

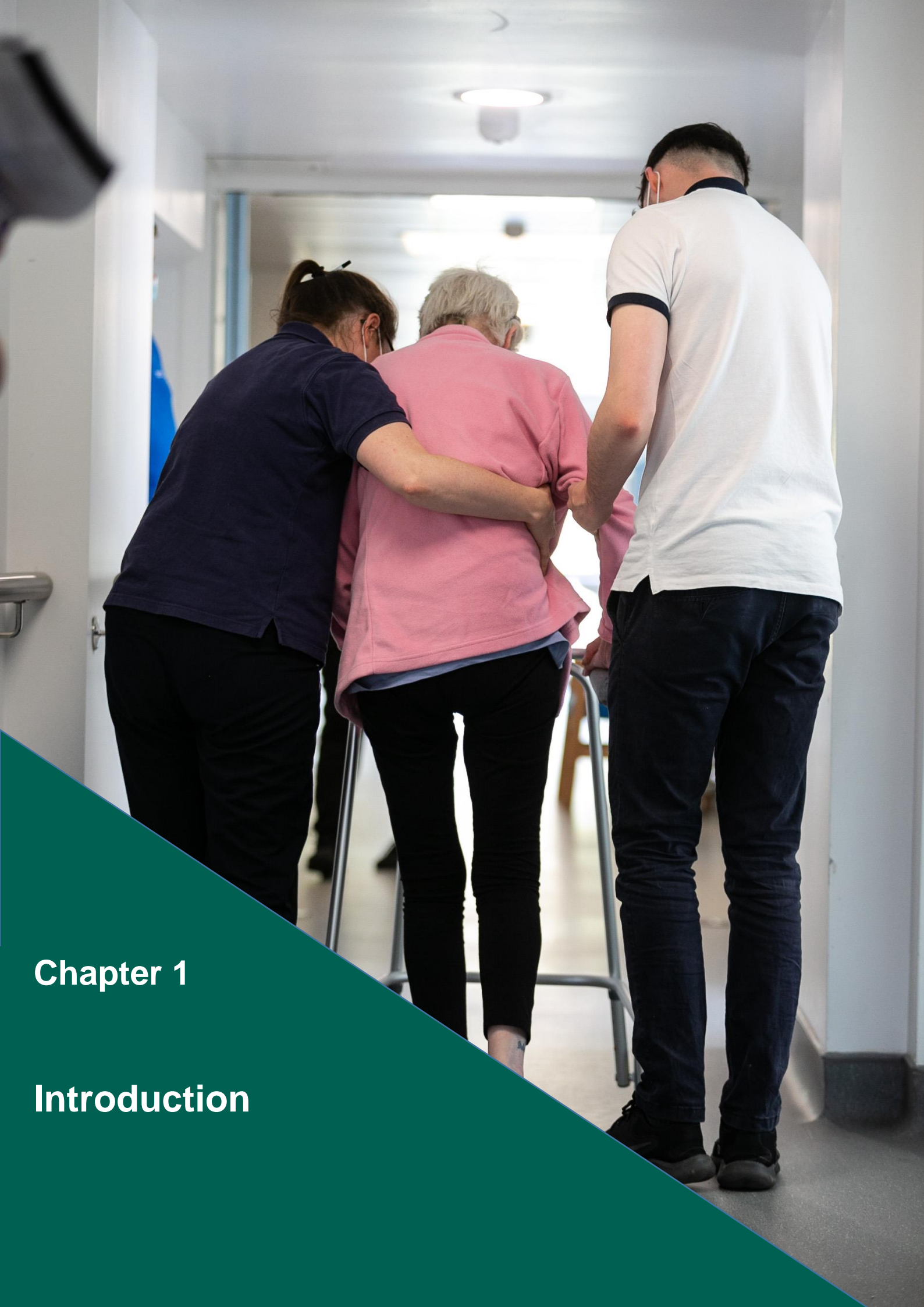


# Health Service Executive CEO's Report to the Board



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## Chapter 1

# Introduction





Congratulations to the HSE Covid Vaccination Programme who recently won two Project Management Ireland (PMI) awards;  
[Ireland's Greatest National Impact Project 2022 & Public Sector Project of the year 2022.](#)

## 1.1 KEY OPERATIONAL UPDATES SINCE LAST REPORT

**Navan Hospital** - At the time of writing, preparations for the change to the ambulance bypass protocol around Our Lady's Hospital Navan are well advanced. The Navan, Drogheda and National Ambulance Services Clinical Directors, and senior local managers, have agreed the detail of the revised protocol which will represent a very significant reduction in the level of risk currently being experienced by patients in the Louth / Meath area. This is despite some significant challenges in managing internal and external stakeholders, largely due to their use of communication channels which do not respect the clinical and operational governance lines within the local Hospital Groups. The change has been scheduled for Wednesday 14th December as we have become aware of a Northern Ireland 1-day ambulance strike taking place on the 12th of December. We will continue to work towards securing ministerial support for the necessary wider reconfiguration of the Navan Emergency Department.

**CAMHS Services** - Our Child and Adolescent Mental Health Services in Kerry continue to work through the issues and recommendations which were the subject of the Maskey report and resulting audits/reviews. Initial preliminary findings resulting from the audit of the North Kerry consultant and separate findings regarding audit of NCHD files both became available over recent weeks. These have required engagement with families and updates to some members of both the Board Safety and Quality and the Performance and

Delivery Committees. The Mental Health Commission national review of CAMHS has provided a report for factual accuracy purposes on their interim findings which has been responded to in detail and with advisement to the chairs of the Safety and Quality and the Performance and Delivery committees.

**Children's Disability Services Roadmap** – The Roadmap to address the significant difficulties surrounding the implementation of the Progressing (Children's) Disability Services policy, including the fallout out from the high court judgement around Assessment of Need, is well advanced. It places significant emphasis on addressing recruitment issues and has been provided in draft to the chair and a member of the Performance and Delivery Committee ahead of a detailed discussion at P&D last Friday. The Department / Minister of State have also been provided with the same draft which is being amended based on helpful P&D feedback and awaited feedback from Department/Minister of State. It is expected to be finalised early in the New Year following further presentation and agreement with P&D/Board in January whilst also paralleling necessary recruitment initiatives and other implementation in the coming weeks.

**JCH Sláintecare including RHAs** – The HSE and the DOH attended the Joint Oireachtas Health Committee on the 7<sup>th</sup> of December for the regular Sláintecare update. There was significant focus on the design and implementation of Regional Health Areas. I advised the committee that in recent weeks I have asked the Executive Management Team (EMT), and specifically the National Directors leading on Sláintecare, and RHA Implementation, to ensure that as we continue with the work outlined above, our efforts have an over-riding focus:

1. Firstly, on identifying the barriers to high quality integrated care and the evidence informed known ways to overcome such barriers.
2. Secondly, on how best to move to, and embed, a culture of appropriately self-managed local front-line teams.
3. Finally, on ensuring that all structures, roles, and processes being designed at any level above the local front-line, including RHA and HSE Centre levels, are validated against how well they are aligned with the achievement of 1 and 2 above.

I also advised the committee that, in summary, in keeping with the original intent of Sláintecare, and in line with the requirements of the HSE Board, which was established as part of the implementation of Sláintecare, the Executive is very clear that the primary purpose for implementation of RHAs is to create the conditions for improved integrated care. By intent, and by design, it is the Executives expectation that, for example:

1. RHAs will have significant input to, and influence over, the “what” i.e., what agreed set of nationally consistent integrated services, outputs, outcomes,

and objectives are to be delivered for the patients, service users and families of Ireland.

2. RHAs will a very large degree of autonomy over the “how” i.e., how the various resources and providers in their area are organised and networked to deliver on the nationally agreed integrated services, outputs, outcomes, and objectives.
3. RHAs will also have significant input to, and influence over the agreed framework of standards, guidelines, policies etc. that are required so that the population can have equitable access to quality integrated services regardless of location and other factors.

**Vaccination Programme Wins Awards** - I am delighted to confirm that the HSE COVID-19 Vaccination Programme were the worthy winners of two Project Management Ireland (PMI) awards.

**Government decision to change 4 hospices from s.39 to s.38 status** – Formal notification of this decision was recently received from the Secretary General, DOH. Work has commenced, in collaboration with DOH colleagues, to scope out the steps involved and the likely timescales. There is no recent precedent for this type of change, which, inter-alia, appears to involve the staff of these 4 organisations becoming public servants with access to the public service salary scales and other terms and conditions, including access to public service pension schemes. It is noted that this decision comes at a time when there are significant recruitment and retention issues, and knock-on service issues, being flagged by s.39 organisations, particularly in the disability sector, based on the widening pay gap between their staff and those of s.38 organisations, who in many cases provide identical services. It is understood that this issue will be the subject of a WRC engagement early in 2023.

## 1.2 STRATEGIC ITEMS OF NOTE SINCE LAST REPORT

**Sláintecare Consultants Contract** – The new contract has recently been approved by government and will now be considered by the consultant representative bodies and their members. The contract will remove private practice from public hospitals and allow for more flexible rostering of consultant staff. It is seen as a major enabler for service improvement including the recruitment and retention of a significant number of additional consultants.

**Sláintecare Elective Hospitals and Surgical Hubs** – Government has recently approved the preliminary business cases for the Cork and Galway Elective Hospitals which are expected to be operational by 2028. Government has also approved in principle the proposal to develop 5 Day Surgery Hubs, modelled along the lines of the REEVE centre adjacent to Tallaght University Hospital, in Limerick, Waterford, Galway, Cork and Dublin. These hubs are intended to be operational within the next 18-24 months.

The DoH, in collaboration with the HSE, are progressing with the site selection process for one or two site options for Dublin. A preliminary business case for Dublin will then be developed for Gate 1 “Approval in Principle” decision.

**National Service Plan 2023 (NSP)** – Engagement is ongoing between the HSE and DOH senior officials in relation to the NSP adopted and submitted by the Board to the Minister on the 10<sup>th</sup> of November. It is likely that some changes will be sought formally by the Minister in relation to how financial issues and risks are referenced in the plan, and the Board will be updated when specific details are available.

**Genetics and Genomics Strategy** – I am very pleased to advise the Board that this strategy, developed by the Chief Clinical Officer and his team over the last 6 months or so, and recently supported and noted by the Board, has been positively received and formally noted at a recent government meeting.

**Better Together HSE National Patient Engagement Strategy** - This very important strategy, which was produced with significant patient input but delayed due to COVID and, was formally launched in recent weeks and is a very important enabler for the culture change necessary to ensure patients are meaningfully engaged at all levels of the design, delivery, and evaluation of our services. It has been presented to the Safety and Quality Committee of the Board.

### 1.3 BOARD STRATEGIC SCORECARD 2022

The final assessment of delivery against the 20 BSS 2022 ambition statements and their related KPI's and Outputs / Deliverables, will be completed in the coming weeks as part of closing 2022 and setting out the BSS for 2023. This work will involve the sub-group of Board members who have made themselves available to play a key role in this.

In advance of same it seems likely that just over half of the 20 scorecards are likely to have substantially achieved most of what is set out in their ambition statements by the end of the year. While behind what we would have anticipated when BSS 2022 was being drafted in late 2021, this still reflects significant progress and improvement in several important areas.

In overall performance terms, direct and indirect COVID impacts, recruitment and retention challenges and macro issues in the housing market look likely to feature strongly in the assessment of causal factors for the lower / slower than expected achievement against BSS 2022. The detail will be available for review by the Board at its January meeting.

In terms of process, the EMT has agreed that we need to further integrate the BSS into the day-to-day management of the organisation and ensure it gets sufficient time and attention so that we can identify earlier whether KPIs or



outputs / deliverables require that a scorecard rating is reduced with consequential follow on in terms of improvement plans where practical. It is also acknowledged that the Board has expressed a desire to focus more of its time on the BSS and the EMT will support this.

#### 1.4 OVERALL REFLECTIONS ON 2022

2022 was the third year of COVID but the first full year of our transition to living with COVID. In the first five days of 2022 we had more confirmed COVID cases than in all of 2020 and by March we had more hospitalised cases than in the 14 months prior to that point. So, despite the strong urge to put COVID behind us, there is an undeniable reality that it continued and continues to have a strong direct and indirect impact on our health and social care services during 2022.

Despite recruiting more staff in 2022 than in any year pre-COVID, the level of staff turnover, no doubt impacted by a COVID lag effect, is likely by year end to exceed what we would have expected by at least 2,000-2,500 WTE's and will more than explain the difference between our minimum net additional WTE target of 5,500 and the c.4,600 net WTE's we expect to have achieved by end 2022.

It is also the case that the scarring effect of COVID is visible in terms of the arrival of patients to our services whose conditions have worsened during COVID when they stayed away. Certain patients are arriving more frail and sicker than would otherwise be the case and they are staying longer in our services, including in hospital as a result. Our emergency / unscheduled care services have, in contrast to the experience pre-COVID, been under sustained pressure for most of the year, and this pressure has started to increase as we enter winter, initially in terms of excessive pressure on our paediatric acute services as RSV levels rise and seem to be having a greater impact than in previous years. We have also seen significant financial pressures emerging within our core operational services, some of which have been building since 2020 but have not been readily visible due to the complexity involved in tracking and separating out COVID from non-COVID costs.

Despite this we have made progress in 2022. For example, while behind the targets we set before the start of 2022, numbers of patients waiting for long period are down to what they were pre-COVID. OPD (>18 months) and Inpatients / Day Cases (>12 Months) are down more than 40% since their peak in 2021, with Scopes (>12 months) down more than 90% since they peaked in 2021. We have also made inroads into several community care waiting lists.

We have also made significant progress in changing the shape of our health service. The Enhanced Community Care programme is likely to have onboarded 2,400 WTE staff by year end with 130 or 83% of its 156 specialist teams operational (30 Community Based Specialist Chronic Disease

Management, 30 Community Based Specialist Older Persons and 90 Community Health Network Teams).

We have also made progress in our planning for RHAs albeit there is a very substantial and complex body of detailed design and change management to be resourced and undertaken in 2023. Despite this, it is clear that the implementation of RHAs provides an opportunity, and a vehicle, to create a culture whereby the HSE Centre, and its 6 RHAs, create the conditions for, and are accountable to, largely self- managed front line teams. These front-line teams should, in turn seek to demonstrate, with data, that they are doing the best that they can with 100% of the resources available to them at any given point in time, in terms of the delivery of quality integrated care.

**1.5 2023 PROPOSED DEEP DIVES**

As part of our early planning for next year's EMT and Board meetings, I would like to propose some suggested Deep Dive topics for discussion for 2023. An attached appendix outlines the proposal.





## Chapter 2

# CHIEF CLINICAL OFFICER



## 2. CHIEF CLINICAL OFFICER UPDATE

### 2.1 OPERATIONAL UPDATES SINCE LAST REPORT

#### **National Immunisation Office:**

Work continues on implementation of the HPV vaccine catch-up campaign, the launch of which was postponed but likely to be re-scheduled in a few weeks.

#### **Appointment of Interim National Director Public Health**

Dr John Cuddihy has commenced as Interim National Director of Public Health from the 28<sup>th</sup> November 2022.

#### **National Screening Service**

Dr Gabriel Scally's final progress review of the implementation of the recommendations from his Scoping Inquiry into the CervicalCheck screening programme was published on the 23<sup>rd</sup> of November 2022. The NSS had accepted and implemented all recommendations, cementing clear governance, meaningful patient and stakeholder involvement, improved quality assurance and transparent reporting structures, which was reflected in the report. The noted 'excellent' Quality Assurance should give reassurance to the HSE Board.

#### *National Cervical Screening Laboratory (NCSL)*

The NCS Laboratory at the Coombe is now being progressed to operationalisation before the end of 2022.

Planning for the implementation of the phase 1 of the CervicalCheck patient-requested review process is underway.

### 2.2 STRATEGIC ITEMS OF NOTE SINCE LAST REPORT

#### **National Strategy for Genetics and Genomics Medicine:**

The National Genetics and Genomics Strategy has been completed with a planned date for launch and publication on the 13<sup>th</sup> of December. Implementation will commence January 2023.

#### **Launch of the Better Together National HSE Patient Engagement Roadmap**

The ***Better Together***, National HSE Patient Engagement Roadmap was launched on December 6<sup>th</sup>. This will provide guidance and tools for healthcare staff to create a strong culture of meaningful patient engagement, where patient engagement is encouraged, expected and respected, where engagement becomes the norm. <https://www.hse.ie/eng/about/who/qid/person-family-engagement/resourcesqid/resourcesqid.html>.

### 2.3 BOARD STRATEGIC SCORECARD: 2022

Three of 22 scorecards sit within the remit of the CCO;



- No. 10 Strategies (rated 3 throughout 2022),
- No. 12 Quality & Patient Safety (rated 3 throughout 2022) and
- No. 20 Medicines Management Programme (rated 3 throughout 2022);

2022 Outputs and deliverables are on track for completion.

The ambition statement for each scorecard will be reviewed in 2023.

## 2.4 REFLECTIONS ON 2022

### **Clinical Programme Implementation & Professional Development**

The Enhanced Community Care (ECC) Programme progress year to date includes;

- Over 2,370 of 3,500 planned staff have started work (67%).
- 91 of 96 Community Healthcare Networks (CHNs) established.
- 21 of 30 Community Specialist Teams (CSTs) for Older Persons established.
- 18 of 30 Community Specialist Teams (CSTs) for Chronic Disease Management established.

National Doctors Training and Planning launched their strategic plan 2022 – 2027, delivering the medical workforce vision for Ireland.

Development of the Advanced Nursing and Midwifery Practitioner Framework including the appointment of 149 additional posts.

### **Public Health Reform**

All 34 WTE Phase 1 priority consultant appointments are now on-board and progress is on track to deliver an additional 30 WTE consultant appointments by June 2023 in line with agreements.

### **Trauma Review Implementation:**

A major trauma centre commenced at the end of Q3 2022 at the Mater hospital, services are confined to this particular catchment area until early 2023. Progress is being made in the development of the trauma centre in Cork.

### **National Women and Infants Health Programme (NWIHP)**

Key developments include;

- A Perinatal Genetics Framework was approved by the EMT.
- An Epilepsy in Pregnancy Model of Care has been developed and is dependent on funding for its implementation in 2023.
- A Model of Care for Ambulatory Gynaecology and Model of Care for Assisted Human Reproduction has been designed and rolled out for implementation.

- A Mid-strategy review of the implementation of the National Maternity Strategy completed.
- A Revised time-bound and costed National Maternity System (IT) implementation action plan 2021-2026 developed
- Continued roll out of termination of pregnancy services.
- Implementation of the Sexual Assault Treatment Units (SATU) review recommendations.
- NWIHP have rolled out a number of new innovative strategic initiatives focused on delivering women's health services these include:
  - Ambulatory Gynaecology Clinics
  - Roll out of the first specialised menopause clinic
  - Roll out of specialised endometriosis services
  - Post Natal Hubs
  - Two vaginal MESH complication centres
- Secured funding since 2017 has resulted in approval of 571.5 WTEs including, consultants (Obstetrics and Gynaecology, neonatologists, anaesthesiologists etc.), and midwives across all grades and health and social care professionals.

#### **National Cancer Care Programme (NCCP):**

- Implementation of the National Cancer Strategy 2017-2026, including the expansion of the multidisciplinary cancer services workforce across acute and community settings.
- Introduction of Stereotactic Ablative Radiotherapy (SABR) and the Establishment of a CAR-T service.
- Publication of models of care for Child, Adolescent and Young Adult Cancer, Systemic Anti-Cancer Therapy and Psycho-oncology.

#### **National Screening Service (NSS):**

*WHO initiative on cervical screening audit:*

An Irish Stakeholder Advisory Group was established which includes the 221+ Group and patient representatives, along with stakeholders from clinical, policy, communications, legal and training perspectives. The feedback from these stakeholders is being considered as the WHO/International Agency for Cancer Research finalise the best practice guidance on audit.

The National Screening Service worked with staff, members of the public, patient advocacy groups and partners to develop a strategy in 2022 that describes its direction for the next five years and set measurable goals and objectives.

### **National Clinical Programme for Integrated Care**

- It has been agreed to implement the first three of the 37 scheduled care pathways; Virtual fracture clinic, urology and ophthalmology pathways.
- Older persons enabled the delivery of the Older Person Service Model through collaborative networks & facilitated consensus on Frailty Front Door Teams.
- There has been progression in the implementation of Musculoskeletal Interface Clinics, through an outreach community service; 184k patients were removed from OPD WLs since the initiative began.
- Successful pilot of Headache Service proof of concept in 3 sites.
- The introduction of Suicide Crisis Assessment Nurse (SCAN) service in 6 sites nationally.
- There have been in excess of 300 point-of-care therapeutic guidelines, for the Assessment and Management of Patients with COVID-19.
- The National Stroke Strategy was published in November 2022 and is progressing to implementation.

### **National Quality and Patient Safety (NQPS):**

The NQPS division has secured a grant of €2.8m to fund the “Quality & Safety Signals Proof of Concept” project to establish an ICT system within maternity services that integrates, analyses, and displays quality, safety and operational data.

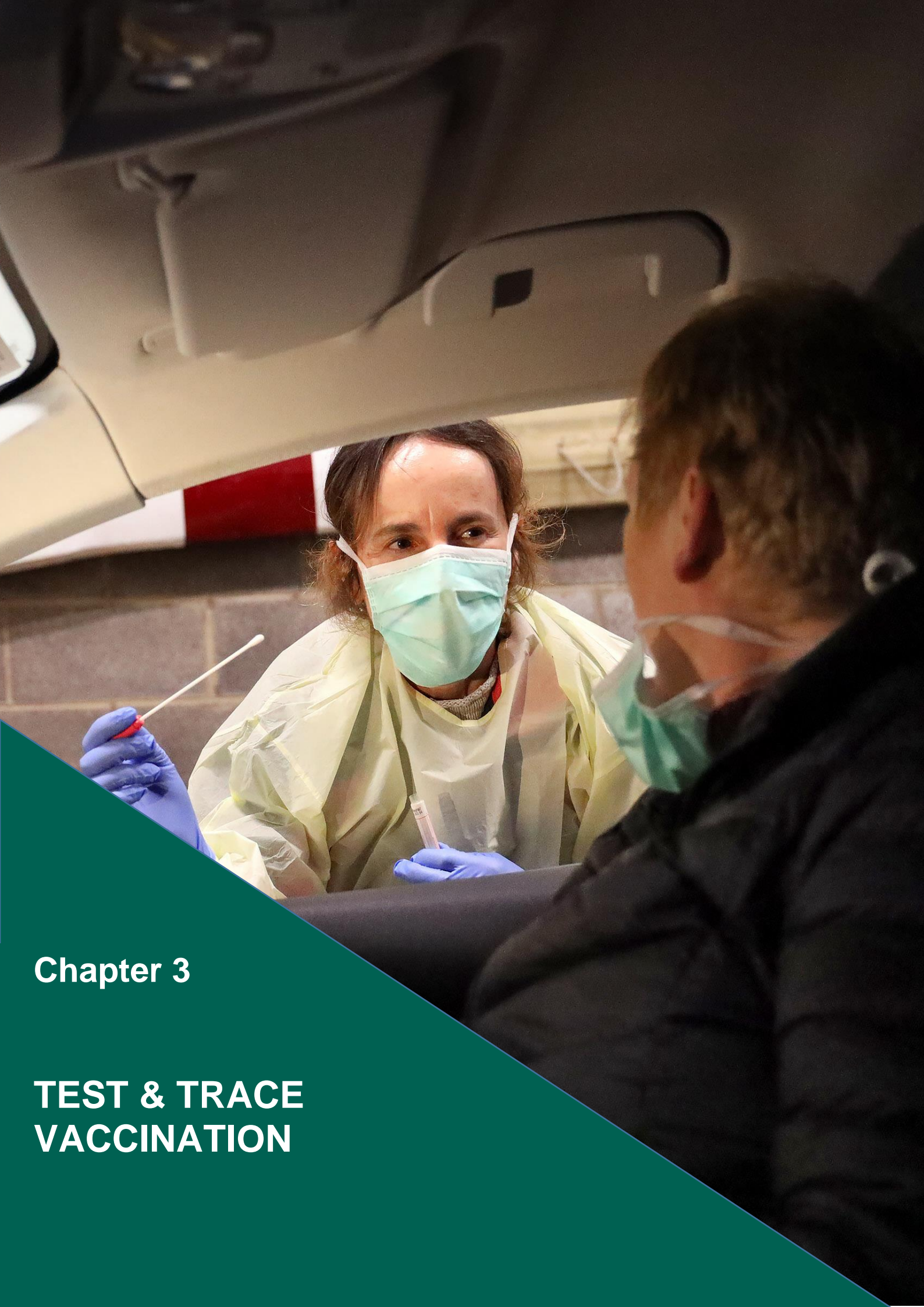
### **Medicines Management Programme**

The HSE has approved 26 new medicines and 21 new uses of existing medicines in 2022. Commercial negotiations in relation to these medicines will deliver in excess of €220m in avoided additional costs over the next 5 years.

Total savings and avoided costs since the introduction of the biological (BVB) medicines (preferred biosimilars) BVB medicine initiative in June 2019 are estimated at €175 million up to 31 July 2022.

Transition of the COVID-19 Therapeutics Programme has now been transitioned to the MMP as of the 1st of June 2022





## Chapter 3

# TEST & TRACE VACCINATION



### 3. TEST AND TRACE / VACCINATION UPDATE

#### 3.1 KEY OPERATIONAL UPDATES (TT) SINCE LAST REPORT

Key indicators over the last month show a downward trend in demand and swabbing relative to the previous month.

- Community referrals are down by 16%, GP referrals are down by 5.8%, laboratory tests are down by 7.2%, antigen tests are down by 13.3% month on month.
- Test and Trace continues to prepare for the transition to the clinical, public health surveillance led model;

**1. Sentinel General Practitioners (GP) Programme:** To date, 80 Sentinel GPs have been onboarded to the Programme since its launch in November, with an additional 20 more GPs to join by year-end.

**2. GP Clinical Pathway:** The clinical pathway is commencing from the 9<sup>th</sup> December 2022. It will run in parallel with the self-referral pathway for PCR testing until the Department of Health advise to cease this testing pathway. The pathway will allow GPs the option to create a referral for in-practice swabbing on Healthlink and a 'Hub & Spoke' swabs logistics model with the acute hospital group.

#### 3.2 STRATEGIC ITEMS OF NOTE (TT) SINCE LAST REPORT

As of 7th December, there were 29 low volume test centres in operation. Staffing in test centres is currently reducing, in line with the model, 92 posts have been extended to January 2023. The Test and Trace workforce has been reduced from 3,000 to c.450 resources and there are only two Contact Tracing Centres Operating.

#### 3.3 BOARD STRATEGIC SCORECARD: 2022

Key Performance Indicators remain within agreed targets for November 2022. The rating on the scorecard is 5 for the programme and there are no significant issues or improvement responses required.

#### 3.4 2022 REFLECTIONS (TT)

Over 2.5 million contact tracing calls were completed in 2022 by over 1,000 contact tracers in 5 CTCs.

As of 1st December 2022, the HSE has have dispatched 4.1m antigen test kits, completed over 9.5m swabs and completed over 12.8m Laboratory Tests.

#### 3.5 VACCINATION KEY OPERATIONAL UPDATES SINCE LAST REPORT

**Recruitment for the vaccination programme is ongoing.** There are a total of 80 WTE roles to be filled. 19.40 WTE have been filled to date with the estimated date of completion for all recruitment being 1st March 2023.

### Healthcare Worker (HCW) Uptake Improvement Measures

- **C.58.4k** HCWs have received their 2nd booster to date, being **c.21%** of the fully vaccinated population (those who have received a primary course).
- Specific attention has been directed to increase the vaccination uptake by HCW's and a range of initiatives are planned and underway;

### 3.6 VACCINATION STRATEGIC ITEMS OF NOTE SINCE LAST REPORT

The winter vaccine communications campaign is ongoing with the following emphases;

- The campaign continues with a combined target reach of 75% of all adults in November and December.
- 'Out of home' advertising in busy public spaces such as shopping centres is live for two weeks from the 5th of December.
- This week, the text campaign targets healthcare workers (225k SMSs) and 16-49 year olds with an underlying medical condition (218k SMSs).

In line with NIAC guidance, planning is now underway to offer adapted vaccines to the 12 – 64 year olds clinically vulnerable group who did not receive an adapted vaccine for their Booster 2.

NIAC has provided guidance to the CMO on the vaccination of children aged 6 months to 4 years following EMA approval of the Comirnaty and Spikevax vaccines for this age group. The HSE awaits this guidance, which is expected in the coming weeks.

### 3.7 BOARD STRATEGIC SCORECARD: 2022

The KPIs for the Board Scorecard for 2022 relate only to the primary and 1st booster courses. Throughout 2022 a consistent 4 rating was maintained as both programmes had a strong assurance of being substantially achieved with 95% uptake in the 12+ population for the primary course. The rating has recently been reduced to 3, based on the lower than anticipated uptake of primary vaccination by the 5-11 year olds (25%). Booster 1 uptake in the 16+ population (based on CSO) is 77%, 87% for HCW and 76% for the immunocompromised group (based on fully vaccinated population) as of Dec 5th.

### 3.8 VACCINATION 2022 REFLECTIONS

Ireland ranks 1st in the EU for Primary vaccination of the adult population and ranks 6th in the EU for booster1 uptake, and 5th for booster 2 uptake in the adult population.

The administration of second boosters commenced in April 2022 to the over 65s and the 12+ immunocompromised. To date, 46% of the approved cohorts, which now include those clinically vulnerable, Healthcare workers and those aged 50 and over, have received their second booster to date.

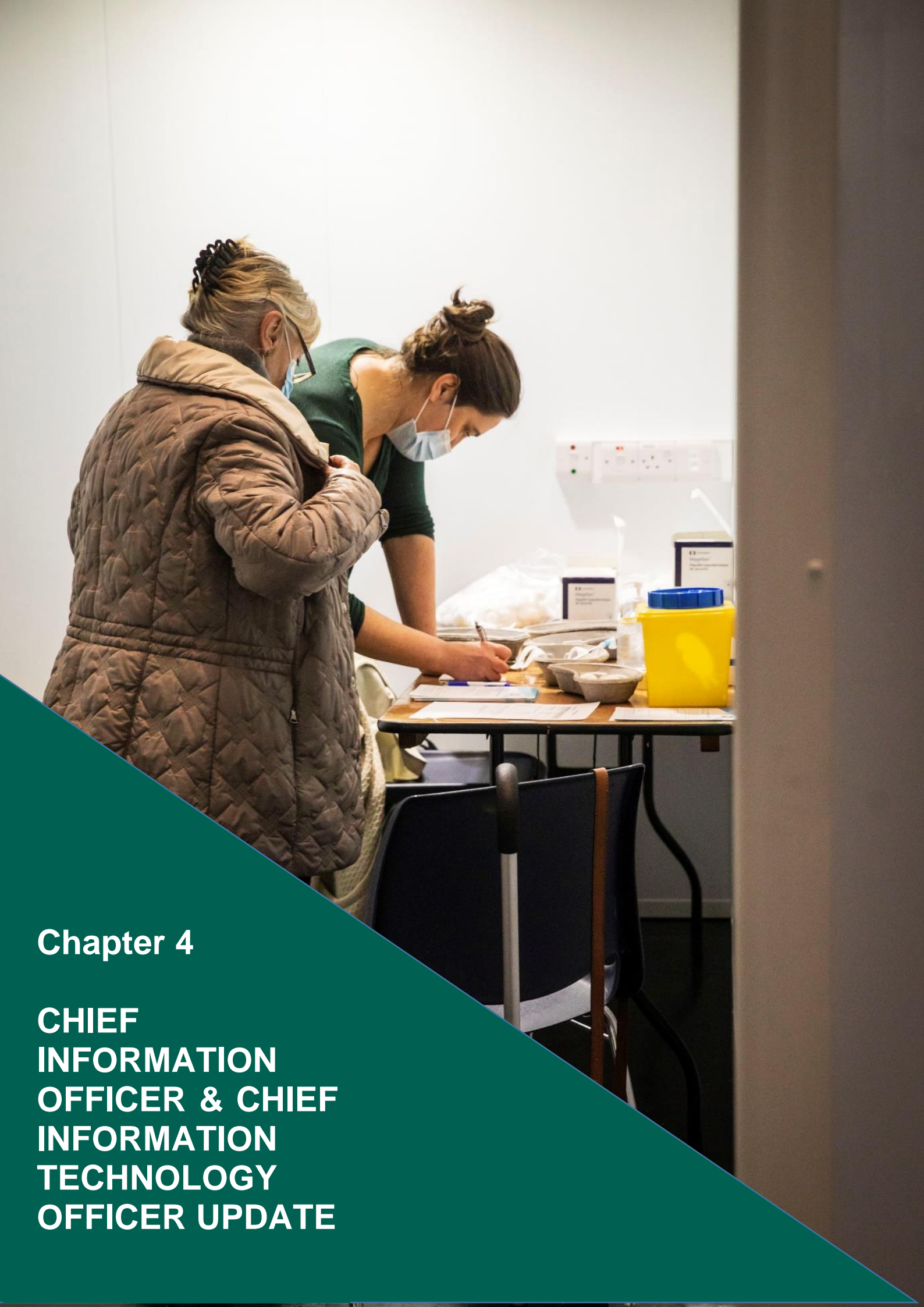
The aligned COVID-19 and Seasonal Flu Autumn/Winter programme commenced on 3rd October, resulting in a noticeable increase in booster dose administrations. To date 33% of approved groups have received a 3rd booster as part of this programme, placing Ireland first in the EU for uptake of third booster vaccinations.

A scale-back of operations in Vaccination Centres occurred from July 2022 with, 15 operational currently (down from 35.)

The plan for a sustainable, proximity led model approved by DoH earlier this year proposed an increase in the proportion of vaccinations administered by GPs and Pharmacies. Since the commencement of the programme - c.54% of booster doses have been administered by GPs, c.22% in Pharmacies, c.16% in VCs and c.8% in Community, Hospital and Other settings.

The HSE Covid-19 Vaccination Programme was nominated for the Project Management Institute Public Sector Project of the Year and the Greatest National Impact Project of the Year for 2022 and were awarded both on 24th November.





## Chapter 4

# CHIEF INFORMATION OFFICER & CHIEF INFORMATION TECHNOLOGY OFFICER UPDATE



## 4. CHIEF INFORMATION OFFICER UPDATE

### 4.1 eHealth OPERATIONAL UPDATES SINCE LAST REPORT

49 programmes of work are receiving funding under the eHealth Capital Plan and NSP; making up 1,056 individual projects. 38 of those programmes (78%) are proceeding to target (Green status), with the remaining 11 programmes in Red/Amber status.

**Green Status** – 38 of 49 programmes on track (decrease of 1 from last month)

**Amber Status** – 10 multi-year programmes are at significant risk of missing targets (decrease of 4 from last month). We are developing plans for each of them to support them to meet their targets.

**Red Status** – 1 programme behind plan.

- **Order Comms** – This Programme is paused due to Covid priorities; staff were redeployed to CCT and Vaccination systems.

Recruitment: November 2022 YTD recruitment totalled **202** (target 200). So far, a total of **366 of 496** NSP roles (74%) are in place. This is a **net increase of 17 WTEs** during the month.

### 4.2 eHealth BOARD STRATEGIC SCORECARD 2022

Across the Technology and eHealth Scorecard, eHealth has delivered on most KPIs, and Outputs/Deliverables are progressing according to the plan.

**KPIs** - The eHealth ICT capital expenditure versus profile in December will fully meet the target. Staff recruitment for the year (200) will be met in full; despite the challenges in the external market. Payroll costs were ahead of target, as the recruitment campaigns delivered staff earlier in the year than planned.

While during the year there were challenges and risks, these were managed and following the implementation of mitigating actions, eHealth delivered on the KPI's and Outputs. Therefore, our final score will be a **4**.

### 4.3 REFLECTIONS ON 2022

- In November, the eHealth organisation was allocated an additional €25m in capital funding aimed at protecting and stabilising our critical digital infrastructure.
- Delivered the Cyber Response Investment Case for both cyber security transformation and overall eHealth transformation
- Appointed interim Chief Technology Transformation Officer and Chief Information Security Officer to drive Cyber and eHealth Transformation programmes
- Integration of Individual Health Identifiers (IHI) with iPM (patient administration system) commenced

- NIMIS 2.0 Upgrade Go-Live completed on time
- Critical Care CIS implementations completed at Our Lady of Lourdes, Drogheda, Sligo University Hospital and Portiuncula University Hospital
- Implementation commenced for Electronic Health Records system at Children's Health Ireland
- Delivered the winter flu and monkeypox vaccination systems
- The security operations centre was established; we have two in operation – one for our cloud environment and one for our on-premises environment.
- The business case for the Integrated Community Care System was completed and approval was provided to proceed to tender based on the business case.





## Chapter 5

# CHIEF OPERATIONS OFFICER UPDATE



## 5. CHIEF OPERATIONS OFFICER UPDATE

### 5.1 OPERATIONAL UPDATES SINCE LAST REPORT

#### **CAMHS - Maskey Report**

Following the publication of the Report on the Look-Back Review into Child and Adolescent Mental Health Services (CAMHS) in South Kerry, ('Maskey Report'), the HSE's National Oversight Group commissioned a number of national audits in relation to prescribing practice, compliance with the HSE CAMHS Operational Guidelines and research on service user and key stakeholders experiences of CAMHS.

- Audit of CAMHS prescribing practice: There has been a 100% response rate from CAMHS teams and the final report is expected in Quarter 4, 2022.
- An audit of compliance with the CAMHS Operational Guideline (COG) (2019) has commenced to include the design of a bespoke audit framework, a gap analysis of adherence to the COG, any regional or other factors impacting same, and conclusions on the requirement for targeted service improvement. It is expected the final report and recommendations will be completed by Quarter 1, 2023.
- UCC has been engaged as an academic partner to conduct qualitative study of CAMHS experiences in order to determine the lived experience of service users, families and carers, staff, referrers and other key stakeholders interacting with the CAMHS service. Ethical approval for the research is in the final stages of completion. This research is expected to be completed within six months from confirmation of ethical approval.

#### **Mental Health Commission Review**

The Mental Health Commission (MHC) review of all CAMH teams following publication of Maskey Report using a combination of existing MHC Inspectors and external Clinical expertise has, to date, completed its review in six CHOs (2, 3, 4, 5, 6, 7) and their review in CHO 9 is currently underway. The reviews are yet to commence in the remaining two CHOs (1 & 8). Where concerns have been escalated to Community Operations – Mental Health, the National Office has taken immediate action to engage with the MHC and the CHO areas to clarify and resolve any concerns.

National Community Operations – Mental Health received an Interim report from the Mental Health Commission (MHC) on the 24th November 2022 in relation to their reviews in CHO 3, 4, 5, 6 and 7 for factual correction. On the 25th November the MHC wrote to the CEO advising him of the issuing of the Interim Report and raising specific areas of concern for his attention. Responses to both of these pieces of correspondence have issued. The HSE will continue to engage with the MHC in accordance with agreed escalation protocols, should further concerns arise during their review of CAMHS.



### **Bed Census**

A further census to validate bed data will be conducted by the PMIU in early January 2023. Implementing the Bed Census / Management IT System is ongoing with the launch of the system due at the end of January 2023.

### **Unscheduled Care**

The system is experiencing historical congestion levels. This is ahead of the expected increase of seasonal illnesses (influenza/COVID-19) which will potentially peak during Christmas. The early onset of the Influenza season has in the past week seen a surge in influenza cases. Hospitalised cases have increased by 89% in the previous week alongside increases in both COVID and RSV.

There is a sub-optimal vaccination rate for second COVID-19 booster vaccines and influenza vaccination amongst healthcare workers which presents a high risk of increased staff absenteeism over the critical holiday period in addition to staff annual leave. In addition, vulnerable patients are at risk from cross infection due to poor levels of vaccination.

Overall LOS for all patients, particularly in those patients with >14 days LOS is high and is also of particular focus in increasing patient flow.

The number of patients experiencing Delayed Transfers of Care (DTCs) in Model 4 and Model 3 hospitals is currently high and well above our Winter Plan Target.

### **Update on Data Breach Notification process**

The Cyber-attack HSE data breach notification process for HSE commenced on November 29<sup>th</sup> 2022. 113,000 people are required to be notified as part of this process. An online process for notifiable individuals seeking records and booking a call with the call centre for support and advice is now fully operationalised.

Approximately 7,000 notifications will occur before Christmas with the remaining notifications expected to be completed by April 2023. Aligned to the HSE process, CHI and Tusla will commence notifications in January 2023. Largely due to a comprehensive communication process, there has been very little media attention to date following the launch of this phase of the notification process.

### **Ukraine and International Protection Applicant (IPA) Health Response**

In total 61,246 Ukrainians have arrived into Ireland YTD (5<sup>th</sup> December). This is projected to rise to over 80,000 by year end (15,000 IPA and 66,000 Ukrainians, based on latest projections from Department of Justice 08/12/22). There are approximately 870 facilities in use for of Beneficiary Temporary Protection (BOTP) housing 49,167 people (08/12/22). Approximately 140

facilities are in use for IPA, including two tented facilities, housing 17,518 people (as at end of November).

The design of the future service delivery model for Ukrainian and IPA populations is being finalised at present in conjunction with discussions on funding with the Department of Health. The model seeks to enable the same access to services as is available to the existing population whilst addressing the specific health needs of both populations. Priority specific health needs include a vaccination catch-up programme and a health screening service for blood-borne viruses.

Risks continue to be tracked and shared weekly with the DoH.

## 5.2 BOARD STRATEGIC SCORECARD: 2022

Full year data is not yet available, but the following most recent complete report is the November BSS:

### **ECC Programme:**

- The 2022 ambition statement may not be substantially achieved by year end. The rating has been amended from 3 to 2 reflecting minor delays across 3 of 4 KPIs.
- The Programme continues to work with the IMO / ICGP to raise profile of GP Lead role as set out in GP Agreement 2019.

### **Enhancing Bed Capacity (Note: information as of October 2022)**

The 2022 ambition statement may not be substantially achieved. Ongoing issues regarding delivery of beds in acute and community. Critical care beds are ahead of schedule.

### **Mitigating Actions to address key issues**

- IPC requirements will continue to be managed in line with guidelines and evolving situations in relation to COVID-19 and seasonal viruses during the winter period.
- Ongoing engagement with Estates in relation to increased timeframes for capital programme of works including supply of materials and equipment has delayed the initial expected completion dates
- Ongoing engagement with HR regarding recruitment of staff alongside ongoing national and international recruitment campaigns
- Review ongoing in relation to funding for sites where these beds are challenged/overdue for delivery. The profile may require reviewing following same.

### **Operational Services Report (Note: information as of September 2022)**

Please note the information below reflects to position at January 2022 and September 2022, full year data for 2022 will be available in February 2023

Indicator	January 2022 (Actual)	September 2022 (Actual)
Number of Indicators > 10% off target	31	31
Number of Indicators >5%≤10% off target	6	7
Number of Indicators ≤5% off target	9	16
No Result Expected	13	3
No Results Available	1	3

### **Patient and Service User Partnership (Note: information as of October 2022)**

The 2022 ambition statement may not be substantially achieved because there are issues and dependencies that will impact on the delivery of year end targets. This primarily relates to the delayed recruitment of both the Assistant National Director for Patient and Service User Experience and the Patient and Service User Partnership Leads.

#### **Mitigating Actions**

- Currently engaged in a series of workshops with patient and service user representative groups to develop approach to engagement.
- Continuing identification and recruitment of suitable staff as patient/service user partnership leads across CHOs and HGs (pace and progression)
- Updated report provided that evidences ongoing improvements with compliance with complaints across both the hospital groups and CHOs.

## **5.3 REFLECTIONS ON 2022**

### **Ukraine and International Protection Applicant (IPA) Health Response**

Prior to the war in Ukraine, the flow of asylum seekers into Ireland had been relatively low and consistent, ca. 75 per week with the average yearly arrivals projected at 3,500 (DCEDIY, 2020). The arrival of displaced Ukrainians into Ireland in such volumes has required the rapid mobilisation of a dedicated workforce (seconded HSE staff, NGOs, agency etc) and health response which heretofore did not exist.

It is recognised that there is significant unmet need particularly in relation to access to consistent GP and emergency dental services.

For those areas where a more structured response is in place, community healthcare teams are conducting in-reach visits to accommodation facilities following new arrivals of BOTP or IPAs to assess immediate health needs, provide orientation and signposting to the Irish health services (testing and

vaccination, pharmacy, mental health services, ED and online resources) and commence the process of linking residents to GPs. Migrant Health teams are under-resourced to meet this demand and it is hoped this will be addressed in the new service model, subject to funding etc.

**Scheduled Care**

The national and local focus on Scheduled Care during 2022 as part of the Waiting List Action Plan has yielded reductions in the numbers of people waiting over 6 months for inpatient day case procedures and Outpatient appointments since the peak in September 2020 across acute services.







## Chapter 6

# CHIEF FINANCIAL OFFICER UPDATE

## 6. CHIEF FINANCIAL OFFICER UPDATE

### 6.1 OPERATIONAL UPDATES SINCE LAST REPORT

- The draft revenue I&E financial position at the end of October 2022 shows a **YTD deficit of €1,149.9m** (€874.4m adverse variance on the COVID-19 reported costs and €275.5m adverse variance on core (Non-COVID 19) related costs.)
- **Cash** pressure is still evident in the system. Cash accelerations for the first eleven months of the year totalling €935m, driven by unfunded COVID-19 related expenditure. We continue to work closely with the Departments Vote Unit to ensure that any cash balances held at year end are sufficient to discharge liabilities that fall due in early 2023.
- The supplementary estimate for 2022 has recently been approved by the Select Committee on Health on the 7<sup>th</sup> December, does not provide the HSE with the funding initially sought and may present a funding challenge in CORE activities at the end of 2022.
- COVID-19 sanction has been sought from the DOH but is not received.
- Any deficit of income versus expenditure in 2022 will fall to be treated as a first charge in 2023. The current NSP 2023 which is not as yet approved by the Minister for Finance.
- Work remains to be done to agree an SLA between the HSE and the DOH in relation to enhanced financial reporting which was due to be completed by September 2022.
- We have successfully transitioned the first wave of bank accounts with Danske Bank as part of the banking transition project.

### 6.2 STRATEGIC ITEMS OF NOTE SINCE LAST REPORT

The upcoming year will provide a number of strategic and operational challenges for the finance function as outlined below.

- The financial challenge as described in the NSP submitted to the Minister 10<sup>th</sup> Nov 2022, while supporting the actions and programmes identified in the finance chapter of the NSP 2023.
- Ongoing development of a more formalised engagement process with our funders.
- Ensuring that current systems and processes are supported whilst giving due consideration to the new processes and technology through IFMS and the new structure under RHAs.
- Improving the engagement with the targets set in the Corporate Procurement Plan in relation to compliance with procurement rules through enhanced self-assessment.

- Input in relation to the development of a Population Based Resource Assessment (PBRA) funding model.
- Understanding the impact of market pressures and inflation on our ability to fund services.

### **6.3 BALANCE SCORECARD SUMMARY 2022**

The finance and financial management scorecard continues to be assessed as having a rating of 3 or amber in the November iteration. We know that there are on-going challenges in relation to funding and outturn for the year which have to be acknowledged when making this assessment. Good progress has been evidenced in relation to key projects such as IFMS, controls improvement and ABF which are all rated as being on track.

### **6.4 REFLECTIONS ON 2022**

- The on-going dedication, professionalism and commitment shown by our finance and procurement staff despite the challenges of the last 3+ years speaks very highly to the quality of our teams.
- Progression to the Build and Test Stage of our IFMS project IFMS design, despite multiple challenges, coupled with significant progress on future pay budgeting and reporting via IFMS and NISRP.
- Improvement work-streams have continued despite the ongoing level of added complexity and uncertainty that COVID-19 continues to bring.
- The HSE Corporate Procurement Plan 2022 – 2024 was published in 2022.
- The on-going financial support, including financial modelling, provided to a number of key COVID-19 initiatives including the Vaccination Programme, Test and Trace, Private Hospital's agreement and PPE.
- The completion of statutory financial reporting within legislative timeframes and with a clean audit certificate was challenging in both the context of the impact of COVID-19 and the Cyber-attack.
- Implement of a 3-year Activity Based Funding Implementation Plan
- Progressing development of a future operating model for financial shared services.
- Progressing general procurement compliance and also on implementation of recommendations re KPMG PPE audit into mainstream procurement governance.
- Complete the transition to a new banking provider following Ulster Bank's departure from Ireland in 2023.
- Leading and supporting the finance work-stream element of the RHA project.





## Chapter 7

# NATIONAL DIRECTOR HUMAN RESOURCES UPDATE



## 7. NATIONAL DIRECTOR HUMAN RESOURCES UPDATE

### 7.1 OPERATIONAL UPDATES SINCE LAST REPORT

**Public-Only Hospital Consultant Contract:** The Government has approved a proposal from the Minister for Health for a new public-only hospital consultant contract. The representative bodies will consider the proposals through their respective processes.

**Pandemic Special Recognition Award (PSRP):**

- 126,291 HSE and Section 38 employees have been paid as of 25/11/2022.
- Section 39, Nursing Homes, HR Agencies : contract support was engaged as the Scheme Administrator on 20th October 2022. The HSE has identified potential employers of frontline workers, who may be eligible for PSRP. 523 submissions have been received meeting the criteria. Payments have commenced.

**Staff Turnover:** The **Q3 year to date** figure of 7.3% (2021 full year was 7.7%) turnover has been significantly influenced by COVID-19, including international travel re-opening and retirement or decisions to leave the HSE being deferred.

Q3 '22 turnover rate of 2.7% is higher than Q3'19 1.8%, Q3'20 2.3% and Q3 '21 2.6%.

In order for the HSE to maintain employment levels, recruitment activity must take account of staff who leave. Normally this equates to circa 9,500 per annum. This is running significantly higher with 10,500 leavers Q3 YTD.

**Dignity at Work:** Review of Dignity at Work Policy was launched in September 2022. Training sessions for the Nominated Person specialist and the Support Contact Person were launched virtually on HSeLand and is mandatory for all HSE employees.

### 7.2 STRATEGIC ITEMS OF NOTE SINCE LAST REPORT

**People & Recruitment:** The HSE has committed to recruitment targets to meet the National Service Plan. This focus on recruitment, resourcing and retention involves building on the skills and abilities in existence in the HSE - in the areas of innovating, developing and digitizing new systems and processes. This requires the HSE to work outside of traditional organisational boundaries, to overcome barriers and to remodel roles.

Since the establishment of the Recruitment, Resourcing and Retention Unit (RRR) in June 2022 the digitization of processes, progress is already evident. Examples of frameworks implemented to date include – the NRS Helpdesk which provides both customers and candidates with live updates, a 'Forms Portal'



facilitating digitizing and automating of approximately 90% of the processing tasks is underway and a new digital job orders portal, the NCHD NER App, the Recruitment Gateway, that went live in November 2022.

**Medical Recruitment - the Medical Consultant Hub:** A dedicated, online hub for medical consultant roles recruited by publicjobs.ie, on behalf of the HSE has been established.

It will function to meet the medical recruitment challenges faced across the health service, by streamlining the application process. The hub provides all the information an applicant needs on the role of the Medical Consultant, such as background, context to the different specialties in Ireland and a guide to working and living in Ireland - information on housing, taxation, banking, driving, and education.

Twelve are specialities will be recruited in the hub.

Surgery	Psychiatry	Paediatrics	Anaesthesiology
Emergency Medicine	Obstetrics & gynaecology	Internal medicine	Pathology
Radiology	Public Health	Orthodontics	Ophthalmology

It brings the candidates easily through the application process, with supporting videos.

### 7.3 REFLECTIONS ON 2022

#### Workforce Resourcing:

National HR is focused on the continued strengthening and consolidation of Workforce Resourcing and enhancing recruitment to health service teams. The HSE has built significant additional local and central recruitment capacity coupled with digital and process improvements over the last two years which has helped us grow the core workforce by in excess of 15,000 whole time equivalents since December 2019.



#### Staff Survey:



Following the staff survey, seven themes were identified for action and informed to services. Preparations are underway for the 2023 Staff Survey.

**HSeLanD:**

HSeLanD has grown from strength to strength, supporting geographically dispersed and multi-disciplinary staff and teams across the health service. Key achievements include:

- 300k+ users in 2022.
- 3mn+ programmes completed since 2019.
- 9mn+ log-ins to HSeLanD from 2019 to date in 2022.
- We developed 250+ new bespoke e-learning programmes, including iStart hub which supports the onboarding process for new staff to the organisation.
- We received a range of both National and International Awards including; the HR Leadership and Management Awards, the Irish Institute of Training and Development (IITD), the Chartered Institute of Personnel and Development (CIPD) and the prestigious Brandon Hall International HCM Executive Award.

**Diversity, Equality and Inclusion:**



The core building blocks required to mainstream Diversity, Equality and Inclusion (DEI) in the HSE were established in 2022. The National DEI team developed the HSE's first DEI Strategy (January 2023 launch) to support the implementation of DEI measures as outlined in the People Strategy 2019 – 2024.

A key pillar of this DEI strategy is strengthening the voice of HSE employees representing various diversity characteristics. Supported by the DEI team:

- The Reach Out Network (initially formed in 2017) for LGBTQIA+ employees was revived in 2022.
- To celebrate International Day of Persons with Disabilities, the Le Chéile Network for employees with disabilities, ran a launch campaign.
- The recently established Network for employees from ethnic minority backgrounds held their first virtual meeting in December.

Guided by the new DEI Strategy, 2023 will involve the DEI team and staff networks working together to support further DEI guidance, awareness-raising and training in the HSE.

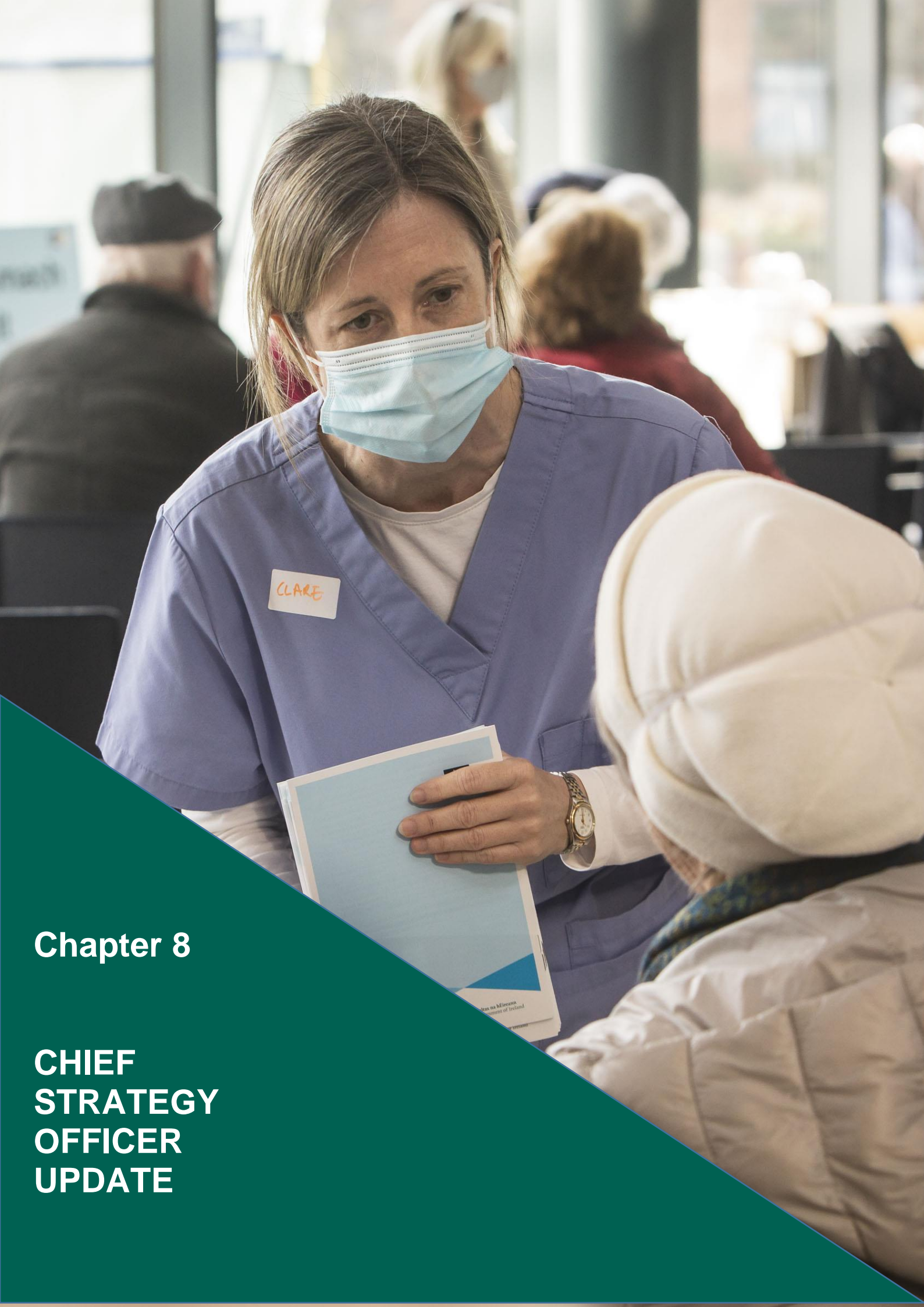
**Health Service Excellence Awards:**



The Health Service Excellence Awards Event was held in Farmleigh in September 2022, of which there were 5 category winners.

The 44 finalists showcased their projects to their local Chief Officers/ CEOs of the Hospital Groups and were presented with Certificates of Achievement.





## Chapter 8

# CHIEF STRATEGY OFFICER UPDATE



## 8. CHIEF STRATEGY OFFICER UPDATE

### 8.1 KEY OPERATIONAL UPDATES SINCE LAST REPORT

**Protected Disclosures** - The HSE recognises the importance of staff being able to raise concerns in a safe way without the fear of reprisal. A dedicated national Protected Disclosures Unit was established earlier this year to lead on this work and a Head of Protected Disclosures will take up post during December.

**Health and Wellbeing** - A policy brief, "Making MECC Work: Enhancing the implementation of the National Making Every Contact Count Programme in Ireland", was presented to the National Clinical Advisor and Group Lead (NCAGL) Forum group in November. It was agreed to engage with NCAGL Forum as an implementation plan to address the recommendations are developed in 2023.

**Global Health** - The Global Health Programme leads and coordinates HSE donations of surplus medical equipment and supplies to other countries in need. While all HSE donations are from surplus stocks or decommissioned equipment which would not have a future use in the HSE, there has been no previous HSE policy regarding such donations. A donations policy has been developed to clarify governance arrangements and is included today for Board members' consideration, following ARC discussion earlier this month.

The HSE Global Health Programme 3-year Plan 2022-2024, which is aligned with HSE Corporate Plan and Government Policy on International Development, 'A Better World', has been developed and is included today for Board members' consideration.

**Board Strategic Scorecard** - Following the Board deep dive session last month on the Board Strategic Scorecard (BSS) members will be aware of the enhancements made to the current BSS. The end of year 2022 BSS is being prepared and will be brought to the January meeting for Board members' consideration.

As members will be aware a Board members BSS sub group has been established and met earlier this month to progress work on revising the BSS for 2023.

**Elective Care Hospitals** - Progress continues on the Enhanced Provision of the Elective Care Programme. On 7 December 2022, the Minister for Health received Government approval for the next stage of the Programme and progression of the development of new Elective Hospitals in the Cork and Galway sites. Board members will be updated on further developments, including in relation to the hospital site(s) in Dublin.

### 8.2 BOARD STRATEGIC SCORECARD: 2022

**Climate Action and Sustainability:** the key objectives have been achieved and we are now taking forward the implementation process.

**Infrastructure and Equipment:** the majority of the key objectives have been achieved. Significant issues impacted progress during the year including global inflation, supply chain constraints and volatility in the construction sector.

**Prevention and Early Intervention:** there has been slippage on a number of key objectives within the Scorecard linked in part to recruitment challenges.

**Reform of Disability Services:** there have been a number of challenges during the year which have impacted significantly on the achievement of key objectives. Nonetheless, progress has been made on work to strengthen the financial stability of the sector, and a number of individuals have been resettled to community settings.

**Reform of Mental Health:** there has been slippage on a number of key objectives within the Scorecard linked in part to recruitment challenges. Nonetheless, progress has been made including the operationalisation of one CAMHS hub and one Crisis Resolution Service.

**Reform of Scheduled Care:** progress towards the agreed maximum waiting time targets for 2022, and with particular deliverables, has been slower than expected. Good progress is being made with key strategic reform initiatives.

**Reform of Home Support and Residential Care:** there has been slippage on a number of key objectives within the Scorecard linked in part to recruitment challenges. Nonetheless, progress has been made with the conclusion of the Home Support pilot in November 2022, and recruitment of 128 Care Needs Facilitators is underway linked to InteRAI needs assessment.

**Planning and Implementation of Regional Health Areas:** there has been some delays in relation to the development of the draft RHA implementation plan which will now be finalised in draft in December. Progress has been made with the establishment of key workstreams and a dedicated programme team has been established to take forward the planning and delivery of the RHA Change programme.

### 8.3 REFLECTIONS ON 2022

During 2022, the following highlights/achievements are notable:

#### **Governance and Risk**

- We further embedded effective risk management practices across the organisation, including the establishment of a Central Enterprise Risk Team, the introduction of a new electronic system for managing the Corporate Risk Register, and the completion – in conjunction with EMT and the Board Committees – of three quarterly reviews of the Corporate Risk Register, with a fourth review currently underway.
- A review of the HSE's Risk Management Policy is well advanced and a revised Policy will be submitted to the Board for approval once finalised.

### **Strategy and Research**

- We completed and secured Board approval for a comprehensive Climate Action Strategy and Implementation Plan which will support the HSE to become a healthcare service that is both environmentally and socially sustainable and one that leads by example on climate action.
- We completed, in line with legislation, the HSE Annual Report which was published in June 2022 together with the HSE Financial Statements.
- We completed and, following Board adoption, submitted to the Minister the HSE National Service Plan 2023, in line with the timeline specified in legislation.

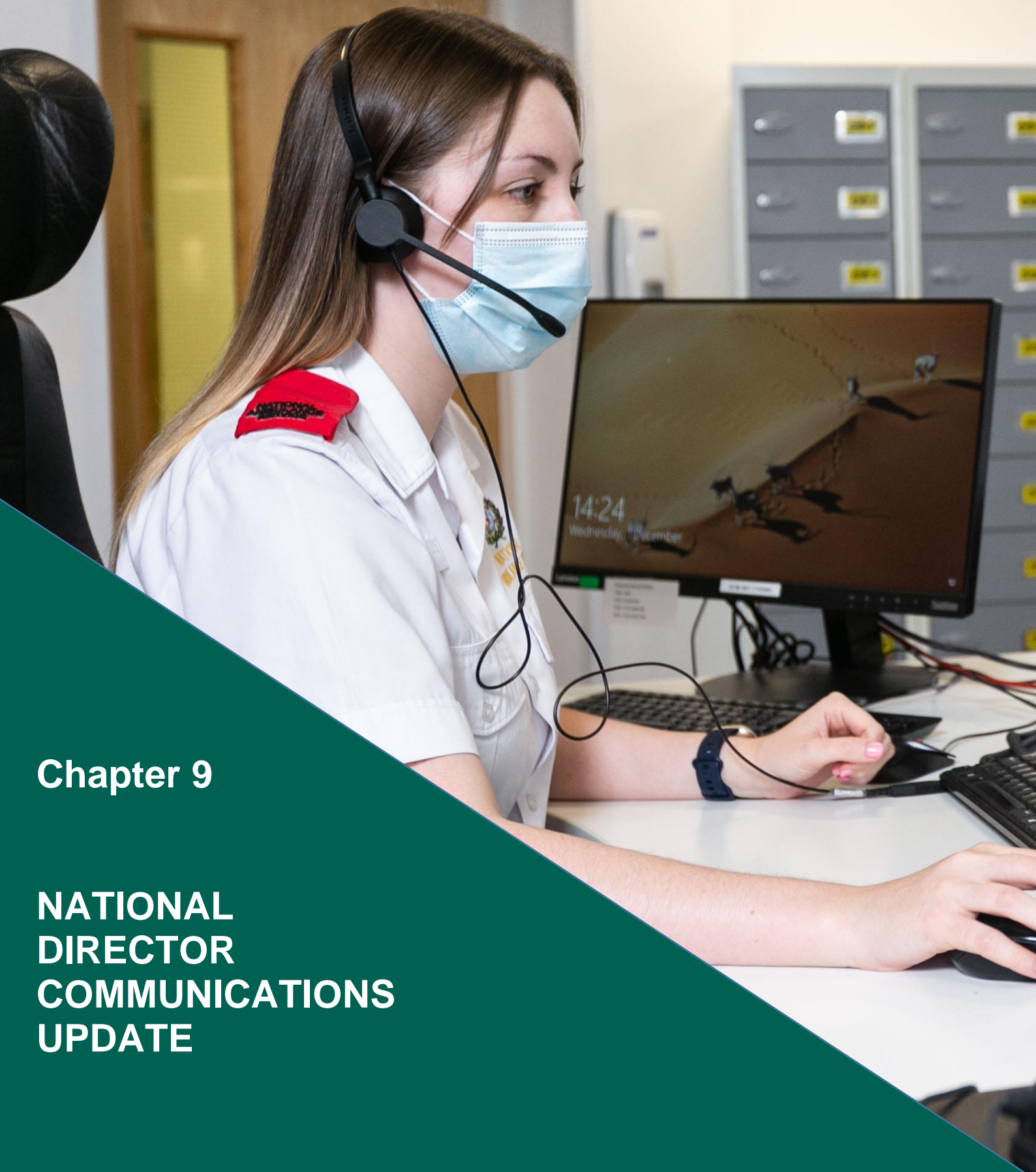
### **Capital and Estates**

- We completed and secured Board approval for a comprehensive Capital and Estates Strategy and Implementation Plan with a focus on innovative and progressive approaches to capital infrastructure planning, setting the strategic direction to 2050.
- We developed an Infrastructure Decarbonisation Roadmap outlining the particular actions to be taken to reduce the carbon footprint of the HSE estate, linked to the wider Capital and Estates Strategy and Climate Action Strategy.
- We finalised – working closely with ARC and the Board, and DoH – the National Maternity Hospital (NMH) Legal Framework for Government approval, and developed and submitted to the Department the associated business case.
- We supported and oversaw the continuing development of the New Children's Hospital; opened the National Forensic Mental Health Hospital; delivered 14 primary care centres; continued to progress the delivery of additional community bed capacity; and completed additional accommodation in the acute sector including 12 critical care beds in Tallaght hospital.

### **Change and Innovation**

- We substantially progressed work on the planning for the introduction of RHAs with a view to completing a high-level Implementation Plan by the end of 2022.
- We took forward significant reform programmes in Scheduled Care including the development and piloting of a DNA strategy at three hospital sites (reducing the average DNA rate from 16% to 10%), the development and piloting at a number of sites of a national policy for Patient-Initiated Reviews, and the introduction of a national process for Patient-Centred Booking which was co-designed and is being piloted at University Limerick Hospital Group.

... is to be going wrong,  
remind yourself of the things that are going right



## Chapter 9

# NATIONAL DIRECTOR COMMUNICATIONS UPDATE



## 9. NATIONAL DIRECTOR COMMUNICATIONS UPDATE

### 9.1 KEY OPERATIONAL UPDATES SINCE LAST REPORT

- Comprehensive media relations campaign on RSV prevention yielded much coverage, led out by clinicians giving advice to parents.
- Flu vaccination and how to avoid winter viruses advice campaign is also running.
- Data Breach notification online technical briefing completed, it was well attended by media with no controversy following.
- Christmas media stories are scheduled for issue to media over the holiday period (e.g. QUIT, organ donation data, Christmas and New Year babies, stories of staff working Christmas Day, mind your mental health and a range of other content).
- The first phase of migration of the public website has been completed with 3,000 guides on health, wellbeing and public services moved to the new website.
- Winter vaccine campaign for COVID-19 and flu vaccines, launched October 2022 continues on TV, radio, video-on-demand, digital display, social, paid search. A two-week outdoor campaign started from the 5<sup>th</sup> of December.
- New QUIT campaign developed for launch in January 2023 encourages smokers to take back control with help from the HSE QUIT service. This follows on from a very successful year for the Quit campaign with 5,768 activated Quit plans from January- October this year, well on track to meet the 6,000 sign up target.
- The Laura Brennan HPV vaccine catch-up campaign launched on 8<sup>th</sup> December with a limited number of clinics in December. A media plan, including radio ads are scheduled to go live in January when more clinics are available.
- Preparations for the promotion of the extension of the GP visit card to under 8s are underway.
- A recruitment campaign for Children's Disability Network Teams is in advanced planning and will go live in the coming weeks

### 9.2 STRATEGIC ITEMS OF NOTE SINCE LAST REPORT

- The team has been providing input into RHA communications planning and working on a strategy under the appropriate workstreams. Work has progressed on the segmenting of staff emails in advance of the implementation of RHAs.
- Plans are underway to start leveraging operational successes into HSE good news stories for media going forward.
- The first audit of advertising since the enactment of the Irish Language Amendment Act will take place in Q1 2024, covering the full year 2023.

### 9.3 BOARD STRATEGIC SCORECARD: 2022

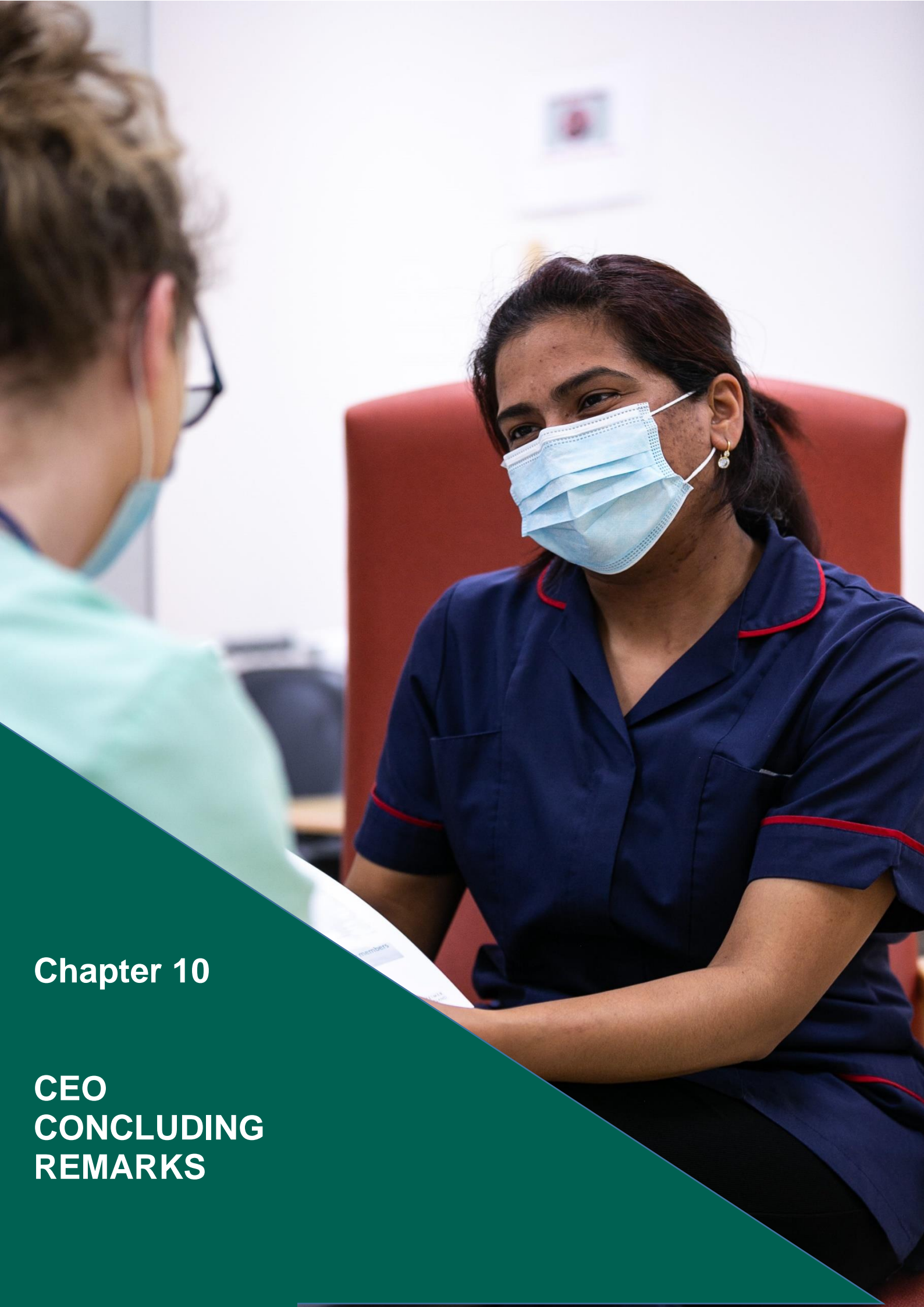
- One of the main objectives on our strategic scorecard was to develop a comprehensive Trust and Confidence strategy. A final draft long-term strategy was presented to the People and Culture committee a fortnight ago and is included with this report. The implementation of the strategy has been subject of discussion at EMT this week.
- A second scorecard item was to deliver high quality communications and engagement with the public. High quality health service advice and health information was developed and published through a range of channels, with all content tested with the audience, evaluated and adjusted on an ongoing basis to achieve high-levels of engagement with our communications.
- HSE Communications recruited a new Assistant National Director for Strategic Communications who began work in 2022 on the development of a strategy for excellence in communications in our health service, aligning with the Corporate Plan 2021 – 2024. This strategy will be completed in early 2023.
- The final element on our scorecard is to deliver progress on the HSE Irish language strategy. The amended Official Languages Act 2021 places additional responsibility on the HSE and on all parts of the public health system, including targets for service provision through Irish and recruitment of staff fluent in Irish, along with extensive requirements on our public communications and advertising. In May 2022, all COVID-19 and vaccine information on the HSE website was made available in Irish. A project to allow for dual-language functionality on all webpages is underway. Our first campaign featuring an Irish language advertisement airing on English language channels went live in September.

### 9.4 REFLECTIONS ON 2022

- This year we established a unit within the media relations team in to promote positive stories about HSE services., In the month of November, we answered 19% more reactive queries than in the last pre-pandemic year of 2019. However, we placed double the number of proactive and news related media interviews compared to 2019.
- The HSE Press Office moved to seven-day week operation in Q2, from a position in which there was an on-call service at weekends.
- The Press Office received the Public Relations Consultants Association In-House PR Team of the Year 2022 award.
- A number of new public information campaigns were launched this year, including the mental health literacy campaign, campaigns supporting the introduction of Free Contraception for 17 – 25 year olds, the new free at-home STI testing service, and the NAS recruitment campaign. The NAS

recruitment campaign for Paramedics and Student Paramedics was nominated for two Shark awards and won bronze in the Print/Outdoor category.

- The anti-smoking campaign, HSE Quit, won a domestic Digital Marketing Award for the use of paid search.
- A paper from HSE Communications on our COVID-19 vaccine campaign was accepted and presented at the 2022 Social Marketing Conference in Brighton in September.
- The audio COVID-19 vaccine campaign, delivering vaccine ads to people in a variety of languages dependant on the language setting of their phone, won gold at the European Marketing Awards in Madrid.
- This year we also hosted a stand at the National Ploughing Championships and engaged with thousands of people over the course of three days with information on COVID-19 vaccines, injury units, organ donation and vascular screening, medical cards and the Fair Deal scheme.
- The HSE website has undergone a number of updates over the last year including a new mental health section and 550 new health guides, reviewed and updated with clinicians. This year the website has had 80 million visits (25 million in 2019), HSELive has handled over 2.1 million calls this year to date (300,000 in 2019) and HSE has 1.45m social media followers (400,000 in 2019).
- The Internal Communications team also received an award from the Public Relations Institute of Ireland in 2022 for Best Internal Communications, for the connecting of our senior leaders with frontline staff during COVID-19 and the cyber-attack.



## Chapter 10

# CEO CONCLUDING REMARKS



## 10. CONCLUDING REMARKS

As we conclude 2022, it has been another year of strong performance, from commencing the year with the successful booster campaign to developing and providing a total of 900,000 COVID-19 tests per week in January 2022.

The impact of COVID-19 on the HSE finances has been significant, due to the prevalence of infection rates in Q1 2022 and the resulting impact on the costs of delivering services.

Waiting lists were directly impacted by COVID-19 and increased in 2021 and early 2022. However, dedicated focus and strong performance over recent months has had real impact and we are hopeful that 2023 will continue that trend for the benefit of patients awaiting scheduled care.

Our workforce has grown by over 3,700 in the 10 months' year to date to, during challenging times in the recruitment of health and social care workers. Staff turnover has increased in 2022 (10,500 Q3 YTD), leading to a net recruitment of almost 15,000 personnel to date. Workforce recruitment challenges will remain for 2023 and beyond. During the year we saw a number of EMT changes bringing about changes at the most senior level of the HSE.

I wish to thank all our staff who have supported the HSE daily throughout 2022. Without your dedication, skill and hard work, we could not support our patients and service users in the way that we do daily. Many thanks on behalf of myself, EMT and all the people of Ireland for all you continue to do.



Stephen Mulvany

**Chief Executive Officer**