

Mr. Simon Harris TD  
Minister for Health,  
Department of Health,  
Block 1, Miesian Plaza,  
50-58 Lower Baggot Street  
Dublin 2,  
D02 XW14.

Ref: HB00112

Wednesday 08 April 2020

Dear Minister Harris,

Firstly, I would like to convey my thanks and admiration, and that of the Board, for how you and your colleagues are discharging your duties during this crisis. You have my utmost respect.

I am writing to you in relation to a number of matters that impact the statutory governance role of the HSE Board arising in this exceptionally fast moving and rapidly changing environment during the COVID 19 emergency.

As the Board of the HSE we retain our role in governance irrespective of the current emergency but equally the Board recognises that the HSE is one component of the whole of Government crisis response. A number of decision-making and monitoring forums have been established ensuring alignment with Government objectives/policies.

While it is important that the Board fulfils its functions, it must do so in a manner that does not deplete or distract executive resources, or that leads to delays at critical times. This approach to the crisis response will have a significant impact on previously agreed plans, in particular the National Service Plan, and that where activity or funding is negatively impacted by the crisis response, it is important that this is understood now in real time.

The following is an indication of the engagement processes that the CEO and key EMT members have to fulfil and the overhead this has over and above the significant operational management requirement in this emergency situation:

- (a) Two Cabinet Committee meetings per week;
- (b) Twice weekly briefings to Opposition Parties;
- (c) Twice weekly updates for Minister;
- (d) 2 X NCMT Meetings per week;

- (e) 2 X NPHET Meeting per week;
- (f) Conference calls to Board;
- (g) Twice weekly press conferences;
- (h) Daily coverage on all national media key radio and TV programmes.

In this emergency situation the Board is obviously concerned to ensure it discharges its role for the governance of the HSE in relation to COVID 19, in overall delivery of Service Plan 2020 and in respect of longer-term objectives. Having reviewed the principles above with the CEO, the Board wish to advise you now of the following actions to enable the Board to execute these functions over coming weeks and months in this emergency situation.

## 2. Board oversight - COVID 19

- 2.1. The HSE Board held four special Board meetings in March to provide oversight of the emergency response to COVID-19 challenge and to make a number of key decisions. These meetings allowed the Board to review with the CEO and the Executive Management Team the latest evidence of the spread of COVID-19 and the actions required to allow for the scaling up of health and social care services to contain, delay and ultimately mitigate the impact of an outbreak.
- 2.2. Building on this there will be regular incorporeal Board meetings with the CEO/EMT to allow management to update the Board on Executive actions across all operational matters relating to management of the COVID emergency response including financial, procurement, communications and operational planning. There will also be a briefing on the work of NPHET at these weekly calls.
- 2.3. CEO amended delegation

Recognising the unique and rapidly changing environment pertaining, and to ensure the effective operation of the multi-agency approach, the Board provided an amended delegation to the CEO to make the necessary decisions as required within the All-of-Government approach and multi-agency approach. This amendment provided the CEO with authority to approve any expenditure associated with COVID-19 pandemic once approved by DPER and DOH. *(The CEO's normal approval limit is to execute contracts up to the value of €10m, or in the case of transactions concerning land or property, up to a value of €2m. Formal Board approval is normally required beyond this threshold).*

It was deemed prudent to also include in the amended delegation the ability for the CEO to accept any offers (which may be termed as gifts) from the private sector that may assist in the management of this pandemic.

I am advising you of this temporary change in delegated authority for the CEO as required by section of the Section 16P of the Health Act 2004 (as amended).

2.4 NPHET

I requested the CEO to write to the Secretary General to ensure the Board can input into important matters being considered by NPHET which are connected to its governance role, for example the Ethical framework for clinical decision making during the pandemic.

This led to an engagement between two Board members and Dr Siobhan O'Sullivan in your Department about the Ethical Framework, the process by which it was developed (including input from some patient representatives), the need for consistency and transparency, and how it is going to be communicated to the public. The engagement with the Department on this issue was positive and helpful in addressing some concerns the Board had. I thank the Secretary General and colleagues for helping with this.

3. **Corporate Processes**

3.1. Corporate Plan

The Executive and Board have been working for a number of months on the preparation of its Corporate Plan, the agreement of which is a reserved function and a primary responsibility of the Board under the Code.

Working closely with the Board and its Committees, significant progress has been made with the preparation of the 2020 HSE Corporate Plan, working towards a submission date of the end of March 2020, as requested by you in correspondence of 19 August 2019. As part of the corporate planning process, a number of review and engagement processes have been completed, and reports submitted for Board consideration in draft or final form, including:

- Overview of International Healthcare Plans [November 2019]
- Analysis of Existing Stakeholder Views [November 2019]
- Existing Strategies, Plans, Review Documents – Healthcare Environment [November 2019]
- Population Health and Demographics [November 2019]
- Findings from the Nationally Representative Survey of 1,000 adults in Ireland [March 2020]
- HSE Community Panel Trust and Confidence Research Report [February 2020]
- Consultation Report – Face to face Key Stakeholder Meetings [February 2020]
- Consultation Report – Stakeholder Workshops [February 2020]
- Consultation Report – Written Submissions [March 2020]
- Online Survey Findings [March 2020].

Notwithstanding the very significant work undertaken to date, it was not possible to conclude the Corporate Plan process by the end March, given the need for staff at all levels, from across the organisation, to focus on preparations for and responses to the COVID-19 emergency. No doubt the plan itself will need to be different once we emerge from this crisis.

In this context I request your support for a postponement of at least four months (to the end of July 2020) for the conclusion of the Corporate Plan. The length of this postponement will be kept under review and if it proves possible to finalise the plan sooner that will be done.

### 3.2. National Service Plan

For the 2021 service planning process, the Corporate Plan will be a key driver and should set the context for earlier and fuller engagement with the Board. While indicative timelines for the completion of the various stages of the planning process have been developed – from the Estimates bid through to the submission of the final NSP 2021 – these timelines and associated processes are subject to review over the coming weeks in light of the impact of the COVID-19 emergency. This will be done taking into consideration the need for a streamlined process that meets legislative requirements, the responsibilities of the Board and the expectations of the Department and Government.

With the overwhelming pre-eminence of the COVID-19 risks, it is likely that the provision of some other services as envisioned in Service Plan 2020 will be fundamentally and negatively impacted. As the COVID-19 pandemic spreads, the focus of leadership and accountability is on the manner of the HSE's response to the need and addressing the COVID-19 related illness.

Accordingly, I wish to advise you that the provision of other services as envisioned in Service Plan 2020 will be fundamentally and negatively impacted. Following COVID-19 the Board will need to assess, in consultation with the CEO, the full impact and shortfalls on the delivery of the key priorities, actions and activity levels set out in NSP2020 and, if necessary, prepare an amended NSP 2020.

### 3.3. Sláintecare

In the context of the COVID-19 emergency, a decision was taken in March by the HSE Executive and the DoH Sláintecare Programme Implementation Office to pause all SIF projects and associated recruitment processes, other than in exceptional circumstances where a project was fully established and seen as directly contributing to the management of COVID-19. For those staff members who had already been recruited to SIF project posts, opportunities have been taken to redeploy them to support front line services or COVID-19 response requirements. The position in relation to the pausing of SIF projects will be revisited after three months.

More generally, in relation to Sláintecare activities and programmes of work, these are being reassessed in the context of COVID-19.

It should be noted that many of the operational measures in place now to deal with the COVID-19 emergency response are strongly aligned to the Sláintecare policy direction. These measures will be reviewed after the crisis to consider if they should be retained post COVID-19 in the context of Sláintecare implementation.

### 3.4. Review of the Centre Programme

In January 2020, a firm of consultants was engaged to conduct a review of the HSE's Corporate Centre to understand its functions, current structures and ways of working. This exercise was to form part of a broader review, aimed at ensuring that the HSE's corporate services, and its constituent functions are geared to supporting operation services, such as hospital groups, community healthcare organisations and related services in the medium to long-term. This piece of work was being undertaken in anticipation of the formation of Regional Health Areas.

This review required extensive engagement by members of the EMT, the broader Senior Leadership Team, the Community Health Care Organisations and the Hospital Groups. The next phase of the review required interviews with the next level of management, e.g. Asst. National Directors.

A decision was taken in March to defer further work on the review of the Corporate Centre at this time, in the context of COVID-19. The requirement to defer this work will be kept under review.

### 3.5. Performance Monitoring - Business as usual

Data gathering continues at operational level. The HSE Performance Monitoring and Improvement Unit is continuing to record performance activity and is making this data available to the DoH. However, the CEO has written to the Secretary General to inform him that he intends to stand down the HSE National Performance Oversight Group (NPOG) for the foreseeable future as the EMT will not have the time to prioritise performance engagements. At the same time, performance reporting (Clinical, Quality, Human Resources and Financial) in relation to Service Plan 2020 within the HSE through the Board and its Committees is being paused temporarily.

### 3.6. Corporate Risk Register and COVID-19

In January 2020, HSE executive management added Covid-19 to the list of principal risks of the HSE as part of the risk management process and brought it to the attention of the Board. The Audit and Risk Committee met on 13th March 2020 and reviewed the Corporate Risk Register. Most of the discussion focused on the HSE's COVID-19 response. COVID-19 situation has an impact on many of the other risks on the Corporate Risk Register [e.g. capacity/ demand, staff health and safety, infection prevention and control, infrastructure, etc]. The view of the Audit and Risk Committee was that the Corporate Risk Register, as a dynamic document and process, is one of the principal ways in which the Board discharges and demonstrates its oversight duties. The Committee recommended that the other risks on the Register be recalibrated in light of the impact of COVID-19.

The relevant Board Committees assigned oversight for individual risks on the Corporate Risk Register will provide oversight of this process.

#### 4. Contingency Planning for CEO and Executive Management Team resilience

The CEO has provided the contingency arrangements for replacement appointments for 1) the HSE National Crisis Management team; 2) the HSE Executive Management Team and 3) the HSE Senior Leadership team during the COVID-19 emergency should that need arise.

The Board has a specific role in terms of addressing a replacement for the CEO and other senior managers if he/they are not able to fulfil his functions. Section 21G of the Health Act 2004 (as amended) provides the Board may appoint such other employee of the Executive to perform the functions of the CEO during any period or periods when he is absent from duty or from the State or is, for any other reason, unable to perform the functions.

The Board has previously approved (Board resolution attached) the following persons to perform the functions of the CEO in the event that the CEO is unable to do so:

- (a) Chief Operations Officer
- (b) Chief Clinical Officer
- (c) Chief Strategy Officer
- (d) Chief Financial Officer
- (e) National Director of Human Resources

In the event that a contingency arrangement needs to be put in place for the CEO, one of the aforementioned persons can be appointed by the Board to perform the functions of the CEO for as long as the contingency arrangement is required, or until alternative arrangements are made.

In conclusion, as a Board, we are extremely grateful for the dedication and commitment of all the staff in these unprecedented times and we have communicated directly to the CEO our full appreciation for all his efforts and those of our colleagues in the health and social care professions across the system as they handle the pandemic and prepare for its full arrival. I can only commend the thoroughly professional work being done by our people across the system.

We also wish to thank you and your officials in the Department for all that you are doing during this unprecedented and difficult time.

Yours sincerely,



Ciarán Devane,  
Chairperson