



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 3<sup>rd</sup> June 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, Steven Mulvanny (CFO), Niamh O'Beirne, Paul Connors (National Director Communications), Fran Thompson (CIO), Anne Marie Hoey (National Director Human Resources) Liam Woods (National Director Acute Hospitals), Deirdre McNamara, 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. No conflicts of interest were declared.

The Board met in the absence of management at the start of the meeting. The Chair briefed Board members on the issues discussed on the weekly conference call held with the Minister on 3<sup>rd</sup> June - the Non-COVID Care Plan, update on Screening, private hospitals/ hospitals capacity, nursing agreement, the testing strategy, nursing homes, disability centres, Mental health facilities, and supports for GPs and dentists. In response to queries raised, the Chair provided an update on the filling of vacant board members positions.

The Board communications policy was raised, and it was noted the National Director for Communications is considering this matter.

The CEO and Executive Management Team joined the Board meeting at 18:25pm. The Chair welcomed members of the Executive to the meeting and invited the CEO to begin discussions with a general COVID-19 update.

## **2.0 COVID-19**

### **2.1 COVID-19 Update**

The CEO reported there is evidence of a significant rise in non COVID-19 activities in the Acute Sector. Overall bed occupancy is increasing while COVID-19 related bed occupancy is falling, demonstrating an increase in non-COVID-19 admissions. The proportion of ICU beds occupied by patients with confirmed or suspected COVID-19 is decreasing, and non-COVID-19 cases are increasing.

The Board considered the Government decision that the current agreement with the private hospitals should be terminated on the 30<sup>th</sup> June 2020 in line with the Terms of the Heads of Agreement. It was noted that part of the decision was to request that HSE seek to agree, through immediate negotiations with the private hospitals, a new agreement to come into effect from 1<sup>st</sup> July 2020. The DoH and DPER will provide support and policy input to the HSE in the negotiations. The CEO informed the Board that work has begun immediately on this and that the CFO and National Director of Acute operations have engaged with the DoH. A new agreement will aim to provide the HSE with full access to private hospital capacity in the event of a surge of COVID-19 cases and separately with ongoing agreed access, in collaboration with the National Treatment Purchase Fund, to private hospital services to address the HSE's priority needs in providing both essential care and addressing elective care for public patients experiencing delays. The Board welcomed this approach in the context of addressing both winter planning and the additional challenge of COVID-19 emphasising that patients on trolleys awaiting admission to hospital wards, COVID-19 or non-COVID-19, cannot be a part of how future service is delivered.

The CEO said work is ongoing to assess the impact that 2-metre physical distancing will have on capacity this winter and later, while noting that the biggest risk to capacity is another COVID-19 surge. He provided an example in Kerry General Hospital which will see a reduction of 70 beds if the 2-metre distancing rule is applied, and the reduction would only be 10 beds where a 1 metre distancing rule is brought into effect.

The CEO informed the Board that legal advice had confirmed that advising an employer of the result of an identified employee's COVID-19 test result prior to the individual themselves being advised of same is lawful where that is deemed necessary or desirable by a Medical Officer of Health. The CEO

referenced two additional data issues for Board information, the review of the uploading of COVID-19 cases to CIDR by the Mater Hospital and data access issues at University Hospital Limerick.

The CEO was requested to provide an update on the achievement of targets set in the Testing and Tracing programme. He confirmed there has been significant ramping up in testing capacity and overall 350,000 tests have been carried out. N. O’Beirne confirmed that currently the median turnaround time from referral to test appointment is 1 day, and the 3-day turnaround time from test to results is currently at 83%. A rise in complex cases has impacted the achievement of the 90% target but more progress is expected on this target when more steps in the process are automated. In response to a request for the number of positive cases which arose in HSE facilities, the CEO said this detail was not available at this time as it was not recorded at the outset of testing and will be provided when compiled.

Questions about the prevalence of infection in healthcare workers (HCWs) were raised. The CEO informed the Board that NPHET/Government is considering the future testing strategies for HCWs. The CCO said the high levels of cases are a cause of concern multiple factors may influence the relatively high incidence of COVID-19 among HCWs, including, but not limited to: prevalence of COVID-19 in the community; exposure to COVID-19 in the workplace; IPC practices and access to appropriate IPC training and education; access to PPE; regulation within the workplace (e.g. is the setting subject to review by HIQA or another regulatory body); working arrangements (e.g. staff may work across multiple healthcare settings); and living arrangements (e.g. accommodation may be shared with other HCWs). He confirmed appropriate PPE was available to Healthcare workers.

D. Madden and S. McLoughlin reported to the Board on a briefing they had received from Dr Siobhán O’Sullivan on the guidance on the Ethical Considerations relating to Long-Term Residential Care Facilities in the context of COVID-19 adopted by NEPHET on 28<sup>th</sup> May 2020. They noted that it is useful guidance for decision makers and suggested further operational guidance is required to ensure that those working in LTRC facilities have the necessary information perform their duties. The CCO said that if necessary operational procedures will be developed.

## **2.2 Service Continuity Strategy Framework**

The paper circulated prior to the meeting on Service Continuity in a COVID-19 Environment: A Strategic Framework for Delivery was considered. The COO outlined that due to public health measures and the redeployment of staff as a result of the COVID-19 pandemic there has been an interruption to healthcare services in both acute and community settings but as the anticipated

high-volume surge in COVID-19 patients has not occurred capacity within the health system is becoming available for services. The CCO said that the clinical prioritisation is to ramp up community and acute services that were reduced or suspended due to COVID-19 in a manner which ensures capacity is maintained for COVID-19 rapid response and for emergency and time-critical conditions; reintroduces and scales backup services guided by need, in a phased, clinically aligned and integrated way across community and acute settings, redevelops models of care and care pathways to maximise the activity that can safely be provided in a COVID-19 environment, including digital technology adaptation, to protect the future of the health system and applying evolving international experience and collective knowledge.

The CCO confirmed the service prioritisation process, together with the analysis of the demand for services, led to the development of the Service Continuity Roadmap. The roadmap categorises services into immediate, high, medium and low priority for the purposes of reintroducing or ramping up services that were reduced or suspended during the COVID-19 crisis period, but re-introduction of services may be undertaken in parallel where resources and dependencies allow. The challenges and dependencies set out in the plan were discussed in particular that, the need to maintain COVID-19 services for the foreseeable future and the safe reintroduction of services in a COVID-19 environment, including social distancing measures and Infection Prevention and Control (IPC) requirements, significantly reduces the known capacity and efficiency within the system. The risks regarding the reintroduction of services in a COVID-19 environment were reviewed by the board and it was noted that a risk stratification on the Service Continuity Roadmap is being completed. The Board emphasised the need for a robust communication plan with key stakeholder groups. It was noted that each workstream has a patient representative and the need for an additional patient representative on the oversight group is to be considered.

Following the discussion, the Board welcomed the framework for the safe resumption of non-COVID-19 care and noted there will continuous engagement with services, hospital groups, CHOs and the professional colleges to ensure their ownership and agreement, particularly with regard to resumption dates.

#### **4 Any Other Business**

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

*Ciarán Devane.*

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

**Ciarán Devane**

**Chairperson**

**Date: 17<sup>th</sup> June 2020**