

# CEO Report 11<sup>th</sup> February 2010

## 1.0 Transformation

### **1.1 Service Plan and Financial Performance**

#### **1.2 Update on Integrated Services Programme**

To progress with the implementation of the Integrated Services Programme and to strengthen the governance in the Mid West an integrated service area has been established. John O'Brien has been appointed as interim Integrated Services Area Manager. This key management position brings together the reconfiguration programme and the management of all services within a single delivery and operational structure. Dr Fergal Flynn has been assigned as acute care group manager. Discussions have started with the Local Health Managers regarding interim assignments to the ISA management team.

#### **1.3 Update on Primary Care Teams**

At the end of December 2009, there were 222 Primary Care Teams operating. Teams are "Operating" when holding clinical team meetings (CTMs), involving GPs and HSE staff. The number of teams that commenced in December are as follows:

- HSE West – 18 Primary Care Teams
- HSE South – 9 Primary Care Teams
- HSE DML – 6 Primary Care Teams
- HSE DNE – 3 Primary Care Teams

In addition to these 222 Teams, there are 30 Teams holding multi-disciplinary clinical meetings among HSE staff without GPs participating.

Approximately 185 Teams are 'in development'. The target to have a further 100 Teams 'in development' by the end of the year.

## 2.0 Emerging Issues

### **2.1 Emergency Department Waiting Times**

Comparing the overall number awaiting admission between 2010 and 2009 (except for the period 14<sup>th</sup> to 17<sup>th</sup> January) there was a decline in January 2010.

There were approximately 7,000 emergency admissions per week through emergency departments during the month of January.

The total numbers of patients awaiting admission during the 3<sup>rd</sup> Week of January was 968 in 2010 and 1,229 in 2009 (2pm figures). During this week the numbers waiting for admission > 24hrs was 102 (123 in 2009). Between 12 and 24 hrs 387 were waiting for admission (528 in 2009).

Of the 34 A&E departments difficulties during the past week are confined to Beaumont, the Mater and CUH (and to a lesser extent in Tallaght, Naas, Galway and Mayo).

Factors contributing to delayed admissions include;

- Norovirus outbreaks in a number of hospitals.
- Resumption of elective workloads following the Christmas break and the carryover from the poor weather conditions in early January
- Delayed discharges - the number in January 2010 was the highest since August 2009 (940 patients)
- Delays in processing applications under *A Fair Deal* scheme is adding to delayed discharges in areas where there is long stay capacity, including public long stay beds.

### Actions Undertaken

- Twice daily teleconferences convened by the National Director with each Regional Director and their support staff were established (morning and evening)
- Escalation plans were activated in each of the EDs under pressure
- Additional ward rounds were introduced and the use of admissions/discharge lounges emphasised
- The Quality and Clinical Care Directorate participated in the monitoring of activity and liaising with local Clinical Directors as necessary
- Patient transfer arrangements to avail of long stay beds were activated in each of the regions
- Elective surgery was reduced and day wards deployed in certain cases
- Further elective schedules were reviewed by clinical directors and resources redeployed as necessary.
- Escalation protocols in Beaumont and Cork were reviewed particularly regarding escalation trigger points
- Clinical directors in key pressure areas worked in teams regarding the transfer of patients between hospitals.

### Deferral of Electives

There were a total of 278 elective procedures deferred during week ended 23<sup>rd</sup> January as a result of the ED admissions. Assurances have been received that elective cancer, neurosurgery and transplant procedures are continuing as normal.

Normal data collection has seen disruption this week due to the work-to-rule and difficulties are being experienced from some hospitals - some have been delayed rather than refusing to submit data). However work-around arrangements is in place to collect by alternative means.

### **2.2 Industrial Relations**

The Health sector trade unions commenced a campaign of industrial action on 25<sup>th</sup> January 2010. This campaign includes the withdrawal of cooperation with transformation, such as redeployment and developments related to the Integrated Services Programme. Union members have also been instructed not to co-operate with management information financial reporting arrangements and processing of Parliamentary Questions and FOI requests. The actions in relation to financial reporting and activity data returns are critical for the organisation. If these are not resolved speedily, the HSE will not have data with which to control overall health expenditure, this could significantly affect the finances of the HSE and ultimately clinical services.

### **2.3 NCHD Contract**

Arising from the High Court Settlement Agreement of 28<sup>th</sup> April 2009, the IMO balloted on and accepted Labour Court Recommendation 19702 which provides for significant change to the NCHD Contract. Separately, the IMO sought to settle their High Court action against the HSE re: EWTD compliance. A Settlement Agreement was finalised on 22<sup>nd</sup> January 2010. It provides for a new NCHD Contract to take effect from 8<sup>th</sup> February – replacing and superseding all previous collective agreements. NCHD Contract 2010 incorporates the Labour Court Recommendations 19559 and 19702, provides for 5/7 working, an extended working day, employment based on training status, centralisation of training funds rather than provision of a training grant, abolition of certain allowances and the requirements of the Medical Practitioners Act 2007. Separately the Settlement Agreement provides for a longer reference period for averaging NCHD hours, rostering of up to 24 hours on-site on-call and provision for calculation of time spent training as non-working time for EWTD purposes. The Settlement Agreement also includes a provision that the IMO will not take legal action regarding EWTD compliance against the HSE for two years.

## **2.4 Update on National Finance and Procurement Solution \_**

Following discussions between the Department of Health and Children and the HSE, the HSE was requested to submit a document which outlined its proposed approach to the procurement of the National Finance & Procurement Solution (NFPS).

The ICT Directorate submitted this document on 10<sup>th</sup> September 2009. The document was agreed with the Finance and Procurement Directorates prior to its submission.

At an ICT planning/review meeting held 2<sup>nd</sup> October 2009, officials from the Department of Health and Children advised the National Director of ICT that the HSE's document which outlined the approach to the procurement of the NFPS has been sent to the Department of Finance (CMOD) for its approval.

A summary document was requested by the Department of Health and Children to submit to the Department of Finance on the 15<sup>th</sup> November 2009. A meeting was arranged between officials from the Department of Health and Children and the National Directors of Finance, ICT and Commercial and Support Services on the 23<sup>rd</sup> November to discuss and approve the summary document prior to submission to the Department of Finance.

The Department of Health agreed to request an early meeting with the Department of Finance and the HSE to discuss the summary document once a small number of amendments were completed. The HSE submitted this updated summary document to the Department of Health and Children on 27<sup>th</sup> November 2009.

At a meeting between the Department of Health, the Department of Finance (CMOD) and the HSE on the 15<sup>th</sup> January 2010, CMOD approved the HSE's proposed approach for NFPS.

The HSE is to submit an updated Business Case to CMOD. CMOD will seek to have the project peer reviewed in line with the current sanction arrangements for large scale ICT projects. The HSE will also submit a functional specification for the software procurement.

## **2.5 H1N1 Influenza**

The rate of influenza like illness was 15.9 per 100,000 on 17<sup>th</sup> January 2010, a decrease compared to the updated rate the previous week's rate of 21.0 per 100,000. This rate is below the Irish baseline threshold. The total number of deaths remains at 22.

### **Immunisation Data**

Using data available from GPs and MVCs/Schools and doing a little extrapolation from PDMS to MVC daily activity data up to year end.

The following can be calculated

- We have given approximately 850,000 vaccines
- GPs have done at least 290,000 vaccinations
- The clinics have done 420,000 vaccinations
- We have vaccinated 70,000 in schools
- We have vaccinated around 48,500 HCWs
- We have vaccinated at least 45% of under 5s
- We have vaccinated at least 15.2% of 5-19s
- We have vaccinated at least 24.5% of over 64s
- We have vaccinated around 850,000 out of approximately 1,600,000 offered ( At Risk, under 5s, 64+, HCWs and a proportion of School aged children) a rate of around 50%
- We have vaccinated at least 19.5% of whole population
- Overall our vaccine coverage has been significantly higher than that of other European countries.

### General Public Sector

We have agreed with the DoHC that vaccines should be provided to major private sector employers, local government and other public bodies, third level and other educational establishments etc in order to allow them to vaccinate their own staff/students. We have asked that this proposal be raised at the Government Interdepartmental group and for them to estimate the numbers who can be vaccinated in these organisations.

### Immunity of the Population

The Pandemic Influenza Expert Group has advised that the critical level of immunity for the protection of the population against a further wave of swine flu is around 40%. In addition to the 19.5% of the population who have already been vaccinated:

- 5% of the population have had clinical infection
- An estimated further 5 to 10% have been infected sub clinically and would therefore be immune
- An estimated 3% of the population (almost all over 65) have immunity from past contact with a related flu virus.

Allowing for overlapping categories, therefore, we can estimate that around 30% -35% of the proportion of the population are immune. If we vaccinate another 600,000 or so, we would expect, on the basis of the P.I.E. to advise that the impact of another wave would be minimal.

We now know that the seasonal flu vaccine for 2010 / 2011 will incorporate the A/H1N1 Pandemic Virus but this will not be available until September 2010.

### Future Response

The current vaccination programme should be continued until the end of March. Given the current rate of influenza like illness, it would be appropriate to stand down the National Crisis Management Team. The implementation of the remainder of the vaccination programme should be overseen by a small group led by Dr Pat Doorley, including RDO representatives and Dr Kevin Kelleher. Planning for a possible future wave of Pandemic Flu will be led by Mr Gavin Maguire. The National Crisis Management Team held a recent workshop to review the management of pandemic flu to date and views elicited from others involved in the response will be added to this to produce a report which will be presented to the Management Team.

### **Monthly Performance Report**

Attached with your papers is the Performance Monitoring Report for December 2009. The Key Performance Summary is presented on pages 1 to 4 for your consideration. Detailed information is contained within the body of the report.



**Professor Brendan Drumm**  
**Chief Executive Officer**  
**11<sup>th</sup> February 2010**