



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

A meeting of the Board of the Health Service Executive was held on Wednesday 27th May 2020 at 11am by teleconference.

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

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Anne O’Connor (COO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Niamh O’ Beirne, Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

1. Governance and Administration

The Chairperson, Ciarán Devane welcomed members to the meeting. At the start of the meeting the Board meet in the absence of management. The Agenda for the meeting was agreed. The Minutes of Board meeting held on the 24th April 2020 were approved and minutes of Special COVID-19 Board meetings held on the 20th and 22nd May 2020 were approved subject to a correction to the starting time of the meeting on 22nd May 2020.

The Chairperson updated the Board on the issues discussed at the weekly meeting with the Minister earlier that day noting that the decision on the Private Hospitals agreement is due to be considered by Cabinet on Friday 24th May 2020.

No conflicts of interest were declared.

2. Board Annual Performance Review Process

The Chairperson noted the annual Board evaluation procession is being arranged as the Board is shortly approaching the end of its first year. Members discussed the approach to the review and

agreed that external support will be used to support the Board in this process. The Board communications policy was mentioned for consideration at the next meeting.

CEO and EMT Members joined the meeting at 11.45am.

3. Chief Executive Officers Update COVID-19

The CEO presented his monthly report to the Board setting out the progress in responding to and emerging from the COVID-19 pandemic and the approach for the coming months based on trends in the progression of the disease, healthcare capacity and resilience, testing and tracing capacity, and care for at risk groups in residential settings and other vulnerable groups.

He emphasised that moving between stages in the roadmap for easing restrictions requires confidence and the healthcare system has the capacity to respond quickly to any new surge or changed pattern of transmission. In managing this capacity, the HSE has the dual challenge of maintaining surge capacity, meanwhile delivering non-COVID-19 care in a newly organised infection prevention and control environment.

The CEO noted that overall bed occupancy is increasing while COVID-19 related bed occupancy is falling, demonstrating an increase in non-COVID-19 admissions. He also highlighted the proportion of ICU beds occupied by patients with confirmed or suspected COVID-19 cases is decreasing, and non-COVID-19 cases are increasing. This indicates a return of non-COVID-19 ICU activity and the Board noted that it is important that focus is kept on this element and is monitored.

In response to questions on the operation of the agreement with private hospitals, the CEO confirmed that Hospital Groups are working with private hospitals to optimise the use of private hospital capacity and will continue to be guided by NPHE and HSE clinical guidance on this matter. The NTPF is also playing an active role in assisting the HSE to profile the best utilisation of the private hospital capacity, having regard to waiting list data. He noted the HSE position on the future operation of the agreement had been submitted to the Department on Friday 22nd May 2020 following the Board meeting and a Government decision is expected shortly.

The Board requested an update on the progress being made to achieve the targets set in the Testing and Contact Tracing Plan particularly the targets set to deliver 90% of tests from start to finish within 3 days. The CEO confirmed there now is capacity to process over 100,000 tests per week, across the end-

to-end swabbing, laboratory and contract tracing infrastructure. The median turnaround time is now 2.3 days. In a hospital setting the end to end turnaround time is 1.4 days. In the community, the median end to end turnaround is now 3.2 days. Overall 83% of tests are now being turned around within 3 days end to end. 95% of tests performed in hospital labs are now completed and contact tracing complete within the 3-day target. These are inpatients, outpatients, HCWs and a small proportion of swabs taken in the community. 71% of tests performed in the community are now processed end to end within 3 days. This represents significant progress and work is underway to apply further enhancements to the process to meet targets in the coming weeks.

The Board highlighted the importance of sustainable trained up laboratory staff going forward and the appropriate lab infrastructure in the future and noted the opportunity to develop lab capability on the whole island, potentially through public private partnerships to avoid sending specimens overseas in relation to testing, beyond COVID-19.

The CEO said a long-term capacity plan for testing and tracing is under development to ensure sustainable capacity for the coming 6 to 12 months and provide a model for future pandemics. The National Clinical Director for Health Protection, Dr Lorraine Doherty is developing a paper outlining a strategic approach to testing, including mass testing for the consideration of NPHE. The CEO noted that this will be a significant additional cost on the HSE, and he is engaging with the Department of Health in that regard.

The Board discussed the lessons to be taken from residential care facilities where vulnerable residents are more susceptible to adverse outcomes from their infections and if there were any other vulnerable care settings that required additional supports. The CCO advised the pattern of this virus has shown that certain groups are at greater risk of contracting the virus and experiencing more severe outcomes. This is due to the difficulty of maintaining infection prevention and control in congregated living settings and the underlying health frailty of many residents. The CEO confirmed that from the outset of the HSE response to COVID-19 there has been a focus on supporting residential care settings. Supports are coordinated through regional Public Health Departments outbreak control teams, integrated with Area Crisis Management Teams in each CHO. Since early May, the intensity of supports being provided has reduced as more facilities are stabilised following intervention. The HSE is especially mindful of those who are most vulnerable to a resurgence in cases and will ensure that services are in place to protect and respond as necessary.

The Board also sought details from the mass testing process of the positive testing results for the public nursing homes managed directly by HSE. The CEO advised this detail was not recorded at the outset of testing process, but he would examine if it can be compiled.

The Board considered the difficulty of maintaining infection prevention and control in congregated living and the need for a move away from these settings to an emphasis on community care at home going forward, which is currently a neglected area and the opportunity for funding mechanisms to allow differential facilities for dementia care for patients where home care may not be suitable. The CEO agreed with the points raised.

The Board noted the Minister had established a COVID-19 Nursing Home Expert Panel to examine national and international measures in response to COVID-19, as well as emerging best practice to ensure all COVID-19 response measures are prepared for, considering the expected ongoing COVID-19 risk and impact for nursing homes over the next 6-18 months. The benefit of the inclusion of the voices of those impacted by nursing homes, namely the residents and their families, on the panel was mentioned, while noting this was outside of the HSE.

In relation to questions on the best use of resources and the Government decision to offer the flu vaccine free of charge to children over other cohorts, the CEO noted offering the flu vaccine to children was under consideration prior to COVID-19, the purpose being to reduce the active reservoir of the flu amongst children, thus reduce the prevalence of the flu in community settings.

The CEO updated the Board on the review of the circumstances which led to the delayed upload from the laboratory at the Mater Hospital to CIDR that had occurred since 13th March 2020. The CEO assured the Mater Hospital had met the public health obligations regarding contact tracing, noting however there was an issue with the names and addresses of each test which were not sent to the laboratories. The full information will now be sent to the laboratories. A further update will be provided to the Board once the review is completed.

The CEO also informed the Board that the practice of informing employers of employees' COVID-19 test results prior to discussing with the employee has been suspended temporarily to allow a review. This practice had occurred in circumstances where it was not possible to contact the employee in advance. The matter is currently under discussion with the Data Protection Commissioner and legal advice has been sought because Consultants in Public Health Medicine, as Medical Officers of Health under Infectious Diseases Regulations 1981, are required to take such steps as are necessary for

preventing the spread of infection of notifiable diseases. The HSE is seeking to reconcile these two responsibilities under data protection and the infectious diseases regulations.

Following the consideration of the CEO report the Board acknowledged the considerable resilience the CEO, the EMT and front-line workers have demonstrated since January 2020 to meet the challenges faced since the onset of this pandemic and emphasised the importance of ensuring appropriate balance and sustainability in relation to the staff working so hard. The CEO advised this is a high priority and is something he and EMT have been very mindful of through the crisis.

Oireachtas Special Committee

The CEO updated the Board on his attendance at the Oireachtas Special Committee on COVID-19 on 19th May 2020 and noted a meeting of that Oireachtas Committee is scheduled for Tuesday 30th June 2020 to discuss the arrangement with Private hospitals.

Finance

The CFO reported to the Board on the summary Finance Report YTD March 2020. He confirmed the March month end is the first view of the initial financial effect of the COVID-19 planned responses on the overall financial outlook. A weekly COVID-19 flash report has been produced to assist in providing an early insight into key COVID-19 expenditure areas. He noted financial challenges on COVID-19 expenses and non COVID-19 services. The CFO engaged internally with service colleagues around understanding the costs associated with the activities that have happened in March 2020. Of the total COVID-19 spend in March, Acute Operations represents €9.1m, Community services €6.1m, Support Services Procurement €38.1m and PCRS of €14.6m substantially representing the remaining spend.

The CFO confirmed that maintaining fundamental approval controls and robust cost tracking, including core monthly financial reporting, albeit cognisant of the current exceptional circumstances, will be essential as we move through this crisis in 2020. The scale of the demands on the overall economy due to COVID-19 in 2020 indicates that 2021 is likely to be a difficult financial year for the public sector and the economy generally.

4. Non COVID-19 Related Services and Related Matters

The CSO presented the paper on the Recovery Planning and Transformation process. A single, overarching Recovery Planning and Transformation process has been established to ensure the HSE

capitalises on the best of the clinical, cultural, information and technological changes that are happening as part of the HSE's response to transition to a new steady state. The Recovery Planning and Transformation process will include the development of a post-recovery vision for the organisation, consideration of the operational and service changes that have been made in response to COVID-19 that should now be mainstreamed, and the identification of the actions required to maximise preparedness for any future pandemic.

The CSO briefed the Board on the priorities outlined in the paper that have been proposed to re-establish non- COVID-19 services. The board discussed and welcomed the transformational priorities - to capitalise on the learnings and opportunities from the COVID-19 crisis to progress key priorities for service reform and integrated care across acute and community services including; Building community services to maintain people at home, introducing a new service model for residential care/nursing homes/intermediate and short stay care, addressing long outpatient waiting times, increasing critical care bed capacity to meet recommended levels and ensure that capacity is in the right locations, integrated information service - developing a sustainable information service for the HSE, and eHealth technology and infrastructure - consideration of the eHealth, technology and infrastructure changes made in response to COVID-19 and how to proceed in the context of wider recovery planning priorities.

The Board noted the governance approach for this work programme as follows:

- The Recovery Planning and Transformation process will be owned by the EMT, co-ordinated and facilitated on the EMT's behalf by the CSO.
- The individual streams of work which arise out of the planning will be progressed and led by relevant EMT members.
- The Recovery and Transformation streams of work will report to the EMT and through the EMT to the Board.

A programmatic approach will be adopted in terms of risk management identification and mitigation; progress monitoring and reporting; issues and challenges identification; dependencies etc. using robust procedures and reporting templates.

A Board Working Group, chaired by Professor Deirdre Madden, has been established to guide and support the Recovery Planning and Transformation Process.

Progressing Corporate Processes

The CSO noted a timeline of July 2020 has been proposed in correspondence from the Minister. The preliminary Corporate Planning priorities and goals developed over the period September 2019 to February 2020 reflected the output of extensive engagement and consultation. However, the COVID-19 pandemic has introduced considerable uncertainty to the planning environment and much work is required to ascertain the full implications of the pandemic in the context of previous transformation priorities- delivering accessible, safe, affordable, sustainable health and social care services that meets with the expectations of those who require services.

This work will take some time and will involve significant interactions with the Department of Health and other significant stakeholders. In this context, Board members were asked to consider the next steps relating to the submission of a three- year Corporate Plan, including the nature of the document and its submission date. Two options have been provided to the Board for consideration: the first (by end of July 2020) allows approximately 5-6 weeks of writing and planning time; the second (by September 2020) allows a further 8-9 weeks writing and planning time.

The CEO recommended option two as the HSE would be in a stronger position by the end of July regarding non COVID-19 service delivery and would have a better input for the corporate plan as currently resources are limited due to staff redeployment, thus September is a more realistic option.

The Board considered the advantages and disadvantages of the two options provided and approved end September 2020 as the timeline for the finalisation of the Corporate Plan. The Board emphasised the need to continue to engage with the Department during this time and requested a draft corporate plan be available for Board consideration at end July 2020. The Performance and Delivery Committee will continue to work with CSO on the development of the strategic objectives and service priorities for the Corporate Plan.

Correspondence from Minister (11th May 2020)

The draft response circulated prior to the meeting was noted. The Board agreed that the key points in the Ministers letter required further consideration from the Boards perspective, noting Board members had provided feedback on the draft to the Chairman. Board members will discuss the contents of the Minister's letter at a forthcoming meeting.

5. Committees Update

Audit and Risk

The Deputy ARC Chair provided a verbal overview of their meeting on Friday 15th of May. Controls rating, environment and risk processes improvement were discussed. There was also a risk management workshop with P. Lynch. Issues such as financial reporting, expenditure trackers, the private hospital agreement, section 39 organizations, nursing homes and the financial position with the Children's Hospital were addressed.

Next meeting arranged for the 12th June with a focus on the risk register.

Safety and Quality

The Chair provided a verbal update on the meeting from 21st May 2020. There was discussion with the CCO regarding the resumption of non COVID-19 services and the need for caution with asymptomatic transmission plus the resumption of cancer screening services and the need for clear communication to the public. A paper on quality during a pandemic and the resumption of non COVID-19 quality data was also presented

Next Meeting: 17th June, with a focus on risk management and a further update on COVID-19 and non COVID-19 services.

Performance and Delivery

The Chair provided a verbal update from the meeting from 22nd May 2020 which addressed corporate governance, a workplan approach to the corporate plan, an update on ICT strategy e-health operations and the potential to revisit the National Service Plan.

Next Meeting: Friday 19th June, with a focus on the further development of the HSE Dash Board and ICT Strategy.

People and Culture

Next Meeting: Friday 12th June.

6. Any Other Business

The Chair thanked attendees for their time and the meeting concluded at 2.50 pm.

Signed: Ciarán Devane

Ciarán Devane

Chairperson

Date: 26th June 2020