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30/01/2023

Ms Sarah Cremin,
Committee Secretariat,
Public Accounts Committee,
Leinster House,
Dublin 2.

Re: Ref (S1156 PAC33)

Dear Sarah,

I refer to your recent correspondence to Mr. Stephen Mulvany, Chief Executive Officer, Health Service Executive, regarding a request for follow up on a number of issues arising from HSE response dated the 24 November 2022.

Please find below for the attention of the Public Accounts Committee members a briefing note on these matters as requested.

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

Yours sincerely,

Ray Mitchell
Assistant National Director
Parliamentary Affairs Division

Briefing Note for the Public Accounts Committee

1. In relation to point 8 regarding vacant HSE properties in counties Laois and Offaly, further details regarding the timeline for the completion of the refurbishment of Portarlington Health Centre and Erril Health Centre and clarification regarding their future use;

Reply:

Portarlington Health Centre – It is intended to carry out refurbishment works on this facility in Q4 2023. Once the refurbishment works are complete, the building will be used as an administrative base for the CHO.

Erril Health Centre continues to be under consideration for future healthcare use. Capital & Estates have been asked to retain the property until such a time as the CHO has concluded a full review of their accommodation needs. This will be undertaken and reviewed in Q2 2023. However, if the building is to be brought back into use, refurbishment works are required prior to reoccupation of the building.

2. Clarification regarding the current position in relation to Newtown Health Centre in County Laois and why the information provided is not consistent with a recent Parliamentary Question reply (PQ ref: 59990/22);

Reply:

PQ 59990/22 answered by Minister Stephen Donnelly, refers to Portarlington Health Centre, and not Newtown Health Centre as referenced in the correspondence from PAC dated 19th January 2023.

The position in relation to Newtown Health Centre is that this facility is currently not in use. The facility is not fit for delivery of contemporary healthcare services. Discussions are ongoing with the local authority with regard to the title of the site. Any decision on future use of this premises must wait until the discussions with the local authority have concluded and the legal ownership position has been clarified.

3. Clarification and a detailed breakdown of the actual number of Intensive Care Unit beds that are available on a daily and weekly basis

Reply:

In 2020, the Government's Strategic Plan for Critical Care was developed. This is a multi-year plan to increase critical care capacity to support the long-term strategic goal of increasing overall critical care capacity. This Strategic Plan is over two phases which will seek to bring bed capacity to 446 beds but which also includes a number of other initiatives to improve the capacity and capability of the system to provide critical care in line with the Model of Care.

Phase 1 provides for the following developments to improve the provision of critical care nationally:-

- provision of additional beds, subject to completion of the necessary infrastructural development and planning processes

- development of the critical care workforce by increasing the numbers of onsite critical care nurse educators and by increasing access to critical care nurse education at foundation and post-graduate levels
- increase the number of hospitals with critical care outreach teams to improve patient care and reduce re-admissions to critical care units
- increase the capacity of the National Ambulance Service's critical care retrieval services

Phase 2 provides as follows:-

- Development of new build capacity at five prioritised sites. These five sites are Beaumont, Mater, Cork University Hospital, St James, and St Vincent's University Hospital and are to progress an additional 106 beds to bring the total Critical Care ICU beds to 449 by 2025.

Programme for the Implementation of the Critical Care Strategic Plan - Funded additional bed capacity

Following the Government announcement of the major national adult critical care capacity development, a programme structure was developed by Acute Operations to drive the implementation of the critical care strategic plan with a focus on Phase 2 of the strategy and to provide the required operational oversight.

This **Programme for the Implementation of the Critical Care Strategic Plan** is sponsored by the Chief Clinical Officer and the Chief Operations Officer of the HSE, with a Steering Group and Working Groups to progress identified work streams.

A Key Performance Indicator for the Programme for the Implementation of the Critical Care Strategic Plan is to report on progress in the delivery of the planned Phase 1 additional critical care capacity.

At the end December 2023, there were 323 funded critical care beds within the system.

Critical Care Beds Operational – Daily Reports

The ICU –BIS is a bed information system which collects data on the availability and occupancy of all funded critical care beds in the system on any given day i.e. the critical care beds operational on any given day. This data is collected from each hospital by NOCA and is published daily by the HSE as part of the Covid-19 Daily Reports; see weblink below:-

<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/coronavirus-daily-operations-updates.html>

On behalf of the HSE, NOCA provides the daily data from its ICU-BIS (ICU- Bed Information System) showing the occupancy of all available ICU beds on any given day. Data includes patients who were admitted to an adult ICU or HDU and all patients admitted to any additional 'surge' ICU beds. The reporting excludes patients who were admitted to a paediatric ICU or paediatric HDU.

Data is collected by NOCA daily from all ICUs and HDUs. NOCA report figures for Open (i.e. available) Beds from two variables in the dataset; Open beds and occupied beds to generate the adjusted open beds figure.

- Open beds as a variable is the number of staffed beds on any given day/time.
- Occupied beds as a variable are the number of patients occupying beds in the unit on a given day/time.

The two variables will flex up and down as determined by the number of patients and the number of staff available to care for the patients. The recommended staffing levels for nurse: patient ratio is 1:1 for level 3 and 1:2 for level 2 beds.

The average daily “open” critical care beds from the NOCA ICU-BIS for November 2022 shows that the average daily “open” critical care bed figure in November 2022 was 272.53. This, despite an increase of funded critical care capacity of 23 in 2022.

A number of operational factors determine the availability of critical care beds each day:

- Existing funded capacity can be unavailable for a variety of operational reasons including refurbishment, infection control etc. For example, Tallaght University Hospital opened its planned new 12-bed critical care unit in August 2022 increasing its funded critical care bed capacity to 21 beds. However, the old 9-bed critical care unit closed for refurbishment with an expected reopening in Q1 2023. Thus, 9 beds of TUEH’s “funded critical care capacity” is unavailable and this impacts the average daily “open” critical care bed figure.
- Existing funded capacity can also be impacted by staffing issues including retention and sick leave or other absence. For example, CUH have been funded for three additional ICU beds in 2022, one of which opened in each quarter. The fourth was scheduled to open in December. However, CUH have advised that they have lost staff due to resignations and retirements from their baseline and that they have not been able to recruit to cover these gaps. Consequently, they are not currently able to staff all the existing baseline beds funded at the moment. This experience is common across HGs as MMUH are reporting a 20% resignation rate for ICU staff in 2022.

We are assured by the Hospital Groups that they are maximising every opportunity to recruit staff and to ensure that the impact of other operational factors such as infection control measures, refurbishments are minimised.

4. Clarification regarding whether the HSE has adopted a proactive approach in dealing with cases where the data is of a highly sensitive nature, where individuals do not have internet access, and for people who might not be in position to access the written correspondence and follow up accordingly.

Reply:

The HSE have considered the easiest system for notifiable people to request and receive access to their data once they receive notification. The processes developed are secure by design, as required under GDPR regulations. Therefore, to make a request for a copy of their information that was compromised, the HSE needs to verify people’s identity. This is to ensure we are contacting the correct individual with their personal information. This is very important for security reasons.

Two options have been developed to enable people to request to review their exact documents that were illegally accessed and copied. This can be done via a portal on the HSE website or an off line process:

- **Online Process:** This allows a person who has received a notification letter to register and request their data. Through this process, the person will be taken through an online process to verify their identity. The data request is then actioned by the HSE where records are made available to the person within 30 days. This process is working well with data being provided well within the 30 days timeframe.

- **Off line process:** A person who has received a notification letter, can download a form from the internet, and request their data. This is a simple one-page document to capture the essential details. It advises the person on what identification documents must accompany the letter to allow the request to be processed. They will then receive their data by post within the 30 days.

Additionally, Call Centre supports are also available for people who have received a notification letter, through the following:

- Register on line and request an agent to call them back at a time that suits the individual.
- Download a form that can be completed and submitted to the HSE to request a call back
- To contact HSELive

If the individual finds it difficult or does not want to register on line, they can do one of the following:

- Ask someone they trust to register on line for them
- Request the documents related to them by post
- Register by post to get a call back. They can request their documents on the call or get help to register on line if they want.

Health Service Executive
January 2023