



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Minutes of HSE Board Meeting
Friday 25th September 2020**

A meeting of the Board of the Health Service Executive was held on Friday 25th September 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.

Apologies: Tim Hynes.

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Paul Connors (ND Communications), Fran Thompson (ND ICT) Niamh O’Beirne (National Lead Testing and Tracing), Anne- Marie Hoey (National Director HR), Anne O’Connor (COO) Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the meeting: John Hennessy (National Director, Acute Strategy and Planning), Pat Healy, (National Director, Community Strategy and Planning), Stephanie O Keeffe(National Director, Strategic Planning and Transformation), Yvonne Goff (Assistant National Director, Director of Integrated Information Service and Scheduled Care Transformation Programme), Sarah McBride (Office of Chief Strategy Officer), Justine McCarthy, Connor Cleary, Jim Curran (National Director, Head of Estates).

1. Governance and Administration

The Chairperson, Ciarán Devane welcomed members to the meeting.

At the start of the meeting the Board met in the absence of management. No conflicts of interest were declared.

The Chairperson updated the Board on his engagements with the Minister, the launch of the Winter Plan, the Board development process and the planned Public recruitment campaign to fill the two vacant roles on the Board (i.e. patient advocacy/health professional).

The minutes of the Board meeting held on the 29th July 2020 were approved.

The CEO joined the meeting and presented an update on the HSE Corporate Centre Reform programme to design the executive level structure and functions which will support the delivery of a more strategic corporate centre. Following a detailed discussion, the Board supported the strategic approach being adopted and welcomed the progress made to date noting the redesign of the Corporate centre is expected to be finished by Q1 2021. The CEO will provide a further update on progress at the January 2021 Board meeting.

The Executive Management joined the meeting at 11.00 am

2. Chief Executive Officers Update

The CEO presented his monthly report to the Board which had been circulated prior to the meeting, setting out a number of key strategic areas and significant development, planning and actions to ensure service continuity and COVID-19 response measures are rapidly progressing.

The Board discussed with the CEO the increasing rate of transmission of the virus and the escalating need to operationalise winter planning measures and the need to ensure clear and transparent communication with stakeholders. He confirmed liaison with Government, at all levels, has increased, including weekly meetings with the Minister for Health, participation in Cabinet Committee meetings on COVID-19, membership on the newly formed COVID-19 Oversight Group and several appearances at the Oireachtas Committee on COVID-19. Each of these have proved to be valuable forums for engagement, complementary to the ongoing multilateral engagements with Government Departments.

Finance Update:

The CFO presented the year to date finance report for July 2020, including COVID-19 related expenditure. noting that to the end of July there is a total variance against budget of 14.4%. Taking account of any expenditure or income loss currently identified by services as COVID-19 related the monthly reports are showing a surplus of €195m - 2% against original NSP 2020 Budget. A validation process is underway to assess the expenditure currently being reported as COVID-19 related. Within this the areas that were anticipated to be under most financial challenge when the NSP was drafted i.e., Disability Services and

Acute Hospitals are showing deficits when the COVID-19 impact is removed. However, the deficit is at lower levels in these two service areas than would have otherwise been expected at this juncture.

Performance Update:

The CEO informed the Board that Cervical Check screening in primary care restarted on 6th July 2020 and the average turnaround time for screening result for laboratories is 1.14 weeks which is ahead of the target of 6 weeks.

Regarding the draft Reports of the Expert Reference Groups in relation to interval cancer clinical audit, the CEO informed the Board these audit reports had been submitted to the DoH, along with a briefing note from National Screening Service. There has been engagement with the Department on the next steps regarding finalisation, publication and commencement of implementation of the recommendations of the interval cancer audit reports and the CEO will revert to the Board when this is finalised. The CCO will follow up on the previous request to obtain independent legal advice in relation to GDPR challenges.

In response to questions from Board members regarding a backlog in completion of assessments of need under the Disability Act, the COO confirmed additional funding of €7.8m announced by the Ministers in September 2020 will be used to deal with the backlog in Assessments of Need applications and the development of the Children Disability Networks.

Winter Plan:

Following the briefing provided to the Board on the Winter Plan on 22nd September 2020, the Plan had been submitted to the Department and was subsequently launched on 24th September 2020. The CEO informed the Board that an allocation of €200m has been secured for specific initiatives targeted during the Winter period to end 2020 and it is anticipated that an additional €400m will be allocated to the estimates process for Q1 2021.

The Board welcomed the publication of the Winter Plan and in light of the significant new funding and the acceptance of additional obligations and expectations emphasised the need for a strong communication strategy to ensure successful delivery of the strategic approach in the plan to enhance community capacity by decreasing acute hospital demand; enhancing alternative community pathways thereby minimising acute hospital admissions and enabling timely acute care and discharge from hospital. The ND Communications confirmed a communications strategy has been developed and agreed to circulate it to Board Members. In relation to revised performance measures for the second half of 2020 it was noted that the COO will be bring forward metrics to the Performance and Delivery Committee.

Oversight Agreement:

In relation to governance matters the CEO indicated that an update on the Oversight agreement with the Department and the updated HSE Code of Governance, will be brought to the Board at the October meeting.

National Children's Hospital:

In response to Board members queries on the progress of the National Children's Hospital the CEO confirmed works have now resumed on both sites, although later than anticipated and with reduced productivity on the main site in particular. The current substantial completion date under the contract for the New Children's Hospital is August 2022 (with opening date of April 2023), but it is reported, and evidence on site indicates, that there will be delay beyond this date. While the situation is still evolving and not all impacts are yet known, there is little expectation that the contractual date for completion will be achieved. The CEO informed the Board that court proceedings have been lodged by the National Paediatric Hospital Development Board (NPHDB) against the contractor in relation to its challenge to the Phase B Instruction.

The Board emphasised the urgency to have enhanced governance arrangements implemented including more integrated working between CHI and the Development Board to provide better mitigation of risks. It was agreed that further updates on progress will be provided as the project and programme moves forward.

Private Hospitals- Capacity Procurement Process:

The CEO provided an update on the ongoing bilateral discussions with private providers in relation to a safety net agreement regarding use of private hospital facilities in the event of a COVID-19 surge. A procurement exercise inviting organizations to tender to join a framework panel agreement to provide additional healthcare capacity, arising from the impact of COVID-19 was carried out. Successful applicants will be notified in early October. He confirmed temporary arrangements are in place to support immediate capacity deficits pending finalisation of the procurement process and that issues with Consultant contract terms are not anticipated with this approach.

Influenza Vaccination:

The CEO provided an update on the influenza vaccination programme. Due to concerns about the joint impact of COVID-19 as well as influenza, the national influenza vaccine programme has been expanded to provide the intranasal influenza vaccine to all 2-12-year olds and the administration fee for those eligible for the HSE influenza vaccine, including those over 65 and with increased medical risk of

complications has been removed. In response to questions about the timing of the communications campaigns, specifically why it would not be started till later as vaccine campaigns are quite challenging, the COO confirmed a comprehensive communications campaign has been planned, including for the first-time television advertising to reach parents of 2-12-year olds. Work to promote influenza vaccination is also underway with stakeholders from medical organisations, non-governmental organisations, and other groups. The first phase of the programme is due to be launched on 30th September 2020 and while there was a slight delay in the arrival of the first shipments of influenza vaccine for reasons beyond the control of the HSE, this has now been resolved and the first deliveries of influenza vaccine for at-risk groups will arrive at all sites by the end of September, noting that Children's nasal vaccine is a separate campaign and is due to be rolled out in the coming weeks.

Supporting Staff health and Wellbeing:

The CEO highlighted the importance of supporting staff health and wellbeing and noted the challenges presented to healthcare workers over the last number of months. He commended their work over the last few months, however he also highlighted that work-related stress has and continues to increase within services as a result of the pandemic. During this period, healthcare workers have also been seeking EAP support for a number of issues including bullying and the CEO and the ND HR highlighted the HSE's strong policy of dignity at work and the importance of employees knowing how to raise their concerns and to remain confident and comfortable when they do so.

The Chairperson of the People and Culture Committee confirmed to the Board that this is an area that she will be placing on the agenda and committed to reverting to the Board on this. The Board noted the seriousness of any form of bullying in the workplace and emphasised the need for a proactive response to address the emotional and mental health of employees of the HSE and providing safeguards to employees of the HSE.

The CEO noted the findings of the national maternity's experience surveys together with the HSEs findings is due to be launched on the week commencing 28th September 2020, in total 3304 woman who gave birth in October and November 2019 took part in the survey, and the survey reflects a commitment made in the National Maternity Strategy 2016-2026 to evaluate maternity care services from the perspective of the woman who use them.

The findings of the survey around people engaging with the maternity services e.g. people felt that they were not involved in decisions in their care, or that they were not listened to by staff and also the impact of the COVID-19 restrictions of no visitors/partners were having on people engaging with the maternity services, specifically about potential risks to patient safety or care if people cannot advocate

for themselves when in vulnerable situations, were discussed.

2.1. National Service Plan/Capital Plan 2021 and Estimates Process

The CSO and the CFO presented to the Board a briefing on the National Service Plan/ Capital Plan preparation and the Estimates Process noting that preparation of the National Service Plan (NSP) / Capital Plan is a legislative requirement, setting out the type and volume of health and social care services to be provided by the HSE in a given year, in response to the funding made available and the level of staff to be deployed. It is informed by the preparation of the annual estimate of funding requirements and is the benchmark against which performance is measured throughout and at the end of the year.

The CSO explained that the process for 2021 is more complex due to the parallels with pandemic planning and corporate planning. The Board held a detailed discussion with regards to the identification and ownership of key activities, their KPIs and their achievability. The Board also highlighted recruitment as a key risk to the implementation of the NSP and sought clarification with regards to clear allocation of funding.

The CFO provided an overview of the preparation of the estimates which acts as key components of the annual service planning process. He explained that it incorporates two elements:

- (i) An estimate of requirements for an Existing Level of Service (ELS) for 2021 (led by Corporate Finance). This sets out the cost of services in 2021, informed by the forecasting of expenditure to the end of 2020, which is currently underway; and
- (ii) An estimate of requirements for key new service developments (NSDs) for 2021.

The CFO provided the Board with an overview of the timelines for the delivery of plan which are as follows:

- 25 September: Update for the HSE Board
- 13 October: Budget Day
- Mid / Late -October: Letter of Determination (LoD) received from Department of Health
- Early / Mid November: NSP 2021 draft based on LoD and funding 2021, for meetings with EMT, Performance & Delivery Committee and the Board;
- 21 days post-receipt of LoD: Board Chairman to submit NSP 2021 to Minister for Health
- Work on refining and prioritising the estimates is continuing with a view to submitting final

estimates bid to the DoH by the end of September 2020

2.2. Testing and Tracing Future Model

The CEO introduced the paper, noting there is ongoing engagement with government on the operating model for COVID-19 testing and tracing, he noted the most significant challenges in the implementation of this new model will be lab capacity and recruitment. N. OBeirne provided an update to the Board on the new operating model for the Test & Trace development noting the preferred model was a combination of previous options that had been presented to the Board (options 1a, 1b and 2).

This has been developed in response to two organisational priorities, to ensure health and social care services resume in a safe, effective way and to ensure a sustainable and enduring National Operating Model for COVID-19 Test & Trace is in place.

It was noted significant work has been undertaken across all Test & Trace functions to consider future requirements and design a fit for purpose enduring operating model. At the highest level, Test and Trace is comprised of 4 core activities of, Referrals; Testing Delivery/Swabbing; Laboratories; Results Communication, Contact Tracing including Surveillance and Outbreak Management. The document issued prior the Board meeting described the enhanced ways of working and operation for each of these components in terms of scale, workforce and operation. It also addressed a number of key foundational elements which will enable the new service such as workforce, ICT, data, KPIs, communications and governance.

In response to questions from Board members, the CEO confirmed that the clinical and data governance across the pathway for referral for testing as described in the report refers to the executive management organisation management structures and noted considerations are ongoing regarding the preferred organisational governance for the service.

The Board noted the Testing and Tracing Service plays a critical role in defence of the pandemic and when working effectively will allow the safe resumption and stability of service of Irelands economic, educational, social, sporting and cultural activities and most importantly the health and social care services. During the discussion, the Board raised a series of questions and sought clarification with regards to responsibility for testing at airports, the CEO confirmed that responsibility for this rests with the Department of Transport, but he is engaging and supporting as required. The Board welcomed the paper noting that it gave a clear indication on the direction of travel of this model.

Surge Capacity:

The Board discussed the provisions within the paper of additional testing capacity within the Test & Trace model. The Board discussed Surge Capacity; which outlines a baseline daily capacity requirement of 15,000 or c100,000 tests per week is the planning assumption. Testing capacity is not currently a challenge, but it cannot be ruled out that it may become a challenge in the future. There is ongoing consultation with the DoH regarding surge capacity and planning assumptions have factored additional surge capacity beyond 15,000 tests per day in response to unpredictable demand.

Key Performance Indicators:

The Board discussed and emphasised the need for appropriate methods of measuring emphasising the Key performance Indicators to monitor the service and the underlying improvement timelines and trajectories for KPIs. At a minimum they will include (1) Time to referral appointment (2) Swab to result (detected) (3) Swab to result (not detected) (4) Result to completion of contact tracing, (5) referral to completion of contact tracing.

Referral- Telephone Line:

In response to questions from the Board in relation to improved access to rapid testing for GP's N. O'Beirne confirmed work and meetings with GPs are ongoing to assess options to enhance current service – with a particular focus on evening and weekend referrals.

Total Estimated Costs:

The Board discussed the approach to costing, noting cost estimates will continue to be refined over the coming weeks as the proposed service model continues to be further developed. Total estimated costs of c€700m for the period Jan 2021 to Dec 2021 are set out in the paper. In response to questions on funding, the CFO confirmed the funding has been sanctioned for 2020 and funding for 2021 will be part of Estimates process.

Total workforce requirement:

An addition of c3,000 staff to ensure a more sustainable test and trace service model was acknowledged as challenging. The People and Culture Committee is currently engaging with the ND HR to monitor ongoing activity, strategy and policy in relation to recruitment and will revert back to the Board in due course.

The Board endorsed the approach as set out in the paper and acknowledged the huge efforts and importance of the model.

2.3. Annual Report on Open Disclosure

The CCO presented the Annual Report on Open Disclosure to the Board. This detailed the implementation programme adopted and implemented to ensure the principles and practice of open disclosure are well understood across the health service. It was noted that in particular, medical staff must be required, as a condition of employment, to complete training in open disclosure. The CCO also updated the Board on the work undertaken by the National Open Disclosure Office during 2019 in relation to the implementation of the Scally recommendations.

The Board noted the recommendation of the Scally Report on Cervical Check (recommendation 32) that an annual report on Open Disclosure be made to the HSE Board in public session. The Board discussed the contents of the report as well as the provisions of the Civil Liability (Amendment) Act 2017 and the proposed Patient Safety Bill dealing with the issue of Open Disclosure. In welcoming the report, the Board made some suggestions for inclusion in the report including - strengthening the emphasis on HSE core values; case studies demonstrating areas of success and challenge in Open Disclosure; updating the governance model referred to; and emphasising in training on Open Disclosure the need for improvement in culture and noted some lack of clarity in the wording in the report in relation to service users having access to all information. It was agreed that subject to these changes, the report should be published on the HSE website.

3. Reserved Functions of the Board

3.1 Corporate Plan 2021-2024

The CSO presented the final draft of the HSE Corporate Plan 2021-2024 to the Board which is due to be submitted to the minister by 30th September 2020. The Plan was agreed for forwarding to the Minister for further engagement and approval (**Decision number 250920/40**). The Board thanked the EMT for all the work carried out on this.

3.2 Contract Approvals

HSE Board approval is required for three contract approvals 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.

Reference No: E/L/0720/1849 To provide a 10-year lease to Nua Healthcare Services to occupy a HSE property (address supplied) Co. Kildare PRG (**Decision no 250930/37**).

Contract Award for the construction of a 12 bed Critical Care Unit at Tallaght University Hospital (**Decision no 250920/38**).

Lease of residential properties at seven locations in Co. Louth to St. John of Gods (**Decision no 250920/39**).

4. Committees Update

4.1 Audit and Risk

Minutes from the Committee meeting held on 10th and 24th July and 26th August as circulated were noted. The Vice Committee Chairperson provided a verbal update on issues considered at the meeting on 11th September. The Committee had reviewed the Internal Audit Divisions activity through Q2 2020. The Committee will be focusing on a number of individual audits where there were limited, or unsatisfactory opinions given by the Internal Auditor and the Committee will be seeking to have the relevant National Director and responsible manager for the area appear at forthcoming meetings. The Committee had also received a progress report on drafting a new HSE Data Retention policy. He noted while progress had been made before the COVID-19 pandemic it had been paused during COVID-19 and significant work remains to be carried out. The Committee had completed its review of the risks assigned to it from the Corporate Risk Register (CRR) and had made recommendations of revisions which will be considered by EMT and the next iteration of the CRR will come to Board following the EMT considerations. The Committee recommended that Winter Plan recruitment is added to the risks on the CRR and the outstanding 2018 Audit recommendations.

4.2 Safety and Quality

Minutes from the Committee meeting held on 14 July and 7 August 2020 as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 15 September which focused on resumption on non COVID-19 services and areas such as Letterkenny University Hospital, IMF, National Maternity Strategy and a review of corporate risks on Healthcare Associated Infections and Screening Services. The Committee Chairperson also presented an overview of the NIP Report 2019 and discussed the Brandon report. On the Brandon report the Committee through the Chair, and other Board members expressed concerns about the nature of the report and sought clarification that the statutory obligation of protecting the discloser is being adhered to. The

Committee Chairperson will keep the Board informed of the progress in implementation of the recommendations of the report.

The Committee Chairperson also provided an update on the Quality Profile Report.

4.3 Performance and Delivery

Minutes from the Committee meetings held on from 24th July as circulated were noted. In the absence of the Committee Chairperson T. Hynes, F. Finlay provided a verbal update on issues considered at the meeting 18th September. He also noted the Committee had an informal meeting on 3rd September to consider the Corporate Plan. At the monthly meeting on 18th September the Committee had reviewed the Corporate Plan and agreed to recommend it for approval by the Board, it had also reviewed with EMT members the actions to mitigate three corporate risks assigned to the committee from the Corporate Risk Register (Disability Services, Capacity & Demand and Cyber Security), the Committee also reviewed progress to develop the National score card and the Performance Profile Report for July, and NPOG Escalation Report. He noted the suggestions made by the Committee on the actions to mitigate these risks will be reported back to EMT in time for the next iteration of the risk register in September. Work is ongoing, and the plan is to finalise a Board National Scorecard by the end of the year.

4.4 People and Culture

Minutes from the Committee meetings held on from 24th August as circulated were noted and the Committee Chairperson provided a verbal update from the meeting on 24th August. The Chairperson acknowledged the excellent presentation given by Dr. L Sysson on Workplace Health and Wellbeing, and advised further updates are ongoing. The Committee Chairperson also briefed the Board on the ongoing work that is being carried out on the People and Culture Dashboard. The Chairperson also provided an update with regards to participation of the Committee in a Recovery Planning meeting where workforce planning model outputs and workforce recruitment were discussed and noted that a follow up on Recruitment would also be an agenda item at the next People and Culture meeting which is due to be held on Friday 2 October.

5. AOB

The Chairperson thanked all in attendance for their contributions and robust discussions. The CEO noted the departure from the organisation of Paul Connors, National Director Communications and both he and the Board took the opportunity acknowledge the work and commitment that Paul has given, especially during the current pandemic.

The meeting concluded at 15.50

Ciarán Devane.
Signed: _____

Ciarán Devane
Chairperson

Date: **21st October 2020** _____