



Sláintecare Programme Board Meeting - Minutes

Meeting 6: 15th November 2022 @ 15:00 Location Miesian Plaza

Attendees:

Robert Watt, DoH **(RW)**
Stephen Mulvaney **(SM)**
Tracey Conroy, DoH **(TC)**
Muiris O'Connor, DoH **(MoC)**
Derek Tierney, DoH **(DT)**
Dean Sullivan, HSE **(DS)**
Niall Redmond, DoH **(NR)**
Rachel Kenna, DoH **(RK)**

Damian McCallion, HSE,
(DMcC)
Yvonne Goff, HSE **(YG)**
Pat Healy, HSE **(PH)**
Louise McGirr, DoH **(LMcG)**
Liam Woods, HSE **(LW)**
Anne-Marie Hoey, HSE
(AMH)
Mary Day, HSE **(MD)**

Also in Attendance:

Grace O'Regan, DoH, **(GOR)**
Bob Patterson, DoH **(BP)**
Muriel Farrell, DoH **(MF)**
Breda Rafter, DoH **(BR)**
Catherine Clarke, HSE
(CC)
Gary Martin, DoH **(GM)**
Jonathan Thompson, DoH
(JT)
Sinead Quill, DoH **(SQ)**
Ruth Gahan, DoH **(RG)**

Apologies:

Kevin McCarthy,
DECIDY**(KMCC)**

In Summary: Board Members noted strong progress being made across the Sláintecare projects and agreed actions required to address areas of concern- noted below. The importance of building metrics into initiatives from the outset in order to measure and demonstrate impact was agreed. The need to clearly communicate Sláintecare progress in terms of health and social care service performance was emphasised to ensure balanced communication and to establish clear understanding of where we are at overall with Sláintecare implementation. It was agreed that where reform initiatives and innovations prove to be effective in terms of user benefits that it is critical to seek to maximise the impact of these innovations without delay.

1. Minutes and matters arising

The minutes from 5th meeting of Programme Board (21 September 2022) were agreed. There were no matters arising.

Apologies were noted from SG Kevin McCarthy, D/CEDIY



2. Sláintecare Action Plan 2022

- Updated Q3 Actual and Q4 year-end lookahead– priority areas to action

The Q3 outturn and year-end look ahead was noted. While a number of areas are under challenge, substantive progress was noted broadly across the Sláintecare programme and discussion focused on priority areas to action, see below.

- Sláintecare 2022 Progress Report:

Preparations for the **Sláintecare 2022 Progress Report** are underway. At this point, five years into the ten-year programme there is a need to consider and comprehensively communicate the overall impact of the Sláintecare Programme to date, to clearly explain where on the journey we are to full delivery.

3. Request updates from respective DoH / HSE Joint Leads on:

- Programme Leads updated the Board on key issues arising, noting that meeting papers were circulated as pre-reads:

i. Waiting List Action Plan: Tracey Conroy & Mary Day

It was noted that the Waiting List Task Force is meeting directly after the Sláintecare Programme Board meeting and will discuss this area in more detail. The immediate focus of Waiting List Task Force continues to be on reducing the waiting list backlog by as much as possible by year end, primarily through the provision of additional activity, as well as planning for 2023. While significant challenges from continued COVID-19 surges, ED pressures and operational constraints, such as recruitment issues, have curtailed achievement of this year's key Action Plan targets, evidence was noted of a consistent positive improvement in waiting list numbers over the last 11 weeks, especially in OPD. Long-waiters have also been significantly reduced. Longer-term reforms, such as implementation of modernised care pathways and agreeing plans to sustainably enhance capacity in all hospitals and specialities, are also being progressed with a view to further reducing the waiting lists and times next year. New reform measures that are proven to be effective in reducing waiting lists and times were encouraged to be progressed as rapidly as possible, although it was noted that the system needs to maximise utilisation of the funding already allocated.

ii. Regional Health Areas: Muiris O'Connor, Liam Woods & Yvonne Goff

The DoH and HSE continue to work at pace in developing the new RHA structures for integrated care. Recent extensive stakeholder engagement, including with the RHA Advisory Group and through regional staff engagements, were noted, and stakeholder insights will be reflected in the design. It was noted that the draft Implementation Plan is to be substantially complete by year end with finalisation to include critical paths and related activities. The substantive structural changes involved in setting up the RHAs as well as the critical change management processes underpinning these, in the HSE and Department, were noted. All HSE activities, as described in the National Service Plan, for example, will need to take account of the move to RHAs and will need to be fully aligned to achieve successful delivery of the RHAs. A key consideration is how the role of the HSE as well as the Department will adapt to the new RHA structures. It was noted that while the approach to setting up the RHAs needs to be comprehensive in its approach it should also be balanced to ensure the correct sequencing and pace of change is appropriate and credible.



The critical role of the future RHA CEOs was discussed and the importance of achieving the appropriate balance between the respective roles of the RHAs, the HSE and the Department were referenced. It was noted that the Government will require an update on progress and next steps in the new year, following consideration and endorsement by the respective Governance structures in the HSE and the DoH

iii. Enhanced Community Care: Niall Redmond & Pat Healy

Substantial progress in ECCs set-up was noted, with key teams now substantially established and operational. The impact of the ECC teams is already evident with GP virtual clinics and pulmonary rehab highlighted.

It was agreed that the ECC programme is already making impact and that the relevant metrics need to be comprehensively captured and communicated. The data is currently being collected and will be analysed and reportable within 6 months. In terms of recruitment, it was noted that it is getting more difficult to recruit especially to those areas where patient needs are particularly complex. Recruitment and retention measures, such as rotation opportunities, that are proving effective in particular areas of practice were discussed. It was agreed that there is a need to manage recruitment both to acutes and the community.

It was noted that the ECC programme is being leveraged to support the Winter Plan Improved Pathways, through General Practice and the Community Health Networks (CHNs) Integrated Case Management Initiative. It is anticipated that in the first phase Winter 2022/2023 that up to 6,700 patients will avoid ED attendance due to ECC engagement; and that year 1 2023, full year roll out will mean that up to 21,000 patients will avoid ED attendance.

iv. Elective Hospitals: Derek Tierney (Bob Patterson), Dean Sullivan, Yvonne Goff

The Board noted that the Elective Centres Programme Preliminary Business Cases have been under review with the Major Projects Advisory Group (MPAG). Pending the outcome of MPAG, a Memo for Government will be submitted, as required by the Public Spending Code (PSC). The HSE is developing a plan for the next stage of this key reform initiative (Decision Gate 2 of the PSC). The draft plan includes proposed national and regional governance structures to oversee activities needed to develop a project brief, procurement strategy, pre-tender business case, tender documents and a stakeholder communications and engagement plan. It was intended that the Memo to Government will be submitted for decision in December.

v. Strategic Workforce Planning/Recruitment update: Rachel Kenna, Louise McGirr & Anne Marie Hoey

The Board was informed that, by end September 2022, year-to-date staffing levels showed a growth of, 2,922 Whole Time Equivalent (WTEs) recruited, against a target of 5,500 WTEs. The current project to year end is an estimated year to date outturn of 4,600 WTE net growth. It was noted that there is variance at staff category and divisional levels in terms of recruitment, however, which reflects the challenges also observed in the global healthcare market, most notably in the Health and Social Care Professionals. In planning ahead, in terms of addressing the gap between the number of available health care workers and anticipated increase in demand for services, driven by growing and aging demographics, the HSE has established the strategic national resourcing programme. This programme is designed to address domestic supply chains to deliver sustainable domestic resources. Significant resourcing



initiatives underway, in relation to nursing and midwifery, health and social care professionals (HSCP), and medical and dental were outlined.

vi. Digital Innovations: Yvonne Goff & Derek Tierney

Board members acknowledged progress reported to date on the HSE Innovation Programme. The co-design process currently underway to develop the 'HSE approach to Innovation' was noted. It was agreed that while mapping out the HSE approach and agreeing the processes necessary to building an innovation ecosystem and culture supportive of driving innovation is important, where reform initiatives and innovations prove to be effective in terms of user benefits that it is critical to seek to maximise the impact of these innovations without delay.

vii. Sláintecare Integration and Innovation Fund (SIIF 2): Derek Tierney (Bob Patterson/ Muriel Farrell) and Yvonne Goff

The Board noted the second round of fund applications is being finalised and 9 recommended projects will be brought to the Minister in respect of SIIF 2 shortly; SIIF projects will commence in 2023.

4. Development of Sláintecare 2023 Action Plan:

- The Sláintecare Programme Management Office (SPMO) will commence development of the Sláintecare 2023 Action Plan shortly. The Action Plan will be based on the Sláintecare Implementation Strategy 2021 – 2023 and will align with the HSE National Service Plan.
- The Sláintecare Action Plan 2023 will be submitted to the Sláintecare Programme Board (and DoH Management Board), ahead of being submitted to the Minister for sign-off and publication in Q1 2023.

5. Recap

- Agreed actions
 - i. Waiting List- seek to leverage pathways to increase activity.
 - ii. RHAs- Implementation Plan to be finalised. Memo for Information to go to Government in early 2023
 - iii. ECCs- to develop metrics to underpin implementation and measure impact
 - iv. Elective Hospitals- Memo to Government to issue in December 2022
 - v. Minister of Health to sign off on SIIF Round 2 projects
 - vi. 'HSE Approach to Digital Innovation Projects' to be finalised in 4 weeks

6. 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 30 November (this date was subsequently rescheduled to 7 December 2022).



The next meeting of the Programme Board will take place at 2.30pm, on 21 February 2023.

Follow-up Actions

No	Area	Action	Assigned to	For completion
1	Waiting Lists	Leverage pathways to increase activity	TC/MD	On-going
2	RHAs	Implementation Plan to be finalised. Memo for Information to go to Government in early 2023	MoC/LW/YG	End Dec
3	ECCs	Develop metrics to underpin implementation and measure impact	PH/ NR	April 2023
4	Elective Hospitals	Memo to Government to issue	DT/ DS	December
5	SIIF	Minister to sign off on SIIF Round 2 proposals	DT/ YG	November
6	Digital Innovation Programme	Complete 'HSE Approach to Innovation'	YG/DS	Early December