



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Friday 26th March 2021

A meeting of the Board of the Health Service Executive was held on Friday 26th March 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, Sarah McLoughlin, Anne Carrigy, Brendan Whelan.

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), Damien McCallion (National Lead on Implementation of COVID-19 Vaccine), Fran Thompson, Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the Meeting: Justine McCarthy (item 3.2), Yvonne Goff (item 5.1), John Swords (item 4.1), Mairead Dolan (item 4.2).

1. Governance and Administration

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

The minutes from the monthly meeting on 26 February 2021 were approved. The Chairperson welcomed the two new HSE Board members Anne Carrigy and Brendan Whelan and provided an overview of how the Board approach the agenda.

The Board discussed the additional meeting from 16 March regarding the Government decision to defer the administration of the COVID-19 AstraZeneca vaccine following the NIAC’s recommendation on 14 March 2021. It had been agreed at that meeting that the Chairperson would formally write to the Minister on the matter and the Chair advised that he had written, and a copy of the correspondence would be circulated to Board members. Board members discussed the risk assessment process for the use of the AstraZeneca vaccine and risks around the monitoring of pharmaceutical quality, safety and effectiveness of the vaccine, noting the approval of pharmaceutical products is a separate body to the

HSE. Board members sought assurance around risk assessment for the overall Programme noting the COVID 19 Vaccination Programme is a 'whole of Government' initiative and as such, many of the controls and actions required to mitigate the risk lie outside of the direct control of the HSE. The CEO indicated that documentation as regards the balance of the programme risk assessment would be forwarded to Board members presently. Board members held a discussion on the Prime Time Investigates Documentary that had aired on 25 March noting that it highlighted a number of legal and ethical issues that require investigation and will be discussed in more detail with the CEO when considering his monthly report. The Board also discussed the "Safe Return to Health Services Report" that had been circulated prior to the meeting and agreed to discuss it in more detail with the CEO during the meeting.

2. Committees Update

2.1 Audit and Risk

Minutes from the Committee meeting held on 12 February as circulated were noted. The Vice Committee Chairperson provided a verbal update from the meeting on 12 March where the Committee discussed the draft AFS noting material matters brought to the attention of the ARC include amendment to PPE Stock valuation as at 31 December 2020, discussion regarding the final disclosure requirement, details of the HSE Holiday pay accrual, a discussion with regards to high earners (over €350k) and the Committee requested that going forward Internal conduct some assurance work on this area. The ND IA with the Deloitte representatives spoke to the Committee on the ICT audit reports highlighting key ICT risks to the Committee. CRR risk assessments for the vaccine programme, protected disclosures process update, and the PPE Audit being undertaken by KPMG was discussed. The Committee Vice Chairperson and the CSO also gave an update to the Committee on the governance matters concerning Primary Care Centre provision which the ARC will consider at its next meeting.

2.2 Safety and Quality

The Committee Chairperson congratulated and welcomed Committee member Anne Carrigy on her appointment to the Board. Minutes from the Committee meeting held on 19 January as circulated were noted. The Committee Chairperson provided a verbal update from the meeting on 16 March noting the CCO Report which covered the COVID-19 update, the COVID-19 vaccine, the impact of COVID-19 on non-COVID-19 services and the LUH Gynaecology Service Review. It was noted that the Committee expressed concern in relation to the planned withdrawal of the Special Measures Team (SMT) from LUH and requested a further update on this issue at its next meeting. The Committee welcomed the appointment of Dr Orla Healy as the new National Clinical Lead for Patient Safety. The COO has been invited to the April meeting to discuss the implementation of the recommendations of the NIRP Report. The Committee Chairperson noted the Quality Profile in the Board pack and advised she will engage with ND QID in relation to adjusting the metrics used in the Quality Profile. The Committee also received an

update on the work completed by the HSE National Social Inclusion Office noting the work involves engagement with vulnerable groups that have been significantly affected by the COVID-19 pandemic as they are frequently excluded from mainstream society and need bespoke efforts to be reached. The Committee suggested social inclusion should be included as a module during medical training and that engagement with emergency health practitioners would be beneficial. The Irish National Orthopaedic Register (INOR) was discussed which aims to improve the quality of services and care provided to patients having joint replacement surgery and to monitor the safety of implants and support hospitals should an implant recall occur. The Committee discussed the importance of developing a comprehensive, nationwide orthopaedic register considering that all private hospitals are not part of INOR.

The CRR was also discussed and the Committee suggested that Chairs of Committees with secondary responsibility for CRR risks should attend meetings of the Committee with primary responsibility for those risks when they are discussed. The Committee were provided with an overview of the development of the National Communications Healthcare Programme, the Committee expressed its full support for the Programme and discussed the different modules of the programme, emphasising the importance of communication training beginning at undergraduate level and continuing throughout an individual's career. Dr Risteard Ó'Laoide briefed the Committee impact of the COVID-19 pandemic on people with cancer and cancer services in Ireland, the Committee discussed the potential wider impact on the health service of delayed diagnoses of cancer, the risk of future burnout of staff and that access to diagnostics and IT infrastructure are the two key areas which much be addressed for improvement to be seen in cancer services and in the wider health service .

The Committee received a presentation on the State Claims Agency Clinical Claims Report 2017 that highlighted the key findings for consideration and provided an overview of claims per service e.g., claims related Maternity and Gynaecology, Perioperative Care, and Medicine. The Committee discussed possible contributory factors to these claims including staffing, poor performers, incident reporting, and poor communication noting the development of a culture of learning when things go wrong, the commitment of dedicated health and social care workers, and the ongoing implementation of relevant national policies will reduce the risk of the occurrence of preventable adverse events.

The Committee Chairperson also advised they are planning a Quality Improvement Workshop with the ND QID for May. Board members thanked the Committee Chairperson for her update and discussed the work in progress in relation to the review of more representative KPI's for the Quality and Patient Safety Scorecard. The CCO addressed concerns around the increased demand on cancer services due to delayed diagnoses following the impact of COVID-19. It was suggested the Safety and Quality Committee

incorporate a deep dive on the Resourcing of Neurological Services into the Committee Workplan which the Chair confirmed that she will consider.

2.3 Performance and Delivery

Minutes from the Committee meeting held on 19 February as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 19 March where the CSO provided an update to the Committee on the approach to the preparation of the Annual Report 2020, the Committee Chairperson advised the Board a further meeting of the Committee is scheduled in April to allow members appropriate time to provide further feedback and input to the Annual Report. The Committee were also updated on the Performance Profiles and Operational Service Reports which provided a high-level overview of the monthly December 2020 reports. The Committee were provided with an update on the implementation of the ICT Capital Plan, and the re commencement of the IFMS project which was previously paused due to redeployment during COVID-19.

2.4 People and Culture

The Committee Chairperson informed the Board the next meeting on 9 April will focus on tracking recruitment, retention, specialist consultants not on the specialist register and trust and confidence.

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 highlighted the challenges of Q1 2021. He commended the roles carried out by the Critical Care Surge, Public Health and Testing and Tracing teams along with the National Ambulance Service over the duration of the pandemic. The CEO referenced the successful collaboration and partnership across the system noting that the HSE will take all learnings forward and the collective efforts to control the spread of COVID-19 within the population are continuing throughout. The CEO acknowledged the exhaustion of staff following the COVID-19 response during Q1. He informed the Board that although the situation has improved since January, hospitals are still facing sustained pressure from COVID-19 which continues to impact non-COVID-19 services. He advised case numbers increased in the past week and there are clear signs that COVID-19 hospital admissions and bed occupancy rates are no longer falling as consistently as before. The CEO advised he will be providing a report to the Cabinet Committee on Health next week and agreed to circulate this to the Board.

Vaccination Programme

The CEO advised the Vaccination Programme has continued to see a significant ramp up over the last month. The HSE has substantially completed all Dose 1s for Cohort 1 to Cohort 3. The Board acknowledged the challenges such as the previous pause in the delivery of AstraZeneca in conjunction with planning for the vaccination of Cohort 4 noting the very high and high-risk cohorts are extremely complex to plan given their nature and the lack of disease registries in Ireland. The CCO assured the Board that engagement is ongoing with GP's and acute hospitals to identify patients in this cohort. The CEO informed the Board discussions are ongoing with the DoH to finalise the scope of Cohorts 9 to 14. He noted the opening of 13 vaccination centres highlighting that work is ongoing to open more as supply increases coming into May, however he also advised uncertainty around the supply of vaccines, both in terms of volume and delivery dates remains. The CEO discussed the ongoing development and implementation of additional features for the public portal booking system. The CEO addressed the COVID-19 Vaccination Programme at the Beacon Hospital following the media report on Friday 26 March that individuals received a vaccine outside of the national sequencing guidelines, the Board requested that they are kept abreast on matters in this regard.

Finance

The CEO noted that financial data for this January was very different from prior years due to the third COVID-19 wave and the resultant effect it has had on HSE services and expenditure across most divisions. A high-level review has been undertaken on the initial draft data to try to adjust where possible for any anomalies or timing issues, where this was both practical and appropriate. The CEO informed the Board that this is only the first month's data and coupled with the significant complexity related to the ongoing pandemic generally, and the 3rd surge specifically, it is too early to begin to draw any inferences as to what can be expected in financial terms for the year as a whole. He advised no concern around the likely year end overall net position is being flagged at this stage.

Human Resources

The CEO advised the number of staff absent due to COVID-19 has decreased and there is a well-established programme of work to support the objective of delivering on the priority resourcing requirements for the expansion in the workforce of up to 16,000 WTE. Increased recruitment capacity, capability, reporting and monitoring are key areas of focus within the NSP Resourcing Strategy setting out the approach to delivery. The Board noted National HR are working with the HSE Corporate Centre Review and the CEO advised executive realignment is targeted towards early May. The Board discussed the contract award for a Managed Service Provider to support the end to end recruitment to meet the requirements of NSP 2021 under agenda item 4.1.

Strategy and Planning.

The CEO advised the feedback and coverage following the launch of both the Corporate Plan and NSP 2021 was very positive. He advised preparation of the Annual Report is continuing in line with legislation. The CEO informed the Board the Executive Management Team, led by the COO and CSO, are working to review and quantify the impact that the recent COVID-19 wave has had on our implementation of the NSP 2021. The CEO highlighted COVID-19 has shown the need to continue to remain agile and adaptable to the challenges that lie ahead. The CEO noted a Ministerial decision is expected shortly on the recommendations of the Independent Assessment Panel which had been approved by the Board in relation to the designation of the Major Trauma Centre and Trauma Units in Dublin in February 2020. He advised good progress has been made in the last year to progress the other aspects of the Trauma Strategy including the development of an approach and programme plan for the implementation of the remaining recommendations of the Strategy.

Testing and Tracing

The CEO advised a clinical review of the Contact Management Programme (CMP) is currently being conducted to further align the working relationship between the CMP and Public Health Departments. Planning is now under way for the introduction of source investigation as case numbers reduce. A testing pathway at quarantine sites for all passengers arriving into Ireland from Category 2 countries has commenced and 6 additional testing mobile pop-up units are in place with dedicated NAS staff. The CEO also highlighted issues arising such as the alleged data breach on the Covax system, and informed the matter is being examined noting process and technology changes have already been implemented to improve security and data protection.

Other Matters

The Board held a discussion with the CEO on the Prime Time Investigates Documentary in relation to disclosure of information relating to children with autism. The Board discussed the importance of data protection throughout all areas of the HSE and expressed concerns about the potential ethical implications posed by sharing patient data. The Board requested the CEO to have this matter examined and to provide a report on the findings to the S&Q Committee.

3.1.2 A Safe Return to Health Services Plan- Restoring Health and Social Services in a COVID environment

The paper on the Safe Return to Health Services Plan circulated prior to the meeting providing an overview of the services to be resumed, the target times for their safe return, and some detail on the conditions and challenges that will have to be met was noted. The CEO noted since the onset of the pandemic, patients and services have been clinically prioritised. Time critical care services, along with many routine services, have been protected meaning that people who needed them had, and currently

have, access to these services and commended the huge efforts of healthcare teams in keeping so many health and social care services operating over the past year.

In response to Board discussions on the status of the Plan and the overall impact of the unprecedented interruption to normal healthcare activity with both community and acute settings affected, the Chair and CEO confirmed that what is proposed in this Plan represents the management operational response to business continuity of the NSP taking into account the impact of the third COVID-19 wave, that we are still experiencing on HSE services and the possible build-up of unmet need. The Chair advised once data is available, given the pressures, complexity and uncertainty caused by the impact of the 3rd COVID-19 wave and the Vaccination Programme, the Performance and Delivery Committee will review the progress in Q1 on NSP delivery and a further report will come back to the Board.

3.2 Board Strategic Scorecard

The CEO spoke to the Strategic Scorecard presentation which was taken as read. The CEO advised the Scorecard provides a point in time view of progress in relation to the expected 2021 outputs, deliverables and targets across the various Programmes/Priorities. Its aim is to provide the Board with each Programme's current status and the expected level of performance by the year-end. Objectives are rated on a scale of one to five, with one representing a significant concern that the objective will not be met and five signaling strong assurance that the objective will be fully achieved. The March Scorecard (for performance to the end of February) was received and signed off by EMT on 23 March 2021 and is reporting generally encouraging progress across the majority of Programmes and Priorities, with reasonable assurance that the 2021 objectives will be substantially achieved.

Board members requested clarification on the scores of the following Programmes/Priorities: People and Recruitment score of 3, the ND HR informed the Board that although recruitment of vaccinators is not on the Scorecard, it is progressing very well. She addressed the challenge regarding the sustained recruitment in Q1, given the impact of the COVID-19 third wave on recruitment however, February 2021 data is showing good recovery in a number of areas. She informed the Board People and Recruitment is a key enabler to support the NSP. Board members sought assurance on the score of 4 for COVID-19 National Test and Trace. The National Lead for Testing and Tracing advised new testing pathways (self-referral, antigen-testing, hotel quarantine, testing in prisons), changing restrictions, serial testing, and vaccination will impact the operating model and the medium-term profile of demand, capacity and activity for Test and Trace services. Significant work is taking place on the service model. Following questions on the potential fourth wave of COVID-19, she informed the Board if cases reach a level similar to the third COVID-19 wave, they will have to pause close contact testing. The National Lead for Testing and Tracing assured the Board that despite the pause on testing close contacts during the third wave,

work continued to effectively test symptomatic patients and labs worked successfully.

The CSO assured the Board the Score of 3 for Reform of Primary Care and Community is consistent with the current level of assurance on the delivery of the ambition statement of enhanced primary and community care with the focus in 2021 to include: 96 CHNs, 32 Community Specialist Teams and 9 Local Implementation Teams and a substantial increase in community diagnostic services. Board members highlighted the risk the Prime Time Investigates documentary and the vaccine allocation sequencing at the Beacon Hospital pose to the score of 4 for Strategic Communications.

Overall, the Board noted there is generally encouraging progress across the majority of Programmes and Priorities, but significant challenges and uncertainties remain in relation to the COVID-19 pandemic. The third wave has negatively impacted a range of Scorecard areas and is likely to continue to do so into April. Challenges are also faced around the continued impact of the test and trace and vaccination roll-out Programmes on 'normal business'. Financial expenditure is being monitored carefully, both in general and in relation to the specific reforms and capacity-building initiatives being progressed in 2021.

The Board were informed feedback to date from the DoH on the Scorecard has been positive and considered the development of the Board Strategic Scorecard to be a very positive step forward to support the Board in their oversight role.

The Board agreed to adopt the Scorecard and send to the Minister alongside a formal cover note from the Chairperson. It is intended that the Chair and CEO will meet the Minister for the first quarterly engagement of 2021 to discuss delivery to date of the NSP. The CEO agreed to revert to the Board regarding the next steps on the Q1 review.

3.2.1 COVID-19 Vaccination Risk Assessment

An additional paper on COVID-19 Vaccination Risk Assessment to support the discussion on the COVID-19 Vaccination Programme circulated prior to the meeting was taken as read. The Board discussed the importance of ARC having sight of the risk assessment process and the CEO agreed to circulate the High-Level Task Force COVID-19 Vaccination Programme Risk Management Framework (including risk register) which was requested following the Board meeting on 16 March.

The National Lead on Implementation of COVID-19 Vaccine provided assurance to the Board regarding the risk of timeframes to develop key functions for the IT system to support the ongoing programme and scale up, advising target/end dates are monitored on a weekly basis and some actions for example, document and ongoing audit of SOP's will be moved to ongoing controls. The Board discussed the

Enabling Technology and e-Health Scorecard noting all required COVID-19 solutions have been delivered including the Covax solution which is operational across all vaccine facilities and locations and is integrated with GP Practice Management systems, and the healthcare worker portal is in live use. The Board requested the CIO to provide his level of confidence on the score of 3 meeting the ambition statement. The CIO informed the Board he is confident in the delivery of the score noting challenges are being encountered by a number of other programmes due to the pandemic and the COVID-19 solutions deployment. The CEO advised there has been strong progress on Covax technology deployment and additional recruitment is required for the planning of eHealth priorities in conjunction with active governance groups. The Chair noted that he and T. Hynes attended the HSE Digital Academy Forum and advised they were encouraged by the work presented by Professor M. Curley.

4.Reserved Functions of the Board

HSE Board approval was requested for two 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.

4.1 Contract Approvals

National Contract for the Pneumococcal Polysaccharide Vaccine (PPV), HSE 15581 (**Decision no. 260321/16**).

Contract award for a Managed Service Provider to support the end to end recruitment to meet the requirements of NSP 2021 (**Decision no 260321/17**). The Board discussed this contract with the ND HR regarding timelines to build capacity, the preferred Tenderer CPL Resources, and performance metrics. Following questions on the monthly breakdown of the annual estimated cost, the ND HR advised she will follow up on this and revert to the Board.

4.2 Adoption of Draft AFS 2020 in line with the Health Act 2004

In accordance with the requirements of S36 of the Health Act 2004, the Board adopted the draft AFS and draft Statement of Internal Controls for submission to the Minister (**Decision no260321/18**).

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

5.1 Update on Corporate Plan, Objective 3: Improve scheduled care to enable more timely access and reduce the number of people waiting for service

The CEO introduced this item to the Board and the supporting document was taken as read. The CEO noted the initiatives based around the three pillars of Building Capacity, Reforming Schedule Care and

Enabling Scheduled Care Reform are approved and financial allocations have been agreed by the Scheduled Care Transformation Programme Steering Group, Co-Chaired by CSO and COO. He informed the Board on the on-going discussion with the Department of Health to finalise a defined list of services/waiting lists to be included in the scope of the Programme; target levels of performance for each service area, and realistic delivery timelines; structured implementation plan clearly outlining roles and responsibilities, consistent with the stated roles of respective organisations; clarity in relation to funding streams for various workstreams including Access to Care fund; clarity in relation to role responsibility and priorities of the NTPF and agreed governance and reporting arrangements for the Programme. The plan will then need to be approved by the HSE Board and the Minister for Health.

The CSO advised that the Programme aims to ensure clinical and cost-effective care delivery through high-quality services focused on reducing variability and inequalities and improving clinical outcomes. This multi-annual Programme will significantly reduce scheduled care waiting times across acute and community services to achieve the maximum waiting times outlined within the Sláintecare report. Y. Goff provided a presentation to the Board highlighting the over arching objective and case for change, the approach around the three pillars of Building Capacity, Reforming Schedule Care and Enabling Scheduled Care Reform, key risks and issues, and stakeholder management. The Board highlighted the need to be aware of vulnerable patients when dealing with this plan noting the right resources, personnel and technology would support this.

The Board engaged in a discussion on the key issue of the data sharing agreement that is not yet in place with voluntary hospitals and it must be addressed in order to implement Advanced Clinical Prioritisation and HPVP within these hospitals. The COO assured the Board work is on-going with the DPOs, DPC and NTPF to update and sign-off to support effective data-sharing arrangements. The Board noted engagement with GP's is a key enabler to waiting list management solutions. Board members also highlighted the opportunity this poses to have effective engagement and dialog with the voluntary organisations.

The Board discussed the funding position with the CFO who advised the resource funding is a once off and the outcomes will determine sustainable funding going forward. The Board welcomed this encouraging plan noting it is taking the right approach and offered their support to progress this further.

6. AOB

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

The meeting concluded at 16.15

Signed: Ciarán Devane.

Ciarán Devane

Chairperson

Date: 28th April 2021