



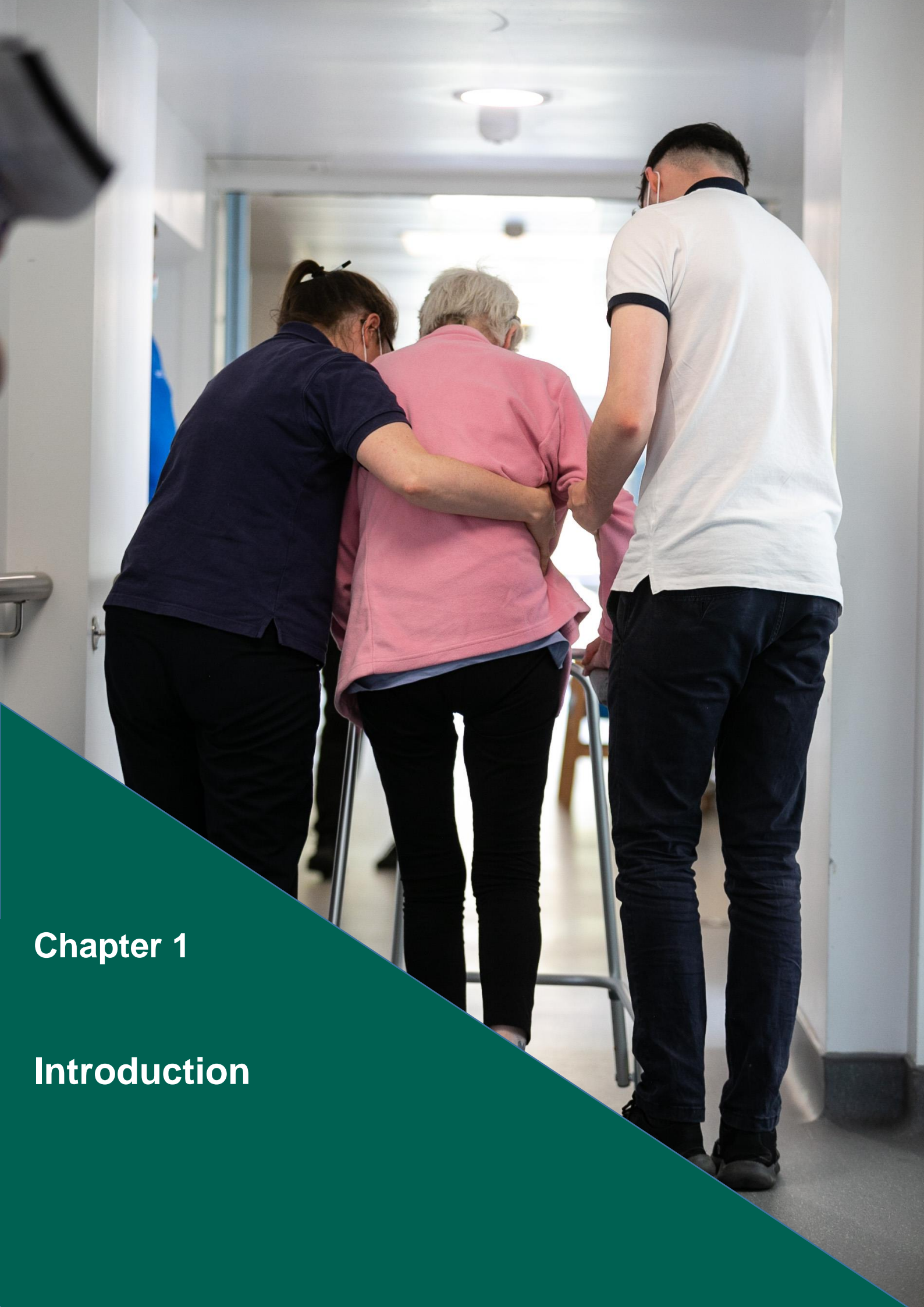
# Health Service Executive CEO's Report to the Board



**25 NOVEMBER 2022**

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## Chapter 1

### Introduction





## 1. INTRODUCTION UPDATE

### VICKY PHELAN

It is with deep regret and sadness that I learned of the passing of Vicky Phelan, the HSE extends its condolences to her family and loved ones. Ireland has lost a true champion for women's health and open disclosure.

### FURTHERING ORGANISATIONAL WIDE PRIORITIES

Arising from my engagement sessions with our National Directors and Assistant National Directors, we have compiled feedback on how we can further optimise process flow and integrated care across the system to improve efficiency and enhance patient and service user care. I intend to engage with our Chief Officers of Community Healthcare Organisations and CEOs of Hospital Groups to share these learnings and explore how HSE Corporate can assist the frontline.

### THE ORGANISATIONAL WIDE CAPACITY

October / November has seen unprecedented levels of attendees at the emergency departments with record numbers of presentations putting increasing pressures on an already busy system. Recent media events have outlined the current pressures and advised the public to consider all options before attending Emergency Departments. These messages will continue as part of a communications campaign throughout the winter.

### PROTECTING OUR STAFF AND SERVICE USERS

With the winter season upon us and increased presence of flu, COVID-19 and RSV, I continue to urge all staff, especially our front line workers, to avail of the COVID-19 booster and flu vaccine offered. We want to ensure that staff, their families and vulnerable service users are protected as much as possible, throughout this challenging period.

### NATIONAL SERVICE PLAN 2023

The Letter of Determination was received in October and the National Service Plan was adopted by the Board on the 10<sup>th</sup> of November and submitted to the Minister. We will engage with our colleagues in the Department of Health to finalise the process.

### 1.1 CENTRAL MENTAL HOSPITAL, NATIONAL FORENSIC MENTAL HEALTH SERVICE (NFMHS) PORTRANE

I was delighted to attend the recent opening of the NFMHS in Portrane, which was an historic day for our mental health services it will be a first class resource for patients and mental health professionals.



Ministers Donnelly, Butler, Feighan and Browne were in attendance for the opening of the facility which will eventually cater for up to 170 patients in both the community and prison in-reach services. Additionally, this hospital will also have a Forensic Child and Adolescent Mental Health Service (FCAMHS) Unit and Intensive Care Rehabilitation Unit (ICRU).

### 1.2 RETIREMENT OF CONFIDENTIAL RECIPIENT` - LEIGH GATH

Leigh Gath was appointed to the post of Confidential Recipient in December 2014, following the HSE's publication of its policy on Safeguarding Vulnerable Persons at Risk of Abuse. Since that time, Leigh has been a strong voice and advocate for vulnerable persons residing in HSE or HSE funded facilities, our services are better from her advocacy and considerable input. Leigh tendered her notice to retire earlier this year and we wish her well in all her future endeavours. I want to congratulate Gráinne Cunningham-O'Brien on her recent appointment to role and I look forward to working with her.

### 1.3 HOSPITAL VISIT - OFFALY AND LAOIS

I continued my series of visits to services around the country by spending some time in Offaly and Laois where I visited services and met staff involved in a range of service areas including;

- Acute and community services who are collaborating and effectively integrating across a range of health services.
- the Ambulatory Gynaecology hub where I was appraised of service developments focused on improving access, capacity and waiting times.
- The Enhanced Community Care team.



Micheal Knowles - General Manager of Portlaoise Hospital, on his retirement.

All of these visits have been worthwhile, highlighting the great work being done on the front line but also giving me a chance to engage with, listen to and understand our staff struggles and how they might be ameliorated. It also gives me great insight into what is working well in supporting service users and how particular initiatives might be cascaded across services in a shared learning approach.

#### 1.4 TEMPORARY INFLATION PAYMENT SCHEME (TIPS)

The TIPS has been developed to support private and voluntary nursing homes with energy increases and it will cover the period of July to December 2022. TIPS will be funded through a €10m allocation and will be jointly managed by the HSE and NTPF. This is requested to be in place mid-November and work is underway to effect this.

#### 1.5 NATIONAL DIRECTOR INTERNAL AUDIT

I am delighted to announce that the post of National Director, Internal Audit has been offered and accepted by Mr Joseph Duggan, who will take up the role on a permanent basis, early in the new year.







## Chapter 2

# CHIEF CLINICAL OFFICER



## 2. CHIEF CLINICAL OFFICER UPDATE

### 2.1 WINTER VIRUSES

This winter there are three main viruses, Respiratory Syncytial Virus (RSV), Influenza and COVID-19 in circulation. RSV is a common seasonal condition and the virus is especially impactful on young children less than 6 months, premature children and those with an underlying condition. Most adults are not greatly affected, except those who are older or with underlying illness. Immunity to RSV may have waned in recent years from lack of exposure.

The potential impact of influenza is difficult to predict based on the Australian experience we may experience an earlier surge among younger people. A particularly bad flu season would translate into a surge in hospital admissions over the winter, continued monitoring will take place with ongoing promotion for the uptake of the flu vaccine.

In relation to COVID-19, the incidence rates of infection depend on transmissibility of any new variants. Most people will continue to be protected from severe disease if vaccinated. The current circulating Variants of Interest (VOIs) (BQ1 & BQ1.1) do not appear to be associated with more severe clinical outcomes. At this point the impact is uncertain but hospitalisation and ICU admission are likely to be similar to last year's winter and to date, vaccine effectiveness is continuing to protect against severe COVID disease.

It is worth noting that the relatively mild weather to date has mitigated against transmission for obvious reasons and we can expect spikes of cases with consequent health system pressures should there be a protracted period of cold weather.

### 2.2 MONKEYPOX (MPX)

From the 16<sup>th</sup> of May until the 5<sup>th</sup> of November 2022 there have been 210 cases of Monkeypox infection notified.

**Vaccination Programme Current Operational Status** - There has been a significant range of challenges for the HSE to operationalise a Monkeypox vaccination programme. One of the most significant aspects in the design and delivery of the MPX programme elements is patient and staff safety. All protocols, procedures, training and systems must be clinically designed and approved by the relevant organisational elements.

The remaining issues to complete are:

**a) Completion of intra-dermal training of nurse vaccinators across Central Vaccination Centres (CVCs)**

A training framework is now complete following review by the MPX Clinical Advisory Group and Office of Nursing and Midwifery Service Development (ONMSD). Trainers have been identified to attend each CVC and training has commenced this week.

#### **b) Vaccine Stock**

The HSE was expecting additional stock to arrive on the 4th November to allow for an expansion of the vaccination programme (additional 5,000 vials). The manufacturer identified an issue in the quality assurance procedures and current information suggests an updated delivery date of 21st November. The HSE is waiting final confirmation of a date. This supply will allow increased capacity and a Go Live date of 28th November. The HSE is expecting (in December) to receive additional HERA (Health Emergency Preparedness response) donation of stock from the EU. This is expected to be an additional 5,000 – 7,000 vials. The aim is to increase capacity to administer vaccines to a target group of 6,000 people by the end of February 2023 from a public health intervention perspective.

### **2.3 NATIONAL SCREENING SERVICE**

The National Screening Service (NSS) continued to deliver screening across all four programmes with reduced capacity.

**BreastCheck** – the programme for Jan-Sept 2022, completed 117,347 mammograms which is 7.7% above the COVID-19 adjusted target. In September, the programme completed 15,916 mammograms for women in the eligible population, versus a target of 16,000. The recruitment/retention of radiography and radiology staff continues to be critical and is being actively managed.

**CervicalCheck** - the programme for Jan-Sept 2022 completed 194,637 screening tests versus a target of 229,600 (-15.2%) and below the reviewed YTD activity forecast of 208,032 by 13,395 (-6.4%). In September 22,392 screening tests were completed, below the published target of 27,000 by 4,608 (17.1%) but above the reviewed activity forecast of 21,779 by 2.7%.

CervicalCheck and the Coombe Hospital continue to work closely together to resume laboratory services. A resumption plan for the return of samples to the Coombe is being finalised. The NCSL laboratory at the Coombe has completed construction and is expected to be operational before the end of 2022. Dr Scally's final report is due with the Department of Health by the end of this month.

**BowelScreen** - the programme issued 25,516 invitations in September which is 5% below the target of 27,000. Year to date, (Jan-Sept) BowelScreen

screened 92,354 eligible participants, which is 13.7% below the target of 107,000. Year to date waiting times for a colonoscopy for those that have a FIT positive test within 20 working days was below the  $\geq 90\%$  target at 87.6%. BowelScreen screened 15,630 eligible participants in September, which is 30.3% above the target of 12,000.

BowelScreen is progressing the insourcing of services to conduct surveillance scopes using weekend insourcing during December 2022 to March 2023. It is expected that there will be circa 1,400 clients who will require a surveillance scopes by the end of Q1, 2023.

**Diabetic RetinaScreen (DRS)** - The programme year to date (Jan-Sept) screened 84,990 participants which is 2.4% above the target of 83,000. In September, 11,345 participants were screened which is 26% above the target of 9,000. A new consultant commenced work in CUH in October with a planned reconfiguration of clinics to facilitate additional sessions to support the reduction of delayed appointments in the Cork region.

**Interval Cancer Reports** - Extensive planning for the implementation of the phase 1 programme of the CervicalCheck patient-requested review process is underway, including design, delivery, communications requirements, and resourcing components of the process. The Legal Framework Group is now working towards the development of the final report which is planned for completion in Q1, 2023, supported by the evidence from the four commissioned research reports.

**State Claims Agency (SCA)** - The NSS has maintained at the existing level on the Risk Register, a risk relating to the current legal environment on screening viability. Closing date to apply to the CervicalCheck Tribunal was 26<sup>th</sup> July 2022. The SCA has confirmed in October that there are 26 applications to the CervicalCheck Tribunal: 5 cases have been settled, 3 discontinued and 3 reverted to the High Court, leaving 15 waiting to be heard. There remain 328 active High Court claims against CervicalCheck out of a total of 375.

**National Cervical Screening Laboratory (NCSL)** - The new NCSL will be ready to begin operations by year-end. A workforce plan is in place with essential roles identified but workforce capacity remains the key limiting factor for full establishment of the laboratory. It is anticipated that it will take a number of years before the laboratory is in a position to be the principal provider of laboratory services for CervicalCheck.



**Elimination of Cervical Cancer** - This collaborative public health-led project will officially launch at an in-person event on 17<sup>th</sup> November 2022 at the Department of Health. The Minister of Health will announce support for working towards elimination of cervical cancer as a public health problem in Ireland.



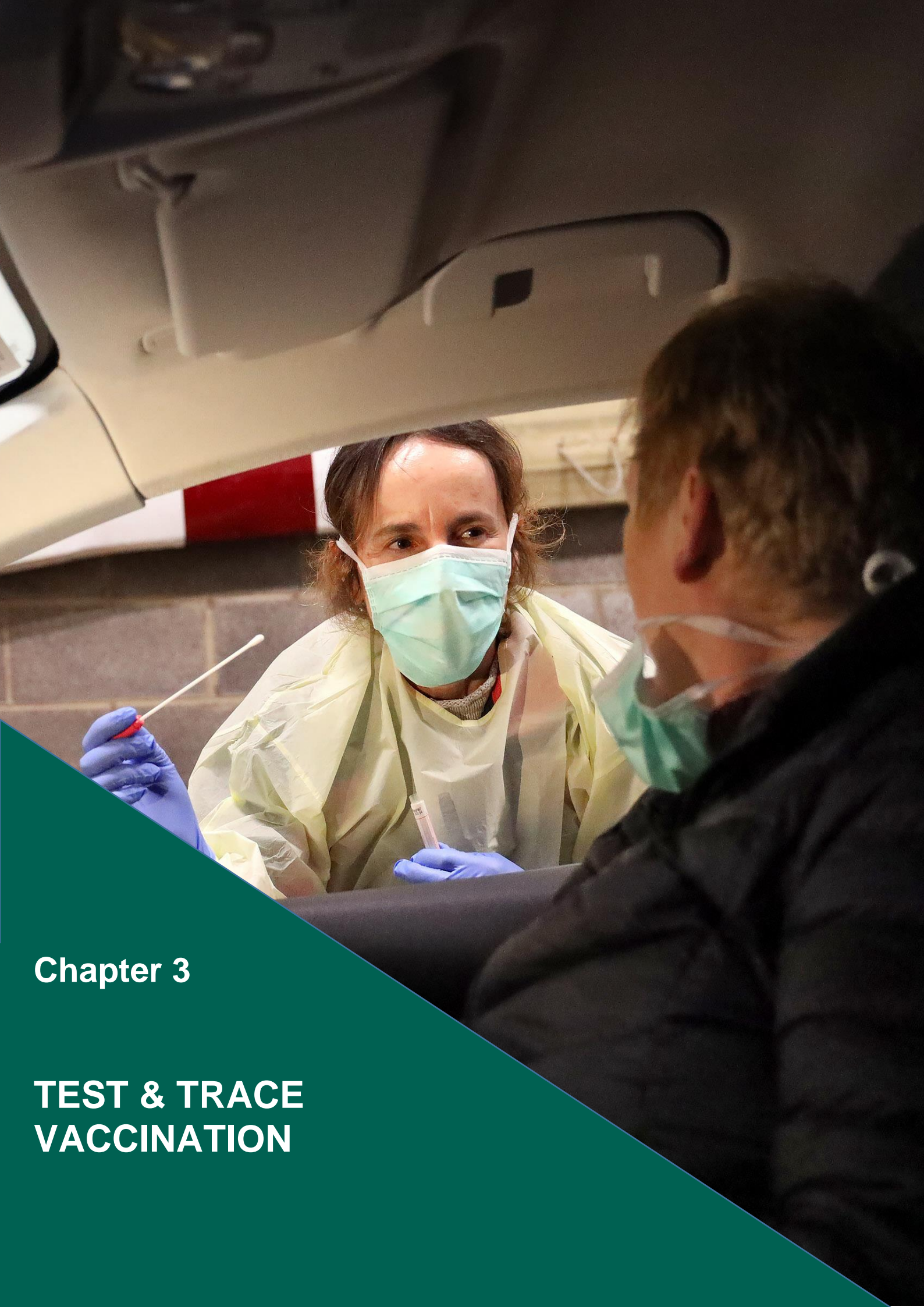
## 2.4 NATIONAL CANCER CARE PROGRAMME (NCCP)

**Capacity and staffing** - Cancer services continue to operate near full capacity, with some ongoing local difficulties related to staffing challenges and acute capacity issues. The loss of experienced staff and difficulties recruiting is continuing to have an impact on services and may be adding to capacity challenges. Efforts to address these challenges are ongoing, including extended working periods and targeted recruitment campaigns.

**Cancer Diagnosis Post COVID-19** - The full impact of COVID-19 on cancer activity will not be fully apparent for some time. However, a report by the NCCP, HSE, National Cancer Registry Ireland (NCRI), Royal College of Physicians in Ireland (RCPI) and other partners, published in December 2021, provided some initial analysis. It found 10-14% fewer diagnoses in 2020 vs 2019. Anecdotally, cancer clinicians are reporting that patients are presenting with later stage cancers. Diagnosis at a later stage generally leads to a poorer prognosis for individual patients, narrows treatment options and results in more complex treatment planning, often involving multiple modalities of treatment. The ongoing, statutory, collection of data by the NCRI will provide information on stage of diagnosis and will help to inform the full extent of late diagnoses arising from the COVID pandemic but there is a time-lag on the collection of NCRI data.

## 2.5 PATIENT SAFETY BILL

A meeting is due to take place with the Chair of the HSE Board, Safety and Quality Committee and Chief Clinical Office on the 22<sup>nd</sup> of November to discuss the correspondence in relation to the Patient Safety Bill.



## Chapter 3

# TEST & TRACE VACCINATION



### 3. TEST AND TRACE / VACCINATION OFFICER UPDATE

#### 3.1 TEST & TRACE SUMMARY UPDATE

The Test and Trace function continues to prepare for the transition to the future clinical, public health and surveillance led model. We are currently engaging with the Department of Health in relation to the agreed date for the implementation of the new Public Health guidance and to ensure that appropriate planning and stakeholder engagement is in place before commencing the transition.

As part of the implementation planning, we are finalising the operational surge response and emergency response plans should either scenario emerge, as well as preparing readiness plans to gradually move from the existing model towards the clinically driven and surveillance-led model.

As part of the National Sentinel GP Surveillance Programme, it has been agreed that, commencing the 16<sup>th</sup> November 2022, patients who meet the Health Protection Surveillance Centre (HPSC) Acute Respiratory Infection (ARI) case definition, can be swabbed by Sentinel GPs. Approximately 70 GPs will commence swabbing initially, with an additional 20 GPs scheduled for on boarding over the next 4 weeks. Patient samples will be tested in the National Virus Reference Laboratory (NVRL) for SARS-CoV-2, influenza, respiratory syncytial virus, and other respiratory viruses.

#### **Trends**

The key indicators over the last month show a slight upward trend in demand relative to the previous month.

- Community referrals have increased by 4.6% compared to the previous month with 17,102 community referrals, while community positivity is now 33.4%.
- GP referrals have decreased by 21.7% to the previous month with 1,078 GP referrals.
- Community swabs undertaken have decreased by 3.4% to the previous month with 41,966 swabs.
- Laboratory tests have decreased by 4.7% to the previous month with 69,918 laboratory PCR tests undertaken versus 73,324 in the previous month.
- There were 13,619 positive antigen tests reported in October. Antigen test kits booked have increased by 12.7% in comparison to the previous month - 69,307 in September versus 61,514 in the previous month.
- 10,297 people were notified of their detected COVID-19 test result in the last month, a 17.8% increase on last month. Of the cases who identified one or more close contacts, the average number of close contacts was 1.2.



- Median end-to-end turnaround time (TAT) for a not-detected result in the Community is at 1.0 day and for a detected result in the Community is at 1.1 days.

### 3.2 PROGRAMME AND POLICY IMPLEMENTATION UPDATE

#### Operational / capacity developments:

As part of the transition planning process, operational capacity levels have reduced in line with demand. The current key steps being taken to align operational capacity with the future model are:

- As of the 11th November 2022 there are c. 524 Whole Time Equivalent (WTE) staff across Test & Trace.
- Following a detailed evaluation, CHO Community Testing staff will be retained until the end of January 2023.
- There are 29 Community test centres in operation until transition to the long-term surveillance and clinical model (one in each county, with 2 in Cork, and 3 in Dublin).

#### Priority areas for the month ahead:

- Sentinel GP Programme is scheduled to commence on 16th November 2022.
- Preparation for the clinical pathway commencing from 9th December 2022 is underway. It will run in a parallel with the self-referral pathway until such time as the decision is taken to transition fully to the future model.

### 3.3 RESOURCE MANAGEMENT

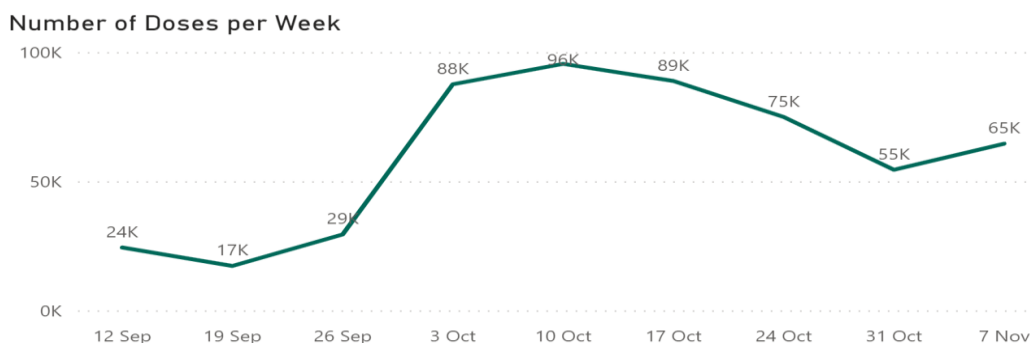
A large future workforce programme continues to ensure that both Test and Trace/ Surveillance and Vaccinations have the appropriate resources in place to manage and sustain the programmes of work into 2023.

Our current estimate for 2023 is expenditure of between €121m and €151m. Following clarifications from the Department of Health, the €68m budget allocation for 2023 covers Test and Trace as once-off funding. NAS and Surveillance budgets have been allocated directly to those areas as it represents recurring funding.

### 3.4 VACCINATION OPERATIONAL UPDATES – 13 NOVEMBER 2022

Out of 4.2m booster doses to date **circa. 3m** doses are booster 1s, **c. 939.8k** are booster 2s and c. **224.4k** are booster 3s.

The below chart outlines the weekly COVID-19 vaccinations administered since 12th September to week commencing 7th November.



There was a noticeable increase in vaccinations administered following the commencement of the Autumn/Winter programme on 3rd October. The peak was in the week commencing 10th October with **95.5k** doses administered including **circa. 43.8k** booster 2 and **circa. 47k** booster 3 doses.

By comparison, week commencing 7th November, **circa. 64.6k** vaccination doses were administered, which comprised **circa. 850** primary doses, **circa. 2.6k** booster 1s, **circa. 34.9k** booster 2s and **circa. 26.2k** booster 3s.

Of the **circa. 466k** vaccinations administered to date since 3rd October, **58.6%** were by GPs, **19.5%** in Pharmacies and **13.9%** in Vaccination Centres.

**Circa. 44.5k** Health Care Workers have received their second booster to date, this represents **circa. 15%** of the fully vaccinated population.

There are currently **circa. 6.5m** doses of vaccine being held in the National Cold Chain Service, of which **2.6m** are adapted vaccines. An additional **circa. 1.6m** vaccines are scheduled for delivery between now and December 2022.

**Circa. 1,135** GPs, **circa. 860** Pharmacies, **15** permanent Vaccination centres and a number of temporary clinics are participating in the Autumn/Winter Programme.

Mobile vaccination units are also being utilised by area support teams to provide vaccine access in rural locations and target other hard to reach groups.

Recruitment for the vaccination programme is ongoing. There are a total of 99.4 WTE roles to be filled, with 41 campaigns underway.

### 3.5 VACCINATION STRATEGIC UPDATES

Social media advertisements have commenced in 13 languages on how to book a vaccine, vaccines and pregnancy, children's vaccine and winter vaccines.

Health Care Workers (HCW) uptake remains low and targeted communications and initiatives through HSE channels are being used to increase uptake. Including;

- Leadership engagement

- Communication from the CCO to each Hospital Group CEO, CHO Chief Officer, Clinical Directors & Directors of Nursing and Midwifery.
- The CCO has issued a video to all staff.
- Correspondence to issue from myself, inclusive of data on HCW uptake performance to date.
- Improved access
  - Mobile teams currently assigned to Residential Care Facilities (RCFs) to be extended / redeployed to Hospitals and CHO's pending plan with RCFs.
  - Potential to extend peer vaccination for COVID-19, similar to Flu programme.
- Improved data
  - Better access and use of data to demonstrate performance by CHO/ Acute Hospital. Engagement has taken place with ICT to enhance dashboards.
  - ICT training and support is ongoing for staff engagement on the Flu programme.
- Communication
  - Updated advertising on each CVC. Continuing to support the Vaccination Centre in promoting clinics locally through local media as well as HCW clinics.
  - Move to single vaccines only in each CVC which increases flexibility in planning for cohorts.
  - Staff survey to capture staff opinion.

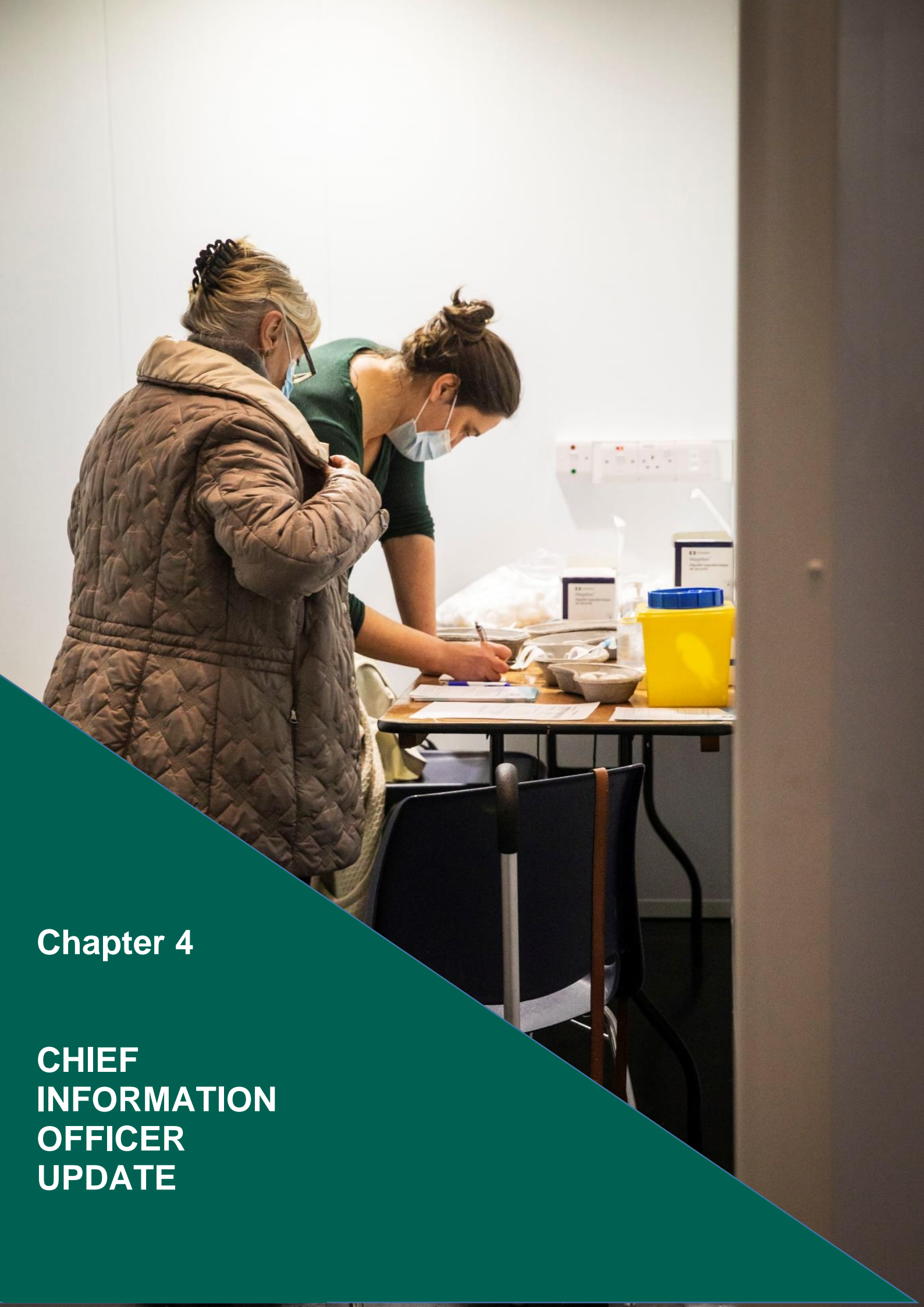
Research is being undertaken to understand the barriers to HCW and Long Term Care Facility (LTCF) staff participating in the current vaccination programme.

DoH advice received on expired vaccines states that *'the HSE should ensure that those vaccines that are likely to benefit from an expiry profile extension are not immediately destroyed on expiry and are held until the European Medicines Agency (EMA) have completed their deliberations on the extension request.'*

The Comirnaty 5-11 BA4.5 adapted vaccine as well as the Sanofi vaccine were licensed by the EMA in the past week. The HSE awaits NIAC guidance on their usage.







## Chapter 4

# CHIEF INFORMATION OFFICER UPDATE

## 4. CHIEF INFORMATION OFFICER UPDATE

### 4.1 EXECUTIVE SUMMARY

During October, the eHealth organisation completed its submission into the HSE National Service Plan (NSP), aligned with the HSE's Corporate Plan and Sláintecare.

In conjunction with the NSP publication, significant effort was made to develop the eHealth & ICT Capital Plan. Capital funding available in 2023 is €140m, an increase of €10m (7.69%) from 2022. This investment in 2023 will drive further improvements aimed at protecting and stabilising our critical digital infrastructure, advancing our ongoing national programmes, and underpinning a range of newer transformation initiatives.

### 4.2 KEY STRATEGIC INITIATIVES (KSI) UPDATE

Key strategic initiatives are those that aid in the delivery of the organisation's long-term goals. The below assessment criteria are a working draft to be agreed with the Technology and Transformation committee and is being used to assess the full portfolio.

1. Facilitates provision of integrated care to improve patient outcomes (across Acute & Community).
2. Progresses achievement of unified digital patient records
3. Improves the robustness of foundational HSE technology infrastructure.
4. Advances the cyber resilience posture of the organisation.
5. Enhance the ability to provide financial and budget management for the organisation.

Based on the working draft of the assessment criteria<sup>1</sup> above the following are the key updates for KSI's

Category	Key Strategic Initiative (KSI)	Assessment Criteria	Update
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
National Programmes	<b>IHI Integration of Acute &amp; Community Systems</b> Integration and seeding of Individual Health Identifiers with iPMS and all 4 GP management systems	1 Integrated care 2 Unified digital patient records	iPMS integration live in 1 <sup>st</sup> site (Letterkenny) and 10 other instances on track to start in Q4. Working with sites to have Data Transfer

<sup>1</sup> This list will evolve based on agreement of the assessment criteria

Category	Key Strategic Initiative (KSI)	Assessment Criteria	Update
			<p>Agreements in place before seeding tool enabled</p> <p>IHI will be available for all public patients across 3 of 4 GP management systems by mid-Nov</p>
National Programmes	<p><b>CHI EHR</b> Enterprise Electronic Health Record for Children's Health Ireland, providing unified patient records across CHI</p>	2 Unified digital patient records	Vendor contract in place, implementation planning progressing, recruitment of project team underway
HSE Transformation Priorities	<p><b>Integrated Community Care Management System (ICCMS)</b> Single system to enhance patient care and experience across each community care settings, while also improving the interface between Community Services with both GP and Acute Services</p>	<p>1 Integrated care</p> <p>2 Unified digital patient records</p> <p>3 Foundational infrastructure</p>	<p>DGOU has granted permission to tender for the ICCMS, and PSC business case has commenced, with initial draft to be completed in December</p> <p>First meeting of Peer Review Group (PRG) held in October</p> <p>Requirements gathering continuing</p>
HSE Transformation Priorities	<p><b>Shared Care Record</b> Strategic initiative to develop a shared patient record for clinical review, and a patient portal</p>	<p>1 Integrated care</p> <p>2 Unified digital patient records</p>	<p>Initial market soundings presentations conducted with selected vendors</p> <p>Commenced engagement with existing international Shared Care Records and one London CTO.</p> <p>Working on agreeing updated approach to SCR.</p>
HSE Transformation Priorities	<p><b>Health Performance and Visualisation Platform (HPVP)</b> Single software approach to the provision service performance information across health and social systems. Target 2022 delivery of HPVP is to 29 acute hospitals</p>	<p>1 Integrated care</p> <p>2 Unified digital patient records</p>	<p>19 Hospitals are live, 3 are in process, and 7 Voluntary Hospitals have data governance issues and have not engaged</p> <p>An alternative approach is being explored with the vendor which will mitigate the data governance issues for voluntary hospitals</p>
National Programmes	<p><b>Integrated Financial Management</b> Project within the Finance Reform Programme to introduce a modern Integrated Financial Management and Procurement system for the health sector</p>	5 Financial & budget management	<p>Completed new vendor contract in Q3 2022, with Build and Test stage commenced in October</p> <p>Target completion of this stage is Q2 2023</p>
National Programmes	<p><b>National Integrated Staff Records</b></p>	5 Financial & budget management	South implementation is on schedule and expected to go live as planned in March 2023.



Category	Key Strategic Initiative (KSI)	Assessment Criteria	Update
	Implementation of national Staff Records and Payroll systems across the HSE		In a separate but aligned project the recruitment job order gateway is now live. The portal enables staff to complete and submit accurate job orders to the national recruitment service.

### 4.3 2022 AND 2023 eHEALTH CAPITAL PLANS

During October, the Department of Health (DoH) provided additional once-off funding for the 2022 ICT & eHealth Capital Plan of €23.6m, as a transfer from Estates. This increased the total 2022 capital target to €153.6m. The expected capital out-turn for December 2022 is expected to be within this revised profile.

The 2023 Capital Plan outlines three high-level categories of investment, totalling €140m.

- |                                       |          |
|---------------------------------------|----------|
| 1. Foundational Infrastructure        | € 30.1m  |
| 2. Existing Transformation Programmes | € 103.4m |
| 3. New Transformation Programmes      | € 6.5m   |

In addition, one-off funding for year 1 of the Cyber Transformation programme will provide an additional €40m for legacy remediation, security operations, compliance and threat/ vulnerability management. The funding is contingent on completing an acceptable plan to enable the DoH to release the funding.

### 4.4 eHEALTH PORTFOLIO UPDATE

49 programmes of work are receiving funding under the eHealth Capital Plan and NSP; those programmes are made up of 1,029 individual projects. 33 of those programmes (67%) are proceeding to target (Green status) a drop of 1 on last month, with the remaining 16 programmes in Red/Amber status.

### 4.5 eHEALTH RECRUITMENT

October 2022 recruitment activity totalled **185 staff added YTD**, exceeded the target of 175. So far, a total of **340 of 496** NSP roles (69%) are in place. This is a **net increase of 10 WTEs** during the month.



## Chapter 5

# CHIEF OPERATIONS OFFICER UPDATE

## **5. CHIEF OPERATIONS OFFICER UPDATE**

### **5.1 UKRAINIAN UPDATE**

Year to date, just under 70,000 refugees, have arrived in Ireland. This is projected to rise to 78,000 by year end (15,000 International Protection Applicants (IPA) and 63,000 Ukrainians). DCEDIY, in conjunction with Central Statistics Office, are developing a standardised set of 2023 arrival scenarios for use by all government departments. These have not been available to inform planning assumptions for Health in 2023. However, it has been confirmed that arrival scenarios in use by HSE align broadly with those of DCEDIY. The design of the future service delivery model for Ukrainian and IPA populations is nearing completion. The model seeks to enable the same access to services as is available to the existing population whilst addressing the specific health needs of both populations. In doing so, it will take account of the continuing constraints associated with the accommodation model in terms of uneven distribution, volume of facilities and residential instability.

The 2023 funding estimates for the Ukraine element of the model have been submitted to the DoH for consideration. These are to be considered separately to IPA costs. Funding will be available on a non-recurring basis only. Risks continue to be tracked and remain red in a number of domains. High risk, high likelihood risks include: outbreak of COVID-19 and infectious diseases in highly congregated settings; sub-optimal vaccination rates resulting in outbreaks of vaccine preventable illnesses; inability to provide the necessary level of GP care; risk of substandard contact tracing due to bed management arrangements in accommodation centres; unstable accommodation model presenting continuity of care risks for HSE and patients; growing numbers of Ukrainian and IPA populations resulting in service demands beyond those available in specific rural and high density populations.

### **5.2 UNSCHEDULED CARE / WINTER PRESSURES**

There are a number of factors contributing to increased winter pressures at an earlier point in the winter period than experienced pre-pandemic including;

- circulation of COVID-19 alongside increasing incidence and hospitalisation of influenza and RSV at an earlier point in winter than that experienced pre-pandemic;
- a lack of bed capacity to meet demand;
- reduced staffing levels and recruitment challenges;
- scheduled care waiting lists and the impact of delayed and postponed care;
- a requirement for continued development/rollout in primary and community care services of the ECC programme;
- challenges in integrating patient care across acute and community services;

- increase in our population, particularly our aging population and increasing numbers of patients requiring health services, including Ukrainian refugees and those seeking international protection; and
- the ongoing need for separate COVID-19 and non-COVID-19 pathways and the resulting IPC requirements in both acute and community services.

Whilst, currently COVID-19 hospitalised cases are stable at 310 patients, including 11 patients in ICU, there still remains the potential of a high incidence of seasonal illnesses this winter. The numbers of COVID-19 patients still present a significant demand on acute hospitals in terms of bed capacity and increased length of stay. The Health Protection and Surveillance Centre (HPSC) has advised of increasing notifications and hospitalisations of influenza and respiratory syncytial virus (RSV) cases at an earlier point in the winter period than previous pre-pandemic winters. The incidence rates of such seasonal illness are likely to increase with the colder weather during the winter period. The HSE anticipates these seasonal illnesses (COVID-19, Influenza and RSV), coupled with other challenges, will result in high pressures in the demand and delivery of health and social services this winter.

#### **Unscheduled care activity**

- 6.8% increase overall in Emergency Department (ED) attendances;
- 3.4% increase in ED admissions;
- 14.1% increase in ED attendances by those >75 years; and
- 10.1% increase in ED admissions by those >75 years.

### **5.3 PROGRESSING DISABILITIES**

Many families who require supports from children's disability services are experiencing difficulties and distress in accessing services. While many children with disabilities and their families are accessing services, it remains an unsatisfactory experience for too many, with some families experiencing long waiting lists and others accessing limited supports. There are significant challenges in areas such as communication, infrastructure, recruitment and the impact of the ruling on the Assessment of Need process, which have impacted on services and the people who need them. Notwithstanding these challenges, it is important to acknowledge the significant work involved in establishing ninety-one Community Disability Network Teams and their associated governance structures. Approximately 35,000 children are currently accessing these teams. Since 2019 funding has been allocated for more than 475 posts to support these teams.

A roadmap has been developed which will set out the actions being progressed by the HSE to improve services for children with disabilities and developmental



delays as well as their families. Significant work has been undertaken to develop the roadmap. This process is concluding and a draft roadmap will be brought to the Performance and Delivery committee in December for consideration with the aim to complete the process before the end of 2022.

#### **5.4 ALLIED HEALTH PROFESSIONALS RESOURCING**

A working group has been established to identify and take immediate actions which could be taken to increase the supply of allied health professionals. A number of key strategies are dependent on increasing our supply of allied health professionals including Child and Adolescent Mental Health Services, Children Disability Network Teams, Enhanced Community Care programme, Clinical Programmes and other services such as acute and primary care. We have very significant gaps in these critical services as a result of the current recruitment pipeline. The group is being led jointly, with our HR resourcing lead and Community Operations, and is examining a range of recruitment options with specific focus on international recruitment. This will report through our joint strategic Workforce group already established between HR and Operations.

#### **5.5 NAVAN HOSPITAL RECONFIGURATION**

Following completion of the recent review of plan for Our Lady's Hospital Navan by Dr Mike O Connor and Liam Woods an implementation group was established with all the key service delivery managers and clinical leads to progress the project. The implementation group are continuing to plan for the necessary changes to address the patient safety issues in Navan. As part of the review process some queries were received from the Department and these have been addressed. Separately, a Campus Development Group for Navan has been stood up by the National Director Acute Operations to set out a longer term plan for the campus, as the review process identified additional opportunities for services on the campus.

#### **5.6 WAITING LISTS**

Ambitious improvements in waiting lists and waiting times were set out in the 2022 Waiting List Action Plan. Overall, progress against targets has been slower than projected and as a result the total number of patients on the outpatient waiting list is 14% behind target and the total number of patients waiting on the inpatient / daycase waiting list is 6% behind target. Ongoing engagement with the delivery system has identified a number of contributing factors, including the continued impact of COVID-19 and ED pressures, bed capacity, increased staff absences, and capacity deficits within a number of irretraceable specialties (e.g., Orthopaedics, ENT, Rheumatology, etc.).

However, in the last 13 weeks OPD, IPDC and GI Scope core activity volumes have been ahead of target and improvements in both the total number of people waiting for care and the number of people waiting longer than the maximum wait time targets have been achieved.

Significant progress has been made in relation to reducing the number of patients waiting longer than the 2022 maximum wait time targets set, including a 27% reduction in the number of patients waiting greater than 18 months for an OPD appointment, a 15% reduction in the number of patients waiting greater than 12 months for an IPDC appointment and an 80% reduction in the number of patients waiting greater than 12 months for a GI Scope.

A number of remedial actions are being progressed, including the establishment of an Acute Operations Oversight Group chaired by the National Director of Acute Operations and weekly performance meetings with Hospital Groups. Additional administrative resources have also been provided to increase HSE's capacity for NTPF commissioning and validation, with 10 additional sites commencing validation for patients waiting longer than three months. A project has been established to progress surgical hubs nationally which aim to build capacity across the system to deliver high volume, low complexity procedures. Seven modernised care pathways have been identified to commence implementation in 2022 across the following three specialties: (i) urology, (ii) ophthalmology and (iii) orthopaedics.

Projections have been developed which take into consideration the impacts of the remedial actions and it is expected that 82% patients will be waiting less than 18 months for an outpatient appointment, 82% of patients will be waiting less than 12 months for an inpatient or day case procedure and 97% of patients will be waiting less than 12 months for a GI Scope.



## Chapter 6

# CHIEF FINANCIAL OFFICER UPDATE

## 6.1 SEPTEMBER YTD – KEY MESSAGES

The draft revenue I&E financial position at the end of September 2022 shows an YTD deficit of €1,005.2m or 6.6%, with a significant element of this being driven by the direct impact of COVID-19, as reflected in the €783.6m adverse variance on the COVID-19 reported costs and €221.6m adverse variance on core (Non-COVID-19) related costs.

**Table 1 – Net Revenue expenditure by division – September YTD 2022**

September 2022	Approved Allocation €m	YTD Actual €m	YTD Budget €m	YTD Variance €m	YTD Variance %	YTD Variance	
						COVID-19 related €m	YTD Variance Core €m
Acute Operations	7,013.2	5,662.1	5,137.4	● 524.7	10.2%	252.3	272.4
Community Services	7,452.1	5,613.1	5,497.7	● 115.3	2.1%	185.1	(69.8)
Other Operations/Services	1,341.0	1,183.3	1,041.0	● 142.2	13.7%	260.5	(118.3)
<b>Total Operational Service Areas</b>	<b>15,806.3</b>	<b>12,458.4</b>	<b>11,676.1</b>	<b>● 782.3</b>	<b>6.7%</b>	<b>697.9</b>	<b>84.4</b>
Total Pensions & Demand Led Services	4,753.5	3,746.4	3,523.5	● 222.9	6.3%	85.7	137.3
<b>Overall Total</b>	<b>20,559.8</b>	<b>16,204.8</b>	<b>15,199.6</b>	<b>1,005.2</b>	<b>6.2%</b>	<b>783.6</b>	<b>221.6</b>

Engagement on the 2022 cost of the HSE's COVID-19 responses has taken place with both the Departments of Health and Public Expenditure & Reform and will continue as part of any consideration of a supplementary estimate.

It is expected that the total cost of the HSE COVID-19 responses for 2022 could be up to €2bn. A fifth sanction request has been submitted to the Department of Health, which will allow the HSE to continue to operate within COVID-19 sanction to 31st October 2022. This will bring the total level of sanctioned expenditure requested to €1,676m or €1,179m over the €497m (excludes €200m Access to Care) allocated in the 2022 LoD for COVID-19 public health responses.

**Cash** pressure was evident in the system until the end of September, with cash accelerations for the first ten months of the year totalling €790m. These requests were being driven by unfunded COVID-19 related expenditure pressures such as Testing & Tracing, COVID-19 Vaccines, PPE, COVID-19 Therapeutics', Acute & Community COVID-19 responses as well as the Government sanctioned €1,000 pandemic payment to frontline healthcare staff.

The HSE Capital Plan has September YTD expenditure of €553.3m against a YTD budget profile of €593.5m, leading to a positive variance against profile of (€40.1m) or (6.8%).

Included in the September YTD surplus of (€35.6m), is a YTD surplus in relation to acute capacity of (€15.1m) and the Children's Hospital of (€14.2m) (in addition to minor timing surpluses on other projects).



## 6.2 OUTTURN TO THE END OF 2022

The most current revenue I&E forecast to the end of year, which has been updated to take account of September YTD actuals, indicates a net surplus on core of €38.4m (low). A more detailed consolidated forecast will be available in mid- November 2022.

Previous detailed revenue **I&E forecasting exercise for Core Services** have been prepared based on YTD financial data for the period under review, including divisional oversight and engagement. In summary, the forecasts have showed:

- Q1 Core Net Deficit (Surplus) – **Low of €66.0m – High €277.0m**
- Q2 Core Net Deficit (Surplus) - **Low (€91.0m) – High €234.0m**
- Q2 Core Net Deficit (Surplus) (Updated with Sept Actuals) – **Low (€38.4m) – High €109.0m.**

The lower/best case deficit reflects the finance team's preliminary assessment of what may be the lower end of growth that is feasible when account is taken of factors like capacity to recruit. In getting to this projection, €544.0m of once-off TRS is being utilised which will not be available for 2023, and the updated SCA outlook has been excluded.

It should be noted that July, August & September results have indicated that the current expenditure level is in line with the Finance assessment (low scenario) of the Financial Outlook for 2022. It will become more evident if this is an emerging trend once the Q3 Forecast become available in the coming weeks. However, given the emerging improvement in overall outlook, the EMT may consider actions to achieve a 'better than breakeven' position. This would have the distinct advantage of further reducing the gross deficit entering 2023 and also make an active contribution to 2022 HRA costs which are currently excluded from the overall projection.

In addition, a number other expenditure items such as HRA, building momentum (New Pay Agreement), 2022 DoH Sec. 39 inflationary fund and Winter Plan 2022 costs have expected costs in 2022. Estimates for these items is circa. €565.9m and these costs are as yet unfunded in 2022. These items fall to be dealt with as part of any supplementary estimate for 2022. The likely 2022 requirement for supplementary estimate for 2022 is up to €2,008 million which is broken down as follows;

- Core Services (Excluding SCA and HRA) – (€38.4m) surplus.
- State Claims Agency €73m.
- Other additional unfunded expenditures €565.4m.
- COVID-19 including 2021 1st Charge €1,408.9m.

Total Forecast Supplementary €2,008m (I&E) / €1,311m cash

COVID-19 Programmes are projecting a variance of between €1,408.4m and €1,657.8m deficit including a provision for the 2021 1st Charge. The Forecast in relation to COVID-19 costs seeks to predict costs to the end of 2022. It is largely the result of a top down exercise using a number of costing models that have been developed in respect of the major COVID-19 programmes.

**A Core expenditure plan** was prepared following the completion of the Q1 forecast earlier this year. This plan aimed to reduce the expected level of growth to €66.0m below the level in the LOW Q1 scenario i.e. to deliver a 2022 breakeven on CORE. This was assuming SCA breaks even and without factoring in HRA. Maximum variance targets were set based on the outputs of this core plan, these targets were communicated to services and the monitoring of these targets including consideration of any corrective action is being actioned.

**The National Service Plan 2023** (NSP 2023) and Capital Plans, based on the Letter of Determination (LoD) and the Annual Statement of Priorities received on 20<sup>th</sup> October 2022, was considered and adopted by the HSE Board on 10<sup>th</sup> November and subsequently issued by the Chair to the Minister for Health for approval.







## Chapter 7

# NATIONAL DIRECTOR HUMAN RESOURCES UPDATE



## 7. NATIONAL DIRECTOR HUMAN RESOURCES UPDATE

### 7.1 COVID-19 PANDEMIC PAYMENT (Including appeals process)

As of 11<sup>th</sup> November 2022, the HSE and Section 38 employers have made Special Pandemic Recognition award payments to over **126,258** employees.

Agreement has been reached between HSE and staff panel group of unions regarding the operation of an appeals process in respect of staff who contend they have an entitlement but who have not been approved. Work has commenced considering 3,500 appeals submitted.

The contract for additional capacity to support payment to those non HSE/Section 38 employers covered by the government decision has been awarded. The contracted company is working with the HSE/Department of Health (DoH) to progress payments. Upon receipt of funding claims from employers and appropriate checks by the contracted company/HSE on same prior to approval, payments will commence to these employers within the month of November, for onward payment to their eligible staff.

### 7.2 RESOURCING STRATEGIC DEVELOPMENT

Work continues on recruitment. A wide range of initiatives are progressing:

- The HSE has implemented a significant drive to source nurses from the international market. Year to date in 2022, 1,474 nurses have arrived predominantly from India, the Philippines, the Middle East along with some Irish trained nurses returning from the UK and Australia. A further 303 nurses are at the final stage of the recruitment process and agreeing start dates in 2023. Since Q3 2022 a further 532 job approvals are in the pipeline and should be available to the Irish market next year.
- International campaigns have been launched for Dietician, Podiatrist, Physiotherapist and Speech & Language Therapist. There is significant interest in these campaigns from India, Pakistan, the Philippines, United States and South Africa. The HSE is working in partnership with CORU (the regulator) and the DoH to ensure that there are sufficient clinical adaptation places available for successful candidates.
- The HSE is working with the DoH to increase the number of HSCP students in Irish colleges over the coming years. To support this, the HSE is working with all the relevant stakeholders to ensure that there are sufficient clinical practice placements available to accommodate this increase.

#### Medical & Dental

- Recruitment capacity has been increased significantly within the Public Appointment Service (PAS) for medical consultants.

- The PAS, in collaboration with the HSE, is currently developing a 'one stop shop' Microsite which will facilitate the marketing of consultant recruitment across the globe. It enables prospective candidates to streamline their search and application for a post in the Irish Health Service through a single site. Microsite is due to go live by end of November 2022.
- The HSE is also developing targeted marketing initiatives to enhance the candidate pool. This is particularly focusing on 'hard to fill' posts such as, Psychiatry, Gerontology, Respiratory medicine and Emergency medicine.
- In recognition of the v global competition for health care talent, the HSE has developed and implemented a globally competitive relocation package to attract international recruits to the Irish health service.
- More broadly, the HSE has worked with government departments to expand the critical skills list to reduce barriers to employment in Ireland

### 7.3 STAFF RETENTION

Following the staff survey, themes were identified for action in supporting and retaining staff. Services have been requested to ensure steps were taken to improve these themes.

Theme	Actions recorded in the Services
Your job, your role	Local recognition events have taken place in many locations and services. The Values in Action Programme has been further rolled out.
Relationship with Line Manager	Spotlight on Performance Achievement to ensure greater, more meaningful communication between staff and line managers.
Relationship with Snr Management	Townhall meetings provide an opportunity for updates and for Q&A sessions including communications re the introduction of RHAs
Training & Development	Numerous training and development programmes are available to staff; ( <i>564 programmes were delivered to 7,323 staff to the end of October 2022</i> )  Training available via HSELand – ( <i>4.1 million log-ins on to HSELand have been recorded to date in 2022. 1.06 million e-learning programmes have been completed to date in 2022.</i> )
Dignity at Work	The revised Dignity at Work policy was introduced in Sept 2022- training for Contact Persons and nominated persons is ongoing. It is a Mandatory Training Course for all staff.
Discrimination in the Workplace	Greater awareness for all staff via the enhanced DEI team – including multicultural events held in services and 'Pride' promoted. The DEI Strategy will be presented to the People and Culture Committee at its December meeting.

#### 7.4 WORKFORCE PLANNING

At the **end of September**, there are 135,245 WTE (154,566 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

This month's increase of +250 marks a recovery over last month's fall and is the strongest September performance in recent years. YTD employment levels show an increase of **+2,922** WTE. October also indicates strong growth.

Developing a **workforce projection model** with the Economic and Social Research Institute (ESRI). Phase 1 of the project has been completed, titled *"Projections of Workforce Requirements for Public Acute Hospitals in Ireland, 2019-2035 – A Regional Analysis based on the Hippocrates Model"* and published in July. Scoping of Phase 2– looking at the same professions/disciplines in the community is underway.

A **new digital job orders portal**, the Recruitment Gateway, is now live. The portal was created to digitise the Job Order Process. Going forward, all job orders to be progressed via National Recruitment Service (HSE NRS) must be submitted through the Gateway. The HSE website now has a simple link to the Recruitment Gateway webpage, which holds key information including how to request access for those who have not already been identified as a user, where to find training supports, to request support etc.

Training material is available in HSE LanD to support HSE staff learn the new digitized process, including a training manual, FAQ document, Quick Reference Guide, and instructional videos.

#### 7.5 PUBLIC SERVICE AGREEMENT – SECTORAL BARGAINING

The sectoral bargaining process has concluded in respect of clerical admin, management, support, maintenance and certain paramedical grades. New pay scales have issued and revised rates are applicable from 1 Feb 2022. The medical/Dental Sectoral Bargaining Unit remains to be concluded.

#### 7.6 NON CONSULTANT HOSPITAL DOCTOR (NCHDs)

HSE National HR has engaged with the IMO on the matters raised as a high priority in relation to NCHDs. Considerable progress has been made with the development of a set of proposals to resolve the issues in dispute. There remains one further item for discussion before the proposal can be put to ballot.

#### 7.7 MEDICAL SCIENTISTS OF IRELAND

In compliance with the agreement reached in the WRC between the HSE and Medical Laboratory Scientists Association (MLSA) an independent assessment of the roles of medical scientists and biochemists has commenced. Mr Conal



Devine has been appointed to conduct this assessment and a draft report to the Parties is expected before year end.

### 7.8 RADIOGRAPHERS

The HSE and SIPTU have established working groups to implement recommendations from the national radiography report 2020.

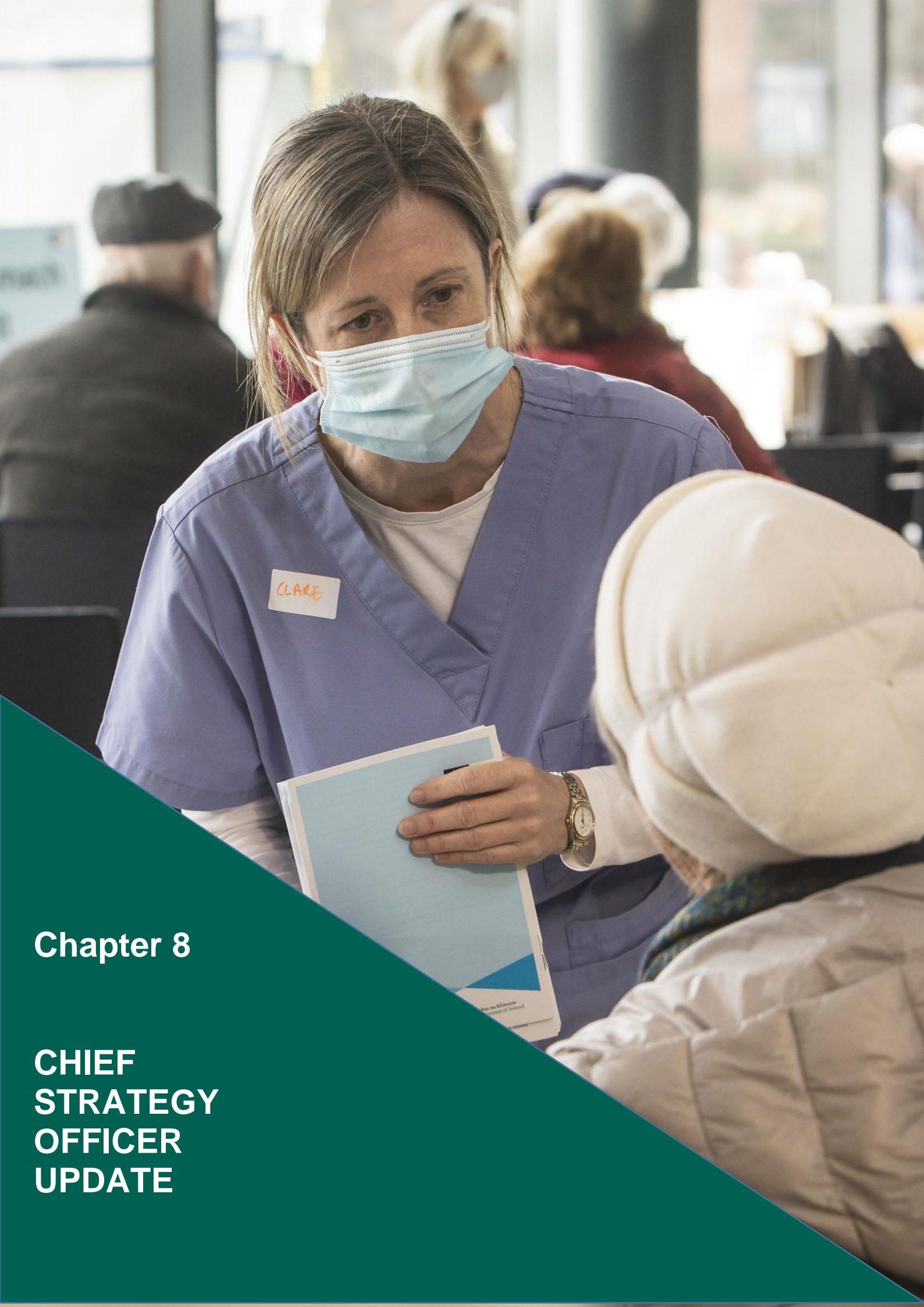
These groups are planning to launch a pilot exercise for the commencement of Advance Practice in Radiography (reporting on Ultrasound scanning by Radiographers) in January 2023.

Additionally, a proposal to pilot a fully staffed extended day in a Model 4 and Model 3 hospital is planned for Q3 2023.

### 7.9 CONSULTANTS CONTRACTS

Discussions on a revised Consultant contract are proceeding in a positive manner.





## Chapter 8

# CHIEF STRATEGY OFFICER UPDATE

## **8. CHIEF STRATEGY OFFICER UPDATE**

### **8.1 NATIONAL SERVICE PLAN 2023**

The National Service Plan (NSP) 2023 was adopted by the Board on the 10<sup>th</sup> of November and submitted to the Minister for Health; this was within the 21-day legal timeframe from receipt of the Letter of Determination. The NSP was accompanied by the 2023 Capital Plans for Building and Equipment and for eHealth & ICT.

NSP 2023 was prepared in a particularly challenging financial and operational context. We sought to ensure that the Plan appropriately responded to the Minister's priorities and other requirements. The Plan sought to demonstrate continuing progress with key reforms, with a particular focus in 2023 on ensuring effective service delivery during the forthcoming winter and improving access to key hospital and community services. Particular issues and risks in 2023 in relation to both workforce and finance were clearly highlighted within the Plan.

As per the legislation, the Minister has 21 days to either approve NSP 2023 or issue a direction to amend the Plan.

### **8.2 HSE CLIMATE ACTION STRATEGY**

As Board members will be aware, the HSE has identified as a key priority for 2022 the development of a Climate Action Strategy. The associated Implementation plan, which has been circulated separately for discussion at today's meeting, supports the HSE to become a healthcare service that is both environmentally and socially sustainable and leads by example on climate action by reaching the target of net-zero greenhouse gas emissions by 2050, in line with Government's Climate Action Plan 2021, and the Climate Action and Low Carbon Development Act (Amendment) 2021.

The Strategy was developed in a consultative manner with both internal and external HSE stakeholders. The Strategy is founded on six priority focus areas, namely:

- Sustainable Buildings and the Green Environment
- Transport and Mobility
- Sustainable Procurement
- Greener Models of Health Care
- Water and Waste Management, and
- Adaptation and Resilience.

The Strategy and Implementation Plan were considered by EMT and the Audit and Risk Committee earlier this month. Informed by input from EMT and ARC,



and the view of the Board today, work will be taken forward to put in place the necessary implementation structures, including communication and reporting arrangements.

### **8.3 HSE CAPITAL AND ESTATE STRATEGY**

Capital infrastructure has an essential enabling role in the delivery of healthcare services to the population of Ireland. As Board members will be aware, the HSE has a very large portfolio of estate across Ireland, over 4,000 properties across 2,500 locations.

The HSE Capital and Estate Strategy, which has been circulated separately for discussion at today's meeting, sets the strategic direction for the development of the healthcare estate in Ireland.

The Strategy identifies a range of new approaches, including our approach to investing in facilities, our approach to prioritisation, our approach to design and manufacture, our approach to maximising value from data and technology and how we build in flexibility and adaptability, with a view to transforming the existing estate and achieving net zero carbon no later than 2050.

This Strategy which has been developed with inputs from across the HSE and the Department seeks to ensure that the HSE has a costed, programmed and funded estate strategy aligned to national clinical objectives, ensuring infrastructure is fit for purpose, in the right place and supporting service requirements.

As with the Climate Strategy, the Capital and Estates Strategy and Implementation Plan have been considered by EMT and the ARC and, informed by the Board's view today, implementation arrangements will be progressed.

### **8.4 BOARD STRATEGIC SCORECARD**

In 2020, EMT and the Board requested the development of a standardised reporting mechanism to meet the requirements of the DOH-HSE Performance Engagement Model and Oversight agreement. A Board working group was established to define the structure, content and reporting process of the Board Strategic Scorecard which was also informed by international research. The first Scorecard, along with a detailed guidance document for services, was formally presented to the Board in February 2021.

The Scorecard Report provides the EMT and Board with a monthly update on progress against key programmes / priorities (the individual Scorecards). In doing so the Scorecard Report (which currently comprises 22 individual Scorecards) aims to:

- Track progress of key Programmes/Priorities at a high level

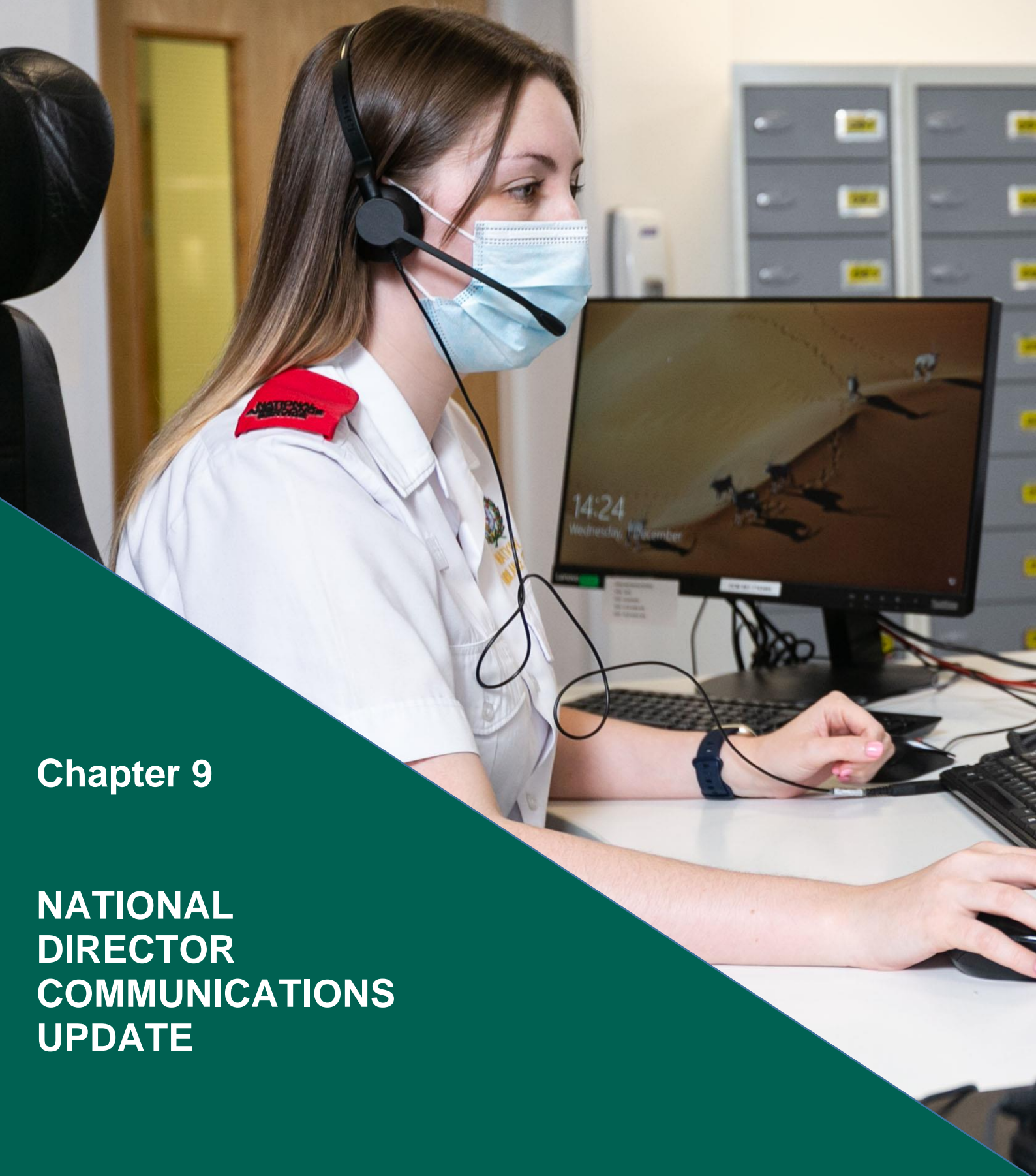
- Highlight issues relating to progress in a timely manner
- Support Board oversight and decision making
- Minimise multiple requests and duplication of effort in collating reports for the Board/DoH.

To inform the development of the 2023 Board Strategic Scorecard, a Board deep-dive session will be held today to gain Board input on particular Scorecard enhancements, especially in light of the priorities outlined in the 2023 Letter of Determination and 2023 National Service Plan.

The October 2022 Scorecard Report has been circulated separately for discussion at today's meeting



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



## Chapter 9

# NATIONAL DIRECTOR COMMUNICATIONS UPDATE



## 9. NATIONAL DIRECTOR COMMUNICATIONS UPDATE

### 9.1 COMMUNICATIONS UPDATE

We have begun what is likely to be an intensive period of communications concerning the pressure on health services arising from winter, and the associated prevalence of respiratory viruses and other factors. In early November we held the first winter-related press briefing. We have issued several press releases concerning the pressure on EDs and measures in place to alleviate them, resulting largely in balanced coverage.

We commenced the HSE's **winter vaccination campaign** which is now on TV, video-on-demand, radio, digital, social and foreign language press. We are particularly focusing on health care workers and working closely with regional communications teams to drive increases in vaccination uptake. The campaign is focused on encouraging people to get their recommended flu and COVID-19 vaccines to make sure they are protected in the months ahead. An additional campaign encourages parents of children aged 2-17 to avail of the children's flu vaccine and it is live on radio, digital display and video-on-demand.

In support of work to take pressure off **Emergency departments**, advertising of the services provided by Injury Units is now on radio, paid internet search and social media since 17<sup>th</sup> November. This includes the addition of the new Injury Unit in Mullingar and extended opening hours for the Monaghan Injury Unit. A new service finder for injury units is available at <https://www2.hse.ie/services/injury-units/>

For the same purpose we have been placing four-page pull out leaflets in a wide range of local press titles from Monday 17<sup>th</sup> November. This gives people advice on where to go for information on minding common and chronic illnesses at home, getting COVID-19 and flu vaccines, as well as local services such as GP Out of Hours, Injury Unit and Emergency Department, along with details of when to use these services. A new Keep Well this winter section has been added to the website, <https://www2.hse.ie/living-well/winter/>

We launched new campaigns for both free **STI testing and free prescription** and emergency contraception for 17 to 25 year olds in October.

The volume of reactive media queries reduced again when compared to pandemic years. Proactive projects and stories initiated by the HSE have been generating much media coverage (NAS Pathfinder, ADHD App, data breach notification, stroke strategy, NFMHS opening, Halloween safety etc.)

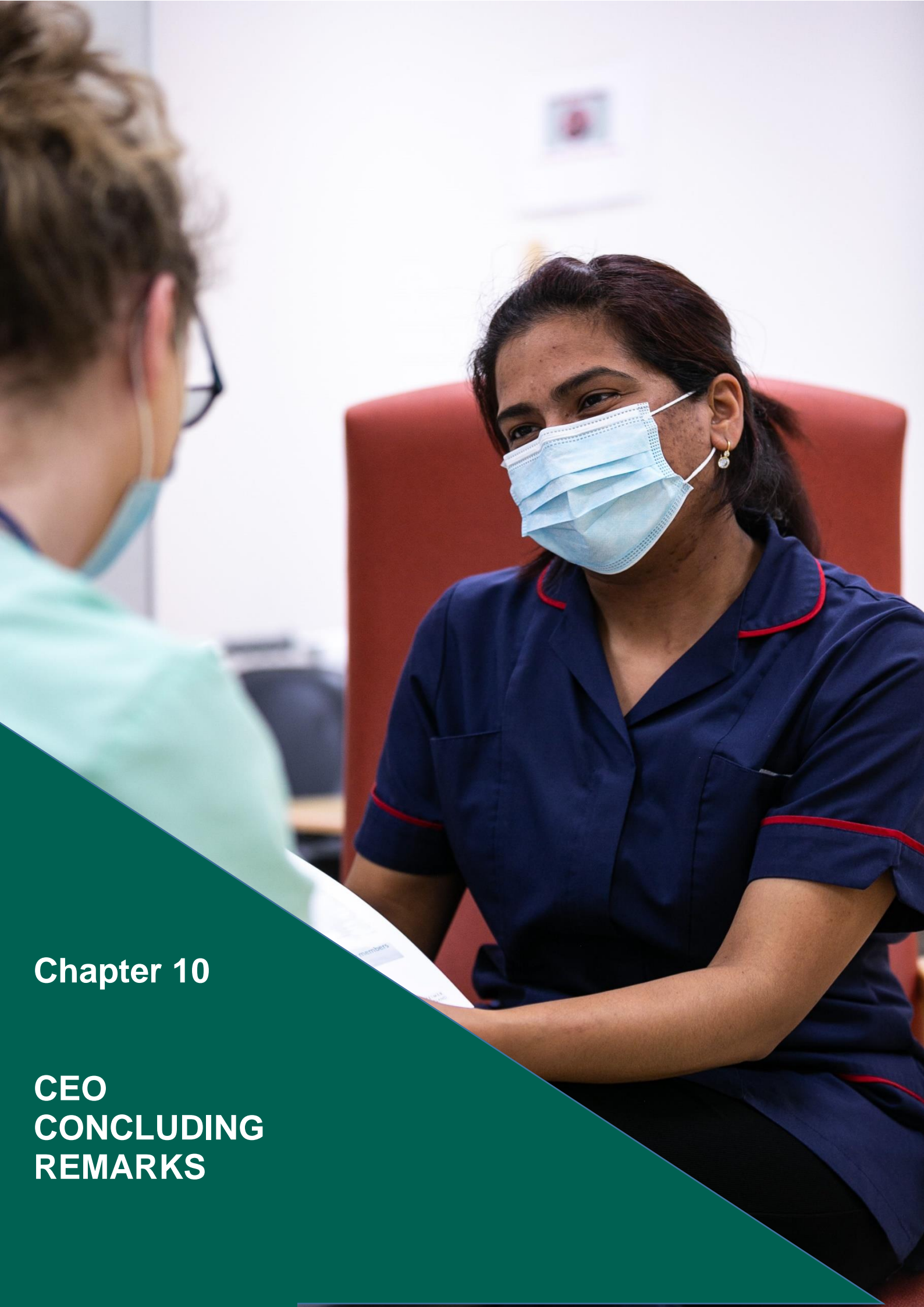
After a leak to the media of detail of the number of people whose data was stolen in the cyber-attack, we publicised the precise numbers and the general approach the HSE will be taking to notifying those affected including our staff. Coverage was factual and clear.

We received much positive coverage as a result of a media briefing to select journalists and influencers regarding results from Ireland's first 'back of house' **drug testing pilot**. This opened up considerable public discussion on the issue.

The official opening of the **National Forensic Mental Health Service** at Portrane took place at the beginning of November and it resulted in substantial news coverage. Access for media was arranged a few days prior to the launch to capture file footage and stock photography for HSE and media use.

**Prime Time Investigates** aired a programme on infant post-mortem organ retention and disposal. The programme gave a false impression that the HSE had not responded to questions. A note on this has been shared with the Board previously. Prime Time also aired a programme on the medical supplies company Eurosurgical which referred *inter alia* to the company's relationship with the HSE. HSE Procurement has shared a note on this with the Board.





## Chapter 10

# CEO CONCLUDING REMARKS



## 10. CONCLUDING REMARKS



I was delighted to meet our CHO, Dublin North City and County colleagues at a recent event, themed Innovation and Creativity in Challenging Times. It was a great opportunity to see first-hand staff showcasing their work and learn from each other.

These service site visits are very rewarding in many aspects. I have learned much from them and I have received very positive feedback from colleagues.

I and EMT will continue this programme of engagement. I believe that we need to meet and listen to as many front-line staff as possible, to support their efforts and also to action issues arising to make their work easier and improve patient and service user access and service experiences.



Stephen Mulvany

**Chief Executive Officer**