Joint Committee on Health

Meeting
Wednesday 2nd October 2019

Opening Statement
by
Mr Paul Reid
Chief Executive Officer
Health Service Executive
Good Morning Chairman and members of the committee. Thank you for the invitation to attend the committee meeting. I am joined by my colleagues:

- Ms. Anne O’Connor, Chief Operations Officer
- Dr. Colm Henry, Chief Clinical Officer
- Mr. Liam Woods, National Director, Acute Operations

**HSE Board:**
The Health Service Executive (Governance) Act 2019 commenced on June 28th 2019. On that day, the newly established Board of the HSE met and the Minister was also in attendance. Under this Act, the Board is now the governing body of the HSE, accountable to the Minister. I look forward to working with the Board and providing every support and assistance to them in their work.

**Financial Position:**
A key priority for the HSE is to maximise the provision of safe services, within the funding we have been provided with. This is a significant challenge for the HSE in the context of the increasing level of demand for our services. Demand is increasing due to an aging demographic, more complex service demands and on-going societal and economic change.

The latest reported financial position, as at July 2019, shows a deficit of €281m /3.1% with 43% of that within our operational service areas, and 57% within pensions and other demand led areas. The comparable figure for the same period in 2018 was 72% higher at €485 /5.8% with 80% in the operational service areas. The greatest cost pressures within our operational services are in respect of providing residential placements to service users with an intellectual disability, and the provision of specialist emergency care, within the acute hospital setting, to a growing population of older and frailer patients. Costs in respect of pensions, State Claims Agency, the Primary Care Reimbursement Service and overseas treatment are largely driven by policy, legislation, demographics and the macro economic situation and are not generally amenable to normal in year financial management.

I have directed relevant National Directors, Community Healthcare Organisation Chief Officers and Hospital Group CEOs to identify and put in place additional measures to limit, to the greatest extent practical, any overruns within our operational services.
The measures to limit overruns include greater emphasis on controls around agency spend, overtime and staffing levels. Monthly expenditure limits have been agreed which are being monitored closely including at a monthly financial management meeting which I chair that all the CHO Chief Officers and Hospital Group CEOs attend.

I have stated previously that this is a very challenging process. However, we are committed to embedding an improved culture of delivering within the budget allocated to us by the state. This I believe will put us in a stronger position to secure investment for the future, which I believe is in the best interests of the patients, service users and their families.

**Capital Plan:**

The 2019 HSE Capital Plan which was recently launched forms part of a rolling 10 year investment plan for health.

Modern infrastructure and equipment are a crucial part of the provision of a quality health service and ultimately a positive patient experience.

€642m has been allocated in 2019 to continue the delivery of over 91 projects across the country and initiate another 73 projects for acute and non-acute services. 58 Community Nursing Units (CNUs) are at planning/design stages and €85m has been allocated to deal with infrastructural risk, replacement of equipment and replacement of Ambulances. This investment will provide increased capacity across the health service and will support the delivery of Sláintecare.

**Sláintecare:**

Budget 2019 provided the Sláintecare Programme Implementation Office, Department of Health, with €20 million for the establishment of a ring-fenced Sláintecare Integration Fund. This fund will test new ways in which we can bring care closer to home, including putting the patient and client at the centre of service design and delivery. 122 projects from across the country have been selected for funding. 94 of these are from HSE or HSE funded services and include projects supporting individual’s to prevent and manage their chronic conditions, projects to enhance community care services and mental health support services. These projects will run for a period of 12 months from initiation and processes will be put in place to enable successful projects to be scaled for national implementation over time.
Sláintecare Priority Programmes

The HSE and the Sláintecare Programme Implementation Office, DoH, are working to progress the full range of Sláintecare Reform Programme actions and projects. We have also been working to establish higher-order priority work programmes over the next 2 years, which have the potential to transform the way care is delivered and experienced in Ireland. These programmes will be jointly led and implemented by the DoH and HSE and will cover:

- The design and implementation of Regional Health Areas – this is essential in ensuring we have better enabled, delivery organisations fully focused on delivering services that meet the needs of the local population
- Addressing service capacity and service access. This will address the implementation of the Health Service Capacity Review recommendations across acute hospital and community care services, while in parallel reducing the inevitable demand for beds in the coming years.

Winter Planning:

Winter preparedness planning is a core component of annual operational planning in the health service. It is essential to ensure that service provider organisations are prepared for the additional seasonal pressures associated with the winter period. Analysis has shown significant levels of growth in Emergency Department attendance and admissions over the past winter seasons, outstripping population growth by over 2.75%.

The Winter Preparedness Plan has been developed by the HSE through a collaborative process across all key services including Community Operations, Acute Hospital Operations and the National Ambulance Service. This plan sets out the core components of an Integrated Winter Plan and seeks to guide those developing their local Integrated Winter Plans, in terms of essentials that must be considered in developing these plans.

Through this proactive planning and action, combined with the assistance of the public in following winter season guidance from the HSE, including getting the flu vaccine, we will endeavour to provide safe and efficient services.

HPV for boys:

As you are aware, the HSE launched the new gender neutral HPV vaccine programme for girls and boys in first year of second level school in August.
Information packs for parents are being provided through the schools by the local school vaccination teams who have now started to give the first dose of the vaccine. The implementation of this new programme is backed up by campaign materials including videos, social media posts, radio adverts and the hpv.ie website.

The provisional uptake of the HPV girls programme is approximately 70% for 2018-2019, which is an increase from 64.1% in the school year 2017-2018.

It is important to acknowledge the powerful work of the late Laura Brennan in promoting the HPV vaccine. She made an enormous impact in communicating the benefits of this important life-saving vaccine and encouraging parents to Get The Facts.

**Children’s Unit at Connolly Hospital:**
Chairman and members, the new Paediatric outpatient and urgent care centre, Children’s Health Ireland at Connolly Blanchardstown opened in July. This opening is a major milestone in the new Children’s Hospital Project. Since opening, latest available figures show that 645 Children presented to the Urgent Care Centre at Connolly and 94% of children were discharged home. The average amount of time spent by patients in the Urgent Care Centre is 112 minutes.

The urgent care centre will continue to extend the hours of operation on a phased basis. It is expected that 25,000 children and young people will visit the Urgent Care Centre every year, leading to a reduction in ED attendances in the other EDs for children.

Since opening latest available figures show that there were 514 attendances to the Connolly CHI Outpatients Department. When fully operational this new facility will provide 17,000 outpatient appointments (General Paediatrics and Orthopaedic clinics) attendances annually.

This new facility and service is a very welcome development and will contribute to significant reductions in General Paediatric OPD waiting times for patients and their families. I would like to thank Childrens Hospital Ireland and all concerned for their work and commitment to getting this facility open and operational.

This concludes my opening statement.  
**Thank you.**