



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 20th 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 (item 2.3), Steven Mulvanny (CFO), Niamh O'Beirne, Paul Connors (ND Communications), Fran Thompson (CIO), Liam Woods (ND Acute Operations), Dr. L. Sisson, Angela Fitzgerald (Deputy National Director), 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 Board met in the absence of management at the start of the meeting. The Chair briefed members on the issues discussed with the Minister that morning in relation to COVID-19. These included the Testing and Tracing strategy for priority groups and settings, supports to Nursing Homes, outbreak control arrangements in Meat Processing Plants, integrated planning for resumption of non-COVID-19 care across both acute and community services, Screening services, and the Private Hospitals agreement.

In relation to the Private Hospitals agreement the Board noted the paper for consideration at this meeting had been circulated on short notice today and it may be necessary to arrange a further meeting to finalise consideration of it.

The CEO and Executive Management Team joined the Board meeting at 18:17pm. The Chair welcomed members of the Executive to the meeting and invited the CEO to begin discussions with a general COVID-19 update.

2.0 COVID-19

2.1 COVID-19 Update

The CEO informed Board Members that the finance team were drafting a paper on the wider financial impact of the COVID-19. It is intended for the paper to summarise both COVID-19 and Non COVID-19 finances along with the spend incurred due to the pandemic and the spend that has been committed to.

The CEO briefed the Board on the reintroduction of non-COVID-19 services in a safe and efficient way. A Programme has been established to develop a strategic framework for the Continuity of System Wide Healthcare Services (non-COVID-19 Healthcare). This programme will deliver a centrally coordinated and governed approach to the restoration of non-COVID-19 healthcare across both acute and community services for the period ahead while in parallel delivering a COVID-19 response. This programme will be influenced by clinical priorities, occupancy, and the need for services to be focused around a core set of principles. This programme is designed to reintroduce scheduled care and community activity in a planned, appropriate and considered manner which optimises patient care while minimising risks to the public, to healthcare staff and to the wider healthcare system. The HSE will communicate publicly on this basis while recognising that such planning would be iterative.

Questions were raised regarding the dual challenge of maintaining surge capacity, whilst also delivering non-COVID-19 care in a newly organised infection prevention and control environment. The CEO said that the risk of secondary morbidity and mortality due to COVID-19 restrictions is a key consideration of the Programme for Continuity of System Wide Healthcare Services.

The CEO was asked to provide an update on the level of unmet need building up in the Health System. He noted that disruption to Health Service access is a significant challenge. COVID-19 had reduced patient confidence in attending for healthcare but there are some signs that this trend is reversing with increased levels of non-COVID-19 activity reported by GPs, increased non-COVID-19 bed occupancy in acute hospitals and a reversal in the proportion of COVID-19 and non-COVID-19 ICU admissions. ED attendances are rising but are still below usual levels, and to date in May are down 27% on the same period last year.

The COO said that assurances from services regarding health and safety protocols were still required and this could be a big challenge. The scale and pace required is a significant challenge and noted that waiting lists will have deteriorated since the disruption of services in February.

The CEO updated on the ongoing support provided to private facilities in terms of HSE staff and PPE, as well as the financial supports in place, and the favourable international comparison regarding the supports offered here. Private nursing homes will be able to apply for financial supports for non-NHSS residents from this week. Mass testing of nursing homes has been completed. The overall positivity rate for this exercise was lower than anticipated although the rate for Dublin was notably high at 13.5%. In Mental Health facilities mass testing has been completed in settings where it was required and mass testing in Disability Services is now underway. It is both the HSE's and Nursing Home Ireland's perspective that the situation in the sector is stabilising. The number of nursing homes that there are serious concerns about is very significantly down to six. There are a further 90 of less serious concern. Support continues to be provided to almost 800 facilities, but the situation is stabilising.

Questions were raised with the CEO on the Testing and Tracing plan targets particularly in relation to achieving the required capacity for 100,000 tests per week and the and swab-to-result turnaround time of less than 2 days and end-to-end turnaround time of less than 3 days for 90% of cases. The CEO confirmed process improvements, including automation, are contributing to help achieve this timeframe. A dashboard tracking testing and tracing metrics is now integrated into the COVID-19 dashboard, allowing close to real-time monitoring of capacity and throughout. A phone-line for GPs to track delayed results has been established, which will assist to identify and resolve outliers. This has received positive feedback and has been well received.

Data on testing demand and activity in the HSE COVID-19 Daily Situational Report was discussed. N. O'Beirne confirmed the data on Referral to Result Turnaround was for the past 7 days and this is expected to continuously improve as new measures are implemented. She confirmed that specific performance agreements are in place with laboratories and testing centres and the reporting metrics in the dashboard will be further developed.

The issue of reporting results to employers and GDPR was raised by board members. The CEO informed them that while Public Health doctors are required under Infectious Diseases Regulations 1981, to take such steps as are necessary for preventing the spread of infection of notifiable diseases, the practice of informing employers of employees' COVID-19 test results prior to discussing with the employee, has been suspended. This practice had occurred in circumstances where it was

not possible to contact the employee in advance. The matter is currently under discussion with the Data Protection Commissioner.

The CEO was asked questions in relation to Screening Services and the future plan to restart these services. The CEO noted that the decision to pause screening services during this time was correct and in line with international practice. It was agreed that screening services would be recommenced within the integrated plan for resumption of non-COVID-19 care. Like other services, prioritisation and revised operations were likely to be needed. The HSE will engage with stakeholders including the Irish Cancer Society around recommencement of these services. In response to questions about communication with stakeholders in relation to recommencement of Screening Services, The ND Communications confirmed that the communications plan would be in line with the overall operational plan and that the communications team is ready to work with the Services. Communications will be targeted at specific groups to ensure the message is seen by the right people.

The CEO was asked whether in time, a review into any lessons learned from Ireland's response to COVID-19 in nursing homes to date would be carried out. The CEO believed there should be because of the particular challenges in the Nursing Home sector. The Board emphasised the need for a comprehensive plan for the Nursing Home sector in the context of the for coming Winter Plan.

In response to questions on prioritisation of testing for priority groups and settings particularly in the education sector the CEO informed the Board an overall strategic approach to testing, including mass testing, is being considered by NPHE. This aims to ensure that testing capacity is used to the greatest effect, and the process for mass testing is closely aligned with public health needs.

2.2 Human Resources COVID-19 Report

The ND HR presented an overview of the national HR report to the Board which set out high level information in relation to the workforce response to COVID-19 and the plans and challenges ahead. She highlighted the critical response that was undertaken by the HSE's workforce over the last few months. As roles have changed staff have demonstrated huge flexibility and creativity in response to the multiple challenges that have arisen. When looking at the different work streams it is evident that recruitments and redeployment has increased greatly. She provided information to the Board in relation to workforce expansion for COVID-19 to meet service needs. The workforce has increased through a combination of recruitment, increasing the hours of part time staff, maximising agency usage, rehiring of retirees with skills we required, redeployment of staff at corporate and service level and encouraging those on career break to return early. Staff redeployment has been necessary

to support new services associated with COVID-19 including, Testing and Tracing; Community Assessment Hubs, Public Health response and HSE Live public help lines.

In relation to the Residential Care Facilities, an agreement was reached with staff representative groups that staff required to support residential care facilities would be based on a voluntary arrangement with staff and this has worked successfully. The Temporary Assignment Scheme was devised as a means to ensure that essential public services can continue to be delivered over the coming weeks and months by facilitating the temporary assignment of existing civil and public servants from their current roles to areas in the HSE identified as essential and in need of support in the effort to respond to the COVID-19 crisis.

Recruitment of nursing staff during the period of the COVID-19 has proved very challenging and currently there are plans to offer contracts of employment to the 1400 nurse graduates of 2020 as one proactive measure to secure the nursing workforce. In terms of the medical workforce, the increase of internships by 35% and the extension of their contract to 14 months will be a considerable benefit to the organisation. Dr L. Sisson confirmed new graduates recruited will receive an online induction and attend locally for some courses.

In terms of strategic planning for the medium – longer term workforce requirements, ND HR informed the Board the approach is to establish a dedicated Macro Strategic Workforce Planning work stream aligned to the overarching HSE Recovery Plan. The plan will take into account the requirements for ‘core business as usual type services’.

In addition to expanding the workforce, ND HR outlined that there are further HR activities designed to support/ protect the workforce, through specific initiatives related to occupational health, along with the necessary monitoring of staff absence specifically relating to COVID-19.

Dr L. Sisson informed the board on the work of the Workplace Health and Wellbeing Unit which are providing a range of expertise, advice and supports to healthcare staff and managers during this COVID-19 period, including Occupational Health, Health and Safety, Employee Assistance Programme and Counselling Services. She noted that the future challenge of Occupational Health Services resourcing of the unit is currently being reviewed to ensure that the needs of our staff can be met into the future. Dr. L. Sisson confirmed that Occupational Health did have a run rate for work related stress and agreed to provide data to Board members. She highlighted that the current NIMS

report did not suggest an increase in work related stress however COVID-19 work related stress incidences may not be captured in the current reporting timeline.

In response to questions on industrial relations and whether there has been a change in the dynamics and lessons learned, The ND HR said there has been a very good element of change but not without some challenges. She confirmed there has been twice weekly engagement with unions which has provided a chance to communicate guidance at early stages. Additionally, it has provided a chance for IR issues to be dealt with early on and swiftly.

The ND HR was asked about the change management learnings taken from the experience of the last couple of months. She said that the way of doing business within national HR in respect of training, change management support and staff engagement is being reviewed as the traditional delivery methods at large meetings will not be practical for the foreseeable future. Predominately face to face services will transition to delivering using virtual, multimedia and e-Learning methods. The experience of COVID-19 has undoubtedly resulted in a challenge for the workforce. It has also led to swift changes taking place and new ways of working being implemented at speed. These new ways of working provide a firm foundation to new ways of working in the future. In terms of strategic planning for the medium-longer term workforce requirements, the resourcing of health services will be a challenge for the organisation. A dedicated work stream is commencing to consider the workforce projection requirements for core business as usual type services and COVID-19 services to support recovery plans.

The ND HR was also asked to confirm whether or not a culture audit was in consideration due to the cultural changes which may have taken place in light of the current pandemic. She confirmed the National HR division plan to capture staff attitudes to services and feedback from staff on their experience over the past few months in addition to gathering key learnings and proposals for the future. This will be planned and undertaken over the coming months.

The Board noted that the response from staff working in the HSE has been extremely positive and the experience is one where staff have changed roles speedily and are working to the top of their clinical professions. Staff have demonstrated flexibility and commitment at every level. The response to COVID-19 has without doubt created an environment where staff have taken ownership of issues and delivered new services or existing services with a new way of working.

2.3 Private Hospital Agreement

A paper circulated prior to the meeting was presented by The ND Acute Hospitals setting out the options regarding the current arrangements with private hospitals. It was noted that the final decision is one for Government and not the HSE. As such the paper was intended to support the Board in determining the advices that might be provided to the Department of Health in the context of the government decision.

A number of extension options were presented with the preferred option being to extend the current arrangement for an additional two months (Month 5) with the majority or all of the 18 providers. The challenges associated with the timing of the decision were noted in terms of the uncertainty about the pandemic, the NPHET decisions on activity and the available information from hospitals on financial expenditure.

The CEO recommended the retention of the current arrangement with the Private Hospitals up to the end August 2020 and that planning, and policy consideration take place urgently to consider the position from September forward.

The Board considered the significant issues and risks associated with the decision on an extension of the arrangement as set out in the management paper. These include the continued need for additional capacity so that the acute hospital system is prepared to deliver on surge and also to create an environment that does not result in outbreak and contribute to surge. The Board noted access issues such as the impact of the arrangement on existing private patients and risks to continuity of care for these patients. The experience to date of the workability of the arrangement noting the change involved in implementing it is dependent upon the on-going support of consultants some of whom are strongly resistant. The value and effectiveness of the arrangement. The availability of suitable consultants and the patient flow from public hospitals are also important factors to ensure the appropriate level of occupancy is achieved.

Following the discussion, it was agreed that further consideration of the proposals in the management paper was required before a recommendation could be provided to the Department. A further meeting of the Board was arranged for Friday 22nd May.

4 Any Other Business

The Chairperson thanked the Board Members, CEO, Secretariat and members of the EMT for their contributions and the meeting concluded at 20:30 pm.

Signed: Ciarán Devane

Ciarán Devane

Chairperson

Date: 27th May 2020