

Minutes of Special HSE Board Meeting

Ref: COVID-19

A meeting of the Board of the Health Service Executive was held on Wednesday 22nd 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), Colm Henry (CCO), Niamh O'Beirne (National Lead for Testing and Tracing) (joined at 18:40), Paul Connors (Communications) Dara Purcell (Secretary), Hannah Barnes.

Jim Breslin (Secretary General), Dr Tony Holohan (CMO) and Professor Philip Nolan joined at 19:00.

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 and Management to the meeting. No conflicts of interest were declared.

The Chair confirmed that Jim Breslin, Secretary General DoH, Dr. Tony Holohan, Chief Medical Officer and Professor Philip Nolan, Chair of the NPHET Irish Epidemiological Modelling Advisory Group would be joining the meeting at 7 o'clock to discuss with the Board the work being done by NPHET particularly the epidemiological modelling work for the current COVID-19 pandemic.

The Chairman reported to the Board on his discussions with the Minister, CMO and Sec Gen earlier that day following correspondence sent regarding timelines to build HSE testing and contact tracing infrastructure. During the discussions the Minister acknowledged the HSE continues to work in close partnership with the Government and in particular the Department of Health, to plan and implement the response to COVID-19. The level of collaboration on all sides is unprecedented. While NPHET had

to be the forum to oversee and provide national direction and expert advice on the strategy to contain COVID-19 in Ireland, it was agreed it should operate in a collective manner ensuring that HSE views are taken into account before decisions are made and communicated. The Minister agreed to have a weekly call with the Chairman and relevant officials to review progress, challenges and continuing preparations for responding to COVID-19.

2.0 COVID-19

The CEO said the issues this week that he wished to brief the board on were Testing and Tracing, PPE, Long Term Residential Care Settings, Private Hospital Groups, Service Continuation, and Strategic planning for the future.

The CEO highlighted that PPE was an ongoing issue. The second batch commenced delivery 17 April 2020 and will include €67million worth of product. The product suitability issues identified in Batch 1, have now been addressed with the supplier. It was noted also that the NPHET guidance on the use of surgical masks by healthcare workers in the context of the COVID-19 pandemic will create an additional demand. To mitigate risk to future supplies, an agreement has been reached with China Resource Pharmaceuticals to consolidate the Batch 3 order into the Batch 2 order. Additional supply lines have also been opened to supplement the primary supply line. There is an immediate supply pressure with surgical gowns as global demand has risen sharply. Additional supply of 150,000 units are expected to be delivered between 15 and 19 April 2020. A further supply source has been identified that is working to supply 1,000,000 gowns on 18 April 2020.

The CEO informed the Board that, the Department of Health and the HSE have jointly agreed to avail of the services of Mr Mark Moran who will act as a Procurement Strategist to assist in developing a wider strategic procurement approach to support the Irish health service response to COVID-19 as it evolves including on potential emerging vaccines and options on supply of antibody testing kits from credible manufacturers.

Long term Residential Care (LTRC) is an area on which the HSE Board had expressed significant concern and the CEO confirmed the HSE is now working with Private Nursing Homes in a way which was not previously envisioned. He provided specific updates on the supports being provided and the actions taking place to support LTRC facilities. The HSE is working to ensure that all facilities have a complete set of supports including geriatrician led teams and direct links with Acute Hospitals. Supports provided range from Public Health advice and support, Infection prevention and control support and training to full PPE provision and deployment of staff. Care workers in these

settings are receiving accommodation support through government assistance to ensure they are able to maintain safe social distancing practices.

Board members requested information on the number of positive cases and deaths in HSE long term residential facilities. It was noted the data is not currently reported separately for HSE owned facilities but this information would now be captured and reported separately. The Board were informed that the CRM system that would be in place later in the week would provide improved details of outbreaks within this sector.

Addressing Service Continuation, the CEO told Board Members that the key issue was to proactively get service users back to their services in a safe manner and that this message was being reiterated throughout the system.

The CEO confirmed that in relation to the agreement with the Private Hospitals a revised temporary contract has now issued to the private hospitals and they are engaging with the doctors with a view to securing their agreement to accept the contract. The Board were informed that between 40 and 50 consultants had signed up to date and that a total of 250 to 260 is expected. The Board were advised that the Government decision is that Type A only contracts would be issued so that all patients being seen in the private hospitals would be deemed public patients and there would be no private practice during the period.

In response to questions on the plans for the testing regime particularly the target tests per day/time for results and costs, the CEO confirmed that various systems and process are being scaled up in order to carry out a higher number of daily tests, provide a quicker turnaround time on results, and to begin contact tracing within a shorter time frame. The NL Testing and Tracing confirmed that the three priorities with testing are to increase efficiency, to scale up the numbers, and to create a new platform or process to sustain testing at a high rate going into the future. Regarding the decision process around the Testing Plan — respective roles of Cabinet/ Nephet/HSE Board the Board were advised that a paper setting out the roadmap and costs to arrive at the required level of testing and tracing over the coming weeks and the risks and mitigations associated with this plan will be prepared for consideration by the Board at its meeting on 24 April, 2020 and then for NPHET/Cabinet approval.

The Chair welcomed Jim Breslin, Tony Holohan, and Philip Nolan who joined the meeting at 19:00 and thanked them for their time. Dr Tony Holohan CMO provided a briefing to the Board on the work of the National Public Health Emergency Team for COVID-19 which oversees and provides national direction, guidance, support and expert advice on the development and implementation of the strategy to contain COVID-19.

Prof P. Nolan presented and explained the modelling work being done by the NPHET Irish Epidemiological Modelling Advisory Group. He highlighted predicted COVID-19 cases per day in unmitigated and mitigated scenarios, new COVID-19 cases per day and the effect of a changing Reproduction Number which is now below 1 which means current restrictions are successfully suppressing the disease. The overall aim is to reduce the total number of cases and to reduce the rate of spread, so that the peak number of cases is lower and occurs over a prolonged, rather than a concentrated period of time

The Board were informed that Ireland was following the WHO approach to the virus and that open and transparent communications were essential to the process which has assisted in high levels of compliancy and public understanding. The disease has become a household and institution disease rather than a community disease. The CMO highlighted that there remain significant challenges before measures to lift restrictions could be considered. Different countries are being monitored to see how the phased alleviating of restrictions plays out. He confirmed a more sensitive case definition is being considered to allow wider testing to support the gradual relaxation of public health measures but it is contingent on having a testing and contact tracing pathway and capacity to support the identification of all patients who meet the revised definition.

Following the presentation, the Board held a detailed discussion with the Health Officials on the progress, challenges and continuing preparations for responding to COVID-19.

Board members were informed by J. Breslin that co-operation North and South of the Border is good and so far Ireland's response to the COVID-19 challenge has been reasonably successful.

9 Any Other Business

The Chairperson thanked the Board Members, CEO, Secretariat and members of the EMT for their contributions and the meeting concluded at 20:40 pm.

Signed: Cinin Devane.

Ciarán Devane

Chairperson Date: <u>29/07/20</u>