



## Minutes of HSE Board Meeting

Friday 26 January 2024

A meeting of the Board of the Health Service Executive was held on Friday 26 January 2024 at 9:00am, via videoconference

**Present:** Mr Ciarán Devane (Chairperson), Prof Deirdre Madden (Deputy Chairperson), Mr Brendan Whelan, Mr Aogán Ó Fearghaíl, Mr Fergus Finlay, Dr Yvonne Traynor, Mr Tim Hynes, Dr Sarah McLoughlin, Ms Anne Carrigy, Prof Fergus O'Kelly, Ms Michelle O'Sullivan and Mr Matt Walsh

### **In Attendance for Board Meeting:**

Mr Bernard Gloster (CEO), Mr Brian Murphy, (Head of Corporate Affairs), Ms Niamh Doody (Executive Business Manager), Mr Dara Purcell (Corporate Secretary), Ms Niamh Drew (Deputy Corporate Secretary), Ms Patricia Perry (Office of the Board)

### **Joined the meeting:**

Mr Stephen Mulvany (CFO), Mr Damien McCallion (COO), Mr Patrick Lynch (A/CSO), Dr Colm Henry (CCO), Dr Stephanie O'Keeffe (ND Operations Planning), Ms Anne Marie Hoey, (ND HR), Mr Mark Brennock (ND Communications), Mr Joseph Duggan (ND IA), Dr Philip Crowley (ND Strategy & Research), Mr David Walsh (ND Community Operations), Ms Mary Day (ND Acute Op), Mr Liam Woods (National Director Health Regions Programme), Mr John Ward (CTTO), Ms Miin Alikhan (AND Strategic Planning and Reporting), Mr Brian O'Connell (Interim ND Capital & Estates)

Minutes reflect the order in which items were considered and are numbered in accordance with the original agenda. All performance/activity data used in this document refers to the latest information available at the time.

## **1. Board Members Private Discussion**

The Chairperson welcomed members to the meeting and provided an update to the Board during their private session on several matters.

## **2. Governance and Administration**

### **2.1 Declarations of Interest**

No conflicts of interest were declared.



## **2.2 Chairperson's Remarks**

The Chair briefed the Board on the quarterly meeting held with the Minister for Children, Equality, Disability, Integration & Youth and the Minister for Disabilities on 24 January 2024, which he attended with two Board members, Fergus Finlay, Brendan Whelan and the CEO. A very positive discussion with the Ministers focused on the Oversight Agreement, the impact of industrial action on Performance monitoring, budget management (forecasting challenges & 2024 NSP), capital (strategic approach and progressing a pipeline of projects), Action Plan for Disability Services 2023-2026, Roadmap for Children's Services (including impact of Fórsa action), Assessment of Need, Disability Workforce issues (including Disability specific strategy and implementation of S39 pay agreement), Regional Health Structures (stakeholder engagement and proposals on HSE Centre Design) and Sustainability Impact Assessment Process.

The Chair informed the Board that the HSE / Department of Children, Equality, Disability, Integration & Youth (DCEDIY) Oversight Agreement, which reflects the responsibility of DCEDIY for funding, policy and oversight of disability services and the accountability of the Health Service Executive to the DCEDIY in delivering disability services, has been finalised and will come to the Board at the February 2024 meeting.

The Chair provided an update on discussions with the DoH and Public Appointments Service (PAS) on the recruitment process for Board members.

The Chair and Yvonne Traynor both reported to the Board on areas discussed with the CEO during his quarterly performance review meeting which was held on 24 January 2024.

The Board referred to a report published by the Joint Committee on Disability Matters - Towards harmonisation of national legislation with the United Nations Convention on the Rights of Persons with Disabilities, noting two areas where the HSE were regressing and agreed that the report would be considered by the Planning & Performance Committee.

The Board noted that arrangements were being made for the Minister for Health to attend the February Board meeting, which may require a change in date.

## **2.4 Minutes of Board meeting**

The Board approved the minutes of the Board meeting of 15 and 20 December 2023.



### 3. Chief Executive Officer

*CEO, Head of Corporate Affairs, Executive Business Manager and REO Midwest joined the meeting*

#### 3.1 CEO Report

The Chair welcomed the CEO to the meeting and the CEO Report was taken as read. The CEO reported to the Board on a number of the key significant areas as set out in the report relating to operational matters, strategic objectives, Ministerial priorities and organisational change.

Discussions were held on the following aspects of the report.

#### Manage the COVID-19 pandemic while delivering health services safely to the public

The CEO reported demand post COVID-19 continued to materialise in the new referrals to waiting lists exceeding projections. The new variant JN.1 when merged with the Influenza and RSV, community transmission recently had an impact in both hospitalisations and outbreaks in healthcare settings. This continues to be monitored weekly and daily managed.

In relation to the planned Government Covid Inquiry Review Process the CEO informed the Board that he is establishing a formal internal mechanism for HSE to review and gather relevant information that will be required to prepare for and assist the work of review process.

#### Waiting List Action Plan

The CEO briefed the Board on the end of year position in relation to the Waiting List Action Plan (WLAP) noting that the Minister has expressed his thanks and praise for the achievements.

He reported that progress had been made during 2023 in reducing the length of time people are waiting for care, noting that the core target of achieving a 10% reduction in the number of patients waiting longer than the agreed Sláintecare times (10/12 weeks) was exceeded in 2023, with an 11% reduction. 2023 saw a reduction of almost one third (32%) on those waiting longer than 12 months.

The Board welcomed the reductions achieved this year over 2022 in the acute hospital scheduled care waiting lists and recognised that while the health service is treating significantly more patients, demand continues to grow.

The Board emphasised that the focus on reducing waiting times needs to be continued as a priority into 2024 because many patients are waiting an unacceptably long time for care. The Board noted that work has commenced with the Department of Health to finalise both the End of Year Report against the 2023 WLAP as well as the new WLAP 2024, which will take account of learnings from 2023, as well as the funding envelope provided for 2024.



### Urgent and Emergency Care

The Board considered and reviewed the measures that had been put in place as part of the HSE Urgent and Emergency Care (UEC) Plan, to reduce the number of patients waiting on trolleys for an acute bed and reduce the number of patients over the age of 75 waiting in emergency departments after a decision has been made to admit them, noting the particular focus to ensure that those patients over 75, were all seen within 24 hours.

The CEO reported that UEC remains a pressured area, but there had been a significant improvement over the previous year position in reducing the number of patients delayed in hospitals, the average trolleys every week, and also the statistics for older people.

He noted the period prior to, and post-Christmas 2023/4 has seen a circa 10% increase in demand within the acute hospitals compared with last year. Community and acute hospital systems have worked collectively to manage this situation, which can be seen in a reduction of delayed transfer of care (DTOC) patients, which have dropped from an average of 654 to 396 this year. Additionally, there had been a greater level of hospital discharges (avg. +108 per day) over this period, which also included additional weekend discharges. The highest levels of weekend discharging had been seen since the introduction of the new planning format in mid-2023.

The Board welcomed the progress made this year to reduce UEC waiting times, particularly since the move to a year-round approach to UEC in the latter half of last year. It was agreed that the February Board meeting will have a detailed review of UEC performance for the winter period.

### UHL Case – Patient A

The CEO briefed the Board on the engagement that he had with the family of Patient A to discuss a number of aspects of this tragic case. He also updated the Board on the work of Mr Justice Clarke.

The Board welcomed the open and compassionate engagement the CEO had with the family of Patient A. In response to Board members questions about accountability, learnings for improvement and assurances that similar failures cannot occur again, the CEO said that Justice Clarke's review will inform further decisions to be made to ensure these issues are addressed.

### Patient Safety Protocol

The CEO noted that there is a delay to completing the first priority of the external review – individual case load risk assessment and confirmed that it is being attended to by the reviewer.



### Employment Control & Industrial Relations

The CEO reported on the employment outturn for 2023 which was circa 8,300 WTE nett growth against an expected 6010/6500 NSP position.

The Board considered the impact of the suite of measures implemented to manage staffing levels in 2023, noting growth at year end is well in excess of the affordable levels and therefore based on the sustained unaffordable growth. Continuation of the measures is required in order to manage this overrun in 2024.

The CEO reported that while the Fórsa industrial action is at the WRC and further engagement is scheduled, the action is causing significant disruption.

The Board discussed concerns about the impact of the Fórsa industrial action specifically, that actions are going well in excess of what is normally reasonably described as “working to rule” including for example non-forwarding of certain HR and financial data returns which is impacting management decisions and overall governance of the organisation. The Board expressed serious concerns about the sustainability of the situation and discussed how best to respond so that the impact can be minimised on HR, finance reporting and service delivery.

In response to the Board concerns, the CEO said while the position is being managed to the best degree possible, he noted that the new Public Service Agreement is an important document and if agreement is confirmed will have specific relevance to our sector and the scale of change. This agreement may provide a basis on which the action can be resolved.

### Chief Clinical Officer Update to CEO

The update report from the Chief Clinical Officer was noted.

### Organisational Change

The CEO updated the Board on the appointment of the new Regional Executive Officers (REOs) for the 6 Health Regions announced on the 25 January 2024. He confirmed 2 REOs are already operational as circumstances required it, and the remaining REOs have been appointed commencing 01 March and 15 April 2024.

It was agreed that the REOs will be invited to join the March Board meeting to discuss the approach they will take to their new roles.



The CEO reported the final Centre high-level design is almost finished and a reorganisation of existing available National Directors has been largely successful.

The Board discussed and provided feedback to the CEO on the overall reorganisation of functions within the HSE Centre and the individual assignments being made as detailed in the CEO report. The CEO noted that the changes at National level will be communicated to the system within the coming weeks and invited Board members to send any further feedback they wish to provide to him directly.

### **3.2 National Service Plan 2024 – Final Draft Amended**

*EMT members joined the meeting*

Board members considered with the CEO and accompanying EMT members the following documentation which had been circulated in advance of the meeting:

- National Service Plan 2024, final draft amended
- Capital Plan 2024 - Building and Equipment 2024, final draft amended
- eHealth & ICT Capital Plan 2024 - unchanged

The CEO presented to the Board the National Service Plan 2024 – final draft amended and outlined the position noting that since the Board approved the NSP 2024 on 20 December 2023, significant negotiations have taken place with both Departments at senior official and Ministerial levels. He outlined that the added dimension this year is in the context of two-line Departments, and while there is a stretch in some of the context of target setting in the revised version, he was satisfied overall that the changes are reasonable and was now recommending them to the Board.

The ND Strategic Planning advised that since the submission of the NSP, there have been in total, 39 separate feedback items received from DoH and 18 from DCEDIY, and outlined to the Board the key areas which had required updating, all of which have been addressed and agreed with both Departments.

In relation to the Capital Plan (Buildings and Equipment), the Board noted that the plan has been amended to reflect DoH and DCEDIY feedback, particularly in relation to a potential pipeline of additional Disability projects which will be subject to the normal assessment and approvals process.

The Board agreed to adopt the National Service Plan 2024, Capital Plan 2024 for Buildings and Equipment and eHealth & ICT Capital Plan 2024 for resubmission to the Minister for Health and the Minister for Children, Equality, Disability, Integration and Youth for approval. **Decision No.: 260124/01**



### 3.3 Board Strategic Scorecard Development for 2024

The ND Strategic Planning presented the Board Strategic Scorecard (BSS) content for 2024 which had been updated to ensure alignment of corporate objectives set out in the Corporate Plan and also with the HSE annual National Service Plan and with the Ministerial priorities as set out in the 2024 Letter of Determination. She summarised the approach taken to develop the content for the 19 2024 Scorecards, all of which were maintained from 2023, and to reduce the number of KPIs and ensure targets, activity and deliverables are feasible and capable of full delivery in 2024. Assurance was also sought that all KPIs align with the strategies referred to in the Ambition Statements.

The Board considered the BSS presented and provided feedback on the following individual scorecards:

- BSS 7 Reform of Disability Services: it was agreed that the ND Community Operations would engage with Board members, Brendan Whelan and Fergus Finlay in relation to the content of the Scorecard.
- BSS 10 Quality & Patient Safety: the CCO to review phrasing and provide greater clarity of KPI 5 - Rate of medication incidents as reported to NIMS per 1,000 beds.
- BSS 12 Recruitment & Retention: it was requested that a KPI with regard to the recruitment of persons with disabilities be added to the Scorecard, with the minimum statutory employment target of 3%, noting that this will increase to 6% by 2025.

With regard to KPI 1 - Average Time to Hire, the longer target time for recruitment in 2024 (19 weeks) compared to BSS 2023 (12.5 weeks) was queried and it was agreed that a clarification would be included.

- BSS 8 Prevention and Early Intervention: it was noted that the KPIs in the prevention section are more secondary prevention, and it was requested that KPIs relating to early intervention and primary prevention be included, and CSO and ND SR agreed to review.

It was requested that a suite of KPI indicators be developed to drive improvements in social inclusion and the provision of services for marginalised groups in the population.

- BSS 11 Patient and Serve User Partnership: with regard to KPI 1 - Implementation of the Better Together Roadmap, clarification was required on how this KPI will be measured.



The Board also requested a summary (1-page) Balanced Scorecard be developed as a supplemental view across the four strategic quadrants (*Access, Safety, Financial and Workforce*) to allow for a balanced view of overall activity and performance management.

It was agreed that:

1. a further draft of the BSS taking account of the Board discussion and feedback will be presented for consideration by the Board at the February 2024 meeting.
2. the BSS End of Year 2023 Report will also be brought to February Board meeting.
3. The completed scorecards with January 2024 data will be available for review at the March Board meeting (data reported 2 months in arrears).

#### 4. Reserved Functions of the Board

##### 4.1 Properties & Contracts

The CEO presented to the Board the following paper relating to a Contract Award for construction of Galway Surgical Hub at Merlin Park University Hospital, Galway.

The Audit & Risk Committee Chair advised the Board that the Committee considered the detail of the Contract at a Special meeting held on 25 January 2024, and agreed to recommend to the Board for approval. The Committee asked that consideration be given to designating this development as one which will operate on a 7-day basis.

The Board considered and approved. **Decision No.: 260124/02**

The Committee requested that the Acting CSO would provide the Committee with periodic reports comparing the tender amounts for major projects approved by the Board with the ongoing and final outturn for those projects. In addition, for all major capital projects, briefing papers will highlight the risks of cost overruns and any other relevant risks.

#### 5. Committees of the Board Briefings

##### 5.1 People and Culture Committee

The minutes of the Committee meeting of 20 November 2023 were noted.

The Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 12 January 2024 as follows.





The Committee was provided with a progress report in relation to the Health Regions Programme, including the transition activities being progressed and monitored, the recruitment of the 6 Regional Executive Officers (REOs), the structure of the HSE Centre, and potential structure of Health Region Executive Management Teams and Integrated Healthcare Areas (IHAs), HQ locations for the Health Regions, the branding, visual identity and names for the Health Regions.

The HR Bi Monthly report was presented to the Committee, which included an update in relation to the international recruitment campaign for Consultants, the implementation of actions identified in the Recruitment, Reform & Resourcing Programme, the Health Sector Workforce Census, In house training, and the work of the Diversity, Inclusion & Equality Team.

The Committee were briefed on a number of updates in relation to HSE National Employee Relations, and discussed some of the current IR issues relating to the Fórsa dispute, the continued rollout and implementation of NCHD's agreement regarding working hours and conditions, and review of the Enhanced Nurse role.

The Committee received an update on the Pay & Numbers Strategy, noting that work is continuing arising from the Budget with regard to the numbers of WTE's, and that the November outcome has pushed employment levels significantly over the year-end target, to which the Board held a discussion.

The Committee reviewed the HR dashboards, and discussed the Agency conversion and initiatives to reduce the Agency spend, and initiatives to increase the percentage of staff who have completed a performance achievement meeting with their line manager. The Committee reviewed the Internal Management Data Dashboard and the HSE Board Strategic Scorecard in relation to People & Culture and Communications.

The Committee were presented with the Internal Communications report which included an update in relation to the current communications activities including the Health Service News article updating staff on the health regions; report on the findings from the 'Remotely Interested?' research project; an automated email solution for staff communication which is being progressed with eHealth; and the Climate Action Campaign.

The Committee received an update on the recent Risk Workshop, and discussed the Committee's role in relation to risk; and were briefed on progress to date on the implementation of the Interim Report of the National Taskforce on NCHD Workforce.



The Committee Chair advised the Board that Committee member, Deirdre Cullivan's term had ended and that work was ongoing to find a replacement.

## **5.2 Planning and Performance Committee**

The minutes of the Committee meeting of 08 and 14 December 2023 were noted and the Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 17 January 2024.

The Committee received an update on current HSE media coverage, particularly in relation to winter pressures in hospitals, and noted that senior management including CEOs were on the ground in hospitals during this period.

The Committee were presented with the monthly COO Performance Report, Performance Profile (November Data), and NPOG meeting notes, and noted that due to the industrial relations environment, some data was unavailable.

Key strategic and operational updates were provided to the Committee with a particular focus on Urgent and Emergency Care, Cancer Services, Therapy Waiting Lists, and Human Resources; Pay and Numbers Profile. The Committee noted that 8 Hospital/CHOs remain formally escalated to National Directors under the Performance Accountability Framework (PAF), and discussed cancer services in Cork and Breast cancer services at Galway which both remain escalated. The Committee queried with the COO when the Diagnostic Review would be available, and were advised that an independent group has been appointed and the Terms of Reference will be provided to the Committee.

The Committee discussed the KPIs used for CAMHS reporting and noted they have not changed for 2024, and that key CDNT KPIs for reporting to the Committee in 2024 are currently under review by Disability Operations.

The Committee were presented with an update on Endoscopy in Ireland, and discussed Endoscopy Demand, Capacity and Demand Management, GI Endoscopy KPIs, GI Endoscopy Waiting Lists, and Accreditation of Endoscopy Services, and the possibility of expanding the age range who are offered bowel cancer screening.

The Committee were provided with an update on the Reform of Primary Care, Community and ECC, and focused in particular on the implementation of the ECC Programme, and discussed staffing for ECC highlighting the apparent gap between HSE inputs and clear unmet need being experienced on



the ground. The Committee discussed an ICPOP measure of patients who are discharged home, and the language used in relation to ICPOPs and asked that it focus on dignity, independence and respect for older people.

### **5.3 Safety and Quality Committee**

The minutes of the Committee meeting of 13 December 2023 were noted. The Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 18 January 2024.

The Committee was unable to discuss the Quality Profile as the data was not available because of the ongoing Fórsa industrial action. It was agreed that the Quality Profile would come to the Committee quarterly instead of monthly until this issue is resolved.

The Committee was presented with an overview of Your Service Your Say (YSYS), and focused on the systems, tools, and supports developed by the National Complaints Governance and Learning Team as a mechanism to drive learning and quality improvement. The Committee queried the accessibility of the YSYS service for people who are visually impaired or have a low level of English proficiency. The Committee also discussed the Ombudsman's Report "Learning to get Better" and requested a summary of actions taken to implement its 29 Recommendations.

The Committee was presented with an example of the management of an anonymized complaint which demonstrated the complexity of the complaints that the HSE manages, the time involved to bring about satisfactory resolution and the importance of good communication in rebuilding trust.

The Committee received an update on the progress on the implementation of the Patient Engagement Roadmap, noting that an action plan has been developed and that this work will be completed and piloted within one of the new Health Regions by Q4 2024. The Committee Chair highlighted that support for this initiative at Board level is critical for its success.

The Committee received an update from the Chair of the HSE National Patient & Service User Forum on her work with 22q11 Ireland and as Chair of the Forum.

The Committee received a briefing in relation to the process of engagement when a transfer of service user from their residence becomes necessary to facilitate renovation or building works. The Committee was informed that a national policy is in development and requested an update and sight of the draft policy in April.



The Committee provided feedback on the draft Adult Safeguarding Review and discussed the governance of safeguarding in the upcoming Health Regions and the likely accounting lines.

The monthly Chief Clinical Officer's report was presented to the Committee, which included an update on Winter Viruses and vaccination uptake, the children's nasal flu vaccination campaign, and the continued pressure on the hospital system with the level of both Covid and flu. Also included in the CCO report was an update regarding Unscheduled Care, the National Screening Services, the ongoing CHI review, National Women and Infants Health Programme - Irish Maternity Indicator System, Termination of Pregnancy Review, Our Lady's Hospital Navan (OLHN) and Clinical Governance for Integrated Health Areas.

#### **5.4 Technology and Transformation Committee**

The minutes of the Committee meeting of 01 December 2023 were noted. The Committee Chairperson provided a verbal report on the matters considered at the Committee meeting that took place on 24 January 2024.

The Committee received an update on the Prioritisation Framework for Transformation and discussed next steps for further development.

The Committee sought clarification with regard to the reporting line for Regional eHealth Leads and suggested that they should report to the CTTO. The Committee queried if there is a project in development with regard to looking at culture in the organisation.

The Committee discussed the HSE Board Strategic Scorecard (BSS) 14 – eHealth and considered removing a number of cyber incidents from the Scorecard and requested that security be reflected in the Scorecard.

The Committee reviewed the CTTO Air Traffic control dashboard which is built around the themes Run, Grow, Transform and Protect which provided Committee members with a holistic view of progress. The Committee welcomed and complimented its development and achievements made in 2023.

The Committee were provided with an update on the Patient App, and were advised that significant work is underway on the Health App which uses skills and lessons from the Covid Tracker App. The intention is that the Patient App will continuously evolve and will be a key patient engagement platform with the health services enabling greater efficiency and access to care. The Patient App received



very positive feedback from the Committee, but concern was highlighted that Voluntary Hospitals were not involved at this stage.

The CEO noted that the Patient App is a very significant achievable development, and recommended to the Board to have the Patient App as a Board Strategic Focus including an update on the overall technology space, at a future Board meeting.

### **5.5 Audit and Risk Committee**

The Committee Chairperson provided an update to the Board in relation to the ARC Risk workshop held on the 9 January 2024, which was attended by ARC members, a number of Board Committee Chairs, the CRO and the AND Enterprise Risk Management. The workshop focussed on how to enhance the role of the Board and its Committees in discharging governance and oversight responsibilities in relation to enterprise risk. The Chair outlined to the Board the summary of actions from the Workshop.

The Board highlighted the absence of a Clinical Risk Register, which the CEO confirmed that he has had discussions with the CRO on the emerging Corporate Risk Register, and the HSE's definition of Risk Appetite.

## **6. Board Strategic Focus**

### **6.1 Health Regions Programme Implementation Update**

The Board Strategic Focus paper on the update with regard to the Health Regions Programme Implementation was taken as read. The Board noted the HSE Health Regions Implementation Plan which was approved by Cabinet in July 2023 sets out a high-level roadmap and the key essential elements to operationalise Health Regions from February 2024.

The CEO advised the Board that the implementation plan is being actively managed and is driven and overseen by a Programme Governance structure, with regular meetings of both the Implementation Planning Group and Programme Oversight Group with membership across key stakeholder groups including patient /service user partners, voluntary representatives and HSE and DoH Staff.

The Board were informed that the recruitment of the 6 Regional Executive Officers (REOs) has concluded, and the revised structure for the HSE Centre, which seeks to achieve a leaner, agile and streamlined Centre has been published. Work is underway regarding the potential structure of



Health Region Executive Management Teams (EMT) and Integrated Healthcare Areas (IHAs). Six geographical boundaries have been agreed, and the proposed headquarter locations were noted.

The Board were advised that there are multiple phases to full Health Region Implementation, with the stand-up of the Health Regions to take place from 1 March 2024, and will continue to progress throughout 2024 in accordance with the agreed design. An outline of engagement with the Section 38 and 39 voluntary organisations and other non HSE providers which remains ongoing was provided.

The Board welcomed the overall strategic direction for the Health regions which will create an organisational structure that aligns healthcare governance at regional level, within a strong national framework and enables better co-ordination and improved performance across health and social care services.

The Board provided feedback on the overall reorganisation and noted the need for clear definition and understanding of governance, scope of mandate, clear lines of accountability and reporting lines for the HSE Centre, Department of Health and Health Regions, which will provide a foundation to enable integrated care which is critical. The Board reviewed how the new reporting structures will empower local decision-making and support population-based service planning and delivery, and the integration of community and acute care in line with Government policy and Sláintecare's overall objectives. They considered that the changes in healthcare governance arrangements should be designed to make services easier to navigate for people, and to facilitate more integrated care, stronger accountability, and greater transparency across the sector.

The Board noted the ongoing engagement with representatives, and that a programme of work is underway with HSE National HR to consider workforce implications and the potential impact on staff/roles in the new structure. This work will continue in partnership with staff representative bodies to agree transition principles and methodologies.

The Board discussed academic linkages between Hospital Groups, Hospitals and Universities and how Education, Training, Research and Innovation will be represented as part of the regional development, high quality healthcare, and workforce planning and were advised that work is being done in relation to how academic training and interprofessional collaboration will be facilitated across the regions. It was noted that further discussion is required on the Health Service/Health Academia association, and where accountability for the co-ordination and engagement with primary



academic partners sits in the Health Regions, factoring in already established linkages between hospitals and academic institutions.

A detailed discussion was held with regards to potential risks to the Health Regions Programme, and the Board agreed that quality and patient safety needs to be safeguarded during the transition. They were advised that due diligence is to be completed on active QPS issues to ensure a full understanding of active issues are captured, addressed, and handed over to the appropriate resource.

The Board welcomed the progress to date and noted that further design work will proceed over the coming months and that ongoing communication and engagement with key stakeholders, as the programme progresses will remain a core priority to ensure full alignment and commitment to achieving the key objectives during 2024 and beyond.

#### **7. Any Other Business and Close**

There was no further business. The meeting concluded at 3.30pm

Signed:   
**Ciarán Devane**  
**Chairperson**

Date: 20<sup>th</sup> February 2024