

Joint Committee on Health

OPENING STATEMENT

Stephen Mulvany
Chief Executive Officer
17th January 2023



Introduction

Good morning Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss the current challenges facing public hospitals. I am joined by my colleagues:

- Mr. Damien McCallion, Chief Operations Officer
- Dr Colm Henry, Chief Clinical Officer

I am also joined online by my colleagues:

- Ms. Mary Day, National Director Acute Operations
- Ms. Yvonne O'Neill, National Director Community Operations
- Mr. Joe Ryan, National Director Operational Performance and Integration

This winter has been and continues to be a particularly challenging period for our entire healthcare system, both in our acute hospitals and across our primary and social care services. This is a situation that is being experienced by almost all health systems in Western Europe. Attendances and admissions at emergency departments (EDs) across the country have been higher in 2022 than ever before. Levels of infectious respiratory diseases are at exceptional, with sustained peaks when compared to the past 5 seasons.

All health and social care professionals across the entire health system have responded to this sustained pressure and have acted to mitigate the impact on patients and service users. It is important to recognise this enormous effort and professionalism of our staff in what are extremely difficult circumstances. On behalf of the HSE, I would like to thank all of our staff and our colleagues in the wider health system for their continued work and dedication.

The Epidemiological Situation

Influenza is already at levels that make this an exceptional season when compared to previous years. RSV continues to be challenging and, along with influenza, is placing significant pressure on General Practice and hospitals. In addition to this, COVID-19 levels have been higher in recent weeks.

The Operational Impact

There are significant pressures on the system generally, particularly on the parts of it most impacted by the very significant level of respiratory viruses. This includes General Practice. This winter GP Out of Hours services are seeing nearly 39,000 patients a week on average.

Attendance at EDs for the full year 2022 were up by 14.8% over 2021. Across the winter months these attendance levels reached the highest ever recorded by the HSE at over 31,000 attendances in Week 44.

Admissions from ED were also up across all age cohorts in 2022 with an increase of 11.2% over 2021 levels, and importantly, the level of increase of admissions of patients over 75 years was 15% in 2022. Patients over 75 years old present to ED more acutely unwell and stay on average twice as long in hospital as patients from younger age groups.

The impact on our EDs has resulted in increasing numbers of patients waiting on trolleys for admission to a bed, to a daily high of 772 patients awaiting admission on trolleys on Tuesday 3rd January.

National Ambulance Service demand has increased by 15% between January 2022 and November 2022. Over the last two weeks, there have been 9 days where NAS received more than 2,000 calls a day, which represents a new record high.

While every effort is made to minimise the impact of winter season factors on our patients' experience, the combination of the baseline increase in activity across the year and the severity of respiratory viruses this Winter, has resulted in increased numbers of patients waiting on trolleys and in surge facilities for longer periods. The HSE regrets that this has been the case. Our staff do not believe this is acceptable and neither do we.

The HSE Response

We have previously briefed this Committee on the Winter Plan measures which remain in place. The current epidemiological situation surpassed the most pessimistic modelling and in response to the increasing pressure on the system, I convened the National Crisis Management Team (NCMT) on the 22nd of December. The purpose of this team, working in coordination with the Integrated Operations Winter Oversight Group, is to ensure that all measures are being taken alleviate pressure and manage patient risk as effectively as possible. There continues to be regular meetings of the National Crisis Management Team and the Winter Oversight Group to analyse current performance, aid decision-making and facilitate rapid implementation of actions.

Escalation actions and arrangements include;

- Additional 7-day working across both acute and community services since the 5th of January. Such arrangements include additional staffing support for patient flow, additional rostering of senior decision-makers, increased access to acute and community diagnostics and therapies and increased availability of community staff to enable discharging and admission to community beds.
- Through agreement with the IMO, participating General Practitioners have extended their clinic hours by up to 8 hours per week per GP.

- Enhanced funding has been provided to GP Out of Hours services to enable them to roster additional GPs.
- The National Ambulance Service has engaged private capacity and voluntary ambulance services to support hospital discharges.
- Community First Responder Schemes are responding to elderly patients and doing welfare checks on patients waiting for emergency ambulances.
- NAS has also put in place Hospital Liaison Personnel to expedite turnarounds and coordinate care handovers.
- 180 beds have been accessed from Private Hospitals. Liaison is ongoing with private hospitals to secure additional private capacity and ensure that all available contracted private beds are utilised.
- Available nursing home capacity continues to be identified and aligned with hospital need.
- Ongoing regular and significant engagements continue with key internal and external stakeholders, with the staff organisations and unions, Private Hospitals Association (PHA), Nursing Homes Ireland (NHI), private and voluntary Home Care providers, the Health Information and Quality Authority (HIQA) and General Practitioners (GPs).
- Members of the National Management Team are continuing to visit acute sites across the country. The purpose of these visits are to:
 1. Listen and observe the experience on the ground
 2. Offer visible support to local staff

3. Assist with problem solving those issues that can be resolved at a national level.

The effectiveness of the existing Winter Plan measures previously discussed with members of the Committee and these escalation actions continue to be monitored and evaluated to inform lessons learned and the ongoing responses.

Variation in ED performance can, in many cases, be explained by variation in demand and complexity. As with every health service, significant systemic improvements are also required in processes, clinical pathways and whole system integrated working – this will directly benefit patient safety and care.

Thanks to the significant efforts of our teams on the ground, supported by the measures outlined above, there has been a substantial improvement in the situation over the past week, with a significant decrease in the numbers of patients on a trolley awaiting a hospital bed. We continue to work to drive these numbers down further, in a safe and sustained way.

While we will have to put all of our energy into managing the current crisis for the coming weeks, we have agreed that we will be keeping track of what has worked well and considering lessons learned from this period to factor into future planning - that will commence as soon as we are over the worst, both planning for next winter and for the longer term

Alongside a review of capacity being conducted by the Department, the HSE will bring forward in 2023 a three-year unscheduled care improvement plan combining process improvement, expedited infrastructural investment and learning from sites performing well.

This concludes my Opening Statement.

Thank you.