

Minutes of Special HSE Board Meeting

Ref: COVID-19

A meeting of the Board of the Health Service Executive was held on Wednesday 8 April 2020 at 6:00pm. The meeting was held via teleconference.

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

Apologies - Sarah McLoughlin.

In Attendance: Paul Reid (CEO), Colm Henry (CCO), Anne O'Connor (COO), Dean Sullivan (CSO), Stephen Mulvany (CFO), Paul Connors (ND Communications), Dara Purcell (Secretary), John Kelly (Corporate Affairs).

1.0 Governance and Administration

The Chairperson, Ciarán Devane welcomed members to meeting which was called to review the ongoing response to COVID-19.

2.0 COVID-19

2.1 Overall Briefing on COVID-19

The CEO provided an update on key issues in the response to the COVID-19 pandemic since the last Board discussion on 1st April, 2020 as follows:

- o Current referrals for testing are around 2,500 between hospital and community.
- 49 community testing clinics currently undertaking 1,300 swabs a day, hospitals undertaking 1,100 per day and NAS doing 300 per day. Capacity can grow to match

- laboratory capacity capacity is there to undertake 7,700 swabs per day this week well ahead of demand.
- Further lab capacity has been outsourced to a European laboratory provider, which is contracted to process 18,000 samples this week.
- Over 1,400 public servants, across nine centres, have been trained in contact tracing to complement resources in public health

The next key laboratory to go live is Enfer but significant risks remain in relation to getting equipment shipped (due on Monday), kit validated for use and ensuring continuous supply chain of reagent. In response to questions on supply of PPE testing kits and shortage of reagents the CEO said:

- Reagent This is a global challenge with every country competing. It is a continuing risk for hospital laboratories and NVRL, with negotiations continuing with Abbott and Roche.
- o Test kits for swabbing Supply chain in place until end June. This is a key dependency.
- PPE is limited supply and will be required for testing centres and hospitals.
- Trained resources for sampling and case management and contact tracing (especially specialist resources in public health, occupational health and infection and prevention control teams) as demand increases.

The Board reviewed with the CEO and EMT issues with the supply of PPE in the first batch. It was noted HSE is in constant contact with the supplier to ensure that any issues emerging are addressed for future orders. For example, the respirator masks provided in Batch Order #1 are being replaced with a respirator mask for Batch Order #2 that is more suitable for use by front line healthcare workers in the Irish healthcare setting.

In relation to the arrangements the HSE are entering with Private hospitals, Board members asked questions regarding the extent to which consultants in those hospitals have now been engaged by the HSE and the nature of the contracts given to consultants, the impact on private patients in those hospitals, the risk of harm to those patients from the delay in their treatment and the process to ensure that there is no waste of exchequer resources in relation to this deal arising from the time lag between signing up with the hospitals and signing up private consultants. Management confirmed the HSE will reimburse providers for the operational costs of providing the service at the relevant

hospitals where costs are actually incurred by the providers, on a cost only and open book basis and issues in regard to impact and risks to private patient are being considered.

It was noted public only Consultant Contracts were being offered.

The CEO briefed the Board on the level of engagement by the HSE and support for the private nursing home sector in the context of the current COVID-19 pandemic. The Board expressed increasing anxiety about what is happening in nursing homes the extent of COVID-19 deaths that have taken place in nursing homes and similar settings and emphasised the need to ensure controls and processes are in place so that residents in nursing homes will have, and will be seen to have, equitable access to acute care and ICU resources in the coming period.

The Board also emphasised the need to ensure the overall level and disclosure of information to the public is maintained to the greatest degree of transparency possible to ensure there is information available to the public on all issues including the backlog and waiting times during the testing process, COVID-19 deaths have taken place in nursing homes and similar setting. Transparency and openness in all communications between HSE and the public must be maintained and strengthened.

Questions were asked regarding the guidance issued by the NPHET/DoH on ethical considerations regarding critical care, whether it is sufficient as a practical and usable tool to supplement front line decision making or will it be necessary to provide any further guidance. The HSE management plan to ensure that approved guidance is implemented consistently and transparently across the system was discussed. Board members expressed the view the NPHET guidance should ideally have been made available to the Board prior to publication.

In response to Board questions, the CIO confirmed that necessary controls and mitigations have been reviewed in light of the warning issued by Interpol concerning a global alert to health care organisations about the ransomware attacks.

The Board acknowledged and complimented the CEO and EMT on the significant response by the HSE to effectively manage the significant challenges presented by the COVID-19 pandemic.

2.1.1 National Strategy on the mobilisation of COVID-19 testing and contact tracing

The CEO informed the Board on proposals submitted to Government for a National Strategy on the mobilisation of COVID-19 testing and contact tracing details of which had been circulated prior to

the meeting. The intensive efforts to expand capacity across sampling, lab testing and contact

tracing, needs to continue. This will be critical to inform any future public health decisions about

relaxation of current social distancing measures, monitoring the impact of any such decision and

responding to any cases detected. Questions were asked in relation to the backlog and waiting

times during the testing process and what the output of Prof Philip Nolan/ NPHET model is now

indicating about peak demand and supply imbalances and timing?

The CEO confirmed that Niamh O'Beirne had been seconded from EY as a dedicated experienced

senior manager is fully responsible for the full pathway of testing/contact tracing. This will need to be

addressed as a matter of priority to ensure effective management of the process as demand builds

over the coming weeks.

2.1.2 COVID-19 Expenditure (Weekly Flash Report)

The report from the CFO on significant expenditure on COVID 19 measures was noted.

The meeting concluded at 8 pm

Signed: Cinion Devane.

Chairperson

Date: <u>29/07/20</u>

4