

Joint Committee on Health

OPENING STATEMENT

Bernard Gloster
Chief Executive Officer
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Introduction:

Good morning, Chairman, and members of the Committee. Thank you for the invitation to meet with the Joint Committee on Health and for the opportunity to outline my priorities having taken up the position of Chief Executive Officer of the HSE two weeks ago.

At the outset I want to record my thanks to the many stakeholders in our Health and Social Services space for the very warm welcome of my appointment to this role, one which I was very privileged to have been nominated to following an open public competitive process. I want to extend my thanks to Stephen Mulvany. He has been interim CEO of the HSE for the past five months and his efforts in one of the most pressured times for our hospital and community services deserves recognition.

I am conscious that in coming to this role there are many challenges however there is also a significant improvement recorded over recent years in the overall health of the population. Reduction in mortality rates (including mortality for cardiovascular disease, respiratory disease and cancer) and gains in life expectancy are important markers of the improvement in population health and underline the importance of the services that are in place to promote and protect their wellbeing, as well as services that treat people when they are ill. Overall, there are more people in Ireland, and we are living longer lives than before. The life expectancy of the Irish population has made the strongest gains among western European countries and is now above the EU-27 average. In 2021, life expectancy was 84.4 years for women and 80.8 years for men in Ireland, increases of 1.4 years and 2.2 years respectively in the last decade, compared with increases of 0.1 years and 0.5 years for EU-27 in the same period.

Gains in life expectancy have been driven by sharp reductions in mortality from major diseases. The leading causes of death in Ireland include circulatory system diseases (like stroke and heart attack due to ischaemic heart disease), cancer and respiratory system disease; in the last decade the age-standardised mortality from these causes of death have reduced by 33.5%, 18.2% and 33.4% respectively. Infant mortality rates are low in Ireland as in most European Union (EU) countries and fell by 14.3% in the last decade to 3.0 deaths per 1,000 live births in 2020.

I also want to recognise that I come to the HSE at a time when all our staff have been through several years of additional and demanding periods, brought about by the need to respond to a pandemic, cope with a cyber-attack and work through one of the most challenging winters on record for health services. The success of our combined Community, Acute and Public Health teams in mitigating the impact for so many cannot be understated. This bringing together of large parts of the workforce in crisis times, as was evidenced in the response to the recent fire at Wexford Hospital, is pointer to what can be achieved in that same integration in 'normal' times.

It is an enormous privilege to have been appointed to this position. The confidence of and mandate from the Board of the HSE, the Minister, the Secretary General and the Department is very reassuring as I now begin to provide the management and leadership for a period of extensive change and improvement for the HSE.

My Professional Background:

I come to this role as an experienced senior public servant having accumulated more than 34 years of service, from front line to CEO, in the Irish public health and social care system.

Most recently I have been the Chief Executive Officer of the Child & Family Agency (Tusla), an organisation coming through progressive reform and growth. I value my experience there in my approach to the role I have now taken up.

I am a former Social Care worker professionally trained in that discipline and I hold master's Degrees in both Business Administration and Management Practice. In my various roles I have worked in and/or managed every operational part of the statutory healthcare service including both Community and Acute operations. I have held local, regional, and national roles. I bring significant regional experience at a time of restructuring of the HSE aimed at giving effect to a more decentralised model of decision making.

The Policy & Organisation Context:

This 18-year-old organisation has been through several iterations of change be that in policy or structure. It is the summation of and learning from that history, the potential of an enormously dedicated workforce and the overarching guidance of strong Government policy that creates the opportunity to make substantial improvements.

A clear understanding of the guiding policy context for the HSE over the next period, is in the combination of;

- The Programme for Government (Universal Healthcare).
- Sláintecare (Report and subsequent Action Plan)
- The priorities of the Minister set out in his various direction to the HSE (National Service Plans, Corporate Plan, and item specific Plans)

Arising from this the Minister has emphasised and set a number of issues to be prioritised in 2023, most notably improvements in direct experience of the public in;

- Access
- Urgent Care

These come in addition to the critical focus on Outcomes, Affordability, Capacity and Effectiveness in care delivery.

My Early Assessment:

Against this backdrop and my own assessment of the current state of play I have highlighted three headline challenges which I intend responding to in my tenure as CEO.

- Access and Performance
- Timely Implementation
- Public Confidence.

The organisation requires attention and significant step change on several fronts in responding to these challenges. The organisation has many dedicated and talented people across all disciplines.

It is however important to accept that while responding to many issues over the years it is an organisation that has become a top-heavy structure with many cumbersome processes. The opportunities presented by Sláintecare and PFG priorities will assist in tackling some of these issues. Structure itself however is not an answer on its own.

While there are well evidenced capacity and demand issues to be addressed and there are good plans to do so, there are also process issues to be improved and with decisive management and leadership these can and will be tackled ahead of any structure changes.

I will, with the Board, be positioning all changes in an integrated framework focused on;

- Care
- Culture
- Governance

If we do not pursue changes in all three together, we will have completely missed the opportunity to be the best health and social care service we can be for the people we serve. While there is enormous good to report in and about our services, I do not accept that as we work through 2023 with a budget of €21.6bn revenue and a workforce heading for 142,000 WTE that we are yet near to being that best we can be right now. The well documented experiences of the public and our frontline staff must be enough of motivation for that position to improve.

Early Priorities:

It would be impossible within the scope of this statement to list all areas of focus and therefore I have grouped some together, noting the exclusion of any part of the service here does not reduce its value and importance to me as CEO.

This Committee in its work on Sláintecare progress and updates will be familiar with the many components of the current action plans. All of those can be taken as read in being central to my future work and I am currently being briefed on the detail of each part. Amongst these requiring attention in pace of progress are;

- Elective Care Reform.
- E Health/Digital Health.
- Regional and Centre Structures.
- Enhanced Community Care and Care Pathways
- Consultant Contract
- Waiting List Plans
- Adding Capacity (staff and infrastructure)

Ahead of the RHA proposed changes I have taken direct management responsibility for the HSE part of this change and to ensure we do not wait for that alone I have also introduced some interim significant management change processes to take effect in April.

I am conscious that the HSE has a brief far beyond the projects listed in the Sláintecare programme and in this regard both the PFG and my own assessment of issues requires that I also emphasise and devote attention to some specific services. I specifically want to refer to the following;

- Women's Healthcare
- Mental Health
- Disability Services
- Care of Older People

Care measured against regulatory and best practice standards for people in these groups must be the priority in any improvement plans. The HSE cannot in its social care system allow for any avoidable delay in responding to access or quality of service or safeguarding issues for people who experience vulnerability.

Conclusion:

In a post crisis period, there is little doubt as to the many challenges faced by the public in how they experience health and social care services from the state through the HSE. With those challenges are also many opportunities. Strong and robust plans are there, and it is the implementation of those that the HSE must remain focused on and look for every opportunity to shorten the timeline for the benefit to accrue for the public. That is where my time as CEO will be directed to, and I look forward to working with and updating this Committee over the next period.

This concludes my Opening Statement. Thank you.