TACKLING HOSPITAL WAITING LISTS

Sinn Féin

PRIORITY RECOMMENDATIONS

- Secure and baseline all additional beds and staff brought on to tackle the pandemic,
- Deliver 729 new acute beds this year, including 600 over and above Government funding through rapid build modular units, to reduce hospital occupancy rates to safe levels and deliver catch-up care,
- Deliver 60 new critical care beds this year including 26 funded but not delivered and 34 additional critical care beds,
- Hire an additional 4,400 acute services staff this year to open and staff more beds,
- Hire 8,200 community services staff, including 2,400 primary care staff, to deliver enhanced community services,
- Retain all 300 medical intern places added to tackle the pandemic workload,
- Deliver the remaining 684 community and rehabilitation beds and prioritise more public beds through an additional €50m allocation,
- Inject €25m this year and €75m next year for a healthcare modernisation fund to speed up replacement of legacy equipment, upgrade cybersecurity, and deliver eHealth systems such as unique patient identifiers,
- Inject €50m this year and €100m next year for a theatre expansion and equipment fund,
- Invest €20m in the National Cancer Strategy,
- Invest €10m in expanding cancer screening services,
- Fill 600 new consultant posts prioritising urgent treatment areas such as cancer care, paediatric specialties, and areas of high wait numbers and long wait times,
- Resolve two-tier pay inequality as part of negotiations for new Sláintecare contracts - €26m,
- Invest €2m to deliver additional mental health supports through the workplace for healthcare workers who have experienced an extremely difficult year and deserve our full support,
- Expedite the review of work done by students on hospital placements and negotiate fair allowances for student nurses, midwives, radiographers, and others,
- Develop and integrate Individual Patient Identifiers across the health system as part of a secure and robust patient information and data management system,
- Develop a new National Waiting List Management System to integrate service delivery across the state and deliver care where lists are lowest to reduce waiting times.

CONTENTS

INTRODUCTION

Hospital patients are waiting longer than ever. Workers are burned out. The budget grows year-on-year with little to show for it.

Before the pandemic, delayed care was posing a major challenge for the HSE.

Now, a tsunami of missed care is barrelling down on the health service.

The latest cyberattack on the HSE has shown that the outdated IT systems which the health service run on are not only hindering healthcare delivery but are exposing the health service, staff, and patients to security risks.

The impact of the cyberattack on systems has been so severe that patients have been exposed to increased clinical risk and delayed treatment.

We need an urgent plan to catch up on missed care, reduce waiting lists, and deliver a top class, universal public health service.

Sláintecare and universal primary care will play a major role in this into the future, but action on the very real crisis in the acute sector is needed now.

We need fresh start with a system which is fair for workers, equitable for patients, efficient, and modern.

It cannot be said that the Irish health system currently meets any of those standards.

FULL YEAR COST OF SINN FÉIN'S PLAN

Most of the measures proposed are earmarked for 2021 or 2022. The €914m package includes full year Current Expenditure of €255m, one-off capital investment of €568m, and €30m additional funding for cancer screening and the National Cancer Strategy.

We are determined to baseline and continue core funding announced in Budget 2021 and to maintain funding levels for existing promised levels of service.

We will be outlining a range of additional funding proposals for the wider health system in our Alternative Budget for 2022.

THE PROBLEM: SPIRALLING WAITING LISTS

Sláintecare Waiting Targets[1]

To deliver a robust and first-class public health system, best practice targets were set in the all-party Sláintecare report. These targets must be put in law.

All parties agreed that nobody should wait longer than:

- **10 weeks for an outpatient appointment,**
- **10 days for a diagnostic test,**
- **12 weeks for an inpatient procedure.**

Not only have these targets yet to be realised, but they seem to get further and further away by the month.

Overview of Waiting Lists

Waiting lists have spiralled out of control.

Some will try to argue that this has been due to the Covid-19 pandemic, but the pandemic simply exacerbated the problems in a creaking health service unable to meet demand.

As of the 25th of March 2021, there are 883,727 people on waiting lists, almost doubled since 2014.

Table 1. Waiting Lists as at 29 April 2021

Planned Procedure	Inpatient/Day Case	GI Endoscopy	Outpatient
17,222	109,772	116,069	640,664
		TOTAL	**883,727**
		2014 TOTAL	**461,864**

Waiting 12+ months

	Inpatient/Day Case	GI Endoscopy	Outpatient
	23,871	7,761	283,850
		TOTAL	**315,482**

On top of this, outpatient referrals were down by 176,408 in 2020 compared to 2019.

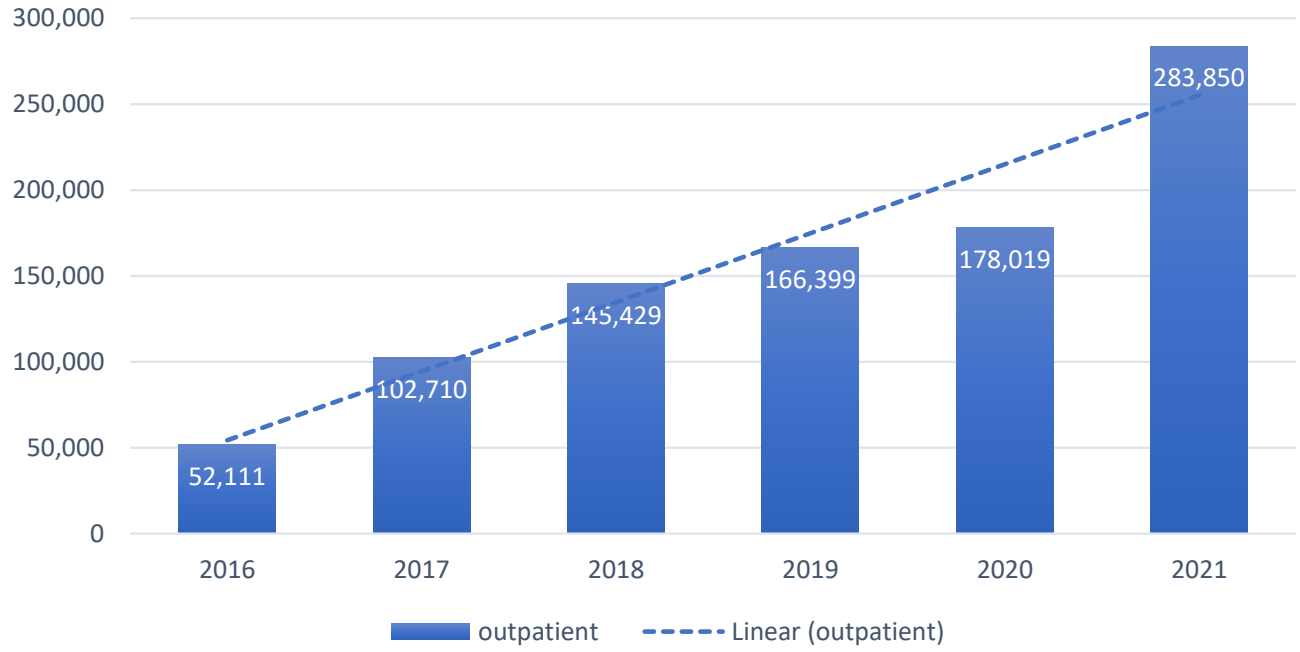
There are also more than 200,000 people waiting for diagnostic scans such as MRIs, CTs and ultrasounds with more than 50,000 waiting more than a year.

This brings the true number of people waiting on access to healthcare to well over 1 million.

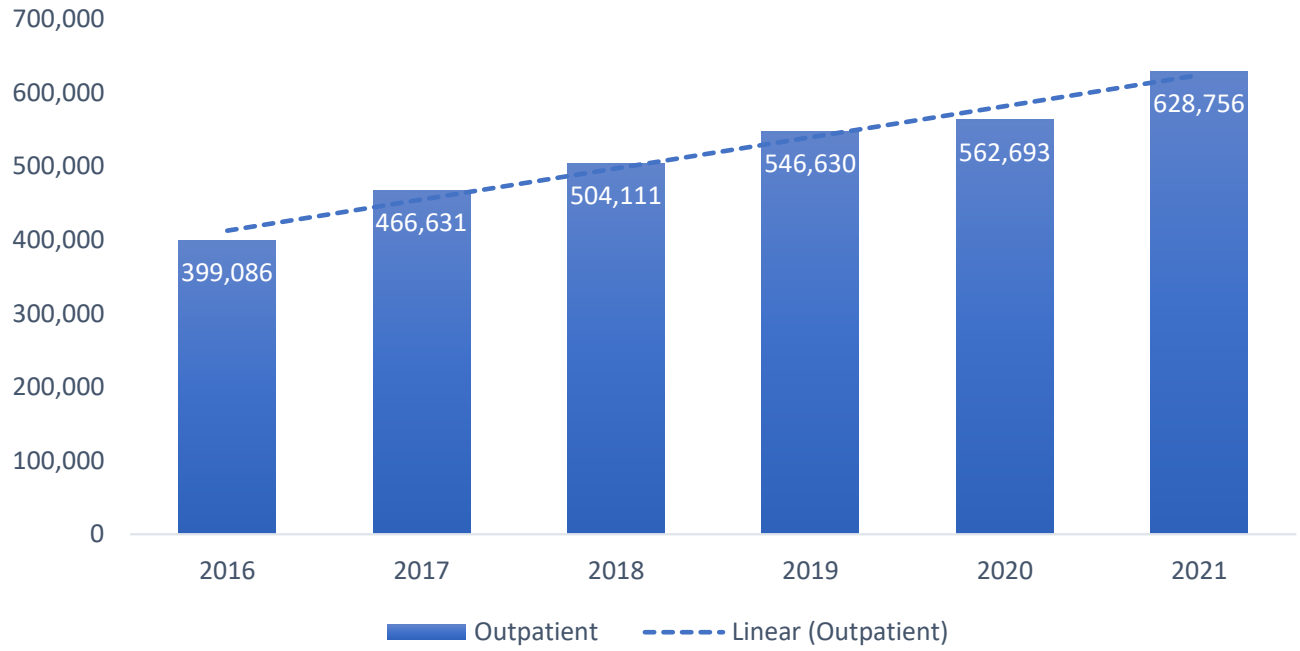
This is an unprecedented crisis in the health service.

1 Committee on the Future of Healthcare - Sláintecare Report - May 2017 (assets.gov.ie)

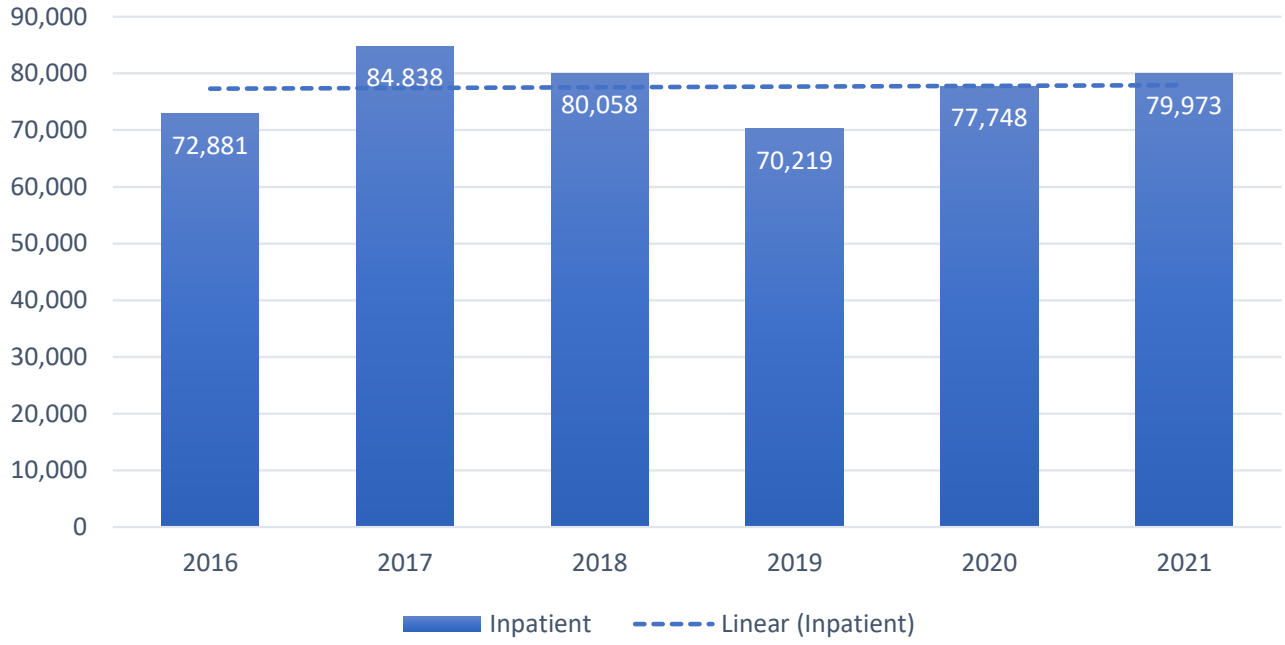
Graph 1. Outpatient Numbers Waiting 12+ Months



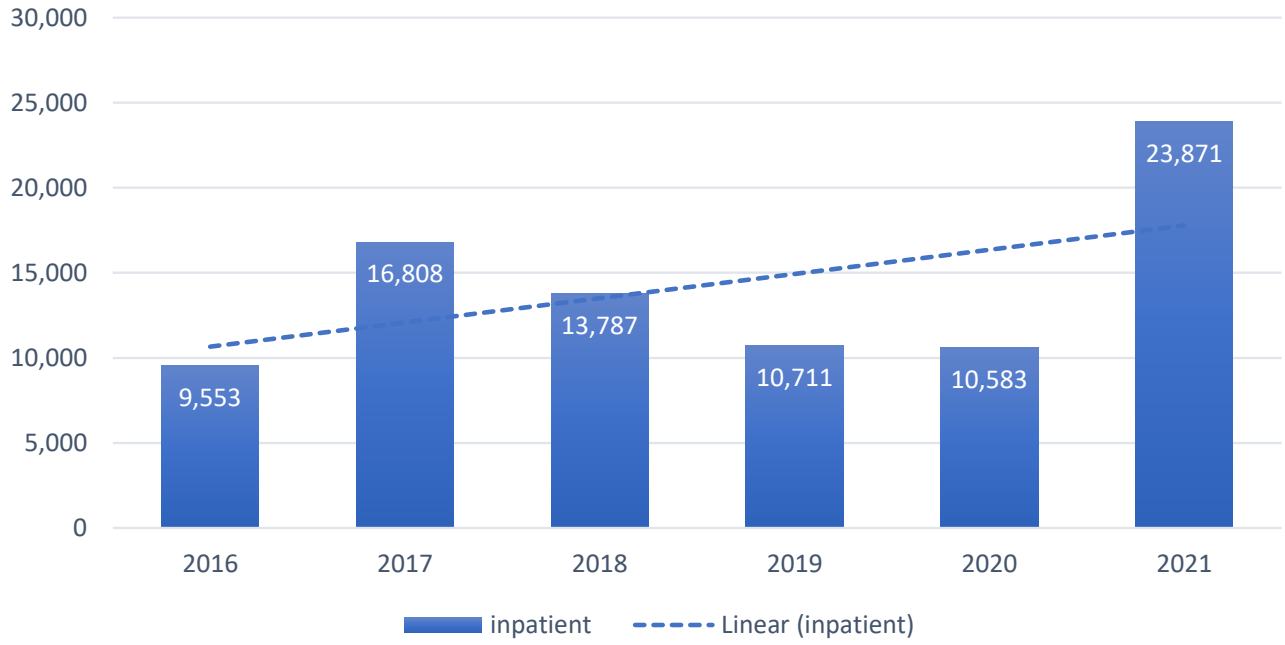
Graph 2. Outpatient Waiting Lists by Year



Graph 3. Inpatient Waiting Lists by Year



Graph 4. Inpatient Numbers Waiting 12+ Months



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Record Waiting Times[2]

In the following tables, a selection of the worst maximum wait times is highlighted (table 2), and the top 10 average wait areas and major growth areas are detailed in tables 3 to 6.

Table 2. Selection of Longest Wait in Days – March 2021

Hospital	Specialty	Max. Days
Children's Health Ireland	Paed. Orthopaedics	1443 days
CHI	Rheumatology	1331 days
CHI	Paed. Urology	1497 days
Cork University Hospital	General Surgery	1442 days
Cork University Maternity Hospital	Gynaecology	1533 days
Galway University Hospitals	General Surgery	2547 days
Letterkenny University Hospital	Gynaecology	1440 days
Mater Misericordiae University Hospital	Neurology	1644 days
Mater Misericordiae University Hospital	General Surgery	1508 days
St James' University Hospital	General Surgery	1767 days
St Vincents University Hospital	General Surgery	2065 days
Waterford University Hospital	Urology	1772 days
Mayo University Hospital	Orthopaedics	1443 days

Table 3. Top 10 Average Wait in Days for Inpatient Appointment – March 2021

Hospital	Specialty	Mean No. of Days
Mater Misericordiae University Hospital	Neurology	1119
Mater Misericordiae University Hospital	Metabolic Medicine	1100
St. James's Hospital	Clinical Immunology	928
Children's Health Ireland	Rheumatology	730
Mater Misericordiae University Hospital	Rheumatology	682
University Hospital Waterford	Pain Relief	644
Mater Misericordiae University Hospital	Endocrinology	625
St. James's Hospital	Maxillo-Facial	619
St. James's Hospital	Endocrinology	576
Portiuncula University Hospital	Paediatrics	565

2 Figures available at www.ntpf.ie

Table 4. Top 10 Average Wait in Days for Outpatient Appointment – March 2021

Hospital	Specialty	Mean No. of Days
Mayo University Hospital	Otolaryngology (ENT)	943
Galway University Hospitals	Anaesthetics	941
Mayo University Hospital	Urology	920
Midland Regional Hospital Mullingar	Dermatology	887
University Hospital Limerick	Paed Cardiology	821
Mayo University Hospital	Dermatology	818
Mater Misericordiae University Hospital	Plastic Surgery	806
Children's Health Ireland	Clinical Immunology	787
Ennis Hospital	Rheumatology	780
St. James's Hospital	Urology	765

Table 5. Top 10 Major Growth Areas in Inpatient Waiting Numbers, 2016-2020

Specialty	2016	2020	Growth	% Change
General Surgery	10008	13584	3576	36%
Urology	7194	9830	2636	37%
Pain Relief	2985	5338	2353	79%
Gynaecology	3653	5379	1726	47%
Paediatric Orthopaedic	27	1205	1178	4363%
Paediatric Respiratory Medicine	204	1103	899	441%
Paediatric ENT	260	772	512	197%
Paediatric Surgery	80	515	435	544%
Radiology	7	420	413	5900%
Rheumatology	203	553	350	172%

Table 6. Top 10 Major Growth Areas in Outpatient Waiting Numbers, 2016-2020

Specialty	2016	2020	Growth	% Change
Orthopaedics	47000	86365	39365	84%
Ophthalmology	26193	53177	26984	103%
Otolaryngology (ENT)	49423	75094	25671	52%
Urology	21208	42194	20986	99%
Cardiology	15699	34579	18880	120%
Dermatology	30953	46466	15513	50%
Gynaecology	23177	37870	14693	63%
Respiratory Medicine	9979	23016	13037	131%
Neurology	14477	26772	12295	85%
General Surgery	35084	46142	11058	32%

THE SOLUTIONS: CAPACITY INVESTMENTS

Hospital Capacity

Spreading the Burden through Enhanced Community Services

Care in the community must be reformed through public primary and community care to deliver care close to home.

This will also reduce the burden on acute hospitals and deliver care in more appropriate settings.

It is vital that we deliver a truly public primary and community care with new public infrastructure and public-only contracts.

A statutory home support scheme will deliver more home help in the community.

Full implementation of the National Office for Home Support will deliver more than 5 million additional home support hours.

Work is underway on less than half of the proposed Community Healthcare Networks.

By delivering all 96 Community Healthcare Networks, we would begin to integrate the levels of care and deliver care in the community overseen by local doctors, nurses, and health and social care professionals.

Services for older people and people with chronic and lifelong conditions can be further enhanced through the full implementation of expanded community intervention teams and chronic disease management teams across all counties.

Enhanced community services will help to cut hospital admissions for chronic disease patients and emergency admissions for over 75s by 20%.[3]

To support an expanded public primary and community care service, we need to hire 8,200 community services staff, including 2,400 primary care staff.

Digital integration of patient care across levels of care is also essential to reducing the burden on the acute sector and empowering primary and community services.

Sinn Féin would inject €25m this year and €75m next year for a healthcare modernisation fund to speed up replacement of legacy equipment, upgrade cybersecurity, and deliver eHealth systems such as unique patient identifiers,

This is on top of the current HSE eHealth budget of €95m.[4]

An additional €25m was allocated for 2021 to fund private GPs to purchase private diagnostic scans for public patients, and much more was spent on procuring private healthcare to support the public system.

In the first quarter of 2021, of the additional 1,250 community and rehabilitation beds promised, 65% of the 568 delivered were private.

3 Revised Estimates presented by Department of Health to Health Committee
4 HSE National Service Plan 2021 p. 150

Only 196 were public and 372 were contracted from the private sector.

Sinn Féin would provide an additional €50m to save money long-term and build more public infrastructure for community and rehabilitation beds.

This is an admission that the public system is not up to scratch. The investments have not been made to deliver accessible public healthcare and reverse privatisation.

Hospital Capacity

Beds and staff alone are not the solution to the long-term hospital crisis, but they are needed urgently to deal with the backlog of missed and delayed care from before the pandemic.

Recommended inpatient occupancy is c. 85%, but our hospitals regularly operate at unsafe levels of occupancy of 90-95%.

Before the pandemic, we had c. 10,730 fully funded acute beds, 670 temporarily funded acute beds, and 255 critical care beds.

Government promised an additional 1,152 inpatient beds and 66 critical care beds in 2021.

This included the 670 temporarily funded beds and only 482 new beds, of which 50 were opened in 2020 and 303 will be opened in 2021.

The Government say 129 of these inpatient beds and 24 critical care beds will not be delivered until 2022 or later.

The Irish Medical Organisation, representing the consultants leading within our health service, say that this is not enough.

More public patients than ever will require treatment in the private system in 2022 than any year before because the public system has imploded.

Sinn Féin's Bed Plan

We are calling for the 129 new beds yet to be opened to be on stream by the end of 2021 with an additional 600 beds built through rapid build modular units.

This would mean an additional 729 acute beds open this year above current plans for a new baseline of 12,482.[5]

To ensure fair work and safe staffing levels for these new beds, we would also hire approx. 4,400 additional staff, including medical staff, nurses, healthcare assistants, and health & social care professionals.

Table 7. Acute Inpatient Beds

2020 Baseline	10,730
Budget 2021 Promised	1,152
Delivered	1,023
Not Delivered	129
Sinn Féin additional	600
New Baseline	12,482
Target by 2028	14,500

To ensure adequate acute and community services staffing, we would ensure this is on top of the additional 16,000 acute services jobs promised in Budget 2021.

We would also target a baseline of 14,500 acute beds by 2028 to ensure that capacity needs are met for projected demand and catch up care.

In our Alternative Budget 2021, we also proposed funding to increase critical care bed capacity from a baseline of 255 beds to 355 by the end of 2021.

Table 8. Critical Care Beds

2020 Baseline		255
Budget 2021		66
Delivered	40	
Outstanding	26	
Sinn Féin additional		34
New Baseline		355
Target by 2025		430

This would open the remaining 26 beds and a further 34 critical care beds in 2021.

5 600 + 129 (funded but not profiled for opening 2021)

We would also ensure that there are 400 critical care beds open and fully staffed by 2025 with 30 more ready to go when needed.

The Health Service Capacity Review recommended that by 2031, between 2,000 and 6,000 additional beds over current funding commitments would be needed.

The ESRI project minimum bed requirements to be much higher with between 3000 to 5000 over current funding commitments.

In 2009 the "Towards Excellence in Critical Care-Prospectus Report" recommended that critical care bed numbers should increase to 579 by 2020, but the 2018 Capacity Review estimated closer to 400.

To meet our healthcare needs, Sinn Féin would put in place a multi-annual capital funding plan to deliver capacity targets ahead of schedule to deal with waiting lists, deliver catch-up care, and further fund ahead of time delivery of almost 4,000 more beds on the 2020 baseline by 2028.

To deliver safe healthcare in a Covid-19 environment, the full €68m package for acute hospital service restart and alternative care pathways must be fully implemented by the end of the year. Less than half of these have been implemented so far.

Elective Centres

Sláintecare identified the need for three elective-only hospitals.

These will play a critical role in clearing waiting lists for day cases and deliver treatment to tens of thousands of patients in need.

Elective centres in Galway, Dublin, and Cork are being progressed, but at a slow rate.

We need to ensure that the Department of Public Expenditure and Reform agrees a framework for rapid delivery and funding certainty to avoid delays between development stages.

It is imperative that these centres are delivered rapidly, and that Government does all it can to ensure they are expedited.

Multi-annual funding should be agreed and ringfenced by Government and the HSE to ensure minimal delays between stages in procurement and development.

This process should be implemented as part of the new 3-year corporate planning framework which is to be implemented as part of the Health Bill 2021.

Arrangements should be made in advance to ensure an adequate workforce is in place to open the elective centres as soon as possible.

Elective centres are not a panacea. While these will be very important for addressing day case demand going forward, they do not make up for a lack of investment in inpatient bed capacity.

Hospital consultants do not believe the planned elective centres will be sufficient and they will take time to complete.

Until they are fully operational, and to supplement their capacity in future, additional protected elective-only surgery facilities need to be developed across our acute hospitals.

Sinn Féin recommends:

- **Secure and baseline all additional beds and staff brought on to tackle the pandemic,**
- **Deliver 729 new acute beds this year, including 600 over and above Government funding through rapid build modular units, to reduce hospital occupancy rates to safe levels and deliver catch-up care,**
- **Deliver 60 new critical care beds this year including 26 funded but not delivered and 34 additional critical care beds,**
- **Hire an additional 4,400 acute services staff this year to open and staff more beds,**
- **Fill all staffing vacancies in acute and community services to reduce pressure and workload for existing staff,**
- **Inject €25m this year and €75m next year for a healthcare modernisation fund to speed up replacement of legacy equipment, upgrade cybersecurity, and deliver eHealth systems such as unique patient identifiers,**
- **Inject €50m this year and €100m next year for a theatre expansion and equipment fund,**
- **Hire 8,200 community services staff, including 2,400 primary care staff, to deliver enhanced community services,**
- **Deliver the remaining 684 community and rehabilitation beds and prioritise more public beds through an additional €50m allocation,**
- **Deliver all 96 Community Healthcare Networks to integrate levels of care and deliver enhanced care in the community,**
- **Legislate for a statutory home support scheme and fully implement the National Office for Home Support to deliver more than 5 million additional home support hours,**
- **Expand community intervention teams and chronic disease management teams across all counties,**
- **Introduce multi-annual capital funding plans to expedite capital projects, provide greater certainty to hospital groups, and speed up delivery of key capital projects including 4,000 additional acute beds and 75 additional critical care beds on top of the 2020 baseline over a term of Government to reduce waiting lists.**

CANCER CARE

Covid-19 has had a significant and negative impact on cancer services, causing many patients to present late or avoid appointments.

Screening services were down for much of the pandemic and missed annual targets by 44-70%.

Chemotherapy and radiotherapy operated at 80-90% compared to 2019 levels.

It is difficult to know how many people did not present at GPs in 2020 when they should have, but it is estimated from surveys to be anywhere from 15-25%.[6]

Attendance at rapid access clinics was down significantly during various waves of the pandemic, and the number of new patients attending at rapid access clinics seen within the recommended timeframe dropped to 60% in September 2020.

And as a result of the cyberattack on the HSE, cancer diagnosis and treatment ground to a halt.

Consultants have reported that a 6-month delay to the system in diagnosis can lead to excess mortality for 10+ years.[7]

Urgent investment is needed in cancer screening, diagnostics, and treatment to catch up on delayed and missed diagnosis.

Sinn Féin would step up investment in the National Cancer Strategy by €20m to provide funding support for cancer prevention and early diagnosis, surgical and medical oncology, psycho-oncology, rapid access clinics, radiotherapy, survivorship, and invest in genetics research, diagnostics and treatments.

We would also invest a further €10m in cancer screening services as these operate at full capacity. They cannot 'catch up' on missed screenings over the last 18 months without additional capacity to do more.

Oncology consultant posts must be prioritised when allocating and filling the 600 new consultant posts funded in the last budget.

Sinn Féin recommends:

- **Invest €20m in the National Cancer Strategy,**
- **Invest €10m in expanding cancer screening services,**
- **Prioritise oncology in filling new consultant posts.**

6 Irish Cancer Society evidence to Joint Committee on Health
7 Seamus O'Reilly, Today Claire Byrne, RTÉ Radio 25 May 2021

EMPOWERING CONSULTANTS

We cannot expect to reduce waiting lists without more consultants, and without supporting consultants to do their job.

We need to expand consultant teams to clear outpatient and inpatient waiting lists.

We need all consultant posts to be filled and they need to be supported to practice the skills they have trained over many years.

That means they should not be fighting for access to scans, diagnostics, theatre space, and equipment.

We need to prevent bottlenecks when filling vacancies by upgrading and expanding theatre space and equipment.

We also need to build-in more diagnostic and treatment capacity to prevent further reliance on purchasing capacity from the private sector.

Hospital doctors are discouraged and demoralised by what they view as a disregard for their expertise and experience.

The Health Service has become a less appealing place to work in the last decade, with many doctors looking abroad or to the private sector as their preferred option.

The starting point for overcoming this is reversing two-tier pay inequality as part of negotiations for new Sláintecare contracts.

There is little point in hiring more consultants if we do not have the capacity for them to do the specialist work which they have spent a decade training to do.

Many consultants make use of private practice in private clinics and private hospitals to access the latest equipment and to upskill.

This knowledge is vital to the continued improvement of healthcare delivery in the public system.

This should be accessible in the public health system and specialists should have access to guaranteed protected time to engage in research and upskilling.

Consultant Vacancies

There are more than 700 consultant posts which are either unfilled or filled on a temporary basis.[8]

Approximately 230 of these posts are vacant despite chronic understaffing in international terms.

According to the OECD, Ireland has the lowest number of medical specialists in the EU at almost half the average.

8 Number of unfilled consultant posts increases to 728, 45% more than previously believed – new data analysis (ihca.ie)

The HSE consistently lags behind counterparts for the number of doctors per capita, as illustrated in Table 7.

Consultants themselves have been telling us the problem for years: the biggest barriers to filling vacancies are the issues of two-tier pay and poor work-life balance.

Table 7. Comparison per 100,000 of Approved Doctor Posts – 2019/20

Country	Population	NCHDs	Trainees	Consultants
Ireland	4.98m	149	88	69 – 74[9] – 85[10]
England	56.29m	124	105	93
Scotland	5.46m	128	107	101
Wales	3.15m	138	109	90
North of Ireland	1.9m	141	109	101
Australia	25.7m	108	79	133

Source: HSE Medical Workforce Report 2020-21, p. 52

Private capacity in the Irish system measures at approximately 17% of public capacity.[11]

When we take this into account, the consultants per capita figure rises only slightly to 74 per 100,000.

An additional 600 consultant posts were committed to in Budget 2021, which, if filled, could bring this to 85 per 100,000.

The HSE National Doctors Training & Planning analysis for Demand for Medical Consultants and Specialists to 2028 estimates a shortfall of a further 1,000 consultants on top of the newly approved posts in Budget 2021.

The IMO estimates that a further 400 or so consultant posts will be needed when you take into account consultant psychiatrists, public health specialists, and occupational health specialists.

Sinn Féin believes that, when allocating new posts, we must prioritise oncology posts and paediatric consultant posts such as paediatric orthopaedics and paediatric ENT.

Training and Recruitment

There are more than 1,000 medicine students graduating every year, but there are only 854 postgraduate intern placements.

9 Including estimated private sector capacity
10 Including promised posts from Budget 2021 and private sector capacity
11 Taoiseach and Minister for Health welcome public private partnership to help increase hospital capacity in Covid-19 emergency - MerrionStreet; Coronavirus: Plans to move 600 consultants into public system hit obstacle (irishtimes.com)

Any medicine graduate must complete an internship year before they can register with the Medical Council as a doctor.

The lack of places is preventing medicine graduates, particularly those who are non-EU nationals, from completing their education as doctors and working for the HSE.

This was increased by c. 300 during the pandemic, but 180 of these posts have now been dropped.

Sinn Féin believes that there must be an intern post for every eligible graduate. We must increase the number of doctors working in the health service to diversify skills and reduce reliance on long overtime shifts.

By the time doctors reach higher specialist training, there are only c. 550 training posts, leaving many non-consultant hospital doctors unable to upskill.

Again, this disproportionately impacts non-EU nationals hoping to build a long career in Ireland.

We must ensure that there are enough training posts to meet demand and allow more doctors to train as and become specialists.

The bottleneck in the number of trainee posts compared to other states is clear in Table 7.

To truly become experts, many doctors choose or must study abroad to gather the depth and breadth of knowledge and experience to perform at the highest level.

We should offer a job guarantee, as is done in other jurisdictions, to as many doctors as possible who are leaving the HSE or Irish medical schools to train abroad to incentivise their return to the health service and minimise the chances of losing their talent to another system.

Lastly, we must streamline the recruitment process for hiring consultants. It takes on average more than two and a half years for a HSE to fill a consultant role.

Some of the delay is due to the difficulty in finding relevant specialists, and much of this is due to two-tier pay and poor work-life balance.

But many consultants and applicants cite difficulties with the process itself and that must be addressed.

Enhancing Consultant-led Teams

Consultants have teams around them of specialist staff to discharge the functions of their role. That includes supporting medical staff as well as administrative staff.

Yet we are still wasting our consultants' valuable time on business cases for new equipment when they could be delivering treatment.

The Government must ensure that Consultants are fully supported in the work that they do, and that their time is freed up to do what they are paid to do – treat patients.

There is little point in wasting specialist doctor's time on work someone else can do, when this time could be better spent delivering care which nobody else can deliver.

Consultant teams must be adequately support with supporting medical and administrative staff and access to equipment and theatre space.

Outdated Equipment

Currently, there are 59 CT scanners in use across the HSE.[12] The HSE has confirmed that 17 of these have passed their End of Life year. Spare parts are no longer supplied for 16 of them.

Of the 35 MRIs in the state, 18 have reached End of Life, and production will cease for spare parts for almost all of these by the end of 2021.[13] 8 of the remaining 17 will likely reach End of Life in the next 5 years.

It's the same story for x-ray and ultrasound machines, of which upwards of third are no longer in production, and many will soon experience a shortage in spare parts.[14]

Due to breakages, delays, and waiting times, there are more than 200,000 people waiting for diagnostic scans with more than 50,000 waiting more than a year.

That is only a snapshot of the problem, but it is clear that the health service runs on old and outdated equipment.

This a source of moral injury for healthcare professionals as it hampers their work and ability to deliver the best care.

It is also urgent that outdated equipment running on old software is removed for health, safety, and security reasons.

To upgrade equipment and complement new consultant posts, Sinn Féin would invest €50m this year and €100m next year for a theatre expansion and equipment fund to deliver more inpatient treatment in public hospitals.

Sinn Féin recommends:

- **Fill 600 new consultant posts prioritising urgent treatment areas such as cancer care, paediatric specialties, and areas of high wait numbers and long wait times,**
- **Resolve two-tier pay inequality as part of negotiations for new Sláintecare contracts - €26m,**
- **Inject €25m this year and €75m next year for a healthcare modernisation fund to speed up replacement of legacy equipment, upgrade cybersecurity, and deliver eHealth systems such as unique patient identifiers,**

12 PQ 14189-20
13 PQ 18238/20
14 PQ 18239/20, PQ 18240/20

- **Inject €50m this year and €100m next year for a theatre expansion and equipment fund,**
- **A recurring allocation for 2023-2026, if necessary, of an additional €50m for the HSE to bolster its ICT and capital spending to expedite digital transformation and modernise equipment for healthcare delivery,**
- **Retain all 300 intern places added to tackle the pandemic workload,**
- **Review and modernise postgraduate medical training posts to match demand from qualified graduates and international applicants to meet health service recruitment targets,**
- **Offer a job guarantee to Irish-trained doctors who travel to train abroad to incentivise their return and minimise the chances of losing their talent,**
- **Implement the recommendations of the Strategic Review of Medical Training and Career Structures,**
- **Streamline the consultant recruitment process to fill vacancies quicker and reduce the chances of losing out on top recruits,**
- **Making a greater range of diagnostic, radiology, and laboratory services available to primary care through investment in more equipment in the public system,**
- **Develop a 5-year plan for replacing hospital equipment to a modern standard and to identify where further resourcing is necessary,**
- **Develop a multi-annual capital funding framework to identify and deliver funding certainty for major capital expansion projects to deliver timely expansions to theatre space and hospital capacity.**

SUPPORTING WORKER WELFARE

The frontline staff in the health service have once again proven themselves national heroes.

Without their relentless work to contain the virus, to deliver healthcare to people in need, and work around the clock saving lives, the story of Covid-19 in Ireland would be quite different.

We cannot go back to how things were before.

One of the key lessons to be learned from the pandemic, backed up by OECD research, is that a shortage of healthcare staff before the pandemic has resulted in healthcare systems struggling to cope with the burden.

When staff are already overworked, they cannot be asked to work more, more, more.

It is essential that, due to the impact of Covid-19, we review long-term workforce planning to deliver quality healthcare.

There has also been a significant and substantial impact on these workers' mental health as a result of the highly pressurised and stressful environment.

We must invest in wellbeing-at-work to support them.

According to the INMO, nurses do not feel safe at work, most have considered leaving the profession, and some are even experiencing post-traumatic stress.

The IMO, SIPTU, and Fórsa frequently attest to the undue strain on workers they represent, in particular those working in the acute hospital sector.

Statutory minimum staffing ratios should not be flatly ruled out and must be explored further in conjunction with sectoral stakeholders to ensure there are enough health and social care professionals to cater to population demands, ensure appropriate skills mix, and give workers a normal work week.

Supporting Students

We must also respect the work done by students on placement in our hospitals – nurses, midwives, radiographers, medical, and others.

Without them, many hospital services would not function, and full-time staff would be under increased pressure.

Nobody is seeking a return to the apprenticeship model for nursing and midwifery.

It is about acknowledging the work that students on placement do and financial barriers associated with living away from home.

It will make these courses more accessible and affordable for working families.

Sinn Féin called on the review of student nurse and midwife pay to be expanded to take ac-

count of all students working in hospital settings.

This was not opposed by Government, but the review is not on track to be delivered before September.

The review must be expedited to form a basis for negotiation with students and their representatives to agree allowances that reflect the work that they do.

Sinn Féin recommends:

- **Invest €2m to deliver additional mental health supports through the workplace for healthcare workers who have experienced an extremely difficult year and deserve our full support,**
- **Develop a forward planning strategy for the HSE workforce which includes statutory minimum staffing ratios,**
- **Expedite the review of work done by students on hospital placements and negotiate fair allowances for student nurses, midwives, radiographers, and others,**
- **Continuously review staffing arrangements and work hours for twice annual reporting across all HSE settings to clamp down on excessive work.**

MODERNISING INFORMATION SYSTEMS

HSE Cyberattack & Digital Transformation

The HSE, security experts, and others have apportioned various levels of blame for system vulnerability on 'legacy systems.'

These are systems which were carried over from the formation of the HSE from the health boards – 16 years ago.

It is clear that far from enough has been invested in upgrading IT hardware and software in the last decade and a half.

A greater sense of urgency, coupled with greater funding, is necessary for developing a modern health service supported by modern IT systems.

This also applies to the HSE's procurement and human resources systems.

The Public Accounts Committee has consistently identified the HSE procurement process as non-compliant with best procurement practices, and the HSE itself has been unable to say how much of its public spending has been in violation of procurement law.

The HSE's human resources system also lends itself to a lack of transparency. In many instances, figures requested by parliamentary question are not readily available.

There are incomplete statistics on the HSE workforce, as the HSE does not centrally collate vacancies or the use of agency staff.

It is impossible to identify service gaps, workforce gaps, or compare the cost-benefit of agency and direct-employed staff without this information.

Patient Management Systems

The HSE must develop a modern and integrated National Waiting List Management System.

Sinn Féin previously proposed this in our 2017 papers *Tackling Hospital Waiting Lists*[15] and *Comhliosta: The integrated waiting list management system*.[16]

This will not fix geographic inequalities until there is adequate investment in both capacity and specialty diversity in regional hospitals, but it can mitigate national and regional inequalities until we get there.

This has been identified for years as a key area for reform, but it has still not happened.

The ESRI research paper *'Waiting Times for Publicly Funded Hospital Treatment: How does Ireland measure up?'*, identifies a few ways in which the current waiting list reporting can also be improved.[17]

15 Tackling Hospital Waiting Lists (sinnfein.ie)
16 Comhliosta: The Integrated Waiting List Management System (sinnfein.ie)
17 Brick, A., and S. Connolly, 2021. 'Waiting times for publicly funded hospital treatment: How does Ireland measure up?', *The Economic and Social Review*, 52(1): 41-52.

Most importantly, the development of Individual Patient Identifiers, which are already provided for in legislation, would be a huge step towards developing better waiting list data.

They are also essential for better integrating care between primary, acute, and tertiary settings.

They would provide a more manageable and secure patient database which is more accessible for healthcare professionals.

Sinn Féin recommends:

- **Inject €25m this year and €75m next year for a healthcare modernisation fund to speed up replacement of legacy equipment, upgrade cybersecurity, and deliver eHealth systems such as unique patient identifiers,**
- **A recurring allocation for 2023-2026 of an additional €50m for the HSE to bolster its ICT and capital spending to expedite digital transformation and modernise equipment for healthcare delivery,**
- **Develop and integrate Individual Patient Identifiers across the health system as part of a secure and robust patient information and data management system,**
- **Develop a new National Waiting List Management System to integrate service delivery across the state and deliver care where lists are lowest to reduce waiting times,**
- **Prioritise robust and complete central HR and procurement systems to ensure complete workforce statistics and compliance with procurement law,**
- **A deep review of the HSE's ICT systems and capabilities to identify its weakest areas requiring urgent investment and modernisation, to report back within 1 year with an interim report within 6 months.**

TACKLING HOSPITAL WAITING LISTS

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