

## **‘Building Momentum – A new public service agreement, 2021 – 2022’**

### **Action Plans linked to the Reform Agenda**

Action plans linked to the reform agenda outlined in the proposed agreement - ‘*Building Momentum – A New Public Service Agreement 2021 – 2022*’ are to be developed by sectoral management in consultation with unions and representative association in each of the sectors (See Chapter 1).

These plans will establish objectives, deliverables, and timelines, and will be signed off by the Secretary General of the relevant Department and submitted to the Department of Public Expenditure and Reform by **31 March 2021**. Plans will be published by the relevant Department.

This action plan will support key reforms in the health sector as set out in Building Momentum including the continued implementation of the Sláintecare vision of universal health, the Capacity Review 2018 and other major health reforms as determined by Government, including structural reforms and the continued implementation of the Framework for Safe Nurse Staffing and Skills Mix.

Normal industrial relations mechanisms will remain in place and continue to apply during the implementation of this action plan.

**Action Plans – Sector: Health**

**PRIORITY 1**

Support implementation of a universal, single-tier healthcare system as envisaged in Sláintecare and other health strategies including the development of integrated community and acute health and social care services and the roll-out of the Regional Health Authority structure. In Line with Building Momentum 1.5.4, the parties reaffirm their commitment to the appropriate use of direct labour, where consistent with efficient and effective public service delivery. The provisions of recent public service agreements relating to external service delivery will continue to apply.

<b><u>ACTIONS</u></b>	<b><u>OUTCOMES</u></b>	<b><u>TIMEFRAME</u></b>	<b><u>MEASURES</u></b>
<ul style="list-style-type: none"> <li>• Ongoing agreed roll out of Sláintecare.</li> <li>• delivery of agreed integrated services in the acute hospital and/or community sectors.</li> <li>• the implementation of agreed strategies and projects to shift care delivery to the community setting including new approaches to chronic disease management and to the care of older people which may require provision of services at other places of work on a regular or intermittent basis.</li> <li>• implementation of HSE plans for Community Healthcare Networks.</li> <li>• Following completion of the process currently ongoing in the WRC, cooperation with the agreed opening plan for the new Acute Forensic Psychiatric facility. Following engagement, cooperation with roll out of new agreed strategic plan for Psychiatric services cognisant of Sharing the Vision and Sláintecare plans.</li> </ul>	<p>Improved delivery of services to patients across the health service.</p> <p>Increase in the level of care which is delivered in the community thereby reducing pressure on acute services.</p> <p>Move to the community would allow staff to implement new approaches to chronic condition management which would deliver earlier and improved care to patients</p>	<p>July 2021</p> <p>Q3 2021</p> <p>July 2021</p>	<p>Cooperation with the rollout of Sláintecare and delivery of the Sláintecare Action Plan(2021-2023).</p> <p>Confirmation that required milestones in respect of preparation for roll out of new integrated structures are being adhered to.</p> <p>Existing collective agreements on networks to be honoured in full.</p> <p>Conclude negotiations with unions to allow validation of cooperation with roll out of CHN initiative. Confirmation of number of networks established.</p> <p>Opening of new Acute Forensic Psychiatric facility in a timely manner. A consultation process is currently underway with the relevant unions for opening of the new facility in Portrane.</p>

**PRIORITY 2**

Accelerate digitisation of the health service for staff and patients to improve efficiency of healthcare delivery.

<b><u>ACTIONS</u></b> (identify specific actions to deliver this priority - milestone activity with a verifiable deliverable)	<b><u>OUTCOMES</u></b> (set out anticipated results of actions – the change to the way the organisation does business)	<b><u>TIMEFRAME</u></b> (identify the quarter (e.g. Q1, Q2) in which actions will be initiated, completed and implemented)	<b><u>MEASURES</u></b> (set out the measures that will be used to verify outcomes)
<ul style="list-style-type: none"> <li>• Digital platform efficiency surveys will be conducted.</li> <li>• Move towards a significant increase in the number of HSE staff with HSE email addresses. Undertake initiatives to establish the requirement for electronic devices.</li> <li>• Staff will contribute to the evaluation of the benefits of virtual ward concept.</li> <li>• Staff will contribute to the evaluation of benefits of electronic patient scheduling.</li> <li>• Staff will enable roll out of agreed E-Rostering initiative.</li> <li>• Staff will contribute to the evaluation from initial roll out prior to full implementation across all Acute settings.</li> </ul>	<p>Following consultation, staff will engage with surveys to determine the efficiency of each digital platform.</p> <p>Following consultation, facilitate the deployment of systems to enable the health system respond rapidly to Covid-19. Roll out of electronic devices to staff as required.</p> <p>Participate in the design of systems to enable the identification, prioritisation of key eHealth systems and solutions required for health service reform, as defined by the Sláintecare programme.</p> <p>Following engagement on design, staff cooperation will allow for improved service delivery.</p> <p>Improve compliance with European Working Time Directive</p>	<p>Q3 2021</p> <p>Q3 2021</p>	<p>Engagement with end users. Audit of usage of technology, usage of telemedicine, etc.</p> <p>Ensure compliance with Code on “Right to disconnect”.</p> <p>Study of usage in 2 hospital groups and 3 CHO’s.</p> <p>Audit of usage of E-rostering and electronic patient scheduling system.</p>

**PRIORITY 3**

Enable greater flexibility within working hours and working arrangements across the health service workforce to allow for greater productivity and efficient delivery of services. In Line with Building Momentum 1.5.4, *The parties agree that access to work-life balance and family-friendly arrangements, including flexible working and other arrangements, should be available to the greatest possible extent across the public service consistent with business needs and service delivery and local implementation.*

<b><u>ACTIONS</u></b>	<b><u>OUTCOMES</u></b>	<b><u>TIMEFRAME</u></b>	<b><u>MEASURES</u></b>
<ul style="list-style-type: none"> <li>Maximisation of the concept of task sharing/transfer introduced in respect of doctors/nurses.</li> <li>Co-operation with requirement to deliver services in an agreed manner that maximises efficiency, productivity, and flexibility in use of resources including building on progress achieved in the lifetime of previous agreements since 2010. This includes a continuation of the progress towards delivery of services over an extended day/week.</li> </ul>	<p>Staff working flexible patterns will allow management to maximise resources in a way that delivers efficiency and ultimately better patient outcomes. Elimination of obsolete practices.</p> <p>Recruitment of 2021 graduates to be maximised. Staff will enable an increase in the capacity to manage the number of emergency cases.</p> <p>Staff will enable the delivery of services at times that suit service users, reduction in waiting lists and enhanced patient flow in line with existing agreements and resources and any proposed changes requiring agreement with unions.</p> <p>Staff working closely with colleagues across health services in order to provide a seamless service delivery to the patients.</p>	<p>July 2021.</p> <p>Q4 2022</p> <p>Q4 2021</p>	<p>Roll out of provisions of HCA Report. Continuation and audit of operation of task sharing/transfer.</p> <p>Greater flexibility in the workforce to enable rollout of revised patient flow initiatives.</p> <p>Audit of number of services being delivered outside of core hours, across 3 CHO areas. Continued Rollout of National Radiographer Report recommendations.</p>

**PRIORITY 3 (continued)**

Enable greater flexibility within working hours and working arrangements across the health service workforce to allow for greater productivity and efficient delivery of services. In Line with Building Momentum 1.5.4, *The parties agree that access to work-life balance and family-friendly arrangements, including flexible working and other arrangements, should be available to the greatest possible extent across the public service consistent with business needs and service delivery and local implementation.*

<b><u>ACTIONS</u></b>	<b><u>OUTCOMES</u></b>	<b><u>TIMEFRAME</u></b>	<b><u>MEASURES</u></b>
<ul style="list-style-type: none"><li>Continuation as service requires of redeployment arrangements in line with the HSE Redeployment Policy (December 2020), in order to match demand for services across hospital sites and geographic locations.</li><li>Requirement for continued adherence in respect of all productivity measures associated with the implementation of the Enhanced Nurse/Midwife contract, consistent with provisions of Sláintecare. Similar measures required in respect of the Mental Health Sector.</li></ul>	<p>Staff working across health services in order to provide continuity of care to the patients.</p> <p>Progress made towards realising productivity measures</p>		<p>Audit of number of redeployments that have occurred.</p> <p>Consideration of outcome and report of validation exercise currently provided for under the terms of the LCR recommendations.</p> <p>Direct tripartite engagement on outstanding matters on the enhanced Nursing contract to be concluded in a timely manner with an initial meeting to be conducted by 31<sup>st</sup> May.</p>

**PRIORITY 4**

Review of HR Policies and implementation of revised policies

<u>ACTIONS</u>	<u>OUTCOMES</u>	<u>TIMEFRAME</u>	<u>MEASURES</u>
<ul style="list-style-type: none"> <li>• Trust in Care and Dignity at Work Policies – Staff will cooperate with an agreed National review of these and related policies within a defined timeframe.</li> <li>• Full roll out of time and attendance arrangements provided for in PSSA – 2018-2020, by end 2021.</li> <li>• Continued cooperation with full roll out of Performance Achievement as introduced in January 2020 in all areas of the Health Service.</li> <li>• Ending of Operation of Common Recruitment Pool in Health Service – GIII – VII Clerical/Admin</li> </ul>	<p>Support the development and implementation of a revised set of policies that are sufficiently robust.</p> <p>Co-operation with the full roll out of Performance Achievement.</p> <p>Common Operation Recruitment Pool no longer in operation.</p>	<p>Agreement to be concluded by October 2021. Implementation of changes in Q1 2022.</p> <p>Commitment to full roll out by end 2022.</p> <p>July 2021/Jan 2022.</p> <p>31 December 2021</p>	<p>Commencement of engagement with staff panel not later than June 2021. Full review of policies including those in areas such as Health and Safety, Covid and others. Reviewed policies operational.</p> <p>Evidence of full and ongoing consultation to be demonstrated in July 2021 and Jan 2022. Commitment to full roll out by end 2022.</p> <p>Confirmation that there continues to be full cooperation with roll out of PA.</p> <p>Talks to be initiated not later than 30 June 2021. There will be continued engagement with representative bodies to facilitate the ending of the common recruitment panel cognisant of existing agreements in place.</p>