

Joint Committee on Health

OPENING STATEMENT

Bernard Gloster
Chief Executive Officer
22th November 2023



Good morning Chairman and members. Thank you for the invitation to meet with the Joint Committee on Health to discuss the preparedness of the healthcare system for the expected seasonal increase in respiratory and other illnesses this winter. I am joined by my colleagues:

- Dr Colm Henry, Chief Clinical Officer
- Ms Mary Day, National Director, Acute Operations
- Mr Joe Ryan, National Director, Operational Performance and Integration
- Ms Sandra Broderick, Assistant National Director for Older Persons Services

I am supported by senior colleagues, Mr. Ray Mitchell and Ms. Sara Maxwell.

When I took up post and first attended this Committee in March this year I indicated my intention, with the agreement of the Minister, to move away from the annual cycle of Winter plans. In this context the HSE prepared and has commenced an 'in-year' Unscheduled Care management plan which will run for the coming period. In addition, a more sustainable three-year plan has been drafted and I anticipate its approval as we approach 2024. Both plans are based on four points of emphasis which I have directed all HSE services towards in recent months.

1. Avoidance Operations – *This is heavily led by Community services in conjunction with hospitals.*
2. ED Operations – *This is led within ED Departments aimed at maximising the flow at that point of the patient journey and also the experience of people while waiting admission.*
3. In Hospital Operations – *This is the point of focus on all aspects of processes within hospitals to ensure that decisions regarding patient care are made in the timeliest fashion and also the mechanisms are there to give effect to those decisions e.g. Diagnostics.*

4. Discharge Operations – *This is again predominantly the function of Community and Primary Care services working with hospitals to reduce the length of time a patient spends in hospital after their acute phase of care has been determined as concluded.*

There is little doubt that as we face this coming period, trolley waits and pressures will be a feature of our services and the focus of the HSE is to ensure that these are not only to the minimum extent possible but also that there is a pathway to continuous improvement. I want to repeat our sincere regret to any person who has a bad experience while waiting to access our services including those who have to wait in Emergency Departments beyond an acceptable timeframe. I particularly want to recognise older people and those who find themselves in vulnerable situations and to restate our commitment that their care and comfort will be a priority even when some waiting is unavoidable.

Some recent information helps to contextualise the position.

- Year on year trolley waits have dropped by an average of 21 per day or 6.5% and while recognising some individual site variations and challenges this is to be welcomed. More focused counting methodologies will assist in a detailed understanding of the position.
- In recent months Delayed Transfers of Care (DTOC) has moved from an early year challenge of 600 to 550 and in the past month improved further to 474. Again, more focused counting methodology will assist here in understanding the problems and informing responses.
- Year on Year over 75-year breaches (9hr) have decreased on average by 15 per day, reflecting a 25% improvement and work is now focused on maintain substantial reductions in both the 24hr and 9hr breaches.

- Attendances remain on a par with last year but within these numbers a greater number of patients have been admitted, resulting in 40 more patients per day needing an acute bed or a 4.4% increase year on year. Improvements therefore in trolley wait and DTOC are of particular significance in this context.

I want to assure Committee members and the public of a full system wide management and clinical leadership hands-on approach to exploiting every opportunity to respond to the public need, particularly as it manifests itself in our ED context.

I am aware of recent commentary in respect of communications regarding discharge and options for people for whom it has already been decided that alternative care is a requirement. It is regrettable that some of the narrative has emerged particularly for older people and their families, when it is abundantly clear that the measures are appropriate, sensitive and most importantly a response to patient safety issues. There is a clear and unambiguous connection between DTOC and the pressures in ED in several hospitals. It is of course accepted there are also other contributory factors.

I have made it a clear priority of this year's focus that older and more frail people are to be the most urgent focus of all of our services, including where necessary their care experience while in ED awaiting admission. There is no doubt we can do better and recent indications are proof of this.

We have and continue to have significant support from the Minister and his Department and I am satisfied this will continue into 2024.

I previously advised the Committee of a new framework for Private Hospital use and despite much criticism at the time this has been well responded to. This will be used appropriately in the weeks ahead.

I have advices from the Chief Clinical Officer in respect of RSV, seasonal Influenza and Covid-19 all of which continue to be monitored and feature in our plans, which are adjustable to the circumstances to the greatest degree possible.

Communication with the public on options for care and also regular proactive reporting on the patient flow data (Trolleys, DTOC) will feature more strongly in the coming weeks and months.

In conclusion Chair I want to thank our staff across the entire HSE and funded agencies who participate in our response to Unscheduled and Emergency Care pressures and challenges. There is little doubt that their flexibility and innovation contributes significantly to our response.

I want to thank the public for their ongoing co-operation with measures and advices and I urge all relevant groups to please take up the option of Flu and Covid-19 vaccinations and boosters as a means of protection for all.

This concludes my Opening Statement.

Thank you.