



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of Special HSE Board Meeting

Ref: COVID-19

A meeting of the Board of the Health Service Executive was held on Wednesday 1 April 2020 at 6:00pm. The meeting was held via video conference.

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

In Attendance: Paul Reid (CEO), Colm Henry (CCO), Anne O'Connor (COO), Stephen Mulvany (CFO), Paul Connors (ND Communications), Anne Marie Hoey (ND Human Resources) Dara Purcell (Secretary), John Kelly (Corporate Affairs).

1.0 Governance and Administration

Chairperson, Ciarán Devane welcomed members to meeting which was called to review response to COVID-19.

2.0 COVID-19

2.1 CEO briefing on COVID-19

The Board reviewed with the CEO the key priorities at this point for the HSE in managing the COVID-19 pandemic noting that the number and distribution of cases in Ireland. As of the 31st March 2020, there was at 3,235 confirmed cases of COVID-19. This has been growing steadily since the first case was recorded on the 29th February 2020.

The CEO briefed the Board on the measures to build testing capability across the country in terms of testing centres and laboratory capacity to process the tests which is the current key focus. In response to questions from Board members on testing capacity, reagent shortages Laboratory capacity self-testing kits and antibody testing the CEO noted that, notwithstanding a worldwide shortage of testing swabs the HSE has secured consignments of 13,000 and 15,000 testing kits due to arrive week

commencing 30 March and 100,000 per week are secured thereafter. Laboratories are experiencing shortage of reagents, limiting the testing capacity. The HSE has secured a deal with a Chinese company for more reagent. Additional capacity from private laboratories in Ireland has been secured from April. Community Testing Clinics are now operational in 45 testing centres nationally. Additional supply of reagent from Irish and international companies is being pursued. HSE has secured an additional and ongoing supply of 100,000 test kits but it was noted that the market for testing kits is a challenging environment given the global demand.

The CEO highlighted that another key priority is increasing our contact tracing capability to identify close contacts, engage with them and test where appropriate. There are Contact Tracing call hubs operational in: UCD, DCU, Revenue Dublin, HIQA, Curragh Military Camp, UCC, NUIG and TCD. These Contact Tracing Hubs have been identified as having the capacity to meet the current demand requirements. Training deployment is still actively underway with personnel from Government departments being seconded. Given testing constraints, contact tracing practice will change to initiate contact tracing for high risk groups in the absence of a positive test. This has been agreed with GPs. CCO stated the antibody response to COVID-19 takes 7-10 days to develop. Hence measuring antibodies is of no value in establishing an early diagnosis and initiating contact tracing.

Significant efforts are underway to procure the maximum quantity of PPE for staff and patients as appropriate from all possible sources. The CEO confirmed there are unprecedented and highly volatile market conditions, and this is deteriorating daily. Conditions are getting more challenging due mainly to cash buyers in China who have easier access to manufacturers. However, it was acknowledged that the IDA is assisting with this challenge to the best of their ability.

The HSE has established a National PPE Demand Management Unit. With the assistance of Aer Lingus, the first consignment of batch order number 1 arrived on Sunday 29 March 2020. A total of 10 flights are planned to arrive between Sunday and Wednesday, 1 April and will involve up to 5 rolling flights per day. Batch Order #2 of PPE is currently being agreed with supplier – estimated value circa €57 million.

Procuring the maximum appropriate quantity of ventilator equipment and training additional staff in its use in order to maximise the levels of critical care capacity available is another key area of upscaling but securing orders is increasingly challenging with market changing by the hour. The current estimate is for circa 916 to be received by week commencing 20 April.

Board members had a number of questions about central planning scenario (in terms of numbers of

cases, hospitalisations, ICU demand and timing etc.) and whether there was a gap in capacity to serve this demand in key periods. The CEO confirmed a surge plan is being finalised that will operationalise up to 882 beds to a critical care capability through optimising the use of existing and new ventilator equipment and redeploying the staff complement and model across ICU facilities. Training is ongoing to ensure the necessary skills are in place in order to support these beds. According to early views of the modelling of population and pandemic data, a minimum of 1,250 critical care beds may be required at any one time, with the peak demand occurring. HSE Clinical and Operational teams are reviewing options to provide a level of critical care based around providing ventilator support care at additional beds in the system and rebalancing trained staff across sites based on the demand encountered at each site.

In reply to further questions on clinical trials medications and evolving treatments, the CCO informed the meeting that the DoH has successfully applied for Ireland to be listed to participate in the WHO Solidarity Trial and it is hoped to commence recruitment to this study in the coming week. The CCO also informed the Board that, the HRB sponsored Irish Critical Clinical Care Network based at the UCD Clinical Research Centre announced it was enrolling patients into a COVID-19 clinical trial incorporated into an existing international trial network of ICU centre's (Remap Cap).

In relation to suggestions around mandating wearing of facemasks the CCO confirmed that the current HSE advice (confirmed by the Expert Advisory Group of NPHE) is that using masks is unlikely to be of benefit if you are not ill. Patients will be advised by their doctor when to use a mask. However, the HSE continues to listen to new evidence and the international experience.

Developing modelling, analytics and reporting capability to assist in the effective management of the pandemic response was discussed. It was noted this is being led through a sub group of NPHE chaired by Prof Philip Nolan. The CCO said the HSE focus is on operational modelling on supply-side demands. An automated solution to enable surveillance data on the COVID-19 tracking system has now gone live. The HSE has also developed a predictive model designed to provide estimates of care needs by day to support clinical and operational colleagues in structuring the health service response.

The COO briefed the Board on the work of the operations team to free up hospital capacity to the greatest extent possible – resolving Delayed Transfers of Care, developing and scaling Community Services based responses, increasing Acute, Critical Care and Ambulance Capacity, vulnerable people, building and galvanising community awareness and preventative action.

The COO also provided an update on the Citywest facility 750 beds for people who need to self-isolate, which is due to come on stream within the next few days. These beds will be available for people referred by their GP and who are unable to self-isolate at home. Patients will be asymptomatic, showing mild symptoms and awaiting a test result, or having tested positive but showing mild symptoms and therefore not in need of hospital care. The efforts ongoing to ensure non COVID-19 patients are continuing to access appropriate services was discussed.

Following the detailed review of preparedness, the Board noted there is expected to be a very significant increase in demand for acute beds and intensive care requirements in the next 3 – 4 weeks and peaking in mid-April and there is expected to be a very significant increase in demand for step-down care throughout April, with demand rising very sharply during the month. Meeting this demand is key to enabling the acute services to withstand the surge. In modelling different scenarios, it is clear that demands are now increasing and will continue to increase very significantly for acute care and intensive care and intermediate/step-down care.

The Board acknowledged and complimented the CEO and EMT on the significant response by the HSE to effectively manage the significant challenges presented by the COVID-19 pandemic.

2.1.1 Framework for Pandemic Response with Private Hospitals

The CFO led discussion on this item, confirming that the HSE, with the approval of the Minister for Health has concluded (30 March 2020) an agreement with the Private Hospitals, as represented by the Private Hospitals Association, to allow for Hospital Groups to have full access to private hospital capacity in the light of the COVID-19 pandemic challenge. This unique collaboration is based on and the agreement of an overarching Heads of Terms. It was outlined that the Heads of Terms will next be operationalised with each of the 19 hospitals invited to participate through individual Service Arrangements. These Service Arrangements will be modelled on those used by HSE under Section 38 of Health Act 2007, albeit in more streamlined form.

The CFO confirmed that the Minister has approved the arrangement and will make the required funding available to HSE to support it. Given the urgency behind the need to avail of this additional acute capacity, it was noted that a number of implementation steps have now commenced, and others are planned. It was confirmed that the Board will be kept fully briefed in relation to this initiative over coming weeks.

It was noted that in relation to the previously discussed private hospital capacity agreement, the Heads of Terms offered to the Private Hospitals Association were approved by the Minister for Health on 30th March, with the consent of the Minister for Public Expenditure and Reform.

2.1.2 Supplementing HSE's banking arrangements

The CFO led on this item and confirmed to the Board in order for vital supplies to be secured there is on occasion a requirement for the HSE to initiate payments to overseas suppliers, including in China, as demanded and at any time across a 24-hour period including weekends. Arising from a review conducted by Finance, it was proposed that the HSE enter into a temporary arrangement with a company named Transfermate / Interpay (T/M) who have proven experience in supporting 24-hour global payments.

As Banking arrangements, including the opening of new bank accounts are a reserved function of the Board the Board approved the management recommendation that the HSE enters into an appropriate contract with T/M in order that they can transfer money to key suppliers at short notice on a 24 hour basis, where this is needed to secure and finalise procurement agreements that are essential for Ireland's response to COVID-19 was agreed.

Retrospective approval was granted for the urgent use of this facility on the previous weekend, noting this involved Transfermate / Interpay using its own funds, to secure 2 orders for 300 ventilators.

It was agreed that the CFO will sign this contract on behalf of HSE and that transfers of funds should be subject to appropriate protocols similar to those outlined in NFR13 (Cash & Bank). **(Decision Number: 010420/22)**

2.1.3 Major purchasing decisions to date associated with COVID-19

The CFO confirmed the Finance Division is maintaining a running log of the financial commitments in connection with COVID-19 and outlined all approved and requested expenditure to date in relation to COVID-19 which provisionally totalled €379.3m.

Following the briefing from the CEO and EMT the Board held a member only meeting to consider and review matters.

The meeting concluded at 7.40 pm

Ciarán Devane.

**Signed: Ciarán Devane
Chairperson**

Date: 29/07/20