CEO Report
8th April 2010

1.0 Emerging Issues

1.1 Update on Industrial Relations

As part of the wider public sector agreement (concluded on 30th March 2010) the HSE agreed a Health Sector Transformation Agreement with the Trade Unions represented by Irish Congress of Trade Unions (ICTU).

In summary, the agreement allows for:

- Redeployment/reassignment across all service locations and the wider public service;
- Changes to structures;
- Multi disciplinary working and reporting arrangements;
- Introduction of Performance Systems for General Manager and its upwards equivalent;
- Introduction of Shared Services/Centralisation of functions.

The above will be implemented following normal consultation.

Specific matters which the agreement deals with are as follows:

- Extension of the working day 8 am to 8pm;
- Introduction of new rostering arrangements to support delivery of services;
- Delivery of service over 24/7 where required.

A business case will be required for each of the above three points and a number of formal consultations with the relevant Unions. There is provision for an adjudicator whose decision will be final. The adjudicator will only decide on matters of loss of pay and impact on personal circumstances.

1.2 Update on Radiology Task Force

I commissioned a review of the circumstances surrounding the accumulation of unreported radiological examinations and unopened out patient department (OPD) referral letters from General Practitioners in early March. Dr. Maurice Hayes agreed to act as Independent Chair of the review and the first meeting of his Steering Group took place on the 23rd March 2010 during which the Terms of Reference were finalised.

A Senior Management Group and a Working Subgroup were put in place to support the management of the incident.

These stood down on 22nd March and the Quality and Clinical Care Directorate and the Regional Director of Operations (RDO) are monitoring the situation.

The implications of this incident for other HSE hospitals and HSE funded hospitals is being reviewed by the Quality and Clinical Care Directorate and the Serious Incident Management Team.

Prior to this incident we had been working on putting in place a national programmatic approach for the delivery of radiology services across hospitals operated and funded by the HSE. Dr. Risteard O Laoide is leading this work.

2.0 Transformation

2.1 Visit to Waterford - Waterford General Hospital and Rowe Creavin Group Practice

I visited Waterford General Hospital on 29th March 2010. Our visit was to acknowledge the huge achievement of the hospital being the first to gain an overall green score in the HealthStat process.

Subsequently St James's Hospital, Dublin and Wexford Hospital have attained this status.

Waterford has the second largest Emergency Department (ED) in the country with 62,000 annual attendances. They continue to implement very innovative process changes both in terms of how they deal with both patients presenting acutely and also with patients requiring long term follow up. The management and clinicians in Waterford work very closely together in implementing process changes. An ED Triage system associated with medical assessment unit and now acute medical admission unit is an example of how all the stakeholders are having very significant changes in the way they work with a focus on improving services for their clients. They also developed stand alone multidisciplinary units in areas like care of the elderly and rheumatology. The care of the elderly programme guarantees access within 48 hours for urgent referrals from GPs and provides a multidisciplinary assessment to such referrals.

I also had the opportunity to visit a new primary care team, Rowe Creavin Practice. This is a state of the art facility developed within an historic convent structure. Most of the old structure has been retained in the redesign. The HSE multidisciplinary team will be working in close association with the practitioners in this very large practice.

The building is equipped with minor procedure rooms and other facilities. This will allow for the progressive increase in the amount of work at the moment being carried out in a hospital setting that could be carried out within this facility. The enthusiasm of the general practitioners and the HSE team involved under the leadership of Dr Mark Rowe is an example of how cities like this can provide exceptional care when there is visionary leadership.

2.2 Update on Integrated Services Programme (ISP)

The second stage of the ISP is almost completed. This will complete the re-organisation at national and regional level. Key issues at this point are:

- Agreement and implementation of the Regional Office structure;
- Completion of the analysis on the Quality and Risk structures at regional and local level;
- Finalising the various clinical director roles and mapping the impact of these other roles, such as nursing and management;
- Engagement with Voluntary Hospitals and HSE senior service managers in Dublin and surrounding areas on their catchment areas and structures;
- Definition of performance management process, tools and timelines at regional/ISA level.

A revised organisation chart that is reflective of these changes will be published shortly. It is anticipated that the recently agreed Public Sector Pay Agreement will facilitate progress on the implementation of the ISP in coming weeks and months.

3.0 Oireachtas Engagement

The Cabinet Committee on Health scheduled for 24th March was cancelled.

4.0 Monthly Performance Report

The industrial action by Impact members has meant that for a second successive month it has not been possible to provide Performance Report (February 2010). The necessary information required for the production of the report has for the most part not been made available. As discussed last month, the absence of this report obviously poses an issue of control for the organisation as we approach the first quarter. We have very unsatisfactory visibility of the performance of the organisation against the National Service Plan (NSP) 2010 and it is impossible for me to say whether service targets are being achieved or over delivered and the corresponding impact on the financial position. I have corresponded with the Department of Health and Children on this issue to make it aware of the difficulties this poses for me as Vote holder. The recent conclusion to the national pay talks is to be welcomed and if accepted by the Impact Trade Union, it is hoped that data flows will shortly be resumed. There will however be a lead in time before full data can be reinstated and it is therefore unlikely that a full Performance Report will be available in respect of March 2010 although some critical information such as finance should be available

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Addendum

National Paediatric Hospital Development Board (NPHDB)

The Minister for Health and Children established the NPHDB under a Statutory Instrument. Its governance structure is similar to that of St.James' Hospital and Beaumont Hospitals in that the Chairman of the NPHDB is ultimately accountable to the Minister for Health and Children.

A key difference is that the NPHDB has been established for the sole purpose of planning and building the new hospital. It is not the entity that will operate the hospital in the longer term.

Consistent with this, the NPHDB receives its public funding by way of capital grants claimed against costs incurred in line with overall project plan. The HSE is accountable for ensuring that these funds are appropriately disbursed as with any capital grants.

The lands at Eccles Street are in and will remain in the ownership of HSE. The NPHDB will be given a licence to build on the site on behalf of the HSE.

As outlined in Department of Finance's capital regulations, the NPHDB is the project co-ordinator. It is responsible for executing the project on time and in budget. The HSE is currently the sanctioning and sponsoring authority for the project. This latter role of sponsoring authority will transfer to the eventual hospital operational entity when the Minister establishes it. The NPHDB is required, under the Statutory Instrument that established it, to build to a design and within a cost approved by both the HSE and DoHC. In line with these responsibilities a Steering Group has been established with HSE, DoHC and NDFA membership. This group is required under the finance capital appraisal guidelines and is the forum through which the CEO of the NPHDB receives all approvals and sanctions required under the Statutory Instrument. It is this group that advises the HSE on a continuous basis with regards to the project and ultimately VFM.

The NPHDB has a CEO, CFO and Medical Director. Its executive support is supplied through the business services contract, previously before the HSE board.

The overall project budget remains €750m of which €450m will be by way of a capital grant from the HSE. The balance of the funding will come from philanthropy, private funding and other government bodies e.g. education.

The main contractual obligation (single design build contract) will be placed in Q2 2011. It is expected in Q2 2010 to procure the site preparation contract. This contract will be in excess of €10m and will be brought before HSE board for prior approval of capital grant.

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