Emergency Management
The HSE Context

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Introduction

• EM function within the HSE
  – Deal with some misconceptions of EM role

• Description of HSE structures
  – Context, brief snapshot of some of the scope and scale of activity taking place.

• HSE Emergency Management Governance
  – Internal vs. External
HSE Emergency Management (EM)

• HSE Emergency Management (EM) is central to the generation of resilience across the organisation, for major incidents and emergencies. It does this by
  – Providing counsel and advice to management in the preparation of Major Emergency Plans (MEP).
  – Assisting in the identification and mitigation of strategic and operational risk to the organisation.
  – Helping to identify capability gaps and informing capability development.
  – Provision of training and mentoring to HSE management, around EM governance structures, planning groups and crisis management teams (CMT).
  – Engaging with the other Principle Response Agencies (PRAs), Government departments and external bodies in order to ensure coordinated national resilience.
HSE Services

• Acute Operations
  – Hospitals
  – Emergency Departments
  – Out Patients
  – Ambulance Service

• Community Operations
  – Primary Care
  – Social Care
  – Mental Health

• Public Health
• Environmental Health
Typical day Acutes

3,506 people attended an ED

2,758 people admitted or discharged from ED within 9 hours

1,804 patients received haemodialysis
(250 patients received home therapy dialysis treatment)

13,389 people attended hospital outpatient departments

170 babies born
Community Operations

38,207 referrals to community intervention teams – nurse led specialist team

318 people on average each month supported by specialist palliative day care services

1,065,230 contacts with GP Out of Hours

10.39 million home help hours provided to almost 47,000 people

28,513 adults seen by mental health services
National Ambulance Service

321,379 emergency ambulance calls answered

509 vehicles (including 267 emergency ambulances) available

30,396 inter-hospital transfers undertaken – Intermediate Care Ambulances

653 aeromedical calls completed

1,099 specialised unit transfers undertaken - MICAS
How does the HSE undertake its planning for a Major Emergency?
PLANNING
National Emergency Planning Group

RESPONSE
National Crisis Management team
HSE EM Function

National Office for Emergency Management

EM West Region Office

EM East Region Office

EM South Region Office
Example – Mass Casualty

**National**
- Sub group established
- Identified capacities
- Clinical needs
- Risks
- Solutions
  - Interim
  - Long term
- Protocol agreed at Leadership

**Regional**
- Role out regionally through AEPG
- Supported by EM
- Supported by national offices – Acutes
- Adjusted for local considerations
  - Dublin vs Midlands
Response Phase

National Crisis Management Team

Area Crisis Management Team
Composition of HSE Area Crisis Management Team

- Community Health Organisation
- Emergency Management
- National Ambulance Service
- Environmental Health
- Public Health
- Hospital Groups
- HECTs
- Psychosocial
- Estates
- Procurement
- Communications

Hospital Emergency Control Teams
Interagency Links

HSE National Crisis Management Team

Area Crisis Management Team

Onsite Controller

NECC National Coordination Group

Local Coordination Centre

Onsite Coordination Centre

Coordination

Coordination

Coordination
ACMT - LCC

- ACMT is body that links with LCC or RCC
- Some challenges
  - CHO 5 Nth Tipp- 4 counties
  - CHO 1 Cavan Monaghan – 5 counties
- Chief Officer is chairing ACMT – not in a position to attend LCC
- Delegated senior Manager
Challenges - internal

- Capacity across the system
- Size of EM function vs its role
  - Planning
  - Advice and counsel during response
  - Resilience over longer incidents
- Financial – difficult to capture funding for “what if” scenario
- Engagement means diverting people from service provision – patients
- Constant structural changes
Challenges - external

• Pressures on goodwill
  – Large demands placed by HSE on colleagues in other agencies

• Brexit
  – Cross border provision of care N/S and E/W
  – Continued recognition of qualifications from UK
  – Supply chain especially pharmaceuticals

• Political policy

• Public Perception
Thank You!

• Questions?