



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 15 April 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), Dean Sullivan (CSO), Colm Henry (CCO), Niamh O'Beirne (National Lead Testing and Tracing, John Kelly, Dara Purcell (Secretary), Hannah Barnes.

### **1.0 Governance & Administration and Chairperson's Remarks**

The Chairperson, Ciarán Devane welcomed members to the meeting. Board members held a short private session

No conflicts of interest were declared. The Board agreed to discuss the agenda of the upcoming Performance and Delivery meeting under A.O.B

Members of the executive joined the meeting at 18:15.

### **2.0 Covid-19**

Board members had a number of questions on the current status of Covid-19 testing and tracing processes particularly in relation to access to supplies of the reagent, the transmission rate from an identified case to contacts, the 'steady state' of testing assuming it will be a critical feature for say at least one more year and the longer term design volumes and principles that we are building into the tracing and testing system, the best evidence in Ireland/internationally about the extent of 'false negative' results from the PCR testing approach and the mitigations against the impact of acting on a false negative that can be built into the public health and individual advice.

Board members expressed concern about front line workers returning to the front line following negative test results and the Board emphasised the need for information that can be provided, or other measures considered for the public and individual citizens on the potential for false negative tests so as to limit the reputational, financial and risk exposures of HSE.

The Board were briefed on the appointment of Niamh O’Beirne who will lead on better alignment of testing services, scaling up capacity of testing, and finding a sustainable model for end-to-end testing. While the development of a sustainable model is an ongoing process N. O’Beirne highlighted that the immediate focus was on the test processing plan and securing larger testing capacity.

The CEO briefed the Board on the work done by HSE Community Healthcare to operationalise Community Testing Centres (CTCs). We now have 48 CTCs available across the country. Due to the current level of demand (the daily average number of swabs being taken at present is approximately 1,300 swabs) not all of these CTCs are open every day. However, there is ability to scale up quickly if the demand increases. The approximate level of maximum capacity to take swabs is c7,000 swabs per day if all the centres are opened and adequately resources (500 staff required). An early priority is to increase capacity to test residents and staff of Nursing Homes.

The CEO confirmed a number of bottlenecks have been identified in the area of laboratory testing but significant work in the HSE and across Government has been undertaken to scale up in a very competitive global market. Laboratory capacity has increased and negotiations are still under way with Eurofins Laboratory in Germany. The Enfer laboratory is now operating and this will be able to deliver significant testing capacity.

Regarding the low stock of reagents within the Irish system a source of supply in China has been located as a temporary measure. This supply is currently undergoing quality testing. Supply line of reagents is a global challenge with every country competing. It is a continuing risk for hospital labs and NVRL with negotiations continuing with Abbott and Roche. Enfer will use a different extraction reagent to the hospitals and NVRL which means a different supply line for reagent reducing the risk.

In relation to Contact Tracing at present there are 155 people working on contact tracing, with over 1,400 trained for when increased demand is required. In addressing Board Members questions, the CEO confirmed that Genomics Medicine Ireland (GMI) are supplying reagent to ENFER.

The Board discussed turnaround targets for each of the 3 stages - Swabbing, Laboratory Testing and Contact Tracing following and noted more work is being done on the various stages of the

testing and contact tracing process to improve speed, accuracy and prepare to scale upwards. This will be a challenging piece of work to complete. It was highlighted that the focus for the days and weeks ahead is stabilizing all these services and putting in place sufficient levels of capacity for when physical distancing measures are eased.

The CEO confirmed that with the additional testing capacity the backlog in testing is expected to be cleared by the end of this week.

He informed the Board that turnaround times in hospitals were quicker, generally 24hrs, but that the challenge was still with community testing due to the current gaps in the process in place. N. O'Beirne confirmed that these gaps would be addressed by securing German capacity, calibrating testing across the health system, and changes in the definition for testing which will be addressed by NPHET in the following week.

The CEO confirmed that the first batch of PPE had been fully delivered at a cost of €31 million, however face masks which were an element of this delivery have not met immediate need but may have other uses. The Chinese production company is working with the HSE to combat this and new masks are currently going through testing. The CEO told Board Members that a second order of PPE would be arriving from Friday. The CEO confirmed that new controls have been put in place in China, in order to quality check produce leaving the country which may result in delays to the arrival of stock within Ireland. The CEO expressed confidence that the HSE's stock of ventilators puts it in a stronger position.

The Board considered in detail the HSE engagement and support with the Private Nursing Home Sector. The COO advised that there are approximately 550 nursing homes in the country and the HSE provision is approximately 20% of the size of the private sector. The idea of a different structural relationship for the period of the pandemic between HSE, private nursing homes and potentially HIQA, particularly to deal with a fragmented sector with small operators was raised. The COO noted the sector is regulated by HIQA and historically the HSE has no role in that process but the HSE is always cognisant of the needs and welfare of nursing home residents and there are generally good local working relationships in place with providers. She confirmed following the emergence of Covid-19 the HSE has worked closely with nursing homes to manage the situation. Each HSE Area Crisis Management Team has offered very significant support to the nursing homes in their areas. This has included management support, PPE, other supplies, Public Health inputs, other clinical inputs, support with sourcing staffing and, in some cases, the reassignment of HSE staff to support nursing homes.

The COO said within both nursing homes and residential care facilities there are 275 outbreaks with 185 outbreaks attributed to Nursing Home facilities, the balance arising in other long-term residential settings, for example disability and mental health facilities. The Board requested that specific performance measures be reported to the Crisis Management Team and reported for the Board on testing wait times and turnaround times for residents and staff of nursing homes. Data on the number of deaths and cases originating in HSE controlled public nursing homes was requested and will be provided to the Board.

In reply to Board member's questions on the lack of data being made available about deaths in nursing homes the CCO said that Public Health experts are looking into the rate of deaths within nursing homes. Responding to a question on false negatives the CCO clarified that the test is not a clinical diagnostic test and that the advice for those with a negative test but showing symptoms is still to isolate until symptoms pass. The CEO confirmed that priority testing would take place for residents and Health care staff in nursing homes and residential care settings.

Following an update from the COO on the Private Hospital agreement including contracts have issued, Board members raised the issues of continuing care pathways and if private patients are now treated as public patients, and if so, what does this mean for the length of waiting time for both cohorts of patients, and also whether staff (both clinical and non-clinical staff) at these hospitals have been redeployed to public work. Other questions included, what is the risk assessment in terms of delayed treatment for both public patients and former private (now public) patients, whether we can model the impact of the non- attendance/non treatment of all other illnesses arising from things such as delayed investigations, tests, biopsies etc. as a result of managing Covid ahead of what will probably be a huge increase in illness and attendance in a few months and the need for specific communications to existing patients whose health care had been impacted by delays or pauses in services and whether the private hospitals are currently being used for non Covid related procedures/ treatments and if use is being made of theatre capacity, radiology, MRI scanners etc.

Both the CCO and COO responded to these questions and confirmed that the care pathways will continue. The Board noted that the main concern for consultants is the issue with the use of private facilities and ongoing private work and the continuity of care. The Board were informed by way of example that in Galway one private hospital was in use for COVID -19 related treatments while the other was used for non COVID -19 related patients. In addition to resolving care issues, the Board

urged that management seek to ensure in finalising costs to be paid to private hospitals down the line that the Exchequer is not materially disadvantaged by paying for delays at this point.

The Board raised concerns about continuing care for frail and elderly people in our communities, particularly the treatment options for those frail elderly living alone in their own homes who are suspected of being positive for the virus. The COO confirmed the two major for elderly being at reduced contact with vital services and the reduced number of home care hours are being addressed.


Discussions took place surrounding the increase in acute mental health cases which are likely to enter the HSE systems. The COO confirmed the HSE has a specific response in place and that for HSE staff internally there has been a physco-social response for example staff have been offered access to Silver Cloud services. In relation to funding section 38 and 39 facilities, The COO confirmed the HSE are working with these organisations regarding future needs and funding given disruption to the financing and fundraising in many of these organisations.

Board members emphasised the need to ensure patient safety continues to be monitored with redeployment of staff and the introduction of so many changes in practice so quickly and sought and assurance that adverse reporting is continuing during this crisis. The CCO confirmed this is ongoing and agreed to report back to Board/Safety and Quality Committee regarding the ongoing updating of incident reporting.

## **9 Any other Business**

The Chair of the Performance and Delivery Committee opened discussion regarding Friday's committee meeting which would be discussing the HSE's annual report and providing feedback on the document. The Committee would also begin to consider the impact of COVID-19 on the performance and delivery of corporate and service plans within HSE. It was agreed that all Board members would be invited to attend the committee.

The Board recognised the strong and responsive performance of HSE during the current COVID -19 crisis by the CEO, the EMT and all those working in health care sector. The Chairperson thanked them for their continued commitment to the Health Service on behalf of the Board and the meeting concluded at 20:10 pm.

Signed: 

**Ciarán Devane**

**Chairperson**

**Date: 29/07/2020**