Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

A meeting of the Board of the Health Service Executive was held on Wednesday 6th May 2020, at 18:00 via Videoconference.

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

In Attendance for Board Meeting:
Paul Reid (CEO), Anne O'Connor (COO), Colm Henry (CCO), Niamh O'Beirne, Paul Connors (Communications), Liam Woods (National Director Acute Operations), Angela Fitzgerald (Deputy National Director Acute Operations), Dara Purcell (Secretary), Hannah Barnes.

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

1.0 Governance & Administration and Chairperson's Remarks

The Chairperson, Ciarán Devane welcomed Board Members to the meeting. No conflicts of interest were declared. The approval of minutes of the special Board meeting of the 29th of April were deferred.

The Board met in the absence of management at the start of the meeting and the Chair briefed Board Members on the call he had participated in with the Minister earlier that day in which they discussed the ongoing response to the Covid-19 pandemic. It was agreed the minutes of these meeting would be circulated to the Board as appropriate.

The CEO and Executive Management Team joined the Board meeting at 18:15.

2.0 Covid-19

The CEO provided an update on the key issues the HSE must progress in the context of the next stage of the COVID-19 Roadmap for reopening society and business which was announced by the Taoiseach on 1st May. Board members were informed the key factors examined when progression is considered will be progression of the disease, the capacity and the resilience of the health service and ICU capacity, the capacity of the Testing and Tracing programme, the status of vulnerable communities, and an assessment of the risk of secondary morbidity and mortality .

The CEO said HSE is continuing to engage with Department of Health on reports to Government in line with the Roadmap for Reopening Society and Business. A further meeting with the Department will be held on Friday to further examine the stages of the roadmap.

The CEO informed the Board that the full resumption of the health services is contingent on the demands placed on it by the transmission of COVID-19 and provided an overview on key datapoints relating to non COVID-19 services. Elective activity continues to be curtailed in line with the NPHET guidance. During March inpatient elective activity was down by 10 % and day cases were down by 31% There has been a steady increase in non-ICU care for COVID-19 cases. We expect that the data for April will show further reductions in elective in line with the need to protect capacity in anticipation of expected surge On May 3rd 65% of ICU beds were in use for non COVID-19 related needs.

Discussion then moved to Nursing Homes and other Long-Term Residential Care Settings (LTRC). The Board were informed that testing within all nursing homes on both staff and patients would be complete within the coming days. This testing regime will then be extended to all LTRC facilities. The Board noted that the Minister had commended the level of support being provided to Private Nursing Homes and the LTRC sector.

The CEO updated Board members on the progression of the programme for testing and tracing. CEO outlined that learnings from that process of ramping up include a more in-depth understanding within the HSE of the end-to-end logistics of swab to contact tracing. Improving those linkages and automating as much as possible will contribute to faster turnaround times, as will leveraging laboratory capacity in Ireland and in Germany. The capacity of 12000 tests per day was reached in the previous week which means that capacity has been successfully met. The scaling up of testing is allowing for the use of a new, broader case definition for COVID-19 testing. The additional testing capacity will also allow NPHET to consider what other testing priorities might be considered once the current sweep of all LTRC has been completed.

It was agreed that a discussion and high-level overview of the testing and tracing assisting App would be a focus at a future weekly meeting.

The CEO indicating that one of the biggest factors for ongoing COVID-19 related costs would be the provision of PPE for the rest of the year and the following year. The drivers for this high cost are the overall market cost, the volume needed within our health system, and the non HSE requirements for

PPE. It is estimated that there will be a need for 245 million units of PPE per each ¼ within 2021, which results in a €1 billion costing for the year. With changes being made to the case definition and the expanded requirements for healthcare workers it is expected that 1.2 million masks will be used on a daily basis. The CEO confirmed that the CFO would provide a more detailed financial report on COVID expenditure for the following Board Meeting.

The Board sought clarity on the current turnaround time of tests being carried out, results being received, and contact tracing commencing. The CEO advised Board members that the plan is to increase capacity to 15,000 tests per day through the end-to-end COVID-19 testing and contact tracing process by May 18th. The turnaround times (swab to result) planned are 20% 1 – 2 days; 70% 1-3 days and 10% >4.5 days and that the initiatives set out in the paper to Government on testing and tracing is being progressed on schedule. N. O'Beirne stated that the main challenge to this turnaround goal was the ability to automate the initiation of the contact tracing process. It is expected that a solution will be in place for the middle of May, and that there was currently a turnaround time of 2.38 for a sample to be collected sent to the lab, analysed, and then results received. However, this time does not include the initiation of contact tracing as this point of the process needs to be time stamped. Work is ongoing to find a solution to this matter through working with ICT and Public Health.

When asked about the performance of Cavan and Monaghan in National COVID-19 charts C. Henry explained that both counties fall within the Confidence range and that the only county which doesn't is Dublin. Although Cavan has had a higher reported amount of cases this could be linked to a higher amount of testing being undertaken within the county.

Board members queried the expected length of time that outbreaks may continue in Nursing Homes and other LTRC settings. The CEO informed members that these facilities are becoming more confident in following infection prevention and control procedures and other procedures which have been put in place to deal with the spread of COVID-19. He also assured the meeting that there has been evidence of positivity rates beginning to fall in these settings. C. Henry informed Board members that the results of the testing programme carried out in these facilitates which at the time of the meeting was 91% complete, showed that more people did not have the virus than did have it and that once public health measures really took hold the positivity rate would fall further.

Following questions from Board members C. Henry CCO stated that both HIQA and NEPHET had examined a comparison of death rates with previous years in LTRC and that a small increase in

unidentified deaths had been noted some of which may be COVID-19 related deaths. The Department have sent out a questionnaire to LTRC facilities which should provide information soon. The Board were told that there has been an early stage strong push to have deaths registered proactively and that a focus has been on allowing Nursing homes, coroners and practitioners to recognise suspected deaths due to the virus.

2.2 Non COVID -19 Care: Use of Public and Private Capacity

L Woods spoke to the briefing paper provided on Non Covid-19 Care: Use of Public and Private Capacity noting that on the 27th of March NPHET made a decision to curtail non-essential health services which has led to an increase in patients waiting for both inpatients and day-case admissions, and outpatient appointments. More recently, on May 5th NEPHET has announced the resumption of all services. Planning for this has been carried out by looking at clinical priorities and in a way that carefully manages capacity at every level. To do this it is expected that available public and private resources will be used to ensure that capacity is maintained for both COVID-19 rapid response and for non-COVID emergency and time critical conditions. The Irish Healthcare system typically operates at 94% however the WHO calls for levels of operation to be at 80% which is the HSE's aim.

The Board noted it had been a Government decision to contract with the private hospitals was based on a number of key principles - The private hospitals would operate on the basis of public only work. The duration of the agreement is 3 months minimum effective from 30 March to 30 June with options to renew; funding is provided on a cost recovery model as opposed to a rate per case was the basis for funding the hospitals; Category A consultant contract was to be offered to private only consultants; accordingly, consultants cannot see private patients during this time if they accept the contract. For those consultants that opt not to take the contract, they cannot treat private patients in the private hospital unless they agree to do so on a pro bono basis and on the basis that the patient is public. The public hospital system would continue to operate under existing eligibility rules i.e. consultants that have private practice rights may continue to see and treat private patients and receive private income for such work.

Originally the Private Hospital Agreement was initiated in order to prepare for a COVID-19 related surge within the health system, but as this is not required at present L Woods confirmed the immediate work had been to examine how Private Hospitals can deal with critical care needs. The short term nature of the Private hospital agreement will be a factor in determining the strategy for transferring non COVID 19 patients care to private hospital facilities.

The Board noted the planned activity in the private hospitals will be based upon the clinical priorities of the HSE as set out by the Chief Clinical Officer and the epidemiology of the COVID-19 virus. Given the uncertainty of both the COVID environment and the timeframe for the arrangement with private hospitals, and in light of clinical governance risks set out, the Chief Clinical Officer had recommended the prioritisation of all cancer services; prioritisation of time-dependent surgery (e.g. cardiovascular, neurosurgical, trauma and transplant services). Occupancy for the coming week will be in excess of 50%.

The NTPF framework is used as the mechanism to maximise utilisation of private hospitals, informed by the clinical prioritisation framework. NTPF are assisting in the plan as they have an in-depth knowledge of the private hospital system.

The HSE has established a Continuity of Non COVID Healthcare Services Oversight Steering Group. This is jointly chaired by the CCO and the COO and will provide a system wide co-ordinated approach to the reestablishment of non COVID clinical care.

The plans to utilise private hospital capacity will be further considered at the May monthly Board meeting including a decision regarding the extension or development of this agreement from the end of May.

3 Any Other Business

A paper circulated by the CEO entitled 'Governance Structures Overview' relating to the COVID 19 response was noted.

The Chairperson thanked the Board Members, CEO, Secretariat and members of the EMT for their contributions and the meeting concluded at 19:45 pm.

Signed: Ciarán Devane

Ciarán Devane

Chairperson **Date: 13th May 2020**