

Minute of the meeting of the
Board of the Health Service Executive
on
Thursday, 9th July 2009

Members present: L. Downey (Chairman), B. Drumm (CEO), N. Brennan, D. de Buitelir, P. Farrell, P.J. Fitzpatrick, M. Gaffney, E. McCague, J. Mooney, W. O'Reilly and D. Power.

Apologies: A. Scott.

Attendees: D. Purcell, Secretary.

Joined the meeting: M. McDonald, L. McGuinness, S. Mulvaney, D Lyons, J. Carolan, B. Gilroy, L. Stronge, J. Hennessy.

Dr. J. Clarke, HSE GP Unit Advisor; I. Carter, CEO James Hospital and P. Mc Cormack Clinical Director, Connolly Hospital attended for item 9.

Time & Location: HSE-EA, Adelaide Road, Dublin, at 8.00 a.m.

Item	Discussion / Comments	Action
1	Minutes of the previous meeting	
	The minutes of the Board meeting held on the 11 th June, 2009 were agreed.	
2	Matters arising from minutes	
	The action points from the previous meeting were reviewed and noted. No matters were arising.	
3	Report from Chief Executive Officer	
	<p>The CEO spoke to the monthly report to the Board. He reported on the recruitment process commenced to select Regional Operations Directors and the Assistant National Director Children Services; the recent forum with General Practitioners; the launch of the Scariff Primary Care team; the contingency framework to be put in place to deal with the effects of the action taken by Pharmacists; the changes to take effect in NCHD working arrangements in August 2009 under the European Working Time Directive (EWTD); and the reconfiguration of the acute services in Cavan and Monaghan General Hospitals.</p> <p>Following a discussion the Board noted the report and in particular that there is a National Implementation Group in place to oversee the implementation of the changes under the EWTD. The Board emphasised that the implementation of these changes should be monitored to ensure there is no adverse affect on service delivery.</p> <p>B. Gilroy and J. Hennessy joined the meeting for consideration of the implementation of the Consultant Contract 2008 particularly on the measurement report on public/private practice activity.</p> <p>J. Hennessy outlined the new measurement systems that have been developed in order to measure the private practice activity by consultant at individual level. He confirmed that hospitals are in a position to provide monthly activity reports on consultant private practice rates to Clinical Directors and Hospital Managers. The Board welcomed the progress made</p>	

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	<p>to improve the measurement of private practice activity in accordance with the provisions of the 2008 consultant contract and emphasised the need for ongoing management of the contract provisions to ensure effective implementation and compliance.</p> <p>B. Gilroy spoke to the report on the National Financial and Procurement System circulated as an addendum to the CEO report. He confirmed that the business case for this national system was being considered by the Department of Health and Children and it is expected the business case would be submitted to the Department of Finance/ Centre for Management and Organisation Development (CMOD) CMOD before the end of July 2009.</p>	
4 Report of Committees of the Board		
	<p>Remuneration and Organisation Committee, 8th July 2009</p> <p>D. de Buitleir, Chairman of the Remuneration and Organisation Committee reported on the Committee meeting held on Wednesday, 8th July 2009.</p> <p>The Committee had considered a report from the CEO on the 2008 organisational performance and progress on the integrated services programme/organisational changes. He reported that the Committee will be engaging with management and the Secretary General in September to consider the organisational design structures at sub-regional level.</p> <p>The Committee had also considered a request from the Department of Health and Children that, in the context of the current economic and budgetary difficulties, consideration of any Performance Related Awards (PRAs) for 2008 would be suspended pending the issue of further guidelines from central Government. On the recommendation of the Committee the Board agreed to the Department's request. The Board Chairman will advise the Department of this agreement.</p>	Chairman
5 Monthly Performance Report - May 2009 and Vote Expenditure Report June 2009		
	<p>D. Lyons, L. McGuinness, J. Carolan, M. McDonald and S. Mulvaney joined the meeting for consideration of this item.</p> <p>Performance Report April 2009 and Vote Return May 2009</p> <p>D. Lyons reported to the Board on the activity and employment levels and financial position as set out in the May 2009 Performance Report and in the Vote Expenditure Report at the end of June 2009 which had been circulated prior to the meeting.</p> <p>He confirmed the HSE is achieving the activity levels set in the Service Plan and, in some areas, exceeding them. He reported that there is evidence from the May data that the cost control measures are taking effect with expenditure in many areas reducing although the rate of reduction remains a concern and the cost associated with the Flu Pandemic (H1N1) 2009 is a new emerging issue. In addition the shortfall in the Appropriate-in-Aid figures needs to be monitored.</p> <p>The CEO reported that sanction had been received in June 2009 to proceed with the new service developments planned in the Service Plan 2009 and these developments will now be put in place.</p> <p>L. McGuinness reported that the measures in place within the PCCC Directorate to achieve breakeven by year end are on target. S. Mulvaney reported that further reductions within the NHO Directorate are required to breakeven but he confirmed that there is continued strong focus within the</p>	

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	<p>NHO on meeting end of year budget targets.</p> <p>Following a discussion on the performance report the Board noted the progress being made to deliver the service levels agreed in the National Service Plan within budget and HR targets and that management is continuing a strong focus on cost containment measures to deliver a breakeven position by year end.</p> <p>Medium Term Planning 2010 and Beyond J. Carolan reported to the Board that discussions are ongoing with the Department of Health and Children to prioritise planning assumptions for the development of the 2010 Service Plan and that the planning scenarios prepared with the Department of Health and Children will be presented to the Board at the meeting on the 10th September 2009.</p>	<p>J. Carolan/ Agenda item Sept 09</p>
6 HSE-Employer's Agency – Banking arrangements		
	<p>M. McDonald spoke to the briefing paper on this item which had been circulated to the Board prior to the meeting. He confirmed this is a technical resolution to appoint new signatories for the HSE-EA Bank account arising from the retirement of the current authorised signatories to the account.</p> <p>The adoption of the resolution as circulated to change the authorised signatories to the account was proposed by N. Brennan and seconded by M. Gaffney and agreed by the Board (<i>HSE Board Decision No. (09.07 (15)/2009</i>)).</p>	
7 Property Transactions		
	<p>B. Gilroy spoke to the briefing paper on the finalisation of legal arrangements relating to a site at Ballina, Co. Cavan for the construction of a Health Centre. Approval to have the final deed of transfer signed and sealed was proposed by P.J. Fitzpatrick and seconded by W. O'Reilly and agreed by the Board (<i>HSE Board Decision No. (09.07 (16)/2009</i>)).</p>	
8 Contract Approvals		
	<p>L. Stronge joined the meeting for the consideration of this item and spoke to the briefing paper on the contract for the provision of a haemodialysis service in Kilkenny and the contract for obtaining medical locum agency services. He confirmed that proper tender procedures have been complied with and that funding is available for each project. As the value of each contract was in excess of €10m it is a function of the Board to approve the award of the contracts.</p> <p>Approval to award both contracts was proposed by P.J. Fitzpatrick seconded by J. Mooney and agreed by the Board (<i>HSE Board Decision No. (09.07 (17)/2009</i>)).</p> <p>L. Stronge also reported, for the information of the Board, that Framework Agreements have been put in place in 2009 in a number of high expenditure areas to maximise the purchasing power of the HSE and to obtain quality services and products at the most competitive prices available. These Framework Agreements relate to procurement of specific products and services for a typical period of up to four years. The HSE currently has 18 Framework Agreements in operation and a further 12 in progress across all areas of expenditure.</p>	
9 Development of Primary Care Services		
	<p>Dr. J. Clarke, B. Murphy, A.M. Lanigan, I. Carter and P. McCormack joined the meeting for consideration of this item.</p>	

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	<p>L. McGuinness spoke to the report on primary care teams which had been circulated prior to the meeting. She highlighted that, at present, there are 112 Primary Care Teams (PCTs) operating across the country, with 754 HSE staff and 438 GPs participating in teams; there are an additional 88 teams in development i.e. to be operational in 2010 and that we are on target to deliver 530 PCTs by 2011 when everyone in the country should ultimately be able to access up to 95% of the care they need within their local community. She also reported on the progress being made to develop the primary care infrastructure required for the delivery of the PCTs.</p> <p>There are a number of services currently being delivered primarily in an acute hospital setting e.g. Warfarin Clinics that could be suitably delivered either in a PCT setting or in a shared care model with secondary care.</p> <p>She outlined the services being provided and developed in the PCTs and the activities in progress for staff reconfiguration to work within the PCT structures including integration of Clinical Directorates and engagement with GP Unit Doctors. She reported that a comprehensive analysis of the established PCTs to evaluate the benefits in terms of service provision to patients and clinical outcomes on a cost benefit analysis will be undertaken and a report on the outcome will be provided to the Board.</p> <p>Dr. J Clarke, HSE GP Advisor, outlined how a primary care team operates including the clinical governance structures and the services/initiatives which will be delivered within the PCTs. He highlighted in particular the services which are currently being delivered in an acute hospital setting that can be delivered in a primary care setting or a shared care model with secondary care e.g. Warfarin clinics; and management of chronic diseases such as diabetes and asthma care.</p> <p>Following a questions and answers session on the presentation the Board noted the significant progress being made to develop the Primary Care Teams and shift service delivery from acute settings to be delivered through the PCTs.</p>	
10	Update on Service Level Arrangements with Voluntary Service Providers – Board briefing	
	<p>L. McGuinness spoke to the briefing paper on this item which had been circulated prior to the meeting. She reported that the HSE has developed standardised documentation to execute service level arrangements (SLAs) with all voluntary service providers as required under the Health Act 2004. She confirmed that considerable consultation has occurred with representatives from Voluntary Service providers/organisations to get agreement on the content of the SLAs. All agencies accept the need for standardised SLAs to be in place but have raised a range of concerns regarding particular provisions. Discussions are ongoing with representative bodies of the voluntary sector to finalise the SLAs and have them formally signed off.</p> <p>Following a discussion the Board noted the progress being made and emphasised the need to ensure that these SLAs are put in place as a matter of urgency.</p>	Secretary
11	AOB	
	<p>The Chairman informed the Board of a letter dated 30th June 2009 from the Minister for Health and Children relating to the recently published report of the working group on certain accounting issues relating to the HSE (Considine Report). The Minister had requested that the Board put in place arrangements to track implementation of the recommendations and submit a</p>	Matter referred to Audit Committee.

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	report to her on progress at 6 monthly intervals. It was agreed that this matter would be progressed through the Audit Committee.	

The meeting concluded at 12.40pm.

Signed: _____ Date: _____
Liam Downey
Chairman