



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Wednesday 26 May 2021

A meeting of the Board of the Health Service Executive was held on Wednesday 26th May 2021 at 9:00am by video conference.

Present: Ciarán Devane (Chairperson), Deirdre Madden (Deputy Chairperson), Aogán Ó Feargháil, Brendan Lenihan, Fergus Finlay, Fiona Ross, Yvonne Traynor, Tim Hynes, Sarah McLoughlin, Brendan Whelan, Anne Carrigy, Fergus O'Kelly

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Mark Brennock (ND Communications), Fran Thompson (CIO), Niamh O'Beirne (National Lead Test and Trace), Anne O'Connor (COO), Dean Sullivan (CSO), John Kelly (Corporate Affairs), Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the meeting: Mairead Dolan (item 4)

1. Governance and Administration

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

Establishment of a committee to review into the issues which led to the Cyber Attack on the HSE's ICT Systems on the 14 May 2021.

The Chair briefed the Board on proposals to commission urgently, an Independent Review into the circumstances surrounding the major cyber-attack against the HSE's IT systems, given the seriousness of this attack and the impact this has had on those people who are dependent on health services. The Review will avail of best practice methodology based on Serious Incident Management approaches. The purpose of the Review will be: to establish the facts in relation to the preparedness of the HSE in terms of both its technical preparedness and its operational preparedness for a strategic risk of this nature; and to identify the learning from this major incident to bring about improvements to the HSE's preparedness for and response to, other major risks and incidents that cause major business disruption.

Board member Tim Hynes highlighted to the Board the importance of completing this Review both from a cyber technology aspect and internal processes within the HSE.

The Board emphasised the importance of openness and transparency with regard to sharing learnings from the Review within the HSE, and also externally with State and non-State organisations in order to support and inform their future preparedness. It was agreed that the Review will; provide an understanding of what happened: why it happened: what the HSE have learned: and what actions are required to reduce the risk of recurrence. The Review will take consideration of the people, the processes and the technology and the HSE will learn lessons for the future.

The Board agreed the learnings from the Review should identify where they fit in the organisation, and the implementation of recommendations will be carried out in a timely manner and measured to ensure success. The Chair concluded with emphasising that that the Review will be carried out independently.

The Board also discussed aspects of the cyber-attack separate to the Review, such as the decryption key and the financial implications associated with the attack, and agreed to further this discussion with EMT present.

The Chair also briefed the Board on his meeting with the Minister on 11 May which primarily focused on the delivery on the performance of the HSE in 2020 and in the first quarter of 2021.

2. Committees Update

The ARC Committee Vice Chair provided an update to the Board on the ARC meetings held on the 10 May and 21 May, noting that several items that were on the agendas of these meetings would be covered in more detail during the Board meeting.

He noted that the meeting of the 10 May was primarily focusing on the National Maternity Hospital and the meeting held on 21 May focused on the: Annual Financial Statements (AFS), Statement of Internal Control (SIC), Chairpersons Comprehensive Report to the Minister, self-assessment on procurement compliance and the KPMG PPE Audit which will also be discussed later on the Board meeting agenda. The Vice Chair also noted following the ARC meeting on the 21 May that he, the CFO and ACFO had met with the C&AG to discuss the accounts.

It was noted that planned monthly meetings of the other Board Committees had to be rescheduled due to the Cyber Attack.

3. CEO Report

Cyber Security Incident Update

The CEO advised the Cyber Attack Incident Review Team (CSIRT) has made very good progress since the last update provided to the Board on 21 May 2021. Initially the focus had been on the “assessment” phase however the previous 48 hours this has moved into the “recovery” phase. He informed the Board the Crisis Management Centre is now operating out of the Citywest facility and noted the great support from the defence forces. He took the opportunity to thank and acknowledge Board member Tim Hynes for all his support over the last week and in particular for arranging an interim Crisis Management Hub.

The CEO confirmed that the priority now is to bring back key patient care systems in line with clinical priority and to keep patients safe while maintaining essential care and support services. Progress continues to be made in some hospitals on restoring IT systems and some sites now have access to radiology, NIMIS, laboratories and their patient administration systems. He highlighted however, that this is uneven across the country and there will continue to be levels of disruption.

He also briefed the Board on the High Court injunction that was sought and secured, which has the effect of restraining any sharing, processing, selling or publishing of data stolen from the HSE’s ICT systems and advised to date, there is no indications of data being shared.

The CCO advised the cyber-attack has led to an abrupt disruption of communication between teams within and across hospitals, and between hospitals and community facilities. Healthcare pathways, which depend on diagnostics and patient information systems, are slower or not working and are requiring manual workarounds and multiple checks to avoid error. This has resulted in significant reduced capacity; particularly in diagnostics and in all services supported by diagnostics.

The CCO clearly highlighted that there are considerable risks in the delivery of healthcare which is now dependent on manual workaround and checks. The cyber-attack has impaired access to patient records, information management systems and timely accurate diagnostic tests. This creates a risk to patients as a result of inadvertent clinical error, delayed diagnosis and delayed treatment and while every effort is being made to ensure multiple checks the HSE needs to be aware that there may be human error.

The Board acknowledged the pressure and stress healthcare staff are facing with essential services which are taking much longer to operate than usual, using manual processes, increasing turnaround times for patients in the HSE’s care and the risk it carries. The CCO informed the Board work was undertaken with the State Claims Agency (SCA) to help identify the clinical risks and the SCA provided a letter which acknowledged the risks healthcare workers are facing. It was agreed to circulate this correspondence to

the Board. The Board discussed the risk management process and accountability going forward highlighting the need to ensure work streams have the right people and resources delivering the appropriate services.

In relation to other activities the CEO noted that phase 1 of the Q1 review has been completed and informed the Board that the forward-looking phase 2 of the Q1 review was intended to be completed by the end of May but this has been interrupted and will be delayed as a result of the cyber-attack. He highlighted that following the preliminary review of Q1 performance, an interim decision has been made to re-profile €83m of budget and apply this to the Q1 draft financial results. The CEO also briefed the Board on correspondence that has been sent to the Secretary General in the Department of Health with regards to initial costing and budget requirements needed to address the cyber-attack. The Board discussed payroll finance systems with the CFO who advised Payroll obligations were met for week ending 21 May 2021 and they are satisfied payroll finance systems are being prioritised. He informed the Board that the priority is now on pension payments but is confident that they will be delivered on time.

The CEO also briefed the Board on aspects within the CEO report such as recruitment, noting recruitment campaigns are progressing with external agencies only as internal HSE recruitment has been impacted by the cyber-attack. He assured the Board vaccinator recruitment continues to be prioritised. He advised the vaccination programme is also progressing and the HSE is continuing to see positive outcomes for those people vaccinated with reductions in mortality, outbreaks and disease prevalence amongst those vaccinated. He informed the Board another re-planning exercise is concluding based on recent NIAC advice. This included new advice on the use of Astra Zeneca and Janssen and a pregnancy pathway. There is significant planning required as there is a significant impact on the future use of Astra Zeneca and Janssen and the Board discussed the involvement of GPs and Pharmacies in delivering the vaccines. The CEO acknowledged the role and support of both GP's and Pharmacists have provided during the pandemic.

In response to Board questions on the prioritisation of the vaccination rollout for people in third level education, the CEO advised that is a policy decision and noted due to supply, the Q3 vaccination schedule is not yet finalised. The National Lead on the Vaccination Programme assured the Board uptake remains strong overall for the vaccination programme for those age groups receiving dose one with 98% for those aged 85 and older, 97% for ages 70 to 85 years and 88% for ages 60 to 69 years. The Board highlighted the potential need for COVID-19 top up vaccines and questioned if they can be incorporated into the flu vaccine rollout.

The Board thanked the CEO for an informative update and engaged in a discussion on aspects of the Report. The Board discussed the re prioritisation of care following the cyber-attack and the role of private hospitals. The CEO advised private hospitals will play a key role for us going forward and there is an appropriate procurement agreement in place. The CEO informed the Board the Office of the CCO, working with the COO has established an integrated Clinical and Operational Risk Subgroup of the Conti National Crisis Management Team which will address the patient safety impact of the cyber-attack, the Board suggested the voice of a patient safety advocate could be beneficial to the Subgroup, the CCO noted as of now, the Subgroup is focused on the emergency response focused on clinical risk.

The Board discussed the test and trace systems, the National Lead for Test and Trace advised due to recent events, all static sites are currently operating in a walk-in capacity as there are no GP referrals taking place. A cross functional team are currently undertaking User Acceptance Testing (UAT) for the online self-referral portal. Development is underway to build a portal to allow travellers due to arrive in the country book a test between days 5 and 7 of arrival. In response to queries on antigen tests she advised operational planning is underway, and the project team has developed a Guidance document, Training programme and other related templates and resources to support the Antigen testing pathway for educational facilities.

The Board recognised the immense hard work completed by staff across all areas of the organisation and discussed the need for supports to be in place to support staff to cope with the workload and stress and suggested the CEO should look into ways to publicly portray the HSE's pride in its staff. The CEO thanked the Board for their concern and advised there is a supportive environment and that occupational health teams who are providing support to teams on the ground and around the organisation.

HSE Corporate Centre Review

The CEO provided a presentation to the Board on the HSE Corporate Centre Review setting out the target structure, transition structure, Healthcare Strategy, Integrated Operations, and Clinical Target Design and informed the Board on the timeline of the implementation noting the next steps will involve meeting with EMT to close out the final design and mapping questions, meetings with Assistant National Directors to confirm roles, followed by business readiness activities, to support transition of staff and teams into the new structure.

The Board welcomed the direction of travel of the Review and emphasised the need to align these changes with Sláintecare. They also highlighted the importance of developing a Chief Risk Officer role further following the recent cyber incident. The Board also suggested that the document should capture

and reflect the work of the Board Secretariat.

4. Annual Financial Statements

An outline of the position on the Annual Financial Statements was provided by CFO and the Board were briefed on the requirement for the adoption of the Annual Financial Statements (AFS) in accordance with the requirements of S36 of the Health Act 2004. S36 of the Health Act requires the AFS to be adopted by the Board on or before the 1st April annually. Once these are adopted and signed by the Chairperson on behalf of the Board they are then submitted to the Minister for Health and to the Comptroller and Auditor General for formal audit. The HSE Board adopted the Annual Financial Statements (AFS) in accordance with the requirements of S36 of the Health Act 2004 on 26 March 2021. The HSE Board were advised that the audit of these draft financial statements was not completed and that final audited financial statements would be brought to the Board for final review and re-adoption. In presenting the update the CFO noted that the audit had identified five matters of emphasis that would be recorded on the cert, these were in relation to Covid 19, cyber, payroll fraud and procurement.

The Board proceeded with their re-adoption of the AFS and related documents on the grounds that they have been recommended by the Audit & Risk Committee as confirmed by the Committee Vice Chair, and nominated the Chairperson and the CEO to be the signatory on these documents.

(Decision No:260521/ 23)

5. KPMG PPE Audit Report

Following correspondence from the Minister in 2020, requesting that the HSE conduct an audit of systems and controls in relation to the management and usage of PPE, the HSE engaged KPMG to undertake the Audit.

The approach taken by the audit team was to consider the design, and where appropriate, the operating effectiveness of the key control activities put in place to deliver the desired control objectives for sourcing, management and usage of PPE during 2020. The ARC Committee Vice Chair informed the Board that the ARC Committee has engaged in two meetings with KPMG on this audit. He advised that the view of the Committee is that the Audit and its learnings are welcomed.

The Board approved the submission of the audit to the Minister subject to minor typo edits the CSO will undertake. **(Decision no 260521/24)**

6. Co-Location of the National Maternity Hospital (NMH) on the St Vincent's University Hospital (SVUHG) Campus at Elm Park

The ARC Committee Vice Chair and the CSO introduced this item to the Board and the papers were taken as read. Following the ARC meeting on 21 May, the ARC requested legal advice from Senior Counsel to review the provisions of the Legal Framework and associated matters. It is intended to submit a paper on this to the HSE Board for consideration at its June meeting.


The ARC Committee Vice Chair reported to the Board that it is Departmental Policy to require co-location and noted there has been a long and complicated process, to develop a Legal Framework which seeks to support this co-location. He made reference to the Mulvey Agreement which proposed that the NMH services would be delivered on the SVUH campus through the establishment of a new company – The National Maternity Hospital at Elm Park Designated Activity Company (NMH DAC).

Members of the Board discussed matters in the proposed Legal Framework concerning ownership protecting the State's interest in the building and clinical governance within the hospital. The Board also discussed the risks associated with costs, timing, the establishment of the NMH DAC and highlighted the need to ensure that the new hospital meets service and patient needs.

The CSO briefed the Board on the establishment of a the new NMH DAC Board and the Board highlighted the importance of having a trusted relationship across all parties and stakeholders. The Board acknowledged the uncertainty and concerns associated with the situation and await further discussions in June.

7. AOB

The Chair thanked the Board members and the EMT and the meeting concluded at 13:15pm.

Signed: 

Ciarán Devane

Chairperson

Date: 25.06.21