



HSE Planning and Performance Committee Meeting

Minutes

A meeting of the HSE Planning & Performance Committee was held on Friday 22 September 2023 at 9:00 via video conference.

Committee Members Present: Fergus Finlay (Chair), Sarah McLoughlin, Brendan Whelan, Anne Carrigy, and Joan Johnston.

Apologies: Sarah Barry

HSE Executive Attendance: Damien McCallion (COO), Tony Canavan (CEO Saolta Hospital Group), Miriam Kavanagh (Operational Performance and Integration) Dara Purcell (Corporate Secretary), Niamh Drew (Deputy Corporate Secretary), Patricia Perry (Office of the Board) Sara Maxwell (CEO Office).

Joined the Meeting: Mark Brennock (ND Communications)(Item 2.5), Dean Sullivan (CSO) and Miin Alikhan (AND Nat Strategic Planning & Reporting)(Item 3), Maurice Farnan (AND Community Operations) and Derek Chambers (A/AND Mental Health Operations)(Item 5), Sheila McGuinness (Director of Access, Acute Operations) and Patrick Cafferty (Head of Planning, Performance, and Programme Management, NCCP)(Item 6), Patrick Lynch (CRO) and Elaine Kilroe (AND Enterprise Risk Management)(Item 7)

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. Committee Members Private Discussion

The Committee held a private session to review the agenda, the relevant papers and approach to conducting the meeting, noting that the focus of the meeting would be to receive updates on key items and to suggest relevant actions as they became apparent.

2. Governance and Administration

The Chair welcomed executive members to the meeting at 9.30am.



2.1 Declarations of Interest

No conflicts of interest were declared.

2.2 Minutes of Committee Meetings

The Committee approved the minutes of 21 July 2023.

2.3 Meetings Dates 2024

The Committee approved the meeting dates for 2024, noting that the date for March would be amended.

2.4 Workplan 2024

The Committee discussed the Workplan for 2024 and agreed that a focus is required by the Committee in relation to mental health services, ageing and older people, community services, and a focus on how strategies are performing. Committee members to forward their suggestions to Chair, and the COO agreed to supply the Committee with a list of a number of areas of focus for the Committee.

The Committee requested that briefing papers presented to the Committee are summarised and it was agreed that the COO Performance Report and Profile be presented to the Committee going forward.

2.5 HSE in the News

ND Communications joined the meeting

The ND Communications provided the Committee with an update on current HSE media coverage, particularly in relation to the Paediatric Orthopaedic Surgical service at Children's Health Ireland (CHI) at Temple Street following a number of serious spinal surgical incidents there. The Committee welcomed the commissioning of an expert to lead an external review.

ND Communications left the meeting.

3. Service Planning

3.1 National Service Plan (NSP) 2024

Dean Sullivan CSO, Miin Alikhan joined the meeting

The Chair advised the Committee that due to timings the National Service Plan 2024 update in relation to the estimated financial cost in 2024 for Existing Level of Services (ELS) and National Service Developments (NDSs), did not come before the Committee and was presented to the Board on 13 September 2023 for review and consideration.



The CSO presented to the Committee a paper, circulated in advance of the meeting requesting the Committee to consider the approach to the structure and drafting process of the National Service Plan 2024, including proposed outline and content for their consideration and feedback.

The Committee noted that a new approach was agreed for the 2024 planning process in the context of the significant financial and operational constraints, and to ensure a co-ordinated planning process. The Committee noted that the 2024 starting position is oversubscribed with a projected recruitment carry over of circa 7,400 WTE posts, which includes not yet onboarded posts approved in previous years' service plans and winter plans, a percentage of which are not specifically full year funded. It was also noted that the recruitment carry over into 2024, will greatly exceed the forecasted market supply of circa 6,500 WTE that are available for recruitment in any given year and before any additional NSD needs are considered for 2024 and the stabilisation of the base rather than commitment to significant further service developments must be the priority.

The CSO advised the Committee of the key improvements in the 2024 national service planning process and set out the proposed outline for the NSP 2024. The Committee noted that work has commenced on the development of content for the NSP 2024 to ensure an early draft pre-Letter of Determination NSP 2024 is available for review by EMT/SLT and brought back to the Committee in October.

4. Performance Oversight

The COO Report, Operational Service Report (June / July Data), Performance Profile (June / July Data), National Performance Oversight Group (NPOG) Meeting Notes (August / September Data), and the PMO Report – Winter/NSP 2022-23, which had been circulated prior to the meeting, were noted.

The COO updated the Committee on the key strategic and operational updates outlined in the above documents, focusing in particular on Scheduled Care, Urgent and Emergency Care, Urgent Colonoscopy, Cancer Services, Therapy Waiting Lists, CAMHS, Disability Services, Independent Investigations, Resourcing / Pay and Numbers Strategy, Absenteeism, Escalation to National Director Level Performance and Accountability Framework (PAF) 2023.

In relation to Scheduled Care, the COO advised that as at the end of July, the total number of patients removed from the OPD, IPDC and GI Scope waiting list was circa 4.8% higher than target, with circa 12.1% more patients removed from the waiting list YTD than in the same period last year. He advised



that positive progress has been made in reducing the total number of patients on a waiting list, with data as at 24 August indicating that the total number of patients waiting had decreased by circa 1.7k since the end of May.

The Committee noted that against the 2023 Waiting List Action Plan, the total waiting list position is circa 4.1% behind target, as a result of additions being circa 7.8% higher than projected, and were provided with a comparative analysis of access performance across the seven hospital groups based on their current performance. The Committee noted their concerns with regard to methods by some hospitals in reducing waiting lists and the COO referred to the National Outpatient Waiting List Management Protocol, and that Internal Audit have completed a report with regard to the application of the protocol in hospitals.

In relation to Urgent and Emergency Care (UEC), the COO advised the Committee that trends across all Patient Experience Times (PET) metrics are stable.

The Committee discussed this year's UEC target that no patient aged over 75 years will wait for more than 24 hours in our ED's, and noted that performance is being tightly monitored and hospital sites breaching this target are being identified and failure to improve will evolve into a more formal process. The Committee requested a copy of the waiting times for those breaching the target.

The COO provided an update in relation to Urgent Colonoscopy breaches which were down from the previous month. He advised that a formal Performance Notice issued in August from the National Director Acute Operations to the CEO SAOLTA Hospital Group in line with provisions in PAF 2023 due to persistent performance issues, and were assured of remedial actions taken and revised oversight arrangements.

The COO advised the Committee that operational performance for 3 KPIs in particular are being tightly monitored and the overall CAMHS waiting list has reduced from the previous month. The Committee noted that the new executive lead for CAMHS will take up post in September which will build capacity to address performance matters in the service.

The Committee discussed the ongoing diagnostic review, noting that the first phase was scheduled to be completed in September, to which the COO advised that he would come back to the Committee with a further update.



The COO advised the Committee in relation to issues that remain with waiting list numbers in some therapies and that rates of referrals have increased. It was agreed that a focus on this will be required at a future meeting.

The COO advised the Committee that following the HSE Board's approval of the Roadmap for Service Improvement 2023 – 2026 on 28 July 2023, confirmation of its launch date has yet to be confirmed. The Committee noted that in relation to the Roadmap Governing Structures, the draft Terms of Reference and membership have been forwarded to the Department Children, Equality, Disability, Integration and Youth for their input, and that the National Service Improvement Lead has been appointed. The COO agreed to circulate to the Committee an update in relation to the Roadmap.

An update on the implementation of the CEO memorandum to staff in relation to the 3 week cap on wait time for approval of aids, appliances and devices funding for children, was also requested by the Committee.

5. Committee Focus Area

Maurice Farnan, AND Community Operations and Derek Chambers, A/AND Mental Health Operations joined the meeting

Mental Health

The Chair advised the Committee that a joint approach in relation to Mental Health is required with the Safety & Quality Committee, and discussions have taken place with the Chair of the Committee.

The Committee noted the Mental Health papers circulated in advance of the meeting and the A/AND Mental Health Operations provided a presentation to the Committee, on the current position within the HSE, as requested previously by the Committee to include people, funding, management structures, and a good understanding of overall need, including especially unmet need.

The Committee reviewed the presentation and discussed the importance in seeing an overall plan to improve mental health services.

It was agreed that the presentation would be circulated to Committee members.

AND Community Operations and A/AND Mental Health Operations left the meeting



6. Committee Focus Area

Sheila McGuinness, Director of Access, Acute Operations Acutes and Patrick Cafferty, Head of Planning, Performance, and Programme Management, NCCP joined the meeting

Cancer Services

The Committee noted the briefing paper circulated in advance of the meeting in relation to cancer performance at Cork University Hospital.

The Committee were advised that operational responsibility for cancer services lies with the relevant service providers and through the operational arms of the HSE, Acute Operations and Community Operations. The NCCP and Acute Operations co-chair a Cancer Oversight Committee to collaboratively oversee the operation of the cancer service, with a particular emphasis on the rapid access clinics and cancer surgery. Performance monitoring for cancer services is reported on to NPOG by HSE Acute Operations and the NCCP.

The Committee were advised of the challenges that remain in CUH in terms of achieving and improving the current Key Performance Indicators (KPI), with a particular focus on Breast and Prostate, Radiology access/capacity - PET, US, CT, MRI, and Mammography.

An outline of the challenges were presented and discussed by the Committee relating to breast radiology, posts have been funded across the system, however difficulties in recruitment and retention have resulted in insufficient number of radiologists and radiographers. The private sector capacity for mammography and other radiology that remain challenged as a result of COVID backups, and the staffing challenges relating to recruitment and retention, annual leave, staffing vacancies.

The Committee were advised that there is ongoing engagement with clinicians and senior management teams at HG level via the NCCP-Acute Operations Oversight group.

Director of Access, Acute Operations Acutes and Head of Planning, Performance, and Programme Management, NCCP left the meeting

7. Risk Management

Patrick Lynch, CRO and Elaine Kilroe, AND Enterprise Risk Management joined the meeting

7.1 Corporate Risk Review Update

The CRO provided an update to the Committee in relation to the Final draft Report of the Corporate Risk Review 2023, which had been circulated in advance, which reflected the output and decisions of



the EMT taken at their workshop to consider the Review Report which was held on the 12 September 2023, and subsequently by the Audit & Risk Committee (ARC) at their meeting on the 15 September 2023. The Committee noted the 10 proposals contained in the Report which responded to the findings of the Review.

The ARC Chair advised the Committee that the ARC had discussed with the CRO the plan to review the approach to risk oversight by the Committees of the Board and it was agreed that the ARC would hold a separate meeting devoted solely to the topic with the CRO and team and report back to Board for consideration of how Risk should be managed at Board level, which would likely include the need for a similar Risk orientation for all Board and Committee members.

7.2 Q2 2023 Corporate Risk Register (CRR) Report

The CRO presented to the Committee the HSE Q2 2023 Corporate Risk Register (CRR) Report.

The Committee noted that there are currently 21 risks on the Register, of which 15 are rated High and 6 rated Medium.

The Committee noted that as the Corporate Risk Review is being concluded in parallel with the Q2 2023 Corporate Risk Register (CRR) Report, the Q2 report is “by exception”.

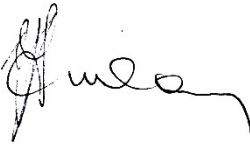
7.3 Risk 5 – Sustainability of Disability Services

The Committee agreed to hold discussions until after the Corporate Risk Review is completed.

8. AOB

No matters arose under this item.

The meeting ended at 1.45pm

Signed: 

Fergus Finlay
Chairperson

20th October 2023
Date