



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Minutes of HSE Board Meeting

Friday 29th January 2021

A meeting of the Board of the Health Service Executive was held on Friday 29th January 2021 at 10.00 am by video conference.

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

In Attendance for Board Meeting:

Paul Reid (CEO), Colm Henry (CCO), Stephen Mulvany (CFO), Dean Sullivan (CSO), Anne- Marie Hoey (ND HR), Anne O’Connor (COO), Mark Brennock (ND Communications), Niamh O’Beirne (National Lead Testing and Tracing), Damien McCallion (National Lead on Implementation of COVID-19 Vaccine) Dara Purcell (Secretary), Niamh Drew, Amy Phillips.

Joined the Meeting:

Ellen McLoughlin (item 2.3), Justine McCarthy (item 2.3), Yvonne Goff (Acute Strategy) (item 2.3), Helen Kelly (item 2.3), Jim Curran (Head of Estates) (item 4.1).

1. Governance and Administration

The Chairperson welcomed members to the meeting. No conflicts of interest were declared.

The minutes from the monthly meeting on 18 December 2020 and the additional meeting regarding the NSP on 15 January 2021 were approved. Board minutes are to be published on the HSE website.

The draft Board Workplan 2021 as circulated prior to the meeting was discussed and the following amendments were agreed: start time will be 9am to allow more time for discussion/ Committee’s updates; discussion of the Board Strategic Scorecard will be allocated 2 hours on the agenda each month and the report from the Chief Executive Officer will be allocated 1 hour for discussion. The Board requested that the CEO report and the Board Strategic Scorecard be aligned to allow the Board to have a comprehensive narrative reporting on current progress and the forecast of year-end achievements and corrective actions.

The strategy items for consideration under the strategic priorities and enablers section of the agenda will be scheduled by the Chairperson and CEO each month, and Board members requested to front load key enablers such as patient and service user quality and safety. The Board emphasised papers for these strategic items section should be succinct, and at the appropriate strategic level. Reports from Regulatory Authorities (such as HIQA, Mental Health Commission) should be brought to the Board for consideration as published.

The Chairperson of the Performance and Delivery Committee briefed the Board on a proposal to split the Performance and Delivery Committee into two Committees, one focusing on the operational element of the Committee and the other focusing on the strategic element of the Committee. It was agreed this would be discussed as part of the Board Development Programme.

2. Chief Executive Officers Update

2.1 CEO Report

The CEO spoke to his monthly report as circulated to the Board which provided an overview of the progress and initiatives that have been to the fore in the month since the last Board meeting.

The CEO brought to the Board's attention the following issues in the report: Finance November data; Performance November data; the Corporate Plan and the National Service Plan (NSP) noting they are both with the Minister and awaiting formal approval; New drugs approvals advising a balance of €16million of the €50million new drugs provision in 2021 NSP now remains; RTE PrimeTime Investigates Documentary at Tallaght University Hospital. He welcomed that all 18 Private Hospitals have now signed the Private Hospital Agreement with the HSE. He informed the Board the Paediatric Palliative Care Report had been submitted in late 2020 and the recommendations have been accepted and will progress as part of the implementation plan in line with NSP 2021. He confirmed the Scheduled Care Transformation Programme has been established to ensure a sustained, system-wide transformation process, working with DoH, NTPF and other key stakeholders to tackle the complex challenge of scheduled care waiting times, and to ensure the safe delivery of care in the context of the ongoing pandemic, progress will be reported monthly via the Board Scorecard.

The CEO advised the GP and Pharmacists' Agreements with the IMO and the IPU on the rate of fees to apply for GPs and pharmacists for the COVID-19 Vaccination Programme was approved by Cabinet and work is now progressing to take forward the implementation of the agreement under the direction of the CCO, as part of the wider COVID-19 Vaccination Implementation Programme.

He informed the Board the COO has taken responsibility for implementing the recommendations of the NIRP Report, and has established a Safety, Risk and Management Oversight Team to implement the recommendations. The CEO has scheduled monthly meetings with COO who will report on progress

against the recommendations in the NIRP. The Board noted the Safety and Quality Committee will provide oversight on behalf of the Board on the Report implementation.

The CEO provided an update on the response to the current surge in the COVID-19 Pandemic. He highlighted several concerning signs, including the number of COVID-19 patients in ICU noting ICU pressures will remain for many weeks. The number of staff absent due to a diagnosis of COVID-19 or self-isolation remains very high, and has increased compared to the previous week. The CEO highlighted the significant difficulty regarding community nursing homes with outbreaks in 30% of homes.

The CEO advised the Board that national critical care surge plans have been implemented which have included, the expansion of advanced respiratory management outside of ICU departments; increasing the number of surge critical care beds and ventilator equipped beds and the teams to staff these beds; upgrading of oxygen supplies with telemetry monitoring of these critical gas supply systems; increased levels of Critical Care transfers utilising the NAS Critical Care Retrieval Service; utilisation of Private Hospital beds and ICU beds under the Private Hospital Agreement and focused planning and management of cases and resources by ICU teams. The CEO advised reductions in the rate of COVID-19 infections will allow the temporary pause on testing asymptomatic close contacts to be reversed.

In response to questions from Board members on the potential to use testing and tracing centres for the vaccine rollout, the CEO advised from an operational perspective these centres may be used as mass vaccination centres in the future.

The CEO also highlighted the importance of protecting healthcare staff as they remain under relentless pressure. The Board acknowledged the work of the CEO and all staff during this wave of the pandemic and welcomed the collaboration between the Government, DoH and HSE.

2.2 COVID-19 National Vaccination Implementation Programme

The CEO and CCO provided an update to the Board on the COVID-19 National Vaccination Implementation Programme. A Project Management Office (PMO) function has been established to support the office of the CCO with the day to day coordination and management of implementing the vaccination programme. Damien McCallion has been assigned responsibility, reporting to him for the implementation of the National Vaccination Implementation Plan, and subject to clinical oversight from the CCO. The CEO provided details on the number of vaccinations to date and the key programme risks that are being managed and mitigated as appropriate.

The Board welcomed the COVID-19 Vaccination Implementation Programme as presented and recognised the significant work done to date. The CEO advised Progress on the National Vaccination Implementation Programme will be reported to the Board as a programme report in the Board

Scorecard.

The Board noted the initial phase has evolved into a live operation and the next phase involves significant ramp-up in line with projected vaccine supply. The Board considered with the CEO the key challenges to enable a safe, efficient and effective rollout at this scale such as the efficient and timely scaling of necessary workforce (specialist and other); the development of Vaccination Administration Locations – appropriately sized and located and digital infrastructure to integrate all aspects of the vaccination programme.

The Board was advised that workforce planning is currently being finalised to enable a phased approach to the scale up of vaccinator teams. Engagement with staff representative bodies and external bodies are ongoing as part of the scale up plan. Initial contact with the Public Appointment Service has also been established should there be a need to draw from Civil and wider Public Service to build the workforce. This workforce will be deployed across multiple sites (Vaccine Administration Locations) of various scale (e.g. Long-Term Care Facilities, GPs, Pharmacies, Mass Vaccination centers of various sizes).

A number of questions/clarifications were raised with the CEO including the key programme risks, the overall governance structure of the National Vaccination Implementation Programme, ethical and legal aspects of the consent process, in particular for people who may have impaired decision-making capacity, the impact of COVID-19 on non COVID-19 services, and communications to build trust and confidence in the HSE.

The CEO confirmed progress is ongoing on the mitigation of key risks and it was noted that the Vaccine Stock Control risk will be considered by the ARC at its next meeting which is due to be held on 12 February 2021.

In relation to the overall governance of the Vaccination Programme the Board noted the High-Level Task Force on COVID-19 vaccination is established to support the DoH and HSE to deliver a COVID-19 immunisation programme and to monitor progress and report to Government, as may be required on the development and implementation of the strategy/plan. All key Departments and Agencies including the HSE are represented on High Level Task Force.

Professor Madden informed the Board she had been contacted by the HSE Clinical Lead on consent matters for the vaccine administration. The Board agreed that Professor Madden should continue to engage with this issue on behalf of the Board.

The COO assured the Board that the impact of COVID-19 on non- COVID-19 services is being monitored by EMT. The ND Communications advised openness and transparency is a key component to build and maintain trust and confidence in the organisation. He informed the Board work is ongoing to promote

positive, honest, practical communications across multiple channels to reach a large proportion of the population throughout the year. Board members noted greater patient engagement may contribute to retaining trust and confidence in the organisation.

2.3 Board Strategic Scorecard

The CSO provided an update on the current status of the Board Strategic Scorecard and next steps noting that a further meeting with the Board Working Group was held on Thursday 28 January. Feedback has not been incorporated into the attached 'Dry-Run' Strategic Scorecard but will be considered in preparation for the 'Live' Board Strategic Scorecard at the February Board meeting.

The CSO confirmed that following consideration by the Board an agreed format of the Scorecard will be submitted to the Department of Health on a monthly basis, as part of the reporting arrangements in the DOH-Executive Performance Engagement Model and Oversight Agreement in development, consistent with the Letter of Determination. The Board sought clarification on the process for the input from the Board to be captured in the final report to the Minister.

The Board highlighted the importance of engaging with DoH to ensure the report satisfies the Minister's reporting requirements as set out in the Letter of Determination and that there is alignment with the Scorecard and other operational reports submitted to the DoH. The Board also suggested that the data should be easy to populate and there would be merit in including the previous months rating in the Scorecard to track progress.

The CSO was asked to consider the feedback from the Board and incorporate it into the 'Live' Board Strategic Scorecard for the February Board meeting.

2.4 Oversight Agreement

The CEO noted that in line with the D/PER Code of Practice for the Governance of State Bodies an Oversight Agreement is being put in place between the Minister/DoH and the HSE, and the DoH had provided a draft agreement for review by the HSE. The draft Oversight Agreement has been updated to include feedback from EMT members and legal advice received to ensure the agreement is in line with statutory requirements. The Letter of Determination outlines some additional requirements relating to reporting arrangements which have been considered as part of the development of the draft Oversight Agreement.

The draft Oversight Agreement was circulated to the Board members and feedback was sought from the Board and will be incorporated into a revised final draft which will be brought back to the Performance and

Delivery Committee for consideration and discussion, and then to the HSE Board for formal sign off. It was noted the HSE Code of Governance is to be finalised and aligned with the Oversight Agreement. The Oversight Agreement and Code of Governance will be brought back to the February Board meeting.

3. Strategic Workforce Planning and Resourcing/Recruitment Update

The ND HR presented this item to update the Board on the progress from the Strategic Workforce Planning and Resourcing Taskforce which has been established to deliver a ‘whole of health service’ approach to workforce planning and recruitment. This taskforce is driving collaboration between the services, the national recruitment service (NRS) and National HR to ensure that existing recruitment capacity is used effectively and efficiently and also that additional recruitment capacity is built where needed.

Board members discussed the good progress made to date and acknowledged the challenge of recruitment such as filling posts in some geographic locations. The Board also raised concerns regarding the hiring of consultants not on the specialist consultant register and the ND HR advised work remains ongoing to mitigate this. Board members highlighted the risk new positions pose to create an increasing number of replacement vacancies and emphasised the importance of retention. The ND HR acknowledged the risk and noted the recruitment planning tool considers approximately 6.5-7% staff attrition rate. The Board sought clarification on improving the HR recruitment website, the ND HR assured the Board improving the website is a work in progress.

4. Reserved Functions of the Board

4.1 Property/Contract Transactions

HSE Board approval was requested for two property transactions and one contract transaction under its reserved functions based on the comprehensive briefing papers provided in the pack circulated prior to the meeting with members being given the opportunity to ask questions and seek further clarification.

The Board considered and approved the following for reasons outlined in the briefing papers.

Lease renewal of Units 4 & 5 Ground & First Floor, Nexus Building, Ballycoolin, Dublin 15 and Lease acquisition of Units 1, 2 & 3 Nexus Building, Ballycoolin, Dublin 15 **(Decision no 290121/02)**

Lease at Unit 9 Block 5/5B Sword Business Campus, Balheary Road, Swords, Co Dublin
PRG Ref: E/L/1220/2507 **(Decision no 290121/03)**

Contract Award for 50-bedded Residential Care Centre at Seán Purcell Road, Tuam, Co Galway.

(Ref: IO 61003227) **(Decision no 290121/04)**

The briefing papers circulated prior to the meeting also sought approval from the Board entering into a Public Private Partnership (PPP) arrangement for a 25-year concession period using the standard Project Agreement template for seven Community Nursing Units (CNUs) and appointing the preferred tenderer BAM PPP PGGM Infrastructure Coöperatie U.A. (BAM).

Board members discussed the delivery of infrastructure using the PPP delivery mechanism. In response to concerns raised regarding the costs associated with PPP contracts and value for money, the Board was informed that in accordance with the PPP Guidelines a public sector benchmark (PSB) must be developed prior to tender. The PPP Guidelines also require that a number of value for money tests are undertaken by the National Treasury Management Agency (NTMA) at various stages of the PPP process. The NTMA have confirmed that the preferred tenderer is deemed to provide value for money. The Board also noted that the successful tender is affordable, and the risks associated with the financing design and construction element of a PPP project sits with the appointed PPP Co.

Despite reservations, the Board agreed to approve the contract in principle noting the tender process was compliant, however it was requested the CEO / EMT engage with the DoH to confirm PPP is still a preferred Government policy for construction projects of this nature. **(Decision no 290121/05)**. F Finlay dissented from the decision to approve the contract.

5. Committees Update

5.1 Audit and Risk

The Vice Committee Chairperson informed the Board the January meeting was postponed in order to support the current EMT workload in relation to the COVID- 19 pandemic surge. He advised that the February Committee meeting will go ahead with a shorter agenda and noted that the C&AG will be in attendance at that meeting. The February meeting will also consider vaccine stock control and risk management.

5.2 Safety and Quality

Minutes from the Committee meetings held on 11 November and 16 December as circulated were noted. The Committee Chairperson provided a verbal update on the issues considered at the meeting on 19 January, noting that the Committee requested EMT to review the reduction of the risk rating of CRR 15 Screening Services and to revert back to the Committee. The January Quality Profile Report was also considered by the Committee. The Chairperson reflected to the Board the continuing concern of Committee members with regards to the assessment of need in compliance with the Disability Act and

will continue to seek monthly updates on progress on this issue.

5.3 Performance and Delivery

The Committee Chairperson advised the Board the January meeting was postponed in order to support the current EMT workload in relation to the COVID- 19 Pandemic surge. The Chairperson advised the Committee will focus on the preparation of the 2020 Annual Report at its next meeting.

5.4 People and Culture

The Committee Chairperson provided a briefing to the Board covering the key points of the last meeting which covered Strategic Workforce Planning and Resourcing and HR Dashboard. The Committee suggested some changes to the Dashboard which the ND HR agreed to consider for the next Committee meeting. The next meeting of the Committee is due to be held on 4 February 2021.

7. AOB

The Chairperson thanked all in attendance for their contributions and robust discussions.

The meeting concluded at 16.15

Signed: Ciarán Devane

Ciarán Devane

Chairperson

Date: 26th February 2021