



HSE Planning and Performance Committee Meeting

Minutes

A special meeting of the HSE Planning & Performance Committee was held on Thursday 14 December 2023 at 17:00 via video conference.

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

HSE Executive Attendance: Stephen Mulvany (CFO), Stephanie O’Keeffe (ND Operations Planning), Philip Crowley (ND Strategy and Research), Miin Alikhan (AND Nat Strategic Planning & Reporting), David Walsh (ND Community Operations), Robert Kidd (AND Acute Operations), Maurice Farnan (AND Community Operations), Marie Carroll (GM National Strategic Planning and Reporting), Carol Ivory (GM Acute Operations), Dara Purcell (Corporate Secretary), Niamh Drew (Deputy Corporate Secretary), Rebecca Kennedy (Office of the Board).

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. Governance and Administration

1.1 Declarations of Interest

No conflicts of interest were declared.

2. National Service Plan (NSP) 2024

The ND Operations Planning and CFO updated the Committee on the NSP 2024 process. The updated draft NSP 2024 and its current timeline were circulated to the Committee in advance of the meeting for review and consideration. The majority of feedback received from the P&P Committee on the draft 1 post-Letter of Determination (LoD) NSP 2024 at the meeting of 8 December had been incorporated in the updated draft.

The Committee were advised that the NSP 2024 has been prepared in a particularly challenging financial and operational context. It has been developed with significant input from the Board’s



subcommittees and will be submitted to the Board for feedback on 15 December. The planning team sought to ensure that the Plan appropriately responds to both the Minister for Health and the Minister for Children, Equality, Disability, Integration and Youth's LoDs and associated Priorities. The Plan seeks to demonstrate continuing progress with key reforms, with a particular focus in 2024 on addressing challenges within urgent and emergency care and tackling waiting lists. It was highlighted that particular issues and risks in 2024 in relation to the financial context within which the Plan has been prepared and the continuing workforce challenges are clearly signalled within the draft NSP.

The Committee were advised that feedback on draft 1 post-LoD NSP 2024 was received from the DoH on the day before the committee met (13 December) and circulated to service teams for their consideration and that subsequent amendments, following Departmental feedback, to the NSP will be included in the next draft. Some key issues highlighted as part of the DoH feedback were related to: an increase in KPI targets to 5% higher than 2023 targets; how the Health Regions will also help improve productivity; eHealth, in particular shared care records; medicines sustainability and how generic drugs will be supported; National Oral Health Policy; Social Inclusion sub-section on Refugee Health; clarification on certain services for Older Persons; expansion of Bowel Screening; and clarification of the number of critical care beds.

The CFO advised that in relation to overall financial challenges in an ongoing uncertain environment, a total of €23.5bn has been provided in day-to-day funding to operate the health services in 2024, with €2.8bn of that being provided by DCEDIY in respect of specialist disability services and the balance of €20.7bn being provided by the DoH. The CFO highlighted that although there have been unprecedented levels of additional government investment in health in recent years, the cost of running our existing services at current levels over the next twelve months will be a significant challenge in the context of the total funding available to the health service in 2024.

The Committee discussed plans in relation to the focus on productivity and highlighted that the language should clearly define early in the document the proposed approach. It was discussed that the intent of the CEO is to define productivity in terms of delivering additional activity from better use of the resources we have to further meet the needs of the people we serve. Committee members reinforced the importance of capturing the principles which will enable staff to deliver on the productivity challenge noting significant operational challenges and working environments. The need to strengthen the role of the community sector, especially in relation to the multi-annual urgent and emergency care plan was discussed and change management support was also raised as a consideration to achieve productivity aims. One of the risks of not achieving the proposed productivity



savings, especially as it applies to reducing agency staff, was discussed and the CFO advised that this risk is a challenge and has to be managed appropriately so that we don't over-burden existing staff.

In relation to disability services, the Committee requested that this section of the draft NSP be revised and strengthened. The ND Operations Planning advised that further funding was expected in this area and this section may be revised following the receipt of further detail of this funding. It was also highlighted that while the section on Patient Engagement was welcome, Patient Advocate and Disability Organisations should be included here.

The Committee expressed concern on the KPI targets highlighted, particularly those set at a lower point than the 2023 KPIs. The ND Operations Planning advised that of the 297 KPIs, c163 maintain the 2023 target/expected activity level. 18 metrics are new. 63 metrics show an increase in target and 20 metrics have a lower target. This is mainly, though not exclusively, because funding received to drive additional service activity in 2023 has not been committed for 2024. The Committee were advised that setting targets is part of an ongoing dialogue and that service leads were continuing to engage with Departmental line divisions to close out on 2024 likely service levels, striking a balance between setting stretch targets versus targets which are attainable for services, in the face of known risks and higher levels of complex care.

In relation to the funding of clinical strategies outlined in the draft NSP, the Committee expressed particular concern on the low level of additional funding allocated to the National Cancer Care Programme (NCCP) for 2024 as it was felt it may not be sufficient to progress the NCCP in line with Sláintecare.

The Plan's overall alignment with Sláintecare and providing the right care in the right place was discussed. The Committee emphasised the need to ensure the plan continues to move the HSE towards the goal of universal healthcare in line with the ambitions of the Sláintecare objective of patient / service user care closer to home. The message to services is that the HSE remains committed to implementing Sláintecare and achieving 2024 NSP targets will be progressed in line with Sláintecare objectives. It was agreed that supporting ongoing progress towards the objectives as set out in Sláintecare from a strategy perspective be made clear in the final NSP.

The Committee agreed to recommend to the HSE Board the adoption of NSP 2023 on the basis that their feedback is incorporated into the final draft and a copy of the draft which is submitted to the

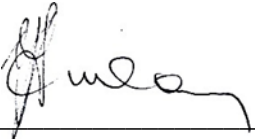


Board is circulated to the non-Board Committee members. The ND Operations Planning and CFO thanked the Committee for the comments and feedback and confirmed they would be addressed in the next draft. It was noted that the final version of the NSP 2024 is due to be adopted by the Board on Wednesday 20 December and then submitted formally to the Department of Health and the Department of Children, Equality, Disability, Integration and Youth.

4. AOB

No matters arose under this item.

The meeting ended at 18:07.

Signed: 
Fergus Finlay
Chairperson

17 January 2024

Date