



Health Service Executive CEO's Report to the Board



January 2023
CEO Board Report

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Chapter 1 - Introduction

Irish GP says Covid and flu 'twindemic' is 'as bad as we've ever seen' amid winter health crisis

The rise in Covid-19 infections is coinciding with a spike in flu and similar respiratory illnesses to place a huge concern with overcrowding on the wards.

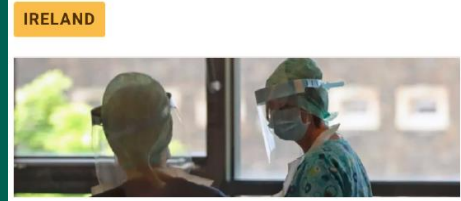
489 on trolleys as pressure on healthcare systems continue



'Unprecedented combination of high levels of flu and Covid-19' prompts HSE appeal to avoid A&E if possible



Over 730 Covid patients in hospitals as virus surge puts healthcare under strain



HSE chiefs express 'significant concern' about trajectory of influenza as national crisis team convenes



Contagious Kraken variant of Covid-19 identified in Ireland



Flu season yet to peak in 'exceptional year' for winter viruses

1. INTRODUCTION

Our services have endured relentless pressures this winter due to a perfect storm of influenza, RSV and COVID-19, exceeding even the most pessimistic of predictions.

This remains an incredibly challenging time for those in the provision and receipt of services. I wish to acknowledge the difficulties our front-line teams face their ongoing commitment, dedication and collaboration, is inspiring and humbling. Our principal concern will always be for the safety of our patients, service users and staff, which EMT and the wider management teams will actively continue to support in every way possible.

The EMT and I have visited acute hospitals and community services during these difficult weeks, and I want to acknowledge how these services have worked in an integrated way to provide the best care possible, during these most difficult of times.

With the support of Government, we have implemented a 7-day service approach to improve patient care and flow, working to reduce length of stay, earlier discharges, maximising private hospital bed usage etc. to minimise trolley numbers. These efforts have eased congestion but with a typical flu season averaging 11 weeks we know that there are some difficult weeks ahead.

1.1 BOOSTER CAMPAIGN EXTENDED – 18-49 YEAR OLDS

I and my colleagues welcome the NIAC's recommendation to give a second booster to all those aged 18-49 years of age. We encourage all individuals to come forward and avail of the vaccine to protect themselves, their community and the wider health service also.

1.2 MENTAL HEALTH COMMISSION INTERIM REPORT

The Chair and I recently received an Interim report of *the 'Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services'*.

This report outlines serious concerns and risks for some children and has been brought before the Performance and Delivery and Safety and Quality Committees.

As an organisation we are reviewing the interim report in addition to a number of ongoing reviews. Based on the outcome of these, we will aim to implement all recommendations which ensure the best quality and timely services to all children and adolescents in need of CAMHS services.

1.3 RISK OF INDUSTRIAL ACTION

Earlier this month, both the Irish Nurses & Midwives Organisation (INMO) and Services Industrial Professional and Technical Union (SIPTU) have communicated that they will consult and ballot their members.

The INMO's consultative exercise will run into early February and if a ballot is to be undertaken, this would likely follow in late February - early March.

It is our understanding that SIPTU's National Ambulance Service (NAS) members will be balloted regarding the non-implementation of a third party report.

In the event of a ballot for industrial action, all efforts will be made to utilise dispute resolution mechanisms available under existing agreements.

1.4 REGIONAL HEALTH AREAS – PROGRESS

The RHA Programme team continues to progress work on high-level functional design. This process has included a series of workshops across the five work streams. During December 2022, a number of key engagements were held with service representatives from Hospital Groups, Community Healthcare Organisations and National Operations. On 6 January, there was a further engagement with the Area Directors of Public Health.

1.5 PROTECTED DISCLOSURES (AMENDMENT) ACT

On January 1, the Protected Disclosures (Amendment) Act commenced operations. This act makes changes to the legal framework for the protection of whistle-blowers in Ireland.

Interim guidance has been issued to assist all public sector employers in implementing the new requirements of the amended legislation.

The HSE has updated its procedures to account for this updated legislation.

1.6 ONCE-OFF FUNDING FOR VOLUNTARY HEALTH AND SOCIAL CARE PROVIDERS

There is a series of ongoing communication with the DoH regarding the one off payment equal to 3.5% of annual allocated funding for 2022, for all in-scope voluntary organisations.

Clarification is being sought on the total final qualifying expenditure allowable, which will only be known in late January, when costs are submitted.

Thereafter, once validated and methodologies are approved, these payments will be made, by a manual process and this will take some time to complete.



Chapter 2 – Chief Clinical Officer Update

2.0 CHIEF CLINICAL OFFICER UPDATE

2.1 OPERATIONAL UPDATE

2.1.1 Winter Viruses - As a healthcare system, we continue to manage an exceptional influenza season with rising notifications of cases and hospitalisations. Based on the most recent data from the HPSC, the trajectory for Influenza virus may now be peaking, and we are likely to see sustained pressure resulting from transmission of the principal winter viruses across the whole spectrum of healthcare throughout the month of January.



During week 1 of 2023 (3 – 10 of January) there was a 35% increase in influenza cases, 3,057 in comparison to 2,262 the week before. The number of COVID-19 cases was 3,475, an increase of 18% from 2,954 the week before, though the numbers of hospitalised cases have dropped. Week 2 of 2023 shows a decrease in cases and of hospitalisations.

Kracken (XBB.1.5) is a sub-lineage of the SARS-CoV-2 lineage XBB, and is currently estimated to have a large growth advantage over previously circulating lineages in North America (109%) and Europe (113%), although these estimates are associated with significant uncertainty. Based on its genetic characteristics and early growth rate estimates, XBB.1.5 may contribute to increases in case incidence globally. To date, the overall confidence in the assessment is low as growth advantage estimates are only from one country, the United States.

2.1.2 Therapeutic Programme – For the treatment of COVID-19, there have been 2,772 prescriptions for Paxlovid issued from 15/04/2022; 2,355 were generated in the community and 417 in the acute hospital setting up to the 10/01/2023, with 158 prescriptions notified in the last week. We have engaged with GPs to maintain communications on the potential benefits of Paxlovid and all include a meaningful message of availability of Paxlovid in our communication with the public.

The Health Technology Assessment (HTA) of tixagevimab + cilgavimab (Evusheld) was completed on the 21/12/2022 and the National Clinical PharmoEconomic Evaluations unit recommended that it should '*not be considered for reimbursement unless cost-effectiveness can be improved*'. There are a number of clinical efficacy points that arise from the pivotal clinical trial (PROVENT Study, N Engl J Med 2022;386:2188-2200). The last participant treated in PROVENT was on the 29th March 2021 well before the emergence of the BA.1 subvariant of Omicron. The PROVENT trial included low numbers of patients with immunosuppressive disease and those on immunosuppressant drugs (less than 4% of trial participants). The next step is that the HTA results will be submitted to the HSE Drugs Group to consider prior to a reimbursement recommendation to EMT.

2.1.2 Group A Streptococcus Surveillance in Ireland (as of 17/01/23);

- There has been an increase in notified invasive Group A Streptococcus (iGAS) infections since the beginning of October 2022 and this has continued into the new year. 60% of 2022 cases have occurred since October and 45% occurred in December. The total number of cases to date are 20 and 12 are among children.
- There is no evidence that iGAS rates have plateaued or are reducing. It is not known

how long this higher monthly iGAS rate will continue for.

- The substantive challenge currently is the availability of antibiotics, particularly suspension formulations but also tablets and capsules. Daily information on antibiotic availability for prescribers and dispensers was made available on www.antibioticprescribing.ie from Jan 9.
- There are real concerns that current demands, if continued, may not be met by current supply. The situation is somewhat more positive this week than late last week. However, it needs to be managed carefully by everyone so that antibiotics are available for those most likely to benefit from them.
- The total number of iGAS deaths for 2022 is 12 and there have been no additional iGAS deaths in children since the total of four reported on Dec 22 2022.

Communications - Data on Strep A / iGAS will be published once per week (Wednesday) on the HPSC website as part of a front-facing iGAS / Strep A news item and can be found here. [Group A Streptococcal Disease \(GAS\): Update on Group A streptococcus - Health Protection Surveillance Centre \(hpsc.ie\)](http://www.hpsc.ie/streptococcus)

Antibiotics - The medicine working group of the IMT composed of AMRIC and the HPRA has been formed and have agreed the content and pathway for advising the system on currently available options for antibiotics.

2.1.3 Scarlet Fever becoming a notifiable disease - A paper has been prepared for the DoH / CMO proposing that Scarlet Fever becomes a notifiable disease. Further consultation with primary and specialist care providers and laboratories is taking place.

2.1.4 National Screening Service

CervicalCheck: Coombe Women and Infants University Hospital (CWIUH) Laboratory services - The National Cervical Screening Laboratory (NCSL), which began construction in Jan 2021, finished its building works programme in Oct 2022, passing all required building inspections. The annual Coombe Hospital INAB inspection and extension to scope inspection (for NCSL) took place on 22 November 2022. Accreditation was approved to enable screening services to return at the Coombe. Non-conformances are to be addressed with HPV and Cytology in the new building and will be inspected in February 2023, following delivery of all equipment and completion of HPV platform validation. Provision of laboratory services for the CervicalCheck programme re-commenced at the Coombe in December 2022 with a small number of samples. The volume of samples being processed will increase over coming weeks. Workforce capacity remains the key limiting factor for full establishment of the laboratory. A workforce plan is in place with essential roles identified. It is anticipated that it will take a number of years before the laboratory is in a position to be the principal provider of laboratory services for CervicalCheck.

Interval Cancer - A separate document on Interval Cancer is presented for information on progress made, next steps, associated challenges and to seek Board support for certain actions arising from the Legal Framework Group report.



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

3. NATIONAL DIRECTOR, TEST, TRACE AND VACCINATION UPDATE

3.1 TEST & TRACE - OPERATIONAL UPDATES

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

3.1.1 Monthly Trends

The key indicators over the last month, show an upward trend in demand and lab testing relative to the previous month.

- Community referrals increased by **40.1%** with 20,277 community referrals, while community positivity is now **41.4%**.
- Community swabs undertaken have decreased by **9.1%** with **33,743** swabs.
- Laboratory tests increased by **17.9%** with **76,750** laboratory PCR tests undertaken over the last month versus **65,096** in the previous month.
- There were **23,318** positive antigen tests reported on the Antigen portal for the month of December, an increase of **62.6%**.
- Antigen test kits booked have increased by **56.7%** compared to the previous month with **69,096** test kits booked.
- Median end-to-end turnaround time (TAT) for a not-detected result in the Community at **1.1** day and for a detected result in the Community at **1.8** days.

3.2 TEST & TRACE - KEY STRATEGIC UPDATES

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

3.2.1 Sentinel General Practitioners (GP) Programme

The National Sentinel GP Surveillance Programme was launched on 16 November 2022. This programme provides patients who meet the Health Protection Surveillance Centre (HPSC) Acute Respiratory Infection (ARI) case definition access to swabbing from Sentinel GPs. To date, 88 Sentinel GPs have been on-boarded to the Programme, with 559 swabs being collected from the 16/11/2022-11/01/2023.

3.2.2 GP Clinical Pathway

The clinical pathway commenced on 9 December 2022. The pathway allows GPs the option to create a referral for in-practice swabbing on Healthlink. This pathway also includes a 'Hub & Spoke' swabs logistics model with the acute hospital group. To date, 290 swabs have been processed from the 09/12/2022-11/01/2023.

A decision will be required from the Chief Medical Officer regarding the status of PCR, Antigen and serial testing. A Test and Trace project plan is being developed for the outstanding areas of the Transition Plan and the components that will need to be maintained for surge and emergency scenarios.

3.3 TEST & TRACE - BOARD STRATEGIC SCORECARD UPDATE

Key performance indicators remain within agreed targets for December 2022. The 2022 ambition statement was fully achieved.

3.4 VACCINATION - OPERATIONAL UPDATES

- On 22 December the CMO issued a recommendation to invite the 18-49 age groups for their second booster. This programme commenced on the 29th and **64%** (47.6k doses) of second boosters were administered to this age group.
- Ireland ranks 5th in the EU for uptake of both First and Second Boosters for adults.
- Ireland is currently 1st in the EU for uptake of Third boosters in the over 60+ years.
- To date, **32%** have received a second Booster, and **39%** a third Booster.
- There is currently **c.6.6m** doses of vaccine being held in the National Cold Chain Service, of which **3.1m** are adapted vaccines as of 9th January 2023.
- **1,158** GPs and **907** Pharmacies are currently participating in the Autumn/Winter Programme.
- Of the Autumn Winter Programme, **c.48%** of booster doses have been administered by GPs, **c.24%** in Pharmacies, **c.20%** in VCs and **c.8%** in Community, Hospital and Other settings.
- **C.71.4k** (25%) of Health Care Workers have received their 2nd booster. A multiplicity of approaches has been taken to improve uptake by;
 - **Clear objective:** Communicating the requirements for each individual healthcare organisation to achieve the Public Health recommendation of 75% uptake.
 - **Improve Access:** Between 17/11 – 31/12, **358** vaccination clinics were scheduled. **147** HCW specific clinics were run.
 - **168** clinics are planned up to the end of January
 - **Improve Communications:** Multiple modes of communication via line management and media advertising of clinics.
 - **Digital Technology developments:** Interrogation of the data and alignment to HR employee data. Establishing a process to send each individual HCW an appointment for their vaccination.
- Monitoring the data by individual Hospital / Hospital Group & CHO. Since 8 December CHI has increased by 13% (best improver). RCSI has increased by **4%** (lowest improvement).
- Improving data quality. mapping HR & Covax data plus individual bespoke work with one voluntary Hospital.



3.5 VACCINATION – KEY STRATEGIC UPDATES

- Planning is underway following NIAC and CMO guidance to offer primary vaccinations to children aged 6 months to 4 years.
- Planning is underway to offer the Comirnaty Original/Omicron BA.4-5 10 mcg as a first booster to immunocompromised 5-11 year olds.

3.6 VACCINATION –BOARD STRATEGIC SCORECARD UPDATE

The 2022 Scorecard relates to the primary and 1st booster courses and have substantially been achieved.

The 2023 Scorecard objectives are to develop and implement the future sustainable operating model for the COVID-19 vaccination programme which will focus on Booster (1, 2 & 3) for approved groups.



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

4. CHIEF INFORMATION AND CHIEF TRANSFORMATION AND TECHNOLOGY OFFICERS UPDATE

In addition to the operational, and strategic updates noted below during December the eHealth team closed out on 2022 activities and began mobilising for 2023. A successful meeting with our Department of Health colleagues was held to review the ICT & Cyber programme plan and approach for 2023.

4.1 KEY OPERATIONAL UPDATES

- [REDACTED]
- IHI (and Eircode) integration into iPMS systems – commenced seeding DML and RCSI instances.
- Sligo University Hospital go-live onto Saolta iPMS instance completed as planned.
- Chronic Disease Management – live with Phase 2 on all systems; programme completed.
- Delivered the winter flu and monkeypox vaccination systems; projects closed.

4.2 KEY STRATEGIC UPDATES

Category	Key Strategic Initiative (KSI)	Corporate Plan Linkage	Update	Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
National Programmes	IHI Integration of Acute & Community Systems Integration and seeding of Individual Health Identifiers with iPMS and	Objective 1. Manage COVID-19 pandemic Enabler 3. Technology & eHealth (E3.4)	All tech enablement is complete and IHI seeding is underway on 3 of 11 instances of iPMS; a fourth instance will be rolled out in Q1 2023 IHI now available for all public patients across 3 of 4 GP systems (Clanwilliam delayed)	Amber

Category	Key Strategic Initiative (KSI)	Corporate Plan Linkage	Update	Status
	all 4 GP management systems		GP real-time interface (all patients) available for 2 of 4 GP systems	
National Programmes	CHI EHR Enterprise Electronic Health Record for Children's Health Ireland, providing unified patient records across CHI	Enabler 3. Technology & eHealth (E3.1) Enabler 5. Infrastructure & Equipment	EHR procurement is complete, and implementation is underway, with milestones synchronised to the construction schedule Recruitment of project team continuing	Green
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

4.3 BOARD STRATEGIC SCORECARD UPDATE

Across the Technology and eHealth Scorecard, eHealth has delivered on all KPIs, and most Outputs/Deliverables. Delayed Outputs are expected to be achieved by the end of Q1 2023.

KPIs - The eHealth ICT capital expenditure v profile in December fully met the target. Our staff recruitment for the year (200) was met in full; this was really challenging given the external market.

Outputs / Deliverables –

- The Security Operations Centre was established; [REDACTED]
- IHI is being rolled out to Hospital Patient Administration systems for the Statutory system, and it is available for all public General Practice patients.
- The NIMIS upgrade to version 2.0 of the product was completed as planned in July. There were a number of challenges with the upgrade, as the system was not performing to specification, but they were addressed through an aggressive improvement plan.
- The Integrated Community Care System business case and tender prep underway, nearing completion, and DGOU approval was provided to proceed to tender.

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



Chapter 5 – Chief Operations Officer Update

5. CHIEF OPERATIONS OFFICER UPDATE

5.1 KEY OPERATIONAL UPDATES

5.1.1 ED – Unscheduled Care Situation

Our healthcare system continues to manage an exceptional influenza season with rising notifications of cases and hospitalisations, with the influenza season not appearing to have peaked as yet and in line with the most pessimistic scenarios modelled. In the past week, a further decrease in attendances and admissions has been observed. Crisis management continues to be in place to ensure that all required measures, including exceptional escalation actions and supports available through the Winter Plan 2022/23, are implemented to mitigate the impact of the continuing high levels of respiratory illness and the resultant pressures on hospitalisations and patient safety.

Escalation actions and arrangements have been implemented to support 7-day week working across both acute and community services and these are still in place. Such arrangements include additional staffing support for patient flow, additional rostering of senior decision-makers, increased access to acute and community diagnostics and increased availability of community staff to enable discharging and admission to community beds. The efforts of staff have made significant contributions in addressing this crisis. The effectiveness of these escalation actions and supports continues to be monitored and evaluated to inform lessons learnt and the ongoing response.

Ongoing regular and significant engagements have continued with key internal and external stakeholders this week with the Private Hospitals Association, unions, Nursing Homes Ireland, the Health Information and Quality Authority and General Practitioners. There is ongoing liaison with private hospitals to secure additional private capacity and ensure that all available contracted private beds are utilised.

Members of the National Management Team continue to conduct acute site visits this week to provide support, including analysis of key issues and assistance with problem solving to inform immediate actions, future learnings and long-term planning.

There continues to be meetings of the National Crisis Management Team and the Winter Oversight Group alongside meetings with Hospital Group Chief Executive Officers and CHO Chief Officers to analyse current performance, aid decision-making and facilitate rapid implementation of actions.

5.1.2 Waiting Lists – End of Year Position

In total, the reported activity volume between January – November 2022 is c.4.2m. In 2022, there were c.1.56m patients removed from the Waiting list and c.1.53m patients added to the waiting list – a net reduction of c.30k.

The 2022 Waiting List Action Plan set out targets to reduce both the number of people waiting for care and the length of time they are waiting. The total number of patients waiting for care decreased by **c.29.8k (4.1%)** between 23 December 2021 and 23 December 2022 (c.720k to c.690.2k).

- **OPD:** The number of patients decreased in 2022 by **c.32.8k (5.3%)** from c.617.4 to c.584.6k. The number of patients exceeding the 18-month max wait time target decreased in 2022 by **c.59.0k (38.5%)**
- **IPDC:** The number of patients increased in 2022 by **c. 6.1k (8.1%)** from c.75.4 to c.81.6k. The number of patients exceeding the 12-month max wait time target has decreased by **c3.8k (22.6%)**

- **GI Scopes:** The number of patients decreased in 2022 by **c.3.1k (11.5%)** from c.27.1k to c.24.0k. The number of patients exceeding the 12-month wait time target has decreased by **c.3.5k (86.5%)**

5.1.3 Mental Health – MHC CAMHS Review

Further to the update provided to the Board in December 2022, the Mental Health Commission has now completed its review in five CHOs (3, 4, 5, 6 and 7) and have prepared an interim report which is to be published on the 23rd January 2023. The Chairs of the Safety & Quality and Performance & Delivery Committees have been briefed on the report and issues arising on a number of occasions since the last Board meeting.

A separate, more detailed update will be provided to the Board in advance of the meeting.

5.1.4 Ukraine Health Response

There are now more than 72,000 migrants being accommodated in over 1,000 state provided settings across the country, the size, type and standard of which can vary quite significantly. There remains a dependence on congregated settings to house incoming migrants and this will continue to shape how health services are delivered to our incoming migrant populations. Under a new arrangement, the HSE will provide direct support to the DCEDIY Accommodation Team to manage and coordinate the accommodation needs of displaced Ukrainians with health and/or other vulnerabilities via a new dedicated role. This role is expected to be in place in January 2023. In 2022 displaced Ukrainians in Ireland have had an automatic entitlement to a range of state benefits including Medical Cards. It is anticipated that entitlements to State benefits will change to match arrangements for those ordinarily resident in the State. This may see the introduction of means testing for medical cards in 2023 and beyond. Formal confirmation of this change is awaited from Department of Health (DoH).

Current area of focus: Given the significant upsurge in respiratory infections in the community and the significant demands being placed on health services, the Ukrainian Health Response Planning and Coordination Group is working with Public Health to deliver a targeted communication to migrants living in congregated settings to ensure they are appropriately informed on the escalating risk and increasing incidence of infection and how best to protect themselves and their families.

The design of the future service delivery model for Ukrainian and IPA populations is being finalised in conjunction with discussions on funding with the DoH. Funding will be available on a non-recurring once-off basis only. A meeting is planned in January, between the HSE and the DoH, where the DoH will communicate the levels of funding available to support this response. Service costs for IPA service development/response will be dealt with separately. The model seeks to enable the same access to services as is available to the existing population whilst addressing the specific health needs of both populations. The persistent service delivery constraint will continue to be the availability of GP services.

Risks Overview: Risks continue to be tracked and shared weekly with the DoH. High likelihood risks include: growing numbers of Ukrainian and IPA populations resulting in service demands beyond those available in specific rural and high density populations; outbreak of Covid-19 and infectious diseases in congregated settings; sub-optimal vaccination rates resulting in outbreaks of vaccine

preventable illnesses; inability to provide the necessary level of GP care; risk of substandard contact tracing due to bed management arrangements in accommodation centres; unstable accommodation model presenting continuity of care risks for patients/service users.

5.1.5 Enhanced Community Care Programme - GP Exceptional Measures

In recent weeks' agreement was reached through the ECC Programme and GPs to extended day time hours and out of hours working as exceptional measures in response to the current unscheduled care pressures. An update on these measures is outlined below:

Daytime General Practice

- This initiative involves extended daytime 5pm-7pm weekdays and Saturday morning 9am -1pm. Clinic times may vary depending on service pressure across the 9 CHOs.
- Overall National 50% participation ranging from 65% to 31% across CHOs.
- Over 1,255 GPs across approx. 750 practices participating.
- Based on current claims returned over 17,000 additional patients have been seen with the likely estimate when full returns received to be in 20,000/25,000 range for this period.

Out of Hours

- The Out of Hours Co-ops have increased GP Hours at treatment centres particularly 6pm -10pm.
- Over the first 2 weeks an additional 2,349 GP hours have been provided equivalent to additional 84 GPs working 4 additional hours 7 days a week (28 Hours).

5.2 BOARD STRATEGIC SCORECARD UPDATE

Please find below summary of outturn of the following Board Strategic Scorecards;

- **#3 – Enhanced Community Care Programme** – Substantially achieved. 94 of 96 Community Healthcare Networks have become operational together with 21 of 30 Community Specialist Teams for ICPOP and 21 of 30 Teams for ICPCD. In addition, the target for GP Direct Access to Diagnostics has been achieved. The ambition statement for 2022 is expected to be complete by Q2/3 2023.
- **#9 – Enhancing Bed Capacity** - Substantially achieved. The end of year position is satisfactory with the intention of delivering the rest of the targets in 2023.
- **#11 – Operational Services Report** – the 2022 outturn will be available for the February 2023 Board meeting.
- **#13 Patient and Service Use Engagement** - Partially achieved. The 2022 ambition statement could only be partially achieved because the issues and dependencies to implementation of the KPI's primarily related to the recruitment of the AND post. Also, the recruitment of all 20 Patient & Service User Engagement Leads is not yet complete. The AND post is anticipated to be filled by June 2023 and is essential to progressing the 2022 ambition statement.



Chapter 6 – Chief Financial Officer Update

6. CHIEF FINANCIAL OFFICER UPDATE

6.1 KEY OPERATIONAL UPDATES

- The Minister of Health issued a revised Letter of Determination (LOD) for 2022 on 22 December 2022. The revised LOD provided a total additional determination of €1,891.9m, of which €1,777m relates to revenue and €114.9m relates to Capital.
- This revised LOD provides an additional €409m of revenue allocation over the amount advised in the supplementary estimate which was approved by the Select Committee on Health on 7 December 2022. This is once-off and relates only to 2022. It has no recurring impact on 2023.
- Whilst taking into account November year-to-date and adjusting for the impact of the revised LOD and subject to closing out a small number of key assumptions, it is now expected that the outturn for 2022, including the impact of the incoming first charge from 2021, is likely to be close to a breakeven position.
- The HSE retained a cash balance at the end of 2022 of €310m as agreed with the Department of Health's Vote unit. This cash balance was required to discharge 2022 liabilities that fall to be paid in the first few weeks of 2023.
- The revised LOD provides sanction for additional COVID-19 expenditure of €1,181m bringing the total sanctioned COVID-19 expenditure to €1,878.3m.

6.2 KEY STRATEGIC UPDATES

- The IFMS project is now entering a key phase as part of go live in July 2023. In recent weeks our implementation teams have been mobilised to support deployment activities.
- There is ongoing engagement with the DOH in relation to the financial challenges as described in the current NSP. There have been useful engagements in recent days, however, this is not yet concluded.
- There is ongoing development of a more formalised engagement process with our funders. Work remains to be done to agree an SLA between the HSE and the DOH in relation to enhanced financial reporting which was due to be completed by September 2022. We have received agreement in principle from the DOH that this is a shared objective and discussions have commenced.
- Our procurement colleagues are currently supporting the wider HSE in terms of reporting non-compliant expenditure which is a requirement of the DPER code and which has to be disclosed in the annual statement of internal control. This is also a key objective of the corporate procurement plan.

6.3 BOARD STRATEGIC SCORECARD UPDATE

The finance and financial management scorecard continues to be assessed as having a rating of 3 or amber in the December iteration. Good progress has been evidenced in relation to key projects such as IFMS, controls improvement program and ABF which are all rated as being on track. The December financial results are not yet available, however, the current year end projection after consideration of the revised LOD indicates that we will be on track in regards to actual expenditure versus available budget.





Chapter 7 – National Director Human Resources Update

7. NATIONAL DIRECTOR HUMAN RESOURCES UPDATE

7.1 KEY OPERATIONAL UPDATES

7.1.1 Special Pandemic Recognition Payment to frontline staff

As of 13/01/2023, the HSE and Section 38 employers have made payment to 138,625 employees.

The contracted company has issued 859 claim packs to non HSE agencies (Nursing Homes, S39 agencies, Agency /contracted staff, and home help/care/support) and is arranging payment to verified staff. Processing of these payments is on-going and 27,215 employees from 347 organisations have received payment.

7.2 KEY STRATEGIC UPDATES

7.2.1 HSE/IMO agreement with Non Consultant Hospital Doctors (NCHDs):

The Health Service Executive/Department of Health and the Irish Medical Organisation agreed an addendum to the NCHD contract.

The agreement covers a range of proposals to settle the outstanding issues which have now been accepted by the NCHD's, which will result in changes to their roster arrangements, study leave, annual leave, training scheme allocations, relocation costs and payroll issues.

Areas covered in this Agreement are:

- European Working time Directive (EWTD) verification and sanction process: - A national group will oversee verification and implementation of measures to reduce NCHD hours. The IMO and the HSE/DOH will agree a transparent monitoring, verification and sanctions process.
- Rostering Rules: - no NCHD should be working any more than an average of forty-eight hours per week over the agreed reference period (three months).
- 24 hours shifts: - Phasing out of 24 hour, on site, on-call shifts, replacing them with a maximum 13 hour shifts.
- Payroll matters: – Identifies when overtime commences, measures to deal with emergency tax.
- Annual Leave and Study/Educational Leave: - The Agreement provides clarity.
 1. Gateway Exams/Mandatory Courses, NCHDs to be granted Study Leave.
 2. 24 days/pa annual leave (or 34 days inclusive of public holidays).
 3. Study Leave for mandatory course relevant to Training Scheme completion and to maintain clinical practice.
- Relocation expenses for NCHDs on rotational training schemes.
- Educational Supports Individual Training Support Scheme (TSS) allowances.
- Negotiations between the parties on the development of a new NCHD contract will commence in January 2023.

7.2.2 Sláintecare Consultant Contracts

The Government has approved a proposal from the Minister for Health, for a new public-only hospital consultant contract, following extensive negotiations. These proposals are now with the consultant bodies. The new Sláintecare contract will include:



- A 37-hour week. Core hours of 8.00am to 10.00pm Monday to Friday and 8.00am to 6.00pm on Saturday.
- Basic pay of €209,915 - €252,150 on a six-point scale, ex on-call duties and overtime.
- A highly flexible contract – facilitating less than whole time; work-sharing; compressed hours; flexible start/finish times to the greatest extent possible.
- Supporting consultants to participate in medical education training and research.
- Consultants having met their commitment to their public contract, will be able to engage in off-site private practice.

7.2.3 Work/Life Balance Bill 2022

This takes effect to EU Directive 2019/1158 on work/life balance for parents and carers. This will entail amendments to various legislation including the Parental Leave Act 1998, the Maternity Protection Act 1994 and the Adoptive Leave Act 1995.

The objective of the Bill is to promote a better work life balance for parents and carers; encourage more equal sharing of parental leave between men and women; and improve the representation of women in the labour market.



The HSE Blended Working Policy (December 2022) has been developed in order to reflect the parameters of this Bill.

7.3 BOARD STRATEGIC SCORECARD UPDATE

The December Census shows a total WTE of 137,715. This is a growth of +525 WTE for the month and +5,422 for 2022. This is 78 below the annual target of 5,500 WTE.

The largest area of growth this month is Nursing and Midwifery at +245 WTE.

Self care	Pharmacy	GP Surgery	Local Injury Unit	Out of Hours GP	ED or 999/112
<ul style="list-style-type: none"> Colds Sore Throats Hangovers <p>Take care of minor ailments at home with a first aid kit and a well-stocked medicine cabinet.</p>	<ul style="list-style-type: none"> Headaches Tummy aches Coughs <p>Ask your local pharmacist for advice on common minor illnesses.</p>	<ul style="list-style-type: none"> Feeling ill Back pains Ear aches <p>Make an appointment with your GP if you're feeling unwell and it is not an emergency.</p>	<ul style="list-style-type: none"> Minor injuries Broken bones Dislocations Burns <p>Get treatment for minor injuries, broken bones, dislocations and burns.</p>	<ul style="list-style-type: none"> GP Service outside normal clinic hours <p>If you urgently need to see a GP outside their clinic hours, you can contact your local GP out-of-hours service.</p>	<ul style="list-style-type: none"> Choking Chest pains Breath problems <p>Visit an ED or call 999 or 112 if someone is seriously ill or injured and their life is at risk.</p>

When care is needed, consider all the options.



Chapter 8 – Chief Strategy Officer Update

8. CHIEF STRATEGY OFFICER UPDATE

8.1 KEY OPERATIONAL UPDATES

8.1.1 Legal Services - A two-phase approach has been agreed by EMT to the tender for HSE Legal Services. Phase 1 will be for legal services relating to Commercial, Procurement and Regulation; Estates Management, Property and Capital Development; as well as HR and Employment matters. The initial phase of the tender is expected to be published by the end of January. The Phase 2 tender will be for Health and Personal Social Care legal services [e.g. mental health, wardship, disabilities, Fair Deal, older person's services etc.]. This tender is based on a geographical model with successful firms servicing the six RHAs.

8.1.2 Board Strategic Scorecard - We have been working with EMT and the Board subgroup to further develop the Board Strategic Scorecard (BSS) for 2023. A renewal of ambition statements, KPIs and Deliverables has been taken forward to align to the Corporate Plan, National Service Plan 2023 and LOD 2023. The Operational Services Report and Risk Management scorecards will continue to be reported monthly to the Board as annexes to the BSS. A more integrated, cross-divisional perspective is being taken in the development of the other 2023 scorecards. The final blueprint BSS 2023 (and end of year BSS 2022) is included today for Board members' consideration.

8.1.3 National Service Plan - As Board members are aware, the draft NSP 2023 was adopted at the Board meeting on 10 November 2022. Subsequently, on 22 December the Minister issued a Letter of Direction seeking particular changes to the NSP. These changes, together with other drafting changes sought by the DoH, are provided under a separate cover for consideration at today's meeting.

8.2 KEY STRATEGIC UPDATES

8.2.1 Annual Report - As Board members will be aware, preparation of the HSE Annual Report (AR) is a legislative requirement which requires the AR to be prepared and adopted no later than the 30 April each year. An update on the approach and timelines regarding preparation of the AR 2022 has been provided to EMT and the Performance and Delivery Committee at their meetings earlier this month. Further meetings are scheduled before the final draft of the AR 2022 is brought back to the HSE Board for formal adoption on 26 April, 2023.

8.2.2 Regional Health Areas (RHAs) - Work continues to progress in relation to the planning and design of RHAs. Board members are aware this programme is aligned to the overall aims and objectives of Sláintecare and is also a key priority in the Letter of Determination 2023. A draft Implementation Plan has been developed. To progress completion of the Plan, further work is required to enable the creation of the new structures with meaningful input from people working in the system. The Plan will include the high-level functional design, the proposed Integrated Service Delivery Model as well and Key Essential Elements for implementation of the programme by the go-live target date January 2024. Board members will be kept apprised of progress before the Plan is brought forward for Board consideration and sign-off.

8.3 BOARD STRATEGIC SCORECARD UPDATE 2022 & 2023

8.3.1 Infrastructure and Equipment The ambition statement was substantially achieved in 2022. The principal focus for 2023 involves: taking forward phase 1 of the new Strategy Implementation Plan; progressing the tender process for construction of the National

Maternity Hospital; delivering additional community and acute capacity including critical care beds at five locations; and other risk mitigation measures for service users.

- 8.3.2 Climate Action** The ambition statement was substantially achieved in 2022. In 2023 the focus will be on: commencing implementation of the Climate Action Strategy; progressing the programme of supported energy management teams; completing the pilot pathfinder programme; preparing an up-scaled major deep energy and carbon retrofit programme for the health estate; and developing an internal staff communications campaign.
- 8.3.3 Prevention and Early Intervention** The ambition statement was partially achieved in 2022. There has been slippage on a number of key objectives within the Scorecard linked in part to recruitment challenges. A revised Implementation plan for 2023 is being drafted by CHOs in relation to the development of a weight management service for children and young people, including prioritising recruitment and reporting structures within the multi-disciplinary team.
- 8.3.4 Reform of Disability Services** The ambition statement was partially achieved in 2022. Challenges in the recruitment of staff impacted KPIs and deliverables. Progress was made to increase child assessments, transition from congregated to community-based housing, and transition of those under 65 from nursing homes, but was significantly behind target. In 2023 the focus will include a further reduction of numbers in congregated settings and completing the capacity review of disability day services nationally with an aim to have it scaled by 2024.
- 8.3.5 Reform of Mental Health** The ambition statement was partially achieved in 2022. Difficulties in recruiting staff affected key performance indicators and deliverables, but progress has been made in key strategic reforms of mental health services. In 2023, the reform programme will continue, including the operationalising of crisis resolution and CAMHS hub demonstrator projects.
- 8.3.6 Reform of Scheduled Care** The ambition statement was partially achieved in 2022. While the target for chronological scheduling was not met, the percentage increased by 5%. Further, the level of additional activity delivered was lower than targeted. Significant progress was made in relation to key strategic reform initiatives. A draft Multi-Annual Waiting List Reduction Plan is in development and will be finalised in early 2023.
- 8.3.7 Reform of Home Support and Residential Care-** The ambition statement was substantially achieved in 2022. In 2023, the reform of Home Support and Residential Care will continue including (i) the recruitment of the 128 interRAI Care Needs Facilitators, (ii) the development of an operating model for public community-based residential care and (iii) the development of a framework for future day services for older persons.
- 8.3.8 Planning and Implementation of Regional Health Areas** The ambition statement was substantially achieved in 2022. The HSE has continued to work in partnership with the DoH in ensuring the required planning for the establishment of the RHAs. In 2023 a number of detailed design considerations will be completed as we move to the implementation phase including the appointment of RHA CEOs by mid-year and recruitment of the RHA Leadership Teams thereafter.



Chapter 9 – National Director Communications Update

9. NATIONAL DIRECTOR COMMUNICATIONS OFFICER UPDATE

9.1 KEY OPERATIONAL UPDATES

The new HSE QUIT campaign launched on 3 January, encouraging smokers to 'Take Back Control' over their addiction to tobacco, and quit with the support of the HSE QUIT service. To support this launch, the HSE's QUIT website was redesigned, <https://www2.hse.ie/living-well/quit-smoking/>. There is a high-profile and very well seen and commented upon TV ad, with shorter formats on Video on Demand such as players and video streaming – RTÉ, Sky on Demand, YouTube.



Radio ads on national, local and digital audio (Acast, Spotify) and social media activity. Our internal communications team continue to encourage staff to get their COVID-19 and flu vaccines this winter. Staff have each been exposed to national advertising and media information, regional and local information and two text messages directly to their phones.

Our Press Office has issued regular proactive statements on the winter pressures, service information and vaccination updates as well as responding to many media queries requests for data in relation to services. We have held two press briefings in January on winter pressures.

9.2 KEY STRATEGIC UPDATES

The Trust and Confidence Strategy was approved by the EMT in December, following a presentation to the People and Culture Committee of the HSE Board. A set of 34 actions to earn and maintain trust will be implemented from 2023 onward, under the CEO's leadership.

9.3 BOARD STRATEGIC SCORECARD UPDATE

One of the main objectives of our 2022 scorecard was the development of the comprehensive Trust and Confidence Strategy. Our other scorecard outputs in 2022, delivery of communications and engagement with the public and delivering progress on a HSE Irish Language strategy were completed. Another scorecard deliverable from Communications was to develop a strategy for excellence in communications in our health service. This is in the final stages of completion and will be completed in Q1 2023, aligning with the Corporate Plan 2021 – 2024 and our Trust and Confidence strategy.

Going forward, we will be aiming to deliver upon an increase in proactive news stories from the HSE and developing capacity for public affairs activity across the health service. We will also be working towards the development of a stakeholder website for HSE.ie, supporting all service teams, partners and stakeholders, providing information about the organisation and enabling critical digital health service developments and dedicated spaces for information on RHAs. Another scorecard output for 2023 will be to improve our email communications to our staff by establishing a personalised email subscription system that can communicate relevant and effective messages across the organisation. Finally, we will be delivering an integrated communications and engagement programme to support the rollout of the RHAs, including staff, stakeholder, public affairs and public communications, while also designing an effective operational model for RHA communications teams.



Chapter 10 – CEO Closing Comments

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By Gill Dummigan
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German hospitals on the brink due to rise in viral infections

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19.12.2022

10. CEO CLOSING COMMENTS

January has proven to be a difficult start to 2023, with record numbers on trolleys and the winter respiratory virus season far from over and likely to continue into February and possibly March.

While the HSE collectively have put all of our energies into managing this crisis, we as an organisation are keeping track of what has worked and is working well and the lessons learned will be documented, cascaded through the system and implemented into our future plans. Planning for the rest of the year including next winter will get underway in the coming weeks.

The longer term elimination of this issue requires that we change the size and shape of the health system by implementing Sláintecare with greater investment in community and hospital capacity and more integrated working facilitated by the implementation of RHAs. It is likely this will also require the adoption of a formal management method that puts patient safety 1st and eliminates waste in all its forms, including waste of patient / service user time and skills. I am beginning a process of engagement with senior leaders around this topic of a management method and would be grateful for Board input in due course.

Stephen Mulvany
Chief Executive Officer