



**Building Momentum**  
**Health Sector Report**  
**January 2022**



## Health Sector Building Momentum Reporting January 2022

Priority One: 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.

Action	Outcome	Timeframe	Measure	Owner (Dept./Body/Section)	Previously anticipated achievement by DEC 2021	Progress report update and achievements December 2021
Ongoing agreed roll out of Sláintecare.		July 2021	Cooperation with the rollout of Sláintecare and delivery of the Sláintecare Action Plan (2021-2023).	HSE	Ongoing Cooperation	A process of intensive engagement between HSE, Department of Health and groups representing hospital Consultants regarding the drawing up of a new Consultant contract consistent with the provisions of Sláintecare commenced on September 2 <sup>nd</sup> . The process was independently chaired. Consistent engagement has occurred between the Parties throughout the final quarter of 2021. Talks have now been adjourned pending the appointment of a new Chair.
Delivery of agreed integrated services in the acute hospital and/or community sectors.	Improved delivery of services to patients across the health service.	Q3 2021	Confirmation that required milestones in respect of preparation for roll out of new integrated structures are being adhered to.	HSE	Improved delivery of services to patients across the health service.	Progress continues to be affected by Covid outbreak and HSE management of same, however, progress continues regarding the integration of services. New Consultant Contract integrated implementation group being established with Acute Operations. At the time of reporting, the Omicron variant of Covid 19 is significantly challenging the provision of elected services in our hospitals and this will affect the current pace of integration.
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.	Increase in the level of care which is delivered in the community thereby reducing pressure on acute services	Q3 2021	Existing collective agreements on networks to be honoured in full.	HSE	Increase in the level of care which is delivered in the community there by reducing pressure on acute services.	The agreed 9 CHN Learning Sites are live and scheduled to be evaluated in late spring 2022.
Implementation of HSE plans for Community Healthcare Networks.	Move to the community would allow staff to implement new approaches to chronic condition management which would deliver earlier and improved care to patients	July 2021	Conclude negotiations with unions to allow validation of cooperation with roll out of CHN initiative. Confirmation of number of networks established.	HSE	Implement new approaches to chronic condition management which would deliver earlier and improved care to patients.	Interim agreement was reached on the remaining 87 Networks, which, at this point, are titled Enhanced Community Care Networks and these are also up and running. Discussions on more durable structures will commence on completion of the evaluation of the 9 Learning Sites.



Priority One (continued): 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.

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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.		July 2021	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.	HSE	Cooperation with the agreed opening plan for the new Acute Forensic Psychiatric facility in Portrane.	Discussions are ongoing in the WRC to complete the transfer of staff to the new facility.



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

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Digital platform efficiency surveys will be conducted.	Following consultation, staff will engage with surveys to determine the efficiency of each digital platform.	Q3 2021	Engagement with end users. Audit of usage of technology, usage of telemedicine, etc.	HSE	Efficiency surveys conducted.	This action has been delayed due to the cyber-attack which affected HSE digital services and continues to do so. The fallout of the Cyber-attack and the corrective actions required to prevent a repeat of this continue to dominate the capacity the HSE IT resources and has delayed progressing this issue.
Move towards a significant increase in the number of HSE staff with HSE email addresses. Undertake initiatives to establish the requirement for electronic devices.	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.	Q3 2021	Ensure compliance with Code on "Right to disconnect".	HSE	Compliance with code on "Right to Disconnect".	Circular issued (HSE HR Circular 21/2021) to inform employees and employers of 'Right to Disconnect'. Draft Policy developed by HSE and is currently the subject of union consultation.
Staff will contribute to the evaluation of the benefits of virtual ward concept.	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.	Q3 2021	Study of usage in 2 hospital groups and 3 CHO's.	HSE	Evaluation of virtual ward concept.	This is another initiative that has been affected by the Cyber-attack. Work on progressing same will be resumed as soon as we have a return of normal IT services. Despite the very real disruption caused by the cyber-attack, the HSE has rolled out capability on this space. The Attend Anywhere platform is used across the country for remote consultations, outpatient clinics etc.
Staff will contribute to the evaluation of benefits of electronic patient scheduling.	Following engagement on design, staff cooperation will allow for improved service delivery	Q3 2021		HSE	Evaluation of benefits of electronic patient scheduling.	Despite the very real disruption caused by the cyber-attack at National level, this has been implemented as part of both Test & Trace, and also COVAX. Other examples include the use of the Swiftqueue platform around the country.
Staff will enable roll out of agreed ERostering initiative.	Improve compliance with European Working Time Directive	Q3 2021		HSE	eRostering Rollout	A framework of vendors was established to facilitate individual employers progressing with their own E-rostering project. This is currently in place in several areas at site or facility level.
Staff will contribute to the evaluation from initial roll out prior to full implementation across all Acute settings.		Q3 2021	Audit of usage of E-rostering and electronic patient scheduling system.	HSE	Audit of usage of eRostering and electronic patient scheduling.	This will continue to be progressed on a site level basis.



Priority Three: 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.*

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Maximisation of the concept of task sharing/transfer introduced in respect of doctors/nurses.	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.	July 2021	Roll out of provisions of HCA Report. Continuation and audit of operation of task sharing/transfer.	HSE	Appointment of National Lead to implement HCA Report.	Appointment of National Lead to implement HCA Report. Robust project plan being developed for completion end of January 2022. Engagement with Stakeholders to follow. Task Sharing between doctors and nurses continues to operate in Acute, Social and Mental Health Services. HSE is satisfied that there continues to be co-operation on this matter and this is supported by the Independent Chairperson who oversaw the implementation of the initiative. We are awaiting the Chairs final report on this.
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.	i) Recruitment of 2021 graduates to be maximised. Staff will enable an increase in the capacity to manage the number of emergency cases. 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.	Q4 2022	Greater flexibility in the workforce to enable rollout of revised patient flow initiatives.	HSE	Audit of 2021 Recruits	2021 Graduates have been recruited. Net employment figures have increased by 5,090 (+ 4%) from January 1st to November 1st 2021. Increases of Nursing/Midwives by 1,368 (+3.5%), HSCP by 1,019 (+5.7%) and Medical/Dentistry by 315 (2.7%) will greatly assist with improved patient flow initiatives. As mentioned earlier the challenges presented by Covid will have a distorting effect, particularly during periods of surge.




Priority Three (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.*

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	ii) Staff working closely with colleagues across health services in order to provide a seamless service delivery to the patients.	Q4 2021	<p>Audit of number of services being delivered outside of core hours, across 3 CHO areas.</p> <p>Continued Rollout of National Radiographer Report recommendations.</p>	HSE		<p>Staff continue to be redeployed to meet the requirements of our Covid response. This includes situations whereby staff were redeployed to services not traditional to their role as part of our response to the Covid Outbreak. Additionally, many staff have been redeployed to Vaccination Centres to lead and work on the roll-out of the Vaccination Programme.</p> <p>Plan for implementing National Radiography Report developed and agreed with DoH and SIPTU. Oversight Group to be established in Q1 2022 to commence implementation of the Report Recommendations.</p>
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.	Staff working across health services in order to provide continuity of care to the patients.		Audit of number of redeployments that have occurred.	HSE	Audit the Number of redeployments	As above
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.	Progress made towards realising productivity measures		<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 31st May.</p>	HSE		Tenders have been received from service providers for the Verification Exercise and selection of the successful Tender has been completed. Clarification process involving all Stakeholders prevented the project commencing in 2021 and the launch is now planned for Q1 2022.



Priority Four: Review of HR Policies and implementation of revised policies.

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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.	Support the development and implementation of a revised set of policies that are sufficiently robust.	Agreement to be concluded by October 2021. Implementation of changes in Q1 2022.	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.	HSE	Agreement on new Draft policies concluded and implementation to begin.	The draft revised Dignity at Work Policy was developed in consultation with HR representatives in the HSE and Section 38 organisations and reflects the new WRC/HSA Joint Code of Practice on the Prevention and resolution of Bullying at Work 2021. The draft Policy is currently the subject of union consultation. The HSE is also considering various initiatives to support the effective implementation of the revised Policy upon its completion. Revisions to the Trust in Care Policy are dependent upon provisions in the Disciplinary Procedure, and will follow once consultation on those provisions is completed.
Full roll out of time and attendance arrangements provided for in PSSA – 2018-2020, by end 2021.		Commitment to full roll out by end 2022.	Evidence of full and ongoing consultation to be demonstrated in July 2021 and Jan 2022. Commitment to full roll out by end 2022.	HSE	In Progress	Flexi-time electronic attendance recording is at advanced stage in Eastern region and will soon enter 'go-live' phase.
Continued cooperation with full roll out of Performance Achievement as introduced in January 2020 in all areas of the Health Service.	Co-operation with the full roll out of Performance Achievement.	July 2021/Jan 2022.	Confirmation that there continues to be full cooperation with roll out of PA.	HSE		HSE is satisfied with level of co-operation received from trade unions and staff to date. Renewed focus in 2022 to increase the % of Performance Achievement Meetings. HSE Performance Achievement Implementation Steering Group to be established.
Ending of Operation of Common Recruitment Pool in Health Service – GIII – VII Clerical/Admin	Common Operation Recruitment Pool no longer in operation.	31 December 2021	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.	HSE		This matter remains before the WRC.

Signature:   
Secretary General  
Department of Health



An Roinn Sláinte  
Department of Health



Date: 03/02/2022