An Roinn Sláinte
Department of Health

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Building Momentum
Health Sector Report
March 2023

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.

Action	Outcome	Timeframe	Measure	Owner (Dept./Body/Section)	Progress report update and achievements end March 2023
Ongoing agreed roll out of Sláintecare.				HSE	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 in 2021. The process was independently chaired. Consistent engagement has occurred between the Parties throughout the final quarter of 2021. Talks were adjourned pending the appointment of a new Chair Tom Mallon in June 2022. Extensive negotiations were had from June until the end of November 2022 with the relevant parties and several drafts of the contract were reviewed and discussed. In December 2022 the Minister for Health received Cabinet approval for the new Sláintecare consultant contract. The HSE have been advised of the implementation date of the contract by the Department. All contracts offered from the 8th of February will be the new Sláintecare Consultants Contract. Engagement on the establishment of Regional Health Authorities has commenced.
Delivery of agreed integrated services in the acute hospital and/or community sectors.	Improved delivery of services to patients across the health service.			HSE	HR Leads in Community and Acute Operations have established an integrated forum for implementation of National Priorities, for example reduction in working hours of certain grades following government decision to reversal of HRA increase in working hours. Number of Community Specialist Teams (CSTs) for Older People now stands at 21 nationally. Operational Lead and Consultants available to teams to provide leadership and support.

						Number of CST for Chronic Disease management operating (Operational Lead and 25% of teams now in place0 with local integrated governance structures 207,513 planned GP access to diagnostic services delivered, exceeding target by circa 50,000.
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**				HSE	The agreed 9 CHN Learning Sites are live and scheduled to be evaluated in Q3 2022, as agreed with trade unions. Discussions on more durable structures will be informed by the evaluation. In addition, the rollout of the specialist teams continue (the Integrated Care Programme for Older Person and Integrated Care Programme Chronic Disease Management), along with the establishment of the hubs, across the country
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**				HSE	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. Findings from the external and joint HSE/FORSA reviews being collated and considered, with a view to implementing durable structures across the entire population The number of CHNs now operating stands at 91 (Network Manager, ADPHN in place, GP Lead at an advance stage of recruitment and 25% of frontline staff)

PRIORITY 1 (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.				HSE	The National Forensic Unit has opened and services are being provided since the 13th November

PRIORITY 2 - Accelerate digitisation of the health service for staff and patients to improve efficiency of healthcare delivery.					
Action	**Outcome**	**Timeframe**	**Measure**	**Owner (Dept./Body/Section)**	**Progress report update and achievements end March 2023**
Digital platform efficiency surveys will be conducted.	Following consultation, staff will engage with surveys to determine the efficiency of each digital platform.			HSE	Not on the current plan.
Move towards a significant increase in the number of HSE staff with	Following consultation, facilitate the			HSE	All staff who require email for their jobs have access to email and a HSE device. The HSE have over 85k mail accounts (including shared

HSE email addresses. Undertake initiatives to establish the requirement for electronic devices.	deployment of systems to enable the health system respond rapidly to Covid-19. Roll out of electronic devices to staff as required.				ones), 55k desktop devices (including shared devices) and over 40k smart phones. All these devices have access to the HSE network, email and other digital services.
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			HSE	The pilots for virtual ward systems are completed, staff who were involved in the pilot have been involved in the design, implementation and review of the systems. The HSE is undertaking a framework of supplier to provide virtual ward solutions across the health domain.
Staff will contribute to the evaluation of benefits of electronic patient scheduling.	Following engagement on design, staff cooperation will allow for improved service delivery			HSE	The design of electronic scheduling is being undertaken with Acute and Community staff for 3 pilots (two in community and one in Acute) the initial delivery will be completed by March 23.
Staff will enable roll out of agreed ERostering initiative.	Improve compliance with European Working Time Directive			HSE	HSE is undertaking a procurement, to enable multiple vendors provide eRostering solutions across the HSE. Existing eRostering are deployed in a number of services including ambulance, acute hospital (CUH, Letterkenny) and a small number in community areas.
Staff will contribute to the evaluation from initial roll out prior to full implementation across all Acute settings.				HSE	Staff are directly involved in the planning, design, implementation and support in all eHealth solutions. Each eHealth solution has a business owner nationally and business owners are the relevant site where the solution is deployed.

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.*

Action	Outcome	Timeframe	Measure	Owner (Dept./Body/Section)	Progress report update and achievements end March 2023
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.**			HSE	Project team for HCA programme is in place. Oversight group established and chaired by an independent chairperson. Two of the work streams namely Role & Function and Training & Development are established Subgroups set up from each of these work streams to work on specific recommendations • Work in progress to review the exiting training offered to HCAs through CNMEs • Template being drafted to capture educational qualifications of HCAs. • A review is in progress to standardise HCA Job Specification. National Lead along with the project team are providing updates to the SIPTU HCA Forum as per the recommendations. Underpinning the above work is ongoing engagement with all relevant internal and external stakeholders. Task sharing between doctors and nurses was finalised in 2019. HCA QQI level 5 Apprenticeship Programme feasibility study is completed. Business Plan submitted via HSE for consideration for a HSE Pilot Project. The HSE is starting a procurement for a shared care record solution subject to approval. A Shared Care Record enables healthcare providers in different settings—for example, primary care and hospitals—to view patient records for direct patient care-. It brings

					together information from various systems into a single place for care professionals to use to support the delivery of care. The business case and initial design of the solution, selection of the system will have both clinical and administrative input from a wide section of staff.
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. ii)Staff working closely with colleagues across health services in order to provide a seamless service delivery to the patients.**			HSE	(i) 2021 recruitment completed and closed out. (ii) Staff continuing to work closely with colleagues in the seamless provision of service delivery to patients.

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.*

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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.			HSE	Redeployment Policy 2020 provided vital assistance in the management of the health service during the covid pandemic peak years 2020-2022. This policy has been stood down. Health services are now delivered in a business-as-usual model and staff continue to fully co-operate with the delivery of care to patients.
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			HSE	The health service has implemented the new enhanced nurse contract in all areas of our service. A formal verification process of the implementation and outcomes has commenced.

PRIORITY 4 - 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.**			HSE	A revised Dignity at Work Policy for the public health service was implemented on 29 August 2022.
Full roll out of time and attendance arrangements provided for in PSSA – 2018-2020, by end 2021.				HSE	
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.**			HSE	Membership of National Steering Group enhanced with reps from National Ambulance Service and Section 38s. The Performance Achievement Hub on HSeLanD has been updated to develop the "Staff Stories" section. An increasing number of Learning Sessions / Webinars have been rolled out nationally to support the local implementation of PA, incorporating a feedback loop to allow for the improvement of PA content, supports and communications. Discussions near completion with PDP Oversight Group about including PDPs for Nurses & Midwives in PA returns. Performance Achievement tracking template developed to facilitate ease of data collection and reporting pending the development of a digital reporting solution (see below).

					Communication Strategy agreed to be rolled out via the HSE Staff site and Health Service News Bulletins. Business case submitted to eHealth & Disruptive Technologies via SAP COE to examine a system to record and report on PA electronically that will support services with implementation of PA, as this was highlighted as one of the enablers required. Focus on increasing % of performance meetings continues to be a priority. Performance Achievement has been fully rolled out by the HSE but has not yet been fully implemented by all HSE sites and Section 38 agencies nationally.
Ending of Operation of Common Recruitment Pool in Health Service – GIII – VII Clerical/Admin	**Common Operation Recruitment Pool no longer in operation.**			HSE	The Common Recruitment Pool has been replaced with recruitment from the Health Family (HSE, Section 38s and Tusla). Discussions around the wider recruitment model are ongoing.