## Príomhoifigeach Feidhmiúcháin

Feidhmeannacht na Seirbhíse Sláinte Urlár 1, Ospidéal an Dr Steevens' Baile Átha Cliath 8 D08 W2A8



**Chief Executive Officer** 

Health Service Executive 1<sup>st</sup> Floor, Dr Steevens' Hospital Dublin 8 D08 W2A8

23rd March 2020

Our Ref: PR/EK CEO Ref: 01450

Mr Jim Breslin
Secretary General
Department of Health
Block 1, Miesian Plaza
50-58 Lower Baggot Street
Dublin
D02 XW14

Re: HSE Board

Dear Jim,

The Department and the HSE have been working together at exceptional pace to strengthen our healthcare infrastructure and to prepare the general public for what we expect will be a paradigm shift in terms of demand for and access to treatment during this crisis.

The recommendations by the Department's National Public Health Emergency Team (NPHET) have necessarily, in the public interest, resulted in curtailments of civil liberties. Similarly, the implementation of actions agreed by the HSE's National Crisis Management Team (NCMT) are completely changing the complexion of frontline healthcare delivery. I have been keeping the Board fully informed of developments at the NPHET and the NCMT.

The Board as you know is the HSE's governing body, and its functions are set out in Section 16P of the Health Act 2004 (as amended). While there is an appreciation by the Board that this is not business as usual, and they understand that decisions regarding resources, above and beyond the existing budget, lie primarily with the Government, the Board is understandably concerned that its statutory governance role is respected.

One of the issues which the Board has raised with me relates to the actions that are being notified to the HSE by the NPHET. My office notifies the Board of these actions on a regular basis, and not all of the NPHET actions will be of particular concern to the Board. However, the Board is mindful that it too has a role in protecting the health of the public. It is concerned about the likelihood that certain decisions by the NPHET, when communicated to the HSE for implementation, will have direct implications for its statutory role.

By way of example, the Board has noted that the NPHET is considering an ethical framework for clinical decision making during the pandemic. While the HSE is a participant in a NPHET/DOH led

process considering this, the Board is right to expect that it should be engaged with before policy guidance impacting the HSE is put in place.

I propose to ask the Chief Clinical Officer to ensure that the Board can input into important matters being considered by the NPHET which are connected to its governance role from now on.

I would be grateful for your agreement to this proposal.

Yours sincerely,

Paul Reid

**Chief Executive Officer**