



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## **Minutes of HSE Board Meeting**

Friday 26<sup>th</sup> February 2021

A meeting of the Board of the Health Service Executive was held on Friday 26<sup>th</sup> February 2021 at 09.00 am by video conference.

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

Apologies: Sarah McLoughlin,

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Anne- Marie Hoey (ND HR), Anne O’Connor (COO), Mark Brennock (ND Communications), Niamh O’ Beirne (National Lead Testing and Tracing), Geraldine Smith (ND Internal Audit), John Kelly (Corporate Affairs), Damien McCallion (National Lead on Implementation of COVID-19 Vaccine), Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the Meeting:

Justine McCarthy (item 3.2), Yvonne Goff (item 3.2), Enda Saul (item 3.3), Fidelma Browne (item 3.3), Pat Healy (item 5.1), Bernie Gray (item 5.1).

### **1. Governance and Administration**

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

The minutes from the monthly meeting on 29 January 2021 were approved. The Board welcomed and noted the letters received from the Minister on 11 and 12 February approving the Corporate Plan 2021-2024 and the National Service Plan 2021.

The provisions in the letter from NPHET to the Department regarding the ongoing response to COVID-19 was discussed. The Board noted the importance of planning and preparing for post COVID-19 highlighting the importance of a strong test and trace system that needs to remain in place as we enter

an interpandemic phase. The Board expressed their sympathies on the passing of Dr Emer Feely, wife of Chief Medical Officer Dr Tony Holohan and it was agreed the Chair will formally write to Dr Holohan to convey the Boards sincere condolences.

## **2. Committees Update**

### **2.1 Audit and Risk**

Minutes from the Committee meeting held on 11 December 2020 as circulated were noted. The Vice Committee Chairperson advised the Internal Audit report on Genomics Medicine Ireland has been referred to EMT by the Committee to bring forward a plan to deal with the concerns raised within the report. The Vice Committee Chairperson provided a verbal update on the issues considered at the meeting on 12 February 2021 noting the Committee met with C&AG representatives and discussed their focus for the financial audit. The Committee also met with the C&AG and ND IA in private session in accordance with best practice. The Committee considered the Annual Report of the ND IA which provided an overall opinion of Limited Assurance for 2020. The Committee also discussed IT Vaccine System Procurement, updates on the Corporate Risk Register and Vaccine Stock Control and Risk Management. The CFO provided an update on the 2020 Financial Statements. Noting that the HSE and the DoH are in discussions regarding the appropriate accounting treatment for the PPE stock. The Committee also focused on the YTD Expenditure report from the CFO and discussed changes under the review of the Committees Terms of Reference, the Board agreed the Committee will now consider property transactions and contracts prior to Board approval. The Terms of Reference will be amended to provide that the Committee reviews the Protected Disclosures Annual Report required in accordance with legislation.

### **2.2 Safety and Quality**

The Committee Chairperson informed the Board the February meeting was postponed in order to support the current EMT workload. The next meeting on 16 March will have a larger agenda which will include updates on the Brandon Report, National Clinical Programmes, Social Inclusion and COVID-19, National Clinical Audit Orthopaedic Register, the Corporate Risk Register, National Communications Healthcare Programme, the impact of COVID-19 on cancer services and the State Claims Agency Clinical Claims Report 2017. The Committee Chairperson also noted the Quality Profile Report included in the Board pack.

### **2.3 Performance and Delivery**

Minutes from the Committee meeting held on 11 December 2020 as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 19 February acknowledging the work of the COO in providing the performance oversight reports. The

Committee also discussed proposed HSE Annual Report 2020 process and timelines, Corporate Risk Register, and the review of the ICT Capital Plan 2021. The Committee discussed the proposal to split the Committee into two separate Committees. It was agreed that the Committee Chair would continue developing this proposal and revert to the Board.

## **2.4 People and Culture**

Minutes from the Committee meetings held on 2 October, 4 December 2020 and 20 January 2021 as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 5 February which focused on recruitment, the Committee Scorecard and communications. The Committee Chairperson also sought Board approval for the appointment of Deirdre Cullivan as a new external committee member, the board approved this appointment for a three-year period. **(Decision no. 260221/06).**

## **3. Chief Executive Officers Update**

### **3.1 CEO Report**

The CEO spoke to his monthly report as circulated to the Board which provided an overview of the progress and initiatives that have been to the fore in the month since the last Board meeting.

The CEO advised over the coming months, as the Scorecard is refined this CEO Report will evolve into a companion document for the Scorecard, which will enable a more thorough and rigorous discussion between the executive and Board in relation to how well the organisation is performing by reference to its stated strategic objectives. The CEO informed the Board on the launch of the National Service Plan on 24 February and confirmed the launch of the HSE Corporate Plan 2021-2024 is due to be launched next week.

The CEO brought to the Board's attention the following aspects of the report. He highlighted since the rollout of the vaccination programme began on 29 December 2020, significant achievements have been made by the HSE, working closely with the High-Level Task Force, with many doses administered to residents in Long Term Residential Care Facilities, front-line healthcare workers and over 85s, in line with the provisional vaccine allocation grouping. The Board welcomed the National Immunisation Advisory Committee's (NIAC) recommendation to re prioritise the vaccine allocation grouping for people aged 16 to 69 who have a medical condition that puts them at 'very high risk' of severe COVID-19 to Cohort 4 and people aged between 65 and 69 whose underlying condition puts them at 'high risk' of severe COVID-19 to Cohort 5. He advised work is ongoing to identify numbers in the very high risk/high risk categories and to model out the vaccine type and delivery schedule. It was discussed that there are

several challenges that the HSE is working through such as identifying people on immunosuppressant medicines through PCRS data, it was also highlighted that GP data could be used. The CEO noted the risk and challenge of recruitment has remained difficult.

The Board discussed the Testing and Tracing processes in the context of potential outbreaks when restrictions are lifted and the need to have appropriate plans in place going forward. The CEO highlighted the Test and Trace performance indicators demonstrate a service that responded exceptionally well over the surge period. He noted the introduction of new detailed policies and processes for dealing with new variants of concern. He also advised planning is now under way for the introduction of retrospective contact tracing as case numbers reduce to consistently under 600 positives per day. Board members suggested there should be a level of preparedness to address cases rising to similar numbers as experienced in December and January.

At the onset of the COVID-19 pandemic the Board approved the following delegation for the CEO *“that for the duration of the pandemic that the Board delegate to [the CEO] all necessary authority to approve expenditure associated with the COVID-19 pandemic once approved by DPER and DoH, and to accept any offers (which may be termed as gifts) from the private sector that may assist in the management of this pandemic.”* The Board reviewed the requirement for the ongoing COVID-19 delegation and agreed it was appropriate for the delegation to continue for a further 3 months.

The CEO noted the Annual Report of the Internal Audit and highlighted the substantial body of work by Internal Audit as part of its 2020 annual risk-based work plan and advised work will remain ongoing to build on this over the next year. Board members queried the NDIA’s 2019 annual opinion of “Limited Assurance” while commending the work of staff done to date, they emphasised assurance is crucial to improve the adequacy and/or effectiveness of the system. The CEO advised addressing this issue is a key focus. Following questions on the consistency of themes in the report, the ND Internal Audit informed the Board they have remained the same however advised positive progress has been seen already and based on this it would be expected that in a years’ time we should see a difference due to the ongoing work being put in to address this.

The CEO also advised that the current best estimate figures for overall year-end figures are in line with the Substantial Breakeven and National and Local Finance teams are undertaking analysis and assessment. The CEO informed the Board that none of the 2020 figures will be fully and definitively finalised until the Annual Financial Statements are drafted, adopted by the HSE Board and the C&AG Audit is complete.

The Board sought an update on the challenges associated with the National Children's Hospital the CSO informed the Board work is still progressing.

### **3.2 Board Strategic Scorecard**

A presentation and guidance document on the first 'Live' National Strategic Scorecard were circulated prior to the meeting. The CEO spoke to the presentation on the 21 programmes/priorities that provide an overview of progress for the programmes/priorities, which aims to track progress of key programmes/priorities at a high level, highlight issues in relation to progress in a timely manner, support Board oversight and decision making and minimise multiple requests and duplication of effort in collating reports for the Board/DoH. A Board working group on the Strategic Scorecard had provided Board input to the process of developing the Scorecard and provided feedback on the Scorecard contents and output. Board members welcomed the Scorecard and suggested having a roadmap for the next two/three years would help minimise duplication of reporting. The CSO informed the Board the Scorecard was reviewed and signed off by EMT on 23 February and has proved very useful so far. The CEO advised he will meet with the Secretary General in the coming weeks to discuss this further.

Board members thanked the EMT for providing a high-quality Scorecard that will enable the Board to understand current progress and the forecast of year-end achievements going forward. Discussions were held on low ratings within the Scorecard that may pose challenges going forward and the CSO advised improvement plans will be appended to the Scorecard, as appropriate. The Board noted concerns identified in the Scorecard are intended to raise issues for discussion, and to guide and support the strengthening and/or improvement of Programme/Priority achievement and the Scorecard may act as a helpful tool in supporting conversations between the HSE and the Department.

Board members also suggested the Scorecard should provide reporting on areas including GP services and social prescribing and consideration to include GP data in Integrated Information Systems in relation to Mental Health Reform and Population Health and Prevention Programmes. To deliver improvements throughout the organisation, Board members emphasised the need to ensure there is a strong achievement of targets across all programmes.

Board members discussed the rating of Quality and Patient Safety currently a 2 noting while progress is being made on some key deliverables (e.g training), COVID-19 has impacted severely on normal service delivery and access and staff's capacity to focus on learning and service improvements. The Chair of the Safety and Quality Committee emphasised the need to ensure progress is made in relation to achieve the ambitious statement and that development of KPIs accurately reflect Quality & Patient Safety in primary and community care and focus on learning, training and patient experience.

The Board also reviewed outputs and deliverables from the Home Support and Residential Reform Programme noting that the State Claims Agency are involved in the emerging insurance issue in relation to the vaccination programme for staff, and work is ongoing to mitigate potential risks around Home Support. The COO informed the Board progress being made despite the impact of the COVID-19 surge however it is too early to assess the extent of this challenge and the emerging impact of the vaccination programme. Inability to recruit the right skills mix may impact the delivery of the Home Support and Residential reform initiatives in 2021.

The Board welcomed the Scorecard. In the absence of monthly data for a number of KPI's until March, the Board agreed to share February Scorecard as a draft document with DoH.

### **3.3 Trust and Confidence**

The ND Communications introduced this item to the Board and provided a presentation which was based on findings and discussions which had been carried out in Q4. The Board welcomed and thanked the ND Communications and highlighted investing in trust and confidence through wider patient engagement and openness and transparency in information is proactive and positive. Board members acknowledged the challenge of communicating the complexity of the organisation and noted that trust and confidence in the organisation remains fragile and apologising for past wrongdoings is the way forward to continue to build trust in the organisation.

### **3.4 Draft Heads of Bill and General Scheme of a Health Bill to amend the Health Act 2004**

J. Kelly and D. Purcell presented this item to the Board and provided an overview of the key amendments to the Health Bill noting the General Scheme for the Health Bill has been prepared to amend the Health Act 2004 to provide changes to corporate and service planning processes for the HSE and for further Board and CEO function. These amendments, if ultimately enacted into law, will require the Code of Governance (currently before the Board for adoption) to be amended, most likely in the latter part of 2021. The Board welcomed the General Scheme of a new Health Bill and acknowledged there are a significant number of steps to be taken before the Bill can be enacted.

### **4. Reserved Functions of the Board**

HSE Board approval was requested for seven property transactions and one contract approval 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.

#### **4.1 Property Transactions**

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

Disposal of (Address provided) to Housing Association for Integrated Living (HAIL) PRG Ref: E/D/1120/2489A (**Decision no 260221/07**).

Disposal of (Address provided) to Housing Association for Integrated Living (HAIL) PRG Ref: E/D/1120/2489C (**Decision no 260221/08**).

Disposal of (Address provided) to Housing Association for Integrated Living (HAIL) PRG Ref: E/D/1120/2489B (**Decision no 260221/09**).

Disposal of (Address provided) to Housing Association for Integrated Living (HAIL) MW/D/0720/2398 (**Decision no 260221/10**).

Disposal of 0.2 hectares of HSE owned, Archaeological Monument Land to Sligo County Council.

PRG Ref: NW/D/0918/2108 (**Decision no 260221/11**).

Renewal of Lease at Maria Goretti Respite Centre, Rampark, Jenkinstown, Co. Louth.

PRG Ref: NE/L/1120/2476 (**Decision no 260221/12**).

Sub-leasing by the HSE to Praxis Care, Disability Service Provider for the following three properties:

- i. (Address provided)  
PRG Ref: S/SL/1120/2497
- ii. (Address provided)  
PRG Ref: S/SL/1120/2498
- iii. (Address provided)  
PRG Ref: S/SL/1120/2496 (**Decision no 260221/13**).

#### **4.2 Contract Transactions**

Contract Award for the construction of a 50 Bed Community Nursing Unit to replace the existing St. Colons Community Nursing Home, Neagh, Co. Tipperary (REF. IO 61000845) (**Decision no 260221/14**)

#### **4.3 Adoption of the Code of Governance**

The Board was asked to consider and adopt the Code of Governance as presented by J. Kelly and D. Purcell. The draft Code has been prepared in accordance with the provisions of Section 35 of the Health Act 2004 as amended, and the feedback from the Department of Health has been incorporated.

Board members provided feedback to make minor changes and amendments to the code within areas of the document such as the 'HSE's Key Stakeholders', 'Performance and Accountability Framework'

noting it should include a reconfirmation of the CEO's accountability, and the 'Healthcare Audit' noting the Vice Chair of ARC and Chair of Safety and Quality Committee will work together on this in the coming weeks. Board members requested more clarity on sections such as 'Performance Agreements' and were advised work remains ongoing on the Charity Regulator Annual Report.

The Board were satisfied subject to the changes suggested being made to adopt the Code of Governance for submission to the Minister for Health for approval (**Decision no 260221/15**).

## **5. Board Strategic Priorities for 2021- key objectives and enablers from Corporate Plan 2021-2024**

### **5.1 Update on Corporate Plan, Objective 2- Enhancing Primary Care and Community Services**

The CEO introduced this agenda item and provided the Board with an overview of the shift towards greater delivery of Primary Care. The CEO asked the Board to endorse the strategic direction that the paper proposed and sought views from the Board to help inform priorities going forward.

The CSO and COO proceeded to present the background and context for the strategic objective to enhance Primary Care and Community Services; the progress to date with the implementation of this objective; the implications of the delivery of this objective for other priorities; the key risks and issues associated with delivery of this objective including in particular the evolving policy position in relation to homecare and residential care and; the key stakeholders identified and the arrangements in place to ensure effective engagement. Board members welcomed the paper and thanked the CSO and COO for the high quality, comprehensive, informative paper that had been provided noting it had very clear deliverables. Board members acknowledged the cultural shift this pathway posed, however highlighted having a well-resourced GP led primary care supported by community care is best care of its own right, to provide the right care in the right place at the right time and will relieve the burden on secondary care, reducing unnecessary referrals to specialist care. They advised the primary function of general practice is to provide holistic care to communities and patients at its least complex close to their homes and their community supports.

Following questions surrounding the areas of improvement identified such as establishment of 96 Community Healthcare Networks (CHN) and 32 Community Specialist Teams for Older People and Chronic Disease, P. Healy advised last year began with 9 CHN's which has now moved to 57 and the aim is to reach 96 by the end of the year which are mapped across 32 specialist teams. Following questions on potential forthcoming challenges he informed the Board there is a lack of a community ICT system and timely and accurate data to inform decision-making and ensure effectiveness of investments. He informed the Board the OoCIO has assessed the community reform proposals before inclusion in the NSP and Corporate plan and additional resources have been allocated in NSP 2021 to support the development of ICT and Data requirements. In addition, a Community Operations Digital Oversight



Group has been established to ensure the necessary focus and coordination of the overall ICT requirements in a coordinated way across the HSE Divisions.

Board members considered specific policy areas such as aspects of centralised vs regional models and the new Statutory Home Support Scheme. For the Statutory Home Support Scheme Government target of doubling the existing home support hours, focusing on older people with high and moderate levels of frailty by 2022 to be achieved, it will be necessary for the HSE to work closely in collaboration with the DOH to achieve a range of ambitious targets and deliverables in 2021 and early 2022. These include the completion of the pilot and evaluation phase of the scheme, rollout of interRAI Single Assessment Tool, and finalisation of the eligibility, financial and operating models. The Board also acknowledged the strategic approach and the importance of a communication strategy to counter any cultural challenges in implementation.

Board members acknowledged the ongoing work is integral to Sláintecare and critical success factors such as successful integration across CHO's and Hospital Groups and the need for sustainable funding was discussed. The CFO advised successful delivery is required to ensure funding going forward. The CEO noted the 29% increase in Primary Care funding within the NSP 2021 which indicates it is evident the Government have seen the benefits from Primary Care and advised it is vital to protect this going forward.

The CEO and the Board engaged in a discussion regarding integration, planning milestones and the CEO highlighted the need to protect the funding level in a non COVID-19 environment.

## 6. AOB

The CSO provided an update on the PPP contract from last month advising correspondence has been sent to the DoH and three tenderers. The COO provided an update to the Board on St. John of Gods noting a steering group has been implemented and work is ongoing with DoH and DPER. The Board also discussed mandatory quarantine noting the responsibility still lies within the DoH.

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

The meeting concluded at 16.15

Signed: 

**Ciarán Devane**

**Chairperson**

**Date: 26<sup>th</sup> March 2021**