



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Minutes of HSE Board Meeting**  
**Wednesday 29<sup>th</sup> July 2020**

A meeting of the Board of the Health Service Executive was held on Wednesday 29th July 2020 at 10am by video conference.

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

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Paul Connors (ND Communications), Fran Thompson (ND ICT) Niamh O’ Beirne (National Lead Testing and Tracing), Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the meeting: Yvonne Goff, Liam Woods, Yvonne O’Neill, Stephanie O’Keeffe, Ristard O’Laoide, Dr Orla Healy, Dr Susan O’Reilly, Dr Ciarán Breen, Fiona Murphy, Bernie Gray, Emer Daly, Justine McCarthy, Jim Ryan, Dr Amir Niazi, Dr Philip Dodd, John Meehan, John Curran, John Swords, Brendan White

**1. Governance and Administration**

The Chairperson, Ciarán Devane welcomed members to the meeting.

At the start of the meeting the Board met in the absence of management. No conflicts of interest were declared.

The Chairperson updated the Board on his weekly meetings with the Minister and the formal visit by the new Minister for Health and An Taoiseach to Dr Steevens on Friday 10<sup>th</sup> July to acknowledge the commitment of frontline workers during the COVID-19 pandemic. He noted both Taoiseach and Minister have emphasised a collaborative approach between the DoH and the HSE is a key focus for the new Government.

Minutes of the Board meeting held on the 26th June 2020 were approved. In addition, following a change in approach to be applied to Board minutes, including some consistency in terms of formatting, style and presentation, the minutes of the Board meetings held on 1st ,8th ,15th ,22nd ,29th April 2020 were re-approved. The Board agreed that the minutes of meetings of Board Sub Committees should also be made available on the HSE website.

The Chairperson welcomed Bernie Gray and Emer Daly who were observing the Board meeting as part of the Board Development programme.

*The CEO and Executive Management joined the meeting at 11.00 am*

## **2. Chief Executive Officers Update**

The CEO presented his monthly report to the Board setting out a number of key strategic areas and their processes and approaches. He noted the impact of COVID-19 on our front-line service delivery was diminishing, demonstrated by falling hospital admissions, reduced attendances at Community Assessment Hubs and lower numbers of ICU COVID-19 patients. The Board discussed the ongoing response to the COVID-19 challenge and the most prominent risks in relation to service continuity for a resurgence or second wave and potential surge challenges ahead. The CEO advised at the moment the biggest concern is the uncertainty of COVID-19 and its effects on the health system and the need for proactive communications messaging to encourage the public to maintain vigilance in adhering to the public health guidelines.

The CEO briefed the Board on the launch of the Safe Return to Health Services, noting the document builds on the Strategic Framework for Service Continuity and is the outcome of extensive engagement with multiple stakeholders including Clinical Programmes, Operations, infection prevention and control (IPC) and Public Health. The stages contained within the document are based on assumed low levels of COVID-19 transmission in the community. Should there be national or regional increases in transmission, the plan will need to be revised accordingly. He mentioned that following the public launch on 22 July 2020, he had presented a webinar for HSE staff with the COO and CCO and over 700 staff participated, the initiative was very well received.

He also advised work on the Winter Plan 2020/21 is well underway as is the development of the Corporate Plan 2020-2023 and an assessment of the status of the National Service Plan 2020. While each of these processes are proceeding in parallel, the CEO assured the Board that they are interlinked, aligned and complementary. The direction of travel is informed by long terms goals and the policies of

Sláintecare, the health services' experience of responding to COVID-19 and the assessment of capacity and surge challenges ahead of us. The CEO noted the recent in-person and virtual meeting arranged for An Taoiseach Micheál Martin, the Minister for Health Stephen Donnelly and members of their respective Departments to recognise the efforts of frontline workers in the COVID-19 response had been very well received.

The Board discussed the implications for the HSE delivering health and social care services for people with a disability following the establishment of the Department of Children, Disability, Equality & Integration. The CEO informed the Board the Department of Public Expenditure oversaw arrangements for re-organisation of Departments following the establishment of a new Government and a process involving DoH, Departments of Children & Youth Affairs and Justice & Equality to give effect to the Government decision has been established. The HSE will be able to provide input to this process. The CEO also briefed the Board on correspondence he sent to the Secretary Generals of the Departments of Health and Children & Youth Affairs outlining matters relating to the sustainability of service delivery in the current policy and financial environment. Board members welcomed the approach in the correspondence to the Minister and noted the urgent need for multiannual investment in parallel with substantial reform of the Disability sector in line with Sláintecare is a significant concern for the HSE.

The CEO updated the Board on the review of the HSE Corporate Centre. In line with our learning from the COVID-19 response, the review is being expanded to include examining resources and structures for the following; (a) Testing and Tracing Model (b) Public Health (c) Procurement and Logistics including non HSE services such as Nursing Homes, Pharmacies etc. The Board emphasised the need for the centre reform plans to build on the successful elements of the operational response to COVID-19 particularly the benefits of regional and local decision making including clinical decision making. The CEO agreed and will update the Board on this in September.

In response to questions on Genomic research and patient data the CEO noted a discussion paper was in development by the DoH prior to the COVID-19 crisis, to set out principles and objectives of a public genomics medicine service. The aim is to facilitate engagement with national and international stakeholders with an interest in the establishment of a publicly funded genetics and genomics programme. The CCO is having ongoing engagement with the Department on this matter.

The CEO referred to the briefing in his report on the finance contract to provide a loan of 50% of the cost of the National Electronic Health Programme to the value of €225 million offered by the European Invest Bank (EIB) acting through the National Management Treasury Agency (NTMA) in November 2018. He

noted the HSE is not a party to the main finance contract, however, it is a party to a project completion deed and the CEO will complete the deed on behalf of the HSE.

In relation to delegation of reserved functions of the Board, the Board agreed to the proposal set out in the CEO report to continue to have in place as an exceptional measure, the approved pandemic delegation of functions to him in relation to expenditure for the COVID-19 response to include approval of contracts in excess of €10 million and approval of gifts exceeding €100,000. The context for this further delegation was the HSE's need to move with maximum speed to conclude contracts within a challenging competitive environment. B. Lenihan informed the Board that the Audit and Risk Committee had reviewed the COVID-19 sanction process and use of delegated authority with the CFO and were satisfied with the process. The agreement is subject to ongoing review by the Board at such intervals as it deems appropriate and the agreement on a sunset clause for a period to be recommended by the CEO to ensure the ending of the delegation at an appropriate time. The CEO advised a list of transactions where the delegated authority had been used by him to date has been completed and this will be brought to the Board for review at its September meeting.

The CEO briefed the Board on COVID-19 travel locator e-form noting the Department of An Taoiseach had requested the HSE to support the development of an e-form to replace the current manual passenger locator paper form. The CEO also noted there are several complex logistical elements being considered and discussions are ongoing between the HSE, the DoH and the Department of the Taoiseach in relation to COVID-19 Airport and port Testing and its protocols for both symptomatic and asymptomatic passengers. In the context of the importance of sustaining public awareness and adherence to Public health advice, The Board suggested the app be used as an information delivery tool to provide facts to the public.

Following views expressed by Board members on the potential COVID-19 impact on vaccination programmes, the CEO noted all Community Health Organisations have commenced immunisations in catch-up clinics over the summer months. It is planned that they will complete these immunisations before the start of the next academic year and that plans for the influenza vaccine programme, to start in September, are well underway.

The CEO confirmed that encouraging staff each year to avail of the flu vaccine is a key priority for the HSE in managing the winter season. Due to the COVID-19 pandemic, it is even more critical this year as a seasonal flu together with a COVID-19 resurgence could overwhelm the health system. The Board members discussed the possibility of mandatory flu vaccination as a measure proven to achieve vaccination uptake rates of 95% but noted it would require legislation and resourcing. The CEO advised

this option in the Irish context had been examined in some detail in recent years. However, there does not appear to be a clear legal basis in Ireland to make the vaccination compulsory. The Board emphasised strong messaging and communications to promote vaccine uptake is crucial to change mindsets within communities.

Following questions from Board members in relation to the progression of the Winter flu, the CCO advised so far there are no signs of new strains of the flu that could pose additional risk.

With regards to COVID-19 vaccine and treatments, the CEO advised a subgroup of the National Public Health Emergency Team has been formed to negotiate Ireland's access to vaccinations, internationally. This subgroup will partner with the National Immunisation Advisory Committee to address the political issues regarding access, supply and prioritisation. The subgroup will also carry out risk-based-analyses of likely candidate vaccinations. The Board sought assurance with regards to Ireland securing access to supply and the CEO confirmed Ireland's place on the list is secured.

### **2.3 HSE Winter Plan 2020/21- High Level framework**

The Acting COO (Liam Woods) presented the paper on the HSE Winter Plan 20/21 – High Level Framework which provided an overview of the approach to developing planning for the Winter Plan 2020/21 within the context of an increasing demand for unscheduled care, the need to support service continuity and resumption of services and delivering essential healthcare in a COVID-19 context. He confirmed the Plan is designed to set out the first major steps in both restoring service continuity and building capacity and capability to cope with the additional pressures of Winter in a COVID-19 environment.

The Board discussed the critical opportunity to use winter planning as a method for good communications with the public and to provide updates on issues such as private hospitals and capacity. The CEO agreed local communications is a key priority and noted a revised arrangement with private hospitals for a potential second surge is a work in progress. The Board considered how the HSE can best deliver care to both COVID-19 and non-COVID-19 patients simultaneously, noting a restoration of services in the community is necessary to continue to support people in maintaining health and wellbeing, and avoid activity being directed unnecessarily to acute settings. Appropriate information technology solutions are required to enable real-time communication. Retaining and maintaining some of the innovations which were implemented as part of the COVID-19 response will be a key enabler of timely service provision.

The Board emphasised that the aim of the Winter Plan 2020/21 should be to ensure that service

providers are prepared for the additional external pressures associated with the winter period and doing so in the new COVID-19 environment, which requires separate pathways for COVID-19 and non-COVID-19 demand with the added pressure of operating normal services within a COVID-19 environment. The CEO confirmed it has been necessary to consider specific strategies to meet the expected demand and the plan will feature a number of initiatives designed to strengthen capability in the acute hospital and community sector.

The Board discussed how additional capacity can be provided through the NTPF and it was confirmed that as of the 31 March 2020, the NTPF had agreed to support over 200 beds under the governance of all of the Hospital Groups and the NTPF committed to an extension of this initiative to the end of December 2020. The NTPF will also continue to support increased access to diagnostics for acute hospitals this winter, building on lessons learned from previous winters. This has been particularly successful. Funding will be required to support the continuation of this capacity into and throughout 2021.

The challenges in achieving this plan were considered by the Board. Not least amongst these is the challenge of recruiting the number and types of personnel needed to achieve the plan. This will require an ambitious, large-scale international and domestic campaign, larger than has ever been engaged in before. It was noted that as ambitious as the plan is, it is not intended to achieve the levels of capacity and capability envisioned in the Capacity Review and SláinteCare. The timeframe, to end December 2021 is too short to achieve that. Initiatives are in this plan that will need to be included also in our Corporate and Service Plans that reach beyond this timescale.

Following the Board review of the High-Level Framework, the Board's input will be incorporated into the next draft plan. In relation to the next steps the CEO said the plan will form the basis of discussions with DoH and DPER in order to inform a Memorandum to Government to be submitted by the DoH.

#### **2.4 Finance Report- COVID 19 and Year End 2020 Forecast**

The CFO briefed the Board on the Finance Report with both COVID-19 expenditure, year to date expenditure and a Year End 2020 forecast.

The CFO noted very significant data progress has been made since February in terms of improving access to real time-operational data to support our COVID-19 response, particularly in the area of testing and tracing. However, he advised in the context of the ongoing COVID-19 pandemic there are

very exceptional levels of complexity, uncertainty and consequent estimation risk associated with any efforts to predict future activity levels and costs, including those to year end. The CFO noted the preliminary estimates of the outturn for 2020, compared to target or expected levels in NSP 2020, is subject to all of these caveats around complexity, uncertainty and the wide margin of estimation error.

The CFO confirmed engagement with colleagues in DOH and DPER, through the Health Budget Oversight Group (HBOG) has commenced in respect of costs and funding to year end and beyond. It is expected supplementary estimates will be part of budget day announcements in early October which indicates a requirement to have a figure finally known and agreed during September.

To the end of May, taking account of any expenditure or income loss currently identified by services as COVID-19 related, the HSE monthly reports are showing a surplus of some €137m / 2% against our original NSP 2020 budget. The weekly COVID-19 Flash Report #15iv to end 26th June indicates estimated expenditure of €1.4bn with €1.311bnv of that being related to the €1.827bn available under the action plan. If this estimate proves to be accurate it indicates a potential balance available to year end of c. €516m.

The Board reviewed a number of headings under which costs and funding related issues to year end are expected to arise, including: COVID-19 Action Plan €2bn, stock take are likely to spend on headings within same; adverse impacts of COVID-19 on NSP 2020 assumptions, such as in relation to required savings measures and income; NSP 2020 Developments (€259m) and extent to which they are likely to be fully spent or not in 2020; other potential offsets such as reduced variable costs associated with lower activity levels; potential additional costs to year end including, but not limited to; additional COVID-19 costs, Service Continuity / “restarting services”, Winter Plan including Flu Vaccine proposals.

In response to questions from Board members on the potential use of the estimate balance that may be available the CFO confirmed the extent that this headroom is not fully committed it will be available to contribute to what is expected to be a very substantial investment requirement under the Winter Plan. The CFO noted it will also be important, in taking stock in relation to the current €2bn action plan, to ensure that the PPE additional costs which are the subject of an outstanding sanction request, are secured as “additional to” the current €2bn. Otherwise, it has the potential to inappropriately consume the current headroom within the COVID -19 action plan. The Board emphasised this headroom in overall financial budgets needs to be protected. It is needed, now, as we seek to operate services in the COVID-19 environment, including with the requirement for 80% occupancy limit in Acute Hospitals in the context of current levels being above 90%. The implementation of changes such as this will mean less activity for the current capacity.

## **2.5 Testing and Tracing Future Model**

The Board received a briefing on the progress to date to develop a permanent testing and tracing operating model as a fundamental component of the HSE's ongoing response and preparedness for COVID-19.

The three high-level options being considered by the Steering Group were presented by N. O'Beirne for discussion, review and Board feedback. The Board considered the options set out in the briefing paper circulated prior to the meeting. It noted Option 1 (A&B) builds upon existing HSE platforms to improve traceability, data and automation throughout the process. It broadens referral routes, plans for test centres within a 1hr proximity from home, that users can avail of near real-time slots, some with drive-through sites & 24/7 opening and that there is available lab capacity. Option 2 offers a singular digital model powered by cutting edge technology to deliver an integrated, traceable and real-time service to users and the workforce. It channels referral via digital routes, uses MI to drive consistency, quality and performance and increases automation resulting in a reduction in the workforce needed. It adopts the testing centre and laboratory capacity strategy as model 1. Resourcing can be insourced, outsourced or a hybrid model. The Board were advised the technology cost of both models is still under consideration. The Board noted what remains critical is the ability to have a model that can respond quickly to surges in the disease and at all times remain flexible to how the disease behaves and progresses. There now exists an opportunity and a requirement to review, design and implement an enduring, fit-for-purpose operation and structure for testing and tracing in advance of the Winter fluseason.

Board members questioned if mass screening / batch testing had ever been considered as it works successfully internationally. The CCO advised they are not considering any other form of testing however batch testing of asymptomatic healthcare workers takes place currently in the Irish Health Service. Board members raised concerns with data protection in relation to these testing models, the CEO advised it is under review. Board members also questioned how the statistics compare internationally and if there is a plan to mobilise staff on this. N. O'Beirne noted they are conscious of this and are looking into swabbing different cohorts of staff. It was agreed that this will be brought back to the Board in September for further discussion.

Board members raised concerns around the impact of schools reopening on the testing capacity. N. O'Beirne noted a policy decision from the Department of Health on testing in schools is to be published which will inform the HSE approach. Board members sought an update on the current turnaround time frame for testing and tracing. N. O'Beirne said the latest turnaround time from the beginning of referral



to and of contact tracing was 2 days. Following the briefing on the new testing and tracing model, the Board welcomed the work being done to continue the enhancement of the HSE's sampling, testing, contact tracing, surveillance and reporting process. The Board noted the next steps are to prepare a case for funding and to progress best option to detailed design and identify testing locations resourcing options etc and that critical decisions on the preferred model will come back to the Board within tight time frames. To enable these decisions to be considered by the Board a further briefing will be arranged for end August 2020. The Board emphasised that a sustainable, agile and robust Testing and Tracing service is critical to controlling and interrupting the spread of the disease. It requires a service model that can deliver consistently reliable turnaround times, can respond quickly to evolving COVID-19 testing demands and can respond to any likely surge in community transmission. It must be safe, accessible, efficient, and responsive to people, particularly our most vulnerable populations.

## **2.6 Expert Reference Group Reports on the Management of Interval Cancers in the screened population Update for Board information**

The CCO and Professor D. Madden briefed the Board on the Expert Reference Group Reports on the Management of Interval Cancers in the screened population. The Expert Reference Group report on the management of interval cancers in the BreastCheck-screened population had been considered by the Safety and Quality Committee of the Board of the HSE on the 22<sup>nd</sup> of January 2020, and by the Board of the HSE on the 31<sup>st</sup> of January 2020. The two other reports have only recently been finalised and all three were submitted to the Board for update prior to submission to the DoH and publication thereafter.

These three reports are being brought to the Board to update members on important issues pertaining to the cancer screening programme. The reports were commissioned by the CCO Dr Colm Henry and the ND of the National Screening Service, Damien McCallion, arising out of issues raised in the context of the Scally report into CervicalCheck. Membership of the ERGs included patients and patient advocate/representative organisations such as the Irish Cancer Society, as well as international experts.

All 3 ERGs recommend (and the SQC supports):

- the provision of information to participants to enable them to make an informed choice to consent to screening
- the need to build and promote public understanding and trust in screening
- resources needed for implementation

The reports recommended continuation of interval cancer rates as a key metric of cancer screening programmes for Breastcheck and calculation of the rate for cervical and bowel screening programmes in accordance with international developments. The reports also recommended development of programmatic audits which are anonymised and blinded. The ERG reports recommend that any woman diagnosed with interval cancer must be clearly informed that she can request a review of her screening history and that full information in relation to such a review and the findings of such a review will be given to her as soon as practicable (this may take up to 12 months).

The report pertaining to breast screening noted that educational radiological reviews were conducted in the past for education and BreastCheck accreditation by EUREF. The process was not uniform or standardised, so findings are not reproducible across units. The ERG Report concludes that there is no basis to use these records beyond the purpose for which they were gathered. The Board was informed and noted of the GDPR issues concerning these reviews.

Professor Madden highlighted that given the importance and value of the screening programme, the Safety and Quality Committee is of the view that appropriate legislative measures should be taken to ensure and support the continuance of this crucial aspect of the programme along with enhanced public information and awareness to ensure greater understanding about interval cancers and the limitations of screening. C. Breen (NTMA) noted statutory protection is crucial and without it, the HSE runs the risk of legal litigation. The CEO advised he has briefed the Minister on this matter and is subsequently seeking a meeting with the Minister.

Board members highlighted compliance could be a challenge as regards the GDPR issues raised and input from an independent legal advisor is needed before making decisions. They also agreed protecting the screening programmes is crucial. The Board agreed the HSE hold a responsibility to communicate and engage with the public, where citizens should understand the work being carried out. Board members agreed on a 'Citizens Assembly Approach' to avoid the risk of the screening services falling and ensuring screening remains cost effective.

The Board recommended building on the current public trust in public health in relation to the current pandemic to communicate screening from a public health point of view. A copy of the legal advice and State Claims Agency report will be presented to the Board at the next meeting which will support further decisions and it was agreed that a walk through the recommended action plan would be given.

### **3. HSE Corporate Plan 2020 update**

The CSO briefed the Board on the Corporate Plan process that has now recommenced. He provided an overview of work completed previously during September 2019- February 2020, the revised approach to delivering the Corporate Plan in the context of COVID-19 and the initial thinking around key service-related objectives for the Corporate Plan, incorporating considerations arising from the Performance & Delivery Committee meeting on 19 June 2020. Further progress has been made on the development of six service-related objectives, incorporating discussions and feedback from the Performance and Delivery Committee meetings held on 19 June, 15 July and 24 July 2020, and weekly meetings with EMT colleagues.

The Board emphasised the importance of demonstrating how the service-related objectives were selected and / or deselected in the course of the work to finalise the Corporate Plan. The CSO noted the appendix in the briefing paper circulated to the Board highlights the rationale behind each objective and provided supporting content for each objective, including interventions with cost implications, costings, key dependencies, risks and mitigations. The Board discussed the requirement to describe clearly in the Corporate Plan the alignment with Government policy such as provisions in Sláintecare, and the alignment to government objectives both short and medium term. The Corporate Plan document will be developed and finalised for approval by the Board at its September meeting.

### **4. HSE Capital Plan 2020 Approval**

The CSO noted the first draft of the Capital Plan for 2020 was completed in October 2019 and presented to EMT and the Audit & Risk Committee in October/November 2019. That draft was amended to take on board comments by both groups. The document was shared and discussed with the Capital/Infrastructure Unit of the Department of Health in December 2019 and January 2020. BLenihan noted that the plan had been strongly recommended at this time by the Audit and Risk Committee because of the need for statutory compliance in a timely fashion and to have an approved plan to guide in-year expenditure.

It was noted that the Capital Plan for 2020 has been reviewed and redrafted by HSE Estates to reflect the impact of COVID-19 on capital expenditure, the capital programme, the amended capital allocation for 2020 and changing priorities. An additional capital grant of €220m has been allocated to the HSE in 2020 as a response to the challenges posed by COVID-19.

The CSO advised the Board that there are a number of risks associated with the Capital Plan. The

indicative capital funding for the years 2021 and 2022 is insufficient to fund the capital spending requirements for those years. It is expected that this matter will be resolved during the budget negotiations for 2021 and the midterm review of the National Development Plan. The HSE will not have contractual commitments in excess of the indicative funding currently known for 2021 and 2022. The Board noted it has been agreed that, going forward, the Audit and Risk Committee will routinely receive reports on capital expenditure versus budget. It is anticipated that this will be quarterly following the capital plan review undertaken by Estates at the end of each quarter.

Following the discussion, the Board approved the Capital Plan for submission to the Minister (**Decision no. 290720/26**).

## **5. Mental Health Policy**

The presentation circulated prior to the meeting was taken as read. Management provided a briefing on the HSE response to the five key areas addressed in the Mental Health Commission (MHC) annual report published on Thursday 2<sup>nd</sup> July which were Premises, individual care planning, restrictive practices, overcapacity and staffing.

During consideration of the management action plan to address the MHC recommendations in the five key areas in the report, the Board noted the initiatives currently underway address many of the recommendations made and welcomed the acknowledgement by the Commission that improvements in services have occurred over the past year including overall compliance by almost 80% (78) of our approved centres and a year on year improvement in percentage of services achieving quality ratings of 'excellent'. The Board recommended that the action plan should set out the current specific extent of our compliance in these areas, the plan and timeline to get us to full compliance and the systems and processes that will allow us to measure and report on our degree of compliance internally. The CEO agreed issues must be addressed and informed the Board he has recently engaged with the CEO of the Mental Health Commission to use the opportunity this annual report provides to look forward, build relationships and agree a shared agenda.

The Board agreed it was key it exercised its role in compliance on this matter and the relationship with the Mental Health Commission is important and should be an open and transparent relationship. It was agreed that as regulatory compliance is one of the risks from the Corporate Risk Register was assigned to the Safety and Quality Committee, that Committee will lead on oversight of the HSE response to the MHC and report back to the Board.

## 6. Reserved Functions of the Board

HSE Board approval is required for six under market value property transactions and three contract approvals 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 transactions and contract approvals.

The Board considered and approved the following for reasons outlined in the briefing papers. Additional clarification was provided to questions from members in relation to the specifics of the transactions and contract approvals.

- Reference No. 1277 Proposed disposal of lands to Longford County Council (address supplied) Co. Longford, Ref. 1277 (**Decision Number 290720/27**).
- Reference No. 2374 To provide a 10-year lease to Gheel Autism Services to occupy a HSE property (address supplied) Co. Kildare (**Decision number 290720/28**).
- Reference No. 2378 Lease Stewarts Care (address supplied) Co. Kildare (**Decision number 290720/29**).
- Reference No. 987 ease former Day Care Centre (address supplied) Co. Offaly (**Decision number: 290720/30**).
- Reference No. 2377 Lease no. 11 (address supplied) Co. Sligo (**Decision number 290720/31**).
- Reference No 2072T Lease to Tusla (address supplied) Co. Laois (**Decision number 290720/32**).
- Reference No 13727 OGP Tender – Single Supplier Framework Contract for the Provision of Cleaning Supplies and Paper Hygiene Products (OGP Ref FCL023F) (**Decision number 290720/33**).
- Reference No.10870 - Provision of Specialist Autism Specific Residential and Respite Supports (inclusive of New Directions Services) - Cork Kerry Community Healthcare. (**Decision number 290720/34**).
- Reference No. 14606 OGP Tender – HSE/Health Sector Natural Gas Contract (UGF010F-2) (**Decision number 290720/35**).

## 7. Committees Update

## 7.1 Audit and Risk

Minutes from the Committee meeting held on 11<sup>th</sup> and 12<sup>th</sup> June as circulated were noted. The Vice Committee Chairperson B. Lenihan provided a verbal update on issues considered at the meeting on 10<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> July: which focused on the Capital Plan, finance procurement, internal audit, risk register and the corporate risk register process which is a work in progress. The Vice Committee Chairperson advised a risk oversight report from a joint working group set up with the Safety & Quality Committee is being prepared to submit to EMT in time for the next iteration of the risk register in September.

### 7.2 Safety and Quality

Minutes from the Committee meeting held on 17 June 2020 as circulated were noted. The Committee Chairperson D. Madden commended the CCO on his engagement and hard work. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 14 July regarding the Implementation of recommendations from Dr Scally's Scoping Inquiry into the Cervical Check Programme – Briefing for the Safety and Quality Committee and noted that the Annual Report on Open Disclosure should come to the Board and should be published on the same day as the September Board meeting.

The Committee Chairperson also provided an update on the Letterkenny Hospital review which was previously discussed at the last Board meeting.

### 7.3 Performance and Delivery

Minutes from the Committee meetings held on from 19<sup>th</sup> June and 15<sup>th</sup> July as circulated were noted. The Committee Chairperson T Hynes provided a verbal update on issues considered at the meeting on 15<sup>th</sup> and 24<sup>th</sup> July.

### 7.4 People and Culture

The Committee Chairperson briefed the Board on the upcoming August meeting that will address the workplan and People and Culture Dashboard.

### **8.AOB**

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

The meeting concluded at 16.45



Signed: \_\_\_\_\_

**Ciarán Devane**

**Chairperson**

**Date: 25.09.2020**