



# Health Service Executive CEO's Report to the Board



February 2023  
CEO Board Report

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## Chapter 1 - Introduction





## 1. INTRODUCTION

Thanks to the additional efforts of healthcare staff across the wider system, including GP colleagues, the exceptionally high levels of delayed acute hospital admissions (ED trolley waits) that were seen in the 1<sup>st</sup> week of the year were quickly brought under control. Each of the subsequent five weeks saw steady reductions in trolley waits, with each week showing improvement on the previous week, assisted by the subsequent peak and rapid reduction in the levels of respiratory viruses circulating, and related hospitalisations, albeit the weekly improvements proceeded this peak

In the last week or so, following the February Bank Holiday, there has been a concerning increase in the level of trolley waits. As we know, given the related patient safety implications, there is no acceptable level of delayed acute hospital admissions.

The National Crisis Management Team continues to monitor the overall situation closely, including seeking to better understand the recent uptick in trolley numbers, albeit some level of increase was to be expected given that the exceptional efforts of recent weeks, including enhanced weekend working, could not be sustained indefinitely without more medium-term reconfiguration and / or investment. An After-Action Review (AAR) is currently in progress to ensure we can identify and act on the learnings over the last two months or so. This will inform our short to medium term planning, which is expected to be documented by the end of March covering the period to the end of next summer. The AAR will also inform our long-term planning, which is expected to be documented by the end of June, covering the period to the end of 2025. These documents will be shared in draft with the Board, so that we have the benefit of the Boards advice and guidance before moving to finalise them.

### 1.1 CONSULTANT CONTRACT

Initially, the new Consultant Contract was due to take effect from February 8, 2023, whereby all new entrant consultants would be offered the new Consultant Contract (2023). The date of implementation has recently been extended by the Department of Health for a short period of time to allow for further consultation. Preparations for the roll out of the contract have commenced.

This contract will also be available to all existing consultants. An intensive communication and information sharing strategy is planned, this will inform all existing consultants of the terms and conditions, to thereby maximise the take-up of this new contract.

### 1.2 COVID-19 TESTING

We have been engaging with the Chief Medical Officer (CMO) of the DoH in reference to the proposal by the HSE to amend our approach to testing for COVID-19 in mid-February to align the needs of our current clinical and Public Health response.

We await a response and will update the Board in due course.

### 1.3 TRANSFER OF SPECIALIST COMMUNITY BASED DISABILITY SERVICES

Effective from 1 March 2023, Specialist Community Based Disability Services (SCBDS) will transfer from the Department of Health (DoH) to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), placing disability services within a single department.

In advance of this transfer, a series of workshops and ongoing bilateral engagement is occurring between DCEDIY, the DoH and the HSE.

### 1.4 NATIONAL AMBULANCE SERVICE (NAS) STRATEGY 2031

I recently wrote to the Secretary General in regard to the NAS Strategy 2031, to ensure that the Department of Health and the Minister are fully informed of the Board approved NAS Strategy and that the HSE has a range of work currently underway, including future estimates planning.

### 1.5 MCHUGH REPORT – A LONG-TERM REVIEW OF MATTERS RELATING TO STUDENT NURSES AND MIDWIVES

We have recently received correspondence from the Secretary General in regard to the Cabinet's decision to implement the remaining recommendations of the McHugh Report.

Eligible Supernumerary Students will benefit from additional financial supports to assist them whilst on placement. Sanction has been recently given for these costs, which we welcome on behalf of all students undertaking a nursing career.

	<b>Self care</b>	Colds Sore throats Hangovers	Take care of minor ailments at home with a first aid kit and a well-stocked medicine cabinet.
	<b>Pharmacy</b>	Headaches Tummy aches Coughs	Ask your local pharmacist for advice on common minor illnesses.
	<b>GP Surgery</b>	Feeling ill Back pains Ear aches	Make an appointment with your GP if you're feeling unwell and it is not an emergency.
	<b>Local Injury Unit</b>	Minor injuries Broken bones Burns	Get treatment for minor injuries, broken bones, dislocations and burns.
	<b>Out of Hours GP</b>	GP Service outside normal clinic hours	If you urgently need to see a GP outside of normal hours, contact your local GP out-of-hours service.
	<b>ED or 999/112</b>	Choking Chest pains Breathing problems	Visit an ED or call 999 or 112 if someone is seriously ill or injured and their life is at risk.

When care is needed, consider all the options.





## Chapter 2 – Chief Clinical Officer Update



## 2. CHIEF CLINICAL OFFICER UPDATE

### 2.1 OPERATIONAL UPDATE

2.1.1 Winter Viruses 2023 - During week 5 of 2023 (29 January – 4 February), compared to week 4, there have been decreases as follows;

1. Influenza – 229 v 359 (-35%)
2. COVID-19 – 709 v 744 (-4.7%)
3. Respiratory Syncytial Viruses – 59 v 85 (-30.6%)

In parallel, there has been a significant downward trend in hospitalisations also.

There is a rapid growth of the sub-lineage of XBB.1.5 (Kraken) in the US, this does not necessarily mean that it will become dominant in the EU/EEA, major differences in variant circulation between North America and Europe have been observed several times before. There is currently not enough information available to assess any change in infection severity associated with the variant.

There is a planned Unscheduled Care Summit on the 24th March to bring together clinical communities and multi-disciplinary teams to gather insights and ideas to support improving system efficiency and enhance planning for winter 23/24.

2.1.2 Therapeutics Programme - There have been 2,948 prescriptions for Paxlovid notified from the 15 April 2022 to 8 February 2023, of which 2,498 generated in the community and 447 in the acute hospital settings. There is continued engagement with GPs to maintain communications on the potential benefits of Paxlovid and all include a meaningful message of availability of Paxlovid in our communication with the public.

2.1.3 Evusheld - The HTA of tixagevimab + cilgavimab (Evusheld) was completed on 21 December 2022 and the National Centre for Pharmacoeconomics (NCPe) recommended that it should '*not be considered for reimbursement unless cost-effectiveness can be improved*'. In view of the fact that Evusheld is not cost-effective at the submitted price and it has a very high budget impact, a negotiated price reduction is recommended. Once additional information is submitted by the company this drug will be scheduled for review at the HSE Drugs Group prior to a reimbursement recommendation. In advance of this, it should be noted that the US Food and Drug Administration has withdrawn its emergency use authorisation for, `Evusheld, citing data showing that the treatment is unlikely to be effective against the XBB.1.5 subvariant of omicron now dominant in the United States as of 1 February 2023.

2.1.4 National Screening Service -

- **BreastCheck** - In 2022, BreastCheck completed 156,784 mammograms, +4.5% above target. In December, the BreastCheck programme completed 9,700 mammograms for women in the eligible population, -3% below target. While the programme remains a year behind schedule, there has been continued improvements to return to previous scheduling. BreastCheck continues to send invitations to women who turned 69 in 2020/21 that may have missed their final screen.
- **CervicalCheck** - In 2022, CervicalCheck completed 248,353 screening tests, which is -7.6% below the revised activity forecast (268,957). In December, CervicalCheck operated normally, completing 13,606 screening tests which was -14% below the revised forecast (15,804). CervicalCheck complete a predictive modelling exercise annually to estimate the number of women due to attend for screening based on previous attendance. Predictive modelling for 2022 was challenging following the introduction of a new screening model, COVID-19, the high uptake in 2021 and the

legacy out-of-cycle screening tests in 2018. The original annual target was set at 295,000 and the updated predictive activity forecast is 268,957.

CervicalCheck and the Coombe have worked closely together to resume laboratory services; which recommenced in late December 2022 with a small initial number of samples for final validation. A resumption plan for the return of samples to previous volumes (10%) is being finalised. An oversight group is proposed to provide senior leadership for all aspects of the working relationship between the NSS and the Coombe Hospital in relation to the provision of laboratory services for the CervicalCheck screening programme once the NCSL steering group closes.

- **BowelScreen** - In 2022, waiting times for a colonoscopy for those that have a FIT positive test, within 20 working days, was below the  $\geq 90\%$  target at 83.7%. BowelScreen has completed the insourcing procurement exercise via the Dynamic Purchasing System on behalf of participating BowelScreen hospitals to conduct surveillance scopes by way of weekend insourcing in 2023. BowelScreen continues to work closely with the participating endoscopy units to return to 2019 levels of activity. Clinical staff shortages are being reported with some units reporting endoscopy rolling closures into quarter 4, 2022 and the utilisation of endoscopy beds spaces to support surges in emergency demand. The number of invitations issued in December 2022 was 24,298, 21.5% above target (20,000). In 2022, BowelScreen screened 125,529 eligible participants, 10.3% below target (140,000). BowelScreen screened 6,861 eligible participants in December, 31.4% below target (10,000).
- **Diabetic RetinaScreen (DRS)** - The programme is operating normally and participants are being offered screening appointments within screening timelines. In December, DRS screened 8,390 participants with a final graded result, 6.8% below target (9,000). In 2022, Diabetic RetinaScreen screened 113,134 participants with a final graded result, 2% above target (111,000). Ongoing issues and challenges continue to be managed in CUH. The re-screening project has commenced in the Cork region. Participants awaiting a screening appointment in excess of KPI timelines in CUH will be offered a re-screening appointment.
- **Dr Scally Report 2022** - The NSS has published *Implementation of Dr Scally Reports: A review by National Screening Service* which outlines the work completed to date in cementing clear governance, meaningful patient and stakeholder involvement, improved quality assurance and transparent reporting structures, which was reflected in the Dr Scally report, 2022.

## 2.2 KEY STRATEGIC UPDATES

- 2.2.1 Enhanced Community Care Programme - To date 2,227 staff are on-boarded with a further 257 in recruitment. This is 71% of the approved 3,500 WTEs. €240m was originally approved in 2021 NSP, €195m was provided with a further €45m approved for 2022 and €23m in 2023, totalling €263m. 94 of the 96 CHN's, 21 of the 30 CST's for Older People ICPOP and 21 of the 30 CST's for Chronic Disease are established. The 21 Community Intervention Teams (CIT's) are now operational nationally. Over 80k referrals in 2022 with 7,573 referrals to CITs in December 2022 were completed. Direct access to GP's for diagnostic scans saw 253,172 provided to year-end above target (240k), with a budget of €45m.





## **Chapter 3 – National Director – Test, Trace & Vaccination Update**

### 3.1 TEST & TRACE - OPERATIONAL UPDATES

The Test and Trace function continues to prepare for the final phase of the transition to the end state clinical, public health and surveillance led model.

#### 3.1.1 Monthly Trends – The key indicators over the last month show a downward trend in demand and lab testing relative to the previous month.

- Community referrals decreased by **49.1%** compared to 10,331 in the previous month. Positivity is now **31.0%**.
- Community swabs have decreased by **13.2%** compared to **29,303** the previous month.
- Laboratory tests decreased by **19.2%** (**62,001**) compared to **76,740** in the previous month.
- **11,656** positive antigen tests were reported, a monthly decrease of **50.0%**.
- Antigen test kits booked have decreased by **39.3%** compared to **57,059** in the previous month.
- Median end-to-end turnaround time (TAT) for a not-detected result in the Community is at **1.1** days and for a detected result in the Community is at **1.8** days.

### 3.2 TEST & TRACE - KEY STRATEGIC UPDATES

The Test and Trace function continues to prepare for the transition to the end state clinical, public health and surveillance led model.

- Sentinel General Practitioners (GP) Programme: - The National Sentinel GP Surveillance Programme was launched on 16 November 2022. To date, 90 Sentinel GPs have been onboarded to the Programme. To date, 1,692 swabs have been collected with 22 swabs collected in the past 7 days.
- GP Clinical Pathway: - The clinical pathway commenced on 9 December 2022. To date, 403 swabs have been processed with 20 swabs processed in the past 7 days.
- A decision will be required from the Chief Medical Officer regarding the status of PCR, Antigen and serial testing. A Test and Trace project plan is being developed for the outstanding areas of the Transition Plan and the components that will need to be maintained for surge and emergency scenarios.

### 3.3 VACCINATION - OPERATIONAL UPDATES

- On 13 January, NIAC recommended a booster of the bivalent vaccine for people aged 50-64 and 12-49 years with underlying medical conditions associated with a higher risk of severe COVID-19 who previously received original vaccine.
- NIAC guidance to offer primary vaccinations to children aged 6 months to 4 years with a new Statutory Instrument (S.I.) and Medicines Protocol has now been approved.
- Ireland currently ranks 1st in the EU for uptake of Third boosters for over 60+ years.
- There is currently **c.6.4m doses** of vaccine being held in the National Cold Chain Service, of which **3.2m** are the original COVID-19 vaccine.



- 1,159 GPs and 922 Pharmacies are participating in the Autumn/Winter Programme.
- Autumn Winter Programme: c.46% of booster doses have been administered by GPs, c.25% in Pharmacies, c.22% in VCs and c.7% in Community, Hospital and Other settings.
- **C.75.3k** (27%) of Health Care Workers (HCW) have received their 2nd booster. Significant engagement & actions to improve uptake:
  - Improved Access: HCW targeted clinics have been available from early October. From mid Nov to late Dec a total of 357 Vaccination Centres (VC) were run across the country. From January 9th to the 29th, there were 354 HCW specific pop-up clinics in 83 locations.
  - Communication: 100% of persons registered as HCWs on the Covax system, received a minimum of two text messages advising to book an appointment. Significant engagement of the HSE clinical & management leadership at Corporate, HG & CHO inclusive of engagement with professional bodies.
  - Information: Internal & HCW communications have promoted vaccination clinics, viewed by over 10k staff.
  - Improving data quality. Four bespoke elements
    1. HPSC data quality group has been established
    2. Mapping HR & Covax data.
    3. Bespoke work with voluntary Hospital.
    4. Specific data mapping & modelling including:
      - SMS Text campaigns continue to target specific groups with c.54.5k booster 2 administered to 18-49 year olds and c.11.5k booster 2 administered to 12-64 years with underlying medical conditions in January 2023.
      - Planning is underway to offer the Comirnaty Original/Omicron BA.4-5 10 mcg as a first booster to immunocompromised 5-11 year olds.

### 3.4 VACCINATION – KEY STRATEGIC UPDATES

- WHO and NIAC guidance to determine Spring or Autumn/Winter programme.
- Annual Report for 2022 is currently being completed.
- Priority programme of work to enhance HCW uptake of vaccination.
- Transition of COVID-19 vaccination programme to align with other programmes.

### 3.5 VACCINATION –BOARD STRATEGIC SCORECARD UPDATE

The 2023 Scorecard is combined with Test & Trace Programme & Public Health and the objectives are to develop and implement the future sustainable operating model for COVID-19 in conjunction with the Influenza vaccination, as appropriate.







## Chapter 4 – Chief Information Officer, Chief Technology Transformation Officer Update

**4. CHIEF INFORMATION AND CHIEF TRANSFORMATION AND TECHNOLOGY OFFICERS UPDATE**

**4.1 KEY OPERATIONAL UPDATES**

- There are 48 programmes that are funded under the eHealth Capital Plan and the Cyber Security Transformation Programme, with all programmes on track in Green (81%) or Amber (19%) status and none at risk in Red status. These programmes are made up of 315 active projects and 350 proposals.
- 55 application upgrade/modernisation projects are in flight.
- A total of 41,604 service tickets were raised on the National Service Desk in January, with 82% resolved by month-end.
- Three system Go-lives were delivered in January:
  - Safe Nursing Staff Skill Mix solution– UH Limerick
  - Appointment booking for Civil Registration – Births & Deaths, CHO8
  - Telepath Lab Stabilisation with LINUX Servers – St Colmcille’s
- eHealth recruitment resulted in a net increase of 24 staff in January; this is ahead of plan toward an annual target of 250.

**4.2 KEY STRATEGIC UPDATES**

Key Strategic Initiative (KSI)	Corporate Plan Linkage	Update	Status
[Redacted]	[Redacted]	[Redacted]	Green
[Redacted]	[Redacted]	[Redacted]	Green
[Redacted]	[Redacted]	[Redacted]	Green
[Redacted]	[Redacted]	[Redacted]	Green

Key Strategic Initiative (KSI)	Corporate Plan Linkage	Update	Status
[REDACTED]	[REDACTED]	[REDACTED]	Amber
[REDACTED]	[REDACTED]	[REDACTED]	Amber

**4.3 BOARD STRATEGIC SCORECARD UPDATE**

Across the Technology and eHealth Scorecard, eHealth has delivered under target for January on all KPIs except one. All Outputs/Deliverables are on track.

4.3.1 KPIs - The eHealth ICT capital expenditure vs. profile in January is on target. Staff recruitment of 24 in the month was ahead of target. All capital programmes were on track (above target); [REDACTED]

4.3.2 Outputs / Deliverables - eHealth programme delivery is on target;

- Digital Health Strategy is progressing to plan,
- National Forensic Hospital EHR implementation is on track;
- User Acceptance Testing is underway for rollout of Children's Disabilities system;
- Community site IPMS/Swift queue solution has commenced;
- Cyber Transformation funding was released by DoH, and initiatives are ongoing;
- Digital cloud-based collaboration delivery is ahead of target for both HealthIRL and Office 365.





## Chapter 5 – Chief Operations Officer Update

## 5. CHIEF OPERATIONS OFFICER UPDATE

### 5.1 KEY OPERATIONAL UPDATES

- 5.1.1 DCEDIY Disability Transfer - The transfer of disability services from the DoH to the DCEDIY is expected to come into effect from 1 March 2023. Engagement between the HSE (Community Operations, Finance), DoH, DPER and C&AG is ongoing to finalise issues arising. A briefing has been provided to the Performance & Delivery Committee on the issues arising and next steps.
- 5.1.2 Owenacurra - The work to transfer residents from Owenacurra is ongoing with six residents awaiting alternative placements according to their assessed needs, will and preference. A special meeting of the Safety & Quality Committee took place to discuss the closure of Owenacurra which was attended by the Chief Operations Officer, National Director Community Operations, CHO 4 Chief Officer and Executive Clinical Director.
- 5.1.3 Our Lady's Hospital Navan Reconfiguration - Evaluation of the measures put in place in December 2022 as part of Phase 1 of the reconfiguration of services at OLHN is ongoing. A meeting of the Working Group to consider next steps and make recommendations to the Oversight Group will take place shortly.
- 5.1.4 CAMHS - Since the last Board meeting, the two new national CAMHS posts (National CAMHS Lead, CAMHS Clinical Lead) have been advertised.
- 5.1.5 After Action Review - Response to Unscheduled Care Pressures Winter 2022 / 2023  
 The After Action Review (AAR) was commissioned by the CEO to examine the response to the high service pressures experienced across the unscheduled care services in Winter 2022/2023, in particular in the months of December 2022 and January 2023.

This AAR, will be completed over a four-week period commencing 13/02/2023, to evaluate and capture fully the lessons learnt from both this crisis period and the broader winter period to inform future planning, implementation and ultimately, the delivery of incremental sustained improvement in unscheduled care performance.

This review will involve multiple internal and external stakeholders and the collation of feedback from clinical and operational colleagues, nationally and locally. It will also analyse available data on activity, performance, modelling and the utilisation of available supports put in place as part of the Winter Plan 2022/23 and the National initiatives.

The Winter Oversight Group will provide the governance structure of the AAR. The review will report to the CEO who will chair the session and consider the review once completed.

#### **The objectives of the AAR;**

- Collate, review and assess relevant activity and performance data pre and post implementation of winter plan and additional responses to inform the review.
- Identify the key challenges faced by the system in delivering unscheduled care across the winter and the impact of same.
- Engage with, a wide range of key stakeholders to ensure a comprehensive review and report - to include;
  - Senior Officials from Department of Health,
  - Hospital Group CEOs/COOs,
  - Hospital CEOs/GMs/COOs/CDs,

- Chief Clinical Directors,
  - CHO COs/HOS OP/HOS PC,
  - Senior Patient Flow Management,
  - National HR and Local HR Directors/Managers,
  - Employee Representative Organisations / Unions,
  - Patient Advocacy Representatives (to be engaged via PSUE),
  - Professional bodies such as ICGP and representative groups including Nursing Homes Ireland and Private Hospitals Association.
- Evaluate and capture fully, the lessons learned from the response.
  - Review and capture, so far as is possible within the timelines of the review, the costs incurred in the response.
  - Document the findings and recommendations in a final report to inform future planning.

Once completed, the draft review will be submitted to the Board by the CEO.

5.1.6 GP Agreement - The Budget 2023 and the HSE Letter of Determination Government has confirmed that it intends to introduce 2 major eligibility initiatives:

1. The extension of non-means tested GP Visit Cards to children aged 6 and 7 before the end of 2023 (PCRS estimates that this should increase the number of cards by 83,000 given there are 249,000 under 6 GP Visit Cards).
2. The extension of means tested GP Visit Cards, of the order of 340,000 to 430,000, for additional individuals “earning no more than the median income”.

In processing terms this constitutes a doubling of the workload for the PCRS in a single year and will require significant resources including:

- Staffing to process several hundred thousand applications.
- ICT capacity to develop a bespoke system for online applications.
- Call Centre outsourcing.
- Agency staffing support.

The HSE still awaits specific clarity in relation to the timelines for implementation and for exact definitions of the thresholds that will apply as well as possible phasing of applications.

As the intention is to commence applications (subject to Governmental approval) on 1 April there is insufficient time to prepare and a significant backlog of applications is likely to occur.

To minimise this likelihood PCRS is actively engaged in acquiring the resources as set out above and in the development of appropriate ICT systems.

5.1.6 Update on Ukraine Health Response - The Health Service Delivery Model for Ukrainian and IPA populations has been finalised by the Ukraine Health Response Planning and Coordination Group, and ratified by the Ukraine Health Response Oversight group, chaired by the COO and the CCO in February 2023. The DoH has advised of a €50m budget allocation by DPER for the Health Service Response in 2023. While this is significantly below the funding submission made by the HSE, the DoH has advised that a revised submission for additional funding may be made during the year, informed by the scale of service delivery, related activity data and associated costs. Collection of activity data at Community Services level is predominantly paper-based due to the absence of an integrated patient management system. The requirement to manually track and report on activity relating to new refugee health



services will be a challenge for CHO staff until such time as the Integrated Community Case Management System has been fully rolled out (scheduled for end 2024).

Funding will be available on a non-recurring once-off basis only. The availability of funding on a once-off basis creates significant challenges for services putting in place enduring service models with limited ability to attract and employ people on one year contracts. It is known that the crisis caused by the scale of people arriving following the war in Ukraine and those seeking international protection will require a multiannual service response. In many cases services will be using existing staff to expand service reach, thereby affecting existing levels of service.

Priority areas of the Health Service Delivery Model for Ukrainian and IPA populations are being progressed;

- Age-appropriate immunisations
- GP Access
- CHO Migrant Health Teams

**QUIT.ie**

## Risks of vaping:

Nicotine dependence

Poisoning and exposure to toxins

Changes to how your heart, lungs and other organs normally work





## Chapter 6 – Chief Financial Officers Update

## 6. CHIEF FINANCIAL OFFICER UPDATE

### 6.1 KEY OPERATIONAL UPDATES

The outturn for 2022 is expected to be finalised in the coming days. A number of significant items will impact the final position including the revised LOD for 2022, dealing with the incoming first charge from 2021 and providing additional funding to a number of Voluntary providers to cover on-going COVID-19 and pay issues. The HSE can only support voluntary providers within affordability levels and therefore it is expected that there may be some deficit arising but not to a material level.

Finance teams are working on closing out the final templates for the purpose of the production of the first draft Annual Financial Statements (AFS) for 2022 which are due to be submitted to the Comptroller and Auditor General (C&AG) and to the DOH by 28<sup>th</sup> Feb 2023.

January results are not available at time of writing and is expected the week beginning 28 February. The issues with the LOD for 2023 have delayed the January results by around a week when compared to previous years.

### 6.2 KEY STRATEGIC UPDATES

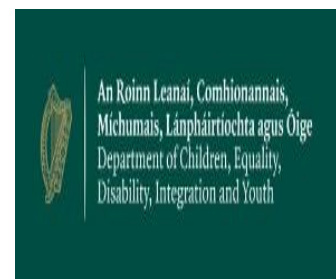
6.2.1 NSP 2023 - There has been significant ongoing engagement with the DoH in relation to the financial challenges as described in the current NSP, but no agreement has been reached. The DoH have in recent days provided their view of the financial gap which is not accepted by the HSE. Engagement continues, supported by the CEO and EMT.

6.2.2 Non-Compliant Procurement Expenditure Report – Despite earlier issues experienced our procurement colleagues have collated the non-compliant procurement expenditure report to the end of Q3 2022 and the final review of Q4 data is expected to be completed in time for the draft Statement of Internal Control (SIC) which is due to be submitted to the C&AG and DoH as part of the first draft AFS 2022. This is a requirement of the DPER code 2016.

6.2.3 Transfer of Disability Services to Department of Children, Equality, Disability, Integration and Youth (DCEDIY)

The Transfer and Commencement order for the Health (Misc Prov) Act 2022 was signed on 12 December by Government. The transfer of Disability Services is intended to commence on 1 March 2023, whereby the DCEDIY will fund these services previously funded by the DoH. Despite significant engagement between the HSE, DoH, DCEDIY and DPER, over the past year in relation to reporting and cash management, which has been overseen by the Department of the Taoiseach since January 2023. A memo for Government is expected to be produced by the various Departments in the coming days, acknowledging that additional assurance work will be required post transfer and will require on-going engagement between HSE and the relevant departments.

The net effect of the transfer will mean that the HSE will receive funding from two government departments (DOH and DCEDIY). It is currently planned that the HSE would then receive two Letters of Determinations from respective departments from 2024. Whilst there is no expectation that a separate Service Plan will be required for Disability Services, it is expected that a separate and distinct NSP chapter for Disability would be required within the HSE's NSP 2024.







## Chapter 7 – National Director Human Resources Update

## 7. NATIONAL DIRECTOR HUMAN RESOURCES UPDATE

### 7.1 KEY OPERATIONAL UPDATES

- 7.1.1 Resourcing and Turnover 2022 - Despite the significant growth in staffing over the last number of years, the HSE faces resourcing challenges in a fiercely competitive global recruitment market with emigration and many other factors impacting overall growth coupled with an ageing workforce, competition from abroad and the availability of affordable accommodation.

The 2022 Turnover rate of 10.2% shows significant increases over recent years with a jump in the turnover rate by 2.5% over the previous year's rate of 7.7%. The achievement of net +5,422 WTE growth in 2022 is therefore significant in this context.

Under the NSP and the HSE Resourcing Strategy 2022, the HSE set a minimum and maximum resourcing range, with the net additional staff target set at 5,500 WTE.

The overall increase since December 2019 now stands at **+17,928 WTE (+15.0%)**. The staff category reporting the greatest WTE increase is Nursing & Midwifery at **+5,414 WTE**. The staff category with the greatest percentage increase is Management & Administrative **+4,310 WTE (+22.9%)**.

- 7.1.2 HSeLanD - A central source of high quality, low cost, large volume online training programmes and supports for all staff is provided through the HSeLanD platform. There is a large suite of over 300 training programmes available. Whilst the service is mostly used by HSE and Section 38 staff, it is also available to Section 39 voluntary organisations, NGOs with healthcare affiliations, private healthcare facilities such as nursing homes, private hospitals etc.

Key Milestones 2022;

- 1.4 million e-learning programme completions.
- Seventy-four new programmes containing 130 modules launched.
- Three additional programmes designated 'mandatory' status: Cyber Security Awareness, Open Disclosure Module 1, and Dignity at Work.

- 7.1.3 Leadership Learning and Talent Management (LLTM) - HSE programmes have been developed in line with Sláintecare, which requires building organisational capacity, enhancing leadership accountability and building a sustainable, resilient workforce that is supported and enabled to deliver the Sláintecare vision.

LLTM's core programmes are People Management the Legal Framework, First Time Managers, Coaching Skills for Managers, Managing Teams Effectively, and the Clerical Administration Development programme.

In 2022, **721** virtual classroom programmes were delivered to 9,292 staff.

- 7.1.4 Health Service Leadership Academy – this offers a suite of three flagship programmes accredited by UCC. Each of these programmes is open to both clinical and non-clinical colleagues. The programmes provide accredited management and leadership development opportunities to suit staff at different stages of their leadership development journey. These programmes commenced in autumn 2022;

- Professional Diploma in Management in Healthcare (NFQ Level 9) - with **50** participants.
- MSc in Leadership in Healthcare – with **60** participants.
- Professional Diploma in Strategic Transformational Leadership in Healthcare (NFQ Level 9) - with **52** participants.

### 7.1.5 COVID Pandemic Payments (including Appeals process):

As of 10th February 2023 the HSE and Section 38 employers have made payment to 138,643 employees. This is a significant portion, with only a minority of individuals with an established entitlement left to receive a payment.

Processing payment for eligible employees in S39s is at 41,431, having been paid as at 3 February 2023.

### 7.1.6 Appeal of Decision Office of the Information Commissioner (OIC) -124624-M7Z3K8

The HSE has lodged an appeal in relation to a decision of the Commissioner further to a request pursuant to the 2014 Act for the disclosure of records “*For each year from 2015-21, copies of any Registers held centrally by the HSE, that record the submission of the Statements of Interests, submitted under the Ethics Act. Please include the names of the submitters/non submitters*”. The Statements of Interest are those which are filed by certain members of staff of the HSE for the purpose of compliance with the Ethics in Public Office Act, 1995 as amended (“**the 1995 Act**”).

The HSE maintains a database of those statements, including names of employees. In accordance with the HSE Code of Governance information of this nature is treated as confidential.

This FOI for this information was refused and these decisions were appealed to the OIC, who found that the HSE was not justified in refusing access. The Commissioner directed that the information be released subject to certain redactions.

## 7.2 KEY STRATEGIC UPDATES

### 7.2.1 Sláintecare Consultant Contract - The Government has approved a proposal from Minister for Health, Stephen Donnelly TD for a new public-only hospital consultant contract. It includes the following;

- A 37-hour week. Core hours of 8.00am to 10.00pm Monday to Friday and 8.00am to 6.00pm on Saturday.
- Basic pay of €209,915 - €252,150 on a six-point scale. Consultants will continue to receive additional remuneration for on-call duties and overtime as applicable.
- A highly flexible contract which allows for a variety of different work patterns including less than whole time; work sharing; compressed hours etc.
- Supporting consultants to participate in medical education training and research and enabling a greater focus on research and education in line with other jurisdictions.
- Consultants having met their commitment to their public contract, will be able to engage in off-site private practice.

The implementation date which was set for 8 February, has been deferred for a short period to allow the representative bodies processes to progress. The HSE has established the governance structures for implementation of the new contract including a national steering group and local implementation groups. A number of webinars and briefing sessions were held for Clinical Directors, Executive Clinical Directors and all staff who will be actively involved in the implementation and management of the new contract and services arising from same.





## Chapter 8 – Chief Strategy Officer Update

## 8 CHIEF STRATEGY OFFICER UPDATE

### 8.1 KEY OPERATIONAL UPDATES

8.1.1 National Service Plan (NSP) 2023 - As Board members are aware, the draft NSP 2023 was adopted at the Board meeting on 10 November 2022. Subsequently, on 20 December 2022, the Minister issued a Letter of Direction seeking particular changes to the NSP. Further amendments were requested in separate correspondence dated 22 December 2022 from the DoH. We have considered and addressed the majority of changes sought by the DoH and Minister. There is ongoing work taking place in discussion with the DoH on how to manage and present the financial position for 2023. Once these discussions are finalised the revised NSP 2023 (and associated ICT, eHealth and Capital plans) will be brought to EMT, P&D Committee and the HSE Board for consideration and approval.

8.1.2 New Children's Hospital - As Board members will recall, revised governance arrangements for the Children's Hospital Project and Programme were approved by Government in November 2021. Earlier this month the ARC reviewed and provided feedback on the development of a Programme Assurance Plan (PAP). This objective of the PAP is to detail how assurance will be provided to the HSE and the Department of Health that the programme is being delivered within approved parameters in relation to cost, time, scope, funding, and risk. Construction of the new hospital continues to progress with the external façade, glazing and roof nearing completion. All internal areas of the building are undergoing fit-out and are well progressed and it is anticipated that the first rooms will be completed in Q1 this year.



### 8.2 KEY STRATEGIC UPDATES

8.2.1 Sláintecare - Board members will recall the Sláintecare report 2017 included a commitment to a number of reform programmes, some of which are also objectives in the HSE's Corporate Plan 2021-2024. A key requirement is to monitor the implementation of these reforms as set out in the Sláintecare Implementation Strategy and Action Plan 2021-2023. Earlier this month the Performance and Delivery committee have provided feedback in relation to the 2022 Sláintecare Action Plan (end of year report) and the 2023 HSE Sláintecare Action Plan deliverables and they are included for Board members' consideration and comment.

8.2.2 Regional Health Areas (RHAs) – Work continues to progress in relation to the planning and design of RHAs. A draft Implementation Plan has been developed and is for Board consideration and comment.

8.2.3 Elective Hospitals - Progress continues on the Elective Hospitals Programme. The next phase requires the preparation of a number of documents to progress to Decision Gate 2 of the Public Spending Code (Pre-tender Approval) for Cork and Galway (and thereafter for Dublin). The HSE is currently working with the Department of Health with the process of the selection of the elective hospital site(s) in Dublin.

### 8.3 BOARD STRATEGIC SCORECARD UPDATE

Board members are due to discuss the content of the 2023 Board Strategic Scorecard as part of February's Board meeting.

In relation to **Capital Infrastructure**, in 2023 we will aim to make demonstrable progress with the new HSE Capital and Estates Strategy and, ensure full delivery of the 2023 Capital Plan. In 2023 we will progress new and replacement bed capacity both in acute and community settings and deliver on Government priority programmes and projects including NMH.



In relation to **Climate Action**, in 2023 we will aim to progress the implementation of the HSE Climate Action Strategy. We will develop a Climate Action Roadmap and take forward implementation of the new Infrastructure Decarbonisation Roadmap.

In relation to **Prevention and Early Intervention**, in 2023 we will aim to continue to drive early intervention through rapid access clinics for breast, lung and prostate cancers. Our programmes of work will also focus on addressing health inequalities within disadvantaged communities and vulnerable groups.

In relation to **Reform of Disability Services**, in 2023 we will aim to progress the sustainability impact assessment process, expand the neuro-rehabilitation project and implement key strategies including implementation of the Action Plan for Disability Services 2023-2026 and a range of actions in the Roadmap for Progressing Children's Disabilities.

In relation to **Reform of Mental Health**, in 2023 we will aim to implement key strategies (Sharing the Vision and Connecting for Life), expand CBT and other digital supports, expand individual placement support programme and progress implementation of crisis resolution and CAMHS hub demonstrator projects.

In relation to **Reform of Home Support and Residential Care for Older Persons**, in 2023, we will aim to finalise a Day Service Strategy, prepare for the incoming Home Support Statutory Scheme, progress implementation of the InterRAI care needs assessment and take forward new operating models for home support and public community based residential care.

In relation to **Reform of Scheduled Care** in 2023 we will aim to progress a series of strategic reforms and patient-targeted interventions to reduce the length of times individuals are waiting for planned care. This will include the implementation of prioritised modernised care pathways, patient centred booking arrangements, patient initiated reviews and maximising the delivery of core and additional capacity.

Finally, in relation to **Planning and Implementation of Regional Health Areas**, we will aim in 2023 to finalise the Implementation Plan, to redraw the geographical boundaries of CHOs and Hospital groups and to appoint the new RHA CEOs together with, as far as possible, their executive management teams.







## Chapter 9 – CEO Closing Comments

## 9. CEO CLOSING COMMENTS

It has been a privilege to serve as Interim CEO over the last 5 months and I want to thank the Board and EMT members for their advice and support over this period. I also want to acknowledge the significant efforts of all of the staff across the wider health and social care system, including our GP, Private Nursing Home, Private Hospital and Voluntary organisation colleagues.


The experience over recent weeks, in terms of the impacts on patients and staff because of the unprecedented pressure on health services arising from the current respiratory virus levels, and the intensification of our visits to provide support to sites, has provided further evidence, of the need for a sustainable programme of strengthening and improvement in our health and social care services.

As we know this requires sustained investment in additional capacity and the structural and other reforms set out in Sláintecare, but my sense is that this is necessary but not sufficient. I believe we need to fully adopt a “management method” or framework (which we don't currently really have) that:

1. Truly puts the individual patient 1st in every aspect of every decision and action at all levels of the organisation.
2. Is focused on identifying and eliminating over time all forms of waste that are of no value to the patient or service user, including waste of staff skills and staff and patient time.
3. Adopts systems thinking / operations management principles and techniques so that we gain efficiency and effectiveness and remove waste without asking staff to work harder, faster, or longer. Instead, we need to constantly examine our processes in a very deliberate and structured way that involves patients / service users and staff at all levels in continuous incremental improvement.
4. Has as one of its hallmarks that management at all levels including the CEO are very visible and present out at the front line each week.

There are a limited number of practical examples of where this has been done successfully albeit it is clearly a long-term effort that requires sustained focus at every level of the organisation. I believe that my recent letter on this topic, that was shared with senior leadership across the system, and with the Board, and which enclosed relevant reading material, can serve as a starting point for a necessary conversation over the coming months to see if this provides us with a way forward.

Our incoming CEO, Bernard Gloster, will shortly be taking up his new role. My colleagues and I will fully support Bernard as he takes on this important and challenging role.



Stephen Mulvany  
**Chief Executive Officer**