

Joint Committee
on
Health

OPENING STATEMENT

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Introduction

Good morning Chairman and members.

Thank you for the invitation to meet with the Joint Committee on Health to update you on the cyber-attack on the HSE's IT systems, the rollout of the COVID-19 Vaccination programme and visiting at maternity hospitals.

I am joined today by my colleagues:

- Ms Anne O'Connor, Chief Operations Officer
- Dr Colm Henry, Chief Clinical Officer
- Mr Fran Thompson, Chief Information Officer
- Mr Damien McCallion, National Lead, COVID-19 Vaccination Programme

Chair and members, I would like to begin by thanking you for your support following the cyber-attack and for your patience and forbearance over the past weeks. We know you had been wanting to convene a session with the HSE for some time.

I would also like to thank the public for their support and to say that I regret the inconvenience and worry experienced by many arising from this deplorable incident.

Update – HSE IT systems cyber attack

On 14 May a human-operated 'Conti' ransomware attack was detected on our network. It severely disabled a number of systems and necessitated the complete shutdown of the HSE's network.

We have been working to recover systems ever since. The HSE response contains four stages:-

- A. **The Containment phase** – now completed.
- B. **The Inform phase** – also complete but the task ongoing. Daily and weekly briefings are being provided to multiple stakeholders.
- C. **The Assess Phase** – restoration of services and eradication of ransomware from the network – this phase is continuing.
- D. **Remedy** – Strengthening our network against future cyber-threats – this phase is continuing.

The restoration process, and the accompanying due diligence exercise is necessarily taking some time. Although we can effectively decrypt data, that is only one element. The malware must also be eradicated. Decryption takes much longer than the original encryption, and eradication involves additional tasks to ensure that the perpetrators have no access route back into our systems.

We have worked with specialist cyber-security firms and our application vendors to develop solutions to improve the efficiency of the decryption and eradication process, and this is showing dividends.

So far, we have 75% of our server estate decrypted, and 70% of our end-user devices are now available.

While the architecture of our network dictates a certain initial sequence to the restoration of services, the majority of our sequencing decisions are clinically informed. We are focusing our efforts on restoring the systems most critical to patient care in the first instance.

From a technical standpoint many systems are now operational again, but restoring interoperability between systems and sites is ongoing, and this continues to impact on service delivery.

Characteristically, our staff across the country have worked extremely hard to keep services going in the face of the enormous challenges presented by the cyber-attack and ensuing shutdown. They are doing this a time where our health system is experiencing very high demand for services. I want to especially thank staff for their hard work and commitment to the delivery of services to the public at this time.

Our IT staff, supported by the Defence Forces and contracted IT experts have maintained a relentless schedule. This continues seven days a week.

Members, there is no underestimating the damage this cyber-attack has caused. There are financial costs certainly, but there will unfortunately be human costs as well.

I assure members, and the public, that we are doing everything possible to restore the systems. I must also caution that it will likely take months before systems are fully restored. Accordingly, I must ask the public for continued forbearance and understanding.

COVID-19 Vaccine Programme

I am pleased to say that the COVID-19 vaccination programme is making really good progress. We administered 340,000 vaccinations last week. GPs have administered close on 1.5m vaccines. Our other vaccination channels (community-based vaccination teams, acute hospitals, ambulance, and community pharmacies) are also functioning very effectively indeed.

- We have 39 vaccination centres in place;
- Over 3.6 million vaccines have been administered;
- Over 2.3 million people have now received the first dose (or single dose) of their vaccine and over 1.3 million have received their second dose or single dose.

Our key objective in prioritising vaccine cohorts is to protect the most vulnerable. It is apparent, given the major fall-off in hospitalisations and in mortality that we are achieving this.

Maternity Hospital Visits

Members, I think that it is probably accepted by everyone that the health and well-being of mothers and babies has been at the heart of maternity visiting restrictions, which I accept are a huge burden.

Hospitals must however apply infection prevention and control (IPC) measures in a manner appropriate to the physical infrastructure they have. We have provided guidance on partner access as follows:

- Maternity services should facilitate a minimum 30-minute visit daily.
- The partner should be facilitated during labour while the woman is on the labour ward. It may not be possible to facilitate women in multi-occupancy antenatal wards before they go to the labour ward.
- Partners should be facilitated at the anomaly scan, or any other visit that may involve communication of emotional significance.
- Parents should be facilitated in the Neonatal Intensive Care Unit (NICU).

Given the improved COVID-19 situation we have recently asked all maternity hospitals and units to review their approach again.

This week the National Women and Infants Health Programme is meeting with the Clinical Leads in the six maternity networks this week. Subject to infrastructure limitations, I am confident that the least restrictive approach possible will be adopted.

This concludes my Opening Statement.

Thank you.