



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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18/10/2021

Mr Sam Keenan
Committee Secretariat,
Public Accounts Committee,
Leinster House,
Dublin 2.

Re: (Ref: S0521 PAC33)

Dear Mr Keenan

I refer to your correspondence to Mr. Paul Reid, Chief Executive Officer, Health Service Executive regarding a number of follow up issues from the HSE's attendance at meetings of the PAC on the 16th and 23rd September and from a private meeting of the PAC held on the 28th September.

Please find below for the attention of the Public Accounts Committee members responses to the issues raised.

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

Yours sincerely,

A handwritten signature in blue ink that reads "Ray Mitchell".

Ray Mitchell
Assistant National Director
Parliamentary Affairs Division

Encl.

Follow up issues PAC meeting 16th September 2021

1. The number of neonatal intensive care units available nationally, and the number of these units that provide full and free access for parents whose child is at the most severe level of risk.

Response:

- 1. The number of neonatal intensive care units available nationally.** - There are 4 tertiary neonatal intensive care units: NMH, Rotunda, Coombe and Cork. These units provide the full range of neonatal intensive care services. There are 2 regional neonatal intensive care units: Limerick and Galway. These units provide neonatal intensive care to babies over 27 weeks gestation. The other 13 neonatal units provide a resuscitation and stabilization service. In the event that the infant requires on-going neonatal intensive care, they are transferred by the National Neonatal Transport Service to one of the tertiary or regional neonatal units.
- 2. The number of these units that provide full and free access for parents whose child is at the most severe level of risk.** – COVID-19 Guidance on Access to Acute Hospitals for Nominated Support Partners, Accompanying Persons, Visitors and External Service Providers 03.09.2021 Version 1.0 was recently published and for implementation from 13th September 2021. The full guidance document is available via the following link: <https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/acutehospitalguidance/Guidance%20on%20Access%20to%20Acute%20Hospitals%20for%20Nominated%20Support%20Partners.pdf>. The guidance states that Parents should generally be facilitated in visiting an infant who is in the neonatal intensive care unit (NICU)/neonatal care unit with due regard for the need to manage the risk to all infants in the NICU. Control of access and scheduling of visits is particularly important in a NICU setting where there are many infants in an open area and space is very limited. The attached grid (**Appendix 1.**) sets out the current status and compliance with current HSE-AMRIC guidance pertaining to partner access to maternity services, including Parental visits to NICU as of 8th October 2021.

2. The name of the company from which ~€11 million will be recovered “imminently” in relation to the purchase of ventilators.

Response:

The HSE is currently in the final stages of recovering the above monies and we believe it prudent not to name the company until that process is concluded at which time we will provide the name to the Committee as requested.

3. A note outlining: • details of the 465 ventilators that were received, • when they were sent to India, • whether any payment was received, • what is proposed for the remaining 100 ventilators, and • what is the cost-effectiveness of storing the remaining ventilators.

Response:

Please see extract from Internal Audit Report.

VII. Appendix 1 – Overview of 10 New Suppliers Tested

SUPPLIER	PREPAYMENTS	OEM / INTERMEDIARY COMPANY	VENTILATOR TYPE	PRICE PER UNIT ⁵	# OF UNITS ORDERED	EQUIPMENT RECEIVED	COST OF EQUIPMENT RECEIVED	REFUNDS RECEIVED	REFUNDS STILL DUE (ORDER CANCELLED)	CONVERTED TO PPE	REFUND SHORTFALL (BASED ON CLOSED CASES)
Supplier A ⁶	10,350,000	Intermediary Company	VG70	23,000	450	-	-	9,050,000	1,300,000 ⁶	-	-
Supplier B	2,760,000	OEM	VG70	13,800	200	-	-	2,759,910	-	-	90
Supplier C	9,733,600	Intermediary Company	SH300	48,668	200	-	-	9,712,554	-	-	21,046
Supplier D ¹	925,754	Intermediary Company	SH300	57,860	16	-	-	920,925	-	-	4,829
Supplier E	9,144,000	Intermediary Company	VG70	65,000	100	-	-	-	-	9,144,000	-
Supplier F	16,480,000	Intermediary Company	100 x VG70, 200 x SH300	54,933	300	-	-	-	16,480,000	-	-
Supplier G	10,196,997	Intermediary Company	Unknown	50,985	200	-	-	3,034,131	7,162,866	-	-
Supplier H	2,634,000	OEM	150 x Crius V6	17,560	150	150	2,634,000	-	-	-	-
Supplier I	4,692,300	OEM	150 x Prunus 5000D, 100 x Boaray 2000D	18,769	250	250	4,692,300	-	-	-	-
Supplier J ^(2,3,4,7)	14,120,400	Intermediary Company	Various; PA700, Sh300, VG70, Boaray 5000	35,000	328 ²	65 ⁴	2,798,250 ⁷	3,816,794	10,303,606 ³	-	-
Totals	81,037,051				2,194	465	7,326,300	29,294,314	35,246,472	9,144,000	25,965

Note 1: Original transaction was for \$1,000,000, this has been converted to €

Note 2: An order of 1,000 units committed to on 20.03.20, however, only 328 units prepaid for on 23.03.20

Note 3: Supplier J contend that €6,010,808 of this amount relate to logistics fees for various deliveries organised on behalf of the HSE, and is therefore not owed back to the HSE

Note 4: The HSE state they only received 65 units from Supplier J. Supplier J dispute this, and state they have delivered 74 units

Note 5: Average prices shown. Where 1 or more orders were placed prices varied at times

Note 6: Supplier A contend that of this €1.3m, €838K was spent on commission to procurement and sales agents, and also expenses associated with the deal, with only €462K owed back to the HSE

Note 7: The HSE is looking for this amount to be refunded and the ventilators returned. The figure is included in the €10.3m owed back from this Supplier.

When the ventilators were sent to India?

425 ventilators were sent on 4th May 2021 and reached Delhi on 5th May 2021. These 425 ventilators include 365 ICU ventilators plus 60 Lumis non-invasive ventilators and were distributed immediately by the Indian Red Cross Society.

On 6th May 2021, the Indian Ambassador in Dublin reverted with details of distribution of ventilators as follows:

- AIIMS, New Delhi (20)
 - AIIMS Jhajjar (45)
 - Maharashtra, MMRDA (150)
 - Defence Research and Development Organisation (150)
 - Uttar Pradesh UPMSCL, Lucknow (60)
- WHO guidance and general good practice was followed – this was new equipment in its original packaging, which was inspected by one of our most senior clinicians.
 - Additional accessories were also provided to facilitate further optimal use of the equipment once it arrived at its destination.

The Indian Ambassador to Ireland, His Excellency Mr Sandeep Kumar, has expressed appreciation for the support that has been forthcoming from Ireland towards efforts to address COVID-19 in India.

Whether any payment was received?

These ventilators were donated via the Global Health Programme –no payment was received.

What is proposed for the remaining 100 ventilators?

These are subject to continuing discussions under the HSE dispute resolution (commercial/legal) process.

What is the cost-effectiveness of storing the remaining ventilators?

The remaining ventilators will continue to be held in quarantine pending resolution of the issues involved. Many of these ventilators are held in quarantine in hospitals at no direct cost and the remainder will be moved into HSE storage facilities in the near future with no direct cost involved.

Follow issues PAC Meeting 23rd September 2021

1. A note outlining the reason(s) for the substantial increase in funding for SouthDoc in 2020, and a breakdown of how funding for Southdoc was allocated over the 2019-2021 period.

Response:

Southdoc provide two services

- (a) GP Out of Hours for CKCH
- (b) Community Intervention teams

In 2019 – 2021; the Department of Health, the HSE and the Irish Medical Organisation reached agreement on a number of General Practice orientated measures to ensure General Practice could maintain essential services as well as assisting in efforts to combat COVID-19. These arrangements continue in force and are oriented towards individual General Practitioners as they have the direct clinical relationship with their patients, are mandated to refer for COVID-19 testing, where clinically required, have access to healthlink and hold the patient’s clinical records in their practices. It is recognised that the normal business and service model for out of hours has been disrupted and in order to ensure supports for the continuation of the service during the Public Health Emergency a financial and service stability arrangement for GP Out of Hours Co-Ops was agreed and implemented. The increase in funding between 2019 – 2021 (Sept 21’) equates to €3,424,250.

The measures set out above have been agreed in the context of the current COVID-19 National Public Health Emergency and will cease to apply when the emergency comes to an end. These measures do not, and are not intended to, set a precedent in relation to the remunerative/service arrangements with GP Out of Hours Co-ops on behalf of the HSE.

In addition, in recent months the HSE have also received €134k in relation to Pay restoration which has not yet been paid out/added to the SouthDoc schedule, though they have been advised of same. The funding for Southdoc was otherwise largely unchanged, though some items that were previously paid by invoice for 2019 and 2020 were added to their core funding.

2. A timeline outlining when the Department of Health's value for money review of the Nursing Home Support Scheme will be published.

Response:

As advised in earlier email correspondence, this matter is for the Department of Health.

3. Clarification on whether provision is given, under the Nursing Home Support Scheme, for the cost of care for a patient in a private nursing home to be covered by the HSE should that patient require additional care.

Response:

There is no provision under the Nursing Homes Support Scheme Act 2009 to provide funding for clients supported under the scheme beyond the rate of the agreed cost of care.

4. The timeframe for the InterRAI assessment to be fully rolled out in nursing homes, including the recruitment of additional assessors to carry out same. (pg. 7)

Response:

The HSE has selected interRAI as the standardised clinical care needs assessment of choice within Services for Older People and is a key enabler for the programme of reform in Services for Older Persons supported by the strategic direction set out under Sláintecare, the HSE Corporate Planning processes and the National Clinical Programmes.

The strategic vision of interRAI Ireland is that -

- a standardised assessment process is in place across health & social care settings;
- the full range of people's care needs are assessed using validated and reliable instruments/scales to determine needs in a multi-dimensional way;
- duplication in relation to assessment is reduced, facilitated directly by the interRAI instruments and also by the information system platform used, and in turn easier transfer of information between care settings;
- assessment outputs will be used for both care planning at an individual level and at a national level to assist in the allocation of services;
- outcomes and quality of care will be tracked at a national, regional and network level, including opportunities to benchmark care between similar services in Ireland and internationally.

Implementation will require staff to adopt interRAI assessments as part of their clinical role, underpinned by an information system platform, to enable improved outcomes for older persons and a wider transformation of services. Recruitment of additional staff to champion the implementation of interRAI across all MDT personnel to commence Q4 2021.

The priority for implementation will be clients requiring complex care through the ICPOP teams and new applications for Home Support in the community. It is expected that training of new and existing staff will commence in Q4 2021 to conclude in Q4 2022

5. The number of audits that have taken place since the publication of the Comptroller and Auditor General’s 2016 chapter on the Management and Oversight of Grants to Health Agencies, and the breakdown between random and targeted audits on an annual basis.

Response:

Number of Audits Conducted by HSE Internal Audit

Between 2016 and June 2021, the HSE Internal Audit Division has issued 139 audit reports in relation to funded agencies. The breakdown of audit reports by year is set out in the table below.

HSE Funded Agencies Audit Reports	
2021 (to 30 th June)	4
2020	10 *
2019	34
2018	37
2017	31
2016	23
Total	139

*Reduced number of Funded Agencies Audit due to impact of Covid19

Selection of Funded Agencies Subject to Audit

In order to maximise the impact of the funded agency audit programme, HSE Internal Audit takes a targeted approach only as part of its annual audit planning process in the selection of all its funded agencies which are subject to audit. The selection process is based on a number of factors but can be broadly grouped as follows:

- Specific Requests from Internal HSE stakeholders including the funding partners at CHO and Corporate Programme level.
- The level of HSE funding provided to the funded agency
- The quantity of the individual HSE funding agreements in place
- The type/nature of services provided by the funded agency
- Previous history of the funded agency/sector.

It should also be noted that the HSE Funded Agency audit programme forms part of the HSE IA wider annual audit programme of which a total of 772 internal audits (inclusive of the 139 Funded Agency audits) were completed since 2016.

6. A note outlining lessons learned by Southdoc from the COVID-19 pandemic, how the service can operate more efficiently, and whether it can cover more sufficiently East Cork.

Response:

Southdoc was established in 2001 and developed as a result of increased demand for an out of hours GP service. Over the years the co-op membership has increased to circa 490 GPs which operate across 23 treatment centres in Cork and Kerry. The Southdoc service continued to operate throughout the Covid pandemic with the utilisation of the necessary precautions required during the different phases of the public health emergency. They introduced a medical triage as an additional measure to the normal triage and whereby they could deal with certain issues via telecommunication, where this was possible and appropriate. Opportunities to retain all associated learnings / new ways of working have been captured and where possible will continue to be implemented in order to ensure an efficient and safe service is provided, this is evident from a blended approach of both telemedicine and face to face assessments which are currently being utilised.

SouthDoc's service model has remained largely unchanged since 2001 while the needs and demography of the local population has changed significantly and is further hindered with the current numerous factors underlying our current workforce crisis in general practice such as ageing GP workforce with 20% planning to retire within five years, approx. 25% GPs are 'single-handed' practice, especially rural, with all GPs expressing that their workload increasing significantly with the expanding & ageing-frail population.

The HSE will continue to work closely with Southdoc to consider options that will mitigate the concerns as outlined. The challenge is significant given the geographic breadth of the 2 counties and with the demographic of the GP workforce that is available to provide the service. Any proposed models must ensure that the service will continue to be equitable and timely in its provision, while also taking account of improvements to infrastructure, road networks and access to other services to support the out of hours model.

7. Information on the sanctions or notices that the HSE can issue to noncompliant entities, and the issues addressed by these sanctions or notices.

Response:

The HSE funds in the region of 2,100 Section 38 (S38) and Section 39 (S39) Service Providers and grant-aided agencies which include hospitals, disability service providers and a number of other health and social care providers.

The governing provisions of Sections 38 and Section 39 of the Health Act 2004 provide the HSE with the statutory power to enter into Service Arrangements and Grant Aid Agreements with Service Providers and these are the contracts between the HSE and the Provider, and the principles of contract law apply.

The Service Arrangements are in place in respect of funding greater than €250K and Grant Aid Agreements in respect of funding less than €250K. These documents are used by Hospital Groups and, in particular, Community Healthcare Organisations, to contractually underpin the annual funding released to Service Providers.

From time to time, performance issues can arise with Service Providers, however, the typical approach is to resolve such matters through direct engagements with the Service Provider concerned. However, in the event that these engagements fail to resolve the matters involved, there are mechanisms in the Service Arrangements and the Grant Aid Agreement which enable the HSE to deal contractually in a formal manner with performance issues should it be required. These mechanisms are set out below.

Service Arrangement

In relation to both the S38 and S39 Service Arrangements, the most detailed Clause in these Service Arrangements is Clause 14 which is in relation to “Performance Issues” and is set out in both of these documents (see attached at Annex A).

The following features of this Clause should be noted:

- The primary motivation, at the outset, is to ensure continuity of safe services, therefore, the Clause is designed to approach any performance issues from the perspective of having the matter resolved at the earliest stage possible rather than escalate it so that, where at all possible, continuity of service for service users is maintained.
- It is a graduated approach so as to afford all Service Providers, in accordance with the principles of fair procedures, the opportunity to address any performance issues as early as possible. In this connection, it should be noted that the steps involved require a First Notification Letter, followed by a First Performance Notice, followed, if necessary, by a Second Performance Letter and, if required, a Second Performance Notice.

However, it should be noted that in “Exceptional Circumstances”, which are defined as a situation where the HSE is of the opinion that the Service Provider is Non-Compliant and there is a serious and imminent risk to the life, health, safety or welfare of Service Users or a serious and imminent risk to the Funding provided pursuant to the Service Arrangement, the HSE has the following contractual rights available to it in Clause 14 which are summarised as follows:

The HSE:

- *May require specific actions from the Provider in relation to the non-compliance;*
- *May take direct and binding action on behalf of the Provider to ensure service delivery;*
- *Has the right to engage third party to assist the HSE;*
- *Has the right to issue an instruction to the Provider including its Board to ensure prompt rectification of the non-compliance;*
- *Has the right to take any such steps or require steps to be taken as the Executive may consider necessary;*

Additionally, it should also be noted that in certain circumstances, in accordance with Clause 12.3 of the Service Arrangement, the HSE has the contractual rights where Exceptional Circumstances arise whereby “an individual may be appointed” by the HSE...”to assist and provide guidance ... to the Board of the Provider to facilitate the prompt resolution of any (*such*) governance or performance issue in a manner satisfactory to the Executive”.

The full text of Clause 12.3 is as follows:

12. Access Rights

12.3 *In the event of any identified or suspected governance or performance issue, which in the view of an employee of the Executive of a grade not less than National Director, gives rise to a risk to the life, health, safety or welfare of the Service Users or a significant risk to the Funding or the Services or a serious breach of governance, an individual may be appointed by an employee of the Executive of a grade not less than National Director for such period as the Executive may determine to assist and provide guidance to the Board of the Provider to facilitate the prompt resolution of any such governance or performance issue in a manner satisfactory to the Executive. The Provider shall provide any individual appointed pursuant to this Clause 12.3 with such access and assistance as he/she may specify in performing his/her functions under this Clause 12.3.*

The Executive and the Provider acknowledge that such inspections and reviews must be carried out in compliance with law, including, but not limited to, the DPA.

In summary, therefore, in accordance with the standard Service Arrangement, the HSE has powers to issue performance notices on a graduated basis. However, more importantly, the HSE has a range of significant powers to directly intervene in a range of manners where performance issues arise with a Service Provider.

Grant Aid Agreement

In relation to circumstances where issues arise regarding the performance of a Service Provider who has signed a Grant Aid Agreement (GA), the general approach is not to allow a situation to develop whereby it is necessary to invoke the provisions of the relevant performance Clauses in the GA. In that regard, service managers work with Providers to ensure that services of an appropriate and safe standard are provided on a continuous basis.

Set out in Annex B of the agreement are the relevant mechanisms in the GA that enable the HSE to deal with performance issues that may arise in such funded Providers.

8. How many of the products purchased by the HSE in response to the COVID-19 pandemic have, to date, not been cleared for use and what is the total value of those products.

Response:

100 ventilators ordered and paid for by HSE remain in quarantine. The value of the ventilators and associated transports costs are subject to ongoing dispute resolution/legal process. The value is €10.8m.

9. A summary note outlining the current waiting lists and timeframes across all of the HSE's cancer care programmes, particularly BreastCheck.

Response:

The National Cancer Control Programme works with the designated cancer centres to prevent cancer, treat cancer, and increase survival and quality of life for those who develop cancer, by converting the knowledge gained through research, surveillance and outcome evaluation into strategies and actions.

The NCCP is responsible for overseeing national services for the treatment of cancer. Nine hospitals are designated as cancer centres where surgery would be carried out (with a satellite unit in Letterkenny General Hospital). Patients diagnosed with cancer or a breast cancer in need of surgical intervention are prioritised and surgery is considered as time sensitive. Cancer surgeries continued throughout the pandemic and the Cyber Attack as they are clinically prioritised and are time sensitive.

As part of the HSE response to COVID, we developed a Safety Net arrangement with private hospitals to ensure that time dependent surgery particularly cancer, could continue to be provided safely and within acceptable timeframes. In the first arrangement that was established in 2020, over 65,000 patients were treated on an In-patient and Day-case basis. This included patients requiring complex and urgent surgical treatment for cancer. Chemotherapy services were also provided for our patients during the surge periods. More recently as a result of the significant and sustained impact of the cyberattack on our services, we established a specific arrangement quickly with private hospitals to enable continuity of care for cancer patients. This included delivery of surgical treatments, chemotherapy and radiotherapy treatments in private hospitals.

As we seek to recover from the Cyberattack we face into winter, we are putting arrangements in place to support safe and effective delivery of emergency and elective services within the context of continuing to manage the Pandemic. In this context, a key priority is the protection of cancer surgery and treatment. The Estimates includes a submission for funding of 27m for cancer services and this will be targeted at ensuring safe and timely access to treatment. In addition there is funding of 200m for Access to Care and this includes the use of private hospitals to support timely access to treatment.

This patient cohort would not constitute patient numbers on the National Treatment Purchase Waiting lists. Patients who are recorded as active on the NTPF waiting list for breast surgery are not being treated for cancer. Breastcheck is the screening programme that screens for breast cancer and is offered to women between the ages of 50 to 69 years of age.

10. The amount paid, to date, on the proposed integrated financial management system for the HSE.

Response:

The HSE's total capital expenditure to date in respect of the overall Finance Reform Programme (FRP) and IFMS project is circa €15.7m including systems integration costs of circa €2.9m.

This total capital expenditure encompasses a number of key elements of the overall FRP and IFMS project which covers areas such as stabilisation of existing SAP systems, purchase of ERP software solution and integration, project management, enhancement of consolidated financial information system and hosting of IFMS environment. See table 1 below for further detail on same.

Capital Expenditure - Finance Reform Programme & IFMS	Total	2016	2017	2018	2019	2020	2021 (Sept)
	€	€	€	€	€	€	€
SAP Stabilisation - Mid West, North West, OLCCH & CHI	3,424,571	1,150,216	1,528,423	745,932	-	-	-
Consolidated Financial Information System (CFI)	787,692	-	738,000	49,692	-	-	-
IFMS Lot 1 SAP - ERP Software Solution	4,425,900	-	3,904,203	-	-	521,697	-
IFMS SAP Project Management	628,484	-	-	-	164,759	282,725	181,000
IFMS SAP Ariba Snap Implementation	372,247	-	-	-	-	372,247	-
IFMS Project Software Implementation and System Integration	2,889,114	-	-	-	-	300,083	2,589,031
IFMS Environment and Hosting	3,194,718	-	-	-	-	2,232,855	961,863
Total	15,722,726	1,150,216	6,170,626	795,624	164,759	3,709,607	3,731,894

Table 1: Capital Expenditure on Finance Reform Programme / IFMS

11. A timeline outlining when the Committee can expect to receive the report prepared by the National Paediatric Hospital Development Board, which outlined the progress of the National Paediatric Hospital project to date, including the analysis of the final cost.

Response:

As advised in earlier email correspondence, this matter is for the Department of Health.

12. The number of ventilators purchased by the HSE in response to the COVID-19 pandemic (pg. 29)

Response:

Number of Ventilators Purchased / Delivered

Source	No Delivered	Value incl. Vat
Traditional Sources	561	€21,171,984
China	465	€ 10,124,550
Total	1026	€31,296,534

€35.2m is also owed in respect of purchase orders that have been cancelled with suppliers and is subject to ongoing dispute resolution/ legal process. €11.6m of this is in process to be repaid imminently.

13. An update on the progress of the full rollout of Windows 10 across the HSE, and the support arrangement(s) with Microsoft, including any associated costs.

Response:

In 2019, the HSE had an end user device estate of 58,000 devices with 46,000 Windows 7 and 12,000 Windows 10 devices. Windows 10 is the standard operating platform in the HSE since January 2019 and is the predominant end user operating platform (60% of devices). A programme of work is ongoing to refresh the Windows 7 estate since 2019.

The completion of full refresh was impacted by Covid demands and the Cyber-attack and is still impacted as follows:

1. The requirement to maintain Windows 7 devices until the NIMIS 2.0 programme completes.
2. The capacity of the organisation for change following the Cyber Attack and Covid.

Today the 75,000 desktop estate is predominately Windows 10, divided as per table below.

Operating System	Device Numbers		Windows 10 Treatment Strategy		
	2019	2021	Require Win7	Consolidate	Replacement Programme
Windows 7	46,000	30,000	12,000	6,300	11,700
Windows 10	12,000	30,000	NA	NA	NA
Windows 10 (Covid Centres)	0	15,000	NA	NA	NA
Totals	58,000	75,000			

Windows Programme Plan

	Windows 10 Programme		
Time frame	Require Win7	Consolidate	Replacement Programme
Q4, 2021	0	0	3,947
Q1, 2022	0	6,300	3,184
Q2, 2022	TBC	0	4,569
Q3, 2022	TBC ¹	0	0
Totals	12,000	6,300	11,700

¹There are a number of options being considered with respect to the devices requiring Windows 7 which may enable these devices to be refreshed.

Windows 7 Extended Support

The Windows 7 devices have extended support from Microsoft until January 2022, at a cost of €1.32m (inc. VAT). The HSE will take a risk based approach to negotiate the figure for 2022, based on fewer devices.

The cost of replacing all the Windows 7 devices and the associated desktop licences remaining in the estate will be circa €44m.

Points of note:

1. The risk for the organisation is with respect to Zero-day threats and the availability of Microsoft patches. In the period since Windows 7 went out of support January 2020, there has been 1 patch supplied.

The HSE have addressed the legacy operating system risk through the implementation of additional methodology based anti-virus software. This will limit the requirement for additional support from Microsoft.

14. A note detailing the suite of initiatives between the Department of Health, the Minister for Health and the board of the HSE to reduce the HSE's waiting lists through the upcoming winter period.

Response:

A suite of immediate actions is being implemented to address acute scheduled care waiting lists during the winter period 2021. These actions will run in parallel with the actions being implemented to address longer-term sustainable change in the system to prevent accrual of waiting lists from the outset. A Waiting List Action Plan, jointly governed by the DOH, HSE and NTPF, has been agreed, that will deliver an additional 150k appointments, procedures and/or treatments underpinned by a range of improvements to waiting list management and models of service delivery.

Targeted Actions for 2021

1. Waiting List Management

- Waiting lists for each hospital will be assessed by Hospital Group and speciality to allow for the development of specific plans to reduce the list by the year end, and governance arrangements and supports to ensure a focus on local waiting list reduction.
- The NTPF and HSE will undertake exercise to remove duplications, ensure more effective use of resources through reductions in missed appointments, and a process of clinical validation by consultants to ensure appropriate scheduling of patients

2. Immediate Capacity

- We will add capacity to the health system in the short-term, pending longer-term more significant investments.
- We have worked with all our hospitals to identify where we can deliver additional activity quickly.
- We are also working with private hospitals to utilise their capacity to see patients on public waiting lists for outpatients, inpatient/day cases, scopes and diagnostics.
- We will align our efforts with the NTPF to ensure the most practical utilisation of private resources for our patients.
- Through a combination of additional immediate capacity in our public hospitals and utilise private hospital capacity we expect between now and the end of the year to have provided:
 - An additional 105k new outpatient appointments
 - An additional 31k inpatient or day case procedures
 - An additional 13.6k GI scopes

3. Improved and Modernised Pathways

- Through our reform programme, we will modernise patient pathways – this means changing or fast-tracking the route that patients follow to access care and ensuring those patients receive the right care first time. Currently, many patients awaiting non-urgent care see their GP and are then referred for an outpatient consultation, often to receive a diagnostic not readily available to GPs. By modernising our pathways patients will follow alternative routes, receiving the right care quicker, rather than being added to a waiting list.

Modernised pathways will introduce or enhance, for example, patients being assessed by a specialist health and social care professional, such as a physiotherapist, or to have direct access to an X-Ray or MRI to assess low back pain. We know that 60% of low back pain can be safely managed in this manner.

- By year end we will have developed 70 modernised pathways across 16 specialties (these specialities make up 91% of the acute treatment waiting list), with 35 ready for implementation in 2022.
- Ongoing in the system are several initiatives and examples of good practice that have similar potential to deliver efficiencies and for patients to be seen in an expedited manner, with a number of these being in early implementation stage. These include:
 - Direct access to audiology (ENT), virtual trauma assessment clinics (TAC) and physiotherapy triage operational in specific hub sites by year-end

- Continued implementation of PillCam to ensure minimally invasive management of patients requiring a scope providing access for an additional 150 patients on endoscopy waiting lists by year-end
- Faecal immunochemical tests (FIT) utilisation enabling an additional 1,400 patients on endoscopy waiting lists to be seen by year-end
- Endoscopy nurse triage of an additional 4k patients listed for a scope to ensure appropriate referral criteria are being applied removing c.500 patients from the waiting list by year-end

4. Sláintecare Maximum Wait Time Targets

- The ambitious targets set out in the Sláintecare Report, including the general shift of appropriate services towards the community will require a phased approach whereby we build new services and fine-tune others in a sustainable manner. This work has already commenced with a number of foundational pieces required by year-end in order to achieve the longer-term goals.
- Individual hospital groups and hospitals will be required to put plans in place for implementation of new pathways and achievement of annual targets across their individual specialties, namely Sláintecare Improvement Plans. Hospitals will require support to produce robust investment plans, based on data and information, with a goal of aligning with nationally agreed pathways for the delivery of services.
- To this end, the HSE is completing a comprehensive analysis of demand and capacity at hospital, specialty and clinician level providing invaluable input to our understanding of the requirements to deliver on Sláintecare targets.

5. Data and Information

- Currently data available to health service planners, managers, service-providers and implementation teams are historic, often months in arrears, with significant gaps in regard to basic information required to maintain a modern healthcare system.
- To address these deficits, the HSE will implement a Health Performance Visualisation Platform which will provide real-time health data and trends across emergency departments, outpatient services, theatres, diagnostic services and bed management.
This will allow clinicians and managers to see where activity is happening across the health system, to identify bottle-necks and to enable visibility of where we need to make urgent real-time interventions.

15. A summary note on the status of the approved extension to the emergency department of Mayo University Hospital.

Response:

The expansion of the emergency department at Mayo General Hospital is an approved project and is included for funding in the HSE's Capital Plan.

The HSE Capital & Estates function through the Galway office has commenced the procurement process for the engagement of design team services, to deliver the proposed Emergency Department (ED) Expansion and Medical Assessment Unit (MAU) at Mayo University Hospital.

It is expected that the procurement process will be completed in November 2021 and the design team appointed shortly thereafter.

Below is an indicative timeline of the delivery for the project, through from preliminary design to final handover and commissioning of the new facility. This program is based on HSE initial feasibility studies and experiences of other projects. The program outlined below is indicative pending further detailed site investigations, design development and receipt of approval to progress between project stages.

1. Design Team Tender, Evaluation & Award will be completed at the end Q4 2021
2. Preliminary Design, Stage 1 & Stage 2a completion at end of Q2 2022
3. Planning Permission, FSC and DAC Submissions (Stage 2b) completion end Q3 2022
4. Detailed Design (stage 2c) & Contractor tender documents ready to issue (Stage 3 - part) completion end Q2 2023
5. Contractor Tender Evaluation, Clarifications, Recommendations – (Stage 3 remaining part). Standstill period and Award complete end Q4 2023
6. Phased Construction of Emergency Department (ED) Medical Assessment Unit (MAU)
 - External & internal enabling works to minimise impact on existing ED
 - Construction new ED extension in adjacent courtyard
 - Part decanting existing ED to reconfigure existing ED
 - ED & MAU Project completion end Q1 2026.

The above timeline would be contingent on the pace of project progression through the various approval stages and the availability of capital funding to deliver the project at the time of the construction contract award.

16. The number of ambulance staff currently deployed to contact tracing and other COVID-19 related activity.

Response:

As of October 2021, the number of NAS staff dedicated to COVID related activity will be 32 Emergency Medical Technicians and a further 11 Paramedics whom Occupational Health Services have identified as unfit for Paramedic duties. In relation to the latter, these 11 Paramedics will be returning to core emergency ambulance duties as they are deemed medically fit to do so.

Separately, HSE Test and Trace have agreed to fund a dedicated division of 160 staff for the full duration of 2022 whom will be separate to and not drawn from pre hospital emergency care services.

Follow up issues from PAC private meeting on 28th September 2021

- **The companies currently or previously carrying out PCR or Antigen testing.**

Response:

At the start of the pandemic in early 2020 Ireland like many countries were highly reliant on testing capacity within its acute hospital network, public analyst laboratories and the National Virus Reference Laboratory (NVRL). This was combined with volume from a small number of commercial clinical diagnostics providers for routine testing, ENFER and Eurofins Biomnis. The HSE recognises the role of commercial providers in supporting the Covid-19 response programme and the value of the additional capacity provided to the HSE. All contracts are commercially confidential to the individual providers.

- **Any new providers that have been given contracts to carry out Antigen testing only.**

Response:

The HSE has not given any contracts to any companies to carry out Rapid Antigen Diagnostic Testing (RADT). All HSE RADT programmes have been and continue to be delivered by the HSE. Over the past year, the HSE has acquired RADT test kits from companies via the EU procurement process. The HSE acquired antigen test kits in the event that demand for PCR testing outstripped capacity and to support specific sector based programmes.

HSE, October 2021

Maternity Services Access for Nominated Support Partners

Introduction

HSE AMRIC guidance on attendance by Nominated Support Partners for women during their care pathway within maternity services was issued for implementation as of 13th September 2021.

The grid sets out the current status and compliance with current HSE-AMRIC guidance pertaining to partner access to maternity services as of **8th October 2021**. It should be read in conjunction with information provided on each hospital group/HSE website pertaining to specific local access arrangements.

Dublin Midland Hospital Group									
Hospital	Daily Visits	Labour while on labour ward including C Section	12 week scan	20 week scan	EPAU	High Risk Pregnancy Appts	Emergency Presentations	Parental visits to NICU/ Neonatal Units	Comment
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
Coombe	Y	Y	Y	Y	Y	Y	Y	Y	High risk is determined by the Clinician and is individualised
Portlaoise	Y	Y	Y	Y	Y	Y	Y	Y	High risk is determined by the Clinician and is individualised

University of Limerick Hospital Group

Hospital	Daily Visits	Labour while on labour ward including C Section	12 week scan	20 week scan	EPAU	High Risk Pregnancy Appts	Emergency Presentations	Parental visits to NICU/ Neonatal Units	Comment
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
UMHL	Y	Y	Y	Y	Y	Y	Y	Y	High risk pregnancy appointments, attendance by partners is facilitated on a case by case basis which is determined by the clinical team.

Saolta Hospital Group

Hospital	Daily Visits	Labour while on labour ward including C Section	12 week scan	20 week scan	EPAU	High Risk Pregnancy Appts	Emergency Presentations	Parental visits to NICU/ Neonatal Units	Comment
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
UHG	Y	Y	Y	Y	Y	Y	Y	Y	Early pregnancy presentations out of hours come through ED initially, access may be delayed at times of high activity in ED
Portiuncla	Y	Y	Y	Y	Y	Y	Y	Y	
Sligo	Y	Y	Y	Y	Y	Y	Y	Y	
Mayo	Y	Y	Y	Y	Y	Y	Y	Y	
Letterkenny	Y	Y	Y	Y	Y	Y	Y	Y	

RCSI Hospital Group

Hospital	Daily Visits	Labour while on labour ward including C Section	12 week scan	20 week scan	EPAU	High Risk Pregnancy Appts	Emergency Presentations	Parental visits to NICU/ Neonatal Units	Comment
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
Rotunda	Y	Y	Y	Y	Y	Y	Y	Y	For further information, please see www.rotunda.ie
Our Lady of Lourdes Drogheda	Y	Y	Y	Y	Y	Y	Y	Y	
Cavan General	Y	Y	Y	Y	Y	Y	Y	Y	

South South West Hospital Group

Hospital	Daily Visits	Labour while on labour ward including C Section	12 week scan	20 week scan	EPAU	High Risk Pregnancy Appts	Emergency Presentations	Parental visits to NICU/ Neonatal Units	Comment
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
CUMH	Y	Y	Y	Y	Y	Y	Y	Y	
University Hospital Kerry	Y	Y	Y	Y	Y	Y	Y	Y	

STGH, Clonmel	Y	Y	Y	Y	Y	Y	Y	Y	
Waterford	Y	Y	Y	Y	Y	Y	Y	Y	

Ireland East Hospital Group									
Hospital	Daily Visits	Labour while on labour ward including C Section	12 week scan	20 week scan	EPAU	High Risk Pregnancy Appts	Emergency Presentations	Parental visits to NICU/ Neonatal Units	Comment
	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	
NMH Holles St	Y	Y	Y	Y	Y	Y	Y	Y	
Wexford	Y	Y	Y	Y	Y	Y	Y	Y	
St Luke's Kilkenny	Y	Y	Y	Y	Y	Y	Y	Y	High Risk/Emerg Presentations: Following individual clinical assessment, attendance by partners is facilitated to support the women in the emergency setting
Mullingar	Y	Y	Y	Y	Y	Y	Y	Y	