



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of Special HSE Board Meeting

Ref: COVID-19

A meeting of the Board of the Health Service Executive was held on Wednesday 29th April 2020, at 18:00 via Videoconference.

Present: Ciarán Devane (Chairperson), Deirdre Madden (Deputy Chairperson), Aogan Ó Fearghail, Brendan Lenihan, Fergus Finlay, Fergus O' Kelly, Fiona Ross, Yvonne Traynor, Sarah Mc Loughlin, Tim Hynes.

In Attendance for Board Meeting:

Paul Reid (CEO), Anne O'Connor (COO), Colm Henry (CCO), Niamh O'Beirne, Paul Connors (Communications), David Walsh (National Director Community Operations), Dara Purcell (Secretary), Hannah Barnes.

Please note minutes are recorded in the order in which agenda items were discussed.

1.0 Governance & Administration and Chairperson's Remarks

The Chairperson, Ciarán Devane welcomed Board Members to the meeting which was called to continue the Board's review of the HSE response to COVID-19. No conflicts of interest were declared.

The Board met in the absence of management at the start of the meeting and the Chairman confirmed the focus for the meeting would be to review the current response to the COVID-19 pandemic within Nursing homes/Long Term Residential Care Settings (LTRCS) but noted that other crucial matters of the overall response can be subject of the fullest discussions that time allows.

The National Public Health Emergency Team (NPHET) for COVID-19 Governance Structures published on 28th April 2020 by the Department of Health which had been circulated prior to the meeting was noted.

The CEO and Executive Management Team Members joined the Board meeting at 18:20.

2.0 COVID-19

The CEO informed the Board the scaling up of the response to the COVID-19 challenge is having significant financial costs particularly for testing and tracing where the future plan submitted to Government has an estimated cost of €1 billion. In response to questions the CEO highlighted that a second area requiring large amounts of funding is the supply of PPE to the healthcare system. Additionally, as the demand grows there are unprecedented and highly volatile market conditions, and this is deteriorating daily making procurement of PPE harder and more expensive. The CEO confirmed HSE Finance is preparing a weekly COVID-19 Finance report to track financial data during this period. There has been ongoing engagement with the Departments of Health and Public Expenditure regarding spending however the overall collated figure has yet not been finalised.

Following the discussion, the Board requested the CEO to submit for Board review a paper setting out the overall expenditure requirements when this has been finalised.

In response to queries with regards to progress on testing and tracing and the impact of the case definition widening, the CEO briefed the Board on the ongoing developments and progress that had been made.

Discussion then moved to Nursing Homes and other LTRCS where the HSE Board had raised significant queries and concerns because the long-term residential sector, particularly those units which care for older persons had been traumatically affected.

The Board was informed how the package of financial supports worth €72 million approved by the Government for this sector to cope with current demands is being administered by HSE. The agreed process is for the HSE to manage the funding which will be administered through the National Treatment Purchase Fund. It was noted support relates to outbreaks/suspected outbreaks of COVID-19 in all LTRC Facilities providing services to Older Persons, Disabilities, Mental Health and Others e.g. Direct Provision. All supports are available to all LTRC facilities, irrespective of care setting or public/private provider

Supports provided range from Public Health advice and support, IPC Support and Training to full PPE provision and deployment of staff for a safe and sustainable service. There are a range of staff supports being provided on-line recognising the psycho-social impact of the COVID-19 crisis professionally and personally, as well as tools to assist residents for the same purpose.

The Board asked for clarity on who is accountable for planning and coordinating the interagency response to minimise loss of life in LTRC facilities and what is the structure involved in the overall pandemic response in these care facilities, including the structural relationship between Department of Health, NPHET, HIQA, Mental Health Commission and HSE having regard to the Public /Private mix of service provision in this area. The Board sought details on the meetings/forums that are used to coordinate the overall response. The Board also sought details on the number of nursing and ancillary healthcare staff that have been redeployed into private nursing homes since the start of the pandemic and if this number sufficient for safe care of residents to comply with HIQA regulations on managing COVID-19. The Board asked for an understanding of the lessons to be learned and how must we apply them.

Board Members were briefed on ongoing initiatives which ensure that Nursing Homes have dedicated Quality and Patient Safety teams linked in with each site. Infection prevention and control teams, along with Geriatrician led multi-disciplinary clinical teams have also been providing close assistance to individual sites. Additionally, 74% of the PPE orders received so far have been allocated to LTRCS. Over 600 staff members have now been provided with socially distancing compliant accommodation by the HSE. Board members were informed that the HSE have so far supplied 120 employees from the community sector and 100 employees from the acute sector to work in Private Nursing homes. Additionally, an agreement has commenced allowing qualified home care staff to work within the sector. The Board were informed that Tadhg Daly of Private Nursing Home Ireland was complimentary of the testing programme currently being undertaken within Nursing Homes.

The ND Community Operations confirmed there are 18 COVID-19 response teams in place at present across the 9 CHO areas at different stages of development, depending on the level of difficulty being experienced in the individual centres and the level of involvement required from the CHO area. These are moving to permanent Director of Nursing led integrated community/hospital functions reporting directly to the Chief Officer. Daily contact is made with each Private Nursing Home to ensure that any issue arising is managed as best as possible. He also highlighted that peer support was taking place at management level.

The CEO said a group headed by the Minister and including HIQA, HSE, and Nursing Homes Ireland was meeting twice weekly and is the body that is coordinating the response across the sector. Separately we are aware that the Minister holds a call during the week separately with Nursing Homes

Ireland. The Board queried if the CEO had given any consideration to how many clinical staff might be out with exhaustion in the near future. The CEO confirmed that work is underway within HR in relation to this.

The ND of Community Operations stated that although support is consistently being supplied, the Board were informed that the level of support required changed regularly for various reasons such as a cohort of staff testing positive for the virus. Where Nursing Homes are particularly challenged to respond to the crisis stage HSE staff have been deployed. The ND Community Operations stated that within Older People Services on any given day 300 services or premises are being supported. This is in addition to 95 facilities within Disability Services, 30 facilities in Mental Health Services and, 30 facilities in other arrangements.

The ND Community Operations noted that a high level of cooperation has been seen within the disability sector, from larger umbrella groups to local partnerships, but these types of structures are not established within the Private Nursing Home sector. There has been continuing engagement with HIQA, who have also been providing advice through phone in services to Nursing Home facilities. The working relationship with HIQA is essential as the organisation has a more in-depth knowledge of management performance within the sector.

The CCO confirmed that the experience currently being seen in Ireland is parallel to all other countries with community transmissions. More information is being provided regarding asymptomatic transmissions within Nursing Homes. It is suspected that 1/3 of older people who have the virus are asymptomatic making it very challenging to keep out of the Nursing Home sector, however the current programme of testing being carried out will provide greater information on this issue.

The Board questioned how facilities with zero cases currently can best ensure they remain without cases. The ND Community Operations said that in these sites it is critical that preparation and guidance is adhered to. The Board were also informed that HIQA were commencing new series of visits to these sites to ensure that the correct procedures are in place and that all necessary preparations have been undertaken.

The Board emphasised the need to ensure the HSE's own duties as the owner of LTRC settings as well as being a provider of support to other settings was treated with special seriousness.

The Board requested specific data about number of deaths and cases originating in HSE controlled public nursing homes. The information was not to hand for the meeting. The Chair requested that a one-page brief be urgently provided to the board with key figures on this issue as information shared in preparation for the meeting required greater clarity. (Following the meeting it was confirmed that there had been 524 deaths within the non-statutory LTRC facilities Private Nursing Homes and 127 deaths in HSE LTRC Facilities).

In response to the Boards request for an urgent update on the situation at St Marys in the Phoenix Park, the ND Community Operations said that it has been badly effected resulting in 22 deaths, notwithstanding it is a well-supported service. Out of the 200 beds in the service 150 are newly constructed individual units and the first set of deaths occurred within these units. Many of the team working in St Mary's Hospital worked closely with residents over a long period, and it has been an exceptionally challenging time. Contact with relatives and next-of-kin of all residents within St Mary's is ongoing in relation to any suspect or confirmed cases of COVID-19. There has been a large deployment of staff from CHO 9 to ensure the facility remains running. When asked about learnings from this facility the ND Community Operations informed the Board that the clear message was to adhere to strict social distancing for all staff members while in work and at home, highlighting the importance of providing staff with accommodation options. It has also become equally important to test asymptomatic staff. Similar support was in place for other settings badly hit by the virus.

The Board requested an update from the CEO on progress and the practical operation of the Private Hospital deal in terms of the extent and calculation of costs that HSE will need to fund and the actions to mitigate any risks given the delay in consultants uptake and also with regards to continuity of care for private patients who are in treatment and the impact on waiting lists in the public. The CEO informed the Board there are up to 500 consultants working in private hospitals who are not employees of either the public or private hospital and are reimbursed by the insurers or patients who are self-payers. The Government policy is to offer Consultants Type A contracts. So far 150 consultants have signed up, but more is required in terms of optimising the use of the additional capacity.

The Board expressed concern that the capacity available is not being fully utilised and queried the level of input the HSE has in the decision to offer type A contracts to consultants and if the HSE should recommend to the Department that a different contract be offered. Management confirmed that the HSE did not have a role in deciding on the type of contractual structures as these were policy matters, but it was working with the Department and Consultants representative bodies to try to resolve the


issues arising from the Type A contract for Consultants. It was agreed the Private Hospitals agreement would be the focus for detailed review at the next meeting.

Questions were asked by the Board in light of the publication of the National Public Health Emergency Team (NPHE) for COVID-19 Governance Structures which creates a very unusual governance structure in which the HSE has to operate with the extensive oversight that NPHE itself and its subgroups are exercising on all aspects of the response to COVID 19. Board members also raised issues regarding the lack of representation of patient public and service user representatives on the main and sub groups of NPHE. The CEO said that there was reasonable representation in some groups such as the community one but noted it was a matter for NPHE. The Board asked that representation of patient public and service user representatives on the HSE COVID-19 response teams be reviewed and addressed if required and also discussed what mechanisms that are being used to capture relevant input of different needs of disease areas from patient groups.

In relation to Board questions on Ireland's performance when comparing the death rate between countries the CCO confirmed that such comparisons can be misleading because there is not standardised reporting of coronavirus deaths outside hospital settings across Europe. The Board emphasised that this message needs to be communicated clearly so that there is a better understanding in the public of Ireland's overall performance in managing the pandemic. The Board queried with the ND Communications how the HSE is planning to promote general awareness and the reality that we will be living with the COVID-19 virus for a prolonged period needs to form part of the communications message. The ND Communications confirmed that work is ongoing in this area but there are challenges.

The Board highlighted the importance of the Corporate Risk Register (CRR) at this time and the CEO confirmed that work is being carried out to ensure the preparedness of the CRR.

The Chairperson thanked the Board Members, CEO and members of the EMT for their contributions and the meeting concluded at 19:45 pm.

Signed: 

Ciarán Devane

Chairperson

Date: 29/07/20