



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Rannán Gnóthaí Parlaiminte
Bloc D, 2 urlár
Ionad Gnó Gheata na Páirce
Sráid Gheata na Páirce
Baile Átha Cliath 8

Health Service Executive
Parliamentary Affairs Division
Block D, 2nd floor
Parkgate Business Centre
Parkgate Street
Dublin 8

Teil. (01) 635 2505
Facs (01) 635 2508

Tel: (01) 635 2505
Fax: (01) 635 2508
Email: reps@hse.ie

11th July 2017

Ms. Margaret Falsey,
Committee Secretariat,
Committee of Public Accounts,
Leinster House,
Dublin 2.

Dear Ms. Falsey,

I refer to recent correspondence from the Committee to Mr Tony O'Brien, Director General in respect of follow up issues from our attendance at the Committee on the 15th June regarding the examination of the HSE Financial Statements 2015 and 2016.

I attach below responses to all of the issues raised including some additional issues not included in the correspondence we received from you.

1. A note on the outsourcing of patients to private hospitals and examples of cost analysis carried out on this.

Response:

Outsourcing 2016

A tender was conducted in 2015 for the outsourcing of Inpatients and Outpatients waiting greater than 18 months for treatment by 30.06.15.

In accordance with the national procurement protocols, the tender was published on E-Tenders using tender protocol Amex 2B.

Spend analysis was conducted by HSE Procurement working closely with the NTPF and these complex tenders were managed by a team of multiple stakeholders across the Acute Hospital Groups & Hospitals, NTPF, Outsource Parties, and HSE Procurement.

Proposals were invited and received from all eligible hospitals across the island of Ireland. In order to provide patients with the quickest, most appropriate and least disruptive access to treatment with value for money and value for the customer at the core, the priorities for outsourcing were as follows:-

- Capability / competence to provide the necessary treatment
- Capacity
- Cost

To ensure that Patients received the appropriate care in a timely and convenient manner that delivered value for money, daily and weekly operational reviews were conducted.

At local level, prior to outsourcing the following actions were taken; waiting List validation both clinical and administrative; establishment of protocols to ensure patient safety in regard to transfer of patients and patient records; Pre-Operative assessment for specific treatments / cohorts of patients. In light of this workload, the 2015 initiative was subsequently continued into 2016.

In August 2016 the Minister set a target that there would be no more than 1,800 patients waiting over 18 months by year end. The target outturn represented a reduction of 50% of the patient numbers waiting in excess of 18 months at that time of approximately 3,488 patients.

The report from NTPF (30 December 2016) showed that 1,738 patients were waiting over 18 months and therefore the Minister's target of 50% reduction was achieved.

A total of 11,519 patients were treated, scheduled for treatment in public and private hospitals or removed from the waiting list.

2. A note on the national review of cardiac care along with the terms of reference of the review and who will be carrying out the review.

Response:

The Minister has committed to a national review of all Primary PCI services with the aim to ensure that as many patients as possible have access, on a 24/7 basis, to safe and sustainable emergency interventions following a heart attack. The Department of Health are arranging for the review to be undertaken and will draft the required Terms of Reference. This review, which will be undertaken based on independent clinical expertise, will examine the issue and make recommendations regarding the future configuration of Primary PCI services, including number and location of centres required to serve our population needs. The review will devise a plan for the achievement of the best patient outcomes possible, reflecting patient safety as paramount.

The drafting of the Terms of References and progress of the review is a matter for the Department of Health as Commissioner.

3. A report on the changes that have been made by the HSE to its interactions with and oversight of Sections 38 and 39 organisations since the Console internal audit report.

Response:

Please see accompanying briefing note from the HSE Compliance Unit (*Appendix 1 - Compliance Unit Briefing Note*)

4. A breakdown of claims by category including the age of the claim.

Response:

Table 1 provides an analysis of the number of active claims as recorded in the National Incident Management System (NIMS) as at the 31st December 2016. This table shows that there are 5,373 active claims in both the categories of clinical and general indemnity and that the actuarial estimate at that date was €1.922bn (note 11 to the AFS) of this €482m relates to legal fees.

Table 1 Active Claims – Number of Claims and Estimated Liability

Clinical/General	Clinical	General	Grand Total
Number of Claims	3,017	2,356	5,373
Outstanding Agency Legal Costs (€K)	€142,153	€31,699	€173,852
Outstanding Plaintiff Legal Costs(€K)	€251,069	€57,145	€308,214
Outstanding Expert Costs(€K)	€16,733	€8,237	€24,970
Outstanding Damages(€K)	€1,259,264	€155,221	€1,414,485
Total Outstanding Estimated Liability(€K)	€1,669,219	€252,302	€1,921,521
Total Legal Costs	€393,222	€88,844	€482,066

Table 2 provides an analysis of the active claims by estimated liability bands (€ms) which shows that while circa 92% of the active claims fall within the under €0.5m banding, in the region of 8% of cases are estimated to drive a significant amount of the estimated liability.

Table 2 active claims by estimated liability bandings

Bandings	Clinical	General	Total
<0.5m	2686	2,282	4,968
0.5m to 1m	102	58	160
1m to 2m	61	12	73
2m to 5m	46	3	49
5m to 10m	83	1	84
10m to 15m	39	0	39
Total Claims	3017	2356	5,373

Table 3 provides details in respect of the aging of the active claims by date claim notified in NIMS.

Year	Number of Claims	Estimated Liability by year €k	% by year
2004	28	33,504	2%
2005	22	14,156	1%
2006	26	26,629	1%
2007	56	32,199	2%

Year	Number of Claims	Estimated Liability by year €k	% by year
2008	80	105,060	5%
2009	86	61,382	3%
2010	198	122,645	6%
2011	273	155,444	8%
2012	449	204,696	11%
2013	581	184,419	10%
2014	827	267,775	14%
2015	1,216	315,985	16%
2016	1,531	397,627	21%
Total	5,373	1,921,521	100%

This table indicates that circa 86% of the total number of claims recorded have arisen in the period from 2012 to 2016 and that the value of claims in that period is circa 71% of the total estimated liability. There has been a rise in the number of claims in both categories of indemnity.

5. A note on the reduction of the staff directly employed in home help with particular reference to the 30% reduction in the Laois/Offaly area.

Response:

Overview

The home help service & the HCP Scheme are highly valued by clients, their carers and by the HSE as they provide supports which assist older people to live independently in their own homes for longer and enables large numbers of older people to return home following an acute hospital admission who otherwise would remain in hospital or would be admitted to long stay residential care.

Please note that while the data referred to above relates to January and February only. The HSE is taking the opportunity to provide more up to date figures i.e. January to April 2017.

Nationally Home help Hours targets have increased from 10.437m on 1st January 2016 to 10.570m in 2017 NSP. In the same period HCPs increased from 15,450 to 16,750.

CHO8 home help hours target increased from 1.203m on 1st January 2016 to 1.260m in 2017. In the same period the HCPs target increased from 2,132 to 2,373.

Laois Offaly home help hours target increased from 270,000 hours on 1st January 2016 to 305,000 hours in 2017. In the same period HCPs target increased from 570 to 654.

HSE is committed to delivering on these targets within the available level of resources for home care services.

Home Care Targets 2016 & 2017

- The National Service Plan 2016 projected a Year End Target for Home Help Hours of 10.437m and 15,450 HCPs. Additional funding provided in July 2016 provided for an increased target of home help hours to year end 2016 of 10.57m hours and an increased target for HCPs of 16,450.
- In 2017, the HH target level of 10.57m HH Hours remained the same nationally as the final 2016 target, and the HCP expected activity level increased by 300 to 16,750 HCPs.

National Position Home Care Targets /Expected Activity

- The national Home Help Hours Target for 2017 is 10.57m hours which is the same as the final target that applied in 2016 and is 133,000 hours greater than the National Service Plan Target 2016

- The national HCP expected activity level for 2017 is 16,750 HCPs which is 300 HCPs greater than the final target for 2016 and 1,300 greater than the original NSP Target 2016 of 15,450
- Nationally there is no decrease in targets for Home Help Hours or HCPs in 2017 compared to 2016.

National Position Home Care Activity

- In the period Jan to April 2016 a total of 3,456,637 hours had been delivered, compared to a total of 3,366,844 hours in the same period in 2017. This comparison is not unexpected as activity in the early part of 2016 was running above funded level nationally in supporting the acute hospital system in the winter period. Reported activity in April 2017 and Year to Date 2017 is in line with the profiled 2017 target.
- It should also be noted that activity in relation to HCPs in April 2017 was above target at 17,714 compared to expected activity of 16,750 HCPs.
- Overall home care activity & costs will continue to be carefully managed by Chief Officers to ensure alignment with targets and funding provided & that those clients who require services to remain at, or return to, home are supported

Community Healthcare Organisation 8 (CHO8) & Laois Offaly LHO

- In relation to CHO8 the NSP Target 2016 for home help hours was 1,203,000 (Laois Offaly 270,000 Hours) the target was revised to 1,260,000 for CHO8 (Laois Offaly 305,000) for 2017. Since January 2016 therefore CHO 8 home help hours annual target has increased by 57,000 hours (Laois Offaly target increased in this period by 35,000 hours)
- In addition CHO8 target for HCPs has increased since January 2016 from 2,132 to 2,373 – an increase of 241 HCPs. (Laois Offaly - HCPs increased from 570 to 654)
- Home Help Hours delivered in CHO8 in the period Jan to April 2016 was 428,787 hours compared to 404,932 in the same period in 2017. This is not unexpected as activity in the early part of 2016 was running above funded level in many areas in supporting the acute hospital system. Activity in 2017 is more closely aligned with profiled funded target and is being carefully managed in the context of the overall home care resource.
- Activity in Laois Offaly in Jan to April 2017 is 91,596 hours compared with 104,448 in same period last year and while activity is slightly below profiled funded target year to date for the area the CHO is committed to delivering the target level of service in 2017 i.e. an increase of 35,000 hours on 1st January 2016 position .

Note below:

- *Table 1 and Table 2 set out Home Help Hours activity reported by each LHO and CHO for 2016 and each month January – April 2017 and cumulatively for 2017 to the end of April 2017.*
- *Table 3 sets out Home Care Packages activity reported by each CHO for 2016 and at end of April 2017.*

Table 1: Home Help Hours provided (excluding Home Care Package Hours)														
CHO	LHO	Jan-16	Feb-16	Mar -16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Total 2016
CHO 1	Cavan Monaghan	26,193	27,622	33,850	27,193	35,821	27,645	26,992	31,951	28,600	28,222	35,695	29,941	359,725
	Donegal	54,273	52,978	57,213	55,008	56,712	55,704	57,964	57,621	56,117	57,103	53,704	54,828	669,225
	Sligo/ Leitrim	37,054	37,009	39,643	38,507	37,333	35,265	35,319	35,861	35,505	35,792	32,904	32,876	433,068
	CHO Total	117,520	117,608	130,706	120,708	129,866	118,614	120,275	125,434	120,222	121,117	122,302	117,646	1,462,018
CHO 2	Galway	61,639	63,553	65,452	65,649	63,701	60,829	60,418	60,157	59,708	59,248	59,484	55,403	735,241
	Mayo	32,613	32,870	34,961	33,306	33,793	33,573	34,028	35,009	34,492	31,708	33,305	31,791	401,449
	Roscommon	20,494	20,236	22,108	20,503	21,073	21,160	20,261	21,080	20,865	19,324	20,112	20,262	247,478
	CHO Total	114,745	116,659	122,521	119,458	118,567	115,562	114,707	116,245	115,064	110,280	112,900	107,457	1,384,165
CHO 3	Clare	17,811	17,854	19,506	18,021	18,842	18,259	17,592	19,132	17,390	20,020	19,451	19,701	223,579
	Limerick	31,310	32,218	34,354	32,019	27,883	29,601	29,979	33,594	32,259	33,657	37,404	35,498	389,776
	North Tipp/ E Limerick	30,888	29,727	31,629	29,819	28,121	27,843	27,204	28,931	27,482	26,624	29,541	29,223	347,032
	CHO Total	80,009	79,800	85,490	79,858	74,846	75,703	74,774	81,657	77,131	80,301	86,396	84,423	960,388
CHO 4	Kerry	40,760	40,749	40,782	40,770	40,436	38,976	77,487	39,585	38,807	39,055	40,257	39,593	517,257
	North Cork	27,021	25,576	26,107	27,219	27,717	26,710	51,454	25,324	25,538	26,271	26,991	31,182	347,110
	North Lee	27,663	26,980	27,634	28,064	28,166	26,437	53,054	26,405	27,100	28,468	29,531	34,015	363,517
	South Lee	31,748	31,971	32,918	33,992	34,826	34,041	68,474	34,155	33,516	35,553	36,625	40,249	448,068
	West Cork	22,189	23,145	23,512	23,860	23,721	23,902	46,120	22,939	23,557	23,285	24,180	26,784	307,194
	CHO Total	149,380	148,421	150,952	153,905	154,866	150,066	296,588	148,408	148,517	152,633	157,583	171,824	1,983,143
CHO 5	Carlow/ Kilkenny	22,917	22,778	24,348	31,786	24,227	24,161	21,848	23,301	25,621	25,981	23,904	24,735	295,607
	South Tipperary	22,885	22,712	22,330	27,253	25,393	23,537	23,379	22,101	23,630	24,274	20,813	21,768	280,075
	Waterford	22,687	21,807	22,944	23,581	23,364	23,932	23,175	20,958	23,478	22,303	23,155	22,980	274,364
	Wexford	30,833	29,967	29,931	30,437	30,732	30,252	30,363	30,314	30,017	29,885	29,943	30,848	363,522
	CHO Total	99,322	97,263	99,553	113,057	103,716	101,882	98,766	96,674	102,746	102,443	97,815	100,332	1,213,569
CHO 6	Dublin South East	7,597	7,801	8,036	7,795	7,816	7,725	7,684	7,846	7,777	7,320	7,729	6,727	91,853
	Dun Laoghaire	7,255	6,841	7,480	7,356	7,017	7,836	7,017	6,920	7,891	7,161	6,791	7,838	87,403
	Wicklow	17,718	16,485	17,743	17,896	17,411	16,881	18,080	17,038	18,829	16,552	17,524	17,545	209,702
	CHO Total	32,569	31,126	33,259	33,047	32,244	32,442	32,781	31,804	34,497	31,032	32,043	32,110	388,954
CHO 7	Dublin South City	12,291	9,632	9,276	11,869	9,920	9,620	11,181	9,636	11,146	9,217	9,307	11,568	124,663
	Dublin South West	8,749	10,754	9,964	9,930	11,795	9,411	8,943	10,960	9,156	10,644	11,700	9,706	121,712
	Dublin West	13,856	13,795	13,794	13,793	14,181	13,977	13,922	14,025	14,189	13,469	14,296	13,175	166,472
	Kildare/ West Wicklow	21,029	23,523	23,051	24,474	25,632	25,542	27,823	25,029	25,324	24,876	26,210	29,641	302,154
	CHO Total	55,924	57,704	56,084	60,066	61,527	58,550	61,868	59,650	59,815	58,206	61,513	64,091	714,998
CHO 8	Laois/ Offaly	32,661	24,079	21,855	25,853	24,267	26,236	31,667	22,905	23,805	23,460	23,415	32,177	312,380
	Longford/ Westmeath	18,396	19,595	19,083	20,000	20,089	21,942	21,791	25,661	21,659	22,288	22,060	22,265	254,829
	Louth	18,308	18,848	18,957	18,986	18,804	18,777	18,722	18,662	19,147	19,091	19,012	19,082	226,396
	Meath	42,706	41,814	44,077	43,568	43,142	43,089	40,321	39,713	41,502	41,176	40,169	39,231	500,508
	CHO Total	112,071	104,336	103,972	108,408	106,302	110,043	112,501	106,942	106,112	106,014	104,656	112,755	1,294,112
CHO 9	Dublin North	39,476	33,850	30,849	34,913	28,647	37,990	40,645	38,458	40,957	37,353	38,263	40,910	442,311
	Dublin North Central	39,593	32,994	35,295	36,418	35,227	35,461	40,413	33,102	36,875	33,739	34,061	39,185	432,363
	Dublin North West	21,815	20,964	22,473	22,500	22,508	21,071	21,105	20,859	21,895	28,275	22,529	24,726	270,720
	CHO Total	100,883	87,807	88,617	93,831	86,381	94,522	102,163	92,420	99,728	99,367	94,853	104,821	1,145,393
Total		862,424	840,723	871,153	882,337	868,315	857,384	1,014,423	859,233	863,831	861,392	870,060	895,457	10,546,732
Slight variances on totalling due to rounding														

CHO	LHO	Jan-17	Feb-17	Mar -17	Apr -17	Year to April
CHO 1	Cavan Monaghan	27,260	28,529	35,524	27,456	118,769
	Donegal	53,759	51,148	55,845	53,856	215,088
	Sligo/ Leitrim	32,108	32,106	32,909	33,705	130,828
	CHO Total	113,128	111,783	124,278	115,496	464,685
CHO 2	Galway	56,809	53,831	57,261	54,424	222,325
	Mayo	33,730	32,323	36,354	32,980	135,387
	Roscommon	20,156	18,865	20,558	18,326	77,905
	CHO Total	110,695	105,018	114,174	105,730	435,617
CHO 3	Clare	18,534	16,025	17,846	15,622	68,027
	Limerick	37,066	29,547	34,492	29,724	130,829
	North Tipp/ E Limerick	28,375	25,361	28,750	26,337	108,823
	CHO Total	83,975	70,933	81,089	71,684	307,681
CHO 4	Kerry	40,000	42,032	41,679	43,601	167,312
	North Cork	25,565	25,558	24,939	25,403	101,465
	North Lee	28,572	26,347	27,024	26,372	108,315
	South Lee	34,772	33,469	34,290	34,357	136,888
	West Cork	23,475	23,485	22,794	24,343	94,097
	CHO Total	152,384	150,892	150,727	154,075	608,078
CHO 5	Carlow/ Kilkenny	25,027	22,292	21,237	25,542	94,098
	South Tipperary	20,831	21,356	18,559	24,636	85,382
	Waterford	19,275	18,480	17,521	20,037	75,313
	Wexford	30,386	31,988	31,962	31,973	126,309
	CHO Total	95,519	94,117	89,279	102,189	381,104
CHO 6	Dublin South East	6,991	6,481	7,133	6,237	26,842
	Dun Laoghaire	7,250	7,196	7,729	7,792	29,967
	Wicklow	16,322	14,530	16,775	14,307	61,934
	CHO Total	30,562	28,206	31,637	28,336	118,741
CHO 7	Dublin South City	8,758	8,607	11,111	8,617	37,093
	Dublin South West	10,166	8,948	9,062	10,237	38,413
	Dublin West	13,655	12,626	10,095	8,474	44,850
	Kildare/ West Wicklow	25,317	24,591	28,761	25,170	103,839
	CHO Total	57,895	54,772	59,029	52,497	224,193
CHO 8	Laois/ Offaly	22,970	18,387	25,560	24,680	91,597
	Longford/ Westmeath	19,114	18,069	21,570	21,835	80,588
	Louth	19,201	19,312	19,355	19,882	77,750
	Meath	39,828	37,054	39,500	38,616	154,998
	CHO Total	101,113	92,822	105,985	105,012	404,932
CHO 9	Dublin North	38,398	39,369	41,679	39,389	158,835
	Dublin North Central	39,189	34,406	39,964	37,548	151,107
	Dublin North West	24,815	23,144	35,483	28,432	111,874
	CHO Total	102,402	96,919	117,126	105,369	421,816
Total		847,673	805,461	873,322	839,908*	3,366,844

Slight variances on totalling due to rounding; *CHO 1 slight amendment to April data in May

	2016 Activity	April 2017 Activity
	16,351	17,714
CHO 1	1,345	1,370
CHO 2	1,375	1611
CHO 3	1,028	1,034
CHO 4	1,434	1479
CHO 5	1,044	1159
CHO 6	1,836	2055
CHO 7	1,953	2,271
CHO 8	2,300	2,438
CHO 9	4,036	4,297

6. A note on the five acres besides Our Lady's Hospital in Navan, purchased by the HSE in 2001, and the future plans for the site.

Response:

There are no specific plans for the development of these lands in the short term. However it is obvious that the lands are of significant strategic value in the context of the future development of health services in the area, and in Our Lady's Hospital Navan in particular. Any such development proposals will be led by relevant service management in the first instance, through the identification of service priorities and corresponding infrastructural requirements which may then be prioritised in the context of the available capital funding in the Health Service Executive's Capital Plan.

7. As contained in the office expenses, a breakdown of the rents only figure and the amount of primary care centres included in that figure including rents paid.

Response:

Please see in the table below a breakdown of the rents only figure for 2016:

	€ms	No's
Rent charged to Income and Expenditure Account 2016	45.21	899
Rent in respect of leased Primary Care Centres	15.5	57

8. A note on the vacant physiotherapy post in An Cheathrú Rua, Co. Galway and the reasons that this position has not been filled.

Response:

CHO area 2 (Galway, Mayo and Roscommon) has advised that the physiotherapy post in Carraroe was vacated in the middle of 2016 and was not filled due to CHO area 2 budgetary constraints. In the interim CHO area 2 took steps to adjust the service delivery to ensure that the highest priority patients from the Carraroe area could still access physiotherapy services in Galway.

CHO area 2 has advised that their financial position has improved in 2017, and they are in this context examining the possibility of replacing this post before the year end.

9. A breakdown of the €5.651bn between the HSE hospitals and the section 38 hospitals and a note on the difference between them in terms of the waiting lists for procedures (to include inpatient and day case) and trolley count.

Response:

Please see the below analysis of the reported figure of €5,651bn which is reported in the Operating and Financial Review report which is published as part of the HSEs Annual Financial Statements (AFS) 2016.

This figure of €5,651bn includes HSE Statutory Hospitals, the National Ambulance Service and also the monies paid to the S38 Voluntary Hospitals. The HSE directly funds the S38 Hospitals and reflects this funding in the Revenue I/E under non pay costs.

Costs per AFS 2016	Pay €000s	Pay %	Non-Pay €000s	Non-Pay %	Total €000s
Total Acute Hospital Division *	2,144,554	38%	3,507,068	62%	5,651,622

Analysed HSE/S38s	Pay €000s	Pay %	Non-Pay €000s	Non-Pay %	Total €000s
Payments to S38 Hospitals **	-	0%	2,520,534	72%	2,520,534
Direct HSE Costs	2,144,554	100%	986,534	28%	3,131,088
Total Acute Hospital Division *	2,144,554	100%	3,507,068	100%	5,651,622

*Includes National Ambulance Division

** recorded as grants in non pay in the HSE's Annual Financial Statements

As per table below (S38s highlighted in yellow) which shows data in respect of year to date at the end of May 2017, there is no discernible pattern between the performance of voluntary hospitals and the performance of HSE hospitals in terms of trolley waits. Nor is there a direct correlation between an increase or decrease in attendances, and 8am trolleys, albeit that demand naturally impacts on performance.

ED Attendances and Trolleys ytd May 2017

	Attends		Trolleys	
	May ytd	% inc / dec	May ytd	% inc / dec
Ireland East Hospital Group				
Mater Misericordiae University Hospital	27,258	8.20%	2,920	11.5%
Midland Regional Hospital Mullingar	15,150	2.90%	1,310	-13.9%
St. Luke's Hospital Kilkenny	16,911	5.20%	2,225	27.1%
St. Vincent's University Hospital	21,819	4.50%	1,399	-40.7%
Wexford General Hospital	15,971	3.40%	805	56.0%
Dublin Midland Hospital Group				
Midland Regional Hospital - Portlaoise	14,856	-4.50%	2,094	10.90%
Midland Regional Hospital - Tullamore	13,751	-0.50%	1,505	-27.70%
Naas General Hospital	12,231	6.00%	1,498	-23.00%
St. James's Hospital	19,967	1.10%	1,563	82.20%
Tallaght Hospital – Adults	21,258	1.30%	2,669	6.50%
RCSI Hospital Group				
Beaumont Hospital	22,817	6.70%	1,801	-53.10%
Cavan General Hospital	14,279	0.80%	165	-75.80%
Connolly Hospital - Blanchardstown	15,883	3.60%	621	-41.20%
Our Lady of Lourdes Hospital Drogheda	25,235	4.10%	1,807	-41.60%
South/South West Hospital Group				
Cork University Hospital	25,986	0.30%	3,327	11.00%
Mercy University Hospital Cork	13,397	-4.10%	1,831	30.50%
South Tipperary General Hospital	12,677	-2.90%	1,729	-11.50%
University Hospital Kerry	14,467	0.70%	1,164	67.70%
University Hospital Waterford	22,540	0-0.8	2,624	42.90%
University of Limerick Hospital Group				
University Hospital, Limerick	27,281	1.60%	2,728	7.60%
Saolta University Health Care Group				
Galway University Hospitals	26,749	0.40%	3,553	9.60%
Letterkenny University Hospital	16,665	0.90%	974	100.40%
Mayo University Hospital	15,205	-1.90%	632	-44.80%
Portiuncula University Hospital	10,380	-6.30%	1,192	3382.00%
Sligo University Hospital	15,468	2.50%	1,233	-17.10%

An individual hospital's performance in relation to both Patient Experience Time (PET) and trolley waits is affected by a range of elements which is reflective of a complex system.

These elements have been categorised by the Special Delivery Unit within a framework that recognises the individual but interdependent elements that are critical to quality in terms of addressing patient flow, hospital overcrowding and trolley waits.

This framework seeks to make visible and provide an understanding as to the necessary elements and architecture to help patients move in, through and out of our acute hospital system in as efficient, effective and safely a manner as is possible within the available resources. The framework reinforces the need to design a response to ED overcrowding with integrated service planning and delivery across the entire care continuum centred on the need to understand the systemic nature of patient flow.

It emphasises the need to work in a well led, collaborative and integrated manner, leveraging the potential of timely robust data and scientific management approaches, tools and techniques. From an SDU perspective it is the implementation of this framework, coupled with appropriate resourcing in terms of demand/capacity alignment, and organisational capability that impact on performance.

10. A note on people presenting at A&E and the number that have a GP referral.

Response:

The BIU table attached shows all patients presenting to ED and by GP referral for the 1st six months of 2017.

It is broken out by hospitals and Groups.

A total of 619729 patients presented to ED and 37.6% were from GP referral.

It is worth noting that this varies widely with factors like urban/rural. We estimate that the range of GP referrals to EDs could be as wide as 20 - 50%.

On the question of how many of those presenting could have been dealt with by a GP, there was a study carried out in the UK that involved 3,053 patients across 12 EDs in the UK looking at appropriateness of attendances to E.Ds. It found that 15% were suitable for delayed management within 24hrs by a GP in their surgery and a further 7% could have been treated by a GP working in the ED. <https://www.rcem.ac.uk/docs/Policy/CEM10144-Sentinel%20Sites%20Project.pdf>.

The HSE's Emergency Programme is recommending that a similar study be done in an Irish context should funding be available. A proposal for this research has been completed.

SDU performance Improvement

Every hospital records a GP letter on their ED system; however no distinction is made between a GP in hours or GP Out of Hours referral. A project is underway in SDU to enhance the data collection and reporting from ED systems. This will facilitate reporting by triage category and reason for referral at individual hospital level.

A GP may refer a patient to ED for specialist opinion/ urgent access to diagnostics which will facilitate a diagnosis and treatment for their patient. Increased access to diagnostics in primary care may avoid presentation to ED in these cases.

11. A note on the ambulance fleet currently in operation to include information on the new ambulances purchased last year.

Response:

NAS Fleet Profile (As per NAS National Fleet Office)

- Emergency Ambulances – Age Profile

YEAR	North Leinster	West	South
2011	6	11	8
2012	2		2
2013	6	12	11
2014	14	14	11
2015	23	20	19
2016	34	29	22
2017 (to date)	6	7	7
TOTAL	92	94	81
NATIONAL TOTAL	264		

- Intermediate Care Vehicles – Age Profile

Year	North Leinster	West	South
2011	1		
2012	3	6	2
2013	9	14	11
2017	1	3	3
TOTAL	14	23	16
NATIONAL TOTAL	53		

- Rapid Response Vehicles – Age Profile

Year	North Leinster	West	South
2010	1		
2011	4	1	1
2012	5	3	2
2013	4	4	5
2014	2	3	3
2015		1	
2016	2		
TOTAL	22	13	11
NATIONAL TOTAL	46		

- New Vehicles Purchased 2016:

In 2016 the following new vehicles were purchased:

Emergency Ambulance – 85

Driver Training Vehicles – 2

Specialist Support Vehicles - 3

12. A note on the rebate from the pharmacy companies, a figure of €75.6m, and when it was received.

Response:

As at 30th June 2017 the HSE has received €45.9m of the €75.6m recorded as income as per note 5 to the Annual Financial Statements 2016. There is a process to ensure that the remaining balance is recouped.

13. An explanatory note on the practice of parallel imports, the consequences of this and a general summary of the points at issue involved in the legal case.

Response:

Parallel Importers purchase stocks of medicines in lower priced countries and import these to higher priced countries if the opportunity for profit presents. With IPHA price realignments in recent years, the profitability of this market in Ireland has reduced. In 2010, the HSE sought to apply restrictions on the prices reimbursed to Parallel Importers in the same manner as applied under agreements with other suppliers of medicines – essentially to ensure an even 'playing field' with regard to the prices reimbursed for medicines for all suppliers. Legal proceedings were initiated by the Parallel Importers in objection to this in 2012, and the process of discovery and quantification of claims in relation to the action is on-going.

In view of the on-going litigation in relation to this matter, the HSE is constrained from making further comment at this time.

14. A note on the Midland Regional Hospital, Portlaoise including progress on the maternity unit and the ongoing uncertainty about the A&E.

Response:

The Midlands Regional Hospital Portlaoise has been lead and managed by the Dublin Midlands Hospital Group since November 2014.

Overall, Significant investment has been made to address staffing requirements over the last number of years at MRHP, the 2017 budget for the hospital (€57.5 million) represents a 28% increase relative to the 2012 budget of €44.9 million. The increase principally supports additional clinical staff, in 2017 these are 670 whole time equivalent (WTE) positions (755 staff), an increase of 29% from the 2014 base of 552 WTEs (600 staff).

Additional Consultants and Non-Consultant Hospital doctors in General Medicine, Obstetrics, Paediatrics and Emergency Medicine have been funded. Agency and locum medical and nursing staff are required to fill a range of vacancies. MRHP in 2016 spent €10.24 million on temporary clinical staff, 85% of which pertained to medical staff.

The Hospital continues to face a challenges in recruiting permanent Consultant Physicians in medical subspecialties to expand its current staff from 5 to 7 WTEs, Additional posts are required in order provide capacity for a new Medical Assessment Unit which will facilitate 24/7 direct referral of triaged medical patients. Currently 3 of the 7 posts have permanent staff, two are Locums and two more will need to be filled. Recruitment of a Geriatrician has been unsuccessful to date but continues.

The Hospital needs to succeed in recruiting four permanent specialists in areas such as Respiriology, Gastroenterology and Geriatrics. The 2016 €6.3 million capital investment in a new day ward and medical assessment building positions the hospital well to expand both elective day procedures and medical services.

Recruitment and retention of the current quota of 2.7 WTEs Consultants in Emergency Medicine remains challenging. Although this represents an increase of 2 WTEs since 2013, 0.7 WTEs (joint appointments with Tullamore) are permanent. The hospital is working with Group and the Special Delivery Unit to improve patient flow from ED to inpatient care and to discharge.

In maternity services, the Dublin Midlands Hospital Group has established a Women’s and Infants network with the Coombe Women’s and Infants University Hospital and MHRP. A senior Coombe obstetrician is the Director of Clinical Integration, two additional obstetricians and 2 neonatologists have been jointly appointed, as well as additional midwifery general and specialised staff.

The current midwife to birth ratio is 1:38 in 2017. This is not consistent with the BirthRate plus standard of 1:29 births. Retention strategies and recruitment of midwives is ongoing to fill vacancies including midwifery shift leaders (key clinical supervisory posts) and Neonatal nursing posts.

The HIQA Review of Progress at MHRP, published in November 2016, was positive about the improvements in governance, management and staffing in general as well as the significant progress in delivery of maternity and infants services.

At present, there are ambulance bypass protocols in place for MHRP for acute heart attacks, acute stroke and major trauma (adults and children). In 2015, the Hospital Group implemented transfer out of all complex surgery (very low volumes of about 33 per annum) to three other Group hospitals. The Group is working with the hospital medical and management staff and the National Ambulance Service to mitigate the risk of concomitant emergencies being managed which might require anaesthesia or critical care services simultaneously.

The Dublin Midlands Hospital Group has submitted an Action Plan (required by HIQA) to the Department of Health, which was developed by Eight National Clinical Programme Leaders (Emergency medicine, acute medicine, surgery, anaesthesia, critical care, paediatrics and neonatology, obstetrics and gynaecology, transportation medicine), the National Ambulance Service and the Acute Hospitals Division, to the Department of Health. This plan is under review. It includes a multiyear capacity development plan across 5 hospitals which would require capital investment.

15. An update, before the end of the year, on the review of Section 38 organisations.

Response:

The HSE advised the Committee at the meeting on the 15th June that a review is been undertaken by Deloitte and as agreed when information is available it will be provided to the Public Accounts Committee.

BELOW PLEASE FIND INFORMATION ON A NUMBER OF ADDITIONAL FOLLOW UP ISSUES WE IDENTIFIED FROM THE TRANSCRIPT OF THE MEETING.

- **Treatment Abroad Scheme**

Please find in the table below the cost of TAS for 2016 & 2015.

<u>Cost of Treatment</u>	2016	2015
	€	€
Treatment Abroad Scheme (TAS)	8,835,179	10,272,385
	<i>No's</i>	<i>No's</i>
TAS approved applications	729	774

- **Statutory Redundancy Claim**

The amount of €2.225 million as shown in note 17 to the AFS as a receivable item which is included in Trade and Other Receivables on the Statement of Financial Position as at 31 December 2016. This is not a charge to the HSE's Income and Expenditure Account for 2016.

This is a Statutory Redundancy Employer Rebate due from the Department of Social Protection which arises following the exit schemes for the health sector in 2010/2011 which was a voluntary early retirement scheme and voluntary redundancy scheme introduced as part of the Governments policy to reduce public sector staff levels at that time.

In the region of 2000 employees from HSE and other voluntary health service providers who were funded by the HSE availed of these schemes.

The total rebate due to the HSE in relation to these schemes was in excess of €11m and by 31st December 2016 almost €9m of these claims have been processed and repaid to the HSE leaving a balance of €2.225m due.

Of the outstanding amount of €2.225m, €960k relates to HSE employees with the remaining €1.265m relating to other voluntary health service providers.

- ***A note listing the number of Primary Care Centres that have been rolled out, indicating whether the HSE owns them directly, whether they have been procured under a public private partnership and will eventually revert to the HSE or whether they are owned by private consultants or a private group to which we pay rent.***

See attached list (*Appendix 2 - Operational PCCs*) showing the Primary Care Centres that are currently in operation and indicating whether they are owned by the HSE or are leased by way of Operational Lease

- ***The issue of the bus service by the HSE facilitating day attendees at Prosper Meath in their service in Navan. I have constituents from Athboy whose children are spending over an hour and a half travelling home from the service. Athboy is only 15 minutes away from Navan. The transport element of this service is provided by the HSE.***

The Meath Disability Service provides transport for ten service users from seven different Day Centres across Navan. The bus route is evaluated and is under constant review by the Transport Department to ensure that the resources are used to maximum efficiency.

Following a recent review this route is considered to be the most efficient service to provide for all the considered needs of the individuals availing of this service. It is unfortunate that some individuals are spending long periods on the HSE provided transport but there are no viable alternatives available at this time. The transport Department will continue to review the routes on an on-going basis.

- ***Ambulance Service and Meath Fire Service.***

The National Ambulance Service National Emergency Operations Centre (NEOC) operates a singular national ambulance call taking and dispatch centre across two sites, Tallaght and Ballyshannon.

When an emergency 112/999 call is made for assistance the first point of contact for the caller is the Emergency Call Answering Service (ECAS) who connects the caller with the emergency service they require.

All emergency calls received by the NEOC are triaged and prioritised using the Advanced Medical Priority Dispatch System (AMPDS) which utilises international standards and protocols to determine the most immediate and appropriate response to emergency incidents as they arise.

When the NEOC receives an emergency call via the 112/999 system for a road traffic collision the NAS Call Takers apply the specific AMPDS protocol and callers are questioned regarding the incident such as; the location of the incident, the number of casualties and if there is anyone trapped or are there other dangers such as fuel spillage or fire. Based on the information received from the caller (in some cases the caller to NEOC may not be at the scene) the nearest available ambulance is immediately dispatched to the scene along with other relevant emergency services such as the Gardaí or the fire service.

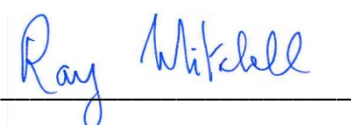
The NAS also requests the assistance of the fire service across the country with extrication of trapped patients or patients in difficult areas to access.

The NAS has met with Meath Fire Service to discuss arrangements in relation to Cardiac First Response and further meetings are due to take place. The NAS welcomes the assistance received from a number of local authority fire services across the country. The decision to provide first response services to the NAS lies with the relevant County Chief Executive and Chief Fire Officer.

However the Governance arrangements in relation to a national policy of fire service first response rests with the National Directorate for Fire and Emergency Management within the Department of Housing, Planning, Community and Local Government to develop and establish a national position in this regard.

If any further information is required please do not hesitate to contact me.

Yours sincerely,



Ray Mitchell
Assistant National Director
Parliamentary Affairs Division