



Príomhoifigeach Faisnéise

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27th May 2025

Mr Michael Healy-Rae TD
Dáil Eireann
Leinster House
Dublin 2

Re: PQ ref 19553/25

“To ask the Minister for Health if a series of matters (details supplied) in relation to e-rostering project will be examined; and if she will make a statement on the matter.”

Dear Deputy Healy-Rae,

Details supplied:

1. Why was the HSE ever allowed to run the eRostering Project with no project sponsor, no business owner, no budget for staff resources and no governance?

The eRostering Project was launched in 2015 under the governance of Community Operations with business ownership with the Mental Health Service. The project has followed the Dept of Public Expenditure and Reform ICT approvals process at all stages.

eRostering is live in the following locations:

- Mental Health Learning Sites
- BreastCheck (Full National Service)
- CUH ICU
- CUMH (Full hospital including NCHDs)
- PHNs (Northwest)
- National Forensics Mental Health Services
- UHK incl Kerry Mental Health Services in delivery



- Previously used in several of the Covid Vaccination Centres (>60% of the centres) – no longer used as Vaccination Centres were closed, and came back into the licence pool for reallocation.

As each business area was deployed, they nominated a business owner from that relevant service, ensured that they have the revenue budget as part of their service plan, and managed the governance at a service/local level.

2. Why did the HSE sign a contract with RLDatix eRostering Software Company for almost 1 million euro for the rollout of 7,000 eRostering licences in 2025 when there was no HSE staffing resources secured to deliver on this or no governance structure?

The HSE has committed to delivery of the following in 2025 with an option for a further phase. In line with standard practice the project plan is under continuous review so that adjustments can be made to ensure alignment with delivery capacity governed by availability and needs.

We continue to work with the supplier to achieve Phase I rollout target with the current team.

Original contract included 10,000 licenses and 3,000 of these were used in the above locations with 7,000 remaining licences on this contract. These unused Licences were made available to meet a demand for eRostering in two regions. South West (2,000) West/North-West (5,000) for use at Acute Hospital sites initially with funding from Technology & Transformation to support an Accelerated Programme to roll out to these areas. Kerry go live has commenced and will complete by the end of June 2025, with West/North-West progressing in Q3 this year.

3. Who from the HSE signed this contract and who will be held accountable for this loss of taxpayers money?

The project followed an approvals process prior to contract signing by an authorised officer with commitment to expenditure on a Phased basis only. Phase I will be delivered.

The HSE has made no commitment beyond Phase I at this stage. All licences have been allocated to the respective HSE service areas as outlined above in question 2 thus there has been no loss of taxpayers money.

4. Why is the Kerry IHA Manager being allowed to remove a uniquely skilled staff member from a national HSE eRostering project after 8 years therefore, resulting



in this project going into pause for a long time and causing a huge cost to the HSE?

The HSE is operating within a pay and numbers strategy, and we are committed to delivering quality services across the health domain with patient care as the priority. This is a service post and the decision regarding staff allocation remains a matter for the service, based on the priorities set in accordance with service needs.

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

Yours sincerely,

Fran Thompson,
Chief Information Officer, Technology and Transformation, HSE.