



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Friday 27th November 2020

A meeting of the Board of the Health Service Executive was held on Friday 27th November 2020 at 10am by video conference.

Present: Ciarán Devane (Chairperson), Deirdre Madden (Deputy Chairperson), Aogán Ó Fearghaíl, Brendan Lenihan, Fergus O’Kelly, Fergus Finlay (*left meeting 1.30 pm*), 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), David Leech (ND Communications), Fran Thompson (ND ICT), Niamh O’ Beirne (National Lead Testing and Tracing), Anne-Marie Hoey (ND HR), Anne O’Connor (COO), John Kelly (Corporate Affairs), Geraldine Smith (ND Internal Audit), Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the meeting: Dr Tony Holohan (Chief Medical Officer) and Prof Philip Nolan (NPHET), Jim Curran (ND Head of Estates), Justine McCarthy (EY), Sean Breslin, Helen Coughlan.

1. NPHET Covid 19 Modelling

The Chairperson welcomed Dr Tony Holohan and Professor Nolan who were invited by the Board to discuss the NPHET modelling analysis on COVID-19. Dr Holohan provided an overview of the current situation on weekly cases, the numbers in hospital and intensive care, daily confirmed cases, 14-day cumulative incidence, 7-day average positivity rates, 7-day incidence rates per 100,000 and across different age groups, and the EU trajectory. Dr Holohan also provided a situational analysis noting we have made great progress over five weeks with significant suppression of viral transmission and daily case counts appear to be falling again. He advised however there is persistent and delayed incidence in healthcare workers and outbreaks, numbers in hospital and intensive care, and deaths per day are not decreasing. There is a persistently high incidence in older persons, measures of mobility are in

general higher than April 2020, but models still estimate lower cases per day by 9 December if current trends continue.

Professor Nolan presented an update of the NPHEt modelling work outlining the growth rate for case numbers, close contacts growth rate, estimates of effective reproduction number, and our overall achievements over the last 6 weeks. Based on modelling carried out to date Professor Nolan presented a modelling analysis of the reproduction number associated with different levels, such as Level 5 appears to be associated with R of 0.6 – 0.9. Professor Nolan noted if the R number exceeds 1.2 and / or there is a significant Christmas surge, there is a possibility that cases could exceed 400 in early to mid-January 2021.

The Board thanked Dr Holohan and Professor Nolan for an insightful and informative presentation. The Board discussed the current COVID-19 figures in the context of the need for the health services to be prepared for a potential surge when level 5 restrictions are lifted noting in particular the positive engagement demonstrated and shown by the public to date. Both Dr Holohan and Professor Nolan echoed the importance of managing effective communications with the public. In response to comments from Board members the following issues were discussed with Dr Holohan and Professor Nolan. PPE, COVID-19 in healthcare workers and settings, the successful preparedness for schools reopening and the ongoing management within schools, cases in the North of Ireland, social distancing within community healthcare settings and innovation in the delivery of health services such as successful remote GP services, and low level of flu to date, Dr Holohan suggested that this may be due to people availing of the flu vaccine and complying with social distancing.

The Chairperson, on behalf of the Board sincerely thanked both Dr Holohan and Professor Nolan for the ongoing work members of NPHEt have been and are continuing to do to manage and prevent the spread of COVID-19 in order to protect the population.

2. Governance and Administration

No conflicts of interest were declared. Other items deferred to be considered at the end of the meeting.

3. Chief Executive Officers Update

3.1 CEO Monthly Report

The CEO presented his monthly report 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.

Finance

The CEO advised to the end of September, the total variance against budget is €1.705 billion / 13.5% including any once off effect of a net 2019 1st surplus of €56.8 million. This includes total identified COVID-19 expenditure and impacts of €1.988 billion. Taking account of any expenditure or income loss currently identified by services as COVID-19 related i.e. €1.988 billion, the HSE monthly reports are showing a surplus of €240.4 million / 1.9% against our original NSP 2020 YTD budget, or €283 million / 2.2% when the YTD effect of the 1st Surplus from 2019 is reflected.

The Board considered the operational performance metrics for the September 2020 reporting cycle. The key performance considerations were discussed as follows:

Scheduled Care

The CEO noted 68,146 adults are on the in-patient and day case waiting lists which is an increase from the same period last year. 612,083 patients are on the outpatient waiting list. Year to date 59.2% of patients are waiting less than 52 weeks versus target of 80%.

Cancer Services

The CEO advised the roll-out of the GP Referral tool for breast cancer services is also progressing with the assistance of Office of the CIO and is due to be implemented in January 2021. Regarding Cervical Check the phased restart of screening is progressing, as planned, to calling people whose screening invitations for routine screening in 2020 were delayed due to COVID-19. Activity is expected to be in-line with targets by March 2021.

Primary Care Therapies

Following concerns raised regarding low targets of Primary Care Therapies (Speech and Language Therapy access within 52 weeks is at 81.6% compared to a target of 100%.; Physiotherapy access within 52 weeks is at 81.8% compared to a target of 94%; Occupational Therapy access within 52 weeks is at 61.1% compared to a target of 95%; Psychology access within 52 weeks is at 52.9% compared to a target of 81%) the COO advised these existed pre COVID-19 and remain a challenge going forward.

Disabilities

In response to questions on meeting the needs of disability services, the COO advised it is a key priority and work is ongoing to meet the demand. The COO said early prevention will lead to less emerging cases and the secured funding of €7.5 million from the Sláintecare reform will address the backlog.

Nursing Home Expert Panel Report

Board members requested an update on the implementation of this report. The CEO noted the report contains a range of recommendations, in line with the lessons learned to date and international best practice aimed at safeguarding the residents in nursing homes over the next 12-18 months and into the longer term. There are 86 recommendations, of which 68 involve the HSE as the accountable body in total. The CEO advised many of these 68 recommendations (85%) have already commenced or form part of HSE plans for the immediate future. Five workstreams have been established to drive implementation of these recommendations across the HSE. A Steering Group chaired by the COO is in place to ensure that the HSE fully implements the recommendations.

COVID-19 Long Term Residential Settings Outbreak Management

The Board considered with the CEO the arrangements the HSE has made to provide a range of services and items to support Nursing Homes, primarily through Specialist Public Health and IPC advice and support, provision of PPE, accommodation, and the Temporary Assistance Scheme for private nursing homes. These supports are primarily managed through the network of COVID-19 Response Teams (CRTs) across the nine Community Health Organisations, with a focus on private facilities. The CEO noted the outbreak in a Kerry facility and advised that the HSE is working with families and residents are being relocated. He noted serial testing across Nursing Homes continues to work as a successful early warning system.

National Cancer Control Programme

The CEO advised that while there was a marked reduction in electronic referrals from GPs to the Rapid Access Clinics particularly in April this year the current indications are that GP referrals have mostly returned to normal levels and that extensive efforts to mitigate the effects of the COVID-19 pandemic on cancer diagnosis are underway. Rapid Access Clinics have been adapted to minimise the risk of transmission of COVID-19 and ensure that high risk patients are prioritised.

Testing and Tracing- Capacity Building

The Board were briefed on the performance on all core metrics of testing and tracing. Recruitment for the testing and tracing is continuing for operational roles in swabbing and contact tracing. A Chief Operations Officer has been appointed and will commence in post on 23 November 2020. By 1st December the HSE will have in excess of 700 dedicated contact tracing staff. The plan is to continue to grow this up to 800 WTE. Attrition from new staff is running at 17% and this is being factored into hiring requirements. It is proposed that all frontline staff redeployed to tracing will return to their substantive roles by December, assuming the organisation remains on track with recruitment.

Board members questioned the timings of reaching the target 800 WTE and getting redeployed staff back to their substantive roles. The CEO advised they are recruiting 7 days a week to achieve this target, and the exact numbers are currently being finalised. Board members also sought clarification on the organisation's preparedness for the worst-case scenario of COVID-19 outbreaks following the Christmas period. N. O' Beirne advised currently the system has capacity to test 20 thousand tests per day and work is continuing to build up to 25 thousand a day. She also provided an update on the new lab currently being built which will speed up the swabbing process, and a new technology has also been developed if needed, which will allow close contacts to refer themselves for a test.

National Maternity Hospital Development at St. Vincent's University Hospital

The Board discussed the legal arrangements for the development of the National Maternity Hospital (NMH) at St. Vincent's University Hospital (SVUH) campus. The CSO advised the Final Business Case has been prepared in support of the project. On 26 June 2020, the FBC was approved by the National Maternity Hospital to St Vincent's University Hospital Project Board for submission to the HSE for consideration and approval. The FBC is currently under active consideration within the HSE prior to formal submission and sign-off by EMT, ARC and the HSE Board.

Restrictions on Visitors and Family Accompanying Patients in a COVID-19 Environment

Board members raised the restrictions on visitors and family accompanying patients in residential and hospital settings highlighting family members often contribute to the care of the patient. The CEO noted the concept of critical and compassionate grounds has been defined broadly and it is emphasised that critical and compassionate grounds is not limited to visiting people who are close to end of life. There is an ongoing process of review of the guidance documents with key stakeholders.

Private Hospitals Update

The CEO advised discussions are ongoing with private hospitals seeking to confirm a commitment to a Safety Net 2 arrangement noting this remains challenging.

Board members requested an update from the CEO on the 'Jack Case'. The CEO advised he has met the CEO of Tusla and participated in a workshop session. The CEO advised the Ombudsman was satisfied that they are working to strengthen their relationship.

3.1.1 COVID -19 Vaccination

The Board were briefed on the COVID-19 National Vaccination Implementation Programme. The CEO advised significant work has been ongoing in HSE and across government departments/agencies to

develop a COVID-19 Immunisation Programme.

A High-Level Taskforce on COVID-19 Vaccination (the “Task Force”) under the leadership of Professor Brian Mac Craith was established by An Taoiseach. Prior to the establishment of the Taskforce a number of existing groups and committees were convened to address issues concerning COVID-19 vaccination: the Department of Health COVID-19 Immunisation Strategy Group, chaired by the Fergal Goodman (Asst. Secretary Health Protection Division); The National Immunisation Advisory Committee that sits within the Royal College of Physicians of Ireland and; The HSE established a COVID-19 Immunisation Programme Implementation Team, chaired by the National Clinical Lead Health Protection. The decision to create the Task Force resulted in some changes made to the governance structure of the COVID-19 Immunisation Programme Implementation Team as initially constituted by the HSE. This Team will now be referred to as the Immunisation Working Group, which will be co-chaired by clinical and operational leads.

In response to questions from Board members regarding the arrangements for the distribution of the vaccine and prioritisation of population groups the CEO advised these will be addressed within the four workstreams being led by the HSE - the Immunisation Working Group: Vaccine Supply and Chain Logistics; Vaccination Process and Workforce; Surveillance Monitoring and Reporting and; Enabling Technology and Information.

The CEO noted all projects carry a level of risk and there are a number of key steps to ensure success: Establishing a vaccination sequencing programme; Providing dedicated resources to lead work streams; Developing a fully resourced operational delivery model for vaccine roll out; A clear public communication strategy and; Implementing an interim ICT solution to provide the full functionality necessary to deliver the programme e.g. scheduling, registration, tracking and surveillance.

The HSE will have to develop plans and invest in: Supply chain and logistics; IT and Information System to enable tracking, monitoring and evaluation of vaccine roll out; Resources to enable safety of vaccine administration and; Education and guidance for staff and public.

S. Breslin provided a high-level overview of the current position on Advance Purchase Agreements through the EU and discussed the potential vaccines manufacturers dosage, storage, IE allocation and earliest potential delivery.

Following questions from Board members regarding equal EU allocation of the vaccines and if more than one vaccine will be distributed in Ireland, the CEO advised the allocation for Ireland will be 1.1% of each

manufacturers dosage as Ireland represents 1.1% of the EU procurement group and noted there could be more than one vaccine distributed at a time. Board members highlighted potential liability surrounding vaccines on indemnity issues. The CEO informed the Board the State Claims Agency are involved in the process and the HSE will work collaboratively with the High-level Task Force, DoH and across Government to overcome the considerable challenges that lie ahead. The Board discussed the risks and challenges regarding the uptake of vaccines and distributions emphasising the importance of public confidence to ensure effective uptake. The CEO advised the HSE will build on the learning from the influenza vaccine programme to inform the COVID-19 immunisation implementation.

4. Agenda Items

4.1 Cyber Security

The CIO provided a presentation on Cyber Security to the Board.

Questions were raised on the ability for the existing cyber security system to cope with the new roll out over the next year, the CIO advised it will remain a challenge which will require additional security.

Board members acknowledged the risk of business ownership when it comes to cyber security attacks such as user access controls. Board members questioned variation in software platforms across the organisation. H. Coughlan acknowledged the challenge with transitioning devices from Windows 7 to Windows 10 software, especially during COVID-19. Board members thanked the CIO and H. Coughlan for an informative overview of a very important issue.

4.2 Reporting

The CEO introduced this item to the Board and advised the development of the HSE Board Strategic Scorecard is now being progressed as a key priority. The CEO explained it has been brought to the Board's attention for information purposes today to outline the approach and show what reporting might look like and support the request for the monthly report to the Minister as outlined in the Letter of Determination. The CEO welcomed feedback which will be included in the next iteration of the Scorecard.

4.2.1 Board Strategic Scorecard

The CSO provided a presentation on the development of the HSE Board Strategic Scorecard which will provide a monthly report to the Board with the necessary information on progress against key Programmes/Priorities and to minimize duplication of effort in collating reports for Board/DoH/Management. He noted the content is still evolving and provided a high-level overview of what the report will look like to report on key programmes and priorities linked to Letter of

Determination /National Service Plan, Corporate Plan etc.

The Board welcomed the work underway to ensure it will have a timely flow of quality information and emphasised that this reporting should include “assurances” and not simply reporting historical activity but “assurances onpreparedness” in relation to a whole range of items and on the delivery of a number of strategies as identified by the Minister in the Letter of Determination. Board members provided feedback to the CSO, noting the reporting should include more people metrics to track the expansion of the workforce, performance ratings, and KPIs with alternative ways to measure success when KPIs are non-applicable, timelines.

F. Ross, who had agreed to take the lead for the Board on development of the scorecard, will liaise directly with Board members to ensure their feedback is provided to the CSO for inclusion in further drafts. The CSO thanked the Board for their feedback.

4.2.2 Operational Service Report

The COO briefed the Board on the Operational Services Report which has been developed under the auspices of the Performance and Delivery Committee. The Committee agreed at its October meeting to provide the Operational Services Report to the next Board meeting for information purposes. The Operational Services Report is the top line scorecard on organisational performance and will form an element of the overall Board Strategic Scorecard.

Reserved Functions of the Board

5.1 Contract Approvals

HSE Board approval was requested for four contract approvals and six property transactions 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.

Contract Award – Construction of 30-bed ward block and two operating theatres at Mercy University Hospital, Co. Cork

(Decision no: 271120/48).

Contract Award – Construction of 48 single bedroomed ward block and support accommodation at Mallow General Hospital, Mallow, Co. Cork

(Decision no. 271120/49).

Contract Award – Construction of 60 single bedroomed extension to the existing 50 bed Heather House CNU at St. Mary’s Health Campus, Gurrabraher, Co. Cork

(Decision no. 271120/50).

Contract Award – Construction of 112 bed ward block at the Mater Hospital, Co. Dublin.

(Decision No. 271120/51).

Granting of 10-year Lease to Daughters of Charity at (address provided), Co. Limerick

PRG Ref: MW/L/1020/1835 **(Decision No. 271120/52).**

Granting of 10-year Lease to Daughters of Charity at (address provided) Co. Limerick.

PRG Ref: MW/L/1020/1949 **(Decision Number: 271120/53).**

Disposal of (address provided) Co. Tipperary to Focus Ireland PRG Ref:

SE/D/1020/2461 **(Decision Number: 271120/54).**

Disposal of (address provided) Co. Waterford to Focus Ireland

PRG Ref: SE/D/1020/2462 **(Decision Number: 271120/55).**

Disposal of (address provided) Co. Waterford to Focus Ireland

PRG Ref: SE/D/1020/2463 **(Decision Number: 271120/56).**

Granting of two 10-year leases to Daughters of (address provided) Co. Tipperary.

PRG Ref: MW/L/1020/2465 **(Decision Number: 271120/57).**

As the Board was not in full quorum. Approval will be required from the absent Board members and will be reported at the next meeting.

2. Governance and Administration

The approval of the Board minutes on 21st October 2020 were deferred to the December meeting.

6 Committees Update

6.1 Audit and Risk Committee

Minutes from the Committee meeting held on 9 and 19 October 2020 as circulated were noted. The Vice Committee Chairperson provided a verbal update on issues considered at the meeting on 13 November 2020 including the PPE audit, a presentation on vaccines noting the system of controls, information flows and liability issues, financial reports regarding the Letter of Determination, internal controls, Capital, and the National Maternity Hospital which he would like to brief the Board on this in the near future. The Vice Committee Chairperson notified the Board on the joint ARC and Safety and Quality Committee Meeting that will address 5 COVID-19 risks on the existing risk register which will be reviewed by ARC on 11 December and extended the invite to the Committee Chairs and any other Board member that would like to attend.

6.2 Safety & Quality

Minutes from the Committee meeting held on 13 October 2020 as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 11 November 2020 including the report on the Irish Maternity Indicator System, Quality profile, ICU Audit, and the National Sepsis Program noting how important e-learning, public awareness, and the involvement of patients is to bring about behaviour change. The Committee noted that the Sepsis programme was very acute hospital orientated and did not take account of sepsis in nursing homes or the community. The Committee welcomed the recruitment of a GP lead for this programme and suggested that the model adopted in relation to raising awareness of sepsis could be considered for other programmes.

The Chairperson updated the Board on the implementation of the recommendations of the Price Report on Letterkenny University Hospital, and the 'Brandon' Report. The Chairperson also advised that she had reviewed changes made to the Annual Report on Open Disclosure following Board discussion and was satisfied that the Board's comments had been addressed.

6.3 Performance & Delivery

Minutes from the Committee meeting held on 18 September as circulated were noted. In the absence of the Chairperson, F. Ross and S. Mcloughlin provided a verbal update from the meeting on 23rd October 11th & 18th November 2020 in relation to the NSP 2021, the National Score Card, and advised the Committee raised questions on the revised estimates of targets which has gone back to EMT.

6.4 People and Culture

The Committee Chairperson briefed the Board on the Committee Dashboard and welcomed any feedback from Board members. The Chairperson advised the next People and Culture Committee meeting will take place on 4th December and will focus on training and education and recruitment. There

is also a plan to look at the current work plan and review the Committee's performance. The Committee Chairperson also notified the Board that Fiona Tierney will be resigning from the Committee.

7. AOB

Board members held their private session at the end of the meeting.

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

The meeting concluded at 16.30

Signed:



Ciarán Devane

Chairperson

Date: 18th Dec 2020