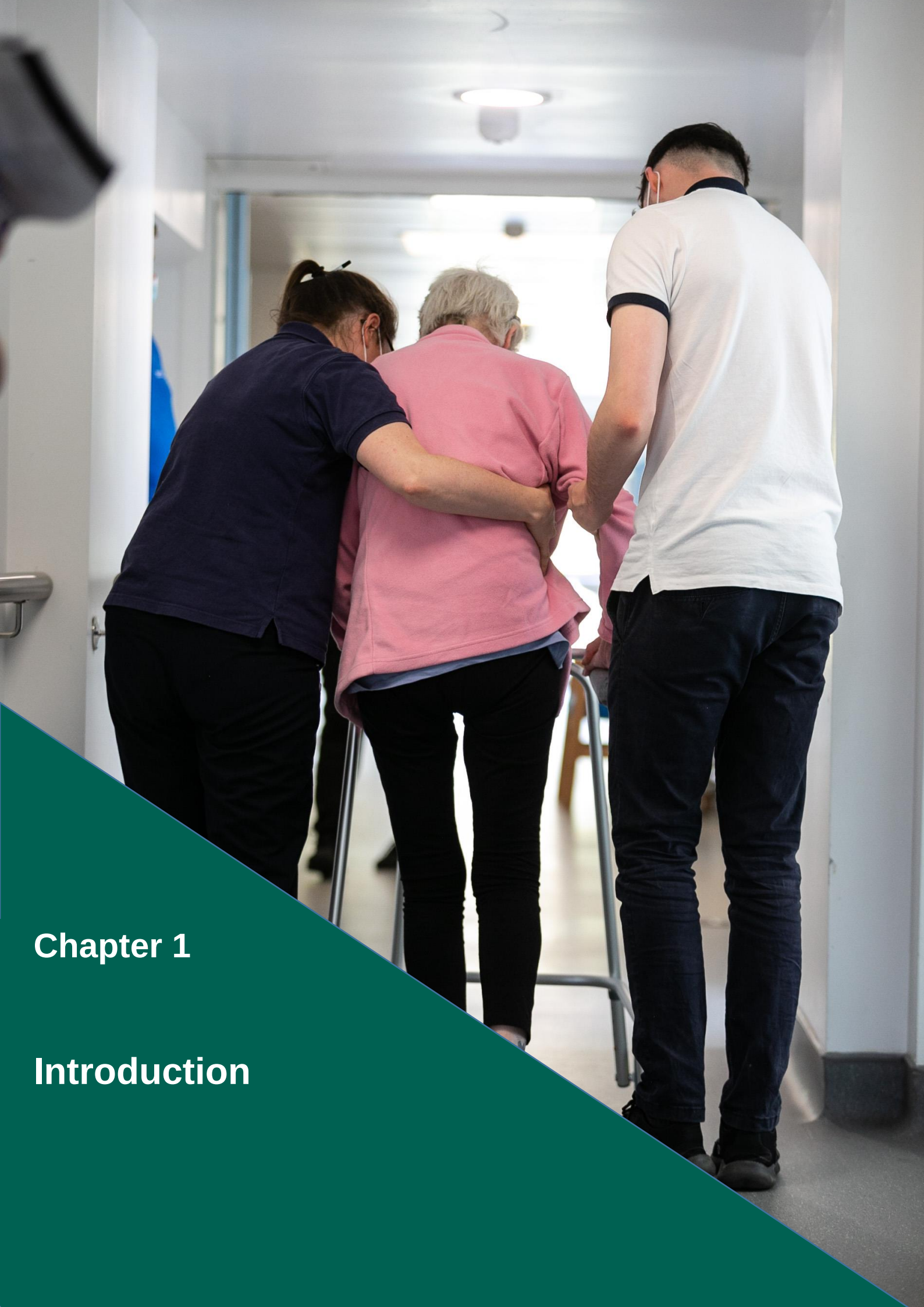
Health Service Executive
CEO's Report to the Board

26 OCTOBER 2022



Chapter 1

Introduction

As part of my first week as Interim CEO of the HSE, I had the pleasure of meeting with Operational leads for the Integrated Care Programme for Older Persons (IGPOP) at St Mary's in the Phoenix Park.

1. INTRODUCTION

CREESLOUGH TRAGEDY

Firstly, on behalf of myself, the Executive Management Team, and the HSE, I would like to extend my deepest condolences to all those affected by the recent tragic events in Creeslough. The people of Creeslough and Donegal, those lost and those injured, their families and local communities, remain in our thoughts as they come to terms with these tragic events. We will continue to ensure that our Community Teams will be there to support the community in the difficult months ahead.

I would also like to pay tribute to all of the local HSE staff, including our ambulance services, hospital staff and community teams who worked and are working with other agencies to support the people of Donegal. We are proud of their collective efforts in such challenging circumstances.

Additionally, I want to acknowledge the inter-agency collaboration and to thank our Northern Ireland colleagues for their support in responding to the accident.

ACKNOWLEDGEMENT

We have been through a very difficult time over the last two and a half years. I want to very clearly acknowledge the huge contribution every member of our health and social care services has made to our efforts to respond to the COVID-19 pandemic and the criminal cyber-attack.

As we work to deal with the aftermath of the worst of the pandemic, and as we face into a period of further uncertainty with the oncoming winter, I want to thank all

health and social care staff for their efforts and achievements over this hugely demanding period. I am confident that we can build on these achievements. I also want to sincerely acknowledge the supportive stewardship of the Board in what has been an extremely challenging period for you also. With your continued support and the sustained efforts of our various teams I know we can and will protect and improve services for our service users, our patients and their carers.

ENGAGEMENT WITH AND LISTENING TO STAKEHOLDERS

My first weeks have had a strong focus on engaging with as many of our front- line staff, service partners and managers as practical. This has been centred on listening to and understanding their challenges, opportunities and innovations with a view to being better able to support them going forward. I have met with colleagues from a variety of service areas such as Disability Services, including voluntary service colleagues, Older Persons Services, Ambulance Services and Acute Service, including professional groups. It is key, in my view, to tap into the knowledge and ideas for improvement and innovation of those closest to our care processes, especially our front-line staff, patients and service users, and I intend to seek out opportunities to engage with all of these stakeholders in the weeks and months ahead.

I have, to date, heard first-hand how the clinical programmes and other initiatives are making a real difference to patients and service users and to the delivery teams in helping them do their jobs. This is most encouraging. I have also heard of the challenges being faced by families seeking to access, and staff trying to deliver, our disability services. In each of my engagements I have been greatly impressed with the dedicated, caring nature of colleagues and teams and their passion and energy for their work and for their commitment to their patients and service users. I am acutely aware that we all need to create the right conditions and circumstances to enable our colleagues to better integrate their services around the needs of those that rely upon those services. We need to quickly and effectively engage the collective energy of our service managers, clinicians, front line staff, patients, service users and their carers. We must retain and build on the best of what worked well for us during COVID-19, including greater front-line ownership.

RHA ENGAGEMENT – SOME KEY FEEDBACK POINTS

We know that the health system is the most complex of systems and, therefore, it needs to be managed based on very distributed leadership out at the front line. In this context I have been very heartened by the interaction with many colleagues at the 6 regional RHA events we have held in recent weeks.

It came across to me very strongly from those events that those of us at the HSE centre need find to better and, where appropriate, quicker ways to:

- At all times keep an open mind as to what might be the causes of, and solutions to, underlying issues. More resource is definitely the answer in some, but by no means all, cases
- Facilitate a shared view of risks either side of handover points between services
- Assist in getting the key stakeholders around the table, particularly those who rely on our services
- Clarify objectives and rulesets, and clear unnecessary blockages
- Identifying a menu of practical supports to help CHOs / HGs to help the front line
- Ensure there is a well understood view of the **what** i.e. what good looks like and how it is measured, and then enable much more local front line decision making about the **how** i.e. "how we get to good" within a minimal and very clear ruleset.

SOME INITIAL ORGANISATIONAL WIDE PRIORITIES – ACCESS & ENGAGEMENT

As we enter a period of uncertainty with the oncoming Winter, it has come across clearly from listening to those that I have met in recent weeks, that there are a number of immediate organisation wide priorities that we need to give a particular focus to, as well as progressing the other important areas of our work.

It is evident from my initial engagements that, in service delivery terms, the key priority is protecting access to services and continuing to improve that access, where possible. Access in this context includes continuing to reduce waiting lists in our scheduled hospital and community services. It also includes working in an integrated way around hospital avoidance, improving supported discharge home or to the community and improving flow within hospitals in order to protect access to Emergency Department services across the winter period. In summary, we need to work together to provide our full joined-up support to the delivery of our Winter Plan.

In doing so we need to be responsive in helping our front-line services to remove barriers that are preventing them from being able to make the best use of the assets and resources they have available to them. We will also need, where appropriate, to pursue further investment, including to recruit more staff in those areas that continue to experience access issues despite being able to demonstrate that they are achieving the best that they can with the assets and resources they currently have.

In supporting the delivery system, we will need to place a strong emphasis on optimising process flow and integrated care across the system, in line with the key

Sláintecare principles. In maintaining this focus we will have to be ever mindful of the key principles of patient and service user safety and engagement, valuing and retaining our staff and optimising our use of resources, while being vigilant as regards the risk that COVID-19 poses to our services and to our colleagues' health.

ADDITIONAL FUNDING AND DEMONSTRATING EFFECTIVENESS AND EFFICIENCY

I want to acknowledge the Minister for Health and Government for the very significant support, including financial support, provided to the health services in recent years. Over the last two years they have invested €1.4bn in new service development funding to permanently strengthen our health and social care services, in addition to funding to maintain the existing level of services and once-off funding to deal with COVID-19.

Substantially more new service development funding is required in the years ahead and we will actively seek to secure what is needed. We can significantly assist efforts to secure necessary additional investment by making it easier for the Department of Health and the Minister to see and explain that our teams are doing the best they can with all of the assets and resources that they have available to them at any given time.

Internally, over time, this will also provide a more equitable landscape for our staff in which we prioritise additional investment to areas that have taken these steps and still have residual issues such as waiting lists.

SOME QUESTIONS TO ANSWER

Ensuring that we are doing everything we can to value and retain our staff, that we are properly involving those who use our services and that we making the best use of our current resources inevitably, raises important issues of Culture and Leadership.

In this context I have begun to work through with colleagues a series of key questions that have arisen during my recent service visits and at our RHA regional events. The questions include the following:

1. How do we act quickly and focus on helping our front-line services remove barriers that are preventing them from doing their jobs effectively?

2. How do we fully tap into what is likely to be our most underutilised resource i.e. the knowledge and potential for improvement and innovation of those closer to our care processes?

3. How can we quickly and effectively engage the energy of our service managers, clinicians, front line staff, and importantly, patients, service users and their carers?

4. How can we make it practical for them to quickly help improve things over the next 6 months and beyond?

5. Is there a way we can rely less on large heavily governed national change processes that take sequential and often cumbersome approaches to change and see can we make it easier, for those that are willing and feel able, to move ahead at pace under their own very local team governance?

6. How do we make sure that every team is supported to be able to map and assess its process flow and to better balance demand and capacity, including through the application of the many innovations within the clinical programmes?

7. How do we make sure our people at all levels experience a collaborative problem-solving approach in the interactions between the centre and CHOs / HGs and between CHOs / HGs and front-line providers and services?

8. How do we retain and build on the best of what worked well for us during COVID including greater front-line ownership?

9. How do we model behaviours and actions that we feel will be key elements of what we hope to be hallmarks of operating under the new RHA structures?

10. How do we maintain and enhance accountability and transparency including having whatever difficult conversations we need to have to improve services but we do so in a respectful collegiate way?

11. How do we help all staff to make the best use of 100% of the assets and resources they have available to them today, as well as, rather than instead of, appropriately pursuing further investment, recruiting more staff etc.?

KEY PRINCIPLES TO GUIDE ANSWERING THESE QUESTIONS

In asking these questions it is important to acknowledge that parts of our system have no doubt already made good progress in addressing some or all of them. These are important questions and in my view some of the **principles** that should guide us in answering them are:

- Our working assumption should be that everyone wants to do the best they can for service users, patients and their families;
- The HSE Centre's role is to create the conditions that allow for improvement;
- The Centre is accountable, including to CHO / HG / front line, for its actions and inactions and how they impact on the delivery of key priorities, and vice versa;
- Similarly, CHOs / HGs, and in time the RHA's, are accountable to their front line, and vice-versa;
- Poor numbers do not necessarily mean poor performance – until data is clear we must all keep an open mind as to where cause and solution lie;
- Our conversations, at all levels, should be as data-driven as possible:

- Use data to get to a shared view of what can be done to improve
- Use data to recognise and reward achievement
- Use data to focus on problem solving, not blaming and punishment

In addition to the service visits described above we have also held very worthwhile "away day" style engagements within the HSE centre over the last three weeks to explore the questions above in some very engaging and beneficial sessions, receiving some very positive and constructive feedback

These involved firstly the EMT members, then the EMT met with all National Directors and our national clinical leads and finally, we met with all of the Assistant National Directors.

In the weeks ahead we will broaden out these engagements to include our senior leaders in the CHOs and Hospital Groups and thereafter, consider how best to have similar conversations with wider stakeholders across the sector including our Section 38 and Section 39 voluntary colleagues and service user representatives.

In working collaboratively in a problem-solving focused way around a number of key priorities I believe we can improve our ways of working together and model the type of changes that we see as being part of the move to RHA's. Our aim over the short and medium term is to protect and make practical improvements to services but also, importantly, to the engagement between our services and those who need to access them. We know this engagement is particularly important for those who are struggling, and may have struggled for many years, to get access to our services.

Chapter 2

Governance

2. GOVERNANCE

2.1 CHIEF OPERATIONS OFFICER / HEAD OF INTERNAL AUDIT

Prior to the departure of our previous CEO, competitions were held to select and appoint;

- A new Chief Operations Officer. I am delighted to announce that this post has been offered and accepted by Damien McCallion, who took up the role on a permanent basis, earlier this month.
- A new National Director of Internal Audit. PAS have made a recommendation in relation to this post and we are progressing through the appointment process. I hope to be able to announce this appointment shortly.

2.2 DEPARTMENT OF HEALTH REORGANISATION

The Department of Health have recently confirmed a new reorganisation of functions and divisions within their department, effective from October 2022.

In due course we hope to update you further of these changes.

Chapter 3

CHIEF CLINICAL OFFICER UPDATE

3. CHIEF CLINICAL OFFICER UPDATE

3.1 COVID-19 EPIDEMIOLOGY – TO WEEK 10 OCTOBER 2022

Indicators show signs of increasing COVID-19 activity, week 40, 2,337 new confirmed COVID-19 cases were notified **an increase** of 21.7% compared to the previous week. The 14-day incidence rate among is 98.3per 100,000 on the 10th of October 2022. There is a similar picture of increasing indicators, particularly among those aged 65 years and older, being seen across Europe at present. This is likely due to a combination of increased mixing after the summer break, and more indoor activities as the weather gets colder, and reduced implementation of non-pharmaceutical interventions. There is no indication of changes in the circulating variants. As of the 12th of October there were 486 patients in acute hospitals were reported to have COVID-19 infection at 8am an **increase of 20%** compared to the previous week. The numbers of patients in ICU remain stable at 13. HPSC continues to monitor the epidemiological situation, and the severity indicators, closely.

3.2 MONEYPOX

From the 16th of May 2022 until the 8th October there have been 198 cases of Monkeypox infection notified, 4 of these cases have been confirmed in the last week.

A National Crisis Management Team (NCMT) has now been established to oversee and co-ordinate the HSE's ongoing response. The NCMT comprises senior clinicians and operational managers from the range of relevant services to manage the HSE's response (e.g. public health, sexual health services, infectious diseases, acute and community operations, National Immunisation Office, etc). The NCMT has five major objectives all supported by specific service delivery programmes. These are:

- Public Health Outbreak Control Programme - Coordinate public health /health protection actions to control the outbreak nationally in collaboration with NVRL and other relevant stakeholders. A range of contact tracing and public health control measures are in place to identify and support patients.
- Pathways of Care Programme – ensure all pathways of care from initial referral, assessment and testing to isolation and treatment requirements are in place for patients with monkeypox
- Vaccination Programme – to implement a national monkeypox vaccination programme for prioritised groups in the context of limited vaccine supplies. Monkeypox vaccinations commenced in August and to date 598 vaccinations have been administered to the first priority group. On the 17th October, the HSE commenced a wider vaccination programme to target up

to 3,000 people for vaccination. The vaccination programme includes plans to extend vaccination coverage where additional supplies are received.

- Research and evaluation Programme – to co-ordinate a range of monkeypox related research projects. This includes a range of projects related to attitudes to monkeypox amongst the gbMSM community, a case controlled study to identify risk and protective behaviours and other studies related to vaccine and Tecovirimat treatments.
- Communications and community engage Programme – co-ordinate and continue on-going engagement with the community on all issues associated with monkeypox

The NCMT is also progressing a range of other actions to support the HSE's response including sourcing additional vaccine and treatment supplies and providing advice, guidance's and training for all professionals involved. The HSE has established a community based isolation unit to cater for clients with monkeypox unable to safely isolate at home.

3.3 MENINGOCOCCAL DISEASE

Four cases on Meningococcal disease (*Neisseria meningitidis)* were notified in week 39 (25th Sept 2022) – 3 young adults and one child, three of them have sadly died. While the three young adult cases coincide in time and are similar in age, serotype and severity of illness, there are no known epidemiology (infectious) links between them. This is therefore not an outbreak. What is unusual here is the severity of illness and deaths, and how the three cases occurred in the same week in September. There is no information internationally that a virulent *Meningitis* Serotype B is circulating in other countries.

This group of 4 cases, would not have been eligible at any time for the MenB vaccine via national immunisation programmes, which was introduced into the primary vaccination schedule in 2016. MenB vaccine is now given as part of the early childhood vaccination programme, as is MenC vaccine. First year students in secondary school are offered MenACWY vaccine. Public Health continues to monitor the situation closely.

3.4 NATIONAL SCREENING SERVICE

CervicalCheck: Coombe Women and Infants University Hospital (CWIUH) Laboratory services.

The National Cervical Screening Laboratory (NCSL) at CWIUH is due to be operational in Q4 2022. The NCSL building has been now handed over to the Coombe. This now allows the fit out to commence. CWIUH is actively working on recruiting key staff to work in the laboratory now, and in the future. Recruitment of skilled staff at all levels is a key priority for the NCSL and will

continue to be so for a number of years as the laboratory increases the number of CervicalCheck samples it receives. CWIUH is not currently processing cervical screening samples for CervicalCheck however both services are working closely together towards an early resumption date.

Dr Scally Review-update. CervicalCheck Laboratories, HSE & NSS and DoH have met with Dr Scallys team to outline the progress made to implement and embed the recommendations. CervicalCheck had another meeting in September to discuss Quality Assurance in Laboratories. Dr Scally is scheduled to meet the 221+ shortly with a draft report expected mid-October.

National Cancer Care Programme NCCCP

- **Quality cancer nursing care:** A national systemic anti-cancer therapy (SACT) competency programme for nurses in cancer care has been developed to ensure consistently safe and high quality SACT practice. It has transformed the way cancer nurses are trained to administer SACT, ensuring SACT training is consistent, evidence based and up-to-date. It aims to standardise knowledge, competency and best practice, as well as providing specialisation in cancer care nursing, enhancing professional confidence and job satisfaction.
- **Patient quality of life**: Psycho-Oncology services have been established and/or enhanced in ten hospitals (8 cancer centres, CHI at Crumlin and St. Lukes) to provide multidisciplinary specialist psychological support for patients with cancer. Survivorship supports and services have been developed nationally for patients and their families coping with the post treatment period after a cancer diagnosis and treatment, e.g. survivorship self-management programmes such as Cancer Thriving and Surviving.
- **NCIS:** The National Cancer Information System (NCIS) is now live in seven hospitals, including three cancer centres. A further two hospitals have planned go lives before the end of 2022. NCIS provides a longitudinal digital record of a patient's cancer care as well as supporting electronic prescribing, preparation & administration of cancer medication using standardised order sets.

3.5 NATIONAL DOCTORS TRAINING PROGRAMME – NCHD TASKFORCE SERVICE

The Minister for Health has established an "NCHD Taskforce" for one year. The purpose of the Taskforce is to put in place sustainable workforce planning strategies and policies to improve NCHD experience, training, wellbeing and work-life balance, to support present and future retention of NCHDs in Ireland.

Four priority areas are to addressed:

- Develop strategies to address NCHD on-site working structures and supports.
- Establish a plan to enhance and foster a culture of education and training at clinical site level.
- Make recommendations regarding the regional organisation of postgraduate training.
- Inform medical workforce planning.

The Taskforce is chaired by Professor Anthony O'Regan, Chief Academic Officer for Saolta Group, Dean of the Institute of Medicine (RCPI) and Consultant Respiratory Physician. Membership of the Taskforce includes NCHD and consultant representatives as well as wide representation from the HSE including the Office of the CCO, National HR and Acute Operations.

3.6 TRANSGENDER SERVICES

Update on the CASS report engagements

The CCO and Clinical Leads met Professor Hilary Cass, OBE, retired Consultant in Disabilities and Paediatrics UK, in relation to the Interim Cass report 2022. The Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust is commissioned by NHS England to provide specialist assessment, support and where appropriate, hormone intervention for children and young people with gender dysphoria. It is the only NHS provider of specialist gender services for children and young people in England.

The Independent review of gender identity services for children and young people: Interim report, (Cass Report) was published in February 2022. The Cass report acknowledged debate and lack of consensus on approaches to gender dysphoria. She found that evidence on the appropriate management of children and young people with gender incongruence and dysphoria is inconclusive both nationally and internationally. A lack of a conceptual agreement about the meaning of gender dysphoria hampers research, as well as NHS clinical service provision. The recommendations from the report outline the need to base the service in 6 children's units in the UK, rather than in one isolated centre.

It was agreed by the CCO that there is an opportunity for Ireland to be part of the work being progressed in the UK, including sharing a common learning and we will link further with Professor Cass in relation to a proposed meeting planned for December 2022.

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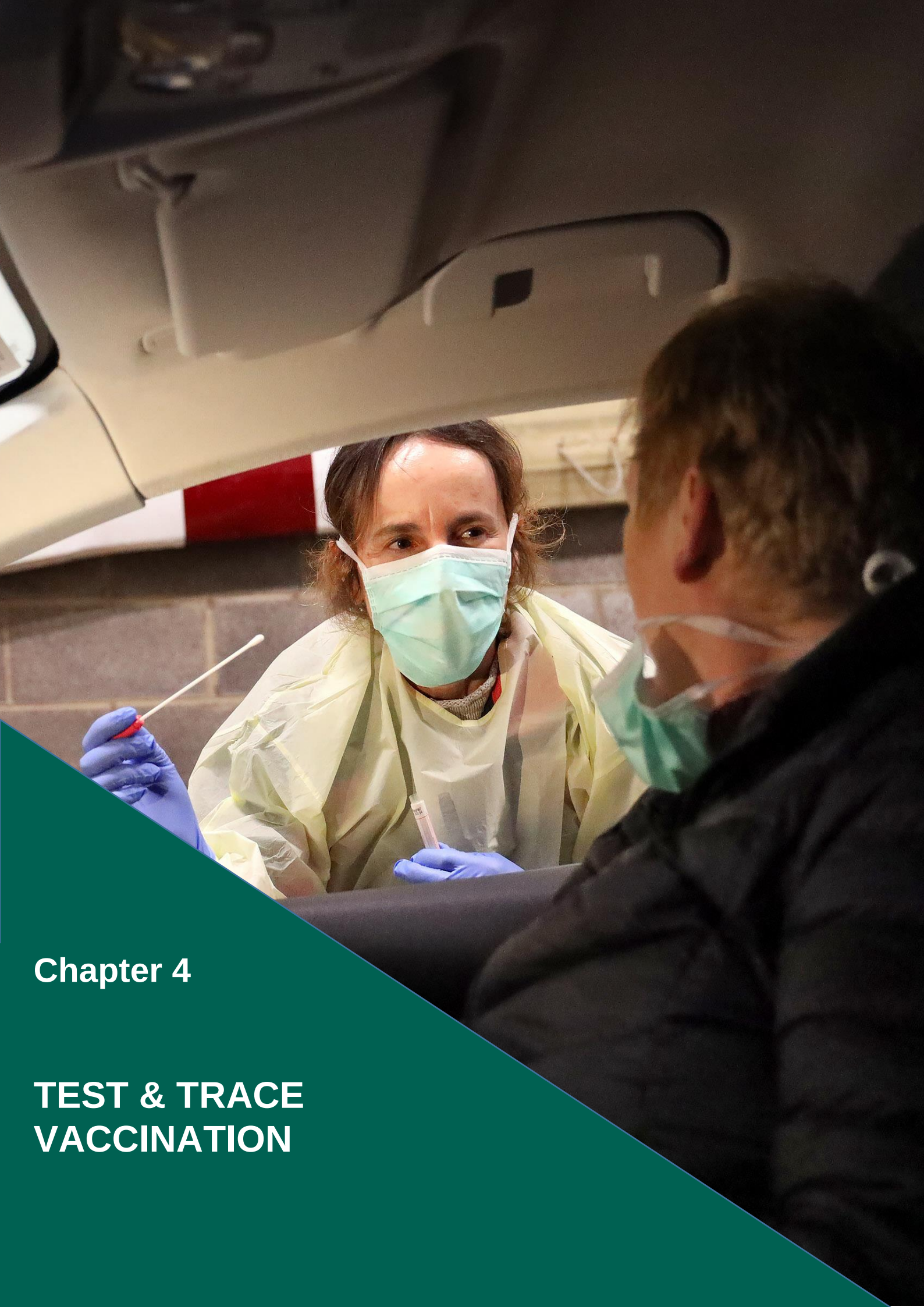


Chapter 4

TEST & TRACE VACCINATION

4. TEST & TRACE, VACCINATION UPDATE

4.1 EXECUTIVE SUMMARY

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 to the future model.

As part of the implementation planning, we are focusing on 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.

We are also looking ahead to planning for 2023 in terms of budget allocation, forecasted expenditure and risk management as part of the future operating model.

Key indicators:

Over the last week there is a slight downward trend in demand relative to the previous week.

- Community referrals have decreased by 2.8% compared to the previous week with 4,089 community referrals, while community positivity is now 39.5%.
- GP referrals have decreased by 12.6% compared to the previous week with 270 GP referrals.
- Community swabs undertaken have increased by 15.2% compared to the previous week with 10,472 swabs.
- Laboratory tests have decreased by 9.0% compared to the previous week with 14,948 laboratory PCR tests were undertaken over the last 7 days versus 16,434 in the previous week.
- Overall, Antigen test kits booked have decreased by 33.7% in comparison to the previous week with 11,562 test kits booked over the last 7 days versus 17,428 in the previous week.
- 2,269 people were notified of their detected COVID-19 test result in the last 7 days, a 4.6% decrease on last week. Of the cases who identified one or more close contacts, the average number of close contacts was 1.2.
- Median end-to-end TAT for a not-detected result in the Community at 1.0 day and for a detected result in the Community at 1.1 days.
- Since launch of the antigen portal on 14th January 2022, 666,790 positive antigen results have been reported.

4.2 PROGRESS ON PROGRAMME AND POLICY IMPLEMENTATION

The final stage of the transition plan to the clinical model is on hold pending Department of Health approval, and further development of the surveillance model. Once approved the serial testing programme in RCFs will cease, which will result in a reduction in spend of €500k per cycle. Planned sequencing of scheduled IT developments will commence to support the new model. A Surge Plan will be in place to ensure smooth transition.

Next steps:
To align operational capacity with the future model are as follows:

- NAS recruitment process for 200 permanent Intermediate Care Operatives has commenced. 70 WTE staff in post and 64 additional to be appointed by Qtr 4 2022.
- Core team positions are being extended to the end of January 2023.
- Testing centres have moved from mass sites to predominantly HSE sites (29 nationwide).
- Testing swabbing staff will reduce from 214 to 114 across the 29 test centres during November and contracts extended for 114 to Jan 2023.
- CMP staff have been released or redeployed to leave a core team of c.200 people.

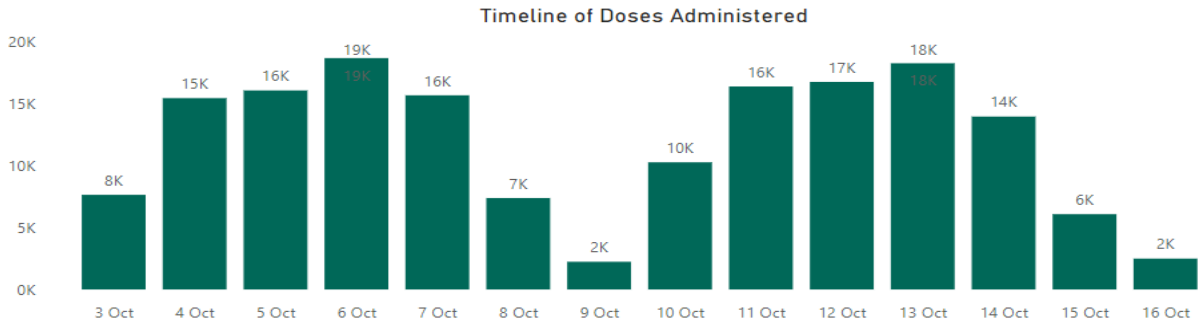
Test and Trace has expenditure of €349m year to date to the end of August. The sanctioned spend for the programme to the end of 2022 is €395m and our latest outlook for 2022 is expenditure of between €411m and €459m which includes a once off adjustment booked at year end to provide for Antigen Tests expiring in 2023. We have continued the employment of testing centre staff with the extension for staff beyond end of October as Public Health strategy awaits implementation. This has resulted in additional unanticipated expenditure.

A future workforce programme is currently in progress 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.

4.3 VACCINATION PROGRAMME – AUTUMN WINTER OPERATIONAL UPDATES. (OCT 3-16)

Since the commencement of the aligned Flu and Covid - 19 Vaccine Autumn Winter Program c. 167.8k people have come forward for booster vaccination.

The chart outlines the daily Covid - 19 vaccination booster doses administered to the eligible population since Oct 3rd

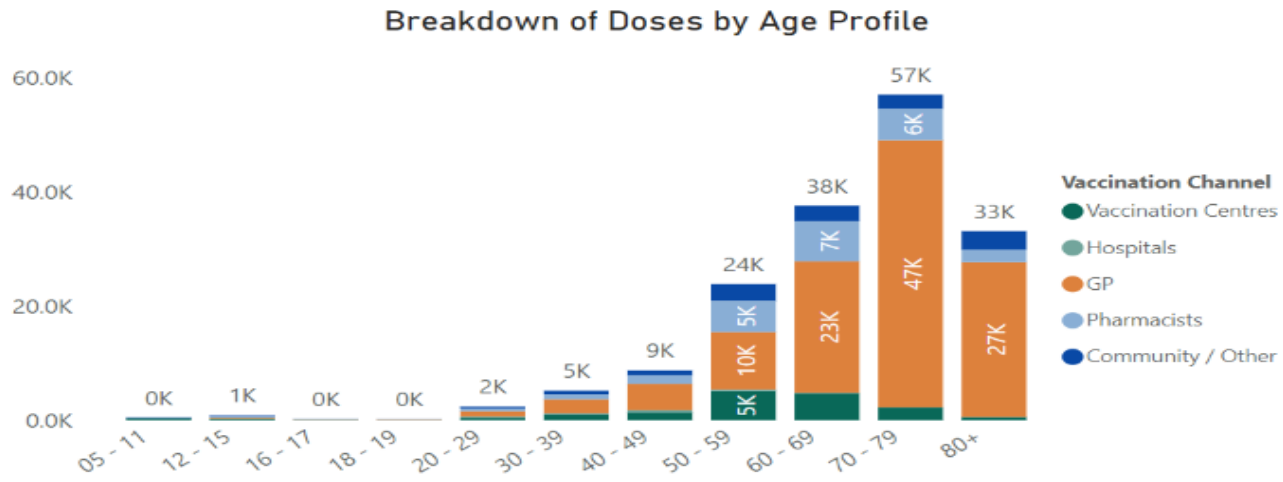


- 14% of the over 65 eligible population have received a booster vaccination in the last 2 weeks.
- c.167.8k people have received a booster across all channels, with 67.9% of vaccinations administered by GPs, 13.9% in Pharmacies and 9.3% in Vaccination Centres.
- There is currently c.5.8m doses of vaccine being held in the National Cold Chain Service, of which 1.7m are adapted vaccines. An additional 1.6m adapted vaccines are scheduled for delivery throughout October.
- HSE Mobile Vaccination Teams have commenced administration of the flu vaccine and Covid-19 Boosters to residents of HIQA Registered Residential Care Facilities for older persons and those who are Housebound. The program is on track to visit all sites by the end of October administering vaccines to consenting and eligible residents. The mobile vaccinations teams will continue to visit each facility providing "mop up clinics" to ensure residents receive timely vaccinations as they become eligible.
- 12 end of life NAS vehicles have been repurposed to provide **a mobile vaccination service**. These have now been supplied to vaccination areas - teams are developing plans that optimise their utilisation. These units will support clinics in rural locations and target other hard to reach groups. The first clinics will be held in West Cork within the next week and learnings will be shared between areas to enhance the service.
- Based on ordering data there are currently (as of 11 October 2022) 1,093 GP practices and 752 Pharmacies participating in the Autumn/Winter Programme, from a primary care perspective.
- Recruitment for the vaccination programme will run 25 campaigns to fill 41 WTE, 3.40 WTE have been filled to date with 39 WTE expected to be filled through local recruitment. 2 renewals are agreed with staff in place and 1.40 that are funding only posts. 4 campaigns are being advertised currently.
- The Monkeypox vaccination programme will utilise Vaccination Centres and Sexual health clinics for administration. To date 400 vaccinations have taken place,

this will increase following the opening of the booking portal on Oct 17th facilitating self-referral.

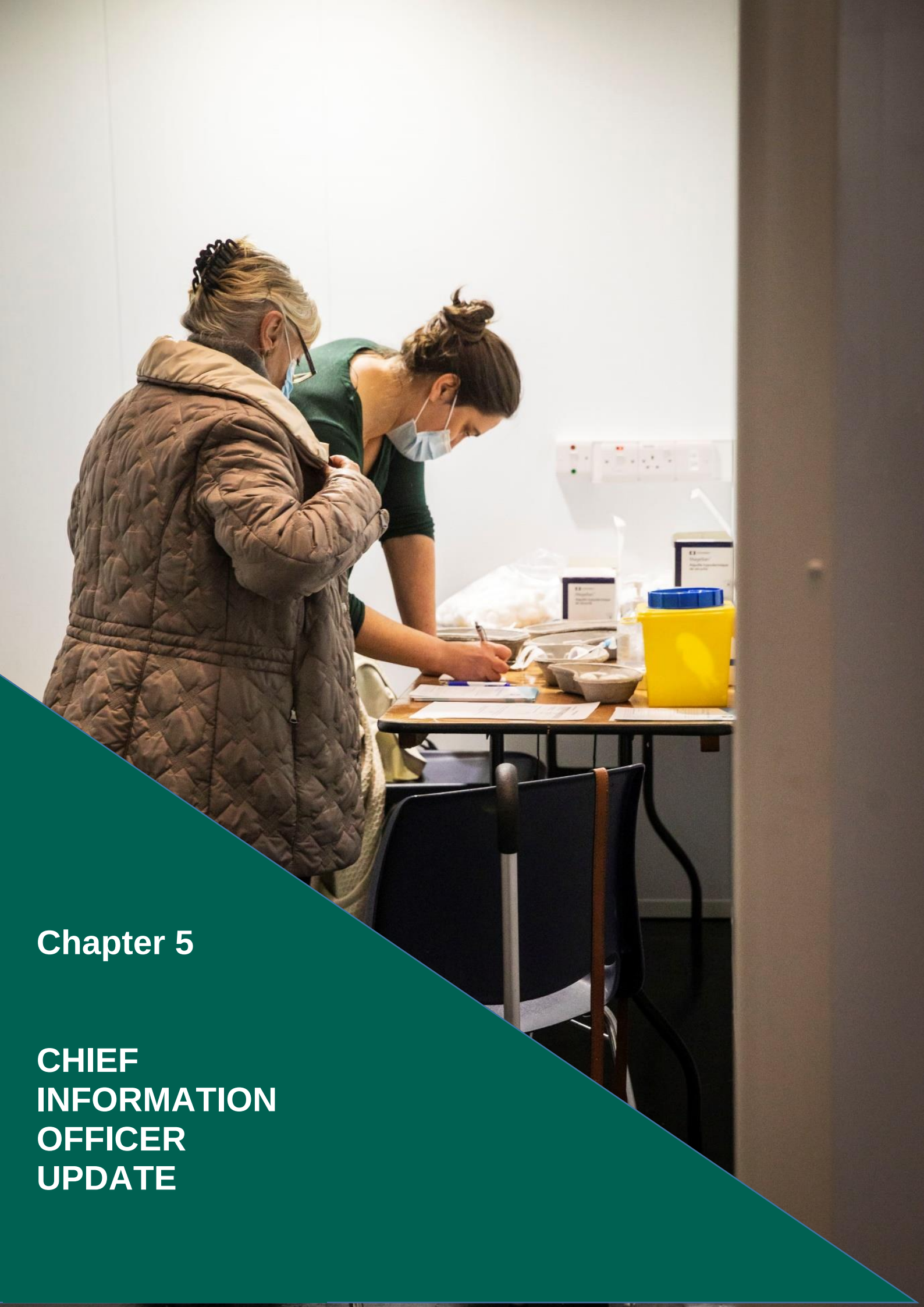
- Booster 3 administration is being recorded on COVAX, GPVax and PharmaVax. ICT are working on capturing the data correctly and a report will become available in the coming weeks.
- From Oct 3rd to 16th 167.8k boosters have been administered across the eligible cohorts.

The chart illustrates the age groups and vaccination channels they availed of for covid - 19 vaccines between 3rd October to 16th October.



4.4 Strategy Updates

- A targeted 'direct to citizen' communication campaign (SMS) is planned to improve citizens' awareness in relation to booster eligibility, provide clear direction to citizens on how to obtain their vaccine and Improve uptake rate. Content for this campaign is under review but is likely to contain the vaccination channels available and note the use of Adapted Vaccines.
- Specific focus on encouraging uptake of booster vaccines for Healthcare workers.
- Targeting communication campaigns to regional areas where pop ups are available will also be used to ensure community awareness and increase uptake.
- Section 38 organisations which currently use COVAX to record Covid - 19 vaccinations, will soon be able to use COVAX for Flu recording also. Section 39 organisations access to Flu recording system via GPVax system.



Chapter 5

CHIEF INFORMATION OFFICER UPDATE

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5.1 TECHNOLOGY & TRANSFORMATION BOARD COMMITTEE

The T&T Board committee convened formally for the first time on Monday the 19th of October. Attendees included the chair (Tim Hynes), and external members Martin McCormack, and Barry Lowry with apologies from Brendan Whelan, Fergus O'Kelly and external member Rosaleen Killalea. The HSE were represented by executive members Dean Sullivan (CSO) and John Ward (CTTO).

While a key focus on the Technology and Transformation board committee is the implementation of the strategic and tactical recommendations of the Post Incident Review, it is also focused on the development of an IT Vision, Strategy, and investment case for eHealth, IT and Cyber transformation as well as overseeing large-scale service transformation programmes.

The focus of the session was on ways of working, goals of the committee and it is expected that we will be defining what programmes can be defined as key strategic initiatives and therefore should be reported to Technology and Transformation Board.

5.2 KEY STRATEGIC INITIATIVES

In 2022, 49 programmes of work are receiving funding under the eHealth Capital Plan and NSP; and those programmes are made up of 956 individual projects. A key objective of our renewed approach to the CEO report, and reports to the Technology and Transformation Board Committee will be to elevate the key strategic initiatives in our reporting.

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

1. Facilitates the 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 management, and budget management for the organisation

Area	Strategic Initiative	KSI	Update
[redacted]	[redacted]	[redacted]	[redacted]
National Programmes	IHI Integration – Sustain Consumer Systems	1, 2	Integration with IPMS is underway, with Letterkenny University Hospital live and 10 other instances of iPMS rolling out in turn. Integration with GP practice management systems are also underway
HSE Transformation Priorities	Shared Care Record	1, 2	Shared Care Record is a strategic initiative to develop a shared patient record for clinical review, and a patient portal. We have received 32 responses to initial market soundings and we are meeting with a shortlist for further review.
HSE Transformation Priorities	Integrated Community Care Management System (ICCMS)	1, 2, 3	DGOU has granted permission to tender for the ICCMS, and PSC business case has commenced, with initial draft to be completed in October. Process has started to stand up a Peer Review Group (PRG). Requirements gathering process is underway.
[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]

			[redacted]
National Programmes	IPMS expansion	1,2	Examine the potential to deploy IPMS combined with Swiftqueue to community areas in response to the Chief Officers request in areas where there is an overlap with Acute IPMS areas.

5.3 eHEALTH PORTFOLIO UPDATE

The capital out-turn for December 2022 is expected to be broadly on profile. As noted above in 2022, 49 programmes of work are receiving funding under the eHealth Capital Plan and NSP; those programmes are made up of 956 individual projects. 34 of those programmes (69%) are proceeding to target (Green status), with the remaining 15 programmes in Red/Amber status.

Green Status – 34 of 49 programmes on track (increase of 4 from last month)

Amber Status – 12 programmes at significant risk of missing targets (decrease of 3 from last month). We developing plans for each of them to being them to meet their targets:-

- **Single Identity** – Programme delivery pace is significantly reduced due to delivery of ad hoc requirements from dependent programmes (e.g., HPVP, NRS)
- **IHI Integration - Sustain Consumer Systems** – Deployment of IHI into patient administration system in Letterkenny is completed sucessfully, lessons learned are being finalised prior to deployment in other IPM sites. In additoin we deplying IHI to GP systems in Q4 for public patients.
- **Integration & Interoperability -** Programme delivery pace is significantly reduced due to delivery of ad hoc requirements from dependent programmes
- **Medical Labororatories –** This is a challanging programme, the overall plan to deploy to Beaumount hospital remains broadly on target however is marked amber given the complexity of the programme.
- **National Cancer System** – Scheduled September golives delayed to November but now on track to the replanned date.
- **CHI ICT** – Cost inflation for the infrastructure is putting pressure on the overall programme budget in additon there are delivery delays be outlined by vendors.

- **EU Open NCP-SCR** – Infrastructure cost inflation has delayed publication of tender for Core Infrastructure
- **Nurse Task Force Management – Safe Nursing** – UHG go-live paused awaiting change allowing for longer visit numbers from iPMS
- **Shared Care Record** – Significant uncertainty regarding duration of business case amendments and review / approval process
- **SSW Inpatient Journey Solution** – Vendor (Servalec) product version procured is being validated to ensure compliance with the requirements prior to contract finalisation.
- **Infectious Disease Register (CIDR)** – Covid Response and Stabilisation tasks have taken priority over CIDR replacement
- **Citizen Portal** – This programme will be replaced by the Share Care Record Programme following the completion of the demonstrator project.

3.3 **Red Status** – 3 programmes behind plan that will miss completion targets (decrease of 1 from last month):

- **CHI EHR** – Implementation delayed in August due to lack of resources to support EHR recruitment campaigns. This has been resolved, enabling the start of project team recruitment it is expected that the project will go back to orange next month.
- **Order Comms** – Programme is paused due to Covid priorities; staff were redeployed to CCT and Vaccination systems.

[redacted]

5.4 **eHEALTH RECRUITMENT**

September 2022 recruitment activity totalled **175 staff added YTD**, exceeded the target of 160. So far, a total of **330 of 496** NSP roles (67%) are in place. This is a **net increase of 25 WTEs** during the month.

Chapter 6

CHIEF OPERATIONS OFFICER UPDATE

6. CHIEF OPERATIONS OFFICER UPDATE

6.1 CREESLOUGH INCIDENT

In response to the initial emergency call to the incident at Creeslough on the 7th of October 2022, the National Ambulance Service (NAS) allocated the nearest three available Emergency Ambulances (1 x Dungloe and 2 x Letterkenny) and three available Rapid Response Vehicles including two NAS Managers to the scene. The first NAS vehicle arrived on scene at 15:30, 13 minutes after the initial call.

NAS together with the Fire Service and An Garda Síochanna, established a Site Coordination Group with meetings each hour to discuss actions and mutual aid requests.

Based on an initial assessment of the scene and the potential for casualties, NAS was satisfied that the scale of the incident did not warrant activation of the Major Emergency Plan, however, as Letterkenny University Hospital (LUH) was going to be the primary receiving hospital for injured casualties, it was recommended that LUH adopt Major Incident Standby status.

NAS allocated a total of 8 Emergency Ambulances, 2 Intermediate Care Vehicles, 4 Doctors and 4 Managers, four helicopters on the evening of the incident (Friday 7 October 2022). Three Emergency Ambulances/Intermediate Care Vehicles the following morning (Saturday 8 October 2022). LUH dispatched a Surgical Team to the scene who were also supported by GPs in the area to provide additional medical support or surgical intervention.

NAS received medical assistance from the Northern Ireland Ambulance Service in the form of Emergency Ambulance, Patient Transport vehicle and their Hazardous Area Response Team.

In addition, NAS also received assistance from the Irish Community Rapid Response volunteer doctors in the area.

A debrief of HSE services occurred on Monday 10th of October 2022 which has been and continues to be supported by Psychological services provided by CHO 1 and the Employee Assistance Service. CHO 1 are also supporting the Psychosocial response to the community in Creeslough.

In due course, the HSE Emergency Management function will undertake an After Action Review of the interagency response to ensure that any learning from this incident can be shared across the HSE and our Principal Response Agency partners.

6.2 NAVAN

Following the Board meeting on the 30th September 2022, the Chair submitted the OLHN Reconfiguration National Working Group Review and

Implementation Plan to the Minister for Health. A response from the Minister is awaited, in the meantime, work is ongoing led by the National Director Acute Operations in relation to implementation of the Reconfiguration Plan.

6.3 CYBER ATTACK – DATA NOTIFICATION PROCESS

The HSE and other health service providers were impacted by a criminal ransomware attack and became aware of this attack on the 14th of May 2021 (the "Cyber-Attack"), the scale of which has been unprecedented in the public sector. The HSE engaged cyber security, legal and technical experts.

A Legal and Data Protection Group was established on the 19th of May 2021 to oversee the appointment and subsequent work of the legal and technical advisers and to support the work of the Data Protection Officer in coordinating the HSE's data protection investigation and reporting to the Data Protection Commission ("DPC"). Joe Ryan, National Director Operational Performance and Integration was appointed lead for the project and chairs the Steering Committee in place. The following steps in respect of the Cyber-Attack have been undertaken and/or co-ordinated by the Legal and Data Protection Group since the date of the Cyber-Attack:

Mitigation Steps

(a) High Court Orders obtained prohibiting the publication of any data exfiltrated with enforcement where necessary;
(b) Continued monitoring of the dark and public web to identify any possible publication and will act promptly upon any notification of same (there is no evidence to date of publication of HSE data online);
(c) Public communications regarding the Cyber-Attack.
(d) Engaged with organisations who have processed information initially uploaded to the dark web by the attackers; referred to as the "Financial Times Data".
(e) Copy of data secured by An Garda Síochanna which has been returned to the HSE.
(f) Engagement ongoing with An Garda Síochanna, the Data Protection Commissioner, the DOH and the Attorney General.

Data Notification

Extensive work has been undertaken in reviewing the exfiltrated data and determining the notifiable subjects as per GDPR regulations. This was followed by a complex verification process. This involved both legal experts and external consultants and included the development of a Data Notification Model, the running of a case management system and support centre. This work is now almost complete.

Communication Strategy

A robust communication strategy is being prepared to support the notification process. This is based on the principles of openness, transparency and honesty relating to the data breach.

Next Steps in Notification Process

The systems are now in testing phase in preparation for notification in what is currently scheduled to be November 2022.

Notification will be by cohorts that are still being finalised. It is intended that the time frame will be as short as possible. This is likely to take approximately 16 weeks but no certainty can be given to the timeframe as it is unknown what proportion of people will choose to seek further details beyond the information provided in the notification letter.

As well as a call centre, an online portal is in place to enable people to make an online data access request.

Based on the modelling and the agreed acceptable waiting time to engage with the call centre, staff will be allocated to the call centre. There is currently a team of 80 agents in place and trained and further efforts to increase this team are ongoing.

Tusla and Section 38s

Information from Tusla, Children's Health Ireland ("CHI") and Mercy University Hospital ("MUH") is in the Exfiltrated Data. The HSE has provided the same legal and technical advisers with ethical walls in place, to provide legal and technical supports to the organisations in respect of the review of the data at issue. In addition, the HSE has invited the organisations to take part in the notification process. CHI and Tusla have indicated that they wish to take part in the notification process. MUH has already issued its notifications and therefore, will not be taking part in this process. Consolidation and verification processes are currently being undertaken by CHI and TUSLA. The HSE has Memoranda of Understanding in place with the three organisations. Every effort is being made to ensure that there is an appropriate level of coordination with the three organisations in regard to the notification process. It is however important to note that the nature of the data and the data subjects affected are inherently different and alternative approaches will apply.

Potential Claims

The HSE has engaged with the Attorney General through the Department of Health to keep his office fully informed. Any affected data subject making a claim for compensation will be required to make an application to court in the usual manner as prescribed in the Data Protection Act. The HSE is continuing

to actively engage with the Mercy hospital in relation to legal proceedings taken against it on foot of the cyber-attack. At this point, beyond the proceedings against the Mercy, there are no other known legal actions in progress in relation to the Cyber Attack.

6.4 WAITING LISTS - SCHEDULED CARE

Significant progress has been made in relation to reducing the number of long waiters YTD:

- OPD: The number of patients waiting greater than 18 months for an outpatient appointment has decreased YTD by 23%
- IPDC: The number of patients waiting greater than the 12-month target for an inpatient/daycase appointment has decreased YTD by 14%
- GI Scopes: The number of patients waiting greater than the 12-month target for a GI Scope has decreased YTD by 74%.

As of this week the OPD waiting list has reduced to 620,986 from 654,200(same period last year), GI scopes has reduced to 26,473 from 33,622 (same period last year), IPDC has increased to 79,997 compared to 77,236 (same period last year).

However, despite this reduction, progress against the targets set out in the 2022 Waiting List Action Plan are behind profile as outlined in the table below:

Waiting List Numbers (as of 6 October 2022)	Opening Position (1 January 2022)	Actual	Target	Actual Vs Target	WL movement (1 January - to date)
Overall	**720,056**	727,456	657,989	69,467 (11%)	7,400 (1%)
OPD	**617,448**	620,986	553,664	67,322 (12%)	3,538 (1%)
IPDC	**75,463**	79,997	76,529	3,468 (5%)	4,534 (6%)
GI Scopes	**27,145**	26,473	27,795	1,322 (5%)	672 (2%)

The factors that have impacted operational achievement of the NSP targets include:

- Continued COVID pathway pressures
- Impact of ED pressures on scheduled care
- OPD physical space issues
- CAN conversion rates
- Challenges in utilising non-recurrent funding (e.g. recruitment)
- Capability and capacity constraints in specialties (e.g. Endocrinology, Dermatology, ENT, Pain Management, Plastic Surgery and Maxillo Facial).

In order to deliver significant improvement by the end of 2022, several targeted actions have been identified and previously presented to the HSE Board. An update in relation to progress against each of these actions is set out below:

1. **Establishment of an operational oversight group chaired by the National Director Acute Operations** - The first meeting was held on 14 October 2022. Key areas of focus included streamlined governance arrangements, improving current waiting list position by end of 2022 and requirements to sustain improved waiting list position.
2. **Appointment of a Director in Scheduled Care** – The role for a Director in Scheduled Care has been advertised and is being actively progressed.
3. **Implementation of a weekly operations performance engagement with each Hospital Group and Hospital** – Weekly operational performance engagement meetings have commenced with each Hospital Group and Hospital. Key areas of focus for these meetings include:
    - Mobilising all opportunities to improve the current waiting list position by the end of 2022 (e.g. blitz clinics, DPS, private sector capacity, load balancing, physical space, etc.)
    - Projected year end position
    - NTPF commissioning and administrative validation
    - Focus on achieving waiting list targets for OPD, 18 months and IPDC and GI scopes ,12 months
4. **Planning for use of additional space including in vaccination clinics to address additional space requirements** – All Hospital Groups have been offered space available through vaccination clinics. Based on engagement to date, a number of sites are assessing the feasibility and one Hospital Group has developed a plan to leverage this space.
5. **NTPF Commissioning (CANS) and administrative validation -** Continuous focus on Commissioning (including conversion rates) and Validation with Hospital Groups and Hospitals is being discussed weekly with the Hospital Groups and Hospitals. The output from this engagement over the past 4 weeks has seen a further 10 sites agreeing to progress with <3-month validation. The hospitals have been supported to adjust their validation cycles for the remainder of 2022 with a range of enablers including use of agency, overtime and support through the Contact Management Programme for administrative support and access to space from validation centres. The projected volumes that will be validated as a result of these adjustments intervention will see almost an additional 60,000 patient validations and is expected to yield in c10, 000 removals prior to year-end.

6. **Immediate focus on implementation of modernised care pathways in a number of specialties** – Three initial pathways have been prioritised for immediate implementation. A good example is the national rollout of the ophthalmology care pathway, which has already delivered benefits in two areas. Remaining clinical pathways are undergoing prioritisation and assessment for the expected impact on waiting lists. These are crucial to increasing activity, particularly as we try and build further capacity, as they entail new ways of working and often utilise both acute and community services. The investment plan and delivery schedule is currently being finalised for the initial modernised pathways.
7. **Dedicated focus on improving chronological management of waiting lists to improve compliance with NSP targets** – Chronological management is monitored and discussed on a weekly basis as part of the ongoing performance management meetings with Hospital Groups and Hospitals.
8. **Progression of a theatre and OPD optimisation programme (e.g. Ophthalmology in North East / Temple St)** - National implementation of the Theatre Quality Improvement Programme is expected to commence by the end of 2022.

Below outline ongoing examples of improvements that have been achieved comparing with the same period last year.

ULHG

- The Overall OPD waiting list has decreased by 13.7%
- Gastroenterology total OPD waiting list has decreased by 35.7% and the number waiting longer than the target of 18 months has decreased by 86.2%
- GI scope total waiting list has decreased by 58.3% and the number waiting longer than the target 13 weeks has decreased by 78.6%
- Maxillo-Facial total OPD waiting list has decreased by 70.3% and the number waiting longer than the target of 18 months has decreased by 98.4%
- Ophthalmology total OPD waiting list has decreased by 18.5% and the number waiting longer than the target of 18 months decreased by 42.3%

Saolta

- Mayo University Hospital: The Overall OPD waiting list at Mayo University Hospital has decreased by 23.7%
- Mayo University Hospital: GI Scope waiting list has decreased by 57.5% and the number waiting longer than the target of 13 weeks has decreased by 79.3%
- Mayo University Hospital: Orthopaedics total OPD waiting list has decreased by 27.3% and the number waiting longer than the target of 18 months has decreased by 69.6%.

- Letterkenny University Hospital: GI Scope waiting list has decreased by 76.2% and the number waiting longer than the target of 13 weeks has decreased by 84.7%
- Sligo University Hospital: The overall OPD waiting list at SUH has decreased by 18.9% and long-waiters have decreased by 42.7%.

CHI

- CHI: Ophthalmology total OPD waiting list has decreased by c.38% and the number waiting longer than the target of 18 months has decreased by 43.3%
- CHI: Clinical Immunology total OPD waiting list has decreased by 48.3% and the number waiting longer than the target has decreased by 69.7%

SSWHG

- University Hospital Waterford: The total OPD waiting list for Waterford University Hospital has decreased by 21.1% and the number waiting longer than the target of 18 months has decreased by 59.0%
- University Hospital Kerry: The total OPD waiting list for UHK has decreased by 25.8% and the number waiting longer than the target of 18 months has decreased by 74.6%

IEHG

- Mater Misericordiae University Hospital: The total OPD waiting list for MMUH has decreased by 13.1%
- Royal Victoria Eye and Ear Hospital: The total OPD waiting list for RVEEH has decreased by 6.0% % and the number waiting longer than the target of 18 months has decreased by 30.3%
- Midlands Regional Hospital Mullingar: The total IPDC waiting has decreased by 13.5%

RSCI

- The number of patients waiting longer than the target of 18 months at the RCSI hospitals has decreased by 80%

DMHG

- The total IPDC waiting list has decreased by 4.6% and the number waiting longer than the target of 12 months has decreased by 25.0%
- Tallaght University Hospital - Total IPDC waiters have dropped by 22.3% and the number waiting longer than the target of 12 months has dropped by 62.2%. General surgery (-87.4%) and Orthopaedics (-50.2%) were the main drivers of this reduction.
- The total number of GI Scope waiters has decreased at Tallaght (-23.1%).

6.5 WINTER PLAN

Winter planning is a core component of annual operational planning in the health service and is essential to ensure services are prepared for the additional

seasonal pressures associated with the winter period. The Winter Plan 2022/23 focuses on continuing to build capacity and capability in developing new services and enhancing existing services as initiated in Winter Plans and National Service Plans in 2020/21 and 2021/2022 respectively. The plan focuses on delivering a whole system and integrated approach at both national and local levels which aims to facilitate 'right care, in the right place, at the right time', in line with the vision of Sláintecare. Investment will facilitate the development of new services, improvement of existing services and delivery of the emergency response to the COVID-19 pandemic. The Winter Plan 2022-23 also details leadership, governance and accountability structures at both national and local levels to ensure monitoring, reporting and supports to ensure implementation of this plan.

In addition to national initiatives, significant engagement has occurred between the HSE, the Minister for Health, the Department of Health, Hospital Groups and CHOs to develop individual integrated action plans for 28 acute hospital sites and associated CHOs. These local plans have been developed in line with the Five Fundamentals of Unscheduled Care with initiatives targeting: i) leadership, culture and governance, ii) patient flow at pre-admission, iii) patient flow at post-admission, iv) integrated community and hospital services, and v) using information to support sustainable performance improvement.

The Winter Plan 2022-23 initiatives have been developed in line with the following priorities:

- *Delivering additional capacity in acute and community services:* This will include the ongoing delivery of additional acute and community beds, increasing staffing capacity in line with the Safe Staffing and Skill-Mix Framework and extending the opening hours of a number of HSE local injury units during the winter period.
- *Improving pathways of care for patients:* Alternative patient pathways will be implemented during the winter period to support admission avoidance, patient flow and discharge including Enhanced Community Care (ECC) supports.
- *Roll out of the vaccination programme for Flu and COVID-19:* An influenza vaccination programme and COVID-19 vaccination programme will continue to be rolled out. Targeted communications will be used to increase awareness and uptake for our winter vaccine programmes.
- *Implementation of the Pandemic Preparedness Plan:* The Public Health Plan will be implemented as appropriate which includes a surge and emergency response plan, in the event of a significant surge in COVID-19 infections.

In total, funding of just over €169 million has been assigned to implement these measures over 2022/2023, including the recruitment of 608 posts across a range of services. The Winter Plan 2022/23 will be delivered in tandem with the ongoing implementation of the outstanding components of the 2021/22 Winter and National Service Plans.

In conclusion, the HSE Winter Plan 2022-23 will provide for the appropriate, safe and timely care for patients by ensuring, insofar as possible, effective levels of capacity and resources are in place to meet the growth in activity levels.

6.6 PROGRESSING DISABILITITY SERVICES (PDS)

The implementation of the Progressing Disability Services for Children & Young People (PDS) programme is agreed Government and HSE policy and is currently being implemented across the country by HSE Disability teams and partner organisations. This policy supports the reconfiguration of children's disability services to provide equitable, child and family centred services based on need rather than diagnosis. The PDS programme will ensures that services are provided for children with complex needs regardless of where they live or where they go to school. Each Community Healthcare Organisation is working with key stakeholders in their area including parents and education services to ensure that appropriate arrangements are put in place to facilitate in-reach services to special school settings as appropriate.

The Progressing Disability Services for Children and Young People (PDS) model addresses the previous inequity in service provision whereby there may have been an excellent service for some children and little or no service for others. This variance may have been linked to diagnosis, age group or geography. Under the PDS programme children's disability services are changing from diagnosis based to needs based, so that all children with a disability or developmental delay have access to the right service based on their needs no matter where they live.

The National Policy on Access to Services for Children & Young People with Disability & Developmental Delay ensures that children are directed to the appropriate service based on the complexity of their presenting needs rather than based on diagnosis. Many children with a disability who have support needs can be effectively supported within mainstream health services. This policy provides a single point of entry, signposting parents and referrers to the most appropriate service (Primary Care for non-complex functional difficulties and Children's Disability Network Teams for complex functional difficulties).

The HSE is committed to the full implementation of the PDS Programme. This is a significant change programme for the provision of services and supports

for children from birth to 18 years of age, in line with Sláintecare and the Programme for Government, in order to:

- Provide a clear pathway and fairer access to services for all children with a disability
- Make the best use of available resources for the benefit of all children and their families
- Ensure effective teams are working in partnership with families and with education staff to support children with a disability to reach their full potential.

PDS aligns with two clear objectives of The Sláintecare Report to:

- Provide the majority of care at or as close to home as possible
- Create an integrated system of care with healthcare professionals working closely together.

Children's Disability Network Teams (CDNTs)

CDNTs provide services for children with complex disability needs from birth to 18 years of age. In some cases, these teams replace pre-existing "early intervention teams" and "school age teams" which required many children to transfer to a new team at age 6. 91 Children's Disability Network Teams are aligned to 96 Community Healthcare Networks (CHNs) across the country.

CDNTs are teams of health and social care professionals, including nursing, occupational therapy, psychology, physiotherapy, speech and language therapy, social work and others. The CDNTs provide an interdisciplinary model of support. The team works closely together in a family centred model, focusing on the child's and family's own priorities.

Children and their families will have access to a range of services and supports of the CDNT according to their individual needs. This includes universal, targeted and specialist supports, such as individual therapeutic intervention and access to specialist consultation and assessment when needed. Supports will be provided as is feasible in the child's natural environments - their home, school and community.

The HSE acknowledges that the establishment of CDNTs has been challenging for many stakeholders; especially children with disabilities and their families. Reconfiguring existing resources to provide a more equitable service has resulted in a reduction in levels of support for some children. Furthermore, the shift from a traditional "expert led" medical model to a family centred model of support has been perceived by some as a diminution of service. The HSE is currently finalising an overarching "roadmap" document that sets out its plan to improve services for children and young people with disabilities and their families.

Staffing and other issues for Children' Disability Network Teams

The HSE undertook a comprehensive CDNT Staff Census and Workforce Review in October 2021. This provided valuable information regarding the staffing and skill mix available to CDNTs. This census is currently being repeated so that comparative information is available.

In October 2021 there were ***1,892.38*** whole time equivalent posts approved for CDNTs with almost ***1,368*** filled posts. The table below provides the breakdown by CHO area.

CHO	Approved WTE	Filled WTE	% Vacant
CHO1	161.49	111.87	31%
CHO2	218.55	162.11	26%
CHO3	168.27	140.47	17%
CHO4	279.42	221.35	21%
CHO5	165.15	110.76	33%
CHO6	174.75	118.60	32%
CHO7	231.92	161.33	30%
CHO8	252.59	176.35	30%
CHO9	240.24	165.04	31%
Total	***1,892.38***	***1,367.88***	***28%***

The approved WTE figure for Oct 2021 does not include the 190 development posts provided as part of the HSE's National Service Plan for 2022. In addition, further to recent agreement with Government, the HSE and its CDNT Lead Agencies will receive funding for an additional 136.3 WTEs to provide services in 104 special schools. These additional posts are intended to support the newly established CDNTs to prioritise intervention for children with complex needs in special schools.

Work is ongoing on mapping specialised services and supports, and paediatric supports available as well as an analysis of the service gaps for children with highly complex needs. This will facilitate the HSE to develop standardised approaches to integrated pathways of support for CDNTs and Primary Care staff.

Recruitment and Retention

Each CDNT is managed by a lead agency. Each lead agency is responsible for recruiting staff when vacancies arise on their teams or when development posts are allocated to their teams.

Most of the disciplines working in CDNTs are similar to those working in other areas of the health services including Primary Care Services, Mental Health Services, Older Person Services and Acute Hospitals. The HSE and the various

Lead Agencies are experiencing ongoing challenges recruiting staff across a range of disciplines and grades.

The HSE continues to explore a range of options to enhance the recruitment and retention of essential staff across all aspects of the health services. In addition, the HSE Community Operations Disability Services is working collaboratively with the CDNT lead agencies at CHO level to promote CDNTs as a workplace of choice in a competitive employment market. Each lead agency is responsible for recruitment of staff on their CDNTs and is using a variety of approaches to fill funded vacancies.

Options to support the recruitment of staff for the CDNTs currently being explored include:

- Targeted National Recruitment for CDNTs
- Targeted International Recruitment for CDNTs with an agreed relocation allowance
- Sponsorship Programme for therapy grades
- Apprentice Programme for therapy grades
- Employment of graduates as therapy assistants as they await CORU registration
- Expansion of therapy assistants in the system with HSE supporting individuals to return to education to quality as therapists.

Special Schools

Further to discussions with An Taoiseach and relevant Government Ministers who highlighted their priority requirement to restore the health and social care supports that were historically provided in some special schools in the State, it was agreed that funding would be provided for an additional 136.3 senior posts. These posts are intended to support the CDNTs to provide the pre-existing level of on-site health and social care supports to 104 special schools.

At the request of Government, the HSE has agreed to prioritise the allocation of staff to these special schools on a phased basis as follows:

Phase 1 – September 2022
Reassigning existing CDNT therapy hours to fill one third (circa. 44 WTE) of the special school requirement from school opening in September 2022. Local discussion will determine which CDNTs have capacity to align staff to these roles as quickly as possible. This phase has been delayed by an industrial relations process with Fórsa trade union following an instruction of non-cooperation to its members. This initiative ensures continued collaboration between the CDNTs and Special Schools
This was intended to provide the equivalent of 44 clinical posts to support the needs of children in special schools from September 2022.

Phase 2 – September 2022 to November 2022
Providing a further one third of the required therapy hours (circa. 44 WTE) via existing staff grade panels and supported with further assignment of suitably experienced CDNT staff to the special school through September and as the autumn school term progresses and staff continue to be recruited/assigned.

Phase 3 – a range of initiatives to be commenced immediately
Filling all remaining CDNT posts including those that will support special schools as quickly as possible via the range of targeted recruitment detailed above.

Intensive engagement with the Forsa trade union is on-going to address the concerns of its members with regard to this project.

Ongoing Developments and Improvements in Children's' Disability Services

With all 91 teams in place, the primary focus now is development of the interdisciplinary family centred practice (FCP) model consistently across all teams. Moving from the traditional deficits focused 'Expert/Medical' model to a strengths based, child and family outcome focused model involves a significant mind-set change for all stakeholders, including health professionals, families and referrers.

All children develop and learn by taking part in daily life and activities with their family, in their home, in pre-school, in school and their community. The child's family and those who are with them every day are the most important people in their lives. Family centred practice focuses on the child and family's strengths, capacity and skills. The family and team work in equal partnership to explore the child and family's daily routine and to identify the child and family's priorities and goals and how the team will support them to achieve their goals.

Following on from the National Team Development Programme, HSE Disabilities is providing continued training and development for CDNTs in Family Centred Practice, including service planning and delivery with families.

Capacity Building Initiative

The HSE is leading a capacity building pilot in two CHOs over 2022 – 2024 to demonstrate a stepped approach to supporting children with behaviours that challenge. Funding allocation for this project includes €280,000 in year one to €410,000 in year two. This 3 tiered pathway for prevention of, response to, and community based intervention builds capacity of the whole team working an interdisciplinary model of understanding and assisting children with a range of disabilities, including autism who have concerning behaviours and their families.

Chapter 7

CHIEF FINANCIAL OFFICER UPDATE

7.1 AUGUST YTD – KEY MESSAGES

The draft revenue I&E financial position at the end of **August 2022** shows an YTD deficit of €844.5m or 6.3%. A significant element or €665.4m of this is driven by the direct impact of COVID-19 expenditure with the remainder or €179.1m in Core (ie non COVID-19).

Table 1 – Net revenue expenditure by division - August YTD 2022

August 2022	YTD Actual Spend vrs YTD Budget					YTD Variance Analysed	
	Approved Allocation	YTD Actual	YTD Budget	YTD Variance	YTD Variance	Covid-19 Related Variance	Core related variance
	€m	€m	€m	€m	%	€m	€m
Acute Operations	6,991.7	5,010.9	4,546.9	464.0	10.2%	215.7	248.2
Community Services	7,407.7	4,979.4	4,849.7	129.7	2.7%	177.4	(47.7)
Other Operations/Services	1,384.0	1,031.4	967.8	63.5	6.6%	195.3	(131.7)
Total Operational Service Areas	15,783.5	11,021.7	10,364.5	657.2	6.3%	588.4	68.8
Total Pensions & Demand Led Services	4,753.0	3,315.7	3,128.4	187.3	6.0%	77.1	110.3
Overall Total	20,536.5	14,337.4	13,492.9	844.5	6.3%	665.4	179.1

COVID-19 costs year to date of €1,267.5m are in the context of a budget of €602m which accounts for the adverse variance of €665.4m per table 1. Some of the key drivers of this year to date COVID-19 expenditure are noted below:

- Testing & Tracing €349m
- Vaccination costs €206.7m
- Private Hospital costs €107.1m
- Hospital & Community COVID-19 responses €604.7m

Consultation on the 2022 cost of the HSE's COVID-19 responses is ongoing with both the Departments of Health and Public Expenditure & Reform and will continue as part of any consideration of a supplementary estimate for 2022. 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.

The HSE **Capital Plan** has August YTD expenditure of €445.5m against a YTD budget profile of €506.9m leading to a positive variance against profile of (€61.4m) or (12.1%). This surplus includes a YTD surplus in relation to acute capacity of (€9.1m) and the Children's Hospital of (€30.8m) (in addition to minor timing surpluses on other projects).

Cash pressure was evident in the system until the end of August, with cash accelerations for the first eight months of the year totalling €690.0m. These requests were being driven by unfunded COVID-19 related expenditure pressures as well as the sanctioned €1,000 pandemic payment to frontline healthcare staff. In September, drawdowns were €135.0m under profile, resulting in a net YTD position of €555.0m over profile. Whilst no additional cash acceleration was required for September month, cash pressures are expected to continue to year end and further accelerations will be required.

7.2 OUTTURN TO THE END OF 2022.

The most current revenue I&E forecast to the end of the year which has been updated to take account of August YTD actuals indicates a net surplus on core of €137m (low[1]) and includes the impact of year to date TRS. This compares favourably to the previous forecast based on June analysis which had indicated a potential core surplus of €91m.

It will become more evident if this is an emerging trend once September results become available in the coming weeks. However, given the emerging improvement in overall outlook the HSE 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.

A Core expenditure plan was prepared following the completion of the Q1 forecast. This plan aimed to reduce the expected level of growth in 2022 to 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 have now been communicated to services and the monitoring of these targets including consideration of any corrective action is being actioned through the performance & accountability framework. The Chief Operations Office has established an Integrated Operations Financial Plan Oversight Group who will monitor this action plan to year end 2022.

7.3 BUDGET CONSIDERATIONS 2023

Following the announcement of Budget 2023 on 27th September, the HSE has at 20th October now received a final and substantive draft of the Letter of Determination (LOD) for 2023 which sets out the core HSE revenue and capital budget for 2023.

[1] The low best case - reflects 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.

The draft LOD indicates a revenue budget of €21.7bn of which €21.1bn relates to core expenditure and the balance of €.6bn relates to once off COVID-19 programmes. Overall that represents a circa 3.8% increase over 2022.

Of the €652.8m available in respect of COVID-19 related costs (of which €88m is held in DPER contingency), €439.3m is in respect of COVID public health programmes, €85.2m is available in respect of waiting list measures (with a further €89.8m held by the Dept) and €40m for Cyber Resilience.

An engagement process is currently underway between finance and service areas to facilitate an assessment of the funding gap versus the ELS 'Ask' and the likely financial and service related risks that are immediately evident for 2023 based on funding received. Financial tables have been made available to National Directors and Finance leads in order for this to be undertaken as a priority.

Work will be ongoing to ensure that the National Service Plan (NSP) 2023 will be delivered within the timescales as laid down by the Minister.[2]

[2] 21 days post receipt of LOD

Chapter 8

HUMAN RESOURCES UPDATE

8. HUMAN RESOURCES UPDATE

8.1 COVID-19 PANDEMIC PAYMENTS (including Appeals process)

As of September 30th, 2022 the HSE and Section 38 employers have made payment to over **124,201** employees. (HSE 85,920, S38 38,287).

In relation to non HSE /non S38 staff that may be eligible for the payment, the HSE and the DoH have been planning to progress the rollout of the Pandemic Recognition Payment to non HSE /non S38 organisation types covered by the Government decision. This shall cover eligible staff in;

1. Private Sector Nursing Homes and Hospices (Private, Voluntary, S.39)
2. Eligible staff working on-site in S.39 long-term residential care facilities for people with disabilities
3. Agency roles working in the HSE
4. Health Care Support Assistants (home help/care/support) contracted to the HSE.

In order to progress the payment to eligible staff, we recently awarded a tender to a third party contractor to assist with the payment process, which we will endeavour to pay these bodies, by the end of November.

8.2 BUILDING MOMENTUM RATIFIED

The Extension of Building Momentum was ratified on 7th October and the pay increases contained therein will be applied to staff.

8.3 2022 HEALTH SERVICE EXCELLENCE AWARDS

The 2022 Health Service Excellence Awards Event was held in Farmleigh, Phoenix Park on 15th September 2022. The Minister for Health, Stephen Donnelly provided the keynote address and President Michel D Higgins sent a message of congratulations and reflection.

There were 5 Category Winning Teams presented with their Awards. Also showcased was 5 previous projects that entered the Excellence Awards in 2020 and 2021 highlighting how these projects have become embedded.

- Category 1 - Engaging a Digital Solution to provide a better Service:

Beaumont Hospital in the RCSI Hospital Group for their project titled **'Implementation of Infection Manager System'**.

This project implemented a Management System for Infectious Disease, integrating laboratory and PAS data, with real time automated flagging of infection and

recovery status. A dynamic dashboard displays infection status at ward/bed level for Infection Control purposes.

- 2. Category - Excellence in Quality & Patient Safety

Health & Well Being Dept, CHO5 for their project **Supporting Pregnant Women & Extended Family to Quit & Stay Quit**

This co-designed integrated care project is supporting all involved in the journey of the pregnant women to stop smoking is delivering exciting results.

- 3. Category - Improving Patient Experience

HSE CHO9 Social Inclusion (Homeless Services) and the Ana Liffey project (S.39) titled '**Rapid Covid-19 LAMP testing in Dublin Homeless Services'**

Through the implementation of the Rapid COVID-19 LAMP testing response in Dublin homeless services, the level of transmission was reduced.

The need for offsite isolation and PCR testing was also greatly reduced.

- 4. Category- Innovation in Service Delivery:

Mid-West Community Healthcare (MWCH) Speech and Language Therapy Services (SLTs) for their project titled 'Mobile **Fibreoptic Endoscopic Evaluation of Swallowing (FEES) Service'.**

The MWCH Mobile FEES Service is Ireland's first community-based instrumental swallowing assessment service. Skilled SLTs and equipment are mobilised to strategic healthcare settings spanning MWCH.

- 5. Category - Right Care, Right Time, Right Place:

Student Health Service, Technological University of the Shannon Midlands Midwest (TUS)- supported by CHO8 for their project '**An integrated student sexual health, contraception and health promotion service'**

This project is an equitable, accessible, high-quality nurse-led sexual health, contraception and health promotion service is provided on campus to 6,000 students. This is an area that was previously geographically underserved.

For Corporate Finalists- an event is being managed in Dr. Steeven's Hospital. An e-Booklet will be available on the HSE Webpage for the 2022 Health Service Excellence Awards detailing the 2022 Finalists and giving contact details.

8.4 WORKFORCE PLANNING: HEALTH SECTOR WORKFORCE: AUGUST 2022

Employment levels at the end of August 2022, show there were 134,994 WTE (153,728 personnel) directly employed in the provision of Health & Social Care Services by the HSE and the various Section 38 hospitals & agencies.

The change of ***-300 WTE*** *this month,* with YTD employment levels at **+2,671** WTE. This month's change is ***out of trend for this month***, however, requires this is likely to be temporary only.

8.5 RESOURCING STRATEGY DEVELOPEMENT

In June 2022 a Recruitment Reform & Resourcing (RRR) Programme was established to adopt a strategic, health service response to resourcing. This Programme, in partnership with the services will develop sustainable resourcing strategies for the short, medium and long term.

Health and Social Care Professionals

Large national campaigns to target and capture new graduate Occupational Therapists, Physiotherapists, Speech & Language Therapists, Dieticians, and Psychologists from Irish colleges were managed with interviews progressing over the Summer and closing out in the coming weeks. These campaigns were successful in capturing high numbers of graduates across all professions and these new panels will go live from November 2022.

It is also necessary to supplement the applicant pool with international recruitment activity. To this end international recruitment is well underway for Dieticians, Podiatrists, Speech & Language Therapists, Physiotherapists and Occupational Therapists with a total of 354 applicants across these professions to date.

Nursing

Work is continuing at a local level to engage with all Irish Nurse and Midwife graduates from Irish Colleges and to offer them permanent positions in the HSE.

International channels are also being explored directly. An overall target to attract approximately 1,900 nurses from overseas in 2022.

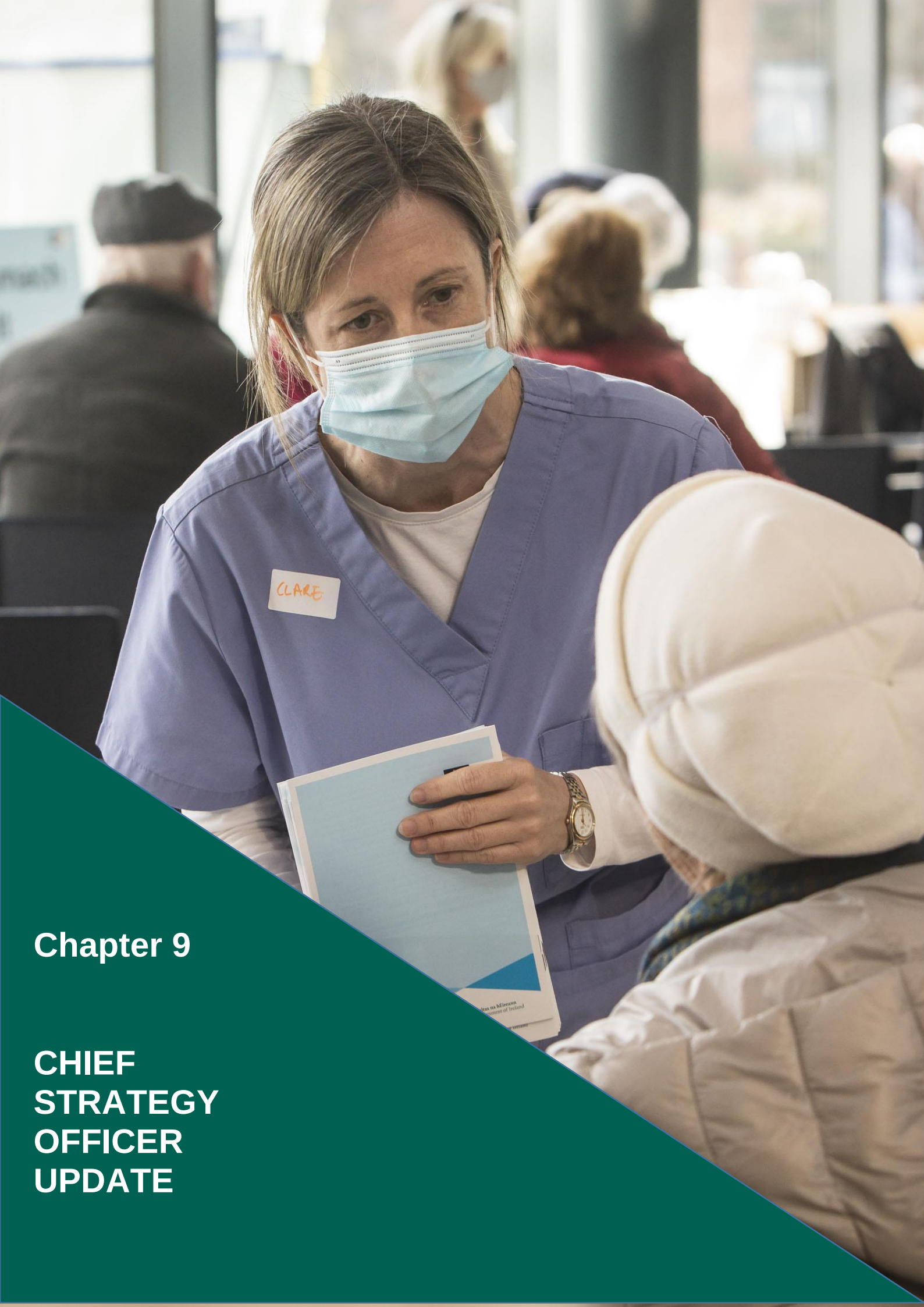
8.6 RETENTION OF STAFF

There are a number of retention strategies, supports and resources available within the HSE for healthcare workers.

- The **HSE Workplace Health and Wellbeing Unit** (WHWU), provides services to prevent staff becoming ill or injured at work
- **The Capability and Culture Unit**
- The HSE **staff survey** based on a number of themes
- **National taskforce for NCHDs** - The purpose of the recently established Taskforce is to put in place sustainable workforce planning strategies and policies to improve and support the NCHD experience. HSE National HR has progressed engagement with the IMO on the matters raised as a high priority. Engagement between the IMO, HSE and DOH has been ongoing, and has been constructive to date.
- **NCHD payroll subgroup -** A group has been established to explore opportunities that would improve NCHD overall payroll experience.

8.7 CONSULTANT'S CONTRACTS

Discussions on a revised Consultant contract of employment re-started in June 2022 and are proceeding in a positive manner.



Chapter 9

CHIEF STRATEGY OFFICER UPDATE

9. CHIEF STRATEGY OFFICER UPDATE

9.1 REGIONAL HEALTH AREAS (RHAs)

As Board members are aware the Regional Health Areas (RHAs) will provide for the alignment and integration of hospital and community healthcare services at a regional level, based on defined populations and their local needs. Regional Health Area implementation aligns with Sláintecare (May 2017), the HSE Corporate Plan 2021-24 and the Sláintecare Implementation Strategy and Action Plan 2021-2023.

This provides the policy direction and a clear mandate for this complex and large scale change programme. The recommended policy option approved is one in which the six new RHAs are implemented internally as formal regional structures within the HSE.

Detailed work progressed in October to support RHA Design and Implementation. Six regional engagement events took place in Cork, Sligo, Kilkenny, Tullamore and Dublin, with the final event in Limerick.

Almost 600 people attended these events inclusive of COs of CHOs, CEOs of HGs, senior clinicians and service managers, representatives of voluntary organisations, GPs and HSE EMT members and facilitators. There were 90 discussion groups over the six events, and a detailed output from each group has been completed in relation to Population Based Service Planning and Delivery; Finance; ICT and Capital; and People and Development. The outputs from these events have been shared with attendees and will shape the next phase of work by each of the RHA workstreams and will inform the high-level design for RHA, HSE Centre and DoH.

An update on RHAs is provided for Board members at today's meeting.

9.2 REFORM OF SCHEDULED CARE

The 2022 Waiting List Action Plan seeks to systematically address waiting lists by focusing on delivering the projected reductions in waiting lists and waiting times, while also progressing critical strategic reforms.

As outlined in the Plan, the following strategic reforms are being progressed:

- **Modernised Scheduled Care Pathways** – Modernised Care Pathways across three specialties (orthopaedics, urology and ophthalmology) have been approved to commence implementation in 2022. This will include progressing the haematuria pathway, the continence pathway, the lower urinary tract symptoms (LUTS) pathway, the virtual trauma assessment clinics, and the establishment of community eye teams to delivery three ophthalmology pathways.

- **Patient Centred Booking Arrangements** – Work is ongoing to finalise the target operating model for Patient-Centred Booking Arrangements in collaboration with Gynaecology at ULHG. A phase 1 testing in gynaecology is expected to commence this month.
- **DNA Strategy** – Three sites have commenced testing of the draft DNA Strategy as follows: (i) Mercy University Hospital, (ii) Sligo University Hospital and (iii) Portiuncula University Hospital.
- **Patient Initiated Reviews** - A national guidance document has been developed for Patient-Initiated Reviews, working in collaboration with clinical colleagues. Analysis is underway to determine the feasibility and potential impact of PIR in reducing unnecessary review appointments in Ireland. The national guidance is expected to be tested at CHI and ULHG (as part of patient-centred booking arrangements).
- **HPVP** – The Health Performance Visualisation Platform introduces a new automated approach to acute hospital information management and empowers decision makers at national and local levels to produce meaningful insights and reports based on real-time data. The Platform is now live in 19 hospital sites, providing access to 489 users.
- **Scheduled Care Dashboard** – A scheduled care dashboard has been developed and rolled out to all Hospitals Groups and Hospitals. Training has been provided and validation with sites is ongoing.

9.3 COMPLIANCE FRAMEWORK

The HSE has a range of legislative, regulatory or policy obligations that it must comply with. In 2021, the Review of the HSE's Corporate Centre established a new Governance and Risk function reporting to the Chief Strategy Officer with the intention that this function would also have lead responsibility for Compliance matters. While it is acknowledged that there are a number of corporate functions undertaking compliance related activities [including the Offices of the CFO, COO, Procurement and HR], the CFO and CSO agreed that a comprehensive Framework was required to coordinate these activities. Earlier this year a project was established to develop a Compliance Framework and KPMG were engaged to support this work. The work of the project will conclude shortly and in advance of the final Report being received from KPMG, the draft Compliance Framework was presented to the ARC for review.

Implementing the Framework will require a significant change in the way the HSE manages its compliance related activities. In particular, the Framework envisages:

- The establishment of a Central Compliance Function as a 'second line of

defence' function reporting to the Chief Risk Officer.

- Greater visibility of compliance risks through improved monitoring and reporting, including to the EMT, ARC and the Board.
- Minimum compliance standards being set for the 'first line of defence' functions performing compliance related monitoring and assurance activities.

Once the Compliance Project completes its work and we have received the final report, I plan on bringing a set of proposals to the Board in relation to strengthening the HSE's response to meeting our compliance obligations.

9.4 CORPORATE RISK REGISTER – Q3 2022

The review of the Corporate Risk Register for the third quarter has been completed and the Report was considered by the ARC at its meeting on the 13 October. The risks delegated to each of the other Board Committees for oversight purposes will be considered at the forthcoming meetings of each Committee.

There are currently 19 risks on the Register, 12 rated as Red and 7 Amber. The rating for three risks increased between Q2 and Q3 but remain in amber as - following review by the relevant EMT members - it was considered that the 'likelihood' of the risk materialising had been understated in the last review. These risks are CRR 06 Major Capital Projects, CRR 10 Climate action failure and sustainability and CRR12 Delivering Sláintecare. The rating for one risk, CRR 19 Displaced Ukrainian Population, has moved from amber to red due to continued arrivals from Ukraine, the recent COVID surge and shortage of isolation facilities.

9.5 ICT/CYBER POST INCIDENT REVIEW IMPLEMENTATION PROGRAMME

The ICT/ Cyber Post Incident Review Implementation Programme continues. The main points of note this month are:

- The first full meeting of the Board Technology and Transformation Committee took place on Monday, 17 October.
- The ICT / Cyber Programme Investment case developed over the summer and submitted to the Department of Health, sets out the ambitious programme required to deliver ICT and Cyber Transformation. Fundamental to planning the next stage of the Programme is the allocation for ICT/Cyber activity in the HSE's Letter of Determination for 2023. In addition to the overall figure, the Programme will be waiting to see how much of the allocation will be for once-off or recurrent funding as this will have a direct impact on the nature and pace of priorities that can be progressed in 2023.

The HSE is well advanced in its preparations for notifying the individuals whose data was extracted during the cyber-attack. This will be a very significant and complex communication process. The Attorney General has now approved the notification letter and the notification process will commence on 9 November.

9.6 NATIONAL SERVICE PLAN 2023

Work is ongoing in the preliminary drafting of the National Service Plan (NSP) 2023 with significant work already completed by services in identifying their early service objectives for 2023, pending finalisation based on the Letter of Determination. Board members should note that a standardised and streamlined framework has been developed for each service area's content. Discussions have been held across areas to unify the presentation of all submissions and add strength to the key messages for NSP 2023.

The NSP is required to be submitted within 21 days of receipt of the LoD from the Department of Health, and was received on 20th of October.

Further engagement will be required with the Performance and Delivery Committee and the Board in the preparation and finalisation of the NSP 2023 over the coming weeks.

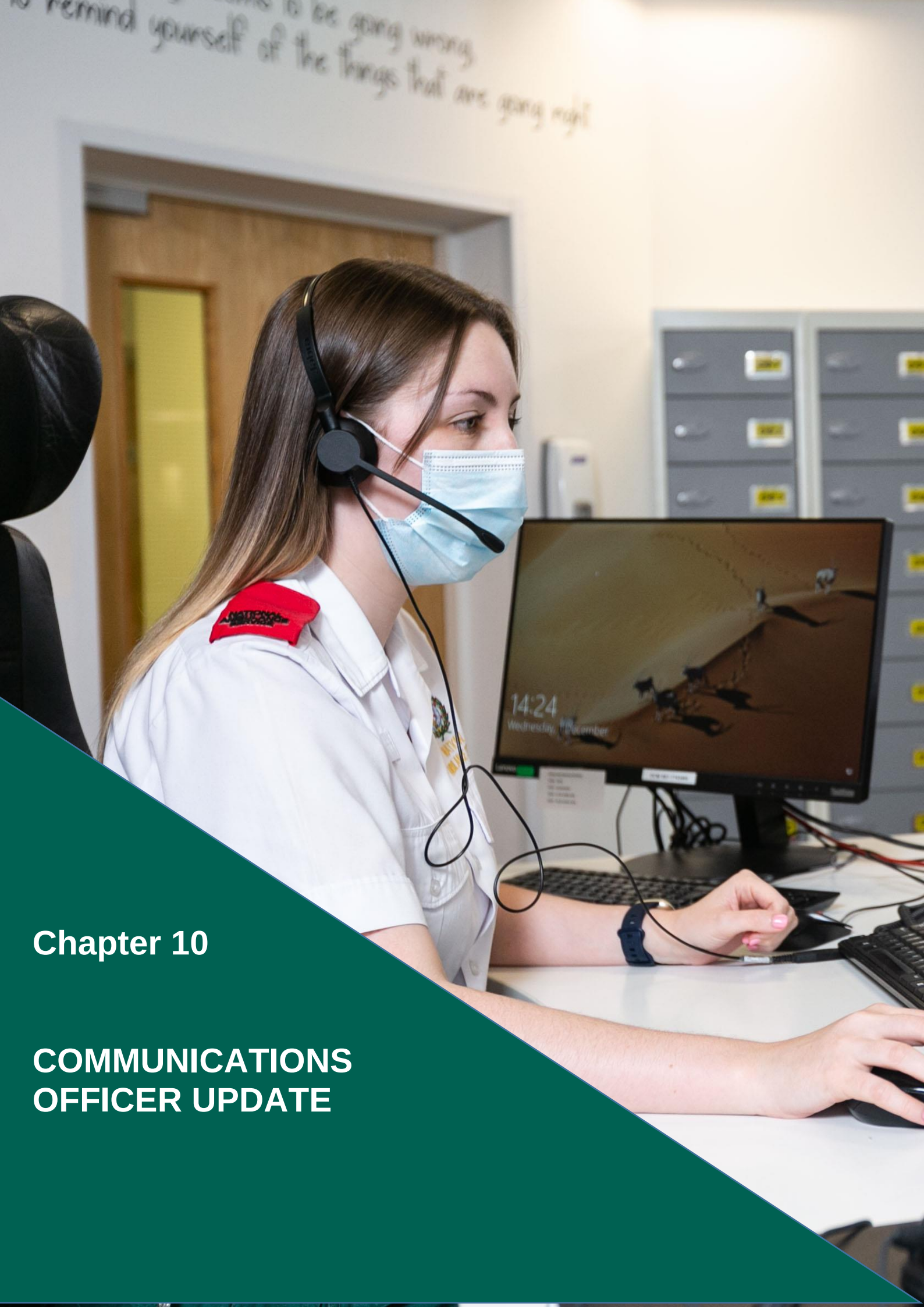
An update on the NSP process has been provided for Board members at today's meeting.

9.7 BOARD STRATEGIC SCORECARD

The Scorecard for the period to the end of September is attached for Board members' consideration and approval. The Scorecard remained unchanged at 3.25. The Reform of Scheduled Care and Reform of Disability scorecards returned a rating of 2 for the second consecutive month and improvement plans have been prepared.

Recruitment remains a significant challenge. However, there was a slight increase in the WTEs across four programmes since August, including a 7% increase of WTEs for frontline primary care & leadership roles.

During the same reporting period, a key achievement for Board members to note was the commencement of Major trauma services at the Mater Hospital.



Chapter 10

COMMUNICATIONS OFFICER UPDATE

10. NATIONAL DIRECTOR COMMUNICATIONS UPDATE

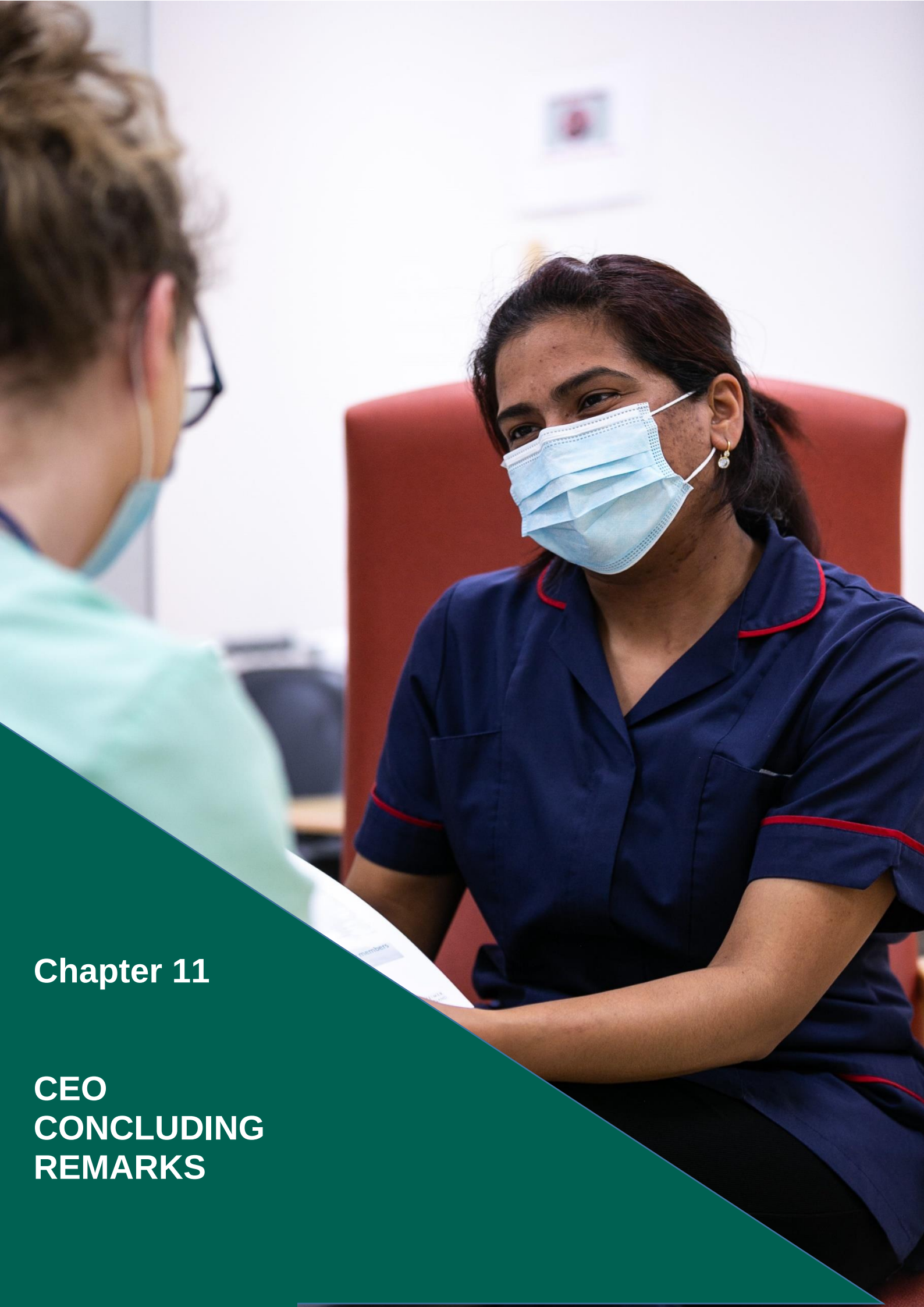
10.1 GENERAL UPDATE

The 2022 COVID and flu vaccine campaigns have gone live on TV, radio, press and online. The campaign is focused on reinforcing the personal benefit of getting the vaccines recommended this winter.

Overall the number of media interviews queries and other media engagements is down significantly compared to the same periods in 2021 and 2021 during the pandemic. However, there is more than three times as much engagement as pre-pandemic, driven largely by proactive campaign interviews and a greater presence of HSE spokespersons in public discussion on health service related issues. Recently this included proactive public explanation of the Winter Plan.

A new mental health advertising campaign, 'Make the Connection', campaign went live for World Mental Health Day 10th October and a new mental health website was launched as part of the campaign. The focus of this campaign is mental health literacy.

Extensive planning work is ongoing on the HSE's response to the 2021 cyber -attack, including the upcoming process to notify people affected by the data theft. The communications team is supporting the planning process, ensuring all public communications and touchpoints are in plain language and accessible to all. The overall goal is to support people affected, be open about what went wrong, and provide practical, comprehensive advice on how this might affect people.



Chapter 11

CEO CONCLUDING REMARKS

11. CONCLUDING REMARKS

October 11, 2022.
National Directors, Assistant National Directors and EMT colleagues met in the AVIVA stadium to discuss immediate priorities given the upcoming winter season and the challenges it poses.

In conclusion, I want to assure you that I will do everything I can to support you and our front-line staff to deliver the best health and social care services possible to those that rely upon them.

It is an honour and a privilege to be CEO of the HSE and I look forward to leading our Executive Management Team and wider workforce to improve our services. I greatly appreciate both your support and guidance in the months ahead.

Stephen Mulvany

Chief Executive Officer