



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Minutes of HSE Board Meeting

Wednesday 28<sup>th</sup> April 2021

A meeting of the Board of the Health Service Executive was held on Wednesday 28<sup>th</sup> April at 09.00 am by video conference.

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

In Attendance for Board Meeting: Paul Reid (CEO), Colm Henry (CCO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Anne O’Connor (COO), Mark Brennock (ND Communications), Niamh O’ Beirne (National Lead Testing and Tracing), Damien McCallion (National Lead on Implementation of COVID-19 Vaccine), Fran Thompson (Chief Information Officer), Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the Meeting: Justine McCarthy (item 3.2), John Swords (item 4.1), Martin Curly (item 5.1).

### 1. Governance and Administration

The Chairperson welcomed members to the meeting. The agenda for the meeting was agreed.

No conflicts of interest were declared.

The minutes from the special Board Meeting of 16 March and monthly meeting of 26 March 2021 were approved.

The Chairperson informed the Board that Anne Carrigy has agreed to join the Safety and Quality Committee and Brendan Whelan has agreed to join the Performance and Delivery Committee and the People and Culture Committee. The Board also approved the appointment of Ms Jacqui Browne as an external member of the Safety and Quality Committee for a period of three years (**Decision no 280421/18**).

The Board noted the correspondence received from the Minister to the Chairperson that had been

circulated in the Board pack in relation to the National Service Plan 2021 Review dated 28<sup>th</sup> March, Introduction to the Sláintecare Consultant Contract dated 14<sup>th</sup> April and Future Model for Public Health Medicine in Ireland dated 21<sup>st</sup> April. Communications between the HSE and NIAC and the Programme for Government 2020 commitment for six Regional Health Areas and how this might affect the Corporate Centre Review programme was mentioned for discussion with the CEO later in the meeting.

## **2. Committees Update**

### **2.1 Audit and Risk**

Minutes from the Committee meeting held on 12 March as circulated were noted. The Vice Committee Chairperson provided a verbal update from two meetings that had been held in April. The Committees monthly meeting was held on the 9 April and the Vice Chair noted that it is an extremely busy time within the finance areas, the Committee received updates regarding IFMS and the Controls Framework Improvement programme which the Committee noted was a positive piece of work. The Committee discussed best internal practise and areas of capital such as the Children's hospital, National Maternity Hospital and Primary Care Centres noting that these areas will be discussed further at the Committees May meeting. The May meeting will also cover Protected Disclosure, Risk Management, Capital Programme updates, and a discussion on Activity Based Funding.

A special meeting was also held on April 22 which was attended by representatives from the C&AG. The C&AG presented an executive summary report which highlighted concerns with regards to the purchasing of PPE and a number of ventilators during the pandemic. It has now been agreed that a full report on this matter will be carried out and presented to the ARC. The Committee also held a discussion on concerns raised by Genuity Science (previously Genomics) that minutes of previous ARC meetings are not reflective of how Genuity conducts its research studies. It was agreed that Genuity would engage with the HSE to agree on a legal framework for engagement with hospitals that complies with Data Protection. The Committee confirmed the minutes published on the HSE website as an accurate reflection of the discussions at the meeting. The concerns of Genuity are to be noted by the Committee and documented in the minutes of the meeting at which these are discussed and, in the normal course, made available on the HSE website.

The Committee Vice Chair sought approval from the Board on the amendments to the Committees Terms of Reference. The Board approved the amended terms (**Decision no. 280421/19**).

### **2.2 Safety and Quality**

Minutes from the Committee meeting held on 16 March as circulated were noted. The Committee Chairperson provided a verbal update from the meeting on 20 April 2021 noting the CCO Report which

covered COVID-19 and non-COVID-19 services and an update on the vaccination programme. The Committee also discussed the Price Report's implementation at LUH gynaecology department, noting that the oversight report will be brought to the Committees May meeting. The Quality Profile data was presented to the Committee which touched on areas of concern such as attendees >75 years and over at ED and discharged within 24 hours, rapid access clinics, routine colonoscopy, hip fracture surgery, disability act compliance, delayed transfers of care and the MMR vaccine. It has been agreed that the Committee will attend and participate in a Workshop on the Quality Profile Report on May 13, the objective of the workshop is to work through with the Committee the quality profile indicators that are deemed relevant to support the Committee. The Committee received a briefing on Adult Safeguarding noting it is a key HSE patient safety priority and agreed they would consider adult safeguarding being incorporated into the Committees quality profile report. The Committee also received an update on the Disability Services Strategic Working Group in relation to the NIRP Report noting work is ongoing in this area and also received an update on the Report into the Disclosure of information relation to children with autism that aired on PrimeTime in March.

Dr P McKenna briefed the Committee on the on National Women and Infants Health Programme on the Therapeutic Hypothermia Report 2019 which is an important area in reducing cases of preventable Neonatal Encephalopathy which not only causes major trauma to the affected families but also costs the state. The Chair advised considering approximately 50% of cases of Neonatal Encephalopathy are preventable, if a percentage of the money that is paid out on claims was given to prevention it would significantly reduce the number of preventable cases. The Committee were concerned that there is a lack of reporting incidents on the NIMS system. The Board noted it is a requirement for all hospitals to report cases of Neonatal Encephalopathy. The COO assured the Board there is absolute clarity across the system on reporting such events and informed the Board some areas have underlying reporting issues on their systems and work is ongoing through NPOG to address this and the findings will be reported through the Performance and Delivery Committee.

Updates were also received on the Incident Management Framework, Open Disclosure, Confidential Recipient Report and an update from the Chair of the NIRP who assured the Committee she is happy with the process in place and levels of co-operation in relation to the NIRP Report and advised NIRP are in the process of completing three further reviews.

The Board thanked the Chairperson for an informative overview and discussed the South Kerry CAMHS Incident in the CEO Report, the CCO agreed to provide an update on this in his report to the Committee in May.

### **2.3 Performance and Delivery**

Minutes from the Committee meeting held on 19 March as circulated were noted. The Committee

Chairperson provided a verbal update on the issues considered at the special meeting on the Annual Report on 16 April and the monthly Committee meeting held on 23 April where the Performance Profile and Operational Services Report for February 2021 was reviewed by the Committee.

The Committee had also considered the Q1 review of the National Service Plan 2021, which had focused on key transformation and other programmes which are included in the monthly Board Strategic Scorecard and a subset of operational KPI's within NSP2021 that are aligned with the National Performance Oversight Group (NPOG) Focus Areas. Feedback and guidance from the Performance & Delivery Committee had been included in an updated version of the report for consideration by the Board at the meeting today (item 3.3).

Specific feedback on the draft AR 2020 was provided by the Performance and Delivery Committee at their meetings on 19 March, 16 April and 23 April and the Committee Chair commended the work put into the Annual Report and recommended it to the Board for adoption (item 4.2).

Other matters that Committee had reviewed were progress on the Public/Private Status of Residential Care Facilities linked to COVID-19 Deaths and an update on the IFMS. The Committee noted that as the Board Scorecard continued to be improved and evolve it will support the directions of travel for the Board and the Committees to review and govern areas more effectively.

## **2.4 People and Culture**

Minutes from the Committee meeting on 4 February as circulated were noted. The Committee Chairperson briefed the Board on the Committee meeting from 9 April which focused on an update on recruitment noting that the recruitment database is live, and the managed service provider has been appointed. The Committee discussed regional recruitment challenges and requested a creative action plan to address such risks which will be brought to the next Committee meeting.

The Committee received a breakdown of the employment of consultants not registered in the specialist division of the Register of Medical Practitioners (non SDR posts) and will receive a further update on this in December noting that the Chair of the S&Q Committee will also be invited to attend for this item. The Committee received a Presentation on Employee Relations/ Industrial Relations 2021 and Digital Transformation. The June meeting agenda will cover payroll fraud, long term suspensions, the implementation of the new Sláintecare consultant contracts and the safe return to non-COVID-19 services. The Board recognised the extremely high quality of the entrants in the Health Service Excellence Awards this year.

Clarification was requested from the COO in relation to an unpaid assistant psychologist post that had been advertised, the COO advised she will revert back on this query. The Board also raised the issue regarding the process in relation to the management of annual leave for staff who have not been able to avail of their full leave due to pandemic. The Chair advised she will address this at her next Committee meeting. The CEO acknowledged this challenge and work will remain ongoing to address this.

### **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 some of the high-level activity over the past month.

##### Finance

The YTD expenditure report was considered. The CFO advised a significant element of the €126.7million / 4.1% negative variance at the end of February is driven by consequent timing, profiling and similar issues in addition to the direct impacts of the very significant third COVID-19 surge. He noted that as this is early in the year and coupled with the significant complexity related to the ongoing pandemic generally, and the third 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.

##### Human Resources

An update was provided to the Board on the Sláintecare Consultant Contract, to be implemented in Q2 2021, subject to the passing and enactment of the enabling legislation. The Board noted the HSE are progressing with plans for the implementation of the new Contract and consultation with representative bodies is to begin shortly. It is anticipated, assuming a positive outcome, that the new contract will be offered to consultants in Quarter 2, 2021. Progress on the implementation of the contract will be reported the People and Culture Committee.

The Board discussed recruitment challenges associated with low level of applications within some specialties, and some locations where it has proven difficult to recruit doctors, noting that remuneration is not the only issue. The Board noted the implications this challenge poses on the safety and quality of the health service and raised questions if services should continue if the appropriate personnel cannot be recruited in certain areas. The CEO acknowledged this significant challenge and advised that with an unprecedented number of consultant posts to be advertised for and recruited in 2021 and 2022 it is envisaged that the new consultant contract will significantly increase the applicant pool.

The CEO noted the Department had been in contact about the proposed creation of the Regional Health

Areas. The Board acknowledged the importance of this development from an improved service integration and accountability perspective. However, the Board and the Executive expressed the view that given the current impact of the pandemic on the health services, now is not the time to introduce such large-scale structural reforms.

#### Operations

The CEO noted the NSP 2021 commits to key reform of Children's Disability services and 91 Children's Disability Network (CDN) Teams are to be in place by the end of Quarter 2. In relation to RTÉ Primetime Investigates programme which centred on certain allegations relating to a protected disclosure regarding the collection of data related to Special Educational Needs ("SEN") Litigation, the CEO informed the Board the DoH published the report of the Senior Counsel review of the protected disclosures conducted in 2020, along with the report of the group established within the Department who conducted a review to establish the facts with regard to a set of allegations made by RTÉ PrimeTime Programme. The CEO noted that neither report found that there was any wrongdoing on the part of the DoH, but given the issues raised in relation to the sharing of information, and the worry and concern felt by families and children with disabilities as a result of the airing of the programme, a number of steps are being taken by the HSE to address this. The Board suggested the review should be looked into in more detail to determine the type of information that was shared with the DoH.

The CEO informed the Board a potential clinical issue relating to the clinical practice of a Non-Consultant Hospital Doctor (NCHD) in prescribing, care planning, diagnostics and clinical supervision was notified to the Clinical Director in the Child and Adolescent Mental Health Service (CAMHS) on 22 September 2020, a Serious Incident Management Team (SIMT) was formed on 6 October 2020 chaired by the Head of Service, Mental Health to examine and determine if the concerns were valid. The SIMT met again on 10 and 22 March 2021 and determined that a formal Look Back Review was required. The Look Back Review SIMT chaired by the Chief Officer was convened on 1 April 2021. Concerns regarding the practice of the NCHD have been referred to the Medical Council by the Executive Clinical Director Kerry on 2 April 2021. The Board discussed the cycle time between incidents and raised concerns regarding doctor in question and sought assurance that the impacted service users were informed. The COO assured the Board the doctor in question was reported to the Medical Council and is no longer working for the HSE.

The CEO advised HIQA has begun a targeted assurance review of the governance arrangements at national HSE, Saolta University Health Care Group and local hospital level to assure and ensure the quality of gynaecology services at Letterkenny University Hospital (LUH). Initial engagements with HIQA and HSE have commenced. Documentation and information requests have already been issued by HIQA. Site visits and governance interviews with key people from the HSE, including Saolta University Health

Care Group and LUH will commence in May. It is expected that the final report will be published at the end of Q3 2021.

#### Clinical

The Board discussed the implementation of a new service delivery model for Public Health Medicine and the immediate introduction of the grade of Consultant in Public Health Medicine for the first time in Ireland to have a strong Public Health Function strategically aligned within the HSE to protect and promote the health of the Irish population, to contribute effectively to major service design and policy implementation, to address health inequalities, and ensure a population needs based approach to integrated healthcare delivery. The Board highlighted the importance of engaging with educational institutions to promote this service delivery. It was agreed that the ND HR will provide updates on this to the People and Culture Committee on an ongoing basis.

#### Strategy and Planning

The CEO advised an amended draft of the Oversight Agreement between DoH and HSE was submitted to the Department earlier this year, and feedback was received in March and April. Work is ongoing to ensure the draft Agreement is in line with DPER guidance, the previously agreed Engagement Model, and the Code of Governance recently adopted by the HSE Board. The expectation is that a final draft of the agreement will be ready for consideration and approval by the Performance and Delivery Committee and HSE Board in May 2021.

He also informed the Board the Minister will bring the recommendation on the designation of the Major Trauma Centre and Trauma Units in Dublin to Cabinet for its consideration on 27 April and it is expected that a decision will be announced by the Government shortly thereafter.

#### Test and Trace

The Board discussed the ongoing work on 5 new key initiatives to the testing and tracing programme of work: Source Investigation/ Backwards Tracing; Alternative Referral Pathway for Testing; Approach to Antigen Testing Pilot in Schools and Third Level Education; Testing at Quarantine sites; Activity Levels across Referrals, Sampling, Laboratory and Contact Tracing.

The Board raised questions on the effectiveness of antigen testing and the status of the uptake of antigen tests. The National Lead on Testing and Tracing informed the Board antigen testing accuracy is approximately 50% and so far, the uptake in meat plants and acute settings has been small despite the large supply of tests provided to them. She informed the Board a project team is progressing with the development of the Antigen testing pathway for educational facilities. Ongoing stakeholder engagement

with the Department of Education, Higher Education Authority and Department of Children, Equality, Disability, Integration and Youth is ongoing to consider potential sites for the pilot antigen testing. The Board emphasised the need to ensure clear messages are communicated in relation to the accuracy of the antigen tests.

#### COVID-19 Data

The Board reviewed with the CEO the COVID 19 data as presented in the report noting signs of improvement in many of the key measures, but the downward trend in numbers of new cases has slowed compared to last week. In addition, numbers in hospital and ICU, and admissions of COVID-19 positive patients remain almost unchanged compared to last week (down 1-2%).

The Board noted the challenges associated with the current high number of COVID-19 cases and emphasised that as non-COVID-19 service activity increases we need to carefully balance our priorities to ensure that we maintain the appropriate capacity for non-COVID care, COVID-19 care and the vaccination programme. The CEO addressed certain challenges associated with this balance which will remain under constant review. He confirmed that as the vaccination programme progresses the need for proactive monitoring and flexible planning continues to be a defining feature of this crucial element of our COVID-19 response. The CEO said there is ongoing engagement with the DoH to help inform service delivery going forward as more of the population become vaccinated.

The CEO spoke to the two appendices in the Report: Winter Plan PMO Update and the COVID-19 Vaccination Programme Report which were taken as read. The Board commended the work done to date on the vaccination programme and acknowledged the challenges associated with significant changes made such as the recent NIAC recommendation that the Astra Zeneca vaccine be administered to those aged 60 to 69 years only. The Board discussed the positive feedback on the vaccination portal being user friendly, however suggested there should be more gender inclusive options when registering. The Board discussed the varying timelines on updating data on the COVID-19 Tracker App with the CIO. The Board highlighted the need for discussions to take place in relation to securing additional COVID-19 vaccines in years to come, similar to the flu vaccine.

The CEO concluded his report noting the Review of the Centre is due to recommence in May, the High Court judgment in O’Sullivan v HSE case and he informed the Board the HSE is gifting medical equipment to India through the process operated by the European Union.

### **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. It allows the Board to understand each Programme's current status and the expected level of performance by the year-end. The Secretary General from the DoH provided feedback in relation to the April Board Strategic Scorecard, which was welcomed by the Board and work will progress to address the feedback in the May report.

The Board welcomed the fact that the overall rating improved from 3.26 to 3.36 noting this was due to rating improvements for COVID-19 National Test & Trace from a 4 to a 5, and Quality & Patient Safety from a 2 to a 3.

The Board held a detailed discussion and raised several questions on the individual Programmes and Priorities in the Scorecard as follows.

In response to questions from the Board in relation to the deliverability of Test and Trace Programme if a fourth COVID-19 surge emerges, the National Lead for Testing and Tracing advised that despite the abatement of the surge, demand for testing and contact tracing remains high and the standing capacity to swab is set at 175 thousand per week, a standing workforce of 784 swabbers and 900 contact tracers is in place and labs are fully operational to deliver 3,000 tests with additional surge capacity.

The Board acknowledged the context for delivering the test and trace and vaccine roll-out programmes remains challenging and were assured on the strong progress with each of these Programmes.

The Board noted the Quality and Patient Safety Scorecard includes a revised ambition statement based on Board feedback, to reflect a focus on improvement and safety awareness through training and has an improved rating from a 2 to a 3. The CCO and the S&Q Committee Chair advised the scorecard is still a work in progress noting quality and safety across the system is challenged due to competing demands of COVID-19 and some of the performance indicators will be reviewed following the May Board meeting when a detailed discussion on Safety and Quality of services across the system will be presented to the Board.

The Board reviewed the People and Recruitment Scorecard, noting the COVID-19 pandemic has negatively affected this Scorecard, but work is ongoing to improve the score. In relation to the Technology and e-Health Scorecard, the CIO informed the Board the IHI has been a significant resource to capture data and work is ongoing to implement key projects such as e-prescribing. The Board held a discussion on the Risk Management Scorecard noting the Q1 2021 review of the Corporate Risk Register will be completed and referred to ARC for its April. The CEO mentioned that following the review of the COVID-19 risks at the recent EMT meeting, these are classified as operational risks and will be monitored

on a monthly basis (as opposed to quarterly). Any critical in month changes to the risk profile will be reported in the Scorecard and by the EMT lead to the relevant Board Committees.

Following the consideration of the April Scorecard (for performance to the end of March) it was agreed to submit the report to the Minister noting it is reporting generally encouraging progress across the majority of Programmes and Priorities, with reasonable assurance that the 2021 objectives will be substantially achieved but that performance in some areas continues to be impacted by the COVID-19 pandemic.

### **3.3 National Service Plan (NSP) 2021 Q1 Review**

The CEO introduced this item to the Board noting the Review focuses on key strategic programmes and a subset of operational KPI's within NSP2021 that are aligned with the National Performance Oversight Group (NPOG) Focus Areas. The Review is being completed in 2 phases: Phase 1 reviews and compares; what was expected / planned when the NSP2021, and its targets, were originally adopted; what has been achieved to the end of March; what were the major drivers of any divergence from the NSP2021, and a preliminary view of what areas may require an improvement plan and / or an adjustment to the 2021 target.

The Board noted Phase 1 has been completed and phase 2 of the NSP2021 Q1 Review is commencing now and will be completed by and approved at the HSE Board meeting in May. Phase 2 will be focused on looking forward. In this phase, the strategic programmes and operational KPIs will be reviewed to determine what improvement plans need to be put in place, what is the estimated year end position and what revised targets need to be proposed. Additionally, operational KPIs that are outside the NPOG Focus Areas that need to be re-set, especially KPIs that were challenged heretofore, will be added to this Review.

The Board discussed the Phase 2 process which will provide an opportunity to review some of the key drivers around areas such the impacts of redeployment, recruitment and capacity. It was also noted that areas such as Children's Health Screening and Disability Act Assessments require careful monitoring and focus, and it will support the Board by identifying areas that may require further review.

The Board emphasised the importance surrounding the governance of changing targets and noted action plans should be implemented to address the measures as well as revision of KPIs.

The Board also noted the Review provides an opportunity to establish if the Scorecard is successfully setting out what it is intended to do. They sought assurance with regards to funding into 2022 for KPI's that have been impacted by the third wave of COVID-19. The CFO informed the Board we are continuing

to track financial expenditure carefully, both in general and in relation to the specific reforms and capacity-building initiatives being progressed in 2021 which will provide assurances to both the Board and the DoH. The Board discussed the review of Reform of Disability Services and the new learning curve of working across two Ministerial Departments. The CEO advised it is a significant challenge, but progress is being made.

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

HSE Board approval was requested for two 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.

##### **4.1 Property Transactions**

Disposal of property – Bough, Scotstown, Co Monaghan (**Decision no. 280421/20**).

Proposed lease at Cork Technology Business Park, Model Farm Road, Cork (**Decision no280421/21**).

##### **4.2 Approval of Annual Report 2020**

Board members adopted the HSE Annual Report 2020, noting that it may be subject to required editorial amendments during the design and layout process (**Decision no 280421/22**). Board members requested that consideration should be given in the 2021 Annual Report to including a section on the HSE's commitment to sustainability and climate.

#### **5. Board Strategic Priorities for 2021-**

##### **5.1 Update on Digital Health and Technology: Digital Transformation and Innovation**

The CIO introduced this item and provided the Board with the background and context of the presentation. M. Curley then provided an overview of the digital transformation objectives and the overall Transformation Strategy which contains five pillars: The Digital Academy, Open Innovation, Digital Living Labs, the Digital Academy Forum, and Digital Change. The CEO advised delivering on the eHealth challenges will require investment, not just in core technology but in the capacity and capability to a digital transformation.

The Board welcomed the presentation and an in-depth discussion followed focusing on the need for eHealth platforms that allow information to be shared across care teams with patient and service user consent, regardless of location which will optimise the efficiency of health care staff whilst also improving the outcome and experience for the patient by delivering safe, integrated, and high-quality care, noting the benefit of the Individual Health Identifier (IHI) to date. A discussion was held on the IHI

across the public and private sector highlighting the importance of data protection. The Board emphasised the importance of integration noting General Practise and Community Care must be integrated across digital transformation and welcomed the high level of innovation presented. The CIO advised leveraging appropriate innovative and emerging technologies will enable a greater proportion of care to be delivered within community settings and allow patients to access care closer to home. The Board advised patients and service users should be involved in the design development, the CIO informed the Board patients and clinicians are key stakeholders in developing our digital platforms.

The CIO informed the Board eHealth investments to facilitate the delivery of the Corporate Plan in conjunction with the Sláintecare Plan are being developed which recognise the short, medium, and long-term goals towards an integrated delivery system. The Board highlighted engaging in strategic partnerships will help execute this further and noted the potential procurement delays which may be a challenge going forward. M. Curley advised they are looking into addressing future procurement challenges. The Board raised caution regarding the implementation of standardised e-health records, noting they must not negatively impact patient safety. The CIO assured the Board having a clinician in mind when designing e-health records is crucial. The Board noted this initiative will require a radical rethinking of our organisations culture to fundamentally change and improve the patient and clinicians experience, the operational safety, and the performance of the whole organisation and highlighted the important role of change management. The Board thanked the CIO and M. Curley and advised moving to a delivery plan phase is a fundamental next step.

## **6. AOB**

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

The meeting concluded at 15.45

Signed: 

**Ciarán Devane**

**Chairperson**

**Date: 25.06.21**