

Sláintecare Programme Board Meeting – Minutes

Meeting 11: 11 December 2023 @ 14:30pm; Location: Online

Attendees:

Robert Watt, DoH, Chair
Tracey Conroy DoH
Niall Redmond DoH
Rachel Kenna, DoH
Muiris O'Connor, DoH
Derek Tierney, DoH
Louise McGirr, DoH

Liam Woods, HSE, Chair
Mary Day, HSE
Yvonne Goff, HSE
Anne-Marie Hoey, HSE
Damien McCallion, HSE
Liz Canavan, DoT

Also in Attendance:

Grace O'Regan, DoH,
Bob Patterson, DoH,
Rosaleen Harlin, DoH
Niamh Bernard, DoH
Fiona Mansergh, DoH
Muriel Farrell, DoH
Louise O'Hare, HSE
Maurice Power, HSE
Sinead Quill, DoH
Beverley Sherwood, DoH
Martina Shaughnessy, DoT
Clare Mungovan, DoT
Jack Nagle, DoH
Jo Shortt, HSE
Grainne Scarlett, DoH
James Gibbs, DCEIDY
Susan Mitchell, DoH
Ruth Gahan, DoH
Bryan Leith, DoH
Colin Leahy, DoH
Thomas Kinlough, DoH
Emma Kennedy, DoH
Karoly Gyorfi, DoH
Peter Kearney, DoH

Apologies:

Colm Henry, HSE
Patrick Lynch, HSE
Bernard Gloster, HSE
Pat Healy, HSE
Siobhan McArdle, DoH

In summary: Members agreed steps to finalising draft new Sláintecare Strategic Framework with a view to sharing the draft with the Minister in the near future. The significant progress in addressing waiting times through various initiatives being driven through the Waiting List Action Plan throughout 2023 were commended – it was noted that the health service is treating significantly more patients than previously. The impact of this on overall waiting lists is negated by the increased level of patients coming onto waiting lists (additions 14% higher than same period last year). The operationalisation of the Enhanced Community Care (ECC) Programme is succeeding in delivering significant new activity in the community to (i) deal with complex and more frail patients urgently, most of whom are discharged home as opposed to having to go to an acute hospital; and (ii) engage with more people with chronic diseases- who are now being managed in General Practice and in the community by the Community Specialist Teams. The strong uptake in the Public Only Consultant Contract (POCC) means that hospital consultants are being rostered over longer hours in the day and over weekends resulting in consultant delivered services being made more available later into the evening and at weekends. Members noted that the impact of the waiting list and ECC initiatives as well as the uptake of the POCC on the overall performance of the Health and Social Care system in Ireland will be significant and the impacts of these will be looked at as part of the new Sláintecare Strategic Implementation Framework.

1. Minutes and matters arising

Members were welcomed to the 11th meeting of the Programme Board.

Apologies were noted from Patrick Lynch, Breda Smyth, Pat Healy, Bernard Gloster, Siobhan McArdle and Colm Henry.

2. Sláintecare Strategy Framework and Action Plan 2024 – 2027 (SC2024+)

Members were thanked for their significant engagement with the Sláintecare Programme Management Office (SPMO) in the development of SC2024+ V.12

SPMO updated Members on work undertaken to date, explained how the SC2024+ has evolved and outlined proposed next steps. Members noted the draft *SC2024+ Vision* is to provide universal, accessible, affordable, person-centred, safe, and quality social care for all the people of Ireland. This will be delivered through the *draft SC2024+ Mission* to deliver more timely access and enhanced, lower-cost patient care and better health outcomes in partnership with the people who use our services. This will be achieved by increasing capacity, improving productivity & efficiencies, supporting and developing our workforce, and delivering more efficient, integrated care closer to home, in the community while providing accessible hospital care for those who require it.

Members acknowledged that project ambition statements and the overall level of ambition in a number of areas still need refining to agree clearer output-based deliverables and goals. It was agreed that the SPMO will work with project leads to further prioritise and refine the 2024 and 2024-2027 deliverables into SMART objectives with clear output/outcome focus. The SPMO will draw on this project information to determine where we expect the health & social care system to be at the end of this reform period (2024-2027). The SPMO will follow up with Joint DoH/HSE project leads to work on SMART deliverables for 2024 and 2024-2027, at the next meeting of the Joint Sláintecare Project Lead Group, on 20 December.

Members further acknowledged the level of stakeholder engagement undertaken by the SPMO in the development of SC2024+ including with the HSE Patient and Service User Forum. It was agreed that SPMO would undertake a communications and stakeholder engagement strategy for implementation of SC2024+

3. SPMO update- Progress Report and proposed Change Control Procedure

Members noted progress on Sláintecare 2023 Action Plan, including the November SCAP23 Progress Report. Currently, 82 of 128 (64%) deliverables are on track, or completed for 2023, with 30 (23%) in minor delay and 14 (11%) in significant delay. It was noted that the number of deliverables showing significant delay has increased since the September Programme Board meeting and that recruitment and capacity constraints are a recurring theme underlining these delays.

Members approved the template for change control which will be implemented by the SPMO as part of its programme management of SC2024+ implementation. It was noted that the SPMO will undertake a review of the Terms of Reference of the Programme Board, for consideration at the next meeting in February 2024.

4. Briefing papers from project leads

- HSE Health Regions:

Members noted that proposed options for the mapping of the Integrated Health Areas (IHAs) in each Region have been developed and are at consultation stage. The Regional Executive Officer recruitment has been undertaken and it is intended that appointments will be made by February 2024. A programme of work is underway with HSE National HR to consider workforce implications in the transition to Health Regions, and the potential impact on staff/roles in the new structure. This work will continue in partnership with staff representative bodies to agree transition principles and methodologies. Immediate next steps include finalisation of the design of functional top team structures, functional descriptions and role profiles for the HSE Centre SLT and Health Region EMT; alignment of the geographies of the existing Hospital Groups and Community Healthcare Organisations, while minimising patient and service disruption; updating the Performance Accountability Framework to reflect new structures and agree baseline KPIs for the establishment of Health Regions; and defining the critical Digital and ICT requirements including necessary data requirements to establish Health Regions for Feb 2024.

- Enhanced Community Care:

Members noted the significant activity across the ECC programme in 2023. Significant increased activity was noted in the **Integrated Care Programme for Older People – ICPOP**: There were 58,611 patient contacts by ICPOP CSTs Jan – Aug 2023. Of those, 71% were discharged home; 6% were admitted to acute hospital; and 4% were admitted to long term care. ECC data demonstrates that the ICPOP teams are seeing complex and more frail patients, urgently and that most of such cases are discharged home as opposed to having to go to an acute hospital. Data from the **Integrated Care Programme Chronic Disease - CDM and ICPCD** shows that more people with chronic diseases that, if left unchecked, would lead to attendance at hospitals, are now being managed in General Practice (453,300 CDM patient reviews completed by GPs Jan – Oct 2023), and in the community by the Community Specialist Teams for CDM (85,328 patient contacts Jan - Aug 2023). 358,338 **Community Diagnostics** were planned to be delivered in 2023 (Radiology and CDM Tests), with 436,754 delivered October YTD. The ECC Programme will continue to play a key role in supporting key UEC priorities, in particular the pillars of Hospital Avoidance Operations and Discharge Operations. This will be achieved through integrated ways of working in the delivery of the end-to-end pathway and by leveraging all available resources across the full continuum of care, from General Practice through CDM Programme, the CHNs, CSTs and acute-based resources. Members noted the challenge for ECC in 2024 will be to further drive activity and performance and to demonstrate the link between the investment in ECCs and the patient impact.

- Sláintecare Consultants Contract:

Since the Public Only Consultant Contract (POCC) was introduced (March 2023), 973 existing consultants and 275 new consultants have signed up to the POCC. Members noted that there are already clear improvements as are result of POCC'23, including a number of Hospital Groups are now scheduling their Consultants to work outside of the hours 08:00 – 17:00 Mon-Fri. The extended days are being used to clear patient backlogs after the weekend; a number of Hospital Groups have reported that Consultants are being scheduled to work on Saturdays from 08:00 – 18:00 as part of their normal roster; reports from Hospital Groups that Saturday working and extended days in Emergency Departments and Anaesthesiology is leading to improved patient and theatre flows; and reports that POCC'23 has helped attract candidates to previously difficult to fill positions.

- Waiting Lists:

Members noted that the health service is treating significantly more patients than previously. As of the end of November 2023, approximately 688,000 patients were on hospital waiting lists, though this figure is expected to reduce by year end. At the end of November, the total number of patients removed from the OPD, IPDC and GI Scope waiting list was c.3.6% (c.56k) higher than target, with c.13.2% (187k) more patients removed from the waiting list YTD than in the same period last year. However, despite hospital activity significantly outperforming activity targets so far this year, progress to reduce waiting lists has been negated by higher than projected additions to waiting lists. It was noted that the latest hospital activity report published monthly by the HSE is now available online- this provides insights into acute activity levels and indicates that the health service is treating significantly more patients. For the most recently available 12 months of data, there were 3.6 million outpatient and c.1.8 million IPDC attendances.

In terms of waiting times, overall, progress has been made YTD in reducing the length of time patients are waiting for care. While, at the end November 2023 there were 463,921 people waiting longer than the Sláintecare maximum wait times, this figure represents a 163k (26%) reduction since pandemic peaks. Actions in the Waiting List Action Plan (WLAP) are also aimed at reducing waiting times for 20 high volume procedures. As at end November-2023, over 91% of patients waiting more than 3 months by year end have been removed from IPDC waiting lists or have received an authorisation for an offer of publicly funded treatment in private or public hospitals. In November 2023, the NTPF launched a new [waiting list dashboard](#) with enhanced reporting features, which enables patients and professionals to gain a better insight into the National Public Hospital Waiting lists.

- Strategic Workforce Planning:

At the end of October 2023 employment levels stand at 143,892 WTE (equating to 162,347 personnel). This figure represents very strong growth with an overall increase of +6,146 WTE Year To Date (YTD), and an increase of +816 WTE since September 2023. At staff category level, YTD, the largest WTE growth is in Management and Administration (+2,033 WTE) followed by Nursing and Midwifery (+1,479 WTE). Medical and Dental is also showing substantial growth at a net WTE growth of +929 WTE with +294 WTE Consultants. At divisional level YTD Acute Services have grown by 4,130 WTE along with Community Services by 1,489 WTE. All staff categories have shown growth across both Acute and Community with the exception of General Support in Community Services. Against the *Pay and Numbers Strategy* the net position is ahead of the projected labour market available growth target by +136 WTE, at a net YTD growth of 6,146 WTE against 6,010 WTE.

5. AOB

The next meeting of the Programme Board will be held at 2.30 – 3.30 pm on Tuesday 13 February 2024 (*tbc*). The schedule of provisional 2024 SCPB meeting dates will be notified to members after the meeting.

Appendix 1 Review of Actions from Meeting No.11 of Programme Board

No	Area	Action	Assigned to	Status
1	SC2024+	Finalise relevant Ambition Statement and SMART deliverables for 2024 – 2027	SPMO with SCPB Members	End 2023
3	SC2024+	Confirm relevant SC2024+ Strategic Objectives and associated KPIs	SPMO with Project teams	End 2023
5	SC2024+	Develop stakeholder engagement and communications plan for SC2024+	SPMO Communications	Jan 2024
7	SC2024+	Undertake a review of Programme Board Terms of Reference (ToR)	SPMO	February 2024