

Special Committee
on
COVID-19 Response

OPENING STATEMENT

Paul Reid
Chief Executive Officer

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Introduction

Good morning Chairman and members. Thank you for the invitation to meet with the Special Committee on Covid-19. I am joined by my colleagues:

- Ms Anne O'Connor, Chief Operations Officer;
- Dr Colm Henry, Chief Clinical Officer.

I am aware that the Special Committee wishes to discuss three matters: testing & tracing, congregated settings and the reopening of the economy. The first two items are specifically of relevance to the HSE, which I will refer to in more detail. However, I would like to make the following brief opening remarks regarding our response to the crisis before addressing these matters.

Members, you will already be aware that the Health Services has faced the worst pandemic in living memory. Since we became aware of this pandemic the HSE has worked tirelessly to build our defences to protect the public from this potentially deadly virus.

My first message today is that while we have collectively managed to significantly reduce the transmission rate of COVID-19, the HSE remains resolute in its work to combat the virus. However, we are still dealing with the virus and its potential impacts as we are here today, and we will be contending with COVID-19 for some considerable time to come.

Working with the Board of the HSE, my primary focus as CEO is to continue the good work that has been completed to date in dealing with the impact of the virus and to ensure that we prepare for future potential surges. The public should accept nothing less.

It is important to cast our minds back to late February / early March 2020 and recall the worrying scenes that we witnessed from Italy and other countries where their hospitals and ICUs were overwhelmed. These dreadful scenes generated understandable fear amongst the public and our own healthcare workers.

At that time, our greatest fear, based on the evolving experience of COVID-19 internationally, was that there would be unrestrained community transmission of the virus leading to a sudden spike in illness in the population and an overwhelmed hospital system. We were challenged, in a very limited timeframe, to mobilise and ready our health system to withstand these scenarios, mitigated by the measures put in place by Government.

Our response has been overseen by the Board of the HSE and our National Crisis Management Team (NCMT). I convened the NCMT on Sunday 26 January 2020, and we met for the first time on Monday 27 January 2020. Since that time the NCMT has met at least twice weekly, and on 35 occasions in total to date.

The NCMT is a strategic level leadership team, which I chair as CEO of the HSE. It includes all members of my Executive Management Team, as well as clinical experts in the areas of public health medicine, infection control, acute and community operations, procurement, estates, human resources, finance and communications. The recommendations and the actions of the National Public Health Emergency Team (NPHE) are addressed and monitored through the NCMT.

From the beginning, the NCMT identified a number of key areas of priority including public health, acute hospitals, primary and community care, nursing homes, ambulance, occupational health and procurement with a focus on PPE and ventilators. These processes are overseen by the Chief Operations Officer and the Chief Clinical Officer.

Having worked for 30 years in the private sector and for now 9 years in the public service, I have never seen such significant and important change undertaken and implemented by so many dedicated people, in such a short timeframe. Indeed, I am extremely proud of how the healthcare system has responded in such difficult and worrying circumstances. I would like to pay particular tribute to our frontline workers. I also want to recognise the contribution of the voluntary sector and many within the private healthcare sector, who have collaborated with us in the national effort.

In all that has happened over the past two months we can quickly overlook the extent of what has been achieved, but I will mention just a few initiatives:

- Strengthened our ICU capacity from a base of 225 beds to an operable capacity of over 400 beds, through to the implementation of a surge plan and the training of staff;
- Doubling our ventilated bed capacity, by bringing the total number of ventilators available from 1100 to 2200 in a globally competitive market;
- Increasing our available bed capacity by 6,000, including an agreement with the Private Hospital Groups;

- Securing a large and sustainable supply line for a range of PPE and other equipment in a highly volatile global market; this has been achieved in no small part thanks to the global reach of the IDA and with the support from the Irish Diplomatic Service under the auspices of the Department of Foreign Affairs and Trade;
- Agreement with 3,500 GPs and with the assistance of the ICGP, the development of new and safe pathways of clinical care, including the development of 29 community assessment hubs;
- Worked with GPs through new testing pathways as the case definition of COVID-19 changed;
- The mobilisation of our National Ambulance Service in a whole new way;
- Putting in place 47 swab testing centres;
- Moving from one laboratory in the NVRL to 41 laboratories now involved in testing;
- 1,800 staff trained in contact tracing;
- Providing a wide range of supports to Long Term Residential Care Facilities and the testing of staff and residents in these locations;
- We have put in place innovative outreach supports for an array of vulnerable groups for example homeless people and the Roma community;
- Implementing innovative telehealth solutions to protect staff and the public.

This has all been achieved through the tremendous dedication of staff in the HSE and the wide range of healthcare stakeholders that we work with.

Our front-line workers have pioneered these new ways of working, by showing an agility and a resilience that has been truly extraordinary.

Many lives have been saved because of their skill, innovation and commitment. I am however deeply conscious that many have lost their lives to COVID-19, including healthcare workers. I would like to again extend my sincere condolences to the families of our staff and all the families who lost loved ones.

I turn now to the specific matters referred to by the Committee.

1. Testing and Tracing

The mobilisation to test and trace as part of our public health response has been an extraordinary challenge. Some countries have not remained as committed to this difficult and challenging task. However, we have remained resilient and committed to this key process. Along with mobilising to the extent as referenced earlier, we have now successfully addressed many of our earlier challenges including the availability of reagents, testing kits and swabs in a highly volatile global market.

Last week, we published our change management plan to give us the capacity to process 100,000 tests per week. This involved securing 41 laboratories now for COVID testing, the availability of 47 swabbing centres and the deployment of new systems, process and supports to improve automation and turnaround times. Along with the increased capacity we have also just recently introduced the following:

- A GP service called “Find my Test” went live on Thursday 14th May;

- 14-day Active Management of contacts of a confirmed case;
- Automatic texting of negatives, speeding up receipt of this result;
- Automatic testing for contacts of a confirmed case;
- Automated scheduling of appointments to reduce wait times;
- Automatic test referral for contacts of confirmed cases;
- Improved notification of complex cases to Public Health Departments;
- An IT solution to automate results data between the NVRL and the Case Tracker Customer Relationship Management (CRM) thereby enhancing turnaround times by as much as 24 hours.

In summary, I am pleased to report significant progress to the Committee as follows:

- Today we are in a position to conduct over 100,000 tests per week across our swabbing, laboratory and contact tracing infrastructure (the “end-to-end” process);
- Appointments for swabbing are now available on the same or next day;
- Our testing capacity now exceeds the present demand.

Our focus now is to significantly improve the end-to-end turnaround times. We have committed to an average turnaround time from swabbing to test result notification of two days or less, and we have also set ourselves the target of achieving a turnaround time of 3 days from point of referral to completion of contact tracing in 90% of cases.

In parallel, the HSE's ICT team and the Office of the Government Chief Information Officer are in the final stages of the development of a mobile application to augment the available contact tracing team of over 1,800 people.

2. Congregated Settings

The outbreak of COVID-19 in long-term residential settings can have a significant impact on vulnerable residents. The frail elderly are especially at risk and this is compounded by the fact that older people sometimes do not present with the usual symptoms associated with COVID-19.

There are 577 nursing homes throughout Ireland, the vast majority of which are private entities. In response to outbreaks within the sector, the HSE launched a mass testing programme for nursing homes and has tested 42,380 individuals comprising staff and residents.

The HSE has now also completed mass testing across the 372 mental health residential service locations, and is well advanced in completing mass testing in our 1269 residential care facilities for people with disabilities.

I am pleased to say that the number of outbreaks within long term residential settings is falling. Last week, 33 outbreaks were notified to us, whereas in the previous week the figure was 42.

We are also providing unprecedented levels of support to long-term residential care settings. Engagement on COVID-19 has been occurring between the HSE and these settings since January 2020. Our 23 community response teams continue to work with nursing homes on an ongoing basis. We continue to provide a wide range of supports including the following:

- public health expertise;

- infection and prevention control staff;
- direct access to multidisciplinary supports, including consultant geriatricians and palliative care;
- redeployment of staff;
- PPE supplies.

The private nursing home sector is also receiving substantial additional supports through the Temporary Assistance Payment Scheme, which is administered by the HSE, and allows nursing homes to apply for an additional payment to meet costs incurred as a result of the COVID-19 pandemic.

We are continuing to provide public health and infection prevention and control support to direct provision services, homeless services, workplaces, (including meat processing plants) and other congregated settings, coordinated through specialist outbreak control teams.

3. Reopening the Economy

Decisions regarding the reopening of the economy are a matter for the Government, which has laid out its roadmap for lifting the restrictions imposed on society, health services and businesses since 12 March 2020. The Government has made it clear that the roadmap will be informed by the advice of the NPHET.

I am happy to address any questions that the Committee wishes to ask in relation to the HSE's contribution to reopening the economy.

Concluding points

In conclusion I would like to say that that the entire health system has risen to meet many of the unpredictable challenges of COVID-19. I would like to pay tribute to every member of staff for their professionalism, dedication and commitment and to their families who are supporting them. I would also like to thank the public for their tremendous support to date and for what they have sacrificed. I again urge everyone to continue to support our frontline staff by following the public health advice to prevent the spread of the virus.

It is really important that we all understand that we are still very much in the midst of this pandemic crisis. We are not at the end of it by a long stretch. And we continue to manage this crisis across several fronts, not least of which is the enormous additional cost associated with this pandemic.

Thank you