budget 2022 on 12th October. The Board noted that there will be significant challenges to manage in 2022 including financial issues and risks related to the costs associated with the existing level of service, COVID-19 and Capital and the potential solutions to these issues and risks are currently being considered, including in discussions with DOH Colleagues.

3.5 Breastcheck update

The CCO provided a further verbal update to Board members on the management of Interval Cancers in the screened population and in particular on the timeline for the implementation the HSE Record Retention policy 2013 across all of NSS following the issue of data retention within the Breastcheck programme. Board members were informed that the screening service notice was no longer in draft format, a communications plan is ready to be put in place, and the minister has been briefed on the six week plan due to be implemented.

3.6 COVID-19 related restrictions in maternity units and hospitals

The CEO and CCO discussed with Board members the easing of restrictions in maternity units and hospitals. The CCO advised that restrictions previously put in place because of COVID-19 may begin to ease as more pregnant women and their nominated support partner get a COVID-19 vaccine. It was noted that Hospitals will try and allow for the nominated support partner to be present during the key stages of any pregnancy, labour and birth, however, in some cases local or clinical rules may be in place as management remains cognisant of clinical risk. Queries were raised regarding the level of noncompliance with the easing of restrictions within maternity units and hospitals and it was agreed that further information would be provided to Board members.

3.7 Short Term Waiting Lists Plan

The Board discussed with the CEO and the CSO the briefing papers on the 2021 Short-Term Waiting List Plan which was shared ahead of the Board meeting. The CSO updated Board members on the ongoing discussions between the HSE and DoH in relation to tackling Scheduled Care waiting lists. The Board were informed that in recent weeks it has been agreed that a focused, 2021 Short-Term Waiting List Action Plan is required to ensure maximum impact is seen between now and year end. This work is being carried out in parallel to work on the longer term Multi Annual Waiting List Reduction Plan. Board members noted the position of the two pieces of work and following questions, the CEO confirmed that the Acute waiting List Action Plan published by the Department, which aims to mitigate the impact of the pandemic and the cyber-attack on scheduled care activity this year, is a refocusing of actions already within the NSP.

Re the Acute Waiting List Action Plan (published on 7 October 2021), Board member Brendan Lenihan requested that his view be noted that while the plan was most welcome, given its importance it was an amendment to NSP 2021 and ought, on that basis, to have been brought to the board for approval as a reserved function under the HSE Code of Governance.

3.8 Proposal for the appointment of HSE Chief Risk Officer

The Board noted the paper on the proposal for the appointment of HSE Chief Risk Officer (CRO) which had been circulated in advance of the meeting. The V/Chair of the Audit and Risk Committee advised Board members that the proposal has been endorsed by the Committee and it is recommended that that the HSE Board approve the appointment of a Chief Risk Officer as summarised in the briefing note. The Board approved the nomination of Mr Patrick Lynch, National Director Governance and Risk as the HSE's CRO (**Decision no. 291021/42**).

4. Reserved Functions of the Board

4.1 National Maternity Hospital Draft Final Business Case and Legal Framework

The Board discussed with Management Team Members the National Maternity Hospital Draft Final Business Case (FBC) and National Maternity Hospital Legal Framework. The CSO provided a procedural update to the Board on the overall process which was under way regarding the Draft FBC and the Legal Framework. The Board noted that the Audit and Risk Committee had considered both items at a special meeting on the 27th October. The Board were informed that following this meeting there are no residual queries in relation to the contents of the Business Case and that the draft FBC is now complete.

The V/Chair of the Audit and Risk Committee highlighted that the remaining net issues with the Legal Framework 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 , together with the inclusion of a suitable constitution as part of the legal framework.

The CSO informed the Board of the progress being made and provided an overview of the key changes made to strengthen the Legal Framework which include:

- I. The term of the lease of the site for the new NMH has been increased to 299 years, a significant extension to the 149 years previously agreed;
- II. The State's representation on the Board of the new NMH has been increased, with three public interest directors to be selected and appointed by the Minister for Health, alongside three nominated by St Vincent's University Hospital and three nominated by the NMH (3:3:3 split), previously (1:4:4); and
- III. The position of Chair of the Board will rotate every three years between NMH, SVHG and Public Interest directors, with the first Chair being drawn from the NMH appointees.

The Chair informed the Board of correspondence from the DoH Secretary General regarding the progression of the NMH and the views of the board were sought on this matter.

The Board were briefed on the DAC Constitution noting that the Audit and Risk Committee had requested a number of issues to be clarified in the next draft of the DAC Constitution.

Discussion around the ownership of the site took place. The Board raised concerns regarding the ultimate ownership of the site which is being provided through long term lease rather than by means of being sold to the state.

The Board welcomed the progress being made on the FBC, Legal Framework and Constitution, and noted that the executive is continuing to work to resolve the outstanding issues before this item is brought before the Board again in November.

4.2 Property Transactions

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

Operational Lease for a Primary Care Centre at Townspark, Birr, Co. Offaly (**Decision no. 291021/38**)

Operational Lease for a Primary Care Centre at Tynone, Nenagh, Co. Tipperary. **(Decision no. 291021/39)**

Operational Lease for a Primary Care Centre at Beaufield Mews, Woodlands Avenue, Stillorgan, Co. Dublin. **(Decision no. 291021/40)**

4.3 Contract Transactions

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

Contract Award for 50-bed Residential Care Centre at St Vincent’s Community Nursing Unit (CNU), Ballycullenbeg, Mountmellick Co Laois. **(Decision no. 291021/41)**

5. Board Strategic Priorities for 2021

5.1 Update and progress on key clinical programmes

The Board discussed with the CCO the briefing paper on the update and progress on key clinical programmes which was circulated in advance of the Board meeting. The CCO provided an outline of the Key Clinical Programmes and the alignment between these programmes of reform and Sláintecare. The Board were briefed on the key activities that have and are being implemented across the health service to ensure that the right care is delivered, to the right patient, in the right place and at the right time and that the HSE is working to achieve the future vision of Sláintecare.

Board members discussed with the CCO the challenges around the development and progression of new and innovative models of care with the HSE. It was noted that the recruitment of trained committed healthcare professions is vital to the programme’s success. Board members noted that often good pilots are recognised through the HSE excellence awards and asked if strategies were in place to provide for the expansion of such pilots. The CCO informed the Board that there are some challenges around creating systems where programmes are fully integrated in such a way that a smaller programme may not be. Further questions were asked regarding the provision of multiannual funding for Clinical programmes and it was noted that the key challenge is that both a commitment to strategy and funding is required for the reform process to continue through clinical programmes.

6. AOB

No further matters were discussed.

The meeting concluded at 13:00.

Signed: Ciarán Devane.

Ciarán Devane

Chairperson

Date: 26/11/2021