



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 17th June 2020 at 6pm by video conference.

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

Apologies: Fergus Finlay

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Anne O’Connor (COO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Paul Connors (ND Communications), Fran Thompson (CIO), Angela Fitzgerald, Niamh O’Bernie, Liam Woods (ND Acute Hospitals), Deirdre McNamara, Dara Purcell (Secretary), Hannah Barnes.

1. Governance and Administration

The Chairperson, Ciarán Devane welcomed members to the meeting. No conflicts of interest were declared.

At the start of the meeting the Board met in the absence of management. The Chair briefed Board members on the issues discussed on the weekly conference call held with the Minister on the 16th June 2020. The Chair also updated the Board on arrangements for the Board development process. Deirdre Madden and Yvonne Traynor will assist the Chair in the arrangements.

The Board approved the minutes of the Special Board meeting on 3rd June 2020 subject to the inclusion of the update given at the meeting on filling vacant board member positions.

The Board approved the recommendation from the Safety and Quality Committee to invite an external member to join the proposed joint ARC-SQC subgroup which will have oversight of the new COVID-19 risks 1-5 on the Risk Register.

CEO and EMT Members joined the meeting at 18.15.

2. COVID-19

2.1 CEO Update

The CEO provided an update to the Board on a number of ongoing issues related to the COVID-19 response. He advised that consideration was being given to potential future use of City West facilities, acquired for the COVID-19 response. A report will be brought to the Board's monthly meeting. EMT members have also been working on a number of different processes including the procurement strategy regarding securing any potential vaccinations and treatments for the Irish health sector and how the HSE will continue to engage with stakeholders as the organisation moves through the next stages of the COVID-19 response.

The CEO confirmed the Corporate Plan process is restarted at EMT and working with the Performance & Delivery Committee, and the Board. It is expected to finalise the Plan by September 2020. The EMT has been re-considering the key strategic priorities for the HSE and will be presenting its views to the Board, reflecting what has been learned over the last few months. The Corporate Plan will be informed by Sláintecare, the new Programme for Government, the recovery planning process, the wider COVID-19 environment, and the macro financial context. The immediate focus is to develop a small number of key service-related objectives. These priorities will hopefully assist with the Board's deliberations on the Corporate Plan.

In response to questions regarding the probability of a COVID-19 surge reoccurring the CEO said this is unknown but as we move to reintroduce healthcare services in a COVID-19 environment, the prudent course of action is to plan on the basis that the probability is high. Health service capacity must be protected to facilitate a rapid response to a potential future COVID-19 surge. This is being considered with the DoH at present.

2.1.1 Private Hospital Agreement

The CEO and EMT members provided an update on the ongoing negotiations for a new deal with the private hospitals to come into effect on 1st July. The CEO confirmed that the existing deficit in acute bed capacity has been greatly exacerbated by the direct and indirect impacts of COVID-19. Taken together, the capacity challenges of operating in a COVID-19 environment are extremely significant.

The ND Acute Hospitals reported that analysis of the overall situation in relation to estimated acute capacity requirements over the medium-term leave no doubt that we will require ongoing service arrangements with the Private Hospitals in relation to emergency / unscheduled, urgent time-dependent care e.g. cancer, and scheduled elective procedures. As the current arrangement concludes at the end of June, lessons learned from this initiative, including market and operational understanding, will feed into the options for the next arrangement. He confirmed that any new arrangement with the private hospitals will need to provide the HSE with full access to private Hospital capacity in the event of a surge in COVID- 19 cases, access to Private Hospital services to address the HSE priority needs in providing essential emergency / unscheduled and urgent time-dependent care arising from the enduring impact of COVID- 19; and an ability to address elective care for public patients experiencing delays and the growth in waiting lists as a result of displaced or deferred activity over the duration of the pandemic.

The ND Acute Hospitals outlined the principal features of the arrangements under consideration for three different scenarios; Surge, Elective Care, and Unscheduled Care. The issues raised within each scenario are complex, with a high degree of uncertainty. National level negotiation had taken place with the PHA and Beacon hospital separately.

In response to questions on the impediments and challenges to a successful new agreement The ND Acute Hospitals highlighted a number of risks such as the short timeline for negotiation and the HSE does not have all of the necessary levers to enable successful negotiation. The policy position on eligibility/ contractual arrangements needs to be defined before commencing negotiations as Private providers may choose not to engage. Uncertainty about the ability to guarantee consultant cover and in relation to the timing and volume of services required is likely to add to overall risks and costs.

The issue of GP access to diagnostic services was raised and the ND Acute Hospitals said the HSE is continuing to encourage direct GP referral and that diagnostics services in the private sector are expected to be available to GPs.

2.1.2 Service Continuity

Briefing papers on *Planning for the recommencement of screening in the National Screening Service* and *Service Continuity in a COVID Environment; A strategic framework for delivery* which were circulated in advance of the Board meeting were noted.

D. McNamara spoke to the updated framework to guide the reintroduction of services that were suspended or reduced as a result of COVID-19 highlighting the challenges to service continuity in a COVID-19 environment and the need for continued adaptation to ways of working in service delivery

in a COVID-19 environment. She provided an overview of the phased approach to reintroducing services based on an analysis of demand, priorities, risks and benefits across services. She also highlighted changes to the framework made following engagement with the DoH.

Following considerations of the key actions to give effect to the Strategic Framework such as surge capacity, reintroduction of priority services, and engagement and communication the CEO was asked if the NSP 2020 will need to be amended. He said this may not be required but is dependent on an assessment over time of how the Service Continuity Framework is being implemented. Further work is being undertaken to quantify challenges in relation to issues at operational level across the HSE and this will impact the pace and extent to which services are stood back up. The COO added that an important piece of the ongoing work is to capture the present activity levels of the services. This will all determine the pace at which the framework can be implemented.

The COO confirmed that there will be a dedicated workstream on hospital avoidance which will be led by D. Walsh and this will include Winter Planning capacity care solutions.

2.1.3 COVID Tracker App

The CIO provided an update on the current status of the mobile COVID-19 Tracker App since the previous briefing to the Board on 20th May 2020. He confirmed App development is now complete and all technical tests are complete. The App and all App features, data flows, and supporting software are all functioning as expected. These tests have covered all relevant aspects of the functionality of the App, including download and registration; symptom check-in; daily information updates; security and vulnerability; and the close contact Exposure Notification Service (ENS). The CIO noted there is now an Irish language version of the App available and the HSE is working with the National Council for the Blind to ensure that the App is useable by people with no sight or restricted sight. He confirmed a full Data Protection Impact Assessment (DPIA) has been submitted and reviewed by the Data Protection Commissioner (DPC) and that the HSE will be publishing the DPIA, the source code and associated documents.

In reply to questions on the operation of the benefits the App will bring to improve the turnaround times in the current contact tracing model the CIO said it provides significant value because the App improves the speed of informing people of possible COVID-19 positive contacts and augments the effectiveness of the current contact. Positive results had been seen in testing when the App had been deployed on approximately 1400 Garda phones to validate the deployment capability of the App and to validate the App in a controlled environment.

Following the discussion, the Board noted the costs for the App development and testing are on budget

and that the DoH is expected to bring a memo to Government shortly for a decision to launch the App.

2.1.4 Testing and Tracing Future Operating Model

A briefing paper was provided which sets out the programme of work required to establish and implement a strong, robust, coherent national function and service with end-to-end responsibility for COVID-19 Testing and Contact Tracing. N. O’Bernie outlined the high-level priorities for the new service model. Firstly, to ensure that health and social care services resume in a safe, effective way, to respond to population health and wellbeing needs and service transformation requirements. This priority needs to be met while maintaining surge capacity for any future COVID-19 demand. Secondly, to assess and strengthen the governance and operations of testing and tracing functions and ensure that Ireland has an efficient and effective COVID-19 testing and contact tracing service to tightly control the spread of the disease. She confirmed the transition to the new operating model must commence in early September 2020, with some parts in place by as soon as July. During any implementation period, existing testing services will need to remain operational and at full capacity.

The Board welcomed that the proposed reference group for the Programme team to consult with on the analysis of recommendations or proposals includes patient advocates and suggested inclusion of patient service user groups be considered for the various steering groups.

In response to questions on adequacy of the project resources the CEO informed the Board that a consultation of internal and external expertise has been used and a significant increase in resources will be required. An approved recruitment plan, and a workforce transition plan will be developed.

The Board noted the transition from the existing model to the new one will take place in a phased manner with a number of transition points and requested that regular project updates be provided to the Board at the key transition points to enable the Board maintain oversight during the project development. Also, the risks associated with this project are listed on the Corporate Risk Register and the Audit and Risk Committee will oversee the risk mitigation actions.

3. Any Other Business

FOI

Discussed and referred to monthly Board meeting.

Media policy

The ND Communications provided an update on work to date. A draft will be considered at monthly board meeting.

Programme for Government

Document as circulated was noted.

The Chair thanked all in attendance for their contributions and robust discussions.

The meeting concluded at 20:25.

Signed: Ciarán Devane

Ciarán Devane

Chairperson

Date: 26th June 2020

