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21/04/2023

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

Re: Ref (*S1264 PAC33*)

Dear Sam,

I refer to your recent correspondence to Mr. Bernard Gloster, Chief Executive Officer, Health Service Executive, regarding a number of issues that were raised at the PAC meeting on 2 February 2023.

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

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

Yours sincerely,

Sara Maxwell

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Sara Maxwell
Office of the CEO

Briefing Note for the Public Accounts Committee

1. **A note in relation to the Health Repayment Scheme, including the following information:**
    - **Whether contact was made with those people who applied for refunds under the Health Repayment Scheme but did not appeal that decision?**
        - **If so, was provision ever made to provide payment to them?**

    - **The number of patients in Section 38 and Section 39 residential homes that applied for repayments under the Health Repayment Scheme**

    - **Clarification as to whether appeals were made on behalf of 515 residents, and if so:**
        - **Were all such residents awarded payments?**
        - **What was the total sum thereof?**

    - **The number of people entitled to payment under the scheme, but were denied, and of that cohort,**
        - **Whether any effort was made by the HSE in the intervening period to contact those people, their guardians or their descendants to inform them about what had happened?**
        - **If not, what will now be done**

HSE Reply:
A note on the Health Repayment Scheme is attached **(Appendix 1).** The task of undertaking a detailed review of the archived files and other documentation relating to the HSE's administration of the Health Repayment Scheme and related issues continues. This work is to provide further detail on the HSE's administration of the Health Repayment Scheme, as well as to assist the Department of Health in their preparation of the report from the Minister to Government, agreed to be submitted in May 2023. This task involves the review of archived paper and electronic files over an almost 20-year period. The HSE continues to engage with the Department of Health on this matter. Once this review is complete, the HSE will be in a position to provide a detailed response to your specific queries.

Also, please note correspondence dated 15/03/2023 (Your reference R1801 PAC33)

2. **The number of minor and moderate incidents reported, as a result of hospital overcrowding**

HSE Reply:
There are on approximately 200,000 incidents reported/year within the HSE. HSE staff report incidents on the National Incident Management System (NIMS). The NIMS system is an electronic system, which is populated by staff where they describe the incident or near miss that occurred.

This is done in line with the Incident Management Framework 2020. The system has free text and pre-determined fields that can be chosen from drop-down options. The different incidents that are captured include incidents like falls, medication incidents, etc. There is however, no one incident field, which describes if an incident was related to 'over-crowding'. It is generally on review of an incident as part of a system analysis where there are often multiple system issues identified where operational capacity issues may be deemed a contributory factor. The system itself can therefore not be reliably interrogated for such data.

3. **A schedule of projected recruitment in the HSE**

HSE Reply:
The letter of Determination and National Service Plan 2023 sets out the workforce expansion over year end 2022 of +6000 WTEs. The draft Pay and Numbers strategy (currently in discussion with the DOH) sets out a total of >12,000 development WTEs to be recruited when prior years recruitment is also factored in. The HSE anticipate the market supply in 2023 will yield a net increase of 6010 WTEs in addition to replacement posts that will arise.

4. **A note on the HSE's response to the Ombudsman's report of 2012 regarding the right to long-term nursing home care for older people, including:**
   - **Its handling of the issues that came to light,**
   - **How the HSE handled cases it was not able to compensate because it would have impacted on other services, and**
   - **What dialogue it might have had with the Department in that regard**

HSE Reply:
Please refer to the reply to Question 1. Once this review is complete, the HSE will be in a position to provide a detailed response to your specific queries.

5. **The HSE's plan to increase the number of GPs over the next five years**

HSE Reply:
The continued expansion of GP Training is of key strategic importance to the Health Service in order to ensure that there is a sufficient medical workforce capacity in place to meet the needs of an aging population with growing levels of chronic disease. An important strategic step was taken on 16 October 2021 with the successful transfer of responsibility for the delivery of GP training from the HSE to the ICGP which was a long-term ambition of both parties and was achieved following positive engagement between all the key stakeholders. Furthermore, significant investment has taken place over recent years with the expansion of training places which have increased from an intake of 120 over a decade ago to 259 in 2022, an additional 26 in 2023 bringing the total to 285 by year-end and planned expansion to 350 in 2026. There are currently 946 GP's in training.

HSE are also collaborating with the ICGP to implement an initiative approved by the Medical Council for recruitment of non-EU doctors. The initiative has commenced with 25 posts starting in January 2023 with a plan to extend up to 100 by the end of 2023. These new 100 additional posts

will work in General Practice for a 2-year period following which they can take up an Irish GMS contract. The initiative is targeted at rural areas, areas of urban deprivation and those difficult to fill posts in various geographical locations across the country. Learning from implementation of this initiative in 2023 will inform our approach to further recruitment of non-EU general practitioners over the next few years.

Members will also be aware that the Minister has recently announced that the DoH with the support of the HSE will be undertaking a strategic review of General Practice which will also be focussing in particular on additional measures for the expansion of training places and recruitment of GPs as part of the development of the sustainable model going forward.

6. **Whether the HSE is ensuring that residents in nursing homes are not charged for items covered under the medical card scheme**

HSE Reply:
The HSE do not have contractual relationships with any private nursing home providers in the state in relation to residents admitted to long term care through the NHSS scheme. The NTPF contract is directly with private nursing homes and the rate applied for each nursing home is confidential to both parties. The HSE are the conduit for paying invoices for those clients deemed eligible for the NHSS scheme. As set out in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (SI No. 415 of 2013) ("the 2013 Regulations") private nursing homes hold contract of care directly with the resident. The legal contract for such placements exists between the client (i.e. resident) and the private provider. The HSE has no role in or control over the contractual arrangements that exist between private provider nursing homes and their residents.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (SI No. 415 of 2013) ("the 2013 Regulations") provides at Regulation 24 in relation to contracts for the provision of services as follows:

"24. (1) The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms on which that resident shall reside in that centre.
(2) The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of—
(a) The services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned,
(b) The fees, if any, to be charged for such services,
(c) Where appropriate, the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies, or
(d) any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement."

The 2013 Regulations set out clear obligations on a registered provider to agree in writing with a resident the terms upon which the resident resides in the designated centre, the services to be provided and the costs involved.

Regulation 34 of the 2013 Regulations requires the registered provider to provide an accessible and effective complaints procedure, including an appeals procedure.

It is an offence for a registered provider if he/she contravenes a provision of, or fails to discharge a duty to which he/she is subject under a provision of, the 2013 Regulations.

If any complaint is brought to the attention of the HSE regarding any alleged breach by a registered provider of a private nursing home of its legal obligations to its residents, the HSE can inform the complainant of its right to make a complaint in writing to the registered provider and also that he/she may wish to bring the matter to the attention of HIQA. The Chief Inspector is appointed by HIQA and is charged under the Heath Act, 2007 with inspecting designated centres to assess whether the registered provider is in compliance with the regulations and standards set by HIQA. The specific functions of the Chief Inspector are provided in Section 41(1) of the Health Act, 2007.

From the perspective of NHSS Act 2009 and other Nursing Homes legislation, The HSE's authority to act on any such complaint is limited.

The regulator, HIQA, are the statutory body responsible for inspecting all designated centres for older people in the state and as such are best placed to investigate any concerns in relation to contracts of care including residents being afforded the option of accessing care and treatment through the medical card scheme. Nursing home residents with medical cards have the same entitlements as all other holders of same. Referrals can be made to public services i.e. OT/Physio/SLT etc. and appropriate assessments are carried out in accordance with referral and assessment/prioritisation protocols and policies and possibly available resources. There is a waiting list and residents in nursing homes do not take priority over other referrals. It is important to note that the HSE are committed to providing all necessary care and treatment to all eligible clients within the medical card scheme including clients who reside in private nursing homes.

Notwithstanding this the HSE is engaging with the Department of Health on this matter to establish and chair an inter-agency group of key stakeholder comprising of the DoH, NTPF, HSE Primary Care, Older Person and PCRS Community Services to address this matter and seek NTPF involvement in relation to potential for a contract clause issue as appropriate.

As communicated previously to the Public Accounts Committee the HSE wrote to the CEO of HIQA in February 2021 outlining the services available to Medical Card Holders and provided the relevant supporting guidance. This correspondence noted the 2013 Regulations for a Registered Provider to agree in writing with the resident the terms upon which the resident resides in their centre, the services to be provided and the costs involved. We also noted Regulation 34 of the 2013 Regulations stipulating the Registered Provider to provide an accessible and effective complaints procedure, including an Appeals procedure. The HSE advised HIQA that should any complaint or alleged breach be brought to the attention of the HSE regarding a Registered Provider's legal obligation to the resident, the HSE will inform the Complainant of their right to make a complaint in writing to the Registered Provider and also the Complainant may bring their

complaint to the attention of HIQA. Under the Health Act 2007 HIQA are charged with inspecting designated centres to assess whether the Registered Provider is in compliance with the regulations and standards. The HSE requested that the correspondence and relevant Guidelines would be brought to the attention of Private Nursing Home Providers at the earliest opportunity. The HSE is engaging with HIQA on this matter.

7. **What funding, if any, has been drawn down by Children's Health Ireland for digital planning or commissioning within the national children's hospital**

HSE Reply:
The funding for the New Children's Hospital Project currently includes €170.3m for digital planning and associated commissioning. This includes capital funding of €97.7m for software, hardware and other ICT implementation costs, and revenue funding of €72.6m for programme resources, pay costs and other such costs.

Of this funding, to date CHI has drawn down a total of €44.1m, comprising €28.2m in revenue funding and €15.9m in capital funding.

8. **A briefing note on the HSE's response to instances where capital funding is not meeting the recognition of the UN Convention on the Rights of Persons with Disabilities, or when guidance contained in A Vision For Change is not adhered to by senior management**

HSE Reply:
Disability Services are committed to developing community-based services and the capital programme we are implementing solely develops housing in community settings. In addition, apart for the capital housing projects directly delivered by the HSE, it also works with the Service Providers to engage with local authorities and approved Housing Bodies to access social housing, in which the tenancy rights of the disabled person are protected and where there is a separation of the housing needs of the person from the health and social care supports they receive. This approach is in line with the UN Convention, which emphasises the right of disabled people to be part of their communities, to exercise independence to the greatest degree possible and to have choice over where and with whom they live.

The capital programme to develop housing as part of the Decongregation programme has sought to ensure that all accommodation is in community settings, but also in locations that ensure the easiest possible access for the people living in them to the resources in their local communities and to live an ordinary life in the community. These services are regulated by HIQA who, in the course of inspections, make judgements on the quality, safety and homeliness of the facilities.

For services developed in support of people with mental health conditions, these are designed and developed based on the needs of the people who will be using them. In all instance, it is a priority that they are fit for purpose that is to the needs of the people supported, and they are regulated by the Mental Health Commission.

9. **A progress report on the HSE's implementation of the recommendations in the 2010 review of out-of-hours GP services**

HSE Reply:
With regard to the Out of Hours review in 2010, the HSE can confirm that the recommendations have been broadly implemented and the learning from the review applied across the system.

10. **Why the 2016 review of out-of-hours GP services was not published, what progress is being made and can the State move to a single model of providing care**

HSE Reply:
In relation to the 2017/2018 Out of Hours review (draft), the context here is that this review was commissioned by the HSE at a time when round table discussions were under way involving the DoH, the HSE, the IMO and NAGP (no longer in existence) with a view to securing agreement around a range of measures for the development of General Practice. Following the publication in 2018 of "A Future Together – Building a Better GP and Primary Care Service" (Dr. Tom O'Dowd Report) a mandate and process was approved by Government for the development of General Practice.

Based on this mandate the period of 2018/2019 involved a comprehensive negotiation and engagement process involving the DoH, HSE and IMO which culminated in the GP Agreement 2019 which set out a comprehensive range of new measures to be implemented over the period 2019-2023 involving an increase in annual expenditure of €210m in General Practice when fully implemented and providing for significant innovation and reform including the successful rollout of the Chronic Disease Management Programme for GMS/GP Visit Card holders across the country.

Given the range and complexity of the issues involved in reform of the Out of Hours service, it was not possible for a revised model of Out of Hours to be included in the GP Agreement 2019 but rather the Agreement provided for a Strategic Review to be undertaken of the contractual arrangements in General Practice with the intention that the Out of Hours arrangements would be reviewed as part of that process.

The intention at the time was that the 2018 draft OOH review was to be considered as part of the planned 2020 Strategic Review of General Practice and would inform the discussions. However given the emergence of the Covid-19 Pandemic and subsequent Vaccination Programme in which GPs played a significant role, the Strategic Review was delayed.

With the improved situation regarding Covid-19, the Minister has since announced and recently published the Terms of Reference of the Strategic Review of General Practice that is now commencing, with the intention that the development of a reformed model of Out of Hours service will be brought forward as part of that process. The draft 2018 review will inform those discussions together with more updated approaches based on best international practice as well as learning from the period of the Covid-19 Pandemic

11. Whether the HSE considered employing a cohort of salaried GPs at any point? If not, why is that the case

HSE Reply:
There are currently approx. 2,500 GPs with a GMS contract and approx. 500 others with public only contracts (e.g. childhood Immunisation, cervical check etc.) operating across 1,500 GP Practices and practice teams in Ireland.

In line with discussion with GP representative bodies, in the current context where significant pressures exist within general practice in securing existing GPs on a permanent or locum basis, the HSE has not engaged in any major recruitment campaigns of salaried GPs as this will only increase competition for the limited GP workforce currently available and undermine the efforts of daytime and OOH GPs in expanding their teams.

The immediate focus is on continuing the expansion of training places (referenced at answer 5) and in addition providing additional resources to General Practice to expand the practice teams including practice nursing, secretariat, practice managers and other staff. In this context in line with the budget announcement by the Minister for Health discussions have commenced with the IMO on a range of issues including the expansion of capacity in General Practice.

The Strategic Review of General Practice recently announced by the Minister will include consideration of options going forward for salaried GPs as part of the reform and development of a sustainable model of GP Services.

12. A note on the current colonoscopy waiting lists, and the waiting times for results of same

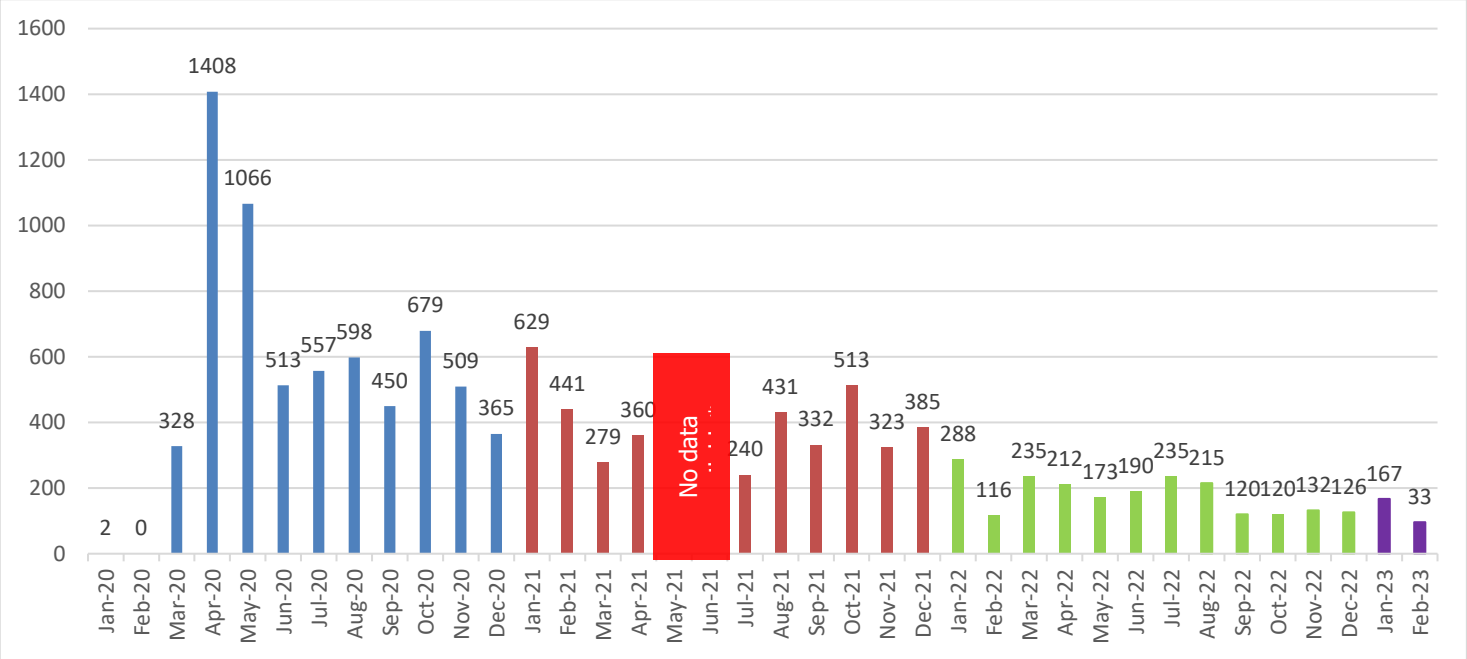
HSE Reply:
Definitions
Referrals that are made to endoscopy services are triaged by a member of the clinical team and a clinical prioritisation is assigned to the patient e.g. that an urgent or routine procedure is needed. The HSE has set a specific access target for people who require an urgent colonoscopy procedure. The target for this group is that no new patients will wait greater than four weeks (28 days) for access. The signs and symptoms that indicate that an urgent colonoscopy is needed are outlined in clinical guidance published by the HSE Acute Operation Endoscopy Programme; Triage Guidance for Upper and Lower Gastrointestinal Endoscopic Procedures (excluding ERCP and EUS).

Reporting
Please note the HSE does not collect data on the turn-around time for the results arising from colonoscopy procedures. Each month, the HSE does report the number of patients who have breached the 28-day waiting time target. Most endoscopy services offer colonoscopies to patients with the clinical prioritisation of 'urgent' within 28 days, as demonstrated in table 1 below. The most recent report shows that 96 patients across 7 endoscopy services breached this waiting time target in February 2023. Action plans are in place in hospitals that continue to experience significant volumes of breaches, with close monitoring from Hospital Group management teams, HSE Acute Operations senior management and the National Performance and Oversight Group.

Context:

Before the onset of COVID-19, the volume of new urgent colonoscopy breaches was low. For example, there were two breaches in Jan 2020 and 0 breaches in Feb 2020. The number of breaches increased with the onset of COVID-19. Endoscopy units were significantly impacted by COVID through use of the units to support COVID/non-COVID pathways, redeployment of staff to cover other duties and use of endoscopy beds spaces to cope with surges in emergency demand. The number of breaches peaked at 1,408 in April 2020. Endoscopy services were significantly, and disproportionality affected by the cyber-attack in May 2021 when their electronic reporting system was taken offline. A significant volume of work has been underway to address breaches and ensure patients are treated within 28 days. Year on year improvement is demonstrated in figure 1 below.

Figure 1: Urgent colonoscopy. New patient breaches each month from Jan 2020 to Feb 2023



*Note on figure 1: No data is available for May and June 2021. July 2021 is not a full data set; data was not available for three hospitals (Naas, Connolly and Mayo) therefore 240 breaches is not the actual total. This gives the impression of a sharper-than-actual rise in breaches from 240 breaches in July to 431 in August 2021.

Table 1: February 2023 Urgent Colonoscopy Data

Source: BIU Acute Monthly Urgent Colonoscopy Census

Hospital	Total number of new patients waiting greater than 28 days for an urgent colonoscopy.
National	**33**
Children's Health Ireland	**0**
Dublin Midlands Hospital Group	**0**
MRH Portlaoise	0
MRH Tullamore	0
Naas General Hospital	0
St. James's Hospital	0
Tallaght University Hospital	0

Hospital	Total number of new patients waiting greater than 28 days for an urgent colonoscopy.
Ireland East Hospital Group	**1**
Mater Misericordiae University Hospital	0
MRH Mullingar	0
Our Lady's Hospital Navan	0
St. Columcille's Hospital	0
St. Luke's General Hospital Kilkenny	0
St. Michael's Hospital	0
St. Vincent's University Hospital	0
Wexford General Hospital	1
RCSI Hospitals Group	**0**
Beaumont Hospital	0
Cavan General Hospital	0
Connolly Hospital	0
Louth County Hospital	0
Monaghan Hospital	0
Our Lady of Lourdes Hospital	0
Saolta University Health Care Group	**18**
Galway University Hospitals	14
Letterkenny University Hospital	3
Mayo University Hospital	0 **
Portiuncula University Hospital	0
Roscommon University Hospital	0
Sligo University Hospital	1
South/South West Hospital Group	**4**
Bantry General Hospital	0
Cork University Hospital	0
Mallow General Hospital	4
Mercy University Hospital	0
South Infirmary Victoria University Hospital	0
Tipperary University Hospital	0
UH Kerry	0
UH Waterford	0
UL Hospitals Group	**10**
Ennis Hospital	10
Nenagh Hospital	0
St. John's Hospital Limerick	0
UH Limerick	0

***** There is a validation exercise ongoing of the reported figures.***

13. A note on the building in CHO 4 worth €630,000, including the plan for that building and whether security will continue to be provided for the facility

HSE Reply:
Millfield House is High Support Hostel that was originally a 15-bedded residential unit near Blackpool in Cork. Security commenced in Millfield House 19th May 2019. The initial security requirement was as a result of anti-social behaviour and a large fire in the unit across from Millfield House, which required the evacuation of the residents. Residents moved from Millfield House to another property Garnish House, in March 2020 due to Covid-19 precautions. There were 14 residents living in Millfield at that time. The property (Millfield House) is currently being refurbished for use as a step-down 6-bed Mental Health residential centre, in line with appropriate IPC standards. The refurbishment works are on course to be completed during April 2023 and security will remain until these works are completed.

14. A note on the criteria for respite services in Cavan-Monaghan, and the timeframe for the HSE's implementation of a standardised approach to respite services on a population basis

HSE Reply:
Disability Services in Cavan and Monaghan have reviewed the Statement of Purpose for the Annalee Respite Centre in Cavan and having taken cognisance of the Statement of Purpose of existing centres in the other counties of Community Healthcare Cavan, Donegal, Leitrim, Monaghan & Sligo (CH CDLMS), and the express needs of children in the Cavan Monaghan area in particular, they have updated their Statement of Purpose for Children's Respite to ensure equity and equality for children in their area.

The process has been commenced with HIQA to vary the current service in Annalee Respite Centre and it is anticipated that Annalee Respite Services will be in a position to proceed under their revised Statement of Purpose in May 2023.

Cavan and Monaghan are currently progressing a new residential respite development for County Monaghan given that this is currently the only county in CHO1 not to have an existing residential respite centre in their area. The development of this new centre has been committed to by CH CDLMS in recognition of the needs of families in Cavan and Monaghan and will further enhance the existing availability of respite currently provided in the Annalee Respite Centre.

The Department of Children, Equality, Disability, Integration and Youth, supported by the HSE, are developing a position paper on the development of respite services, balancing the need for centre-based respite that can provide overnight supports, but also including arrange of alternative models of respite including Saturday clubs, home-sharing, in-home respite and day only respite. In addition, the HSE has sought, within the funding available, to increase residential capacity to reduce the number of situations where people are living in respite services, which is not appropriate in the long term for the person, and has the effect of reducing respite capacity.

The focus for the HSE in recent years has been to develop respite capacity by:

- Building back the capacity which was impacted by Covid
- Developing additional centre-based respite capacity

- Increasing the non-centre-based respite models including day only and in-home respite

Each CHO and service Provider has a mechanism in place for determining the allocation of the respite services in their area based on the:

- Assessed needs of the children and adults
- The suitability of the service to the needs of the person e.g. staffing levels, facilities and provision of aids and appliances
- Consideration of wider needs, e.g. family circumstances
- Availability of service in the area i.e. there has not been an even development of respite services in each CHO over the past thirty years with the result that some areas more availability than others.

In determining how respite services are developed, the HSE endeavours to take population census information in to consideration when allocating funding for the development of respite.

15. What plans the HSE has over the next four years to improve recruitment across the children's disability network teams (CDNT)

HSE Reply:
In partnership with the Children's Disability Network Teams (CDNT) Lead Agencies, we continue to explore a range of options to enhance the recruitment and retention of essential staff into our CDNTs. In addition, the HSE Community Operations Disability Services is working collaboratively with our partnering Lead Agencies to promote CDNTs as a workplace of choice in a competitive employment market.

A key focus of HSE Disabilities is staff retention. A comprehensive Team Development Programme 2020/2021 was provided for Children's Disability Network Managers (CDNMs) and cascaded to all team members. The programme, designed to support establishment of the new teams and implementation of a child and family centred model of services, will also support staff retention. All resources from this programme are now accessible online for CDNT staff. A further CDNT Training and Development Programme 2022/2023 has been launched, with dedicated funding and based on competency gaps identified and prioritised by the teams. A secure online site has been set up for CDNMs and their staff to facilitate sharing of training and development resources as well as clinical and service good practice models in place across the country. The HSE and partner Lead Agencies are committed to providing ongoing training and development for CDNT staff supporting their professional development and retention, and promoting CDNTs as an attractive place to work.

The HSE completed its second annual Children's Disability Network Team Staff Census and Workforce Review in October 2022. The resulting report was finalised in February 2023 and has been circulated to relevant stakeholders. An overall analysis of the data from 2021 and 2022 demonstrates an increase of 11% in the number of approved posts and a 2% increase in the CDNT workforce.

This increase has been achieved in a context where there is an average turnover rate of 9.6% in health and social care professionals each year.

Measures to support the recruitment of staff for the CDNTs currently being progressed include:

- Targeted National Recruitment for CDNTs
- Targeted International Recruitment for CDNTs with an agreed relocation allowance
- Sponsorship Programme for therapy grades
- Apprentice Programme for therapy grades
- Employment of graduates as therapy assistants as they await CORU registration
- Expansion of therapy assistants in the system with HSE supporting individuals to return to education to quality as therapists.
- There are panels in place for occupational therapists, psychologists, physiotherapists, and speech and language therapists.
- National Disability Operations is currently reviewing the area of Assistant Therapy Grades.

A Stakeholder Group has been established to review Supply Issues for Disability Grades. This group is chaired by DCEDIY. The group has representatives from DCEDIY, DOH, DFHERIS, and DOE. The terms of reference are being finalised and the group is scheduled to meet again on 18th April 2023.

Management and Fórsa have reached agreement on a Senior Grade confined competition. This offers an opportunity for staff to progress in their career while at the same time ensuring stability on the CDNTs.

A targeted recruitment plan has been developed for progression in Q2 2023.

The HSE have run campaigns for therapy grades, including internationally. These panels are live and current vacancies are being offered to those on the panels.

Section 38 & Section 39 Lead Agencies have rolling recruitment campaigns for all grades on CDNTs

HR Business Partner has ensured that CDNTs are promoted as a workplace of choice in different for a including:

- Recruitment Fairs
- Student information days (NUIG, UL, TU Dublin)

A preliminary engagement has taken place with CORU on a range of issues impacting registration to address any roadblocks to the recruitment of staff.

16. The number of live cases that the HSE has in the Workplace Relations Commission

HSE Reply:
The data as collated from Employee Relations Managers:

Labour Court	6
Adjudication	85
Conciliation	83

Health Service Executive
April 2023

Health Repayment Scheme Summary

11th April 2023

1. Introduction

The Health (Repayment Scheme) Act 2006 was enacted in June 2006 to provide a legal basis for the repayment of long stay charges for in-patient services which were wrongfully imposed on eligible persons since 1976 under the Health (Charges for In-Patient Services) Regulations 1976 as amended in 1987 or the Institutional Assistance Regulations 1954 as amended in 1965.

Those entitled to repayments were:

- eligible people who are alive and who were wrongfully charged at any time since August 1976
- the estates of eligible people who were wrongfully charged and died after 9th December 1998
- the spouses of children of eligible people who paid recoverable health charges from their own resources

The Health Repayment Scheme applied to eligible residents *(i.e. those residents entitled to a medical card)* of public long stay facilities and public contracted beds who were wrongfully charged. A consortium comprising of KPMG Accountants and McCann Fitzgerald Solicitors were contracted by the HSE to design and manage the scheme. This contract ended in July 2011 and the HSE has been managing the work associated with finalising the remaining claims.

The scheme also provided for claimants to donate monies if they so wish, to fund once-off service improvements in public health services provided to dependent older persons and persons with disabilities.

An independent appeals function was in place which dealt with claimants who wished to appeal the decision of the Scheme Administrator. From the outset of the scheme, the Minister established an independent Oversight which reported to the Minister on a regular basis.

2. Uptake of Scheme

The scheme was launched on 14th August 2006 and as at December 2022, a total of **35,466 applications** were received by the scheme.

The total number of payments made under the scheme up to the end of 2022 was **20,303,** amounting to payment of **€453.354m** paid directly to applicants**.**

The total scheme cost of €**485.945m**, to include expenses of **€32.591m** to date, is less than half of the original projected expenditure of €1bn.

3. Applications received under the Scheme

Up to the end of December 2022 a total of 35,466 applications were received by the scheme. While the scheme closed to new claimants on the 31st December 2007, there are instances that allow for a follow-on claim to be made e.g. in cases where a certificate of entitlement to claim has issued under the scheme but no application has been made, or where the claimant dies prior to the claim being finalised.

All 35,466 applications received had a decision made by the end of December 2022 with 21,880 applicants receiving an offer and a further 13,586 applications not accepted.

Of the **21,880 offers issued** under the scheme, a total of **20,303 have been processed for payment**. Consequently, a total of 1,577 offers have not resulted in a payment to date. It should be noted that not all offers resulted in a payment as monies due to the HSE in respect of unpaid long stay charges under the Health (Amendment) Act 2005 and Ex Gratia payments made in 2005 have led to nil/negative offers in some cases. There are no outstanding accepted offers awaiting payment at end of 2022.

A summary of the number of applications received is set out below:

Position as at 31st December 2022

Total Applications received under the Scheme		35,466
- Offers	21,880	
- Rejections	13,586	
Concluded Claims		35,466
Remaining Claims		**Nil**
Total Payments made under the Scheme to Dec 2022		20,303

4. Financial aspects of the Scheme

Repayments for claims made by the HSE on behalf of patients living and residing in HSE facilities at that time were generally made to an applicant's patient's private property account. €120m in client funds was managed in this manner. Patients with capacity could determine where they wished the repayment to be made. Payments to the estates of patients who have died are made to the appropriate legal personal representative of the deceased.

The costs of the scheme from 2006 to 2022 are as follows:

Year	Payments		Administration Costs	Total Costs
	Number	€m	€m	€m
2006	604	13.381	2.967	16.348
2007	6,118	119.804	4.890	124.694
2008	9,291	214.928	12.853	227.781
2009	2,853	73.138	4.902	78.040
2010	680	19.195	3.046	22.241
2011	238	8.220	2.805	11.025
2012	34	1.066	0.104	1.170
2013	6	0.197	0.191	0.388
2014	221	1.124	0.211	1.335
2015	219	1.682	0.173	1.855
2016	19	0.311	0.068	0.379
2017	11	0.039	0.068	0.107
2018	5	0.193	0.133	0.326
2019	1	0.001	0.134	0.134
2020	2	0.055	0.043	0.098
2021	1	0.019	0.022	0.041
2022	0	0	0	0
Total	**20,303**	**453.354**	**32.591**	**485.945**

The total number of payments made under the scheme up to the end of 2022 was 20,303 amounting to €453.354m.

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5. Cost of Scheme Administration

Set out below is the position in regard to administration costs to the end of 2022

Year	Scheme Administrator	HSE Pay Costs	Advertising	Legal & Professional Fees	Office Expenses	Total
	€m	€m	€m	€m	€m	€m
2006	1.203	0.312	0.824	0.486	0.142	2.967
2007	2.284	0.963	0.453	0.749	0.441	4.890
2008	10.059	1.257	0.071	1.190	0.276	12.853
2009	2.982	1.197	-	0.609	0.114	4.902
2010	1.560	0.973	-	0.443	0.070	3.046
2011	1.641	0.655	-	0.456	0.053	2.805
2012	0.058	0.019	-	0.009	0.018	0.104
2013	-	0.158	-	0.028	0.005	0.191
2014	-	0.146	-	0.017	0.048	0.211
2015	-	0.170	-	-	0.003	0.173
2016	-	0.060	-	0.004	0.004	0.068
2017	-	0.066	-	-	0.002	0.068
2018	-	0.118	-	-	0.015	0.133
2019	-	0.096	-	-	0.037	0.134
2020	-	0.023	-	-	0.021	0.044
2021	-	-	-	-	0.003	0.003
2022	-	-	-	-	-	-
Total	**19.787**	**6.213**	**1.348**	**3.991**	**1.252**	**32.591**

6. Donations Account

In accordance with the Health (Repayments Scheme) Act 2006, a Repayments Scheme (Donations) Fund was set up by the HSE for the purposes of providing improvements in public health services for dependent older persons and persons with disabilities. Projects undertaken must be once-off improvements and must not incur expenses which would, in the ordinary course of the provision of such public health services, have otherwise been expenses met by an allocation from the Minister for Finance or another Minister of the Government.

Donations received were allocated to the institution or service specified by the donor subject to the above conditions. Governance arrangements were in place to ensure that the funds from this donations account are allocated and spent in accordance with the terms of the Health (Repayments Scheme) Act 2006.

The Health Service Executive submits detailed annual accounts of the fund and these accounts are audited by the Comptroller and Auditor General. Interim and regular reports on Income and Expenditure on the account are available as required.

Since the scheme commenced, a total 212 donations have been made to date and the value of donations received from the Health Repayments Scheme is €0.348m. All of these funds have now been allocated and assigned for their intended purposes and there are no funds in the account at the end of 2022.

7. Repayment Scheme Current Status

The closing date for receipt of applications under the scheme was 31st December 2007. However, there is no end-date in the legislation for acceptance of applications submitted under the two scenarios set out below:

- In cases where a claim was made under the scheme prior to the closing date and subject to certain conditions as set out in Statutory Instruments No. 855 of 2007 *[relevant person to whom application refers dies before the application is determined]* and No. 212 of 2008 *[applicant becomes unable or unwilling to continue with the application]*, a new application form may be submitted after the closing date; and

- Certificates of Entitlement issued to claimants, who have not as yet submitted a completed application form.

The HSE's sense is that it is unlikely that there will be any significant number of extra applications received or concluded. The HSE undertook a review of existing files in 2018-2020 and any cases that could be paid at that time were processed.