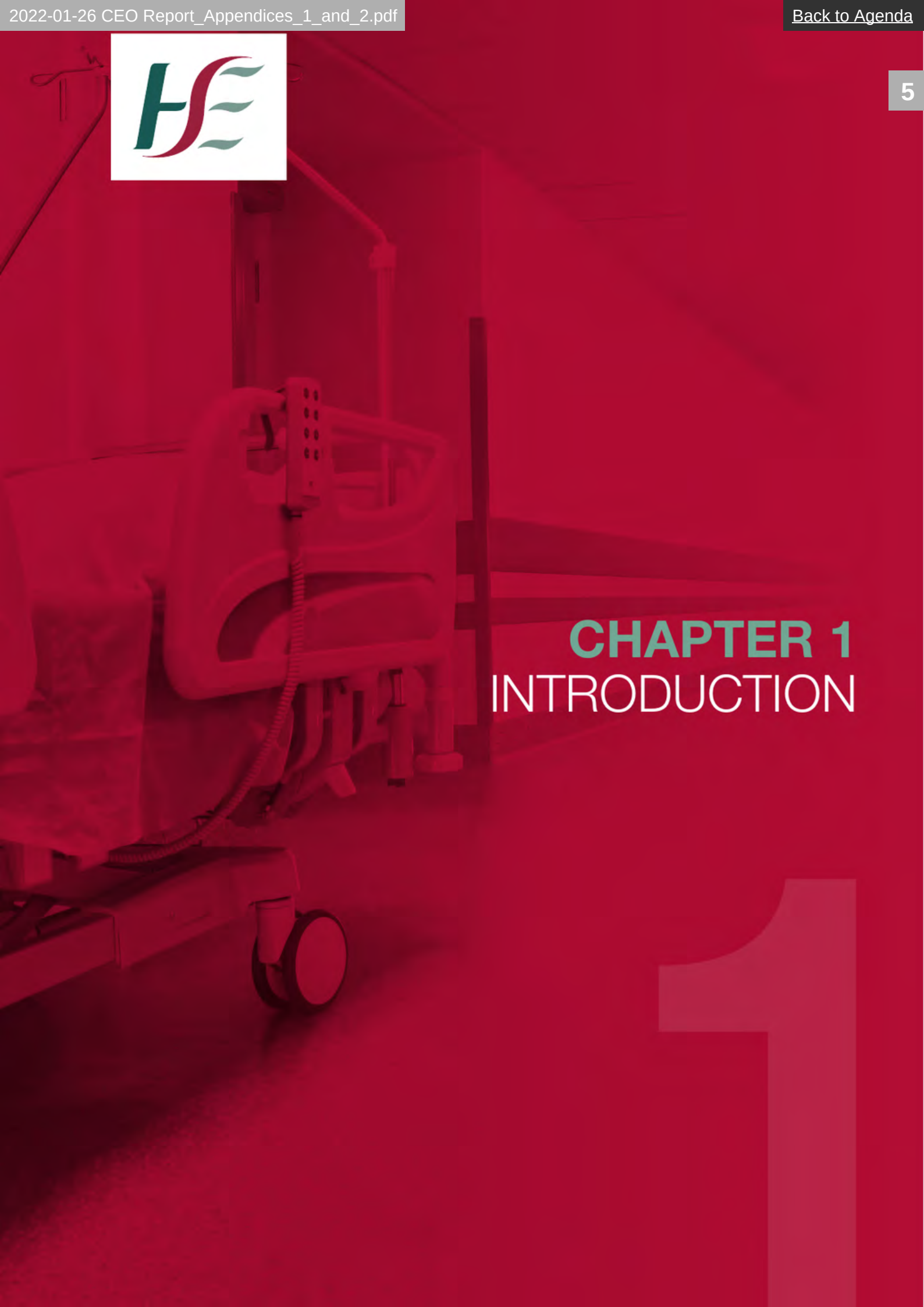
Health Service Executive

Chief Executive Officer's Report

HSE Board Meeting
28 January 2022



CHAPTER 1
INTRODUCTION

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Staff working at the Kilmore Hotel Vaccination Centre in Cavan, who replaced their scrubs for Superhero costumes to support children availing of the vaccine.

1. INTRODUCTION

As we welcome in another new year, I wish to take this opportunity to thank the HSE Board, and the members of the four Board Committees for your support and wise counsel during 2021. My executive management team (EMT) and I look forward to working with you and supporting you in your governance role during 2022.

While our hospitals remain very busy, and infections rates continue to run very high, thankfully the pessimistic modelling around hospital admissions did not come to pass.

At the time of submitting my CEO report, the Government has agreed that most of the public health measures currently in place can be removed. Some however will remain in place until 28 February 2022, including the wearing of face masks in all settings where currently regulated for protective measures.

The lifting of these public health measures is a very welcome development for the public and for the business community. It will also be welcomed by many of us working in Healthcare. We know that the pandemic is not over however, and the emergence of new variants with potential for increased transmissibility, or of immune escape remains a very real risk.

Our staff, and indeed health care staff right across the public, voluntary and private sector who worked so closely with us have been and continue to be the true heroes of this pandemic, and I am immensely proud of all that we have achieved together.

CHAPTER 2
GOVERNANCE

2. GOVERNANCE

2.1 NATIONAL SERVICE PLAN

2.1.1 We have received positive indications from the Department of Health that the Minister will approve the draft National Service Plan adopted by the Board last November. While we anticipate some minor amendments, the expectation is that the NSP will be substantially unchanged.

2.1.2 I will update the Board in relation to this matter in anticipation of the Minister writing to the Chairman, which we expect to receive during week commencing 24 January 2022.

2.2 SLÁINTECARE PROGRAMME BOARD

2.2.1 On 15 December 2021, the Sláintecare Programme Board held their first meeting with clear Terms of Reference outlined, to ensure clear oversight and alignment between the DoH and the HSE, to ensure all programme matters are dealt with in a coordinated, clear, effectively and timely manner, between all relevant stakeholders.

2.2.2 The Programme Boards objective is to ensure effective communication and information sharing across all aspects of the programme and its constituent projects throughout the HSE, DoH and all key stakeholders.

2.2.3 Meetings will be held on a bi-monthly frequency to aid and facilitate this clear communication.

2.3 HEALTH SERVICE REFORM– REGIONAL HEALTH AREAS

2.3.1 Regional Health Areas (RHAs) were also discussed at the Sláintecare Programme Board, and subsequently the RHA Advisory Group met on 21 December 2021 with a further meeting scheduled for 24 January 2022. There was consensus amongst the Programme Board members that the implementation of the six RHAs, within the context of a strong, lean HSE Centre, is required for geographic alignment of community and acute services.

2.3.2 RHAs will enable an appropriately devolved operational service delivery framework. This is with a view to strengthening clear corporate and clinical governance. In line with Sláintecare principles, RHAs will support population-based service planning and funding.

2.3.3 The key milestones outlined in relation to RHAs for 2022/2023 are as follows:

Quarter	Key Milestone
Q1 2022	Secure Government decision on Regional Health Areas Draft Implementation Plan for RHAs
Q2 2022	Finalise Implementation Plan for RHAs
Q3 2022	Develop a shadow budget using population-based resource allocation (PBRA) Develop RHA governance structures
Q4 2022	Finalise RHA corporate and clinical governance frameworks
Q1 2023	Commence transition phase
Q2 2023	Recruiting for senior RHA posts
Q3 2023	RHAs and population-based resource allocation model are the basis for Estimates 2024
Q1 2024	RHAs operational

2.3.4 I will update the Board again in relation to progress on this important programme following the February meeting.

2.3.5 The commitment to establish Regional Health Areas (RHAs) is affirmed in:

2.4 **NATIONAL MATERNITY HOSPITAL**

2.4.1 Following on from the Board's consideration of the key legal and contractual architecture that to enable the construction of a new National Maternity Hospital on the site of St Vincent's University Hospital, the Board raised a number of concerns which it asked the executive to take forward with the Department, St. Vincent's Hospital Group, and with the National Maternity Hospital.

2.4.2 A meeting took place on 21 January, attended by the Secretary General, the Chair and CEO of both hospitals, the Chief Strategy Officer and me. I outlined the Board's concerns and also the proposals put forward for resolution. All parties expressed a desire to work cooperatively with a view to getting to a stage where any impediments to progressing with this crucial infrastructure are dealt with.

2.4.3 The parties have agreed to revert to the Department and the HSE as soon as possible.

2.5 **SECURING THE FUTURE OF SMALLER HOSPITALS REPORT – OUR LADY'S HOSPITAL, NAVAN**

2.5.1 The Board and the Safety and Quality Committee will be aware that the HSE has major concerns that the 2013 Government policy document of 2013 *Securing the Future of*

Smaller Hospitals – A Framework for Change remains unimplemented in Our Lady's Hospital Navan.

2.5.2 The Department was briefed in early November about the extent of the patient safety and clinical governance concerns that will continue for as long as OLHN continues to operate as a Model 3 Hospital, in circumstances where its staffing and its infrastructure and its resourcing generally is more consistent with that of a Model 2 Hospital.

2.5.3 Understandably, whenever changes in hospital configuration are in contemplation, there will be an element of public disquiet about what the future holds for their local hospital. However, the future of OLH Navan us bright and the service offering which will be based there will secure its future as a key resource to the people living in the North East region. The HSE's plans for OLH Navan are clinically led and are fully aligned to settled Government policy as outlined in the aforementioned Framework.

2.5.4 Engagement with Oireachtas members has been scheduled but cancelled at this stage on three separate occasions. At the Board meeting and I would be grateful for the Board's guidance in relation to future next steps, given that from my perspective there are only limited measures that can be taken to mitigate clinical risks at OLH under its current configuration.

2.6 FORTHCOMING OIREACHTAS COMMITTEES

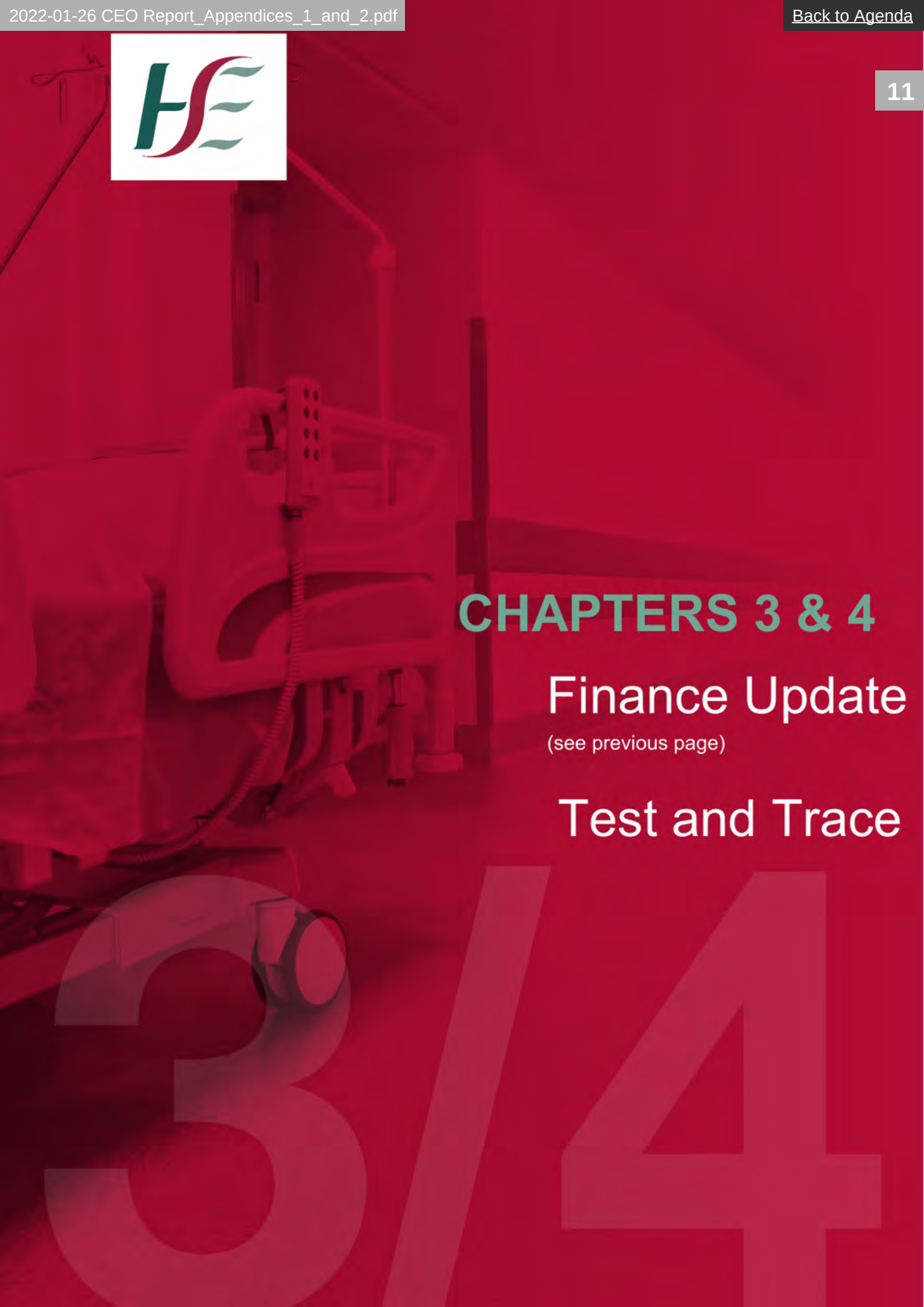
2.6.1 The Joint Oireachtas Committee on Health wrote to me on 14 December 2021 to invite the HSE to attend a meeting to discuss oversight of the implementation of Sláintecare. The Committee has advised it considers it imperative to meet with the CEO of the HSE and the Secretary General of the Department of Health every two months to monitor the progress of the implementation of Slaintecare.

2.6.2 The first meeting date has been set for 16 February 2022 between 10:30am and 1:30pm. We are currently in the process of preparing for the meeting and I will forward my Opening Statement to the Committee to the Board when it is finalised.

3. FINANCE UPDATE

3.1 YEAR-END POSITION 2021

3.1.1 The CFO and his team are working to finalise the 2021 year-end position at the present time, and a report will be forwarded to the Board as soon as it is competed.



CHAPTERS 3 & 4

Finance Update

(see previous page)

Test and Trace

3/4

4. COVID-19 TEST AND TRACE UPDATE

4.1 COVID TRENDS

4.1.1 The key test and trace indicators over the last week are showing a rapid downward trend in demand and positivity relative to the previous week.

4.1.2 Community referrals have decreased by 55% compared to the previous week, with c. 104,139 referrals in the community (from 14th – 20th January), while community positivity has reduced from 58.1% to 50.2%.

4.1.3 GP referrals have decreased by 76% compared to the previous week with 47,526 GP referrals.

4.1.4 Community swabs undertaken have decreased by 56% compared to the previous week with 238,951 swabs. From 14th – 20th January, the number of swabs completed in the community was 105,312.

4.1.5 Over the past 7 days c.93.9% of people received a swabbing appointment in less than 24 hours.

4.1.6 Laboratory tests have decreased by 48% compared to the previous week. 153,446 Laboratory PCR tests were undertaken over the last 7 days versus 296,222 in the previous week. Over the last 7 days, 217,663 Antigen Test kits were booked.

4.1.7 Average number of close contacts has remained consistent with last week at 2.5 (***Note:*** *The reporting of Close Contacts is being reviewed in light of changes introduced relating to Antigen testing on Friday, January 14th).*

4.1.8 From the 14th – 20th January, there were 65,283 call 1s (↓48% compared to last week)

4.2 **PERFORMANCE**

4.2.1 Performance remains strong for people getting a test with the median end-to-end TAT for a not-detected result in the Community at 1.1 days and for a detected result in the Community at 1.7 days.

4.2.2 The highest number of swabs in the community over the past week was 19,177 swabs (including test centre and outbreak referrals).

4.3 **RECENT INITIATIVES**

4.3.1 A solution to enable uploading of positive antigen results and enablement of close contact management went live on Friday, 14th January. Since the launch, 35,321 positive antigen results have been reported.

4.3.2 Changes to Public Health advice were implemented on Friday, 14th January, including changes to public health guidance, testing modalities (antigen), new supply chains, screening programme changes and ICT solutions.

4.4 **CAPACITY**

4.4.1 HSE has testing and tracing capacity for up to 900,000 tests per week, although reducing demand will result in corresponding drop in capacity. PCR Testing capacity is 300,000 per

week from the original 100,000 per week baseline capacity. Antigen Testing Capacity has increased from 0 to 600,000 per week (700,000 in surge).

4.4.2 There are currently c3,000 staff, 45 testing centers and 4 contact tracing centers involved in the Test and Trace Programme contracted until the end of June 2022, alongside public health colleagues. In addition, there are a range of contracted partners involved in our swabbing, laboratories and contact tracing services.

4.4.3 The single highest day for testing referrals to date was on Wednesday, 29th December 2021 with over 77,312 referrals recorded in total, 11,052 of these being self-referrals.

4.4.4 The single lowest day for testing referrals in the current wave was on Saturday, 16th January 2022 with 12,335 referrals recorded in total, with 8,001 of these being self-referrals.

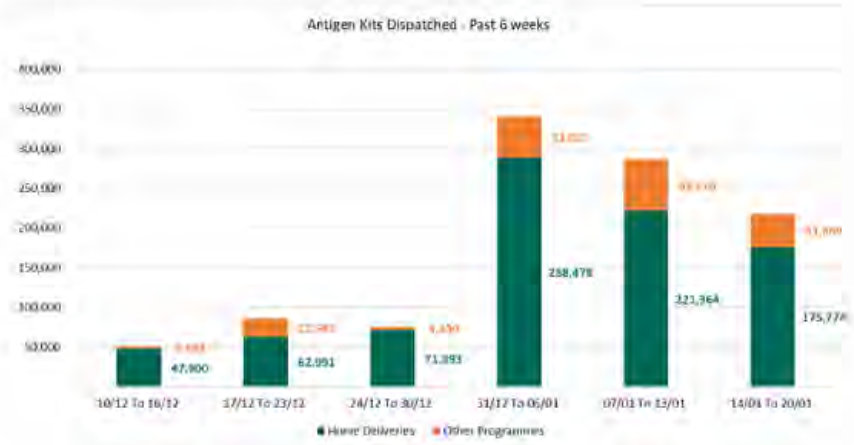
4.4.5 In total, there have been over 1,625,641 Antigen Test Kits booked by people to date across all our programmes.

4.5 TESTING AND TRACING STRATEGY

4.5.1 Test and Trace Programme have commenced a review of the National Test and Trace strategy, previously developed by the HSE, in light of the current trends. Given the scale of the programme with over 3,000 staff, multiple partners and a nationwide infrastructure that is in place until June 2022 at a minimum, it is important that any major changes in testing strategy are fully cognisant of how any changes to this complex infrastructure can be phased and considers any possible future requirement to flex upward.

4.6 UPDATE ON INITIATIVES – APPROACH TO ANITEN TESTING

4.7 Sectoral Screening Programmes



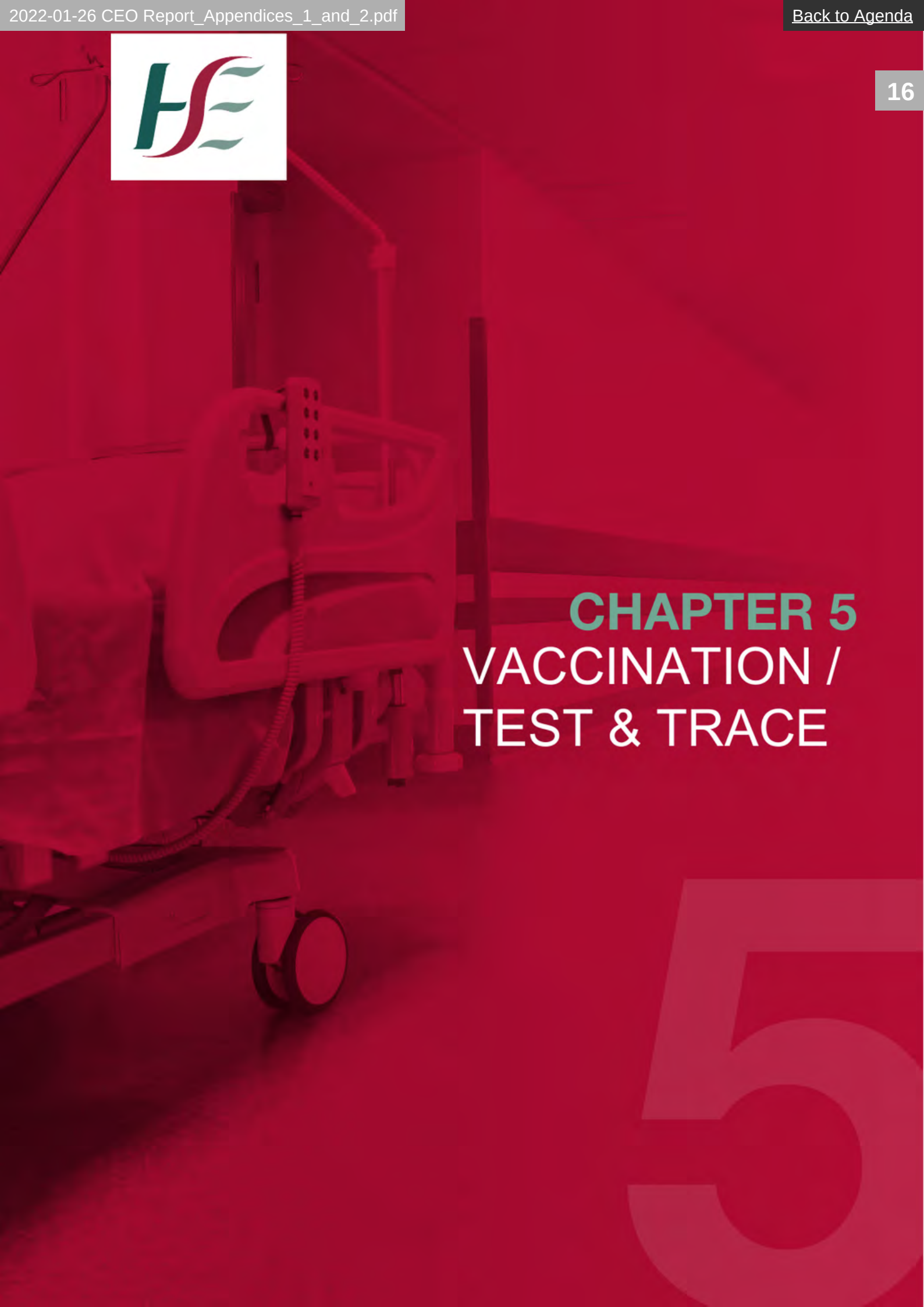
Note 1: Other programmes: Acute/CHO/DAFM/RCF

Note 2: All dispatch figures refer to antigen test kits, each containing 5 individual tests

Programme	Total Test kits dispatched
Home Deliveries	1,055,754
Other Programmes	569,887
Total	**1,625,641**

4.6.2 ANTIGEN TESTS TO SUPPORT HEALTHCARE WORKERS RETURN TO WORK

A supply of antigen tests has been provided to Acute Hospitals, Community Healthcare Organisations and Residential Care settings to support the derogation of Health Care Workers essential for critical services. A key element of this derogation is completion of an antigen test for the purposes of return to the workplace after Day 7 of isolation for those with a Covid-19 diagnosis, and on Day 0 and every second day as required during a period of derogation for those who are asymptomatic close contacts of a confirmed case.



CHAPTER 5
VACCINATION / TEST & TRACE

5. VACCINATION PROGRAMME

5.1 We have delivered a very successful vaccination programme with 94.9% (3.5 million) of the adult population in Ireland having completed their primary vaccination, which places us first in Europe as of 21 January. Over 107k who are Immunocompromised have received a third primary dose. We have had similar success to date in the Booster programme with over 2.5 million booster vaccines administered. Currently Ireland is third in Europe in the rollout of Boosters for the adult population.

5.2 Planning for the Future Operational Model to be adopted after the current Booster programme is ongoing. Its objective is to define a sustainable Vaccination Operating Model to enable the HSE to meet any future requirement to administer COVID-19 vaccines, including workforce, ITC, vaccine supply, and other elements central to the delivery of a vaccine programme. Additional detail will be provided as this work progresses over the course of January and February.

5.3 For the Booster programme we have seen a significant slowing in demand over recent weeks with an average of ca. 410k people were vaccinated in the early weeks of the accelerated programme, reducing to an average of 165k per week for the last three weeks. In particular, we are seeing a lower level of uptake in the younger age groups (ca. 40% to 66% uptake in the 18-49-year age groups).

5.4 As a consequence, a significant proportion of the overall population has not taken up their offer of Booster vaccination (ca. 1 million of which over 740k are currently eligible).

5.5 Research indicates the vast majority (>68%) of people who have not yet had a booster intend to get one but have yet to come forward. In addition, a significant proportion are not currently eligible due to a recent COVID infection or timing of the completion of their primary vaccination. With sufficient supply of vaccines in our GPs, Pharmacies and Vaccination Centres there are lots of opportunities for people to get their booster.

5.6 In addition, a level of vaccine that was distributed in December to GPs, Pharmacies and Vaccination Centres to support the acceleration of the booster programme will expire; ca. 100k of vaccines expired in the last week, with up to ca. 500k vaccines at risk of expiring in the next two weeks if demand does not increase.

5.7 A number of initiatives have been put in place to drive demand and thereby minimise the amount of stock that will expire and increase the overall protection from the virus in the population. These include:

a) A range of options for access (multiple channels, self-scheduling, walk-in clinics, etc).

b) Publicising the risk of vaccine expiry if uptake does not improve.

c) Targeted region-specific advertisement over coming weeks and refreshed HSE Booster media campaign.

d) Rollout of GP led pop up clinics in 3rd level institutions (this week: IT Carlow, UCD, UCC, WIT and TUD).

e) Launch of Immunocompromised Booster programme this week

f) Assessment of LEAs with poor uptake.

5.8 Despite these uptake improvement initiatives, given the current view on the impact of the Omicron variant in terms of severity, it has and continues to be a real challenge to drive uptake in younger populations. We will continue to work with government departments and agencies to drive messages that support uptake.

5.9 Good progress has been made on the Paediatric Primary vaccination (5-11-year-old group) which commenced in late December. Ca. 113k (23%) 5-11-year olds have registered to

date and over 83k have received their first dose (17%) (estimated 482k population) although the registration rate has slowed in the last week.

5.10 Given the timeline of eligibility for those who were COVID positive from mid-December, and to ensure that all individuals are offered a Booster, it is expected that the programme will need to continue up to April / May 22. The programme will be both complex and expensive to deliver, with further risk of vaccine expiry due to the unpredictable level of weekly demand and need to ensure geographic access to vaccine.

5.11 To date we have not seen any significant increase in uptake following recent announcements in relation to Digital Covid Cert requirements. We may see an increase in demand in February when the updated Digital Covid Cert becomes a requirement for European travel or when nine months expires for existing Digital Covid Certs. However, to achieve the levels of uptake seen in the primary vaccination programme we may require additional government policy and/ or focus on requirements for vaccination.

CHAPTER 6
OPERATIONS UPDATE

6

6. INTEGRATED OPERATIONS

6.1 BRANDON REPORT

6.1.1 My CEO report includes an **Appendix** which outlines in greater detail the following;

a) The Strategic working group and implementation of recommendations

b) Key activates and progress.

c) Milestones

d) Compliance with regulations and safeguarding

e) Further feedback

6.1.2 I am conscious that this is a matter of huge significance for the individuals affected, and I wish to assure the Board of my full commitment to ensuring that all recommendations are implemented. [redacted]

6.2 **SOUTH KERRY CAMHS LOOK BACK REVIEW**

6.2.1 The Chief Officer, Cork Kerry CHO formally commissioned the Look-Back Review (LBR) in April 2021, following an audit of case files at South Kerry CAMHS which began in October 2020 following concerns raised by a Locum Consultant in September 2020 about the clinical practice of a Non-Consultant Hospital Doctor (NCHD1) in prescribing, care planning and diagnostics.

6.2.2 6The LBR was led by a CAMHS Consultant named Dr Seán Maskey from the Maudsley Hospital in London. There were 13 people on the LBR team, and they included senior nurse managers, advanced nurse practitioners and senior management and administration staff.

6.2.3 The purpose of the LBR was to consider the potential clinical issues relating to the clinical practice of NCHD1 in prescribing, care planning, diagnostics and clinical supervision in South Kerry CAMHS between 1 July 2016 and 19 April 2021. The LBR date went beyond his period of employment for the sake of completeness and to complete a Recall Stage, in line with the HSE Look-back Review Policy 2015. The Look-Back Review process commenced on 19th April 2021 and the clinical review of patient records concluded on 9th September 2021. This was followed by a series of Open Disclosure meetings with the young people and families up to December 2021. In the context of the look back period, 1st July 2016 - 19th April 2021, 2,000 records were screened and 1,495 were deemed active within the timeframe and required review.

6.2.4 On the 12th January 2022, the Chief Officer formally received and accepted the report. The report was reviewed nationally by the National Director Community Operations, Chief Operations Officer, National Clinical Director Quality & Patient Safety, Head of Quality & Patient Safety and the National Clinical Advisor and Group Lead Mental Health, with any issues clarified.

6.2.5 The intention is to publish the full report following commitments given to the young people and their families. A detailed communication plan and stakeholder engagement plan has been drafted which highlights the chronology of events from here to publication day.

6.2.6 On the day of publication, the 240 young people (and their families) who were invited to Open Disclosure meetings received the following by registered post:

(a) A letter from the Chief Officer reiterating our apology. That letter will also direct them to hse.ie for the full report and will remind them that information line is available if they have further questions.

(b) The executive summary including the findings and recommendations of the report

(c) An easy-read version of the executive summary

(d) An FAQ document

6.2.7 The full report along with the FAQ document, Easy Read of the Report will be available on the HSE website on the morning of publication.

6.2.8 There are 35 recommendations listed in the Report which fall under the following broad headings;

(a) Governance, Oversight and Supervision

(b) Quality, Patient Safety and Risk Management

(c) Clinical Practice

(d) Team Roles, Training and Organisation

(e) Shared Care

(f) Models of Service and Telehealth

6.2.9 A framework for representing the responses to the recommendations and associated actions and their planned implementation has been developed. National analysis and oversight are also required to ensure findings and recommendations are applied appropriately across all CAMHs, Mental Health and/or relevant clinical oversight in health services. An implementation Group chaired by the Chief Officer supported by a number of work streams is in development stage. It is also proposed that there would be an Oversight Group, external to the CHO which would have as its remit an assurance process that the recommendations are being implemented in a timely manner and that this assurance process would be provided as feedback to the CHO and national HSE.

Supervision

6.2.10 [redacted]

6.2.11 The framework document will be updated further in the morning arising from continued engagements with our clinical colleagues for actions relating to supervision & training, medication management/audit and medical recruitment.

CAMHS Improvement Work Ongoing in South Kerry

6.2.12 While the Lookback Review was being finalised, a South Kerry CAMHS Service Improvement Project was established and formed in November 2021 based on ongoing findings, made up of core project group members including the Executive Clinical Director Kerry CAMHS, Clinical Director CAMHS, Head of Service, and Project Support Lead. The group is tasked with reviewing the current operational structures in place and progressing service improvements in advance of publication of the report. This project now will be recalibrated to ensure it takes account of the specific recommendations in the report

6.2.13 The Board will be provided with a full briefing note and link to the full report on the matter on week commencing 24th January 2022 and ahead of publication which is anticipated to occur later that same week.

[redacted]

6.8 **TRANSFER OF DISABILITY SERVICES FROM DEPARTMENT OF HEALTH TO DEPARTMENT OF CHILDREN, EQUALITY, DISABILITY, INTEGRATION AND YOUTH (DCEDIY)**

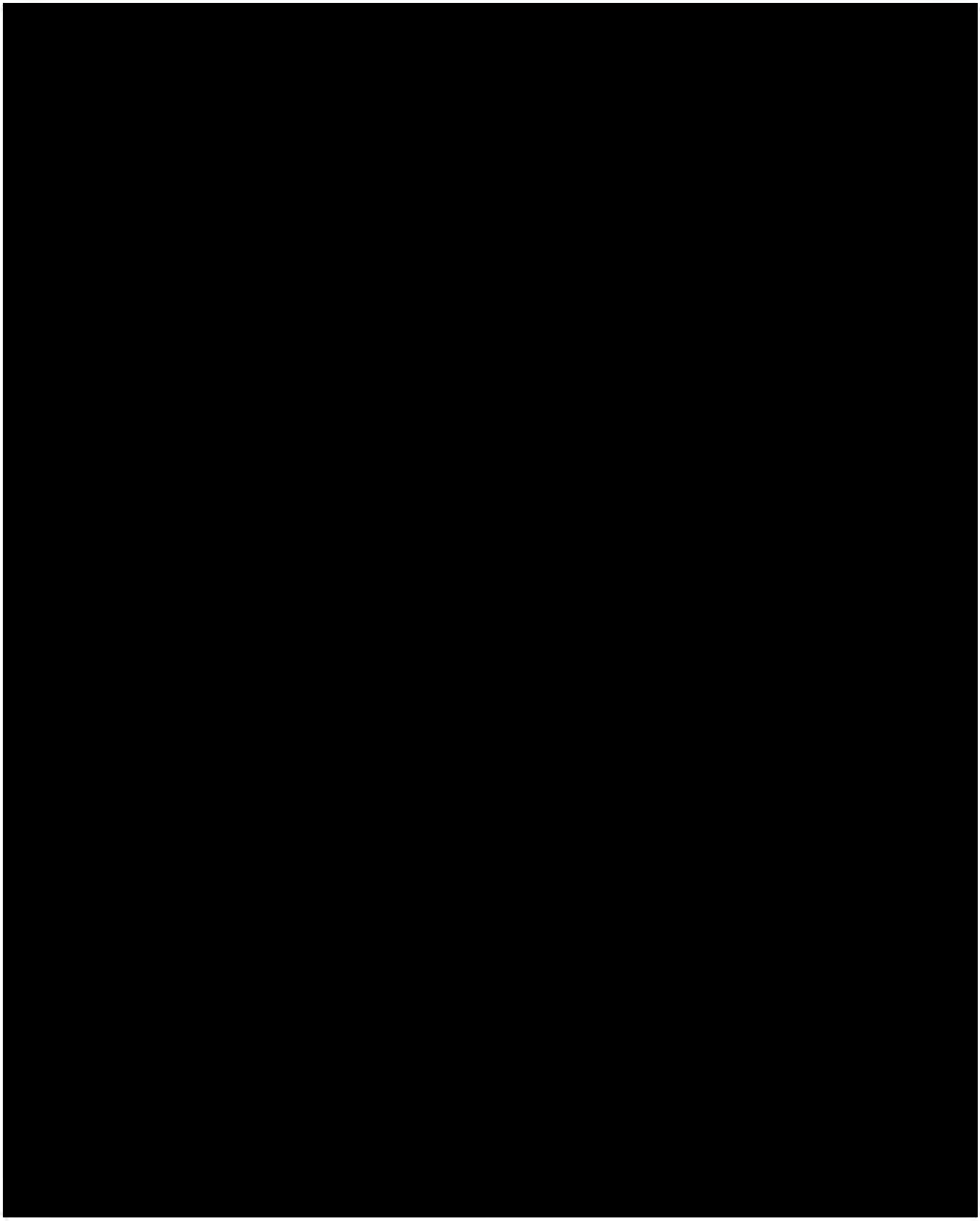
6.8.1 As the Board will be aware, arrangements are underway for the transfer of policy, functions and funding responsibility relating to specialist community-based disability services (SCBDS) to the Department of Children Equality, Disability, Integration and Youth (DCEDIY). The Government decision in December 2020 clarified that the HSE will retain responsibility for the delivery of SCBDS following the transfer and that the transfer does not encompass mainstream health services delivered to people with disabilities. This will remain under the Department of Health (DOH).

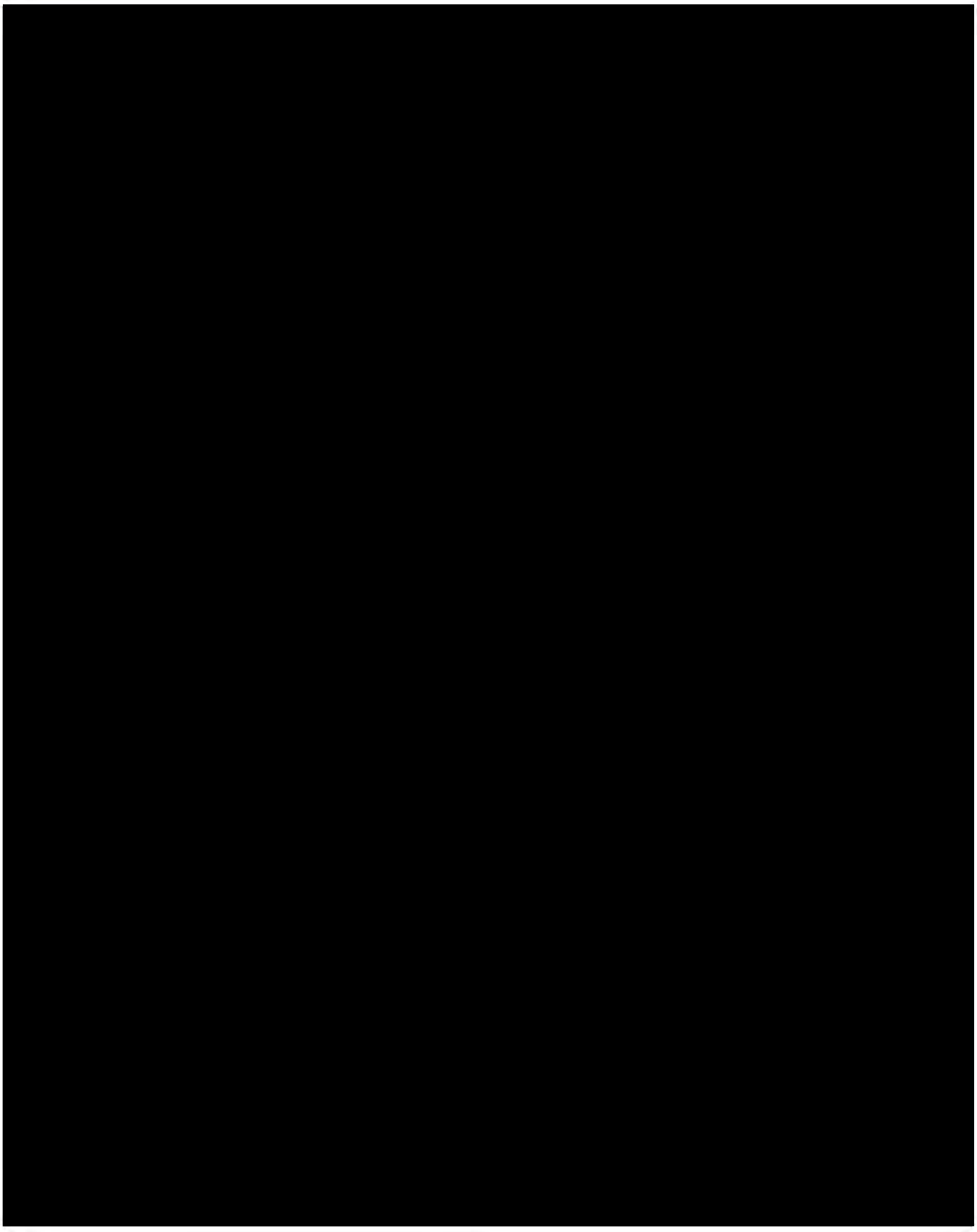
6.8.2 The Cabinet has approved the drafting of the necessary primary legislation with a comprehensive Memorandum of Understanding to follow. The Memorandum will set out the working relationship between the two Departments and the HSE. It will seek to ensure that engagement between the two Ministers/Departments and between the HSE and each Department is considered and agreed mechanisms and protocols established.

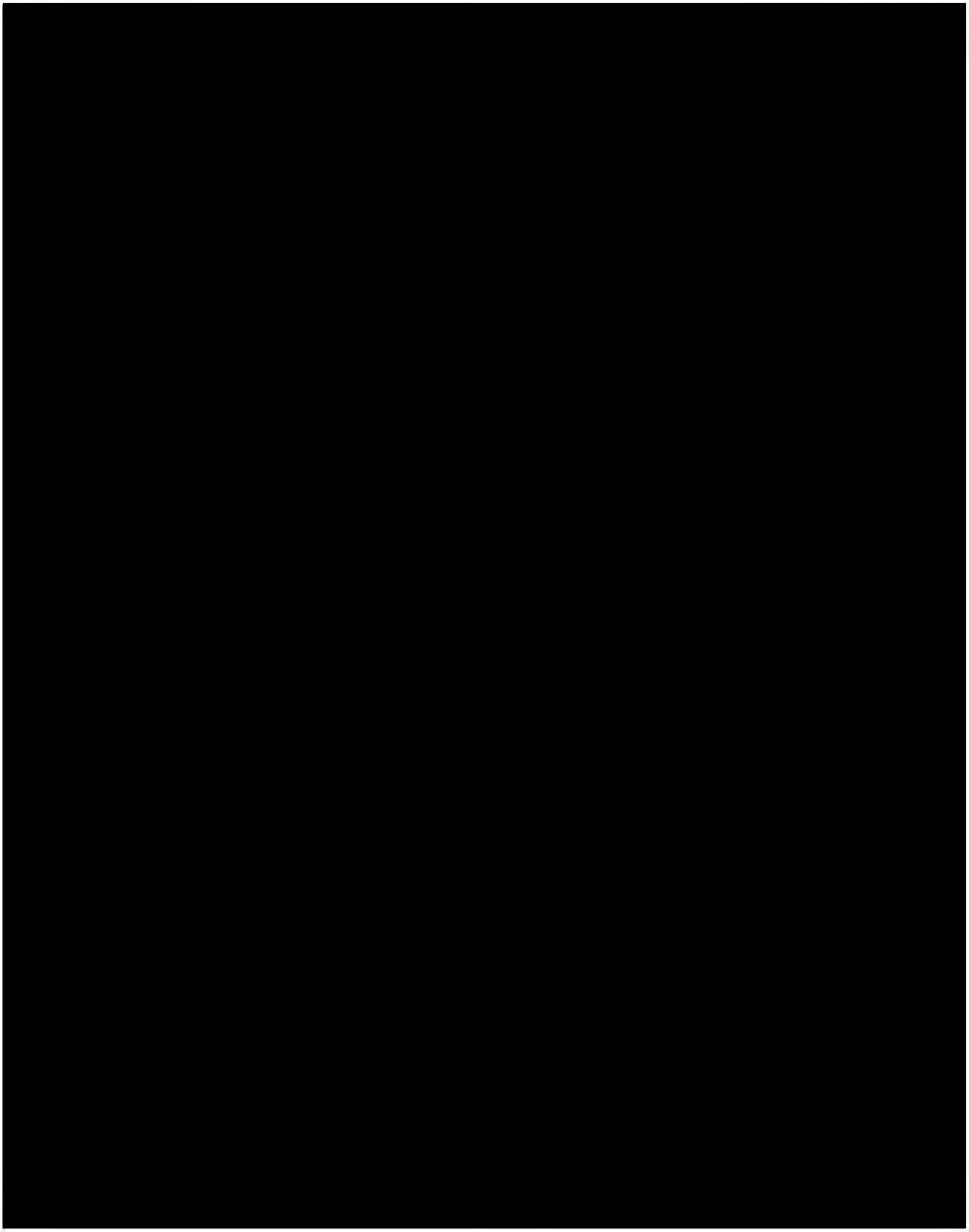
6.8.3 In anticipation of this and to ensure the effective coordination of the necessary due diligence and preparation by the HSE for the Transfer of Functions, the next steps are as follows:

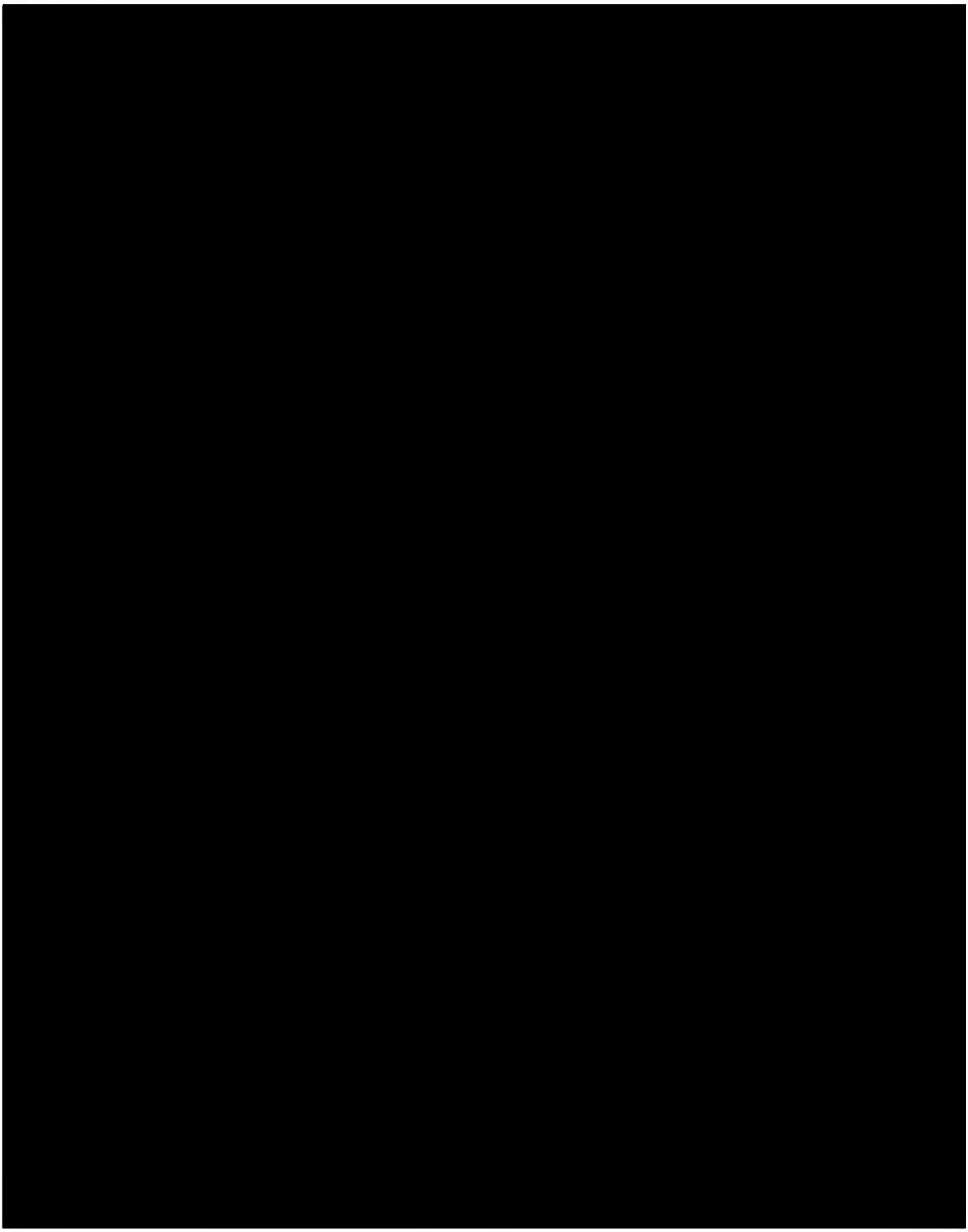
- A Senior Oversight Committee, to provide programme oversight and governance to the process from a HSE perspective, be established, and
- A Transfer of Functions Team to develop a Memorandum of Understanding with the two departments, be established

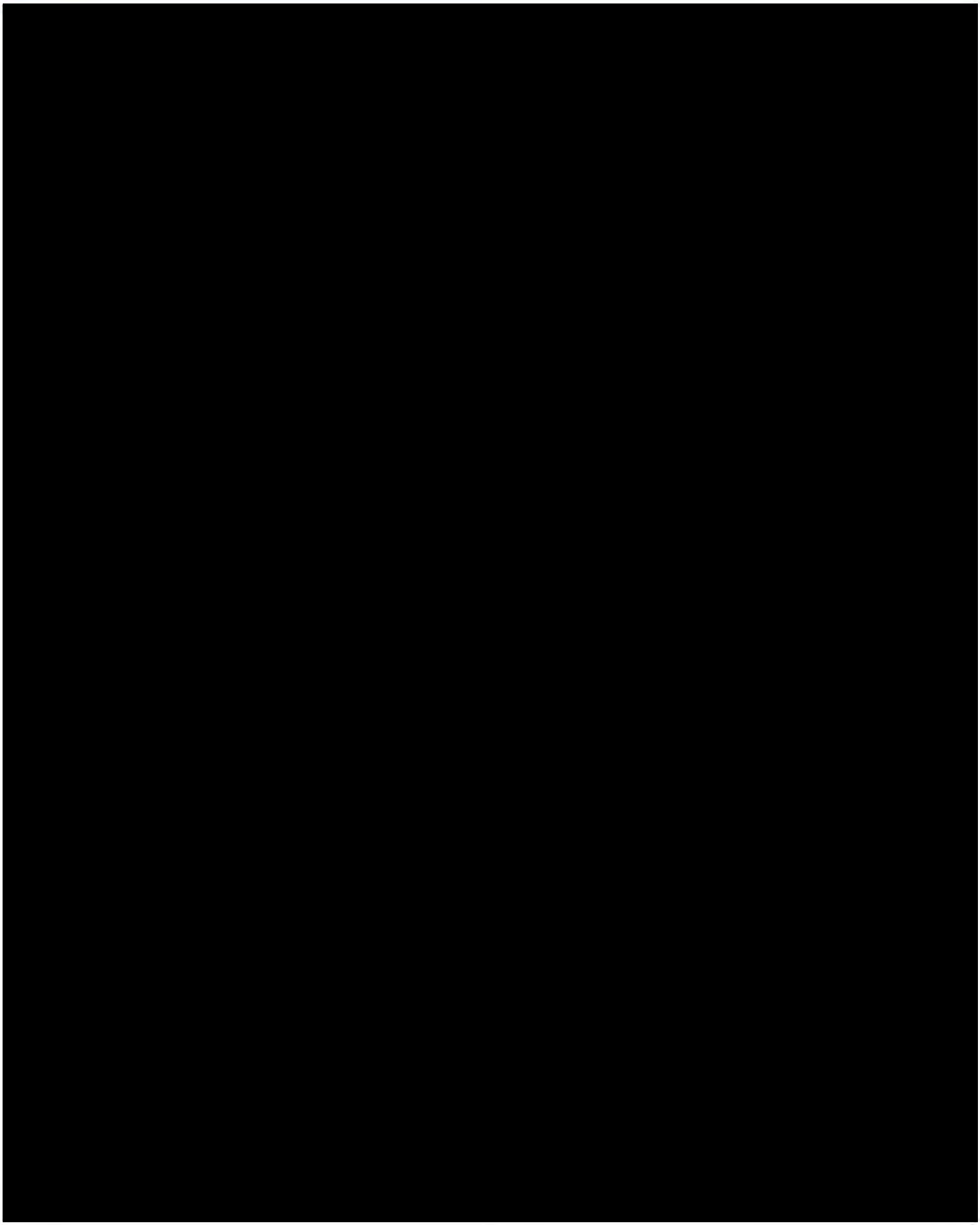
[redacted]

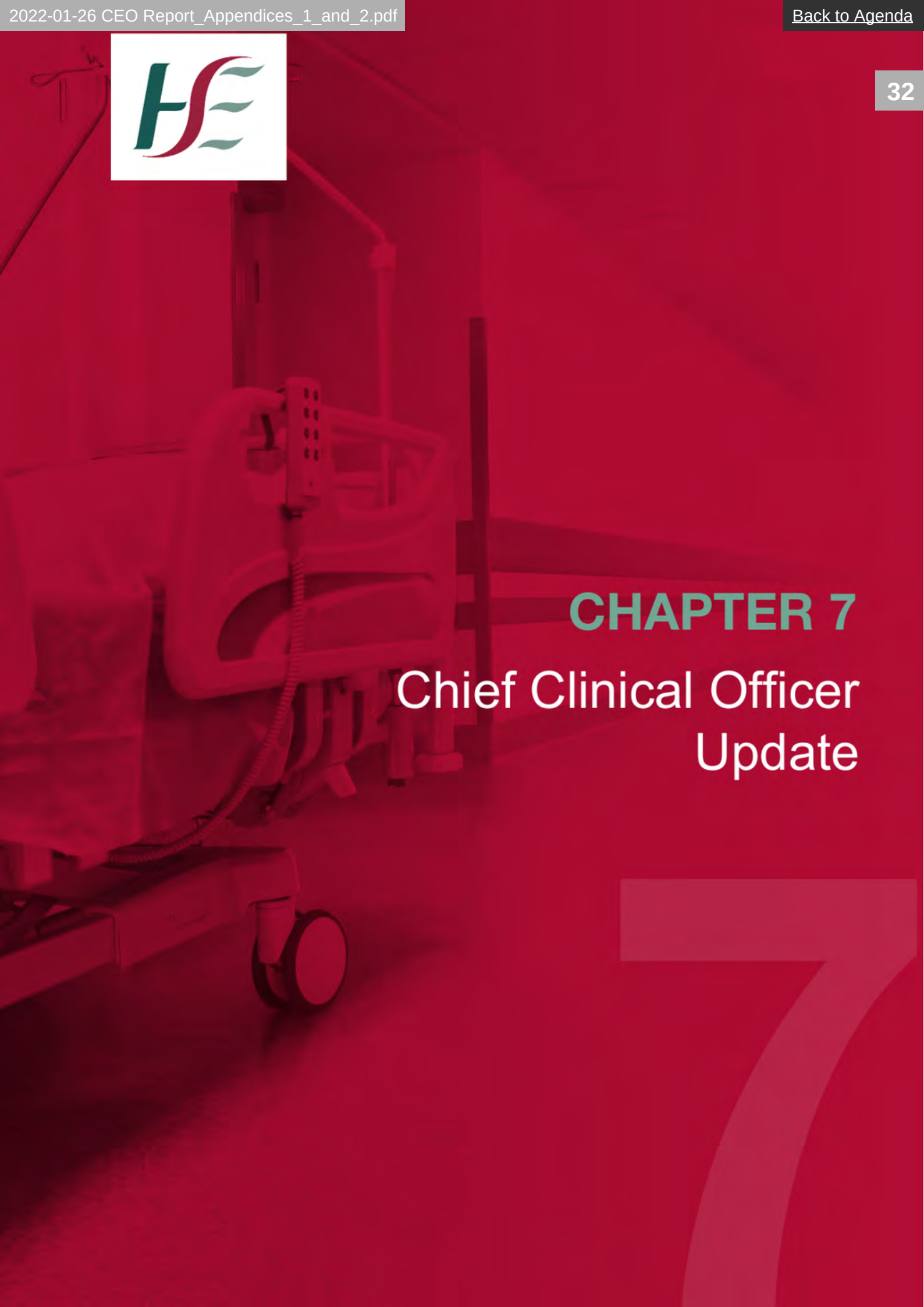












CHAPTER 7

Chief Clinical Officer Update

Minister Donnelly addressing the National Critical Care Conference

7. CLINICAL UPDATE

7.1 NATIONAL CRITICAL CARE CONFERENCE

7.1.1 The Critical Care Programme (CCP) is a collaborative multi-professional patient-centred initiative administered by the National Clinical Programmes, Clinical Strategy and Programmes Directorate, HSE, in liaison with the Joint Faculty of Intensive Care Medicine of Ireland (JFICMI) and Intensive Care Society of Ireland (ICSI). The principal priority of the Critical Care Programme is capacity maintenance and expansion in line with its Critical Care Model.

7.1.2 On 21 January 2021 The National Clinical Programme for Critical Care hosted the National Critical Care Conference, livestreamed from the Printworks in Dublin Castle. The theme of this conference was 'The Future of Critical Care in Ireland'. The Minister for Health, the Chief Clinical Officer and I addressed the conference, as did a number of patients who outlined their experience with COVID-19 while in intensive care. Patents who share their experience with our clinical leaders are crucial to the improvement and development of the future of Critical Care in Ireland.

7.2 SCREENING SERVICE

7.2.1 Throughout December 2021, the National Screening Service (NSS) continued to deliver screening across all four programmes with reduced capacity. The safety of our staff continues to be our highest priority at this time. The continued rise in COVID infections in the community and subsequent impact on hospital capacity is being closely monitored. The programmes are continuously reviewing service user pathways and identifying areas where there is potential for delay in accessing treatment and relaying screening results. Where necessary, alternative plans have been put in place (both short and long-term) and ongoing mitigation of any potential risk along the screening pathway is taking place.

7.2.2 The HSE Board approved revised screening targets. Activity reported below has been updated to reflect revised targets year to date (as of December 2021):

(a) **BreastCheck** is experiencing staff shortages across all four units due to the recent surge in COVID cases. COVID has also impacted patient access to the four host hospitals with two hospitals at surge capacity. Surgical access is being closely monitored to minimise the impact on a woman's screening pathway; 9,553* participants were screened from 1st December to 31st December; Assessment clinics are ongoing with reduced capacity. The number of women recalled to assessment in December is currently at 512* (5.36%). The revised target number of women in the eligible population who have had a complete mammogram for the first eleven months of 2021 was 96,000. The provisional total number of women in the eligible population who have had a complete mammogram from January to November 2021 is 117,719 which is above target by 21,719 (22.6%).

(b) **CervicalCheck** is working closely with the Coombe laboratory staff to manage cervical screening samples following the Coombe cyber-attack on December 16th. A Serious Incident Management Team (SIMT) was established to manage same. The programme continues with normal operations of sending letters of invite, results and fail-safes. The number of unique women who had one or more screening tests in a primary care setting in the period November 2021 notified to report date was 24,079 which was slightly above the target of 23,000 by 1,079 (9.5%). The number of unique women who had one or more screening tests in a primary care setting year to date (Jan-November 2021) was 304,895 which is above the target of 263,000 by 41,895 (15.9%).

(c) **BowelScreen** - provisional number of clients who have completed a satisfactory FIT test between Jan to Nov 2021 is 85,244 which is above the revised target by 3,744 (4.6%);

(d) **Diabetic Retinopathy** - 2-yearly screening pathway is now in place 9 months and is proving very successful. To date, of those screened approximately 86% will remain on the 2-yearly pathway.

7.3 MANAGEMENT OF INTERVAL CANCERS IN THE SCREENED POULATION - UPDATE

7.3.1 Following publication of the Expert Reference Group (ERG) Reports (BreastCheck, CervicalCheck and BowelScreen) in October 2020, the report of the expert group for BreastCheck, which included patient representatives and advocacy groups, made specific recommendations in relation to educational exercises undertaken for the purposes of an

international accreditation process. These recommendations have now been acted upon and are concluded.

7.4 ENHANCED COMMUNITY CARE PROGRAMME

7.4.1 The programme represents a programmatic and integrated approach to the development of the primary and community care sector including:

(e) Rollout 96 Community Healthcare Networks (CHNs) across the country;

(f) Provision of 30 Community Specialist Teams that will serve older persons and 30 Community Specialist Teams for chronic disease management;

(g) Expansion of Community Intervention Teams to achieve national coverage; and

(h) Recruitment of approx. 3,500 staff.

7.4.2 **PROGRESS IN 2021**

- 1440.5 WTE are now either on boarded (987.5 WTE) or at an advanced stage of recruitment (453 WTE), with an additional 2,000 + to be recruited in 2022.
- 49 CHNs established with 70% of Network Managers and Assistant Director of Nursing Leads in place or at an advanced stage of recruitment. Approx. 26% GP leads in place or at an advanced stage of recruitment together with 25% of additional core CHN staff.
- 15 ICPOP and 2 CDM specialist teams have been established with 26/30 ICPOP Operational leads and 20/30 CDM operational leads in place or at advanced stage at year end.
- 42.5 Consultant posts have been approved through CAAC process and arrangements being put in place for temporary appointments and clinical governance in some locations, pending permanent competitions.
- Increased GP access to radiology service went live with 5 private providers on the 18th January 2021 with just under 140,000 of radiology tests of various modalities were completed to year end.
- Community Intervention Teams – delivered with 21 CITs now operational and national coverage secured.
- The ECC Capital programme has been approved for inclusion in the overall HSE capital plan and is an important enabler of successful programme implementation.

7.5 THE NATIONAL WOMEN & INFANTS HEALTH PROGRAMME (NWIHP)

7.5.1 There have been a series of constructive site visits with the 19 maternity units in Q4, focusing on 2022 priorities;

7.5.2 Plans for phase 3 ambulatory gynaecology rollout have been agreed with the remaining 6 hospitals;

7.5.3 The Minister for Health launched the ambulatory gynaecology service on the 17th of December in the Rotunda hospital,

7.5.4 Obstetric Event Support Team (OEST) is in its sixth month, and a report will be compiled highlighting progress to date, before phase 2 commences (March 2022);

7.5.5 Recruitment process for new Clinical Director underway, with interviews scheduled for 24th of January.

7.6 NATIONAL CANCER CONTROL PROGRAMME

7.6.1 All cancer services continue to operate, with ongoing challenges, particularly in relation to acute capacity issues and backlogs in rapid access clinics.

7.6.2 Time-dependent treatment continues to be prioritised, but some treatment has had to be deferred.

7.6.3 The key challenge for services currently is in relation to staffing owing to COVID related absences, burnout, annual leave, redeployment, recruitment and retention.

7.6.4 Ongoing access to private services through Safety Net remains essential and this need is likely to continue for some time, particularly in clearing backlogs for non-complex cancer care.

7.7 PUBLIC HEALTH REFORM PROGRAMME UPDATE

7.7.1 The Programme has made significant progress in driving Public Health Reform. Specifically, the Public Health Reform Programme has:

(i) Launched campaigns for all 34 Phase 1 Consultant in Public Health Medicine posts by Q4 2021, in line with target dates;

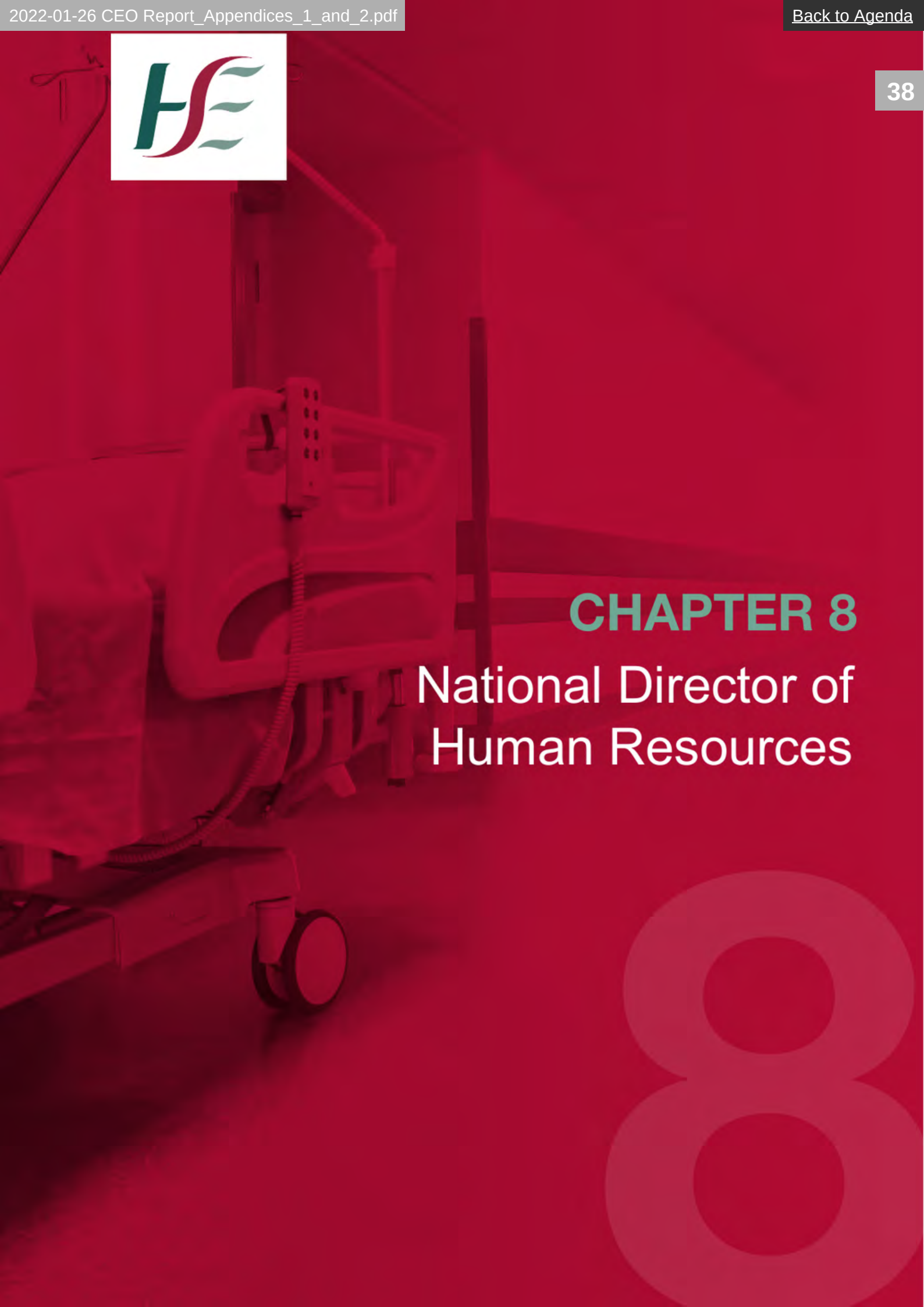
(j) Mobilised Programme Management, Governance, and Work stream structure, with Senior Responsible Owners and aligned Public Health Leadership established to drive delivery of this change programme alongside pandemic response and recovery;

(k) Progressed delivery of priority activities, including:

- Strong engagement from Public Health leadership in all aspects of the programme;
- Completion of an options appraisal for an end-to end Case and Incident Management System and a draft ICT strategy;
- Development of a Communications strategy and plan
- Planning for geographical reconfiguration of Departments of Public Health to six Public Health Areas aligned to Sláintecare progressed.

(l) Strengthened engagement with key stakeholders, including the IMO, FPHM, DoH and wider PH leadership;

(m) Delivered enhanced multidisciplinary teams, progressing recruitment of 255 WTE Permanent resources (€17.3m investment) which is now 83% complete.



CHAPTER 8

National Director of Human Resources

8. NATIONAL HUMAN RESOURCES UPDATE

8.1 CONSULTANTS CONTRACT

8.1.1 It is anticipated that discussions in relation to the introduction of a new Consultant Contract with the Department of Health and HSE engaging with the Representative Groups will resume in the coming weeks.

8.2 SECTORAL BARGAINING (BUILDING MOMENTUM)

8.2.1 Engagement with the parties (Unions) is ongoing in relation to the sectoral bargaining element of 'Building Momentum.'

8.3 RECRUITMENT

8.3.1 In the last quarter of 2021, recruitment has continued at a pace with large-scale campaigns launched to supplement existing, development and Covid based services. These include national campaigns for Dieticians, Staff Grade Psychologists, Home Support Workers and significant recruitment activity to support the Covid Response.

8.3.2 One of the main enablers to the success of the Vaccination Programme inclusive of the Booster has been the responsive recruitment of the Vaccination workforce. To date 2,500 have been recruited to support this programme through the third-party providers.

8.3.3 Recruiting the Nursing Class of 2021

The focus on maximising graduates from the 'Class of 2021' continued with all applicants interviewed and from this many of the development and replacement posts have been and continue to be filled. Coupled with this, all Irish Nurses and Midwife Graduates from Irish Colleges have been offered permanent positions and this workforce has been supplemented with over 1,000 Nurses recruited from overseas.

8.3.4 Recruitment focus for 2022

a) The focus for 2021 was building capacity both centrally and locally. This work will continue this year but with an enhanced concentration on maximizing and expanding the national candidate pools together with increasing our international reach.

b) A Managed Service Provider (MSP) has now been engaged to support the HSE in meeting the ambitious recruitment plans outlined in the NSP 2021. Over 1,200 posts are being currently managed through this channel and further capacity is being developed. This is being done under the governance of HR Shared Services.

c) The HSE has developed and approved a blue print for a new recruitment operating model which aims to meet the needs of the current global competitive market and the future requirements of Sláintecare. This includes maximizing recruitment capacity both locally and centrally and which will be under pinned by a quality assurance unit and appropriate digital enablers. This work is now in implementation phase.

8.3.5 Gradlink Recruitment

a) Seventy-six graduates continue to progress through the Gradlink programme in different HSE services and locations across the country with graduates completing their continuous professional development training virtually. The 2020 Gradlink programme resulted in a 77% conversion of graduates to long term jobs in the HSE by the end of 2021.

b) Interviews took place in December to recruit Graduates for the next intake to all seven streams in the areas of public health, data analytics, ICT, communications, HR, finance and general administration, and the selection process is currently underway.

8.3.6 Launch of National Recruitment Service Helpdesk

a) HR Shared Services is currently undergoing a major digital transformation of its recruitment services which is designed to maximize automation, improve capacity and the overall candidate experience.

b) The initial phase of this transformation commenced in December with the launch of The NRS Helpdesk, which is providing both customers and candidates with live updates, at the end of January it is anticipated that the Job Order Gateway will go live which provides an on-line solution for the initial steps in the recruitment process. This will be followed up by commencement of the implementation of the "end to end" recruitment solution.

8.4 **HSELanD**

8.4.1 54 new programmes have been launched on HSELanD during 2021 and 12 more are currently in preparation in conjunction with the Services.

8.4.2 Overall for 2021 there were 1,180M programme completions with 3,202M log-ins.

8.4.3 Since 23rd March 2020 there have been 729,013 Covid-19 related programme completions.

8.4.4 Work continues regarding HSELanD system enhancement to improve the user experience and reporting functionality and reliability

8.5 **LEADERSHIP LEARNING AND TALENT MANAGEMENT**

8.5.1 The delivery of virtual core and non-core programmes continued in 2021 with 514 programmes delivered to 6,4K staff. One-to-one and team coaching is also in high demand.

8.5.2 The new Leadership, Learning and Talent Management (LLTM) electronic Classroom Management System (CMS) went live on HSELanD towards the end of 2021. LLTM are now using the electronic CMS to manage bookings, waiting lists and training records for LLTM's programmes. The LLTM Catalogue of virtual programmes is available on HSELanD for staff to book places and manage their bookings online.

8.6 **HEALTH SERVICES LEADERSHIP ACADEMY**

Cohort 4 of Leading Care II (MSc in Leadership in Healthcare) have completed their final residential which took place virtually. The fourth cohort of Leading Care III (Professional Diploma in Management in Healthcare – Level 9) completed their second residential. Leading Care II Cohort 3 have completed their full Masters programme, and the recent UCC exam board process went well. Preparations are underway for upcoming residentials for all the live programmes.

8.7 **DIVERSITY, EQUALITY AND INCLUSION (DEI)**

8.7.1 Further to the Review of the Centre and development of the Culture and Capability function within National HR, a Diversity, Equality and Inclusion unit has been established.

8.7.2 A broadcast message was sent out to all HSE email addresses to mark the International Day for Disabled People.

8.7.3 The HSE Lesbian, Gay, Bisexual, Transgender and Intersex Staff Network was reconvened (virtually) for the first time since early 2020, with the main purpose being to agree new parameters for the network in accordance with proposals to significantly expand the range of staff engagement activities on DEI matters over the coming year.

8.7.4 The first monthly report on enquiries from HSE staff on DEI issues and concerns was prepared, with an accompanying Standard Operating Procedure. This report will provide a picture of the DEI issues and concerns within the HSE workforce.

8.7.5 All of the above are detailed within the DEI Framework document which sets out the key work areas relating to Diversity, Equality and Inclusion in the HSE workforce for the next three years.

8.8 STAFF SURVEY

8.8.1 The health services staff survey Your Opinion Counts 2021 closed on the 18th October with 12,957 responses from a potential population of 152,470. This represents an overall response rate of 8% and a 12% response rate from HSE staff.

8.8.2 The overall staff survey report in PowerPoint was published in December and shared widely and each individual service has received their own services report. The next steps in the survey process include:

a) Completion of the development of the secure online dashboard platform which will provide local services the opportunity to drill into their specific results using a range of criteria e.g. staff group, tenure, gender etc.
b) Training on the use of the online dashboard which will be provided through a customised video and Engagement and Culture staff will be on hand to support the process.
c) Following analysis of the dashboard reports each service will develop an action plan to address the survey findings relevant to their own areas

8.9 OCCUPATIONAL HEALTH

8.9.1 Work is on-going with regard to the management of healthcare workers with Covid-19 transitioning to the CMP. Derogation guidance continues to be updated to reflect on-going changes in public health advice.

8.10 HEALTHY WORKPLACE FRAMEWORK

8.10.1 Work on the Healthy Workplace Framework continues, and a communication plan is scheduled to launch in January 2022 when the operating model for the Healthy Workplace Framework, including a requirement for each initiative is completed.

8.11 STRATEGIC WORKFORCE PLANNING

8.11.1 Employment levels at the end of December 2021 show there are 132,323 **WTEs** which is an increase of 1,059 **WTEs** on the November figure.

8.11.2 The largest increases are Management and Administrative **+311 WTEs**.

- Clerical (Grade III & IV) +143 WTE.

- Administrative /Supervisory (V to VIII) +133 WTE.
- Management (VIII and above) +35 WTE.

8.11.3 This is followed by Patient & Client Care which have increased **+223 WTEs.** The largest movements within this category are;

- Health & Care assistants +163 WTE's and
- Home Helps +37 WTEs
- Care Other +22 WTEs
- Ambulance staff +1 WTE.

8.11.4 Nursing and Midwifery increased by **+274 WTEs**.

- Staff Nurse / Midwife **+327 WTE**, driven primarily by the registration of new graduates.
- Nurse / Midwife manager + 44 WTE.
- Nurse / Midwife Specialists +34 WTE.

8.11.5 Health and Social Care professionals **+ 172 WTE**.

- Therapy Professionals +57 WTE.
- H&SC Other +50 WTE.
- Pharmacy +19 WTE.
- Social Care + 18WTE.
- Health Science/ Diagnostics +10 WTE.
- WTE Social Workers +10WTE.
- Psychologists +7 WTE.

8.11.6 General Support **+ 42 WTE**.

- Portering and Catering +40 WTE.

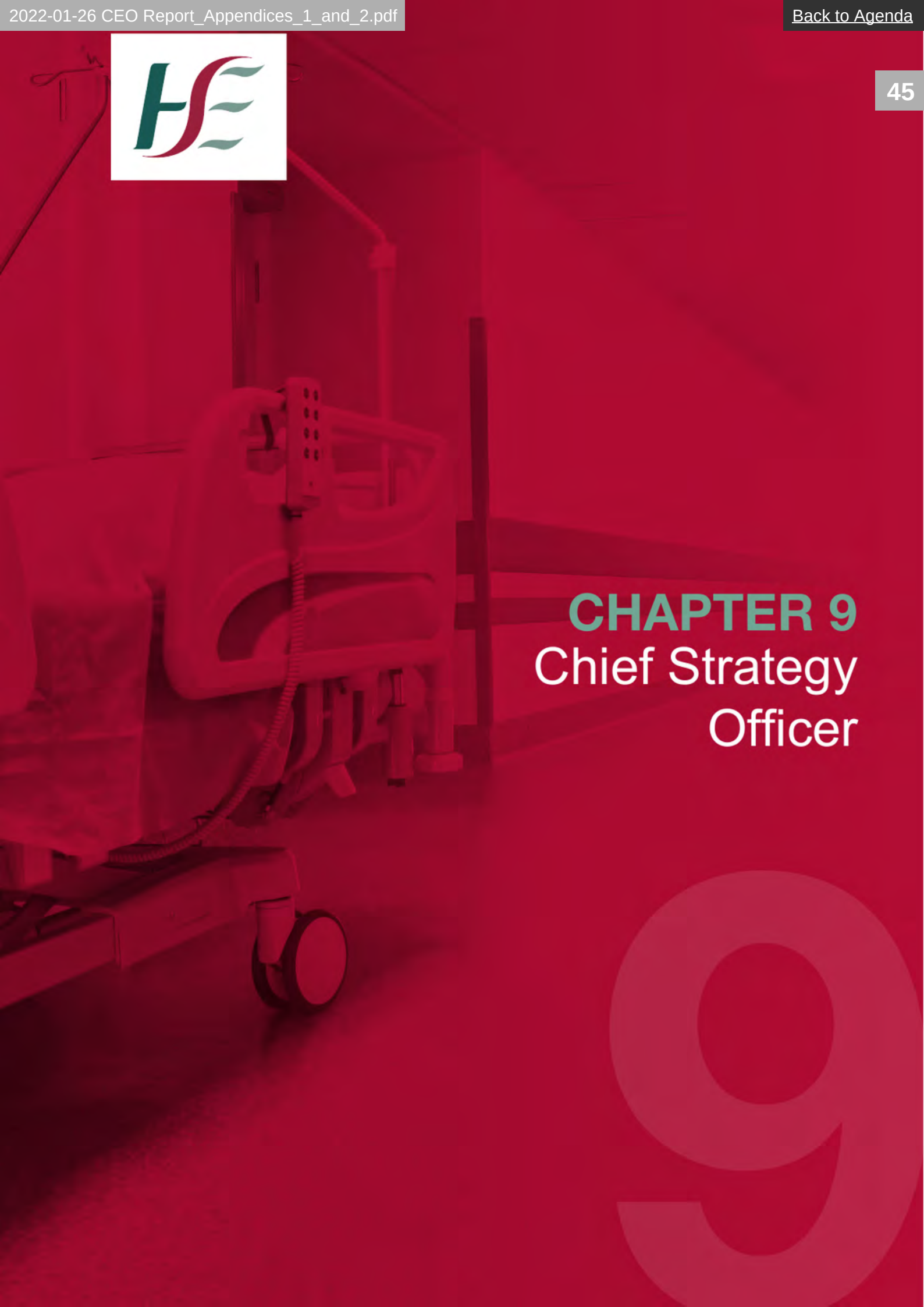
8.11.7 Medical and Dental **+ 37 WTE**.

- Consultants +18 WTE.
- Medical / Dental +12WTE.
- Registrars and SHO/Intern + 6WTE.

8.12 HEALTH SECTOR RESOURCING

8.12.1 The HSE is reviewing the resourcing strategy for 2022, with specific focus on the key learning from 2020/2021 that have influenced the approach to these actions in 2022.

8.12.2 The following appendix outlines in detail the proposed approach, action and deliverables, challenges and risks associated with delivering the Health Service required skills.



CHAPTER 9
Chief Strategy Officer

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9. CHIEF STRATEGY OFFICER

9.1 CONTI CYBER REVIEW

9.1.1 As Board members are aware, the report of the independent review into the ransomware cyber-attack was accepted by the HSE in November 2021 and published in December 2021. The report details findings on the circumstances leading up to the attack and the attack itself, including the level of preparedness for and the quality of the response to the incident. The Report also contains a number of strategic and tactical recommendations relating to:

a) Cyber and IT Transformation
b) Operational Resilience Transformation
c) Oversight and Governance.

9.1.2 The HSE has already implemented a number of high-level security solutions to address issues raised in the report. Work has also been taken forward to develop proposals for implementing the recommendations in the Conti PIR Report. This includes the establishment of an integrated Conti Post Incident Review Implementation Programme and associated governance arrangements, including Board oversight.

9.1.3 It is anticipated that there will be considerable investment required to implement the breadth of IT and cyber-transformation envisaged in the report. The development of a multi-year investment case will be an early priority for the Programme.
The EMT has agreed high-level proposals for implementation and the Performance and Delivery Committee received a briefing on the implementation plans at their meeting on the 21 January 2021. Board members will be kept apprised of progress in this regard.

9.2 REGIONAL HEALTH AREAS (RHAs)

9.2.1 At the November Board meeting, a draft Business Case for the implementation of Regional Health Areas and a draft Summary Recommendation to the Minister on the matter were discussed. Board members will recall that the preferred model for RHAs is a 'HSE-Local Model' with six RHAs established as geographically-aligned, regionally-integrated sub-divisions of the HSE (each with a population-based budget), replacing the Hospital Groups and CHOs.

9.2.2 In December 2021, the Minister announced the establishment of the Regional Health Areas Advisory Group which will be chaired by Medical Council CEO, Leo Kearns. The RHA Advisory Group was established to provide support and guidance as the DoH and

HSE plan for the transition towards RHAs. The first meeting of the Advisory Group was held on 21 December 2021 with the next meeting scheduled for 24 January 2022.

9.2.3 During Q1 2022, working with the DoH, the HSE will scope out the work of the programme including the design and development of the specification of RHAs and completion of a comprehensive implementation plan. Board members will be kept apprised of progress.

9.3 BOARD STRATEGIC SCORECARD

9.3.1 During 2021, 21 Strategic Programmes and priorities were included in the Board Strategic Scorecard report, each with an ambition statement which set out what would be delivered in 2021. These 21 areas were chosen for their relevance to the National Service Plan 2021 and Corporate Plan 2021-2024.

9.3.2 The most recent Board Strategic Scorecard, which was approved by the HSE Board at its November 2021 meeting, reported on performance to the end of October 2021. A Board Strategic Scorecard was not considered by the Board at its December 2021 meeting, however, the Scorecard circulated for today's meeting reports on the full year 2021 performance.

9.3.3 The process of designing the 2022 Board Strategic Scorecard Report and the individual Scorecards which will make up the content of this report is also underway. This Scorecard will seek appropriately to reflect feedback from Board members at the December Board meeting, and more recently from the Department and Minister. The first 2022 Board Scorecard populated with January data will be presented to the Board in February 2022.

9.4 NATIONAL SERVICE PLAN 2022

9.4.1 The National Service Plan (NSP) 2022 was submitted by the HSE Board to the Minister on 23 November 2021, in line with the legal requirement under the Health Act 2004 to submit the NSP within 21 days of receipt of the Letter of Determination. The NSP 2022 was accompanied by the eHealth and ICT Plan, the Capital Plan (Building and Equipment) and Workforce Resourcing Strategy. As per the legislation, the Minister should either approve the plan or issue a direction to amend the plan (no later than 21 days after receipt of the NSP). We have been advised by the Department that the outcome of the Minister's considerations is expected imminently.

CHAPTER 10
Communications

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10. COMMUNICATIONS

10.1 COMMUNICATIONS UPDATE

10.1.1 Activity over Christmas and in the first part of January was dominated by the spread of the Omicron variant, the changing public health advice and the need to provide several important updates to the vaccination programme. The period from mid-December to mid-January saw the most intensive period of communications via all channels since the pandemic began.

10.1.2 We ran very active COVID and vaccine campaigns during this period, reminding the public of how to take action to protect each other, and inviting new groups to come forward for booster doses on a rolling basis. We had a high intensity radio advertising campaign, national press ads and extensive news and social media coverage on boosters for people aged 30+, and also a separate campaign for parents of children aged 5-11 being invited for their first vaccine.

10.2 SOCIAL MEDIA

10.2.1 Social media provided a vital tool in ensuring the smooth running of the booster campaign. Throughout each day we provided live social media updates from around the country about the vaccination centres that were open, those that were providing walk-in vaccination, their opening hours and the length of queues at each. We partnered with most regional radio stations who regularly provided and updated this information for their listeners, and this contributed to the extraordinary high volume of boosters administered in the period just before and after Christmas. This information was effective, was widely shared and the results were visible at vaccination centres.

10.2.2 The month between mid-December and mid-January was one of the busiest months ever for HSELive which handled over 233,000 calls – an average of around 8,000 a day - to the COVID-19 helpline. For the social media team, it was the busiest month ever in terms of the number of daily queries, with an average of over 1,000 social media queries replied to daily. The level of press scrutiny, as measured by the number of queries to our press office, was up 22% on the same periods last year. Again, almost all of this was down to the regular changes to public health guidance, the surge in COVID-19 and the rapid roll-out of the booster vaccination programme and the public's need for information and support to access the services they need.

10.2.3 In the past fortnight we have seen a falloff in the intensity of queries to the press office, to HSELive and via social media in relation to testing and the vaccination programme. Press interest now focuses on wider issues in relation to services, reflecting the perception that the Omicron peak has passed.

10.3 **QUIT**

10.3.1 Away from Covid-related issues, the push from the QUIT campaign to get people to sign up in December to quit smoking in 2022 was launched both publicly and among HSE staff, and sign ups have exceeded last year's figure.

10.4 **QUARTERLY STAFF MAGAZINE**

10.4.1 The winter edition of the quarterly staff magazine, focussing on positive stories from around the health service, was circulated to staff in digital and print format in December.

CHAPTER 11
CONCLUDING REMARKS

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11. CONCLUDING REMARKS

11.1 The announcement by An Taoiseach on the steps of Government Buildings this evening reflects the huge progress that we have made in tackling COVID-19 and its successive variants. Throughout this period the people of Ireland have shown great solidarity with our healthcare workers during times where difficult decisions had to be made about curtailing services and postponing appointments in anticipation surges in COVID-19 related ill health and hospitalisations.

11.2 Now that society will all but fully reopen in the coming weeks, we do need to bear in mind that this will in turn likely result in a further increase in the rate of COVID-19 infections, some of which will require acute care. It must not be forgotten that it will be some time yet before our health service will experience normality in its operational activity.

11.3 The best way in which the public can now support the health system is by remaining cautious and continuing with some of the behavioural changes that we have all adopted over the past two years. This will help to bring about a situation where our healthcare will be responding to relatively even as opposed to pronounced peaks and troughs of infection.

11.4 The National Service Plan for the HSE is expected to be approved and publicly communicated on week commencing 24 January 2022. As the Board members will be well aware, the NSP outlines much more than our COVID response, and speaks about the progress which must be made in terms of addressing waiting lists, and ensuring that people receive high quality care and diagnostics as quickly as possible

11.5 The NSP also notes the incredible successful and still ongoing collaboration between primary healthcare professionals (GPs, Pharmacists, Dentists, etc.), the voluntary sector and indeed the private sector. This collaboration ensured our ability to flex to the demands of the pandemic. I have no doubt that similar collaboration is key to unlocking the full potential and transformation of our national health service.

Paul Reid

Paul Reid

Chief Executive Officer

Back to Agenda

APPENDICES

SCHEDULE OF APPENDICES

APPENDIX 1

Board Briefing Note on 'Brandon' Report

APPENDIX 2

Health Sector Resourcing

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

APPENDIX 1 BRANDON BRIEFING NOTE

Subject: Brandon Report Update
Submitted for meeting on: 28th January 2022
Name & title of author: Bernard O'Regan, Head of Disability Operations
Why is this information being brought to the Boards attention? For inclusion in the CEO Report
Is there an action by the Board required, if so please provide detail? N/A
Please indicate which of the Board's objectives this relates to; ▪ The development and implementing of an effective Corporate Governance Framework, incorporating clinical governance and a performance management and accountability system; ☐ ▪ Developing a plan for building public trust and confidence in the HSE and the wider health service; [redacted] ▪ Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the Sláintecare Implementation Strategy; ☐ ▪ Exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget. ☐
Brief summary of link to Board objectives.
Background - provide context in order to ensure that the Board fully understand the issue. **Publication of National Independent Review Panel – Brandon Report for Publication** The NIRP – Brandon Report for Publication was published with significant attention and ongoing requests by one family for the publication of the full report and the latest advice from the Attorney General in relation to not publishing the full report. **The Strategic Working Group and the Implementation of the recommendations of the varying reports.** The Strategic Working Group which is independently chaired has been established to redesign the model of disability services across the five counties of [redacted] This will ensure services are rights based and provide an improved and enhanced service experience to people with disabilities. Phase 1 of the work of this group is focusing on services at [redacted] through the delivery of a service improvement programme. Phase 2 is focusing on the redesign of services to ensure high quality, responsive and person-centred services are

delivered in line with the objectives of the HSE Corporate Plan. Given the task in hand, there is progress against the recommendations

Key Activities Completed / Ongoing to date

Milestone/Activity	Status
[redacted] Strategic Working Group established and have met on three occasions	Complete
[redacted] appointed as Independent Chairperson of the [redacted] Strategic Working Group	Complete
Project manager to the [redacted] Strategic Working Group appointed on 8th June 2021	Complete
A senior manager from the National Advocacy Service has become a member of the [redacted] Strategic Working Group	Complete
Decongregation planning underway for a further 3 residents to move to bespoke, individualised accommodation – estimated timeframe for transitions November, 2021. Total number of residents will change from 34 to 31.	Complete
[redacted]	[redacted]
Governance / oversight includes monthly meetings of the Quality & Patient Safety committee	Complete
Human Rights Committee established	Complete
Safeguarding plan for each resident updated with no additional placements in [redacted]	Complete
Multidisciplinary supports increased along with a Clinical Nurse Specialist for Behaviours of concern	Complete
Meaningful Day: At each centre a named nurse and key worker in conjunction with the residents has developed an activity schedule based on each resident's preferences and choices.	Complete
HIQA – Monthly progress report on Management Improvement Plan for Ard Greine Court submitted to the Inspectorate.	Complete

Other Milestones/Activities
Human Resource Development through workforce capacity review.
Performance Achievement Plans to be completed in [redacted]
Staff Training to progress further including training on HIQA's Human Rights Based Approach Modules, Sexuality Awareness in Supported Settings and Reconnect Programme
Compatibility Assessment models will be reviewed and selected for implementation
Residents facilitated to access community based recreational facilities to provide a variety of opportunities and pursuits. Provision of a meaningful day to be further developed with Multi-disciplinary input.
Initiate processes to support the development of a Local Adult Day Service in line with HSE New Directions Policy for Adults with Disability.
Design a flexible roster to provide a dedicated and consistent staff team in each centre in [redacted]
Further Safeguarding Training is scheduled for completion in [redacted]
New Complaints Management Programme will be implemented in [redacted]
A new communication plan and engagement process will be developed with the support of the National Advocacy Service representative to ensure service users and family members' contributions are included in planning the service redesign programme.

Decongregation.

Decongregation - [redacted] Disability Services remains firmly committed to the development of a community based model of living and support for people with disabilities and will continue to work towards implementing this model though decongregation.

[redacted]

[redacted]

Compliance with Regulation and Safeguarding Requirements more generally.
Specific Inspections published in January in relation to [redacted]

HIQA inspection reports for the 4 designated centres in [redacted] Residential Disability Service, [redacted]

The [redacted] have been the subject of an improvement plan since [redacted] to bring the centres into compliance with regulatory standards. Each centre had a specific compliance plan & there was an overall management improvement plan put in place across the campus. In [redacted] services there has been a 36% improvement in the overall compliance with regulatory standards achieved in the 6 month period between the inspections in [redacted] & the follow up inspections in [redacted]

From [redacted] HIQA published reports, indicate the average compliance rate across all [redacted] HSE provided Disability Services and Funded Services was 92% with the national compliance metric set at 80%. Overall compliance in [redacted] services is 79% as per the inspection findings from [redacted]

Whist the 36% improvement in compliance with regulatory standards in the [redacted] Centres is positive, there will be a continued focus on service improvement i[redacted] to address the areas of non-compliance. The areas of non-compliance which continue to require specific attention are as follows: Governance & management, Protection, Staffing, Risk management procedures, Positive behavior support, Fire precautions..

For noting and further feedback to Board on full assessment,

[redacted]

HSE Review Processes

[redacted]

Conclusion

1. In [redacted] services there has been a 36% improvement in the overall compliance with regulatory standards achieved in the 6 month period between the inspections in [redacted] & the follow up inspections in [redacted]

2. Whist the 36% improvement in compliance with regulatory standards in the [redacted] Centres is positive, there will be a continued focus on service improvement in [redacted] to address the areas of non-compliance. The areas of non-compliance which continue to require specific attention are as follows: Governance & management, Protection, Staffing, Risk management procedures, Positive behaviour support, Fire precautions.

3. The National Director, Community Operations has further processes in place since December 2021 to review the overall performance of [redacted] and their safeguarding processes which will reported on in further engagements with the Board.

Recommendation

The Board are asked to note the update provided and progress to date.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

APPENDIX 2
Update on HSE Workforce Resourcing

Subject: Update on HSE Workforce Resourcing

Purpose of Paper: Briefing note to inform DoH preparation for Cabinet Committee Meeting on Health Sector Resourcing

Date Paper Prepared: 18th January 2022

Name & title of author: Anne Marie Hoey, National Director, Human Resources

1. Purpose

The purpose of this briefing paper is to set out the key actions underpinning the resourcing strategy for 2022, with specific focus on the key learning from 2020/2021 that have influenced the approach to these actions in 2022. The paper will also set out the key risks and mitigating actions along with proposals for those that fall outside of the scope of Health for consideration in the broader context.

2. BACKGROUND AND CONTEXT

1.1 Over-arching Objective

Under NSP 2021, an additional net growth of 16,000 WTE ***beyond*** our employment levels at December 2019 was approved. The additional 16,000 WTE distributed across a range of initiatives for delivery in 2021. The plan was underpinned by nothing greater than Level 3 COVID-19 measures, and excluded a National Vaccination Programme rollout. Notably in 2021, in Q1 we encountered a significant COVID-19 surge with subsequent implementation of greater than Level 3 COVID-19 measures, coupled with significant demand for testing and tracing and unprecedented levels of COVID-19 related health workforce absence rates at +4.7% (+6,763 staff). In addition, a National Vaccination Programme was rolled out with the immediate establishment of mass vaccination centres across the country. Notwithstanding these two substantial impacts to our original plans as set out in NSP, in May the Health Service suffered a criminal cyber-attack that impacted all services including our recruitment functions.

Notwithstanding the combination of these factors, health service employment levels, as reported via the Health Service Personnel Census (HSPC) (ie direct HSE employment) since December 2019 to date (up to and including December 2021) show an increase of **+12,506 WTE** *(+6,357 WTE in 2020 and +6,149 WTE in 2021)*. Appendix 1 sets out the current health service employment levels at staff category as reported via the HSPC. This however excludes those employed indirectly, in particular our Contact Tracing and Vaccination staff, which adds at a minimum a further +2,200 staff, with a further +2,352 vaccination staff confirmed and in the recruitment clearance stage. The challenge however, is the growth projected under the NSP initiatives versus growth specifically for COVID-19 response such as vaccination and test and trace that has occurred and therefore the continued requirement to grow our workforce to meet the requirements as set out under the NSP 2021. Sustained growth levels as these in the health service is ***unprecedented***, particularly in the context of our average turnover levels during this period that demands in the order of **9,500** staff to be recruited each year in order to stand still, before any net growth is realised.

Undoubtedly, resourcing on this scale, demanded the implementation of major change, targeted strategies and developments to our recruitment approaches, supported by robust governance and oversight, in order to meet the resourcing requirements, all of which were set out in our Resourcing Strategy of 2021 and implemented

throughout 2021. These will be further developed and expanded upon to deliver on the 2022 recruitment target, and are set out in our Resourcing Strategy of 2022. Both the Strategy of 2021 and 2022 set out, in detail the governance, approaches and targeted campaigns to deliver on the recruitment targets. These are provided as an accompaniment to this paper. It is therefore not the intention to describe each of these in detail within the main body of this paper, but rather a summary of the resourcing strategy approach and the key deliverables in 2021, along with the key enhancements for delivery in 2022 is set out in Appendix 2 for ease of reference.

Therefore, this paper has focused on the key actions to deliver the Resourcing Strategy of 2022 with a specific focus on these deliverables in the context of the key learning from 2020/2021 resourcing.

2. Approach to Resourcing in 2022

2.1 Case for Change

Notwithstanding the unprecedented growth in employment levels across 2020 and 2021, there is considerable case for change in further enhancing and redirecting a number of the approaches to resourcing that include but are not limited to;

- The requirement for an unprecedented and immediate response to scale up our workforce by attracting and recruiting health care staff in an effort to meet the challenge of healthcare demand posed by COVID-19 has heralded large scale recruitment of specific grades, with considerable success. For certain areas, such as the vaccination programme, this workforce in the main, is a blend of HSE employed staff that have increased their hours, or are undertaking additional hours specifically for this programme, alongside retired staff, and staff from other sectors outside of the public health system (eg third level sector health care professionals and undergraduate healthcare students). The programme type is one which lends itself to being attractive, as it is a planned programme delivery in a structured predictable environment. This compares to other mainstream initiatives such as those under our Winter Plan for example, that includes, additional in-patient bed capacity, to manage increased demand, with often complex medical/ surgical cohorts that are unpredictable and require a greater depth and suite of skills and competencies, coupled with the likelihood of working in a significantly more pressurised / demanding healthcare environment. Therefore, the likelihood of those staff currently delivering on the vaccination programme, moving to other initiatives is less likely. This therefore requires us to look to more sustainable workforces;
- Large scale recruitment has also served very well for those grades in contact tracing and swabbing for example. For the most part however, these are not healthcare graduate/ professions which are more challenging to supply, given there is an international shortage of such professions and therefore alternative ways of utilising these workforces is now required;
- The unpredictable COVID-19 environment ahead for 2022. Notably on drafting the final resourcing strategy for 2022, the unpredictable COVID-19 was listed as one of the significant risks to delivery, notwithstanding mitigating actions, for which now in early 2022, we have already seen significant impact due to the emergence of a further COVID-19 variant, that has substantially impacted not only the Health Sector workforce, with unprecedented absence levels, but equally the broader labour market across all areas of society;
- The volatility of the internal health workforce labour market (ie those staff currently directly employed) and that of the broader domestic market has brought changes to the predictable workforce patterns and trends normally seen. For example, November WTE growth was significantly out of trend with previous years, showing some of the lowest ever growth for this month, and demonstrates the volatility of the internal market and indeed the limitations to month-on-month targets as a measure of performance. It also demonstrated the shock impacts from large scale leavers, such as via retirements and resignations, for those wishing to travel for example, and the potential impact this may have ahead for 2022

2.1.1 The case for change – Data Driven Decisions

Significant and detailed analysis of our workforce trends and patterns have been undertaken to inform the

approach to our resourcing strategy and approach in 2022. These have included but again are not limited to:

- Analysis of month on month and quarterly workforce patterns at staff category and division level, hospital group and CHO;
- Analysis of workforce turnover patterns and workforce age cohorts, with a specific focus on retiree patterns across the calendar year and age to determine potential staff categories and grades at potentially higher risk of attrition;
- Analysis of staff absence, working patterns (ie flexible working patterns), and contract types;
- Analysis of recruitment capacity, both locally and nationally to determine recruitment capacity requirements;

All of the above have informed this year's resourcing strategy that has been underpinned by the construct of achieving a fine balance between a realistic and achievable target in tandem with scope for over performance. This is justified and prudent on the basis of the prevailing unpredictable COVID environment and the associated labour market impacts. Giving effect to this construct, the strategy sets out a ***resourcing delivery range***. The minimum point of the range, sets out the **minimum** expected resourcing target, upon which the HSE will be monitored against, in addition to a **stretch target**, to allow for 'over performance' in the context of an unpredictable environment notwithstanding our commitment to maximising our recruitment and retention efforts. Our efforts this year are underpinned by a set of core principles, supported by an expansive suite of initiatives to deliver to the maximum extent possible the required resource and at a minimum an increase of **+5,500 WTE** net growth. The objective of these initiatives are to act as a collective, to deliver specific, targeted actions to achieve at the very least the minimum of the range. This notably however has to be caveated by the COVID-19 environment and indeed the labour market environment, which are addressed in further detail in the risks section. In addition, these targets have not factored the impact of the reversal of the HRA hours and the potential replacement of a portion of those ours which is subject to deliberation by Government at this time.

2.2 Key Actions and Deliverables in 2022

The 2022 Resourcing Strategy sets out the comprehensive detail on the approach to the delivery of the minimum of the workforce range in 2022. It sets out the overarching governance, and the suite of comprehensive developments and enhancements to recruitment planning and execution that is critical to the delivery of the recruitment targets. It is important that the Strategy, or at a minimum Appendix 2 of this document, is read in conjunction with the detail in the following sections. This section of the paper, focuses on the detail of the workforce targets by each staff category, and the specific actions being undertaken to deliver on the projected targets under each staff category. The necessary overarching support structures, technical and digital developments and enhancements that are critical enabling components are, as noted above set out in the Strategy and summarised in Appendix 2 in this paper.

2.2.1 Workforce Growth Profile

This projected profile set out in the resourcing strategy, provides a month-on-month estimated growth projection for each staff category, arriving at a total of 5,500 WTE by year end 2022. This estimated profile has been projected based on calculated month on month trends and patterns and the likelihood and potential impact of factors potentially affecting our workforce in 2022, for example increased turnover due to leavers from increased retirees and increased leavers from the health system. While the month on month profile will be used to monitor and track progress both internally and externally to the HSE, the quarterly performance serves as a better indicator to overall performance given the volatility of the environment and labour market ahead for 2022.

2.2.2 Medical and Dental Growth

The medical and dental workforce is profiled to grow by a further **+600 WTE** in 2022.

The below actions are being taken to achieve this target:

- Campaigns to recruit to maintain Medical Intern levels at 854, that includes the 2021 addition of 120 places;
- 800 Medical Interns – adding a minimum additional **127 Interns** with up to an additional **400 Non Consultant Hospital Doctors (NCHDs)** as required;
- Consultants – in conjunction with the Public Appointments Service, significant capacity is being established to expand the candidate pool. This includes the development of a Microsite, being launched in early 2022 that will provide a ***'one stop digital shop'*** on all aspects of Consultant recruitment in Ireland. This microsite will be promoted globally and supported with a far reaching marketing strategy, alongside the exploration of new markets internationally. This along with other enhancements is expected to deliver a minimum **+200.** This is based on current 2 year trend of growth at 358 WTE in this workforce of which 150 and 208 have been delivered in each year respectively.
- The HSE will also work with the medical schools to establish pipelines of talent for future consultant posts, with a similar exercise to be developed for medical interns for future NCHD and training posts.

2.2.2.1 Key Challenges in this Staff Category

- All Psychiatric, all specialities and locations, Consultant Orthodontist, Consultant Microbiologist, Consultant Radiologist, Respiratory Consultants are challenging to recruit, with some locations being particularly challenging to attract consultant applicants. The above collaborations with the PAS alongside pushing the Microsite internationally to individual markets is aimed at increasing the candidate pool across hard to fill and standard appointments. This will be supplemented by executive searches where necessary.

2.2.3 Nursing and Midwifery Growth

The nursing and midwifery workforce is profiled to grow by a further **+1,500 WTE.**

The below actions are being taken to achieve this target:

- Across 2020 and 2021 we have increased this workforce by an additional 3,372 WTE with +1,660 WTE grown in 2021. A Graduate Nursing and Midwifery campaign to target the 2022 Irish graduates will be launched in Q1 2022 to deliver **+1000** graduates;
- Increased international recruitment requirement is already underway for an additional for an additional **1900** international nurses and midwives, an almost doubling of the figure in 2021;
- Increased PHN sponsorship target up to **+210** in addition to promotional campaigns for a minimum of **+500** promotional (manager and specialist) posts;
- Specialist Nurses – in collaboration with our delivery partners, we expect to deliver 150+ specialist staff nurses for ICU, CCU and Community. The processing time from interview to start date is expected to be 12-16 weeks, and will target candidates who have already started the Nursing and Midwifery Board of Ireland (NMBI) registration process. This initiative will supplement the 'Grow Your Own' programme already in place that supports the development of current staff nurses and midwives to develop as specialists;
- In addition, there will also be ongoing recruitment of nursing and midwifery at a local level to attract agency staff into the permanent workforce and to offer opportunities to existing staff to increase hours of work to fulltime hours*.
- *note – fulltime hours in 2022 may reduce from 39-37.5 under the recommendations of the HRA Additional Hours Body

2.2.3.1 Key Challenges in this Staff Category

- There are recognised significant challenges to the international recruitment of specialist nurses and midwives. A separate and focused international drive as noted above will be managed under a separate procurement in 2022 to deliver on this specific resourcing requirement in collaboration with our delivery

partners;

- There is not an insignificant risk that changes to international COVID-19 travel measures, particularly to countries including Australia, a popular destination for Irish graduates, may have a significant impact on retention of our nursing and midwifery workforce. In an effort to mitigate this, our international recruitment numbers have been almost doubled, whilst also launching a specific return to Ireland campaign on 23rd December, that will run over the year in 2022. To date a total of **393** applications have been received from nurses and midwives working abroad.
- A further challenge arises from nurses and midwives, currently working part-time, that are working additional hours. There is evidence emerging of the risk that these staff will reduce back down to part-time hours. A feature we saw in the significant decrease in November census figures. One initiative to mitigate this, would be to temporarily remove the flat-rate overtime rule up to full time hours, to offer the full overtime rate in an effort to sustain current workforce levels. This is **outside** the scope of the HSE but in our view would assist in retaining these hours across our health system. This will be a significant element of risk, particularly in the context of the current HRA hours' reduction proposals.
- The turnover rate in nursing and midwifery was recorded at 6.4% in 2020, down from 6.6% in 2019. While early indications of the 2021 turnover appear to be similar to those of 2020, any increase in leavers in this staff category, such as through retirees (with over 17% of this workforce over 55years) in 2022 could significantly impact on the overall deliverable, but certainly at a minimum the monthly profile targets. Therefore other incentives to retain these staff in the workforce, or at the very least to offer the option of rehiring retirees, with the re-introduction of temporary pension abatement, would significantly support sustainable workforce supply, as the ongoing international recruitment continues. This may ameliorate potential shock impacts to workforce supply, with control of such shocks via policy instruments that control elements such as pension abatement. Currently pension abatement has been returned to on a 'case by case' arrangement, in difference to that currently implemented for Education (Teachers) and is having a negative impact on rehiring and retaining rehires.
- At a high level one of the significant challenges to domestic supply, is the current training numbers. Positively this has been increased by over 200 since the onset of the pandemic, albeit, that the training time from commencement to graduation is 4 years and therefore domestic supply requires significant advanced planning. For the future, multi-annual budgeting for the health system, allied to multi-annual workforce and resource planning, would better deliver the required workforce at greater economic benefit to that of international recruitment at high cost;

2.2.4 Health and Social Care Professionals Growth

The health and social care workforce is profiled to grow by a further **+1,500 WTE**.

The below actions are being taken to achieve this target:

- A new campaign targeting both Irish and UK graduates of 2022 added to our panels to deliver up to **2600** HSCPs;
- Under the recruitment programme for this staff category we will work again with the colleges through their alumni not only to attract new graduates, but also those graduates from previous years who have emigrated along with targeting UK Universities directly, specifically for Dietitians in shorter supply;
- Up to +200 through the 'grow your own' initiative with a new campaign including international reach for management grades to deliver a further **+200;**
- A campaign to for Allied Health Professional Assistant grades will also be run to support these grades as appropriate;
- An international campaign targeting a further 200-250 dietitians alongside Podiatrists to meet the requirements for 2022 is planned;
- National campaigns schedule for HSCP grades is as follows:

Environmental Health Officer Senior - Q1 2022	Principal Environmental Health Officer - Q2 2022	Podiatrist Staff Grade - Q3 2022
Physiotherapist Staff Grade - Q1 2022	Podiatrist Senior - Q2 2022	Counsellor Senior - Q4 2022
Speech & Language Therapist Staff Grade - Q1 2022	Assistant Psychologist - Q3 2022	Environmental Health Officer Staff Grade - Q4 2022
Occupational Therapist Staff Grade - Q1 2022	Psychologist Staff Grade - Q3 2022	Psychologist Senior - Q4 2022

2.2.4.1 Key challenges in this Staff Category

- Dietitians are currently in short supply, with 50% of our growth in this staff group sourced from the UK. To support an increase in domestic supply, new graduate entry programmes have been developed in the last two years in Ireland. In addition the HSE has sought additional undergraduate places on the current programme, and will do so again in 2022 as greater numbers of undergraduate places are required to support domestic supply. Practice placements due to COVID have been a challenge and work is ongoing to support an increase in placements; An international recruitment campaign is planned for 2022 for recruit a further 200-250 of this grade;
- Podiatrists, are also in short supply, with an international campaign planned to recruit the required workforce in 2022 with further examination of domestic education programmes to meet domestic supply;
- Clinical measurement grades are also in short supply and therefore key work as noted above with University sectors to attract graduates will be implemented in 2022.
- The campaign for Allied Health Professional Assistant grades will also be run to support these grades as appropriate, whereby supply cannot meet demand for certain grades;
- Finally, accommodation/ space for these additional staff, is also a challenge, for which there is detailed work ongoing with our estates services to manage same across our services.

2.2.5 Management and Administration Growth

The Management and Administration workforce is profiled to grow by a further **+600 WTE,** with key areas of growth primarily in specialist areas such as ICT.

The below actions are being taken to achieve this target:

- We will work with the staff associations, in regard to historical agreements, to provide for the attraction of new graduates for Grades V-VII to deliver up to +700 that takes account of both attrition levels and net additional growth;
- Bespoke Grade VIII and above campaigns will be launched to deliver up to +150. For these grades, particularly in specialist areas of ICT and Finance, targeted social media reach campaigns are planned as these skills are proving more challenging to attract and retain;

2.2.5.1 Key challenges in this Staff Category

- The availability of key skills / competencies particularly in ICT is proving challenging in a number of areas. The ability of the HSE to compete with the private sector for these staff is more challenging given the remuneration scales and attractiveness of the private sector. Notwithstanding, higher grades have been offered in a number of areas of ICT in an effort to compete and attract, however this is an area that will require ongoing monitoring throughout 2022. It is notable that the broader Irish labour market is also reporting significant shortage and competition in this workforce due to demand. Historically, job security, a significant competitive advantage offered by the HSE, was seen to be significantly attractive, however given current shortages, the labour market is being driven by competitive salaries and not necessarily security.
- One key area that would assist in our competitiveness is the potential to recognise incremental credit for experience in a non HSE agency. Many of those highly skilled in this area, often work with non HSE agencies. Therefore, recognition of incremental credit for such, in our view, serves as a legitimate approach to enabling the HSE to compete in this highly scarce and competitive market, as it is already in place for other parts of our workforce. Notwithstanding that a recent decision on this was denied, we believe it could be reconsidered and introduced on a temporary and time bound basis.

2.2.6 General Support and Patient and Client Care Growth

Patient and Client Care is profiled to grow by a further **+1,200 WTE**, with General Support at **+100 WTE.**

The below actions are being taken to achieve this target:

- A targeted campaign for ambulance grades (successfully met full requirement in 2021) to meet the requirement of up to 200 is planned once again for 2022. This campaign will also require the support of an international campaign to deliver the required target workforce and is currently in planning with the schedule set out in the below table;

Intermediate Care Operative - Q1 2022	Clinical Paramedical Supervisor - Q1 2022	Student Paramedic - Q2 2022
Lead Ambulance Medical Officer - Q1 2022	Paramedic Supervisor - Q1 2022	Student Paramedic - Q4 2022
Ambulance Medical Officer - Q1 2022	Rolling Campaign - Qualified Paramedic - Q2 2022	Rolling Campaign - Qualified Paramedic - Q4 2022

- The applicant pool for support and patient and client care is extensive. We will secure a talent pool of +1000 in patient and client care support, through a potential revision of eligibility criteria with a further view to an apprenticeship model so as to harness the available applicant pool;
- In addition, we are commencing a programme of work to collaborate with the Education and Training Bodies, to harness trainees currently undertaking the FETAC Level 5, requiring work experience, in an effort to attract and subsequently retain this workforce in the HSE.

2.2.6.1 Key challenges in this Staff Category

- One of the key challenges in this staff category relates to the current attraction of staff in the grade of home help. In particular, the highest percentage of part-time workers are in our patient and client care group (just under 40% compared to national rate of 29%), that encompasses our home help staff. Our recruitment evidence suggests an appetite for potential applicants, however for those on other DSP payments, this inhibits their on-boarding into a post due to the loss of DSP payments and economic impact on same. While this is outside the scope of control of the HSE it is one for consideration at a broader cross sectoral level for cross sectoral actions.
- A further key challenge is attraction into posts under patient and client care, in the current environment whereby the PUP remains in place, as this acts as a disincentive currently to seeking candidates for these roles. As the PUP changes take effect it is hoped that this will positively impact on the applicant pool for this staff group.

3. KEY RISKS AND MITIGATIONS

The delivery of the above workforce growth will not come without its challenges, risks and issues, some of which have already been signalled in the above text. Prior to the emergence of the global COVID-19 pandemic response, the HSE was in a period of controlling employment levels within affordable levels and within an annual cycle. Thus, the unprecedented level of funding provided to the HSE, undeniably welcome, nonetheless brings with it significant challenge of fully utilising this funding to expand its workforce, in an environment of COVID-19 uncertainty along with an already global health workforce shortage, intensified by every health system seeking to grow their workforce simultaneously. Notwithstanding the approach in 2022 being one of balancing our ambition with that of realistic achievable targets, underpinned by robust resourcing approaches to deliver on a sustainable workforce, it is not without risk.

The key risks are set out below, with the associated mitigations outlined to reduce to the greatest extent possible, the impact of such risks. The mitigations are described as those that are in place and under the control of the HSE, and those that the HSE believes will further assist in reducing/ eliminating the risk, but are outside of the control of the HSE.

3.1 Risks & Mitigations

- **Risk:** the on-going Pandemic and uncertainty that this will bring in 2022, particularly as countries borders re-open, is likely to significantly adversely impact on our workforce retention, creating a higher proportion of leavers from our health services. An increase in staff enquiries on pension entitlements is currently reported via our pension's office signalling a potential increase in retirees.

  Mitigations in place
  - Retention efforts both nationally and locally are in place with significant career development & progression and educational / development opportunities to increase retention.
  - International recruitment orders have been increased substantially to mitigate the impact of increased numbers of leavers;
  - The potential implementation of the HRA hours reversal, will act as a retention and attraction measure.

  Mitigations outside the control of the HSE for consideration
  - Prudent consideration of the re-introduction of a temporary amnesty of the pension abatement so that leavers due to retirements can be attracted to return to the workforce for a defined, temporary period. When previously provided at the outset of COVID-19 this proved critical to the attraction and retention, in particular of key clinical professionals;
  - In consideration of the recognition of the health workforce contribution to the COVID-19 Pandemic, any planned remuneration is recommended to be in two-phases. One at the beginning of the year and one at the end of the year, to assist in retaining staff across the full year, based on the requirement to be 'in service' at the time of the remuneration.

Notwithstanding the above mitigations and proposals for those outside of the HSE control, the timeframe for the implementation of these, and the available supply coming on stream, may limit the extent to which they can positively affect recruitment outcomes in 2022 or indeed the delivery against the timeframe upon which they have been profiled to be delivered.

- **Risk**: global shortage of supply of health workforce that has intensified due to the global pandemic. The range of staff grades that we are pursuing in our recruitment profile for 2021 and 2022 are those that are in short supply and significant demand globally. Of particular significance to our supply is our current domestically employed workforce, impacted by the HRA reversal, which will impact on current hours of supply into our health system, albeit equally serving as a positive retention and attraction measure.

  Mitigations in place
  - Notwithstanding the significant expansion in our recruitment capacity, this issue is not a capacity issue, but rather one of global supply. On this basis, international recruitment, along with efforts to increase our reach into our broader domestic supply market, for non- regulated health care workforce is being used as an approach. There are however limitations to international supply as Ireland is a signatory to the WHO Global Code for Ethical Recruitment of Health Workforce, and therefore these alongside other initiatives must be considered and balanced.

  Mitigations outside the control of the HSE for consideration
  - Increasing hours of the current workforce is one way to increase supply within the domestic labour market. Initiatives and incentives designed to attract existing staff to increase their hours, such as removal of the flat rate overtime rule in favour of premium overtime application, for a defined temporary period, may have a significant impact on supply. This would be particularly useful to those 'hard to recruit' workforces such as nursing and midwifery and HSCP's for example;
  - Reversal of the decision to recognise agency experience for incremental credit purposes, for those considering joining the HSE workforce, particularly for hard to recruit management and administration grades with key skills (e.g ICT) may significantly impact on our ability to compete and attract this workforce and therefore leaving HSE with no option but to continue to utilise the agency workforce;
  - Exploration by the Department of Social Protection on the current DSP payments vis á vis how

the number of part-time workers can be increased without a negative impact on their benefits or supports (in other words that is less profitable to work);
- Relocation package – the offer of a relocation package that currently exists for nurses and midwives, be extended to all other clinical and non-clinical grades in short supply;
- To supplement the relocation package with a potential form of housing subsidy, particularly for those areas whereby rents are high, so as to support individuals to relocate to Ireland;
- Dynamic response to attraction and competitive remuneration particularly as close competitors such as the UK are facing one of the most significant health resourcing crises, and will likely seek to aggressively recruit, with packages on offer that will seek to attract Irish trained graduates;
- A welcome home package for those Irish trained graduates returning home which would attract a monetary remuneration on arrival and following completion of a minimum of 1 years employment;
- Refer a friend scheme – voucher of significant value for those staff already in our workforce that refer a friend to join the HSE as a new additional employee, with remuneration once the new employee surpasses a minimum of 6 months in employment with the HSE;
- Multi-annual budgeting for Health Services, so that multi-annual workforce planning, with the assurance of budget to influence undergraduate, post graduate and graduate entry programmes and places, assured by viable employment opportunities across health services in Ireland into the future;
- Add other non-clinical grades to the DBEI critical skills list to enable easier access to work permits as an attraction and enabling measure.

Notwithstanding the above mitigations and proposals for those outside of the HSE control, the timeframe for the implementation of these may limit the extent to which they can positively affect recruitment outcomes in 2022.

- **Risk**: Further surge of COVID-19 during 2022 that may increase our staff absence rate (as seen currently with staff impact of 10-15k), negatively impacting on our ability to deliver on recruitment targets, with key staff required for campaign panels.

  Mitigations in place

  - Work is ongoing to plan for increased campaign board member pools to mitigate this risk to the greatest extent possible;
  - Technology to support the recruitment processes (eg candidate interviewing via teams) is also in place to support to the greatest extent possible, the continued delivery of recruitment activity;
  - Recruitment capacity has also been grown and supplemented with additional providers, including the Managed Service Provider;

The above mitigations are dependent on a variety of factors, not limited to the potential for future variants of concern that may require alternative measures, impacting our workforce and our ability to sustain recruitment at maximum levels.

- **Risk**: a number of the NSP initiatives have significant WTE requirements that require substantial capital investment for accommodation. For example the high numbers in ECC programme with key professionals requiring additional accommodation space, the extent to which there are delays to the capital expansion will impact on the recruitment timeframes.

  Mitigations in place

  - There is a significant programme of work ongoing with estates to ensure the capital plan delivery to support workforce expansion;

4. Conclusion

Undeniably there has been unprecedented workforce expansion over the COVID-19 period, since December 2019, with in excess of **+12,506 WTE** *(+6,357 WTE in 2020 and +6,149 WTE in 2021)*, excluding those employed indirectly, in particular our Contact Tracing and Vaccination staff, which adds at a minimum a further +2,200 staff, with a further +2,352 vaccination staff confirmed and in the recruitment clearance stage.

Nonetheless, there is further significant effort and challenges ahead to both sustain this expansion, and further expand to meet the requirements of the minimum target of 2022 to add a further 5,500 WTE to our workforce. The challenge facing us is one of meeting these requirements, as we aim to move towards a future sustainable service, living with COVID-19 that requires a broader workforce than that deployed in our response to COVID-19. This will, as set out in our resourcing strategy, require a whole of health service response, in addition to cross sectoral collaboration and implementation of initiatives that go beyond that of health.

APPENDIX 1 – Health Service Employment Levels as at December 2021

Staff Category /Group	WTE Dec 2018	WTE Dec 2020	WTE Nov 2021	WTE Dec 2021	WTE change since Nov 2021	WTE change since Dec 2020	%change since Dec 2020	WTE change since Dec 2019	%change since Dec 2019
Total Health Service	119,817	126,174	131,265	132,323	+1,059	+6,149	+4.9%	+12,506	+10.4%
Medical & Dental	10,857	11,762	12,076	12,113	+37	+352	+3.0%	+1,256	+11.6%
Consultants	3,250	3,458	3,590	3,608	+18	+150	+4.3%	+358	+11.0%
Registrars	3,679	3,876	4,098	4,104	+6	+229	+5.9%	+425	+11.6%
SHO/ Interns	3,116	3,594	3,586	3,587	+0	-8	-0.2%	+470	+15.1%
Medical/ Dental, other	812	833	802	814	+12	-19	-2.3%	+2	+0.3%
Nursing & Midwifery	38,205	39,917	41,302	41,576	+274	+1,660	+4.2%	+3,372	+8.8%
Nurse/ Midwife Manager	7,964	8,344	8,809	8,852	+44	+508	+6.1%	+888	+10.9%
Nurse/ Midwife Specialist & ANMP	1,996	2,299	2,450	2,481	+31	+183	+8.0%	+485	+24.3%
Staff Nurse/ Staff Midwife	25,893	26,763	27,522	27,850	+327	+1,087	+4.1%	+2,157	+8.4%
Public Health Nurse	1,537	1,557	1,523	1,523	+0	-34	-2.2%	-14	-0.9%
Nursing/ Midwifery Student	644	592	658	526	-132	-65	-11.0%	-118	-18.3%
Nursing/ Midwifery other	350	362	340	344	+4	-18	-5.0%	-6	-1.7%
Health & Social Care Professionals	16,774	17,807	18,827	18,999	+172	+1,192	+6.7%	+2,225	+13.3%
Therapy Professions	5,234	5,565	5,890	5,947	+57	+382	+6.9%	+713	+13.6%
Health Science/ Diagnostics	4,500	4,731	4,908	4,918	+10	+188	+4.0%	+418	+9.3%
Social Care	2,710	2,909	3,109	3,127	+18	+219	+7.5%	+417	+15.4%
Social Workers	1,165	1,238	1,286	1,296	+10	+58	+4.6%	+131	+11.3%
Psychologists	1,004	1,066	1,088	1,095	+7	+29	+2.7%	+91	+9.1%
Pharmacy	1,038	1,164	1,272	1,292	+19	+128	+11.0%	+254	+24.5%
H&SC, Other	1,123	1,134	1,273	1,324	+50	+189	+16.7%	+201	+17.9%
Management & Administrative	18,846	19,829	21,271	21,583	+311	+1,754	+8.9%	+2,736	+14.5%
Management (VIII & above)	1,842	1,969	2,181	2,216	+35	+246	+12.5%	+374	+20.3%
Administrative/ Supervisory (V to VII)	5,199	5,821	6,572	6,705	+133	+884	+15.2%	+1,506	+29.0%
Clerical (III & IV)	11,805	12,038	12,518	12,661	+143	+623	+5.2%	+856	+7.3%
General Support	9,416	9,876	9,969	10,010	+42	+135	+1.4%	+594	+6.3%
Support	8,234	8,676	8,773	8,813	+40	+137	+1.6%	+579	+7.0%
Maintenance/ Technical	1,182	1,200	1,196	1,197	+1	-3	-0.2%	+15	+1.3%
Patient & Client Care	25,719	26,985	27,819	28,042	+223	+1,057	+3.9%	+2,323	+9.0%
Health Care Assistants	17,396	18,554	19,162	19,325	+163	+772	+4.2%	+1,930	+11.1%
Home Help	3,569	3,543	3,509	3,546	+37	+2	+0.1%	-23	-0.7%
Ambulance Staff	1,828	1,877	1,934	1,936	+1	+59	+3.1%	+108	+5.9%
Care, other	2,926	3,011	3,214	3,235	+22	+225	+7.5%	+309	+10.6%