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Health Service Executive

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Mr. Richard Boyd Barrett TD
Dáil Eireann
Leinster House
Dublin 2

Re: PQ ref 2240/21.

“To ask the Minister for Health the rationale for the use of KPMG in the roll-out of the Covid-19 vaccine; the details of the tendering process for the contract; and if he will make a statement on the matter.”

Dear Deputy Boyd Barrett,

The rollout of the National COVID Vaccination Programme required an ICT system to support this complex clinical and administrative process. The HSE did not have an internal ICT system to meet this requirement. A rapid procurement process took place in early December to select an appropriate system.

The Office of the Chief Operations Officer have engaged a number of firms since March 2020 to support the significant work undertaken by the Covid-19 Integrated National Operational Hub (INOH) in response to the Covid-19 pandemic, including KPMG. A range of programmes of work have been supported by this firm including ICT enablement & data architecture, telemedicine and clinical programmes.

The Hypercare support concept was developed to support staff on the front line to best use the system following their on-line training. There are now over 3600 staff who are utilising the system in over 500 locations, these staff have articulated that they need continued support from the Hypercare team. Feedback from the frontline services has been very positive on the role played by the Hypercare team. Appendix 1 outlines the service provided by the Hypercare team. This was outlined in the answer to **PQ 1813 21** and has been added to this answer for reference.

KPMG were selected utilising Article 32 (C) of the procurement directive utilising a negotiated procedure without prior publication, where: *“in so far as is strictly necessary, where for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with. The circumstances invoked to justify extreme urgency shall not in any event be attributable to the contracting authority.”*

The right to award a contract by negotiated procedure without publication of a tender notice was subsequently confirmed on 01 April 2020 when the EU Commission published Guidance on Public Procurement during the Covid 19 Crisis (2020/c108/01). This Guidance states that: *“Concretely, the negotiated procedure without publication allows public buyers to acquire supplies and services within the shortest possible timeframe. Under this procedure, as set out in Art. 32 of Directive 2014/24/EU (the ‘Directive’) (2), public buyers may negotiate directly with potential contractor(s) and there are no publication requirements, no time limits, no minimum number of candidates to be consulted, or other procedural requirements. No procedural steps are regulated at EU level. In practice, this means that authorities can act as quickly as is technically/physically feasible – and the procedure may constitute a de facto direct award only subject to physical/technical constraints related to the actual availability and speed of delivery.*

If you feel that the question has not been fully answered or you require any further clarity, please contact me.

Yours sincerely,



Fran Thompson,
Interim Chief Information Officer, OoCIO, HSE.

Appendix 1

Overview of Covid-19 Vaccination Hypercare Support to Acute Hospitals and Community Healthcare Organisations (CHO's)

The KPMG Hypercare Support Team work on the ground in hospitals that are commencing their vaccination activities and remotely with CHO's who are conducting vaccination activities in residential care facilities. In advance of the Day 1, they engage with designated hospital and community contacts to conduct readiness checks around ICT infrastructure, user access, client data uploads and to ensure that training activities have been conducted. During the day of vaccination, the Hypercare Team proactively engage with and support all hospital and community administrators and the Vaccination Teams in actively using the system and provide support (either directly and remotely) by:

- Troubleshooting any ICT infrastructure issues
- Resolving any user access issues, they have or escalating them quickly to the system administrators for action
- Assisting the hospital/vaccination teams in compiling any missing data including vaccine batch, client or user details and ensuring these are sent to the correct system administrators for action
- Training direct front line vaccinators and administrators in using the system as well as conducting "train the trainer" exercises to create local super-users
- Resolving any system usage queries when hospital staff/vaccination teams are using the system
- Escalating any issues (ICT or operational) on the ground to the appropriate resolvers and following up
- Helping the hospital establish any processes required to work through any manual backlogs

The Hypercare Team spend 2 days at a minimum in any new hospital going live with the system. For some of the larger hospitals, this support has been extended for anything up to five days in some circumstances. The Hypercare Team also retains a remote link with the hospital and proactively engages with their contacts in the hospital to monitor comfort with and usage of the system. Where required, additional training activities are run either on the ground or remotely. When requested, Hypercare Support is also provided on the ground in nursing homes to help vaccination teams in becoming familiar with their ICT equipment and supporting them in how to use the system.