

## **CEO Report 8<sup>th</sup> July 2010**

### **1.0 Emerging Issue**

#### **NCHD Update**

As of 29<sup>th</sup> June 2010, approximately 270 of 4,638 Non Consultant Hospital Doctor (NCHD) posts are vacant. This represents 5.8% of the NCHD complement and an increase of 120 on the 150 NCHD vacancies the health service has operated under since 1<sup>st</sup> January.

While this vacancy level may reduce as NCHDs are offered contracts over the coming days, at least 240 posts will remain vacant as of 1<sup>st</sup> July.

Vacancies are disproportionately located in small to medium-size hospitals in non-training posts and concentrated in six areas - Emergency Medicine, Anaesthesia, General Surgery, Orthopaedic Surgery, General Medicine and Paediatrics. In those hospitals experiencing NCHD staffing difficulties, this represents significant and unprecedented vacancy rates in certain specialties and sub-specialties. The most significant area impacted is in the North East with the closure of emergency medicine in Dundalk and the movement of services to Drogheda

The key measures taken by the HSE can be summarised as follows:

- Introduction of revised visa and employment arrangements – the HSE has negotiated changes in the requirements for Non-EEA NCHDs to allow 24 month period of employment without the need for an employment permit;
- Sourcing NCHDs from outside Ireland to fill non-training service posts – the HSE has initiated an international recruitment process (Section 3 below refers);
- Offering longer periods of employment for non-training posts – the HSE is offering contracts in excess of 6 months for certain non-training posts;
- Resolving registration issues – ensuring that there are no additional factors contributing to the speed of registration and processing of applications for registration by Medical Council.
- Ensuring service reconfiguration is aligned with changes in the NCHD workforce – including changes to ED opening times, ambulance bypass and management of acute admissions.

As of 30<sup>th</sup> June, despite a comprehensive international recruitment process, only approximately 15 additional NCHDs have been confirmed as accepting contracts from 1<sup>st</sup> July onwards. Hospitals have also obtained short-term locums for periods of 1 – 4 weeks in a number of critical settings. Once these contracts terminate the vacancy issue is likely to re-emerge in these hospitals.

### **1.2 Update on Childcare issues**

#### **1.2.1 Health Amendment Bill (2010)**

The Health Amendment Bill (2010) is expected to be signed into law shortly. Once signed by the President the principal impediments to the HSE handing over childcare files to the Minister and the Independent Review Group will have been removed.

#### **1.2.2 Foster Care Audit**

Following on from the national audit of foster care, national and regional plans are now complete and are being implemented in each Region. HIQA intend to publish reports on the inspection of foster care in Dublin North East in the coming weeks.

#### **1.2.3 Special Care and High Support**

A review of Special Care and High Support is being carried out to address critical capacity issues. The first part of this work is due to be completed in the week commencing the 5<sup>th</sup> July

2010. In addition proposals relating to the future model for children received into special care will be available in the middle of July.

### **1.3 Assessment of Financial Position**

The HSE is indicating a 1.6% variation from plan (€84m at the end of May 2010). Key items for noting include:

The four regions are €133m over budget. This is being offset by surpluses in other areas to bring the net figure to €84m.

Hospitals continue to be the biggest contributor to the year-to date overrun.

Comprehensive Break-Even Plans for each region were put in place at the start of this year and are beginning to demonstrate that traction is being made. With financial data now available, regional breakeven plans were the subject of significant review and progress monitoring by the National Director with the four RDOs and between the RDOs and their local managers in June. These plans are currently being augmented on the basis of the May financial data. All local managers are working on the implementation of these plans. The scale of the challenge is significant in all regions with Dublin North East and the West reporting the biggest year-to-date variance.

A particular and concerted focus is being placed on the West to deal with the financial challenges there. The financial review of six identified sites has been concluded and a programme of savings amounting to €88m has been identified and these cost saving measures are already being implemented. These will be accelerated in the third quarter. A Clinical Director has now been appointed to the Galway group of hospitals.

There are also a number of pressures impacting the budgetary position in each region. These include NCHD Agency costs required to ensure continuity of services during a period where NCHD numbers are falling, the cost of oncology drugs and the cost of children in care.

## **2.0 Stakeholder Engagement**

### **2.1 Oireachas engagement**

The next cabinet committee is to take place on 7<sup>th</sup> July 2010

### **2.2 Manne Berber Lecture**

I was invited to give the Manne Berber lecture at Trinity College recently. This lecture is given annually at the graduation ceremony of General Practice trainees. It was a useful opportunity to promote the development of team working in primary care with the young General Practitioners who are beginning their careers. It was obvious from other inputs on the night that there is major commitment on the part of General Practice trainers and their trainees to the new model of integrated care and to also accepting responsibility for providing more comprehensive services at a community level.

It was encouraging that there is very significant buy into the Transformation programme by groups such as this.

### **2.3 European Association for Children in Hospital**

The annual meeting of the above society took place recently in Dublin. Minister Harney spoke at the event. I also had the opportunity to speak on the issue of the development of the new childrens hospital and more importantly its design in a manner that allows it to provide services in a much more accessible way for children and their parents. There were representatives there from many countries across Europe and from North America.

## **3.0 Transformation**

### **3.1 Launch of new Medical Card Application Facility**

On the 11<sup>th</sup> June 2010 the PCRS launched a new online facility and Lo-call triage system that will significantly simplify the medical card application process. Since the launch, more than 2,127 online applications have been submitted. Online assessments are immediate, and for

eligible applicants, medical card delivery is within 15 days of receipt of the completed application pack. For those unable to apply online, assistance will continue to be available in Local Health Offices.

The lo-call system has handled over 29,500 calls and every call is answered. Callers can get information directly from the triage system or can select to be put through to an operator, with almost 84% of callers choosing to do so. Of the callers that select to speak to an operator over 80% are answered in less than 20 seconds, with an overall average answer time of 13 seconds.

### **3.2 Launch of new standardised Diabetes Control Measurement system HbA1c levels**

The Diabetes Expert Advisory Group (EAG) was established a number of years ago along with three other EAG's as part of the Transformation programme. It has produced several excellent documents on standardising the approach to care across the country for diabetes which is not only a major chronic disease in itself but also the biggest contributing factor to other major chronic diseases including heart disease, stroke and kidney failure. One of the projects stimulated by the Expert Advisory Group (EAG) was the establishment of a much more accurate standard for assessing chemically the degree to which diabetes is under control. Implementing this new standardised measurement has been a major challenge in many developed countries. As a result of a national project led by Ned Barrett, a clinical biochemist with major inputs from all across the HSE and voluntary sector ranging from Project Management to Procurement to Diabetic Nurses Ireland has now gone live on 1<sup>st</sup> July with this new method of measurement. The importance of this clinically cannot be overestimated in terms of tracking accurately the effectiveness of our diabetic services in controlling blood sugar levels which is critical in terms of reducing the complications associated with this condition. At the launch the project team were very clear in their associating this project with the overall transformation programme and the fact the it would have been extremely difficult to deliver without a national transformation agenda.

### **4.0 Monthly Performance Report**

The monthly performance report this month shows financial and human resource (HR) activity for the first five months of the year. This is the first visibility we have had of the HR data and builds on the finance data from last week. We are still unable to determine if we are in compliance with the Service Plan as we need access to activity data. We hope to have this for the next Board meeting.



**Professor Brendan Drumm**  
**Chief Executive Officer**  
**8<sup>th</sup> July 2010**