



An Roinn Sláinte  
Department of Health



**Building Momentum**  
**Health Sector Report**  
**August 2023 – Phase 5**



**OVERVIEW**

**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 August 2023
Ongoing agreed roll out of Sláintecare.				HSE	<p>The Government introduced the Public Only Consultant Contract (POCC 2023) on the 8th of March 2023. This Public Only Consultant Contract is a key step in the move towards universal, single-tier healthcare with public hospitals exclusively used for the treatment of public patients, as envisaged in the Sláintecare Report. This will result in access to public health services being based on medical need rather than ability to pay. Introduction of this contract is a key deliverable of Sláintecare that proposed the phased elimination of private care from the public system. Over time as more consultants are recruited to or switch to the new contract, the level of private activity in the public system will decline.</p> <p>The POCC extends the working day to 10pm and now includes Saturdays for the first time. This will enable the health service to maintain efficient and timely patient flow out-of-hours and at weekends, enhance senior decision-maker presence on-site and reduce waiting times by maximising capacity in our hospitals.</p> <p>As of the 23<sup>rd</sup> August 2023 there are 419 Consultants who have signed the new POCC.</p> <p>Plans are proceeding for the establishment of Regional Authorities with the first tangible element being the recruitment of Regional Executive Officers to be in place for late 2023/early 2024. Plans are advanced on the realignment of services to the new Regional structures and a restructuring of the HSE Centre.</p>



					<p>Engagement with the trade union groups has commenced.</p> <p>RRR Additional inclusions Following the launch of new Consultant Contract, an international campaign was launched in June to encourage Irish trained graduates home but also source new talent.</p>
<p>Delivery of agreed integrated services in the acute hospital and/or community sectors.</p>	<p>Improved delivery of services to patients across the health service.</p>			HSE	<p>The HSE has directed employers to commence operating an extended service day/week to alleviate overcrowding pressure and to facilitate quicker and more appropriate care. Local employers are to implemented extended services in their employment based on service need and staff resources available. The Trade Union group have been notified of this new development.</p>
<p>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</p>	<p>Increase in the level of care which is delivered in the community thereby reducing pressure on acute services</p>			HSE	<p><b>RRR Additional inclusions</b></p> <p>HSE Resourcing Strategy launched in June to provide a strategic approach for the delivery of the workforce for the future.</p>
<p>Implementation of HSE plans for Community Healthcare Networks.</p>	<p>Move to the community would allow staff to implement new approaches to chronic condition management which</p>			HSE	<p>The HSE and ForSa circulated the Joint HSE/FORSA review of the Learning Sites on 4<sup>th</sup> July 2023. This report captures emerging themes and reflects the elements that will require further discussion between the parties to sustain a permanent durable</p>



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and improved care  
to patients

structure. The report does not alter the Operating Model or practice today in any of the areas. The appropriate mechanisms for addressing same will be the subject of further discussion between the parties in the coming weeks under the auspices of the Workplace Relations Commission. In the interim the Operating Model will continue in the CHNs.

**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 13 <sup>th</sup> November.



**PRIORITY 2 - 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.			HSE	Not on the current plan.
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.			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 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 before the end of Q4 2023.
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.
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**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 August 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	<p>The roll-out of Task Sharing is complete in Acutes, Community and Mental health sectors of the health service.</p> <p>Oversight group and four work streams established delivering on the recommendations of the 2018 report Review of Role and Function of Health Care Assistants.</p> <ul style="list-style-type: none"> <li>• Updated Job Specifications for HCAs working in Acute, community (primary care), Mental Health and Older Persons is due to be signed off by oversight group for circulation to wider system. Job Specification for specialty such as National Forensics Mental Health and Maternity currently being reviewed.</li> <li>• Information on HCA training provided through 23 CNMEs across the country has been collated.</li> <li>• As per service demand, working with CNME to provide specific modules</li> </ul>



					<ul style="list-style-type: none"> <li>• Life-Long Learning opportunities for HCAs available through HSE Library, HSELand and CNME is being scoped.</li> <li>• Final technical scoping of the data template to gather educational qualifications of HCAs is underway.</li> <li>• An initial scoping of PPPGs in use for HCAs to record care, if any is being carried out.</li> <li>• Liaison with relevant stakeholders to capture the existing career pathways available for HCAs.</li> <li>• Plans being drawn in collaboration with HSE Communications to raise the awareness regarding HCA profile.</li> <li>• New Service Development Template completed and submitted for Estimates 2024 regarding HCA Apprenticeship Programme.</li> <li>• Ongoing engagement with both internal and external stakeholders.</li> </ul> <p>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.</p> <p>The introduction of the POCC facilitates much more flexibility for consultants who want to work share, do less than whole-time, work compressed hours or opt for different work patterns.</p>
Co-operation with requirement to deliver services in an agreed manner that maximises efficiency,	i) Recruitment of 2021 graduates to be maximised. Staff will enable an increase in the capacity to manage the number			HSE	<p>RRR Additional inclusions</p> <p>Initiatives ongoing to offer permanent opportunities to Irish graduates across all professions supplemented by Programmes to expand our reach and overall workforce.</p>



<p>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.</p>	<p>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.</p>				<p>A formal evaluation of the enhanced nurse contract / role was carried out and a report has issued to the relevant parties. Early discussions on next steps are being initiated.</p>
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**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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<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.</p>	<p>Staff working across health services in order to provide continuity of care to the patients.</p>			<p>HSE</p>	<p>Winding down of Covid Testing complete and staff re-deployed into existing vacancies within service where appropriate in line with the Collective Agreement with SIPTU.  HSE Staff Redeployed into COVID Services have been returned to their substantive roles.</p>





<p>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.</p>	<p>Progress made towards realising productivity measures</p>			<p>HSE</p>	<p>Data continues to be collected by Community Services and submitted to National HSE and DOH at quarterly intervals</p>
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**PRIORITY 4 - Review of HR Policies and implementation of revised policies.**

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<p>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.</p>	<p>Support the development and implementation of a revised set of policies that are sufficiently robust.</p>			<p>HSE</p>	<p>Dignity at Work Policy was reviewed and a revised Policy implemented with effect from August 2022. The Trust in Care Policy will be reviewed during 2024.</p>



<p>Full roll out of time and attendance arrangements provided for in PSSA – 2018-2020, by end 2021.</p>				<p>HSE</p>	<p>Not on the current plan.</p>
<p>Continued cooperation with full roll out of Performance Achievement as introduced in January 2020 in all areas of the Health Service.</p>	<p>Co-operation with the full roll out of Performance Achievement.</p>			<p>HSE</p>	<p>Performance Achievement National Steering Group members have recommended local implementation of the following actions:</p> <ul style="list-style-type: none"> <li>• PA as a standing item on the agenda of Senior Management Team Meetings;</li> <li>• PA as a standing item on Joint Union Management Forums;</li> <li>• PA as a part of local Induction Training;</li> <li>• Local Champion identified for PA;</li> <li>• Standard Operating Procedure for tracking and reporting PA meetings;</li> <li>• PA as an agenda item on local Engagement Forums</li> </ul> <p>Identified PA champions from the various service areas that will proactively encourage &amp; promote local implementation and engagement with the process.</p> <p>PA form redesigned following review of current documentation. New single simplified PA form shared for dissemination and uploaded onto PA Hub on HSeLand.</p> <p>National HR has provided extensive documentation to support the implementation of PA in local services.</p> <p>Memo issued confirming the implementation of PDP as PA for Nursing &amp; Midwifery from 4th May 2023.</p> <p>CEO broadcast issued identifying engagement with the PA process as a priority for services.</p>



					<p>Update pending on Digital Performance Achievement Platform business case submitted to eHealth &amp; Disruptive Technologies via SAP COE that will support services with implementation of PA.</p> <p>Action Plan developed in response to the Internal Audit Report on Performance Achievement &amp; Decision Making (June 2023)</p> <p>Focus on increasing % of performance achievement meetings continues to be a priority. The YTD figure for 2023 is 5.3% against a NSP KPI of 70%.</p>
<p>Ending of Operation of Common Recruitment Pool in Health Service – GIII – VII Clerical/Admin</p>	<p>Common Operation Recruitment Pool no longer in operation.</p>			<p>HSE</p>	<p>RRR Additional inclusions</p> <p>A new Recruitment Operating Model is being developed to support the Health Regions. Discussions around the disbandment of the Common Recruitment Pool confining the market would be a key component of same</p>