

Ukrainian Health Response High Level Update for HSE Board

May 2022

Introduction and summary overview

This paper provides an update to the summary of the HSE planning and service delivery response for displaced persons from Ukraine which was submitted for Board review at the meeting of 27th April 2022.

In part 1 the paper provides an update on the active areas of work being undertaken by the HSE's Global Health and Procurement Group. In part 2 the paper provides an update on the work of the Ukrainian Health Response Planning and Coordination Group. It reflects the current situation regarding volumes of displaced people arriving in Ireland from Ukraine and their accommodation arrangements. It also summarises the current operational response, emerging issues and provides an updated risk register in appendix two. The cross government and internal HSE governance arrangements for the response efforts are unchanged from the last briefing as are the local Community Fora coordination efforts.

Part 1 - HSE Global Health Programme update

HSE approach to outgoing support for Ukraine

The HSE has been providing humanitarian assistance to Ukraine as part of the coordinated Government response, in close cooperation with Department of Health (DoH) and Department of Foreign Affairs. The HSE Global Health Programme serves as the focal point for the response under its objectives to develop and implement initiatives to improve health in less developed countries, while also learning from other countries to improve healthcare in Ireland. Among its functions are to support the Government in responding to global health emergencies and to coordinate the HSE's response to requests for humanitarian assistance, in line with Ireland's International Development Policy, 'A Better World'.

The HSE Service Plan 2022 has committed to continuing to donate equipment and surplus PPE to less developed countries in response to COVID-19. Donating to Ukraine presents a further opportunity for the HSE to show solidarity with other countries and support the Government in responding to global health emergencies.

1.a Donation of essential medical supplies and equipment

Up to 15th May 2022, the HSE has made humanitarian donations to Ukraine with a book value of approximately €2.1 million (indicative commercial value of €3,336,262). These include consumables, pharmaceuticals, medical equipment, aids and appliances and ambulances as per appendix one. The process is led by the Global Health Programme and overseen by a Donations Oversight Group with representation from relevant HSE functions and co-chaired by the Directors of the Global Health Programme and Procurement.

The issue of approval of HSE donations for humanitarian purposes is not addressed in the Financial Regulations or the Board Reserved Functions. In order to provide clarity on governance and the role of the EMT and Board in financial approvals, an updated donations policy is currently being developed.

As part of the consideration of the updated policy, a pre-approved budget level for donations to Ukraine is recommended as approvals have previously been made on a case by case basis for items with a current book value, i.e. new items of equipment and supplies from HSE stocks (usually COVID-19 stocks) that have been determined to be surplus to HSE requirements. Donations of used equipment that have been replaced under the Equipment Replacement Programme do not require financial approval as they are written down to a zero book value in the decommissioning process.

On 10th May 2022, the EMT approved expenditure limits for donations to Ukraine up to end of 2022:

1. Donations of surplus medical supplies and equipment from existing HSE stocks up to a total book value of €1 million, where they have been approved for donation by the relevant operational divisions as surplus to requirement and very unlikely to be used and donating them will not impact on anticipated future needs within their expiry dates
2. Expenditure up to €155,000 for costs necessarily incurred by the HSE in making donations to Ukraine, i.e. dedicated warehousing, local transportation, purchase of consumables and accessories for donated equipment.

As of 12th April 2022, the HSE has donated items with an indicative commercial value of €3.33million. The value was acknowledged by the European Response Coordination Centre and will be included in the overall EU donations for Ukraine. The HSE's contribution was achieved thanks to the enormous commitment and efforts by many staff across the health service. Please see appendix one which provides a list of donations made, including more recent donations in May 2022 (commercial values etc. to be assigned).

Ongoing donation plans

Since the previous update for the Board of April 2022, the HSE Global Health programme has been coordinating efforts across the HSE nationally to identify suitable items for donation, in aid of the humanitarian crisis in Ukraine that meets the above criteria and addresses a critical need in Ukraine. Below is a summary of upcoming planned initiatives:

- Products amounting to approx. 6 container loads, consisting of medical equipment, hospital supplies, consumables, and aids and appliances are currently being consolidated in a central warehouse location for inspection, loading and dispatch. As of 15th May 2022, one container had been loaded and dispatched, with the remainder planned over the coming days
- 10 recently decommissioned ambulances are also being inspected and will be fully equipped and ready for use in Ukraine. These are expected to be dispatched later this month
- The HSE will continuously review requests for donations from Ukraine and the surrounding countries
- A warehouse space will be sourced as a central location for suitable storage, inspection, loading and dispatch of donated items, including ongoing decommissioned equipment arising from the HSE's Equipment Replacement Programme
- The Global Health Programme Donations policy is being updated to reflect recent developments.

1.b Release of specialised staff to provide humanitarian assistance

In 2015, the HSE adopted a Policy on *Special Leave with Pay to Volunteer in Exceptional Humanitarian Crises*. In March 2022, the EMT approved that the scheme would extend to cover the Ukrainian crisis.

The purpose of this scheme is to facilitate the release of staff with specialised skills and expertise to address priority humanitarian healthcare needs in Ukraine and neighbouring countries.

Procedures have been developed and implemented in support of this scheme. The Global Health Programme maintains a list of suitable sending organisations and assignments, which includes governmental and non-governmental organisations. Applications for special leave is then approved by the relevant senior and HR managers. As of 16th May, one HSE doctor has been granted approval for special leave under the scheme.

There is also a distinct scheme for leave for deployment with the Rapid Response Corps. Under this scheme the HSE releases staff, with pay of up to 3 months, for deployment with the Rapid Response Corps, which is overseen by the Department of Foreign Affairs. Employees can also apply for *Special Leave with Nominal Pay* under which employees with professional qualifications are entitled to apply for special leave to work with a recognised agency.

Part 2 – Ukrainian Health Response Planning and Coordination Group Update

Current Situation

As of 16th May 2022 30,597 people fleeing Ukraine have arrived in Ireland. This equates to approx. 0.6% of the Irish population (2021) and is equivalent to approximately three quarters of the prior expected annual demographic uplift. The arrivals however have a different demographic profile from the general Irish population, with a predominance of females (n=67%) and younger persons (n=36% under 18 years).

Forecasting the total number of people coming to Ireland from the Ukraine remains challenging. The number of displaced people arriving here at the end of April fell short of early modelling predictions by 8k -16k. EY, who are supporting the Humanitarian Senior Officials Group (SOG) on demand forecasting models are predicting between 42k and 56k displaced people arriving here from Ukraine by the end of June 2022, based on various arrival scenarios.

Accommodation

The proportion of arrivals to Ireland seeking accommodation remains at approx. 90%. A total of 21,501 displaced persons have sought temporary accommodation via DCEDIY (as at 16th May 2022). The numbers actually availing of the accommodation is estimated at 2k-3k less and this may be because they have since arranged private accommodation or may have left the country.

Small improvements are evident in the flow of information between DCEDIY and the HSE on the accommodation being allocated to displaced persons each day however this data is not live and is provided in arrears. DCEDIY are currently unable to provide the HSE with a master list of all facilities in its use due to a recent switch from a manual to an automated case management system. The HSE estimate it to be 265, based on available information, of which 34 are temporary emergency facilities being run by Local Authorities (LA) (community centres, campus buildings etc.) The remainder are serviced accommodation (hotels and B&Bs). Beds continue to be brought on stream in both setting types. Available data shows that the volume of facilities housing 10 residents or less is considerable with only a relatively small number of settings housing in excess of 50 persons. This makes the health response challenging due to the wider distribution of facilities.

HSE had recommended via the SOG that DCEDIY implement a Person in Charge (PIC) model in all facilities, akin to that employed for Direct Provision services, to facilitate the onsite implementation of HSE Public Health guidance. This matter was recently raised with DCEDIY on a newly established weekly senior meeting between HSE, DCEDIY and DoH. DCEDIY has advised that this is not within

their remit for the Ukrainian response however, once collated data is available, the HSE will be provided with a full list of facilities in use and their locations. This will enable greater ease of communication with facilities directly. Further, DCEDIY are planning to set up a 24/7 Duty phone line to address issues notified to them from facilities or other agencies regarding the accommodation. This should assist the HSE to engage with DCEDIY centrally on outbreaks and associated necessary actions.

Local interagency structures (Community Fora), led by Local Authorities (LAs) at local level are working well to coordinate cross sectoral activity and respond to issues arising. The HSE is meeting with LA representatives on a weekly, moving to bi-weekly basis, to support the establishment of clear and effective working arrangements with local services and HSE Community Fora representatives. These meetings are productive and LAs are reporting productive local engagement.

A newly identified risk regarding the stability of serviced accommodation across summer months has been added to the Ukrainian Health Response Planning and Coordination Group Risk Register. It is anticipated that up to 33% of current facilities will see their contracts expire at the end of June. If providers choose not to engage in a subsequent contract significant numbers of people may be uprooted to new accommodation with affected children potentially having to move schools etc. It can be anticipated that this disruption may have an impact on people who have already faced much uncertainty and jeopardy. It may also cause a discontinuity of care for those in receipt of necessary services. This can be addressed by the development and communication of a medium term accommodation strategy and ensuring the next phase of accommodation is stable and allows for full community integration and settlement.

Point of Entry Response

The Irish Health Response commences at the point of entry in Dublin Airport where the health team provides immediate support for those presenting as unwell, provides COVID-19 Safety advice and an introduction to the Irish Health Services. From 23rd May 2022, Citywest Convention Centre will function as the National Interagency Accommodation Transit and Processing Centre for those displaced by the war in Ukraine entering via Dublin Airport and Port. This will account for approx. 85% of all arrivals. The HSE will move its service on site. In addition to the services previously available in Dublin Airport, it will also support the completion of an individual health questionnaire/check by those transiting through the centre to identify health conditions which require ongoing therapeutic or medical intervention. This will facilitate demand analysis and individual health planning as well as Identifying for other agencies particular accommodation requirements. The health checks will be completed on a HSE Microsoft System which is in the final stages of development. This service may be made available to those who are already dispersed in accommodation across Ireland or who enter via ports outside of Dublin by means of an on-line portal or an APP.

HSE is now in receipt of 24-36 hour pre-arrival notifications for those entering via ports outside of Dublin and this information is shared with relevant CHO Social Inclusion Teams for service response.

Access to GP Services

Providing access to GP services forms a key part of the HSE's overall health response for the Ukrainian displaced population. The HSE and IMO have recently updated the Framework for Access to GP services (29th April 2022) which was first issued to the system in March. This version provides greater clarity on reimbursement models and guidance on the Primary Childhood Immunisation Programme and the delivery of Maternity and Infant Care Services.

The Framework sets out how incoming Ukrainians can be supported to access GP services depending on their accommodation setting. Due to data limitations it is not possible to accurately quantify the

number of people in private accommodation, however it may be as high as 37%. These individuals/families will be registered with local GPs in the normal way under the GMS.

For those housed in communal temporary accommodation, services are being delivered in the main by sessional arrangements with local GPs or Out of Hours/ third party providers as it is not generally practical, depending on the size of the local Ukrainian population, to register them on GMS panels. These arrangements are temporary and are not sustainable in the long term. It is also more desirable for individuals to have an assigned GP to support the continuity of their care generally and with respect to discharges from Acute hospital settings. The Ukrainian Health Response Planning and Coordination group is considering mitigations to address this. It is hoped that HSE Geo-mapping work underway can be used to inform the medium to long term accommodation strategy for this population group linked to the availability of services.

The streamlined medical card process is well established and to date 16,116 cards are live (13th May 2022).

Capacity Challenges

HSE are working to overcome known GP availability capacity challenges across the country but most particularly in areas of single handed GP Practices, existing dense populations resulting in high demand and in very rural areas where many Practices are already at maximum capacity.

Additional initiatives are being employed to enhance GP capacity and include

- supporting retired GPs to return to work to provide targeted services
- Maximising Safetynet services
- Existing GP Out of Hours services providing bespoke clinics for GP consultation.

Access to Secondary Care and Specialist Services

CHO Multidisciplinary teams are providing in-reach services to temporary accommodation settings to assess the urgent needs of residents and signpost or refer them to appropriate services e.g. maternity, paediatrics, disability, mental health. Acute Hospital services are reporting general adult and paediatric OPD and emergency attendance activity within this population group as well as obstetric referrals. The capture of activity data for displaced persons within Acute Hospitals has commenced.

The HSE, working in partnership with the Departments of Housing and Defence has to date undertaken seven medical evacuations of patients for a variety of medical reasons such as cancer, trauma and neonatal care. To date, Ireland has made more than 40 offers of transfers. The HSE will continue to monitor and offer medical evacuation options as part of its overall response to this situation.

Planning preparedness and response coordination: Work in progress

Through the established of priority workstreams, the **national Ukrainian Health Response Planning and Coordination group** is planning for and coordinating the delivery of the Ukrainian Health response. *A summary of current priority actions by workstream is set out below.* Workstream leads collaborate to agree and deliver on all workstream outputs.

Data and Informatics

- The data and Informatics Workstream is working to digitise the Citywest individual Health Questionnaire. Sprint 1 is underway with validation due to be carried out in Citywest next week
- The HSE's Health Intelligence Unit are evolving methodologies aimed at anticipating indicative demands by displaced Ukrainian persons on local health services, especially with regard to primary care (GP practices), Community Care (public health nursing, dental,

physiotherapy, speech therapy, disability services etc.) and mental health/psychological support services. This coupled with stakeholder engagement, will allow for more refined modelling of anticipated national and sub-national health service demands is highly dependent on timely availability of quality data.

Community Delivery Model

- The Service delivery model for the new National Interagency Accommodation Transit and Processing Centre in Citywest is being finalised and on-site physical space and infrastructure is being agreed with DCEDIY
- Work is ongoing with PCRS to maximise the allocation of displaced persons to GMS panels where feasible.

Public Health

- The Public Health Workstream has developed the Individual Health Questionnaire for initial use in Citywest with a view to more widespread roll out. It continues to develop Public Health Guidance for local Health teams, contracted facility providers and displaced persons. These are all available on the HSPC website.

Clinical Workstream

- The Clinical Workstream is engaging with the National Doctors in Training Programme, the Medical Council and Medical Colleges regarding options for Ukrainian medical students to undertake clinical observationships and other roles that do not require registration
- The Clinical Workstream is also looking at pathways to registration for qualified doctors amongst the displaced population.

Access to Acute Services

- This Access to Acute Services workstream continues to work with Acute Hospitals to put processes in place to capture activity associated with this population group
- This Workstream has developed a HSE Guidance document to support the placement/assignment of accommodation to displaced persons who may need ongoing access to acute hospital care. This will be incorporated into the Citywest service model and working arrangements onsite with DCEDIY.

Mental Health Services

- The Mental Health Services workstream are in the process of translating Mental Health specific information on the HSE website. They are also working with Translate Ireland to develop mental health video content in Ukrainian in collaboration with health professionals from the Ukraine who are working in Ireland
- This Workstream is also currently providing input and guidance on the broader psychosocial aspect of the HSE Citywest service model.

Access to Disability Services

- National Disability Operations are coordinating the disability health response in conjunction with Disability Umbrella Groups and DCEDIY. In taking decisions to welcome groups with specific needs consideration is being given to current capacity and service pressures, regulatory requirements, policy directions and accommodation availability
- Disability-specific information will be made available on the HSE website with a particular emphasis on self-referral to services for those who may be in private accommodation and may not have had any initial interaction with HSE Services
- The Access to Disability Workstream are also advising on the set up of the new Citywest centre and the establishment of sensory rooms.

Enabling Requirements

- Finance: 70 costs centres have been set up across the system to facilitate financial reporting of the Ukrainian health response. The March report was available on 6th May 2022. Minimal costs were reflected in this reporting period. The April report will begin to reflect costs to that date to the system, including medical cards and third party costs as applicable
- Communications: The HSE UKR Landing page is continually being updated with relevant and translated information for the incoming displaced population. There has been over 86,000 page views by people using Ukrainian/Russian browsers to the HSE website, with over 56,000 views of hse.ie/Ukraine
 - A series of county specific leaflets are in development which will outline all local health services
 - 10 people from Ukraine who arrived in Ireland recently under temporary protection have been employed to work in HSElive as call-takers
- Training: An Inter-Agency Trauma Awareness module has been developed for delivery on HSEland and will launch on 16th June 2022.

The Ukrainian Health Response Planning and Coordination Group and workstream leads are working with doctors and healthcare staff from Ukraine to support this work and ensure communications materials, service frameworks, interpretative services etc. are fit-for-purpose.

Risks

Risks and mitigating actions are set out in appendix one and are as at 13th May 2022. Changes to risk descriptions, mitigating actions or RAG status since the last submission in April are highlighted in the *Comment* column. Please note this risk register is a work in progress and is being kept under ongoing review. The Risk Register is shared with the Department of Health on a weekly basis and with the Humanitarian SOG.

Dr. Stephanie O’Keeffe, Chair, HSE National Ukrainian Health Response Planning and Coordination Group

ENDS.

Appendix One: Summary of Donations to Date (Updated to May 2022)

Donated Items	Source	Date of dispatch	Indicative commercial value	Notional Realisable Value (NRV)
10,000 Protective Suits 50,000 Surgical Masks 2,583 Litres Hand sanitiser	Surplus HSE stock	11 March	€87,340	€87,340
12 pallets of medical consumables including bandages, needles and syringes	Surplus from City West site	4 March	€0	€0
Medical equipment and consumables consisting of a range of critical care devices including life support, diagnostic, therapeutic and infant care together with a range of consumable devices, totalling 5,920 items	1. Surplus COVID stock (new) 2. Replaced equipment (used) 3. Donated by suppliers (new)	26 to 30 March	€2,672,897	Approx €2m (tbc)
9 ambulances, with equipment and consumables	Decommissioned by NAS	16 March	€450,000	€0
18 pallets of pharmaceuticals	Surplus COVID stock	28 March	€126,025	€126,025
TOTAL			€3,336,262	

Donations May 2022:

Donated Items	Source	Date of dispatch	Indicative commercial value*	Notional Realisable Value (NRV)	Notes
46 Aids and Appliances 50 Patient Monitors 290,000 needles/syringes 15,800 consumables e.g., masks, nebulisers, cannulae etc.)	Surplus HSE stock	10 May	€tba	€tba	

Appendix Two: Planning and Coordination Group Risk Register – in progress

Ref No.	Risk Description	RAG	Mitigating Action	Owner	Comment
1	Risk of COVID-19 transmission and outbreaks of other illnesses/infectious diseases in high-density IPAS settings and dormitory style emergency accommodation where there is no capacity for isolation of those who are symptomatic		<ul style="list-style-type: none"> • Implementation of the guidance document Public Health Advisory REF No. 004 v1 (PH & Clinical priorities) • Provide access to COVID vaccination clinics for people in IPAS settings • The following guidance documents have been developed by HSE PH, issued to the system, uploaded onto HPSC website and shared with LAs. They will also be made available to DCEDIY Facilities once contact details have been provided by DCEDIY <ul style="list-style-type: none"> ○ Prevention of COVID-19 in congregated settings ○ Guidance re. cases/outbreaks COVID-19 for staff/ managers in congregated settings ○ Management of Norovirus for residents and for managers/staff in congregated settings ○ Minimum hygiene and public health standards in congregated settings. 	HSE	Risk description updated on the 27/04/2022 Mitigating actions have been updated 11/05/2022
			<ul style="list-style-type: none"> • Address the current issue of those presenting with symptoms of COVID or otherwise being placed in congregated settings. 	External to HSE	
			<ul style="list-style-type: none"> • DCEDIY are setting up a 24/7 Duty phone line to address issues notified to them from facilities/ other agencies re accommodation. This should prove to be helpful for HSE on engaging with DCEDIY centrally on outbreaks and associated necessary actions • DCEDIY engaging well with HSE on dedicated HSE space in Citywest and Hygiene/ Sanitation Requirements • DCEDIY will ring-fence a block of beds in Citywest Hotel for HSE needs which may include Isolation. 	DCEDIY	
2	DCEDIY estimate that approx. 33% of contracts for currently occupied serviced accommodation will expire at the end of June. We expect considerable new movement and location change for people – disruption may impact on psychological health and have health service implications		<ul style="list-style-type: none"> • Development and communication of a medium term accommodation strategy to set expectations for people living here and ensuring the next phase of accommodation is stable and allows for full community integration and settlement. 	External to HSE	New risk added 13/05/2022
3	Some people from the Ukraine are being located in areas with very poor service access, e.g. very rural locations. This may result in a reduced or emergency service only depending on location		<ul style="list-style-type: none"> • Liaise with IPAS on agreed vulnerabilities and work to locate people in urban areas close to health services where a specific need has been identified • Guidance document for IPAS in the process of being finalized around the placement of UKR people requiring access to hospital based medical care • In conjunction with the Geo Mapping sub group of the Data SOG, analyse 	Social Inclusion Data and Informatics Workstream	Mitigating actions updated on the 27/04/2022

			<p>where health services have greater capacity and use this to inform the longer term accommodation plan for Ukrainian people following an initial period in IPAS accommodation</p> <ul style="list-style-type: none"> • Other mitigations to be developed by workstream and locally by ACMTs. 		
4	Inability to provide the necessary level of GP care due to shortages of GP capacity to provide sessional services in shared accommodation or where GP lists are full in locations with existing high level of demand		<ul style="list-style-type: none"> • Put measures in place to support retired GPs to return to work to provide time limited, targeted GP services to the Ukrainian people as needed in specific CHOs • Establish interim GP arrangements as per suitable options outlined in GP Framework developed in conjunction with IMO, including weekend OOH cover and ensure clear communication to all stakeholders re the same • Maximize Safetynet services • Provision of additional clinics from GP OOH providers for time limited period in agreement with CHOs • ACMTs to monitor GP capacity locally for early identification of service pressures and constraints. Specific identified pressure points will be escalated to SOG via DoH as required. 	Operational Services	<p>Additional mitigating actions added on the 27/04/2022</p> <p>This risk has been re-rated to red (high risk) from amber (medium risk) 27/04/2022</p>
			<ul style="list-style-type: none"> • In conjunction with the Geo Mapping sub group of the Data SOG, analyse where health services have greater capacity and use this to inform the longer term accommodation plan for Ukrainian people following an initial period in IPAS accommodation. 	Data and Informatics Workstream	
5	A coordinated planning approach is required to support the movement of people with a high level of needs from congregated settings in UKR to Ireland. Without this, there is a risk that access to services or suitable accommodation will be sub-optimal		<ul style="list-style-type: none"> • National disability services engaging with NGO umbrella groups daily to coordinate the response around people with specific needs from congregated settings in the Ukraine being brought to Ireland • Gaining information on the requirements of the incoming people in order to better understand the services required and place accordingly • Set out considerations for appropriate referral routes between community and acute secondary care services and specialist care/ tertiary care • Other mitigations to be developed by relevant workstream. 	Disability Workstream	Risk description has been updated on 27/04/2022
6	National Service Delivery Plan risks as new emergency needs requires urgent response, displacing other priorities		<ul style="list-style-type: none"> • Agree priorities for National Service Delivery Plan and communicate same with relevant stakeholders 	HSE	
7	Financial and spending risks and system development to provide estimates and track financial spending related to the emergency response		<ul style="list-style-type: none"> • Cost Centres issued to system to facilitate tracking of costs associated with UKR activity and enable financial reporting • HIPE Coding in Acute Hospitals will facilitate ABF for UKR Activity. 	Finance Workstream	All mitigating actions have been updated on 27/04/2022

8	People with disabilities arriving into private, non IPAS accommodation may not be flagged to HSE services for assessments of needs		<ul style="list-style-type: none"> Information will be provided on HSE Ukrainian landing page on how Ukrainians with disabilities can self-refer to services Other mitigations to be developed by the workstream. 	Disability Workstream	Mitigating action wording revised 28/04/2022
9	Risk of people with disabilities being placed in temporary IPAS accommodation without access to specialist supports or in pledged housing/ other without adaptations		<ul style="list-style-type: none"> Pathway in place for notification of persons with disabilities via IPAS HoD will arrange for disability needs assessment to be conducted. Specific needs identified will be communicated to the Area Crisis Management team to inform the allocation of appropriate long term accommodation Other mitigations to be developed by relevant workstream. 	Disability Workstream	
10	Unstructured and uncoordinated approaches to Ukrainians in IPAS hotels by non-authorized groups/ self-nominated individuals, (vetting status unknown) with offers of support. This gives rise to an infection control and safeguarding risks		<ul style="list-style-type: none"> Risk escalated and discussed with the DoH (24th March; 30th March and 6th April); DoH raised with SOG etc. 	DoH/IPAS/ DCEDIY	Mitigating actions have been updated
11	Different expectations of incoming Ukrainian population regarding service availability e.g. the scope of termination of pregnancy services or waiting times to access other health services, such as, orthodontics, disability CDNT, MH assessments etc.		<ul style="list-style-type: none"> Communications as to the breadth and scope of services and access pathways on HSE website. 	Communications Workstream	Update to risk description and mitigating action 27/04/2022
12	This incoming population will give rise to increased demand on health services exacerbating existing waiting list and access challenges in some areas (i.e. disabilities, MH)		<ul style="list-style-type: none"> Clear communication to the system on the management of UKR pathways in the context of extant waiting lists and access issues Demand and capacity modelling to understand the actual impact on services National operational services to map services (with locations) already under significant service challenge, those approaching the tipping point, need escalation pathway Communication of impact to DoH and other stakeholders Prioritisation of urgent care and supports. 	National Operational Services Data and Informatics Workstream	Update to risk description and mitigating actions 28/04/2022 Risk has been re-rated from amber (medium risk) to red (high risk)
13	Timely notification of movement of UKR people between accommodations; health supports are being put in place for vulnerable groups who may then be moved with no prior notification. This impacts on the continuity of care for the individual/family and results in an inefficient use of health resources		<ul style="list-style-type: none"> Escalated to DoH and raised at SOG. 	HSE	
14	High and increasing levels of staff sickness due to COVID are threatening core services at community and acute levels and needs to be considered in context of the local Ukraine service response		<ul style="list-style-type: none"> Redirect as appropriate COVID response teams to the Ukrainian health response effort Explore opportunities to build capacity at local level through existing CPL and other panels 	Operational Services	This has been re-rated from an amber (medium) rating to a green (low) rating in line with reducing trend

			<ul style="list-style-type: none">Increased societal adherence to public health advice regarding COVID prevention.	External to HSE	of population infection on the 27/04/22
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