



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting
Friday 18th December 2020

A meeting of the Board of the Health Service Executive was held on Friday 18 December 2020 at 10am by video conference.

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

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Stephen Mulvany (CFO), Dean Sullivan (CSO), David Leech (ND Communications), Fran Thompson (ND ICT), Niamh O’ Beirne (National Lead Testing and Tracing), Anne-Marie Hoey (ND HR), Anne O’Connor (COO), John Kelly (Corporate Affairs), Geraldine Smith (ND Internal Audit), Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the meeting: Jim Curran (ND Head of Estates), Sean Breslin, David Walsh, Patrick Lynch, Mairead Dolan, Celine Fitzgerald, Enda Saul, Fidelma Browne, Professor Brian Mac Craith.

1. Governance and Administration

The Chairperson welcomed members to the meeting. At the start of the meeting the Board met in absence of management. No conflicts of interest were declared.

The minutes from the Board meetings held on 21 October and 27 November were approved.

The CEO and Executive Management joined the meeting at 10.10am

2. Chief Executive Officers Update

2.2 High-Level Taskforce on COVID-19 Vaccination

The Chairperson welcomed Professor Mac Craith, Chairperson of the High-Level National Taskforce (HLTF) on COVID-19 Vaccination to the meeting and acknowledged the tremendous work the HLTF had

done to publish the National COVID-19 Vaccination Strategy and the associated Implementation Plan. Professor Mac Craith provided the Board with an overview of the high-level plan for safe, effective and efficient vaccination noting the Strategy is the result of the close cooperation that has taken place across Government, with the Department and the HSE, and with a wide range of key stakeholders. He said the associated Implementation Plan provides more detailed operational information and will be a 'living document', requiring regular revision and updating as the programme evolves.

He outlined the seven guiding principles on which the Strategy and its associated Implementation Plan are based and said an integrated work programme, comprising of seven work streams has been established by the Task Force. A Senior Responsible Officer (SRO) has been appointed to oversee each of the work streams. Each SRO will be responsible for designing, planning and implementing all activities associated with the work stream. This will ensure an integrated governance structure providing a system process which will enable a pragmatic approach to rapid decision making and risk mitigation. The programme is using a structured programme and project management approach to manage and deliver all the core elements required in the vaccination process. The HLTF will have an ongoing role in the oversight and monitoring of programme implementation. A programme management office has also established to support the Taskforce in its monitoring role.

Board members thanked Professor Mac Craith for an informative presentation and discussed a number of aspects of the Strategy with him in more detail. In response to questions on the prioritisation process of the COVID-19 vaccine such as those under 65 years with underlying medical conditions and teachers, the vaccination roll out programme which provides the provisional sequencing for groups to be vaccinated based on clinical priorities and ethical values was discussed.

Professor Mac Craith informed the Board Ireland is entitled to receive ca.14.3m doses of vaccines based on Advance Purchase Agreements signed to date and as initial supplies of the vaccine will be limited, the Government has agreed to a provisional priority list of groups for vaccination. Professor Mac Craith advised the COVID-19 allocation strategy was developed by the National Immunisation Advisory Committee and Department of Health, and thus was not within the remit of the HLTF.

The vaccines will be rolled out in three phases - the initial roll out, a mass ramp-up, and open access. The highest priority groups, those over the age of 65 living in long-term care facilities and frontline healthcare workers in direct patient contact, will receive the vaccine first at specified settings, for example in a large-scale hospital or through a hub-and-spoke model involving the provision of vaccinations in long-term residential care settings. As the availability of vaccines increases, additional groups from the vaccine allocation sequencing will receive their vaccinations. During this mass ramp-up, he noted they expect

that Mass Vaccination Centres (MVCs) will be introduced to augment other traditional delivery systems and to provide for acceleration of the programme where vaccine supply allows.

In relation to avoiding wastage of vaccines, Professor Mac Craith advised a robust, accurate, real-time inventory management system will be in place to minimise potential wastage and accurately forecast demand which can be met. The varying storage temperatures and shelf-lives out of storage of each vaccine type will mean certain vaccine types may be more suited to certain vaccination location types (e.g. Large-Scale Health Care Facilities).

The Board discussed the requirement for a suitable informed consent process because obtaining informed consent for immunisation is both an ethical and legal requirement in any vaccination programme. Professor Mac Craith advised that discussions have taken place with the State Claims Agency on the issue of consent and work is ongoing to produce guidance information leaflets in over 25 languages. The CEO noted the HSE, in consultation with the Irish Medical Council and the National Adult Literacy Agency generate information for patients, consistent with the available authorised product information. The HSE information leaflets will be subject to change as new data emerges and will include all significant facts about the vaccine. The CCO noted the benefits and risks that are disclosed will depend on what is known about them at the time consent is given. It is important that the benefit/risk ratio be continually reviewed and updated in all information, and consent material provided to potential recipients will often change.

Board members highlighted the importance of promoting vaccine confidence. The ND Communications advised the most influential sources the public trust for information on vaccines are medical professionals and Professor Mac Craith said the role of the GP will be important as they are a trusted voice within communities.

In response to questions on the decision-making process, Professor Mac Craith advised the COVID-19 Vaccination programme will be based on close collaboration between partners at all levels and also incorporates the flexibility to detect and respond to emerging issues. It supports but does not displace or replace existing responsibilities or governance arrangements. It also recognises the accountability and governance requirements of the various entities involved that have come together to deliver and roll-out this strategy. Lines of communication are established so that key stakeholders ranging from Government, the HLTF, key Departments, HSE, advisory and regulatory partners can make or escalate decisions as appropriate and are briefed on progress.

2.1 CEO Monthly Report

The CEO presented the high-level issues from his monthly report circulated prior to the meeting noting the achievements made and lessons learned in 2020. Firstly, the CEO acknowledged the HSE has

responded pragmatically and practically to the challenges of COVID-19 working coherently with DoH and across Government. The CEO also noted despite the disruption caused by COVID-19, during 2020 progress was made on several strategic and operational developments. He mentioned the Expert Reference groups Interval Cancer Reports noting the implementation of the recommendations will support the National Screening Service in establishing an independent and safe system to support future management of interval cancers.

Finance

The CEO informed the Board a supplementary allocation of €514.5 million was formally approved by the Dáil on 9 December 2020. Coupled with money that DoH will make available to the HSE from its own vote, the expected addition to the HSE budget for 2020 will be €536.3 million. The CEO highlighted this funding, like the €1,997 million additional approved mid-year, is once-off, and brings to circa €2,533 million additional investment in the HSE in 2020. He advised that it is anticipated the likely financial outturn position is a substantially breakeven position but also highlighted the risks in any such forecast such as two full months of the year remain to be assessed in data terms, every 0.1% estimation difference equates to approximately €20 million, and significant work is ongoing to implement Winter Plan measures while dealing with the ongoing pandemic, all of which adds to the complexity of forecasting. The Board welcomed this achievement in terms of financial management and acknowledged the significant efforts of the CEO and EMT colleagues, particularly the finance teams, in engaging effectively with DoH and DPER to get us to this significant achievement.

Testing Capacity

The Board discussed the current situation regarding COVID-19, and the organisations capacity to deal with the high number of cases seen in recent days and emphasised the need to protect the elderly this Christmas as cases rise.

The CEO advised planning levels on the current situation are underway. N. O’Beirne provided an update briefing in respect of Test and Trace service capacity and business continuity plans over the Christmas and New Year’s period. She informed the Board that the Testing and Tracing service demand the model forecasts is far in excess of demand we have ever had for the service. Some days exceed 29,000 overall for swabbing and laboratory demand, and over 13,000 contact tracing calls. These are well in excess of demand to date. The highest daily totals for swabbing and labs are c.20,000 and contact tracing c.6,000. Therefore, both our standing capacity and our surge capacity will not suffice to cover this period alone and additional levers are being put in place to continue to run the service effectively. She confirmed extensive engagement across a wide set of internal and external stakeholders has been done to refine and ready the operational and escalation plans to ensure that the system can act with agility and pace. Engagement has resulted in a clear set of operational and

escalation plans being put in place. These will continue to be refined over the intervening period. She noted consideration is being given to amend close contact swab protocol to a single swab and the deployment of technology for close contacts to click a link to book their test. Work is ongoing with public health to create solutions to meet the potential demand and RCSI will provide additional support over the Christmas period.

Private Hospitals

In reply to Board questions relating to the arrangements with private hospitals to provide additional acute surge capacity, the CEO advised a subsequent agreement has been negotiated with private hospitals to provide a safety net and additional healthcare capacity and a panel of providers will be available for utilisation as part of the Winter Plan 2020/21 and National Service Plan 2021.

HPV Testing

The Board welcomed the progress made by the HSE's CervicalCheck programme having successfully changed to HPV cervical screening as planned in March 2020, and emphasised building public confidence in this testing is crucial as HPV cervical screening is now the best available primary screening test following significant improvements in science, technology and research into the development of cervical cancer.

Unscheduled Care

The Board discussed the impact of COVID-19 on unscheduled care noting there are currently 300 trolleys and whether this is a significant concern. The COO assured it is not currently at a stage of concern this year. The CEO advised the year on year variance between numbers of patients admitted through Emergency Departments is smaller than the variance in those attending, indicating that those patients whose need is greatest, are being seen. The number of trolleys recorded in acute sites in November 2020 is 66% lower than the same period in 2019. Overall operational performance was considered further at agenda item 3.3.1

Winter Plan 2020/2021

The CEO advised progress on the Winter Plan implementation is continuing. Board members questioned the interdependency between the flu, the impact of COVID-19 on testing and tracing, rising hospital numbers, and the COVID-19 vaccine rolling out in January, and if it could affect staffing and resources. The CEO acknowledged in the context of COVID-19 the coming winter will be a challenging period for our health service and to mitigate potential risks, detailed local implementation plans have been developed by each CHO Chief Officer and Hospital Group CEO, outlining how they will deliver the objectives with the funding they are allocated under the plan. A Programme Management Office has been established within the Office of the COO to provide management and coordination.

Board members welcomed the achievements throughout 2020 noting the strong leadership provided, and improved levels of trust and confidence in the organisation following the response to COVID-19.

COVID-19 Vaccine

The Board discussed the challenges to implement the COVID-19 vaccine immunisation programme process noting its successful implementation is critical to our healthcare system and to restoration of a functioning society and economy. The focus of the discussion was the requirement to source, purchase, and implement a national vaccination ICT system with the required level of functionality to support the COVID-19 vaccine rollout integrated into the HSE ICT infrastructure before the end of the year. It was noted the solution must also potentially produce a vaccine certificate, the design of this certificate and the scope of how it will be delivered. The Board were informed the HSE is developing an end-to-end, comprehensive digital solution to underpin this process and support the delivery of the vaccination programme. The CIO advised the Board a procurement process undertook evaluation of four internal vendors and concluded a partnership between IBM and Salesforce has been selected.

Looking Forward to 2021

The CEO noted looking ahead into 2021 the relationship across the DoH and the HSE is stronger and despite the associated challenges, delivering services in a COVID-19 environment has accelerated many service transformations that have been advocated for many years, aligned to the vision of Sláintecare. These are particularly evident in the areas of e-Health, community delivered care and service integration.

The CEO highlighted the following learnings during the Pandemic to date; The value of openness and transparency, with our staff, the public and politicians; The importance of good data, not just in managing COVID-19 but in managing every aspect of our health service; The importance of agile and where appropriate, localised decision making accepting that we will not always get everything right; Understanding that when we provide robust national guidance, we enable better local implementation that responds to patient's needs; The value of strengthening the voice of clinicians and subject matter experts and front line health workers in decision making and being led by the evidence base as opposed to being constrained by it. Board members emphasised the value of strengthening the voice of the patient representatives, service users and public representatives also.

3. Agenda Items

3.1 Accountability Framework

The ND HR briefed the Board on the interim report on work done to develop an Accountability Framework for the HSE across four pillars (Performance Management; Open Disclosure; Professional

Regulation; and Internal Disciplinary Procedures). She advised that as part of this review of accountability arrangements, the existing accountability structures contained in various policies and procedures were reviewed to identifying how each policy relates to the other and ensure consistency of approach. She briefed the Board on the areas of accountability considered, the recommendations and actions to date, and future actions recommended in the interim report.

Board members provided feedback on the interim report suggesting the language should portray a more positive culture, more emphasis on the obligation of those who explain decisions, avoiding a culture of accountability vs blame, the involvement of patient safety groups, and mechanisms to recognise positive behaviour would help improve the Framework.

Following the Board discussion, the Board welcomed the work done to date to review and update the HSE Accountability Framework. Work will be progressed by the ND HR through engagement with Staff Representative Groups regarding the revisions to the Disciplinary Procedure and with revisions to the Performance Agreement in 2021 and future years to include KPIs for Performance Achievement meetings in the metrics for 2021 and future years. A communications exercise, explaining the approach that the HSE will adopt when dealing with adverse incidents will be discussed with the CEO and with the ND Communications. The CEO and the ND HR thanked Board members for their comments and will take them on board to build on the report.

3.2 Trust and Confidence Report

The ND Communications and Enda Saul presented to the Board the work the HSE Communications Team are leading to develop a programme to build trust, confidence, and pride with stakeholders, public and staff. This programme will support the new corporate plan and the vision that the Board has outlined for the organisation. The Communications team had engaged with Board members individually to get their views and opinions about how this programme can and should be structured and reported back on the key themes emerging from the individual Board interviews with the Communications team.

The key areas discussed with the Board included defining Trust, Confidence and Pride; The perceived importance of building and sustaining trust and confidence, current views of how the HSE performs in terms of trust and confidence, and the perceived drivers of trust and confidence; Views on the planned HSE Trust, Confidence and Pride programme and how to develop, measure and plan definitions of trust, confidence and pride, the priorities of gaining trust and confidence; Board member insights and suggestions for developing a trust and confidence plan, and public trust and confidence in the HSE during COVID-19. Board members highlighted the cultural challenge that lies ahead for the organisation and the need to identify the dynamics that drive culture.

Following the discussion Board members welcomed the measures provided in the presentation. Board members also suggested looking at external, corporate organisations that have successfully changed their organisation's culture.

3.3 Reporting

3.3.1 Board Strategic Scorecard

The CSO updated the Board on the Board Strategic Scorecard which is being designed and is intended to provide a high-level overview of progress against key Programmes/Priorities set out in the NSP 2021. In doing so the Scorecard aims to: Track progress of key Programmes/Priorities at a high level; Highlight issues relating to progress in a timely manner; Support Board discussions; Minimize multiple requests and duplication of effort in collating reports for Board/DoH.

The Board Strategic Scorecard has evolved in line with feedback from EMT and the Board Working Group (lead by Fiona Ross) and the following changes have been made: An Ambition Statement has been included for each Programme/Priority; A 12-month profile has/will be included for the KPIs of each Programme/Priority, if appropriate; The Overview is now intended to explain the reason for the assigned Performance Rating, in relation to achieving the 2021 Ambition Statement; The Performance Rating and associated Red/Amber/Green is now included on the top right-hand corner to make it clearer to the reader; External Dependencies have been identified for each Programme/Priority.

F. Ross thanked the Board members for their time working on this so far and encouraged them to review the scorecard. It was noted further work will be done by EMT and with the Board Working Group w/c 11 January and w/c 25 January (dates to be confirmed) in preparation for a 'Dry-Run' of the Board Strategic Scorecard in January 2021.

3.3.2 Financial Strategy Briefing

The CFO circulated a paper to the Board prior to the meeting on the Financial Strategy which was taken as read. The purpose of the Financial Strategy is to identify the key financial risks to the delivery of NSP objectives and to set out the key actions to mitigate those risks. Board members emphasised the need of sanction for costs and resources of Testing and Tracing. The CFO noted the funding notified to the HSE includes specific ring-fenced COVID-19 monies in respect of 2 of the 3 main COVID-19 responses i.e. PPE and Testing & Tracing but final allocations of the expected 2021 COVID-19 vaccination programme have not been included yet.

Board members raised questions on the ability of the test and trace system to deliver twenty-five thousand tests per day. The CFO advised work is ongoing with the DoH on this. He advised an

additional €68 million has been sanctioned for Testing and Tracing however advised more work still needs to be done for 2021.

3.3.3 Operational Services Report

The COO presented a high-level overview to the Board of performance against expected levels of activity/targets as per NSP 2020 as set out in the Operational Services Report compiled utilising October 2020 data.

She noted COVID-19 has negatively impacted performance, with waiting lists now larger than at the outset of the pandemic but said the total number of adults and children waiting for an inpatient or day case procedure has been reducing for 5 successive months from May to October 2020 (the most recent data available). In comparison, outpatient waiting lists have continued to increase throughout the year due to the reduction in the overall volume of patients seen in 2020 in comparison to 2019, with the temporary closure of services and distancing recommendations impacting on the physical capacity to deliver services at the same volumes as pre-COVID-19. It was noted that the development of the Access to Care Plan as part of the National Service Plan 2021 is designed to meet the need and regain some traction in addressing waiting lists. This will support additional patient access in 2021, including in-patient, day cases, GI scopes and outpatients, through the NTPF, private providers and within HSE sites and services.

The COO reported that access to primary care therapies has been adversely affected by COVID-19 and their ongoing capacity due to infection prevention and control measures but noted community and primary care services have shown flexibility and innovation in difficult circumstance, adapting practices and ways of working, including the use of virtual consultations. Board members highlighted the lower uptake of MMR vaccinations by 3.8%, the COO advised the MMR vaccination is primarily rolled out in GP settings and that drop can sometimes be due to delayed reporting through the system.

It was noted work has commenced on the Operational Services Report Dashboard which was discussed at the December Performance and Delivery meeting where the performance report has been considered in more detail.

4. Reserved Functions of the Board

4.1 Contract Approvals

HSE Board approval was requested for two contract approvals and four property transactions under its reserved functions based on the comprehensive briefing papers provided in the pack circulated prior to the meeting with members being given the opportunity to ask questions and seek further clarification in relation to the particular contract approvals.

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

Contracts for a Service to provide General Practitioners with direct access to MRI, CT, X-ray and DEXA scans in line with NSP 202 (**Decision no 181220/58**)

Contract Award 75 bed Community Nursing Unit to replace long stay beds in St. Camillus Hospital, Co. Limerick.

(REF.1061003283) (**Decision no 181220/59**)

Acquisition of three adjoining properties at Henrietta Place, Dublin 1 PRG Ref: E/A/0920/2432 (**Decision no 181220/60**)

Acquisition by way of lease for office suites at No. 1 Kilmainham for the Ireland East Hospital Group Corporate Team.

E/L/1020/2450 (**Decision no 181220/61**)

Paper detailing

- i. Transfer of freehold interest in property at Old Emmet Road, Inchicore, Dublin 8 from the HSE to Dublin City Council
- ii. Transfer of interest in property at Guilistan Terrace, Rathmines, Dublin 6 from Dublin City Council to HSE E/A&D/1020/2404 (**Decision no 181220/62**)

Deed of Variation to existing lease of the Academic and Primary Care Centre at Tallaght Primary Care Centre, Russell Centre, Tallaght Cross West, Tallaght, Dublin 24.

PRG Ref: E/L/0720/1749A (**Decision no 181220/63**).

4.2 Corporate Risk Register Approval

The NDQAV briefed the Board on the Corporate Risk Register (CRR). Following the October review, the current risks on the CRR were considered by the Audit and Risk Committee and a number of the COVID-19 risks were considered by the Joint ARC/ S&Q Committee sub group with the relevant EMT members. The Vice Chairperson of ARC noted he is happy to recommend the CRR to the Board for approval as part of its annual sign off on the HSE's Corporate Risks.

Board members highlighted the opportunity the CRR provided to work with EMT noting this should continue in 2021 and raised questions as to why the risk rating changed for risks 15 (Screening Services) and 18 (Policy and Legislation development and implementation). The NDQAV advised there could be a reduction in ratings if controls or actions have an impact on the risk. Board members also highlighted the opportunity to meet risk owners, the Vice Chairperson of ARC advised the risks are allocated to the

relevant Committees and noted timings of this need improvement.

The Board considered approved the Corporate Risk Register (**Decision no. 181220/64**).

4.3 Approval and Signing Special Legislative Accounts including Letters of Representation

In addition to the Annual Financial Statements (AFS) the HSE is required to prepare certain accounts under legislation. The special legislative accounts have been audited by C&AG and now require the support and approval of the Board so that they can be submitted to the Minister and laid before the Oireachtas in line with protocol and legislation.

The Board was asked to consider four special legislative accounts for approval and signing. All accounts have been audited and considered by the HSE's EMT on 8 December 2020 and ARC on 12 June and 11 December 2020, who have recommended the approval and signature of these accounts, subject to Board approval.

The Board considered and approved the following special legislative accounts:

Patient Private Property Accounts (PPP) as required by Health (repayment scheme) Act 2006 (**Decision no 181220/65**)

Hepatitis C Insurance Scheme Accounts as regulated by the Hepatitis C Compensation Tribunal (amendment) Act, 2006. (**Decision no 181220/66**)

Long Stay Repayments Account as regulated by Section 18 of Health Act 2006 (**Decision no 181220/67**)

Long Stay Donations fund as regulated by Section 11 of Health Act 2006 (**Decision no. 181220/68**)

5. Committees Update

5.1 Audit and Risk Committee

Minutes from the Committee meeting held on 13 November as circulated were noted. The Committee Vice Chairperson provided a verbal update on issues considered at the meeting on 11 December such as the policy on Fraud and Corruption, ARC approved the Internal Audit Report, Q3 Internal Report, Corporate Risk Register, Report on public hospital arrangements with Genomics Medicine Ireland, and The Vice Chairperson advised EMT are due to come forward with a plan regarding concerns on data protection.

5.2 Safety & Quality

The Committee Chairperson provided a verbal update on the issues considered at the meeting on 16 December including the Quality Profile Report, Workplan 2021, Medication Safety- the Committee

Chairperson advised the Committee will continue to receive updates with a significant focus on e-health solutions and encouraged the Board to drive such initiatives as much as possible. An update on the implementation of patient safety strategy and issues surrounding redeployment of staff. The Committee Chairperson highlighted that there was no healthcare audit this year and its importance should be seen as equivalent to annual financial audits. Following questions from Board members on the Brandon Report the Chairperson advised it will be discussed in the new year.

5.3 Performance & Delivery

Minutes from the Committee meeting held on 23 October, 11 and 18 November as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 11 December including the Corporate Plan, and issues touched on today, Operational Services report, and a report on COVID-19 deaths in nursing home facilities that showed the difference between private and public settings.

5.4 People and Culture

The Committee Chairperson provided a verbal update on the issues considered at the meeting on 4 December including an exceptional presentation from Professor John Higgins, a Health Excellence Awards winner who significantly improved gynaecology services in Cork. The Committee Chairperson expressed she would like him to attend a future Board meeting as he sets a good example of service improvement.

6. Board Workshop

A members-only workshop session for the Board facilitated by Bernie Gray from Better Boards was conducted which was facilitated separate to the Board meeting.

7. AOB

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

The meeting concluded at 14.06

Signed: 

Ciarán Devane

Chairperson

Date: 29th January 2021