

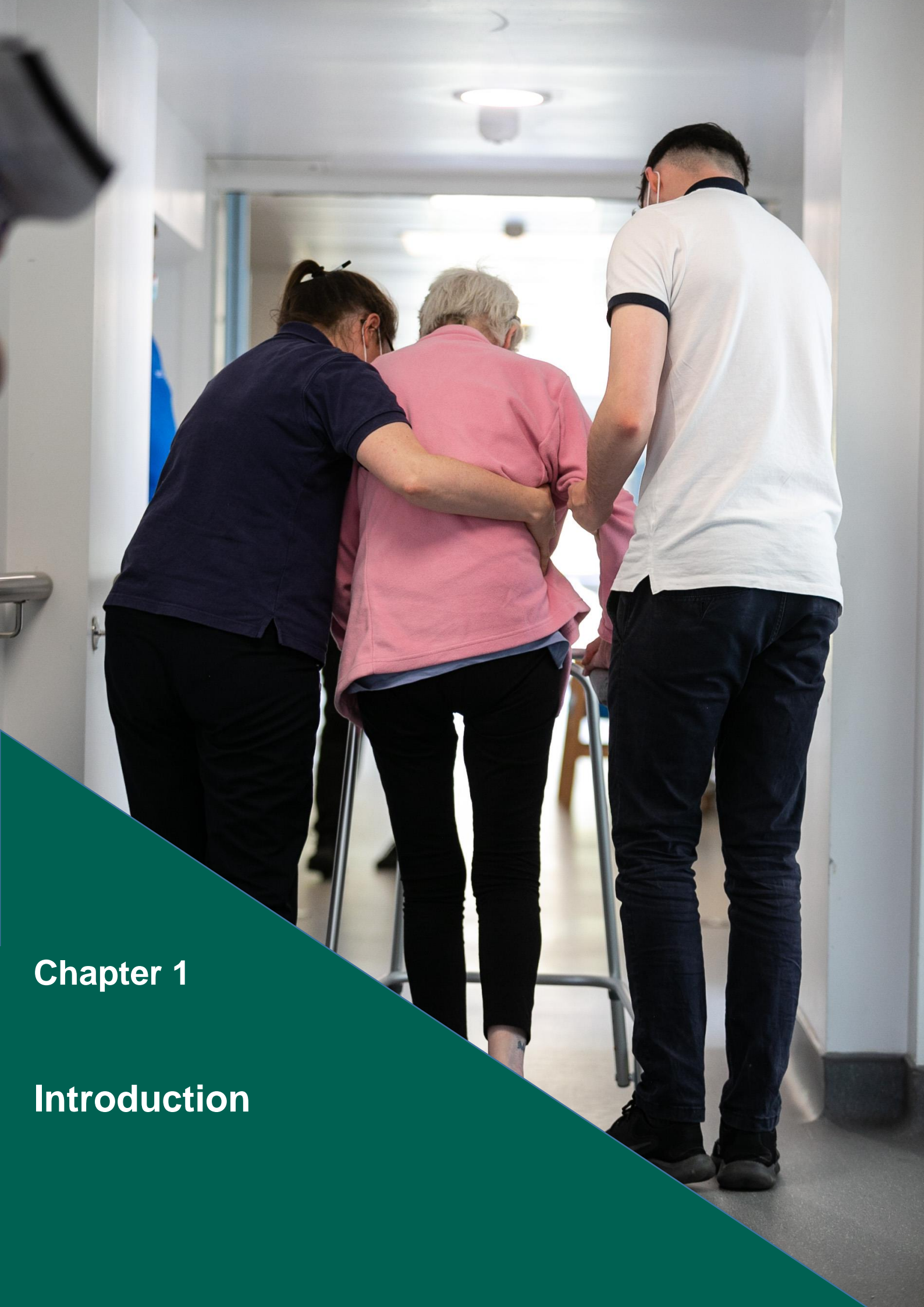


Health Service Executive CEO's Report to the Board



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Chapter 1

Introduction



Cultural Diversity for Dialogue and Development

1. INTRODUCTION

As we near the midpoint of 2022, we pause briefly to reflect on the year to date, the challenges faced and also the achievements. Without doubt the first few months were dominated by COVID-19 and its impact on staffing levels and services. As COVID-19 recedes from those record highs and we gain traction, we anticipate greater positive impacts on all areas of our services for the months ahead.

As our everyday lives return to normal, I am mindful of the potential impacts of new variants and that it takes little to change the current positive trajectory in the provision of services, especially in the acute services. We must remain vigilant and be conscious of the volatility of the virus.

Disability Services remains an area of heightened focus with the recent court judgement on the Assessment of Needs and also ongoing staffing challenges within this area. 2022 sees a new class of graduates joining our workforce shortly across all services. We welcome all new employees and remain conscious that we are in an increasing competitive and challenging market for health service staff. It is important that we focus on how best to retain staff, including new recruits, and work to provide the right environment to enable this to succeed.

As we embark upon the summer, I know we will all look forward to take some holidays over the coming weeks to spend time with your families and loved ones. I encourage all staff and colleagues to avail of the opportunity to take some time off to recharge their batteries after a very demanding time.



Chapter 2

Governance

2. GOVERNANCE

2.1 ASSISTED DECISION MAKING (CAPACITY) ACT 2015

The HSE has previously written to the Department of Health regarding its concerns in relation to the ADM Act and its previously proposed commencement in June 2022. Board members are asked to note that the Act is now proposed to commence in Autumn of 2022. The amending Bill of the Act is progressing through the Houses of the Oireachtas which will delay commencement until later in the year.

The Department of Health have responded recently confirming that they are, in conjunction with officials from the Department of Children, Equality, Disability, Integration and Youth, working on the issues raised. The Department of Health acknowledges the urgency of this matter and will continue to update the HSE in due course.

A temporary legislative solution, proposed by the Office of the Attorney General, is under consideration for inclusion in the forthcoming ADM (Amendment) Bill.

The HSE National Office for Human Rights and Equality Policy is continuing to provide strategic support, education and guidance to staff in collaboration with key stakeholders in preparation for commencement of the Act. A number of groups are in place to support commencement across HSE and HSE funded agencies. The HSE National Office is providing key communication updates in response to changes in the amending legislation and its implications for the existing legal guardianship regime.

2.2 CONFIDENTIAL RECIPIENT ANNUAL REPORT

The Office of the HSE's Confidential Recipient recently published its 2021 Annual Report, the sixth such report. This is an independent national service which receives concerns and or complaints related to vulnerable adults in the HSE or HSE funded care services.

2021 saw 155 concerns raised. This is a decrease from the previous report which covered two years, 2019 and 2020, which had 320 concerns. The dominant issue related to staffing issues in residential and community settings for people with disabilities, resulting in service users not always being able to remain in their own home.

2.3 HIGH EARNERS REVIEW - CONSULTANTS

The Audit & Risk Committee (ARC) requested Internal Audit to provide assurance over the number of High Earners disclosed in the HSE Annual Report for 2021.

Internal Audit conducted an audit that highlighted a number of shortcomings in internal controls and from this I have requested EMT to propose an action plan to address these as a matter of priority.

A Steering group has been established to devise and enact this plan. All proposed actions will need to be fully considered and risk assessed before any changes are made to current arrangements. This is in recognition of the particular circumstances that led to the implementation of the arrangements initially.

2.4 DEPARTURE OF CHIEF OPERATIONS OFFICER, ANNE O'CONNOR.

Earlier this month we said goodbye to our colleague, Anne O'Connor, as she leaves the HSE after almost 30 years of service, for a new role in VHI. A handover of COO functions has occurred with Damien McCallion, who holds this role on an interim basis, we welcome Damien to this new role.

Our HR department has commenced the recruitment process for the COO post and we hope to have identified a suitable candidate and offered the post by year end.

2.5 APPOINTMENT OF INTERIM CHIEF TECHNOLOGY TRANSFORMATION OFFICER (CTTO) AND INTERIM CHIEF INFORMATION SECURITY OFFICER (CISO)

I am delighted to announce that I have appointed John Ward of EY as Interim CTTO, reporting directly to myself. John has a career spanning over two decades and brings a wealth of knowledge in innovative Digital Transformation. John will also join our Executive Management Team, reporting directly to myself.

Additionally, Puneet Sukreja has also joined us from EY, taking up the role of Interim CISO, reporting directly to John Ward. Puneet has held the role of Global, Regional and in-country roles and was recently the Managing Partner for Cyber at EY. Puneet has experience in implementing a unified global information security strategy.

We welcome John and Puneet as we undertake the necessary steps forward to ensuring the digital transformation of the HSE, to be a world technology leader.

In conjunction with these appointments, we are currently undergoing a recruitment process to fill these roles on a permanent basis, this is anticipated to be completed closer to year end.

2.6 CABINET COMMITTEE MEETING.

I was invited to the Cabinet Committee meeting held on 9 June, with an Taoiseach, to discuss and outline the current status of;

- HSE recruitment targets
- Waiting Lists
- Emergency departments current performance
- Financial position.

Each of these items are addressed throughout the body of the report.

2.7 JOINT OIREACHTAS COMMITTEES

In the last month I and a number of my colleagues, have attended the following committee meetings;

- The Joint Committee on Disability Matters and Children, Equality, Disability, Integration and Youth.
- The Joint Committee on Sláintecare Implementation Plan
- The Joint Committee on Rare Diseases

2.8 SLÁINTECARE ACTION PLAN FOR 2022

The Minister for Health Stephen Donnelly, has earlier this month published the Sláintecare Action Plan for 2022, which is aligned with the Sláintecare Implementation Strategy & Action Plan 2021-2023.

The plan primarily focuses on progressing;

- Improving Safe, Timely Access to Care and Promoting Health & Well-Being.
- Addressing health inequalities – Towards Universal Healthcare

In his address, the Minister outlined the considerable progress made so far in 2022 in the following areas:

- Waiting list Action Plan
- National Elective Ambulatory Strategy
- Regional Health Areas

For further information, please access the link attached;

[gov.ie - Sláintecare: Publications \(www.gov.ie\)](https://www.gov.ie/publications)

2.9 COMMENCEMENT OF SECTION 10(A) OF THE OFFICIAL LANGUAGES AMENDMENT ACT 2021

The Department of Health has notified of a new provision under Section 10(A) of the Official Languages (Amendment) Act 2021 which will be effective on 10 October 2022. The main purpose of the Act is to build on the progress made under the Official Languages Act 2003 and to increase and improve the

provision of public services through the medium of Irish. The new provisions will require all public bodies to conduct at least 20% of their annual advertising in Irish and 5% of their advertising in the Irish language media. Under the Act 'advertising' means:

- Commercial communications of any kind which directly or indirectly aim at, or have the effect of, promoting a product or service of the public body concerned, and
- Communications of any kind with the public, in respect of:
 - The recruitment of staff
 - Legislative or policy initiatives
 - The purchase or sale of land or assets
 - The provision of services
 - Public consultations

The Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media, have indicated that they plan to organise a series of information seminars between now and October to advise State and Public bodies on their new obligations under the Act. Further updates will be provided to Board members.





SITE VISITS – ROSCOMMON, MAYO, GALWAY

Earlier this month I was delighted to visit a number of our services within the Saolta group and in CHO West to see first-hand the great work being carried out across our community services and acute sites. It was also an opportunity to witness how integrated services are positively impacting the lives of our older people and also those with chronic illnesses. Our front line staff were delighted to share their experiences and introduce me to a number of our service users.

Such visits are vital in reconnecting us to our core work of providing health and social care services, to those in need, at the right time and in the right place. It has been over two years since I have had such an opportunity to complete such a visit and I intend to undertake more of these during the course of the year. I can see a marked difference, in modernising our health care services, further highlighting the true progress being made and aligning us with our Sláintecare plans.



Chapter 3

CHIEF FINANCIAL OFFICER

3. CHIEF FINANCIAL OFFICER UPDATE

3.1 APRIL YEAR TO DATE (YTD) UPDATE

The HSE is required to report its Income and Expenditure (I&E) on an accrual accounting basis. It is also required to separate its reporting on day to day running costs, referred to as **Revenue** Income and Expenditure, from its reporting on costs funded by exchequer capital monies, referred to as **Capital** Income and Expenditure. The HSE also reports on its use of **Cash** by comparing total cash paid out at to the end of each month against the initial monthly breakdown of cash, referred to as the “cash profile”, that is submitted to the Department of Health (DOH) early in each financial year. Cash reporting runs one month ahead of Revenue & Capital reporting.

As at the end of April 2022, the financial position is as follows:

- **Revenue** Income and Expenditure is showing a deficit of €336m or 5.0%. More than 80% of this deficit has been caused by COVID-19 related costs.
- **Capital** Income and Expenditure is showing a surplus of (€39.4m). A total of 83% of this surplus has been caused by timing delays in acute projects, including the Children's Hospital project.
- **Cash** payments to end May are ahead of the cash profile by €335m. This has been caused by the deficit on Revenue Income and Expenditure.

3.2 APRIL YEAR TO DATE (YTD) UPDATE

A detailed revenue I&E forecasting exercise has been completed based on January to March financial data.

Further detail in respect of both the April YTD update and the quarter 1 forecast is set out in a separate paper which is an addendum to this report.

3.3 IFMS - APPOINTMENT OF NEW SYSTEMS INTEGRATOR

The IFMS project is a significant part of the HSE's overall Finance Reform Programme. IFMS involves the implementation of a single integrated national financial management and procurement system across the publicly funded health care sector. The system will be implemented in the HSE's directly run services and in our partner voluntary organisations, initially the 55 organisations funded €10m or more per annum under what are referred to as s.38 and s.39 arrangements.

The public procurement process to select a company to take on the key role of Systems Integrator has been completed on time and a Contract Approval Request is being recommended for Board approval at this month's meeting.

This is a key milestone for the project and, subject to finalisation of contract, will allow for the Systems Integrator to start work in July, including preparation of a detailed project plan for approval by the project governance. It is expected, subject to this planning work, that the initial HSE-run services will be live on the system during 2023 with all of the HSE directly run services live on the system by 2025. When voluntary organisations are factored in, it is expected that over 85% of our publicly funded health and social care sector will be live on the system by 2025 and nearly 95% by the end of 2026.

Further detail is available with the papers circulated for this month's meeting.

3.4 CORPORATE PROCUREMENT PLAN (CPP)

A Corporate Procurement Plan (CPP) 2022 – 2024 has been prepared and is being circulated to the Board at this month's meeting, in advance of its publication. This is the first Corporate Procurement Plan that has been produced since the Board was established in June 2019. Its production is a requirement under the Code of Practice for the Governance of State Bodies.

The HSE is the largest public sector organisation in the state with some 131,000 whole-time equivalent positions across healthcare in Ireland and a budget of almost €21 billion. The HSE is accountable for effective and compliant procurement that delivers value for money with security of supply across its c. €3.7bn of procurable spend.

The CPP sets out the key actions that we will take to support the HSE's objectives as set out in the overall HSE Corporate Plan, which include increasing the level of procurement compliance, implementing Sláintecare, delivering value for money and supporting the delivery of the government's climate action plan.

The HSE has an extensive network of suppliers that we interact with. Continued strong engagement with our current and prospective suppliers will be needed to help us in transform how we deliver our services and achieve our objectives.

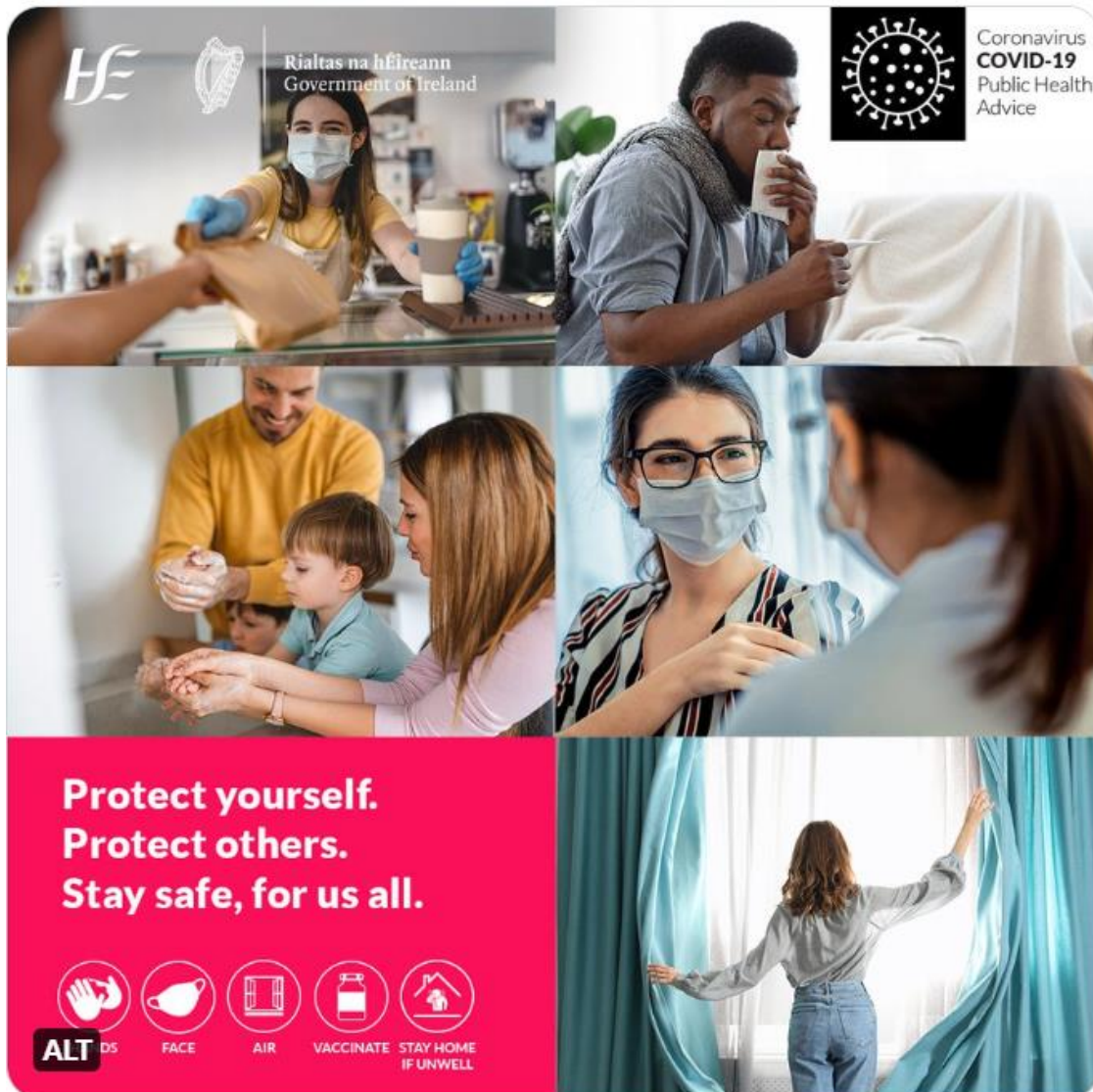
A copy of the CPP is included as an Appendix for the Board's noting CFO to confirm.

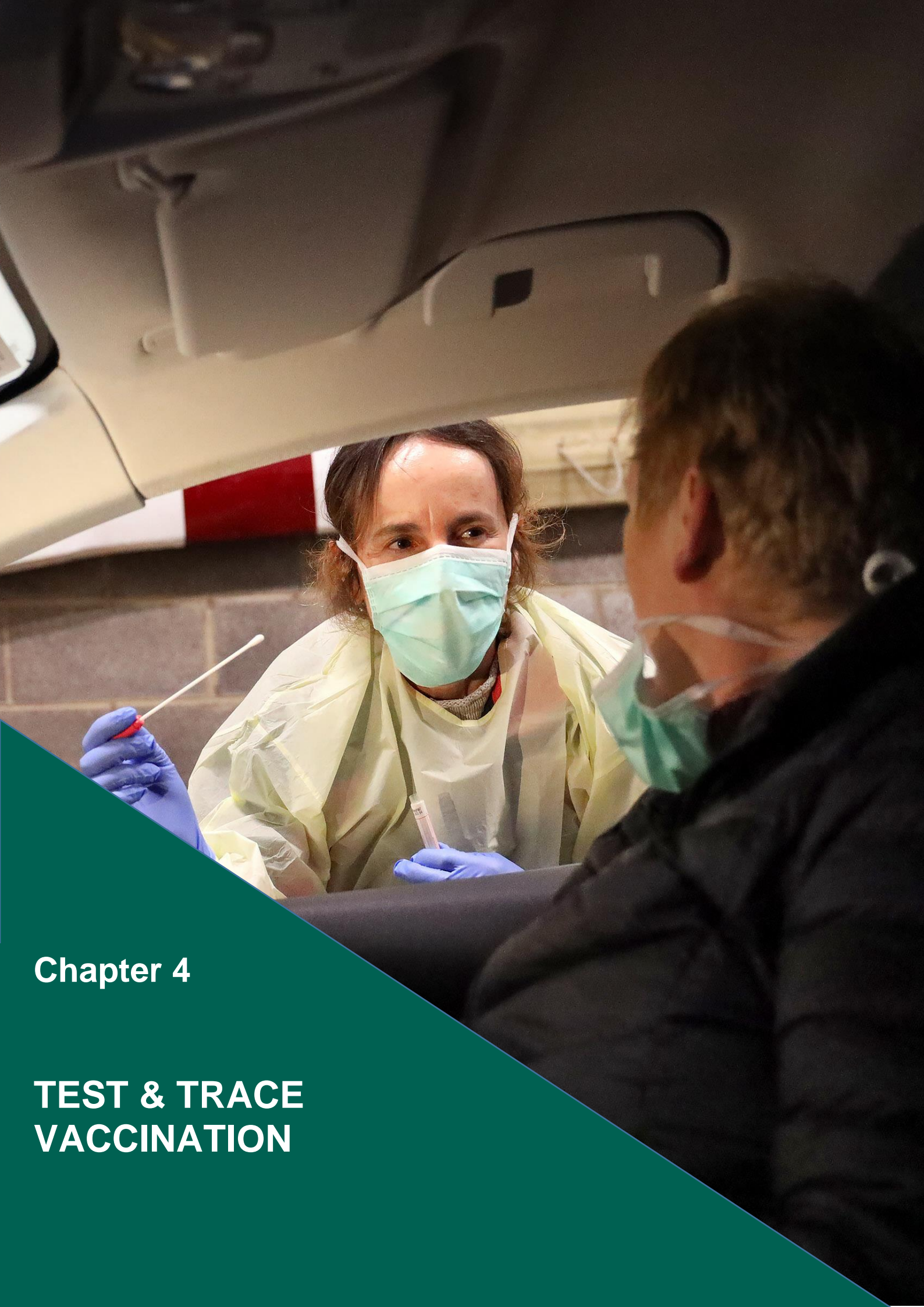
3.5 KPMG AUDIT – PERSONAL PROTECTIVE EQUIPMENT (PPE) – UPDATE

This audit was requested by the Minister for Health and was carried out on the HSE's behalf in 2021 by KPMG. The audit report included 41 findings and 17 recommendations. Significant cross divisional work, coordinated by HSE Procurement, is ongoing to implement the recommendations.

KPMG have been retained to provide additional independent assurance around the completeness of implementation.

16 of the 17 recommendations are on target for completion by September 2022. The remaining recommendation, which refers to IFMS (recommendation 9), is a long-term project. KPMG will attend at the September / October Audit and Risk Committee meeting to brief the committee on the outcome of their review of implementation.





Chapter 4

TEST & TRACE VACCINATION

4. TEST AND TRACE / VACCINATION UPDATE

4.1 FUTURE OPERATION MODEL – TEST AND TRACING

Test and Trace is continuing to transition from the current mass testing model to a surveillance-led model with a GP clinical pathway. Our plans for the Test & Trace Programme were presented to the Cabinet Sub-Committee where the strategy and overall approach were endorsed. We have now followed up with the detailed plans and costs for agreement and sanction with the Department. These plans were based on the requirement to:

- Transition our Test and Trace programme, on the basis of Public Health advice, from mass testing to surveillance-based systems while retaining an ability to test for clinical diagnostic purposes
- Ensure we reduce expenditure as we move into a different phase of the pandemic to an endemic state
- Apply the lessons learned from the last two years so that the health system has an improved ability to respond in the event of future surges, particularly this autumn/winter
- Develop interim emergency plans in the event of the pandemic phase returning providing a basic level of response and using a whole of government approach.

We submitted our sanction request on May 9th for approval. This has been approved by the Department of Health and will be sent to Department of Public Expenditure and Reform (DPER) for approval. As a result of the time involved an interim sanction was submitted on 27th May. Given the statutory requirement for staff contracts and risks with the transition plan the HSE has had to proceed to implement the necessary actions.

Trends - the key test and trace indicators over the last week (10-16 June) show an overall upward trend, as follows:

- Community referrals have increased by 28.4% compared to the previous week with 14,809 community referrals, while community positivity is 61.1%.
- GP referrals have decreased by 42% compared to the previous week with 963 GP referrals.
- Community swabs undertaken have increased by 2.5% compared to the previous week with 21,818 swabs.
- Laboratory tests have increased by 5.7% compared to the previous week. 31,205 laboratory PCR tests were undertaken over the last 7 days versus

29,514 in the previous week.

- Overall, antigen test kits booked have increased by 11.1% in comparison to the previous week with 22,549 test kits booked over the last 7 days versus 20,305 in the previous week.
- 1,121 people were notified of their detected Covid-19 test result in the last 7 days, a 38% decrease on last week. Of the cases who identified one or more close contacts, the average number of close contacts was 1.3.

Performance - Median end-to-end TAT for a not-detected result in the Community at 1.1 day and for a detected result in the Community at 1.2 days.

Initiatives – outlined as follows:

- Serial Testing in Nursing Homes continues and remains under regular review
- Since the launch of the antigen portal on Friday the 14th of January 2022, a total of 545,320 positive antigen results have been reported.
- In total, there have been over 3,574,803 Antigen Test Kits dispatched and distributed for all our programmes.

Transition Plan Update – The plan is structured to enable a risk appropriate reduction in the mass testing programme for COVID-19 as the disease moves to an endemic state. It assumes;

- a move from mass testing centres to a GP testing model and enhanced surveillance systems on the basis of a lower demand for testing and in keeping with a reduction in disease prevalence/morbidity (Important to note there are no models currently available to support epidemiological forecasting)
- a target testing capacity of c.42k– 49k PCR per week, with the potential to surge to 80k PCR per week (includes community and acute hospital testing). Any additional requirements will have to be met through activating an emergency pandemic test and trace plan.

The Transition Plan is phased as follows:

- Phase 1 – Mass Testing (March 2022 to May 2022)
- Phase 2 – Migrate to Reduced Testing Model (June to July 2022)
- Phase 3 – Surveillance-led GP Model (Autumn 2022 onwards)
- As part of the transition to the future model, we have developed a detailed Transition Plan to gradually ramp down the current mass testing model and we have also developed a Surge Plan as part of the future GP led model.
- Our priority is to implement the priority steps to meet the adjusted public health guidance, reduce costs and ensure steps required for the Surge Plan are advanced.

- The HSE have had to advance these items as otherwise there would be limited surge capacity for this autumn and surveillance systems in place.
- The move from reduced test centres in primary care will cease when a GP contract is agreed, an operational system is put in place to ensure GPs can access COVID testing, for either therapeutic or clinical requirements and the HSE has the resources in place to have a surge plan. The target for this, subject to the above, is towards the end of August.
- We plan to reduce to a workforce of c.500 WTEs by August 2022. A layer of resilience will also be maintained through the transition to ensure available resources in the event of a surge.
- The key steps being taken are:
 - Core team positions are being extended to the end of 2022.
 - National Ambulance Service (NAS) recruitment process for 200 permanent Intermediate Care Operatives has commenced.
 - Testing centres are being moved from mass sites to predominantly HSE sites.
 - Testing swabbing staff are being reduced from 1,000 to c250.
 - Contact Management Programme (CMP) staff are being released or redeployed to leave a core team of 200 people.
 - Public health have commenced implementation of the enhanced surveillance systems including recruitment of staff and necessary infrastructure.

Surge Response Model - A key feature of the transition plan is the development of a surge response model, which will be required as part of the GP pathway in winter 2022/23. The surge response will be triggered by an agreed set of criteria such as a surge in the disease in the community or pressure on GP capacity. NAS will provide the first line of response to a surge with up to 200 WTEs providing c.25,000 swabs per week, at pre-agreed site locations around the country. If demand increases further, NAS can be supplemented by private providers to reach capacity of 45,000 swabs per week. In addition, there will be the activation of additional laboratory capacity with key partners to accommodate the increased testing demand.

Emergency Response Plan - The emergency response plan will be triggered if a new variant of concern or a viral pathogen emerges, that is a risk to population health with high morbidity and mortality arising from infection. The emergency plan is intended as a whole-of-government response and would involve a ramp up of the Test and Trace system to manage high levels of mass testing. This would involve a full rollout of testing centres across the country

and a contact tracing model. Up to 100,000 PCR tests per week can be achieved by week 3 and up to 150,000 PCR tests per week by week 8 if required.

Financial Priorities - The HSE Test and Trace Financial Priorities submission was sent to the Department of Health on 9th May, requesting sanction for COVID-19 expenditure sanction. Additional details were sought by the Department in relation to workforce requirements, which was provided in mid-May.

As a result of the time involved in completing the approval process, an interim sanction was provided on 27th May. Given the statutory requirement for staff contracts and associated risks with the transition plan implementation, the HSE has had to proceed to implement the necessary actions to prepare for the move to the future surveillance GP led model in autumn 2022.

A further meeting was held between the HSE and Department of Health on Tuesday 14th June to discuss Test and Trace Financial Priorities and a further breakdown of financials were provided. There are subsequently no further questions from the Department of Health and the above two priorities are now with the Department for submission to DPER for approval.

4.2 VACCINATION STRATEGIC UPDATE

The COVID-19 Vaccination programme remains underway with the Primary & first Booster programme having delivered high overall uptake to date (Primary uptake of ca. 96.7% and first Booster Uptake of 77.3%) placing Ireland amongst top performing EU countries. Despite this generally high uptake, Booster programme uptake remains lower in younger age groups (ca. 59.0% uptake for the 18-39 group and 64.5% in the 18-49 group). An estimated 887k of the 12+ population remain eligible for first Booster vaccination.

The second booster programme launched on 22 April for over 65 year olds and over 12 year olds Immunocompromised and has administered ca. 339k to date. This programme will continue to be delivered until the end of June with national communications being issued to this effect, including media appearances, on 16 June. After this point, the retained 15 vaccination centres along with involvement of many pharmacies nationally will continue to provide vaccination capacity for those choosing to take up their primary vaccine dose or their first or second booster

Continued focus will remain on uptake improvement initiatives for this group, especially leading up to end June which has most recently included direct engagement via HSE live to the Immunocompromised and other target groups yet to receive a first Booster, continuing access to vaccine administration

locations (i.e. VCs, GPs etc.) with greater accessibility provided through self-scheduling option clinics in VCs.

Future Sustainable Model - The continued uncertainty around future COVID-19 vaccination requirements has seen the Long Term Sustainable Operating Model developed based on a number of assumptions as part of scenario planning (e.g. timing, population scope, vaccination type, age cohort use and delivery allowing critical services in primary and acute care to operate). The resulting recommended model will be primary care led with GPs and Pharmacies delivering a significant proportion of vaccines with the balance delivered directly through Vaccination Centres. This proximity led model will remove a potential barrier to high uptake and moves cost to “pay as you go” for the programme and is similar to the approach used nationally for seasonal influenza.

Activity to operationalise this future sustainable model is ongoing with all programme workstreams defining their programme of work for the summer period. Key dependencies enabling the successful rollout of the future operating model are:

- NIAC Guidance - Early, clear and stable clinical NIAC guidance on Booster requirements including guidance on eligible cohorts, Interval, Vaccine type (Multi-valent approval), alignment with Flu etc).
- “Substantial Completion” of current programme - “Substantial completion” of current Booster programme at end June (assumes small amounts of vaccine available throughout summer).
- GP Negotiations - The timing and outcomes of other key GP negotiations (Ukrainian refugee healthcare, Test and Trace, Under 6 contracts).

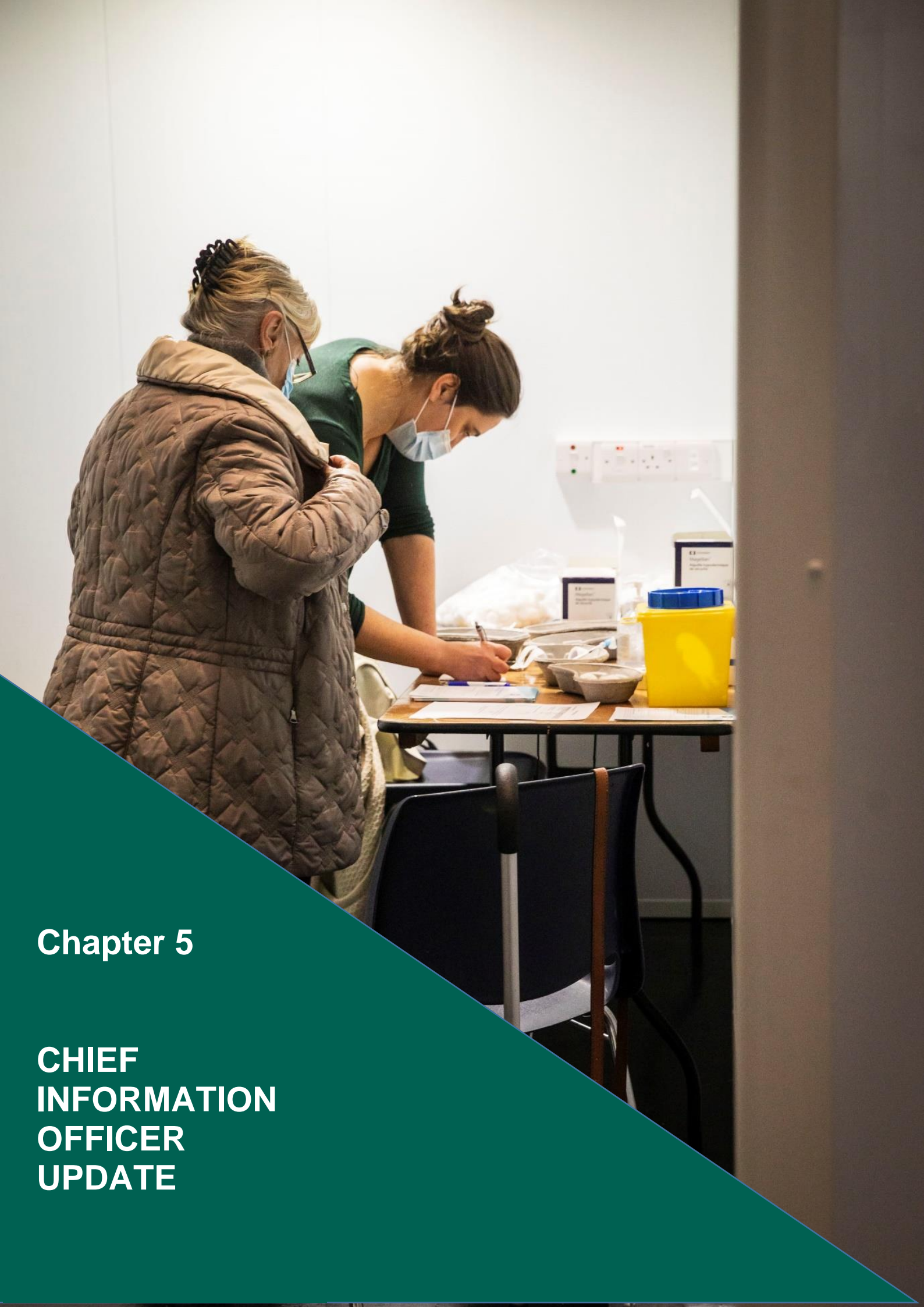
The estimated budget to run the Vaccination Programme for this year is €550-600m and work will continue with DOH to approve full sanction for all vaccination costs committed and expected to be incurred in 2022 and 2023. COVID-19 sanction related expenditure letter was submitted to DOH on 27 May highlighting the priority items for approval. Overall sanction approval is not yet provided but DOH have been informed that the HSE must now move to implement plans and specifically, critical immediate steps.

Summary - The COVID-19 Vaccination programme will continue the administration of the second Booster doses to over 65 year olds and over 12 year olds Immunocompromised up to the end of June. From July up to the potential commencement of any future required Vaccination, retained vaccination centres along with participating pharmacies nationally will continue

to provide vaccination capacity for those choosing to take up their primary vaccine dose or their first or second booster.

Work required to transition to the sustainable model continues with key focus being deliverables of Flu Alignment, GP and Pharmacy Negotiations, Facility and Workforce Management, ICT Delivery, and Core team migration. Detailed costs have been prepared to confirm the financial priorities and investment required for the vaccination programme in 2022 and into 2023.





Chapter 5

CHIEF INFORMATION OFFICER UPDATE

5. CHIEF INFORMATION OFFICER UPDATE

5.1 SUMMARY UPDATE

Overall eHealth Programmes. In 2022, 49 programmes of work are receiving funding under the eHealth Capital Plan and National Service Plan. These programmes are currently made up of 889 individual projects in various project stages, each underpinned by project plans and governed by project boards 31 of those programmes (63%) are proceeding to target (Green status), with the remaining 18 programmes in Red or Amber status.

Successes this Month, include the following;

- **Refresh Current Technology & Devices:** Windows Refresh Programme – completed 2,468 devices this month.
- **Nurse Task Force Management-Safe Nursing:** St. James's Hospital is now live (ahead of schedule).
- **National Cancer Information System:** MRH Tullamore Go Live Completed.
- **Health Performance and Visualisation Platform (HPVP):** Seven hospitals went live in May (Galway, Mercy, Kerry, OLOL, Tipperary, UL, and Cork).
- **iPMS:** NMH went live on HIPE 2022.

Key Progress Updates, include the following;

- **Cyber Security.** Interim arrangements established with 24/7 enhanced cyber security operations monitoring in place through three external partner companies: Microsoft, Mandiant, and Caveo. Tactical Security Improvement plan has delivered significant additional measures to protect the technology environment.
- **IHI Integration into Core Systems.** Development work is now completed on iPMS "seeding" requirements with IHI and Eircode. User acceptance testing is well advanced. Go live for Letterkenny UH is on target for June.
- **Upgrade of National Integrated Medical Imaging System.** Go-Live date for NIMIS 2.0 approved by NIMIS Programme Board and communicated to NIMIS Sites. The Go-Live plan has been agreed with the Vendor, with the go live planned for weekend of the 18th June. Work to develop a full Data Protection Impact Assessment (DPIA) is well advanced. 95% of workstation devices have been replaced (on target).
- **Integrated Community Care Management System (ICCMS).** ICCMS programme has concluded all selected vendor demonstrations, as part of structured market soundings process. Market soundings outcomes have

- **Scheduled Care eEnablers.** eEnablers assigned to Scheduled Care Workstream 4: Patient Centred Booking Arrangements (PCBA); business case procurement is expected to commence in Q3. Scheduled Care Dashboard is live and has been rolled out to Hospital Group leadership and Acute Operations; dashboard training is ongoing.

Stage	Number of Programmes
Total Capital Programmes	49
Completed Programmes	0
Programmes in Delivery Stage	32
Programmes in Procurement Stage	6
Programmes in Proposal Stage	9
Programmes in Pre-Mandate Stage	2

25

eHealth Recruitment

At the end of May, 50% of all targeted roles had been on-boarded (295 of 592), an overall increase of 40 WTEs.

- **2021 NSP Staffing.** Recruitment is underway across all programmes that were not filled by the end of 2021. As of the end of May, 67% of targeted roles were in place (286 of 429). This is a net increase of 37 WTEs in the month.
- **2022 NSP Staffing.** Recruitment is also moving forward for 2022 NSP roles, with campaigns underway. As of end of May, 6% of targeted roles had been onboarded (9 of 163). This is a net increase of 3 WTEs in the month.





Chapter 6

CHIEF OPERATIONS OFFICER UPDATE

6. CHIEF OPERATIONS OFFICER UPDATE

6.1 ORTHODONTIC SERVICE DUBLIN MID-LEINSTER – LOOKBACK REVIEW

A formal concern was raised with the HSE in 2012 that patients had their orthodontic treatment with the HSE service in Dublin Mid-Leinster interrupted as a result of service provision issues more than a decade previously (circa mid-1999 to mid-2000). An examination of these concerns was carried out by UK experts and concluded in 2015.

In 2019, it was determined by the then National Director Community Operations (the function having been established in 2018) that to bring this legacy matter to a conclusion a Look Back Review was warranted. A Serious Incident Management Team was established by the National Director of Community Operations in 2019 to ensure that the process that commenced in 2015 was completed and concluded through to patient recall stage and any learning and improvement recommended be implemented.

The period in scope was extended to cover the period 1999 to 2002 whereas the Statement of Concern related to the period “circa mid-1999 to mid-2000”. The total number of orthodontic records audited was 7,634. Of these, 492 had evidence of an interruption in treatment of six months or more. Of these, 487 were included for the next phase, clinical review (5 records excluded at this point were either duplicates or outside the terms of reference).

The result of the clinical review, following peer – cross assessment, was that 16 patients met the threshold for recall. 10 responded to the recall letters issued and came forward for open disclosure.

Each of the patients was offered a dental and if required an orthodontic assessment. In addition to offering assessments and treatment plans, a number of the patients had resorted to private services to have their treatment completed – and these patients have been reimbursed by the HSE.

In conclusion, we are now dealing with 10 patients, eight of whom are proactively engaging with us and two of whom may pursue a legal course of action.

While it is regrettable that this work has taken so long to progress, the priority of the HSE at all times has been for as robust a process as was possible. We have been able to engage positively with patients impacted, who despite the passage of time welcomed the open disclosures, apologies and remediation offered. That remediation included the reimbursement for private treatment, or offer of an assessment and new treatment plan as appropriate. We are now engaging with patients to offer them a copy of the final report, with a view to publication in July once patient engagement is complete.

6.2 BRANDON FILE REVIEW UPDATE

Following a Look Back Review and during a review by the National Independent Review Panel (NIRP) related to service user Brandon, CHO1 initiated a further historic file review. The review was in relation to the alleged sexually inappropriate conduct of service users towards other service users in a disability service - the Sean O'Hare Unit, Stranorlar, Co. Donegal, between 1991 and 2002. The service has since transferred to Ard Gréine Court. An initial report from CHO1 on the file review was submitted in December 2021, and was validated by an external team – the final report being accepted by the Chief Officer and submitted to the National Director Community Operations in May 2022. The Chair of the Safety and Quality Committee has requested an update on the implementation of the Brandon Report and the File Review Validation Report at the next Safety and Quality Committee meeting on 12th July.

The findings, set out in the final report, paint a picture of a service in which residents with very challenging behaviours, including disinhibited and sexualised behaviours – were placed together in a highly congregated setting. This co-placement of service users with similarly challenging behaviours is not a practice continued today, but sadly during the period in scope, there was evidence of residents engaging in sexualised behaviours which impacted fellow residents. Ten residents were found to have engaged in such behaviours. The report found that 42 residents were impacted by such behaviours and of these, 9 living residents were impacted to an extent which met the threshold for open disclosure. These engagements are being planned. While not seeking to minimise in any way the impact on residents it is noted that in the two decades since the time in scope the compliance trajectory in Donegal disability services has been one of improvement. As an additional mechanism for assurance, the National Director has commissioned a governance review of Donegal disability services which is expected to report in September 2022.

6.3 OUR LADY'S HOSPITAL, NAVAN

A briefing with the Minister and Oireachtas members from the Meath area took place on the 13th June 2022. A presentation was provided outlining the reconfiguration of Our Lady's Hospital Navan and elected representatives expressed their views. The Minister advised that the reconfiguration of services could not proceed on the date proposed.

This meeting was followed by a meeting of the Board on the 21st June 2022. It was confirmed at this meeting that the planned reconfiguration would proceed in September 2022.

6.4 CONTI - DATA AND LEGAL WORK STREAM

The work of the Legal and Data work stream established to address the data protection and legal enforcement issues associated with the May 2021 Cyber Attack is continuing its work to identify, verify and validate the data subjects affected by the attack who are required to be notified of the breach in line with the Data Protection Act 2018 and the GDPR.

The team has engaged with the affected HSE departments and sites and also any other organisations whose data and data subjects were affected. The Data Protection Commission have been consistently updated on at least a monthly basis since the attack and there has been three substantive meetings with the DPC over the past month in order to;

- brief the DPC on the extent of the data breach,
- inform them of the methodology and overall approach to the identification and notification of affected data subjects and
- to seek their guidance across the process as appropriate.

The team has also continued to engage with the State Claims Agency regarding the legal approach being adopted.

A briefing was provided to the Minister and his senior officials on 25th May 2022 in order for the Minister to consult with the AG and Cabinet colleagues. The team remains in close contact with the Department senior officials regarding the development of a memo to government in relation to the process and any subsequent actions that will be required to be supported by government.

The Board Audit and Risk Committee has received a number of briefings and will continue to be kept informed and consulted on the process.





Chapter 7

CHIEF CLINICAL OFFICER UPDATE

7 CHIEF CLINICAL OFFICER UPDATES

7.1 ADVANCED NURSE MIDWIFERY PRACTITIONERS

In November 2021, the Minister for Health advised of the Department of Health's intention, that the number of Advanced Nurse Midwifery Practitioners (ANMPs) in the health service would be increased from 2% to 3% of the total nursing and midwifery workforce over time. Based on current staffing levels of nursing and midwifery of 41,792 WTE (Jan 2022) this would amount to an increase from 733 to 1,250 (i.e.~3%) ANMPs. 149 of these posts have been funded under the National Service Plan 2022.

It was determined by the HSE Board that a more targeted and strategic approach should be taken to the allocation of these ANMP posts to align investment with HSE Corporate Plan/Sláintecare Priorities in 2022 and future years. A structured strategic consultation process commissioned by the Chief Clinical Officer (CCO) and led by National Director of Clinical Programmes Implementation and Professional Development was carried out with senior executive and clinical leaders as well as key strategic programme leads.

The consultation process allocated the appropriate services aligned to strategic reform programmes. The proposed allocation of the 149 ANMP posts, with 125 (84%) posts allocated to 10 key strategic priorities with 24 (16%) discretionary posts targeted to scheduled care priorities and implementation of validated models of care.

The strategic priorities once identified were distributed to local acute and community services through an expert multi-disciplinary allocation working group led by the Office of Nursing and Midwifery Services (ONMSD). This allowed services to align their submissions to these priorities. The group was responsible for the consideration of approximately 625 candidate applications against the specified criteria and recommended allocations and the recommendations to the CCO and executive management team.

All 149 candidate ANMP allocations are being 'filled' on the basis of the strategic allocations with full consensus from the allocation working group. The relevant services will advertise, recruit and fill the posts in an expedited process to allow candidates to register by July 21st with Higher Education Institutions.

7.2 COVID-19 PANDEMIC

Up to June 20th 2022 (end of week 23), 1,578,284 confirmed COVID-19 cases have been notified on CIDR. Following a double peaked wave 5 (reflecting peaks of Omicron sub-lineage BA.1 dominance in early January 2022 followed by Omicron sub-lineage BA.2 dominance in March 2022), the number of PCR

confirmed COVID-19 cases declined week on week between week 12 and week 22 2022. In week 23 an increase in a number of key COVID-19 surveillance indicators was observed. The /100,000 incidence on the 14th of June was 290.6 versus 172.4 on 31/5/22, a 68.6% increase.

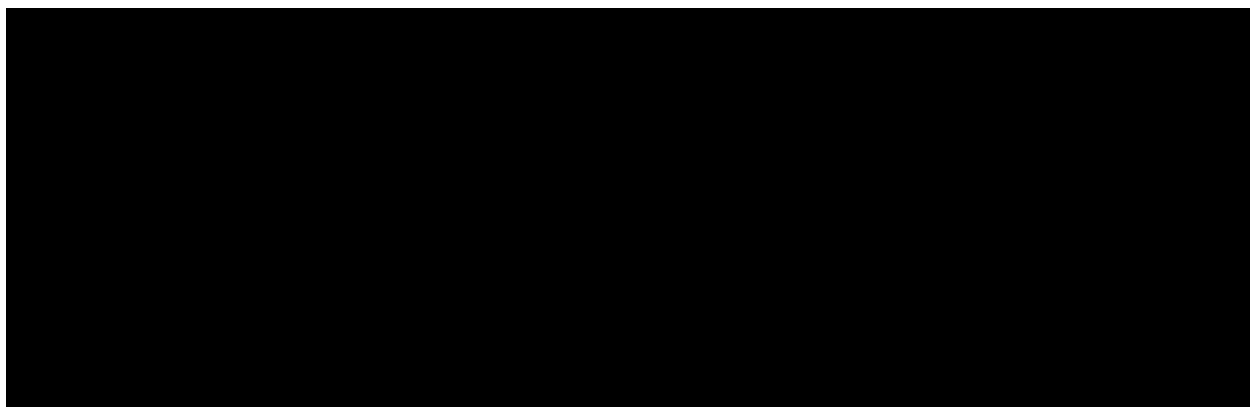
The increased circulation is likely due to propagation of the BA.4 and BA.5 Omicron sub-lineages in Ireland. PCR screening of a proportion of confirmed COVID-19 cases from that week indicate that 42% of SARS-CoV-2 cases are now likely to be BA.4/BA.5. These variants are replacing the previous dominant variant BA.2.

7.3 THERAPEUTICS PROGRAMME

The COVID-19 Therapeutics Programme was stood up as a rapid response to the urgent and unprecedented public health risk of COVID-19 coupled with emerging novel treatments. The programme has completed its objective to develop and implement plans for the operational rollout and use of novel COVID 19 Therapeutics. It is now moving from a rapid response onto a business as usual model. To date there have been 145 doses of Paxlovid administered in the community and 688 doses of Sotrovimab and 24 doses of Paxlovid distributed to hospitals.

7.4 PUBLIC HEALTH – INTERIM CMO APPOINTMENT TO THE DOH

Dr Breda Smyth has been seconded to the Department of Health as Interim Chief Medical Officer on a 6-month basis with effect from the 4 July 2022, pending permanent appointment of a new Chief Medical Officer through a recruitment campaign. Dr Smyth previously held a joint appointment as Director of Public Health HSE West and Professor in the School of Medicine in NUI Galway. Dr Smyth is one of the newly appointed Consultants in Public Health Medicine with a special interest in Health Protection in Public Health Area F (West / North West). In line with HSE HR Circular 02-2015, Locum fill of her permanent consultant post is being sought to ensure service continuity at this time of pandemic recovery/response and strategic reform within the Public Health function.



7.6 CERVICALCHECK- CWIUH CYBER ATTACK - DEC 2021

Colposcopy referrals returned to the Coombe Women and Infants University Hospital (CWIUH) in April 2022. NSS ICT & CervicalCheck continue working with CWIUH regarding re-connecting the ICT screening laboratory pathways. Quest Diagnostic are processing 100% of CervicalCheck samples since Dec 2021 with currently no impact on turnaround KPIs for issuing of results to women.

7.7 SCALLY REVIEW

A meeting was held on Monday the 20th of June, with Dr Gabriel Scally, the CCO and the National Screening Service. Dr Scally has been commissioned by the Minister to provide a report on the update on the implementations from his report in 2019.

7.8 ENHANCED COMMUNITY CARE

The ECC Programme was allocated €240m for the establishment of 96 CHNs, 30 Community Specialist Teams for Older people, 30 Community Specialist Teams for Chronic Disease, national coverage for community intervention teams and the development of a volunteer-type model in collaboration with Alone.

Overall Progress to date;

- 81 of 96 Community Health Networks are established
- 21 of 30 Community Specialist Teams (CSTs) for Older Persons are established
- 11 of 30 Community Specialist Teams for Chronic Disease Management are established
- 21 Community Intervention Teams (CITs) are now operational.
- Access to community diagnostics have delivered approximately 140,000 scans of various modalities in 2021, with over 94,000 provided to the end of May 2022.



Chapter 8

HUMAN RESOURCES UPDATE

8. HUMAN RESOURCES UPDATE

8.1 2022 HEALTH SERVICE EXCELLENCE AWARDS

The Health Service Excellence Awards provide a platform to recognise and appreciate the innovative work of staff and teams in the public health service.



The Selection Panels have met with the 44 Finalists in this year's 2022 Health Service Excellence Awards. The Finalists this year represent projects under the categories; Improving Patient Experience; Innovation in Service Delivery; Excellence in Patient & Quality

Care and Engaging a Digital Solution to Provide a Better Service. This year for the first time Sláintecare sponsored the Right Time, Right Place, Right Care category. The Awards Ceremony is scheduled for the afternoon of 15th September 2022 in Farmleigh House, Phoenix Park, Dublin.

8.2 EMPLOYEE EXPERIENCE: STAFF SURVEY 2021

Access to the online survey dashboard has been provided to over 65 senior health service managers across Community Health Organisations, Hospital Groups and National Corporate Services. This enables each service to analyse the survey results for their own service.

A HSE Broadcast issued in May updating staff of the high level actions underway in respect of our response to the survey. To date a range of actions are being taken forward by CHOs, acute hospitals and national services including:

- Staff recognition awards.
- Improving local Induction programmes – for a new staff and also replacement staff recruited; and exit interview processes.
- Dignity at Work Training under the new Dignity at Work policy is designated as mandatory training.
- Developing a Culture Framework in line with the Trust & Confidence project.
- Improving communication at all levels across services to increase information sharing e.g. staff apps, HR Drop in Clinics, shared files, webinars and face to face town hall meetings.
- Expanding the availability of Coaching for staff.
- Diversity, Equality and Inclusion initiatives e.g. multicultural days.
- Improving staff Health and Wellbeing e.g. EAP programme, H&WB local committees, wellness seminars and information shared with staff.
- Training and development opportunities for staff.
- Expanding the use of digital solutions to enhance work processes e.g. NiSRP



- Improving communication and information sharing: face to face town hall meetings, staff apps, local induction, HR drop in clinics and the HSE all staff news updates.

Regular updates on the progress of the actions been taken by the CHOs and HGs are now being recorded centrally on a quarterly basis and will form part of this Report to the People & Culture Committee going forward.

8.3 UPDATE ON HEALTH SERVICE LEADERSHIP ACADEMY PROGRAMMES

Development of leadership skills is critical to all services across the HSE. Applications are open for the three Health Service Leadership Academy programmes commencing in the autumn including the MSc in Leadership in Healthcare; the Professional Diploma in Management; and the Professional Diploma in Strategic Transformational Leadership in Healthcare.



A Health Service Leadership Academy virtual alumni gathering took place in May 2022. Graduation Ceremonies are planned for Leading Care 1 – Cohort 4, the MSc in Leadership in Healthcare Cohorts 1-4 inclusive and the Professional Diploma in Management in Healthcare 1-3 inclusive.

8.4 DIVERSITY, EQUALITY & INCLUSION

The Reach Out network for LGBTQI+ staff across the HSE held activities for Pride 2022, as well as featuring a presence at Dublin Pride in June, they expected to include HSE involvement at a number of Pride events around the country for the first time during Pride Month.

8.5 WORKFORCE PLANNING: TURNOVER

Turnover is calculated by the numbers of leavers in a period divided by the Average Headcount in that same period. Between Q1 2020 and Q1 2022 the average headcount increased by 9% (5% from 2020 to 2021 and 4% from 2021 to 2022). A number of caveats surround this data:

- Leaver numbers and Health Service turnover is distorted by the multiplicity of employers and HSE payrolls where staff leaving one employer but remaining within the service are included in the statistics.
- As not all agencies are on the one system some of the Leaver Reason data is less specific e.g. Leaver Reason of “Other”

In a normal environment turnover would tend to stay in the same range with more leavers, as you expand, with a growing average headcount. The last few years however have not been a normal environment especially in the health services.

Leavers in Q1 2020 and Q1 2021 broadly stayed similar resulting in a similar turnover. Q1 2022, however, has seen an increase in leavers resulting in a higher rate of turnover. This notably was signalled as a potential risk in the HSEs 2022 Resourcing Strategy and NSP as Covid restrictions ease and there is greater opportunity for travel.

<i>Turnover Trending</i>	Q1 2020		Q1 2021		Q1 2022	
Staff Group	Leavers	Turnover	Leavers	Turnover	Leavers	Turnover
Total	3,517	1.4%	3,511	1.4%	4,608	2.1%
Medical & Dental	1,678	2.0%	1,639	2.9%	1,724	2.3%
Nursing & Midwifery	655	1.4%	717	1.5%	1,026	2.1%
Health & Social Care Professionals	370	1.9%	366	1.8%	584	2.7%
Management & Administrative	274	1.3%	288	1.3%	494	2.0%
General Support	150	1.4%	101	0.9%	157	1.4%
Patient & Client Care	390	1.3%	400	1.2%	623	1.9%

8.6 HEALTH SECTOR WORKFORCE: MAY 2022

Employment levels at the end of May 2022, show there were 134,711 WTE (equating to 153,578 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

The change is **+138 WTE this month**, with YTD employment levels continuing to show strong growth at +2,387 WTE.

The overall increase since December 2019 now stands at **+ 14,893 WTE** (+12.4%). The staff category with the greatest WTE increase is Nursing & Midwifery at **+4,364 WTE**, with biggest group *Staff Nurses & Midwives* also reporting the greatest WTE increase at **+2,163 WTE**. The staff category with the greatest percentage increase is Management & Administrative +17.9% (+3,376 WTE).

Resourcing Strategy May: 2022 - Under the HSE resourcing strategy, the HSE has set a minimum net additional staff target of 5,500 WTE for 2022. This month's increase of **+138 WTE** when compared with the May figure has grown the performance lag from a variance of -127 WTE at the end of April to -465 WTE at May. There are a number of factors to consider, that may contribute to this lower than expected growth this month and in particular:

- The impact of a higher than expected rate of staff turnover driven by retirements coupled with the reopening of international travel and thereby other employment markets to our health professions.
- Increased staff absence in Q1 2022 attributing to COVID-19 surge and the potential impact this has had on the recruitment timeframes.

Key findings by Staff Category & Staff Group

- Nursing & Midwifery are reporting the largest increase at **+102 WTE**. The Nursing/ Midwifery Student staff group are reporting the largest increase in this category +50 WTE with Pre registration Nurse/ Midwife Interns reporting +35 WTE followed by Nursing/ Midwifery awaiting registration which are reporting +26 WTE. The Nurse/ Midwife Specialist & ANMP is **+29 WTE** and Nurse/ Midwife Manager **+24 WTE**. Of note, the Public Health Nurse is -14 WTE.
- Management/ Admin staffing are reporting the second highest increase of **+47 WTE**. Management (VIII & above) +20 WTE. Clerical (III & IV) staff group has **decreased by -97 WTE** with a similar corresponding increase in Grade V to VIIs) at 125 WTE.
- Patient & Client Care increased by **+26 WTE** with the Care, Other staff group up by +39 WTE. Of note within the Health Care Assistant staff group, the Health Care Assistant/Care Assistant grade group increased by **+82 WTE** while the Attendant/Aide grade group decreased by **-103 WTE**.
- Overall, there is no change in the Medical/ Dental staff category since May. Consultants however increased by **+5 WTE** and Registrars **+1 WTE**. SHO/Interns decreased by **-4 WTE**.
- The Health & Social Care Professionals staff category reported a decrease of **-26 WTE** with the Social Care staff group reporting -19 WTE, H&SC Other staff group -17 WTE, and Health Science/Diagnostic staff group -8 WTE. There are small increases seen in the Pharmacy, Therapy Professions, Psychologist and Social Worker staff groups. Of note, the H&SC Other reduction of **-17WTE** is largely attributable to a fall in in **Vaccinators**.
- General Support are reporting a decrease of **-12 WTE** with Support Staff Group reporting the highest decrease of -7 WTE.
- These figures however, exclude non-direct Covid related employees such as externally contracted Contact Management Programme contact tracers and vaccination staff.

8.7 REVERSAL OF HADDINGTON ROAD HOURS (HRA):

In April 2022, the Government accepted the recommendations contained in the report of the Independent Body Examining Additional Working Hours (Haddington Road Agreement) in the Public Service, established under the Building Momentum Agreement. The HSE has now received formal notification of the decision which will be implemented from July 1, 2022.

The report recommends that working time is restored to pre-Haddington Road agreement (HRA) levels. This will see the following reduction in weekly working hours from July 1st, 2022:

- Nursing and Midwifery: 1.5-hour reduction to 37.5 hours per week;
- Specific Health and Social Care Professionals and Medical and Dental: 2-hour reduction to 35 hours per week;
- Management & Administrative: 2-hour reduction to 35 hours per week; and
- Consultants – currently subject to discussion / confirmation.

A HSE Steering Group with working groups and implementation teams has been established and impact assessment is being undertaken by all services. The number of health service staff working full time who are impacted by the change is approximately 82,000 with the equivalent of 3,800 WTEs being reduced across the HSE. The HRA reversal will require changes to Rosters for Clinical Grades working a 24 hour /7 day and part time workers will be encouraged not to reduce their hours. All measures to reduce working hours must incorporate the different regulatory environments that now exist e.g. safe staffing framework, HIQA requirements etc.

In terms of principles to be applied, the introduction of the reduced working week for Nurses, Health and Social Care Professionals (HSCPs) and Management & Administrative staff must not impact service delivery to the general public. There will also be a requirement to consider the development targets set out in NSP 2022 in the context of the ability to deliver them

- on time or
- delivery at a later date which can be determined.

Replacement of hours lost by addition of new staff should not be assumed as the default solution. Not all staff will be replaced or will be replaceable. All options to maintain existing service levels within existing staffing complements, particularly in non-shift working roles will be explored.

8.8 CONSULTANT CONTRACT NEGOTIATION:

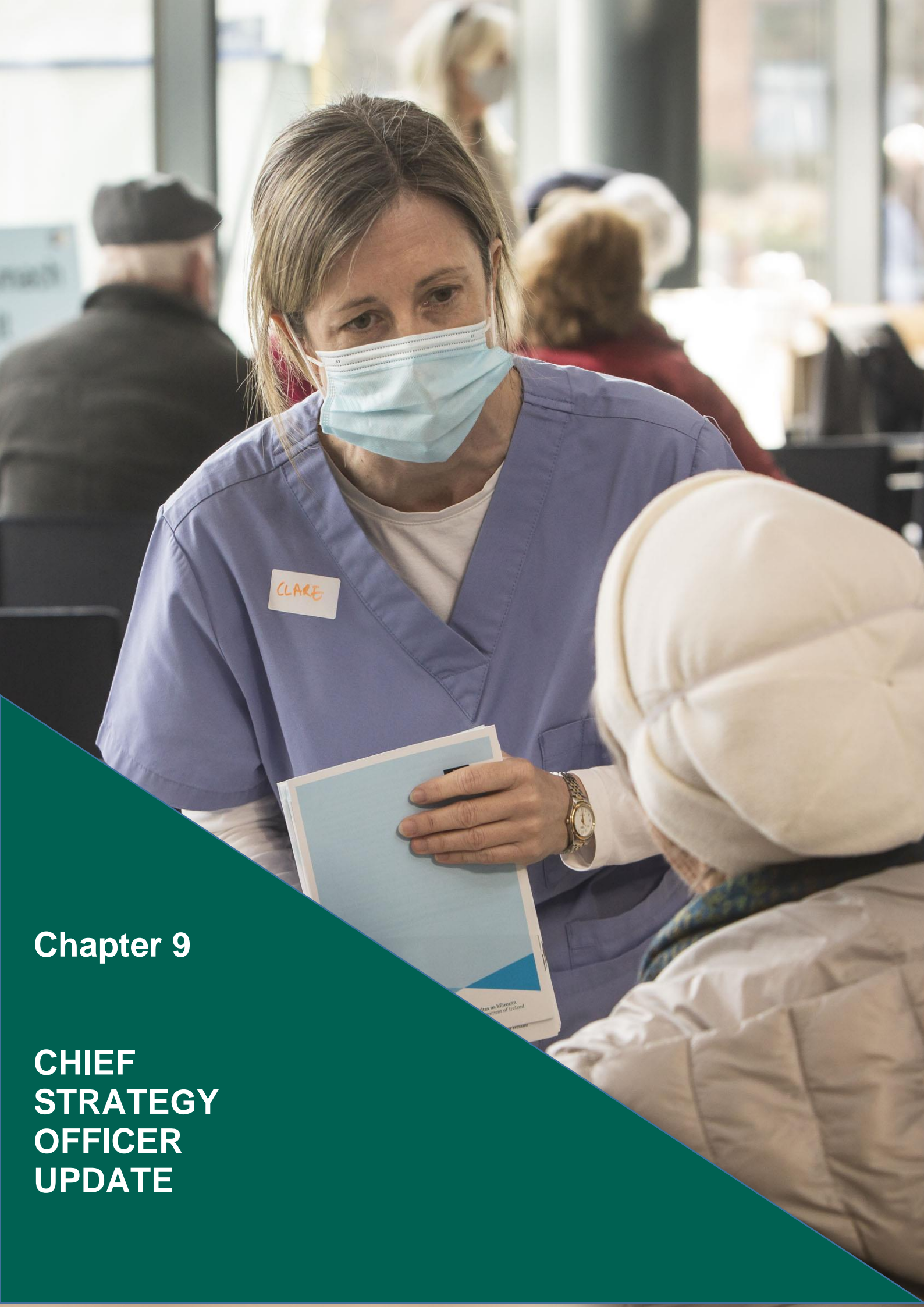
Negotiations in relation to the new consultant's contract are due to resume on 23rd June. A new Chair has been appointed to lead the talks. Plans are in place for an intensive period of negotiations in June and July.

8.9 COVID-19 PANDEMIC PAYMENT:

The Government decision earlier this year directed the Department of Health to provide special additional financial recognition to those eligible frontline health care workers based on the particular additional risks they faced in the performance of their normal duty during the pandemic. The 'Pandemic Special Recognition Payment' full value is worth €1,000, free of all taxes. HSE services were requested to give effect to this on the 19th April 2022 and to implement payment as soon as possible through identifying those eligible and subsequent

payments being made via payroll. The HSE are progressing this payment across hospitals and community services for its staff who have been assessed against the qualifying criteria and meet the criteria. It is expected that there will be an increasing number of staff who receive payment in the coming weeks. The HSE continues to be committed to ensuring that payments are made to all eligible staff as a matter of priority





Chapter 9

CHIEF STRATEGY OFFICER UPDATE

9. CHIEF STRATEGY OFFICER UPDATE

9.1 CYBER - POST INCIDENT REVIEW IMPLEMENTATION PROGRAMME

Work continues to implement the recommendations contained in the Post Incident Review Report under the following work-streams:

- ICT/ Cyber
- Programme management and governance
- Operational and Clinical Resilience

The tender process to provide short and medium term external specialist support to the Cyber/ ICT Work-stream has been concluded with the contract being awarded to EY. This support includes the provision of two senior individuals to fill the roles of interim Chief Technology Transformation Officer [CTTO] and Chief Information Security Officer [CISO]. Mr. John Ward, will serve as the interim CTTO and Mr. Puneet Kukreja, will serve as the Interim CISO.

The sanction process for the permanent CTTO/CISO roles has moved to the next stage following a submission from the Department of Health to the Department of Public Expenditure and Reform, Board members will be updated on progress.

As Board members are aware, it was recommended in the Post Incident Review Report that the HSE establish a Board subcommittee to oversee the transformation of IT and cybersecurity. Earlier this month a draft Terms of Reference for the proposed committee was considered by the Performance and Delivery Committee.

Work on the investment case for eHealth, IT and cyber requirements continues and a draft is still expected by the end of June.

The Operational and Clinical Resilience Steering Group has been established and planning for this work-stream continues.

9.2 ANNUAL REPORT 2021

The HSE Annual Report approved by Board members was submitted to the Minister on 18th May and following finalisation of the Annual Financial Statements (AFS), an updated combined document was subsequently submitted on 31st May.

Board members should note that the Annual Report was laid before the Houses of the Oireachtas on the 20th June. The HSE, in line with legislation, will ensure that the Annual Report and AFS are made available and will be published on the HSE website as soon as practicable.

9.3 BOARD STRATEGIC SCORECARD

The Board Strategic Scorecard continues to provide a monthly update to the HSE Board, DoH and Minister on priority strategic priorities. The 22 areas continue to show progress in achieving their objectives and output/deliverables. Board members are asked to note that the HSE continues to actively work with the DoH to refine the content of the Scorecard. Work is ongoing to ensure continued alignment between the Scorecard and the National Service Plan 2022 and the Corporate Plan 2021-2024.

The full suite of scorecards has been circulated separately for discussion at today's meeting.

9.4 ARTS AND HEALTH

We continue to work to expand and promote the development of arts in healthcare service delivery, for our service users and staff, which are aimed at supporting and improving their overall wellbeing. A number of arts projects which include Traveller Health focus, Creative Health Hubs and Bereavement support for staff are progressing to plan.

Earlier this month the HSE, in partnership with the Creative Ireland programme, the Department of Health (Healthy Ireland) and the Arts Council, was a co-host of *The Art of Being healthy and Well: National Symposium on the role of creativity and arts in health and wellbeing*.

9.5 SLÁINTECARE INTEGRATION FUND

The Sláintecare Action Plan sets out a number of key priorities and deliverables for implementation and lays the foundation for longer term reforms across the health service. For each deliverable, ongoing and detailed monitoring and reporting arrangements remain in place.

The Sláintecare Integration Fund - A key objective of the Sláintecare Integration Fund initiative is to operationalise new ways of working and to engage with broader innovation concepts across the health service.

The 2022 call for projects under the Sláintecare Integration Fund is at preparatory stage. The HSE with our Department colleagues and key stakeholders are working together to complete the Programme Specification.

9.6 REGIONAL HEALTH AREAS (RHAs)

An engagement session took place earlier this month with senior leaders and clinicians from Hospital Groups, Community Healthcare Organisations and Area Directors of Public Health. Feedback from this engagement has been compiled and will inform the detailed design of the RHAs. The next phase of RHA design aims to deliver an agreed service delivery model for the Health and

Social Care System. The focus will be on the system level questions to inform the required corporate and clinical governance arrangements.

To assist in defining the system service delivery model, extensive engagement is planned. This includes with both national and regional / local stakeholders ensuring a blend of clinical and service user involvement. This will be undertaken through individual and group sessions, and regional design workshops. The engagement plan will ensure the views of service providers, staff and patient/service users are represented.

Following these consultations, a draft preferred System Service Delivery Model will be developed and presented for sign off through the RHA Programme governance. The draft Delivery Model will be a critical input in seeking to address the macro-design questions for each work stream and will inform the next stage of the RHA design process.

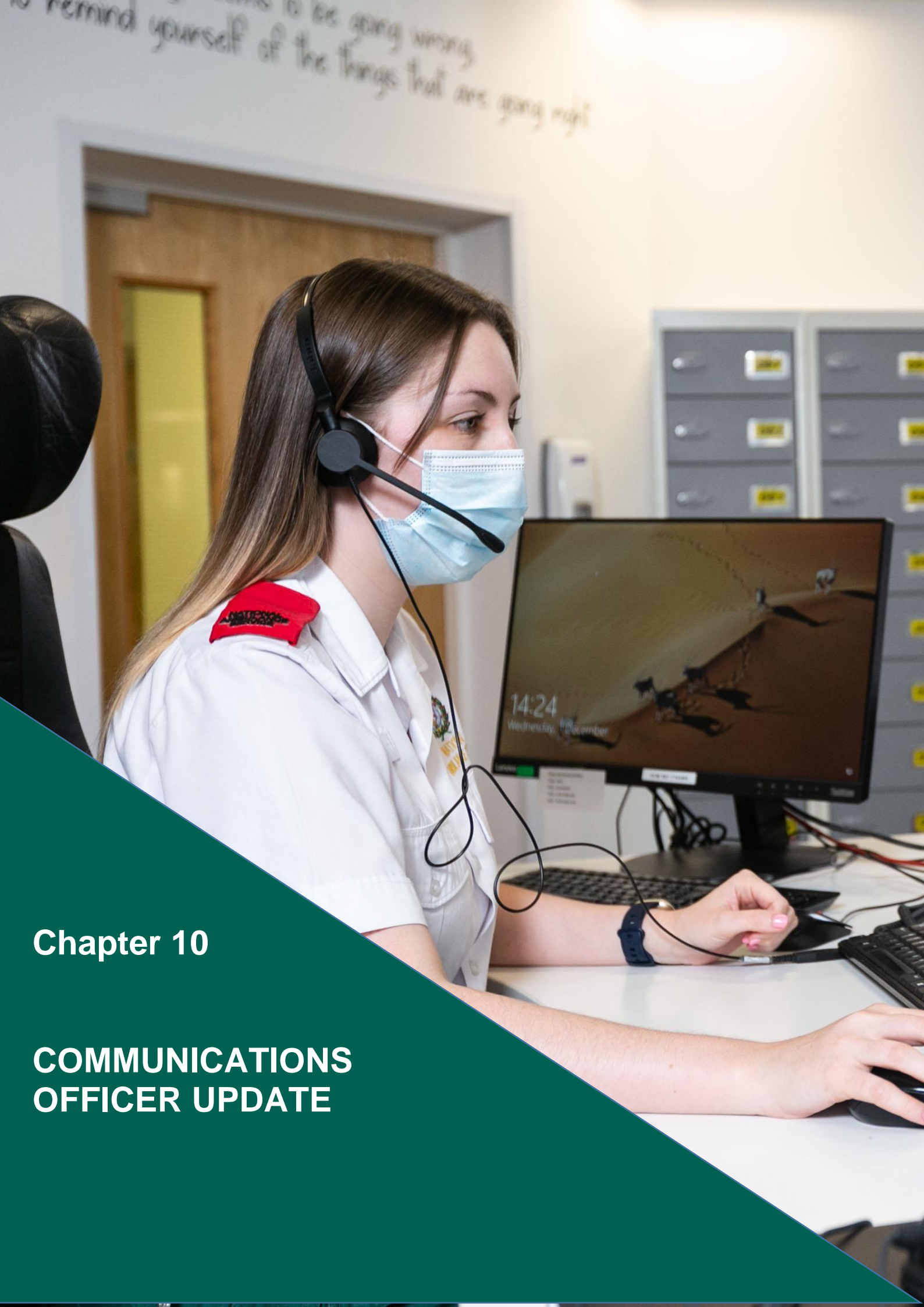
9.7 2023 PLANNING – ESTIMATES PROCESS – NEW SERVICE DEVELOPMENTS

Preparation of the Estimates and development of the National Service Plan within legislative timelines is a significant work programme for the HSE, requiring high levels of collaboration and engagement across the organisation and with key stakeholders. The attached paper outlines the proposed approach to the 2023 Estimates – New Service Developments process.

9.8 Capital Plan – Re-Allocation of Funding

The quarter 2 analysis of the Capital Plan spend profile has identified slippage in the Capital Plan. In order to ensure appropriate budgetary management and utilise the full 2022 Capital Plan allocation, it is proposed to re-assign funding across several categories within the Plan and full details are provided in the attached paper.





Chapter 10

COMMUNICATIONS OFFICER UPDATE

10. COMMUNICATIONS DIRECTOR UPDATE

10.1 GENERAL COMMUNICATIONS UPDATE

The volume of media queries continues to be much higher than pre-pandemic. The number of queries in May was 165% up on May 2019.

A couple of months ago we set up a small team to actively seek coverage of HSE activity worthy of highlighting and this is now generating considerably greater media interviews and coverage than in the past. In recent times this has highlighted the Enhanced Community Care programme in several parts of the country and has created coverage of a variety of issues with a recurring message that the development of community and integrated healthcare programmes is underway and is central to change in how services are delivered.

The team has also secured good coverage for a range of projects and achieved news features in national print, online and national broadcast media for stories such as Infant Mental Health Awareness Week 2022, Men's Health Week, HSE Tobacco Free Ireland plan launched on World No Tobacco Day, festival drug harm reduction campaign, SunSmart, framework for the Care and Support of Adolescent and Young Adults (AYA) advice press releases.

Reactively, we continued to provide press updates on Monkeypox, Hepatitis C in children, Covid, CAMHs, Brandon Report, OLHN, Ukraine, waiting lists and such issues.

Unsurprisingly, the Navan Hospital issue generated a significant amount of media query and involved considerable formal and informal briefing of media over the past fortnight.

As the vaccination, test and trace programmes transition to a new stage of operation there is a communications programme underway locally and nationally to support this transition. This includes providing briefing to local media, public representatives, and other local relevant stakeholders in relation to test centre and vaccination centre closures or changes in location. Further future changes in public health advice in relation to the requirement for testing will be supported by public communications across all our channels.

Live public information campaigns running at the moment include campaigns on COVID-19 protective behaviours and vaccines; Sunsmart Radio and Digital Audio; Men's Health campaign on digital and outdoor advertising; Sexual Wellbeing via digital; QUIT Radio and Digital Audio; and healthy eating Radio and Digital Audio.

Information on medical cards, and the various other schemes and entitlements the HSE provides is central to a huge proportion of queries received by the HSE. Since June 21st it has been moved to the new website making it as navigable and clear as the information that has been provided on Covid and vaccinations over the last two years. We have also newly published information on diabetes on the site.

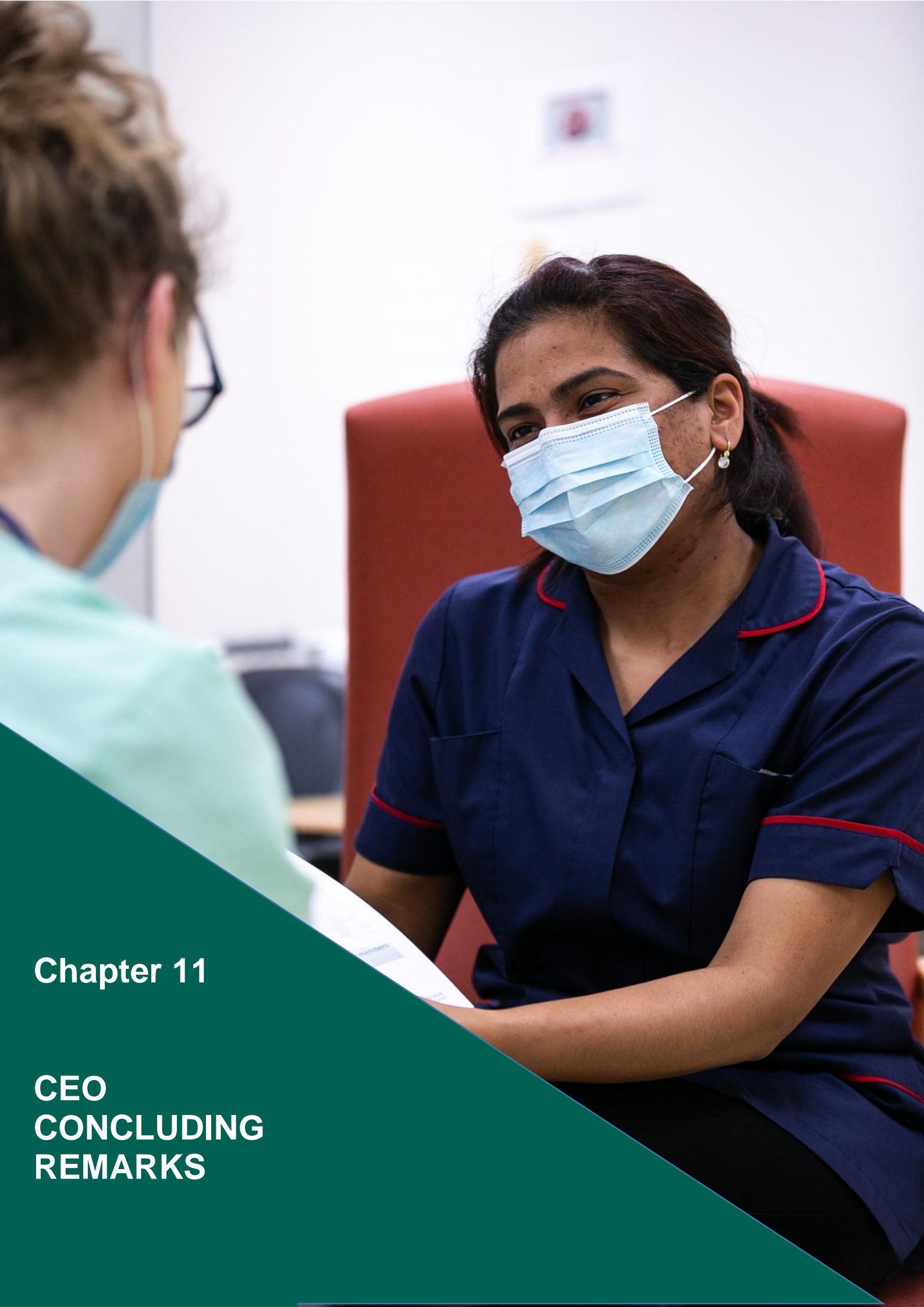
HSE **Rialtas na hÉireann**
Government of Ireland

Coronavirus COVID-19
Public Health Advice

We don't always know who's at risk from COVID-19. But we do know how to protect them.

ALT

HANDS **FACE** **AIR** **VACCINATE** **STAY HOME IF UNWELL**



Chapter 11

**CEO
CONCLUDING
REMARKS**



11. CONCLUDING COMMENTS

I and EMT colleagues were delighted to offer our full support to the Diversity, Equality and Inclusion Team in launching the HSE Pride Events in June. The HSE is fully committed to creating a positive inclusive working environment for all employees where everyone is respected and valued and helped to reach their full potential.

It is really important that we actively work to ensure that everyone feels secure and comfortable in bringing their whole selves to their work environment, an environment where diversity is appreciated and valued. Our inclusive and diverse workforce reflects the diversity of HSE service users and this will improve service user experience. Strengthening our inclusive culture will create a greater ability to attract more diverse talent and breadth of experience, vital for addressing skills gaps and building the workforce of the future that reflects the demographics of our populations.

Paul Reid

Paul Reid

Chief Executive Officer