1. **Executive Summary**

Sustained pressure is being seen across the health system. Across hospitals there is high demand for both Covid and non-Covid care.

- Critical care units are continuing to run at very close to full capacity (109 adult Covid patients on 14 December, with 291 critical care beds occupied in total). The Critical Care Major Surge Working Group continues to meet daily to manage the situation.

- High numbers of patients (270-280) are receiving advanced respiratory support in a ward setting, with higher acuity and dependency than usual ward patients. Among these patients, there is a generally even split of Covid and non-Covid illness.

- Critical care can now potentially surge up to 380 subject to staffing availability while maintaining manageable risk levels. This will entail redeploying staff from other areas. However, it is expected that critical care requirements for non-Covid patients will continue to be around 100-120 beds at a minimum.

- The scope to redeploy staff to support critical care is reduced when compared to earlier waves of the pandemic, particularly given the need to care for high numbers of seriously ill patients on wards and the ramping up of the booster vaccination campaign.

- Critical care staff and staff being redeployed now face being called into the breach for the fourth or fifth time and are experiencing exhaustion and stress, as indeed are frontline workers in other parts of the system. Ethical decision-making, on which consideration was undertaken in the first wave, is now being referenced again by intensivists.

- Increased ED admissions are increasing pressure on general hospital capacity. On 13 December, 404 patients were counted on trolleys at 8am, the highest number seen since February 2020.

- There were 83 general acute hospital beds available on 15 December. There is poor distribution of the very limited number of vacant beds across the system, with 25 sites reporting <5 vacant beds available at 8am including nine which have no beds available.

- The HSE CEO’s direction to hospitals in relation to the prioritisation of unscheduled, Covid and urgent time-sensitive care, which was initially for two weeks, has been extended.

- The ongoing curtailment of scheduled care will impact the ability of the acute hospital system to deliver elective care between now and year end. Time-critical services, including cancer surgeries, may also be challenged including by redeployment of staff and theatre and critical care access. The HSE and the Department are in discussions with the private hospitals in relation to extending the Safety Net arrangement in 2022.

- Primary care and wider community services remain under pressure. Redeployment of staff to support the booster vaccination programme will further impact on service delivery. In light of the urgent need to accelerate the pace of administration of boosters, GPs have agreed to provide additional vaccination clinics over the coming weeks. Notwithstanding the urgent necessity for this, it will impact on the delivery of care in GP settings.

- While the rollout of the vaccination programme in residential care settings is having a positive impact, the continued risk of transmission and outbreaks remains. There are 68 outbreaks
currently open in nursing homes and community hospitals and 92 outbreaks currently open in disability services.

- The current rate of community transmission is having a very significant impact on the levels of Covid related absence amongst staff with the resulting challenges in maintaining levels of service. Approximately 5,000 staff are currently absent across the system.

Combined, the above illustrates a system under massive strain with extremely limited capacity to respond to any additional increases in Covid activity. Appendix 1 below provides further detail.
Appendix 1: Health System Preparedness for Covid-19 – Detailed Analysis

1. Covid Case Numbers in Hospital and ICU
   - As of 8pm on 14th December, there were 457 Covid-19 patients receiving care in an acute hospital. These are patients who require management on the Covid pathway as they are in the infectious stage of their disease process. There were a further 119 suspected cases of Covid-19 across the hospital system.
   - There were 109 adult patients with COVID in ICU (out of a total of 291 occupied adult ICU/HDU beds). Of these 109, 76 were invasively ventilated, illustrating the seriously ill nature of these patients. There were 9 new COVID confirmed patients admitted to ICU in the previous 24 hours.

2. Impact on the Acute Hospital System
   The direction issued by the HSE CEO on 18 November, which instructs hospitals to prioritise unscheduled and time sensitive care alongside Covid care for two weeks, has been extended in response to the ongoing pressures being experienced by hospitals. Outbreaks continue to be seen in acute hospital settings, with five new outbreaks reported in the week to 11 December. The current situation in a range of service areas is set out below.

   i. Critical Care
   - On 14th December, there were only 7 beds available nationally, with three of those in Waterford and only one bed available in the Dublin region.
   - The HSE has confirmed that surge capacity up to 380 is possible, subject to staffing, while maintaining clinical risk at a manageable level. However, attaining this number of beds is highly dependent on the ability of hospitals to redeploy staff and severely limits the amount of non-Covid work being carried out.
   - Hospitals are continuing to provide advanced respiratory support to between 270 and 280 patients in a ward setting, with a generally even split between Covid and non-Covid patients. Delivery of this care in a ward setting would have been considered unprecedented prior to the pandemic. It also limits the number of staff available for redeployment, as these patients require more intensive management than traditional ward patients.
   - The Critical Care Major Surge Working Group is continuing to meet, to oversee/coordinate the national critical care response and actively manage and support hospitals on an ongoing basis. The scope to transfer patients between hospitals is limited given the lack of available beds.
   - Any additional increase in the number of patients requiring critical care will be extremely challenging for hospitals and staff, who have endured an exhausting 18 months to date, with no immediate respite expected. Given the already intense level of pressure, it is difficult to see how critical care units will cope if the impact of Omicron results in large increases in case numbers and associated increases in the number of patients requiring critical care.

   ii. Emergency Departments
   - ED admissions in 2021 are up compared to the previous two years, while attendances are below 2019 levels, possibly due to the current public health situation.
   - There is anecdotal concern that GP involvement with the booster campaign could lead to an increase in ED attendances.
   - Increased admissions are contributing to increased pressure on acute hospital capacity. On Monday 13th December 2021, there were 404 patients counted on trolleys at 8am, the highest number since 26 February 2020.
   - Vacant bed capacity across the system on Wednesday 15th December is reported at 83 for the second day in a row with 354 patients on trolleys. There is a poor distribution of these beds
across the system, with 25 sites reporting <5 vacant beds available at 8am, 9 of which have no beds available.

iii. Routine Hospital Waiting Lists
• Notwithstanding some recent improvement, the curtailment of scheduled care in November in line with increased Covid-19 levels and unscheduled care demand will impact the ability of the acute hospital system to deliver elective care and to positively impact on waiting times between now and year end.

iv. Cancer Services
• Covid-19 funding is being used to support hospitals in addressing backlogs, extending clinic times, providing additional clinics, increasing diagnostic capacity and providing locum/temporary support.
• The main risk to cancer services will relate to the redeployment of staff and access to theatres and ICU facilities. Surgical oncology is likely to be most challenged including if access to theatre time or critical care is restricted.

3. National Ambulance Service (NAS)
• The primary area of focus of the NAS Covid-19 contribution is the provision of mobile and static swabbing services.
• If the gap between capacity and demand continues to increase, further use of surge measures may become necessary. The NAS is planning for management of escalating pressures to ensure it continues to meet core service needs for higher acuity ECHO and Delta patients.

4. Private Hospitals
• The Safety Net agreement is in place until the middle of January 2022, giving the HSE access to the private hospitals’ capacity in the event of certain levels of Covid-19 infections prevailing in the community or certain levels of Covid-19 related occupancy in the public hospitals.
• A variation of the agreement (Safety Net 3) was put in place in response to the ransomware cyber-attack to allow access to private hospital capacity. Safety Net 3 is still in operation. The Department and the HSE are in discussions with the private hospitals in relation to extending the arrangement in 2022.

5. Primary Care
• With respect to primary care therapy services, it is clear that a very significant redeployment of staff is required to support the planned extension of the booster vaccination campaign, which will undoubtedly have a further adverse impact on service delivery and add pressure to waiting lists.
• GPs are also involved in the administration of Covid vaccines and boosters and, in light of the urgent need to accelerate the pace of administration of boosters, have agreed to provide additional vaccination clinics over the coming weeks, which will impact on the delivery of care in GP settings.

6. Community Services
• The redeployment of staff for extension of booster may also have adverse impacts on wider community services.
• Roll out of booster vaccines to those under 65 in community residential settings and medical compromised in the community is ongoing, with the booster programme for residents aged 65 and over in Long Term Residential Care Facilities substantially complete.
• However, the continued risk of transmission and outbreaks, particularly in nursing homes settings remains. In the last week (up to 11th December) there were 16 new nursing home and community hospital outbreaks notified, 68 outbreaks in those settings currently open (of these 68, 18 have not had a reported case in the last 28 days).

• In Disability services there were 9 COVID-19 outbreaks over the last week, with a total of 37 cases, compared to week 40 when there was 2. The largest single outbreak in week 49 involved 11 cases. 92 outbreaks in disability services remain open. Figures issued for cases among health care workers, that covered the preceding four weeks, suggest that the ratio of staff to residents who have been infected in this period was two to one.

• The implementation of further agreed measures, including the requirement for visitors to nursing homes to demonstrate proof of immunity through vaccination or prior infection (from 15th November) and a serial testing sweep of all nursing homes (phase 1, first 2 weeks commenced on 6th December, with the phase 2 expected to commence in early January 2022) are progressed.

ENDS