Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Joint Committee on Health

Meeting

Friday 22 January, 2021

Opening Statement

By

Mr. Liam Woods

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Health Service Executive

Chairperson and Members of the Committee, thank you for the invitation to update you on the HSE Acute hospitals' response to demands for care from our patients during this unprecedented time.

Colleagues joining me today are:

- Ms Angela Fitzgerald, Deputy National Director, Acute Operations;
- Dr Vida Hamilton, National Clinical Advisor and Group Lead Acute Operations

At these meetings, we seek to provide an update on key issues facing our hospitals and our plans to address these challenges. We understand that today you want specific focus on the following;

- the capacity of our hospital services to cope with general demand and, in particular, the winter pressures which inevitably arise
- the particular focus which we are bringing to COVID patients who need acute treatment
- the contract with private hospitals to increase capacity especially in respect of the urgent treatment of non-COVID patients such as those who suffer from heart attacks, strokes as well as the need to maintain cancer treatment

I will speak to each of these points in this Opening Statement and I and my colleagues will then be happy to expand on any questions you have during the course of this meeting. I know you have also sought briefing on the roll out of the COVID vaccine. This important issue is the subject of a separate session with the Committee next week.

Managing Demand - Experience to date

Ten months into the pandemic we can look back at what happened on the ground in hospital services beginning in Quarter 2 last year. We can also look forward and see how we can apply lessons learned to date as well as noting where circumstances have changed significantly. The impact of the pandemic from March 2020 was sharp and unprecedented. Our ED attendances fell by 25% and ED admissions by 18% between March and June 2020 when compared to the same period in 2019.

For safety reasons, all non-urgent and routine care was suspended in line with NPHET guidance in late March 2020. As a result, our elective activity fell by 52.5% during the same period compared with the previous year. We put in place surge plans to maximise the available general and specialist ICU capability across the hospital system in anticipation of extreme levels of demand. The State acquired the capability of 18 private hospitals to provide assurance of protected space in which to provide non-COVID care.

This capacity, initially acquired in order to be able to guarantee additional space for a surge beyond what the public system could safely manage, became proactively used for very significant volumes of non-COVID care. It is important to reiterate that the arrangements with the private hospitals enabled us to deliver the following;

- 13,289 Inpatient cases
- 54,509 Day cases
- 3,037 ED Attendances
- 52,248 Outpatient attendances
- 85,934 Diagnostic tests

In summary, extraordinary measures were taken to deal with an extraordinary and unprecedented challenge.

In the first surge, we developed surge plans aimed at increasing our capacity and we freed up 2,200 inpatient beds to support the anticipated surge. COVID patient numbers peaked at 825 hospital admissions and 155 patients in ICU with COVID-19. Thankfully, we were not required to use the full extent of our surge capacity. The plan worked, and it worked well due to two things; the extraordinary efforts of our health staff (carers, planners, suppliers and others) and, equally important, the magnificent response from the general public in reducing transmission. I would like to again take this opportunity to acknowledge our front line staff who have worked tirelessly throughout the Pandemic.

Lessons Learned

Many lessons were learned during the course of 2020. For example;

- How to manage care for all acute patients (COVID and non-COVID alike) through safe work practices, strict segregation and streaming and targeted use of private hospital capacity for urgent and time- dependent care
- The extent to which telemedicine could be made a reality both for specialist consultations and GP services. To put this into context between March and November 2020, over 608,000 patients received a virtual outpatient consultation. It is our intention to maintain these arrangements as part of our overall delivery of OPD services going forward so that we can reach people easily
- How care can be delivered closer to individual homes, protecting the patient and limiting pressure on hospital EDs,
- The use of remote monitoring in people's homes from our hospitals to enable vulnerable patients to be discharged safely
- The increased delivery of home dialysis
- Referral pathways to Community assessment hubs

Additional Bed Capacity

At the end of 2019, we had 10,988 inpatient beds including 255 critical care beds. In response to COVID, the acute hospitals opened an additional 426 beds with temporary funding during 2020. I am pleased to confirm that our Winter Plan combined with funding in the Estimates 2021 is enabling the opening of these beds on a permanent basis along with a further 720 beds bringing the total additional beds to 1146 by the end of 2021. The effect of this additional capacity is that it will allow us to operate consistently at 85% in line with international best practice and the recommendations of the National Bed Capacity Review. This is even more important now in a pandemic environment with the imperative to maintain an appropriate distance between patients and to avoid overcrowding in Emergency Departments.

In addition, Estimates 2021 provides for the opening of 66 critical care beds by the end of 2021. This includes the permanent funding of 40 beds opened temporarily in response to surge. To date 33 of these beds are opened with a further 7 expected to open in the coming weeks. We are on track to open the remaining 26 within the agreed timelines.

- By the end of 2020 we had increased our public hospital capacity by 677 beds.
- By the end of January 2021, we expect to have opened a further 93 beds, with a further 102 to be delivered by Quarter 1.
- The remaining 274 beds are on target for delivery during 2021

Preparation for 2021

It is important to understand that the situation we are facing now is very different to that in March 2020 and, in fact, even more challenging. Different circumstances will require different solutions but all the time we will build on the lessons of the last year.

- The disease has evolved and is much more transmissible
- Backlogs have built up in scheduled care as a result of necessary actions in the first surge deferred care
- The requirement for social distancing and increased infection control measures mean that our existing capacity cannot deliver at previous levels
- Overcrowding in ED has been reduced significantly. Our trolleys are 70% lower than the same period last year. However we cannot tolerate high trolleys due to the risk of infection.

- Significant numbers of health workers are absent due to infection, close contact or the need to care for others. In the acute hospitals alone, we have over 6,500 workers on sick leave at present; 2,500 are nurses and 600 are patient-facing administration staff. Those who are at work have been under enormous pressure for almost a year.

This is the backdrop against which we are working. On a positive front, the availability and roll-out of a vaccine will be a key factor in mitigating the risks of infection on our staff and on our patients. Let me outline for you the key components of our measures to maintain the ability to care for those who need hospital services in the year ahead.

Dealing with the current surge

As you know we are currently in a new pandemic surge, with numbers infected and hospitalised on either wards or in ICU at levels not seen last year. Currently as of the 21st of January there are 1,949 patients with COVID in hospitals; 210 of these patients are in ICU. My colleagues from NPHET will address issues in relation to the evolution of the pandemic further in their contribution.

In response, a number of measures have already been invoked;

- Chief Clinical Officer has issued guidance in recent days on how to prioritise patient care
- All non-urgent and non-time dependent cases in the public sector have been paused in public hospitals
- Surge plans have been activated across the entire public hospital system and additional surge capacity stood up. In addition to the planned winter capacity beds of 498 beds, we also have plans for increasing surge capacity by 400 beds. In relation to critical care beds, our surge plans are aimed at delivering 350 critical care beds. We are currently at 334 critical care beds open and staffed in response to surge as if the 21st of January
- Derogation measures have been put in place to maximise available staff levels
- A Safety Net Arrangement has been agreed with all 18 private providers and over 800 patients have already been treated in the early response under this initiative

Winter Plan

In addition to the measures above, we have continued to add to our ability to care for patients through a range of initiatives which were contained in the Winter Plan 20/21. The Plan this year was integrated with COVID emergency planning. It includes, for example;

- 135 sub-acute beds
- 609 Community beds

- 223 Private Community Beds
- 4.7m additional home support hours by the end of April
- 47 specialist teams for Community Networks

Private Hospitals

As I said earlier we were very grateful to have the support of the nation's private hospitals last year in an arrangement which gave us access to their entire capacity for 3 months. Transition arrangements agreed beyond that period also enabled us to continue to provide extensive levels of care to public patients. As we are now dealing with a new surge, I am pleased to say that we have again secured the support of the private providers in a new Safety Net arrangement. This is a very different deal, adapted to match changed circumstances and to build on lessons learned from the previous engagement.

- On this occasion we have a prior arrangement in place which will hold for 12 months and allow us to step up/step down access when certain objective triggers related to COVID are met
- We have sought guaranteed access to a maximum of 30% of capacity, leaving the hospitals with the balance of their capacity available to treat their traditional client base. Additional capacity beyond 30% can be secured by mutual agreement
- The focus will be on delivering urgent, time dependent elective care and unscheduled care to protect our most vulnerable patients
- We are paying commercial rates for activity actually carried out.
- Continuity of care concerns are being addressed in two ways
    - Public hospitals will determine the patient profile that will transfer
    - Private hospitals can continue to deliver care for their patients in the remaining capacity

I believe that this new arrangement represents an appropriate and flexible response to what is required and I acknowledge the support given by our private sector partners in making this possible.

Conclusion

I would like to stress two things in concluding. Firstly, we need people to continue to use the health services during this time. We have learned much about the ability and the necessity to maintain maximum levels of access for all patients, COVID and non-COVID, and about how to minimise the impact on patients as much as possible.

Secondly, the planning and investment I have described will only get us so far. Our ability to meet the exceptional challenge confronting our hospital also depends heavily on the public continuing to comply with public health advice to support a continuing downward trend in community transmission of COVID-19.

This concludes my opening statement.

Thank you.