

# Sláintecare Programme Board Meeting - Minutes

Meeting 5: 21<sup>st</sup> September 2022 @ 14:00 via Microsoft Teams

## Attendees:

Robert Watt, DoH (**RW**)  
Mary Day, HSE (**MD**)  
Rachel Kenna, DoH (**RK**)  
Tracey Conroy, DoH (**TC**)  
Muiris O'Connor, DoH (**MoC**)  
Derek Tierney, DoH (**DT**)  
Stephen Mulvany, HSE (**SM**)

Greg Dempsey, DoH (**GD**)  
Dean Sullivan, HSE (**DS**)  
Yvonne Goff, HSE (**YG**)  
Pat Healy, HSE (**PH**)  
Liam Woods, HSE (**LW**)  
Damian McCallion, (**DMcc**)

## Apologies

Kevin McCarthy, DCEDIY (**KMcC**)  
Anne Marie Hoey (**AMH**)  
Louise McGirr, DoH (**LMcG**)  
Paul Reid, HSE (**PR**) \*  
Catherine Clarke (CC) \*

\* connection issues

## Also in Attendance:

Gary Martin, DoH (**GM**)  
Breda Rafter (**BR**)  
Bob Patterson, DoH (**BP**)  
Muriel Farrell, DoH (**MF**)

Jack Nagle, DoH (**JN**)  
David Leach, DoH (**DL**)  
Grace O'Regan, DoH (**GOR**)

Niall Redmond, DoH (**NR**)  
Sarah Treleaven, DoH (**ST**)  
Sinead Quill, DoH (**SQ**)

## 1. Minutes and matters arising

The minutes from the meeting of the 08<sup>th</sup> June 2022 were agreed. There were no matters arising.

## 2. Sláintecare Action Plan 2022

A mid-year status update on 2022 deliverables was included in the Programme Board briefing pack and updates were noted. JN provided a brief update on a lookahead summary on progress of key actions due for completion by end of December. This highlighted a few areas that are under challenge for delivery by end 2022. RW reviewed each of these and the actions being taken in each area with the group.

## 3. Programme Updates

Papers providing an update on each programme were circulated to Programme Board members in advance of the meeting, and these were referenced, discussed and key points noted, as below:

### 2022 Waiting List Action Plan (WLAP)

As of end August, total acute scheduled care waiting lists (new outpatient appointments and procedures) are behind targets in the WLAP, both for reducing overall volumes (behind by 39k, 6%) and long waiters (behind by 72k, 103%). The reduction in waiting lists under the WLAP relied on the delivery of core NSP activity plus additional activity internally and externally, funded with a budget of €350m. However, this planned level of activity is not being delivered and, absent an immediate improvement, it is unlikely the 18% WL volume reduction target will be achieved.

The Task Force, overseen by the SecGen and the Minister, are reviewing the WLAP challenges with the project team. Actions necessary to deliver on improved activity levels by year end have been set out.

Terms of reference for the development of a multi-annual waiting list reduction programme (a key deliverable of the Sláintecare Programme) has been drafted by the Department and the HSE and is due to be presented to the Working Group and Task Force for approval. The development of a multi-annual

plan is intended to provide a strategic direction for reducing waiting lists to meet the Sláintecare waiting time targets in the longer-term.

### **Regional Health Areas (RHAs)**

MOC referenced the briefing materials and indicated that work was progressing at pace. Mr Liam Woods, HSE, has been appointed to lead the Operational aspects for the HSE Implementation team and a disability lead has been appointed by the Department of Children, Equality, Disability, Integration & Youth (DCEDIY). LW advised that five regional events are planned where HSE Corporate and the DoH are engaging with HSE system leads at a regional level to inform development of the RHA implementation plan. The first two of these, in Cork and Sligo have been completed with the other three planned shortly.

Work on each workstream is progressing. The Advisory group are engaging actively and have noted the scale of the planned reform for the health system.

It was noted that the Joint Oireachtas Committee on Health received a technical briefing and engaged in discussions on the development of the RHA implementation plan at a meeting in the Department of Health on the 13<sup>th</sup> July.

The group is on target to have a draft RHA implementation plan for year-end and RW emphasised the importance of meeting this key milestone.

### **Enhanced Community Care (ECC)**

PH updated on the ECC programme stating that good progress is being made in terms of Community Health Networks and the Community Specialist teams. Community GP diagnostics continues to progress very well, with more than 170k done to date and target of 240k will be delivered. A small study analysis across 16 practices has provided a preliminary indication of a reduction of up to 80% in referrals to emergency departments for diagnostics and a 58% reduction in outpatient referrals for diagnostics. Recruitment for the ECC programme roll-out is on target.

NR highlighted the challenge to put in place an interim ICT solution to support the data capture within the community. The implementation of an interim ICT solution as well as ongoing focus and success of international recruitment were seen as key enablers to ongoing progress of the ECC programme.

RW asked about the impacts that the ECC programme are having and how the Community teams will support the Winter Plan by targeting and supporting patients to avoid Emergency Department visits. This is being developed as part of the upcoming Winter plan.

### **Sláintecare Consultant Contract**

The Government remains committed to introducing the Sláintecare Consultant Contract to hospital consultants as soon as possible. The Contract remains the subject of engagement with consultants' representative bodies, the IMO and the IHCA.

### **Elective Centres**

BP updated on progress on the elective centres, indicating that the External Assurance Process (EAP) is nearing completion and revised preliminary business cases for Cork and Galway with inclusion of EAP

recommendations have been received and are being reviewed. These revised business cases are to be submitted to DPER's Major Projects Advisory Group for their review, in line with the Public Spending Code (PSC) process.

The aim is to get memo to government by end October for Cork and Galway business cases. In parallel with this, work is ongoing between the HSE and DoH to prepare for next stage of the process, subject to Government decision on the business cases. In line with the PSC, the next stage is to develop a procurement strategy for the development and delivery of the elective centres. Work is also advancing to progress the business case for Dublin.

### **Strategic Workforce Planning/Recruitment update**

The HSE resourcing strategy set out a minimum resourcing target as a net increase of + 5,500 whole time equivalents (WTEs) for 2022. All staff categories are showing growth year to date with the largest WTE increase seen in Nursing and Midwifery at +1,180 WTE. The expectation is that the HSE will meet the 5,500 WTE target to year end, notwithstanding that there has been a substantial increase in staff turnover both in Q1 and in Q2 in 2022, compared to levels seen in 2019 -2021.

RK commented that clinical posts remain the most challenging to fill, particularly those requiring international recruitment. There is greater availability of management and administrative resources locally, and consequently better local recruitment for these posts. There continues to be a significant reliance on international recruitment across all clinical areas and HSE/DoH are working collaboratively on a resourcing strategy to make the local and international recruitment processes as efficient as possible.

### **Digital Innovation Projects**

A briefing note had been issued to Programme Board members as pre-readings setting out the approach being taken by HSE under DPER's strategy 'Making Innovation Real' as well as detail on seven digital project initiatives. DT/YG discussed this series of digital innovation projects that are underway with the aim of taking these from a feasibility stage, demonstrating their viability and then looking to scale these so they can support service delivery and key reform areas such as the waiting list plan.

RW welcomed these initiatives and the potential that digital innovation has to support the reform programme and services delivery and asked about the status and timelines for each of the projects and if there are any barriers to accelerating the work on the projects and scaling of suitable initiatives.

### **Sláintecare Integration Fund Phase 2 Programme**

DT updated on Round 2 of the Sláintecare Integration Innovation Fund. A closed call for projects was commenced on 13<sup>th</sup> September and the budget for round 2 is € 15m over a two-year period and is to be administered by Pobal through a Performance Delivery Agreement.

Evaluation of projects will be undertaken between October and December and selected projects will start in early 2023.

### **AOB**

It was noted that the Secretary General of the Department and the CEO of the HSE are appearing in front of the Joint Committee for Health on Wednesday 28<sup>th</sup> September.

The next programme board meeting will be held on Tuesday 22<sup>nd</sup> November at 15:00.

RW commented on the positive progress made to date and the challenges that are being worked on in some areas and asked if there were any further observations or comments from Programme Board members. There being no further comments the meeting was closed.

**Follow up Actions:**

<b>No</b>	<b>Area</b>	<b>Action</b>	<b>Assigned to</b>	<b>For Completion</b>
1	RHA	Continue engagement with the regional leads (CHOs & Hospital Groups) to get regional input into development of RHA implementation plan, and complete plan by year end	MOC/DS	End Dec
2	ECC	Identify patient levels for ECC programme to target, as part of the Winter Plan, for Emergency Department visit avoidance as part of the supports provided by the ECC teams	PH/NR	October
3	Elective Centres	Complete assurance processes for the Cork and Galway elective centres, and bring a memo to Government on the business cases for these by end October	DT/DS	October
4	Digital Innovation Projects	Set out timeframes and details for the key Digital Innovation projects (seven in briefing) including timeline for completion of business cases, implementation of successful projects, any barriers to be overcome and funding/timelines for each.	YG/DT	October

