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Government of Ireland

Sláintecare.

Right Care. Right Place. Right Time.

Progress Report 2022



Sláintecare Implementation
Strategy & Action Plan 2021 - 2023



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Foreword

Minister for Health Stephen Donnelly TD

Five years on from the publication of the Sláintecare Report we have made unprecedented progress in improving access, affordability and quality in our health and social care services.

We have taken measures that are making an immediate impact on the lives of patients, as well as working to deliver foundational longer-term change that will significantly enhance overall capacity and patient centred care.

The progress in implementing the Sláintecare reform programme is underpinned by the highest investment in health and social care in 2022 and 2023 in the history of the State. We are investing in innovation and the delivery of integrated services, by investing in people, new care pathways, new technologies, new facilities and new ways of working that will enable us to better respond to the growing health needs of our population.

A major step towards ensuring public only care and the phasing out of private practice in public hospitals was taken by Government with the approval, in December 2022, of the new Sláintecare Consultant Contract. The new contract will ensure state resources are provided in accordance with need rather than ability to pay.

The Government also approved, in December 2022, the sites of new elective hospitals in Cork and Galway to provide significant additional capacity to meet future demand, and to enable the separation of scheduled and unscheduled care. This will change the way in which day cases, scheduled procedures, surgeries, scans and outpatient services are arranged



across the country. These hospitals will ensure greater elective capacity in the future, protect scheduled care capacity and support a reduction in waiting times. To address shorter-term needs, the HSE will fast-track plans for new elective surgical hubs in Cork, Dublin, Galway, Limerick and Waterford to address shorter term capacity demands.

Real progress was made in restructuring our health and social care service and enabling better

and more integrated care along regional lines. In April, the Government approved the next steps for the implementation of Regional Health Areas (RHAs) and an implementation plan will shortly be published.

We have continued to invest in primary care and community services to ensure that patients are treated in their locality or as close to their homes as possible. Over 2,400 healthcare workers were recruited to the Enhanced Community Care Programme while 94 of the planned 96 Community Healthcare Networks are now operational. I expect to see real impact from this programme starting in 2023 and subsequent years.

Tangible measures that made a real immediate difference to patients were also implemented in 2022 to expand eligibility and to make access to healthcare fairer and more equitable. These included abolition of in-patient hospital charges for children under 16 years, the introduction of free contraception for women, reduction in drug payment thresholds, and the planned extension of free GP visits in 2023 to almost half the population.

We have seen what our health service is capable of when enabled with the right public health measures and health policies. We have accomplished a lot in 2022 and in previous years. People in Ireland now live longer and in better health than most of Europe. However, we have a lot more to do. We are committed to implementing the Sláintecare vision of a single-tier health and social care service and ensuring equal access to services based on patient need and not ability to pay.

Executive Summary

The Sláintecare Implementation Strategy & Action Plan 2021–2023 (Strategic Action Plan) was approved by Government in May 2021. This 2022 end of year report sets out the progress in improving access, affordability and quality in our health and social care services and in the measures taken that are making an immediate impact on the lives of patients, as well as working to deliver foundational longer-term change that will significantly enhance overall capacity and patient centred care.

Key Highlights (Sláintecare and Programme for Government):

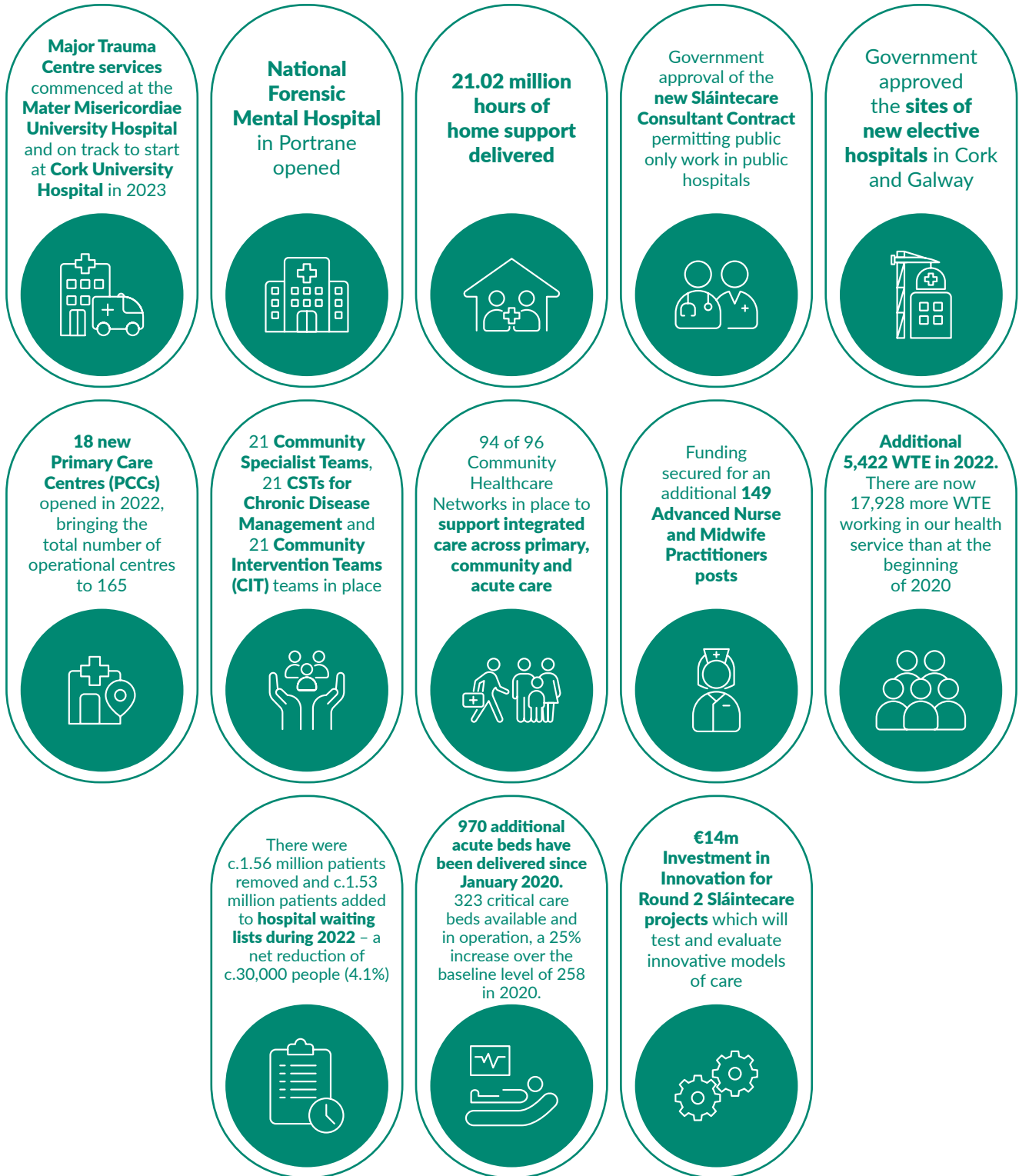
- **Regional Health Areas:** Government approval was given, in April 2022, on next steps, the programme of work, and timelines for Regional Health Areas (RHAs) implementation.
- **Waiting Lists:** Overall reductions were complemented by significant reductions in waiting times. In 2022, the overall number of patients exceeding the Sláintecare maximum wait time targets recommended in the 2017 Oireachtas Report (10 weeks OPD, 12 weeks IPDC / GI Scope) decreased by 11%.
- The new **Sláintecare Consultant Contract** was approved by Government in December 2022.
- **Expansion in eligibility** including: Acute public in-patient charges for children under 16 years were abolished in all public hospitals from 21 September 2022.
- Funding allocated in Budget 2023 to provide for the abolition of all public inpatient hospital charges.
- **Elective Hospitals** received formal Government **approval-in-principle** for the Preliminary Business Case for the Programme as well as the Project-level Business Cases for **Cork and Galway**.
- **2,400 healthcare workers have been recruited** to the Enhanced Community Care (ECC) Programme, establishing 94 of the planned 96 Community Healthcare Networks (CHNs) and 21 Community Specialist Teams for Older Persons and 21 specialist teams for Chronic Disease Management.
- The **GP Direct Access to Diagnostics scheme** provides a direct referral pathway for GPs to allow their patients access diagnostic scans. It delivered over 250,000 diagnostics in 2022.
- The **Sláintecare Integration Fund 2019-2021 End of Round 1 Report** was published in July 2022. The Fund contributed to the avoidance of 19,000 inpatient bed days and 3,000 ED attendances. 8,000 patients were seen from waiting lists, and 13,000 patients reported an improved health status through lifestyle, self-management and physical activity. The Fund is now multi-annual and a second round of projects are now operational.

Key Highlights (additional Programme for Government):

- A total of 970 **additional acute beds** have been delivered since January 2020. Latest figures from the HSE confirm that there are 14,508 beds in acute settings (including obstetrics and psychiatric beds) against a target of 13,600 beds identified in the Health Service Capacity Review.
- **Critical care capacity** now has 323 beds, which represents an increase of approximately 25% over the 2020 baseline of 258 beds. This also means that Phase 1 of the Critical Care Strategy is now delivered and progress underway to deliver Phase 2.
- **There are 17,298 more WTE** working in our health service than there were in January 2020 – this includes an additional 4,592 nurses and midwives, 2,654 health & social care professionals and 1,758 doctors and dentists.
- **Waiting Lists:** Without the intervention of the 2022 Waiting List Action Plan, active hospital waiting lists would have increased by 42% to over 1 million people. Instead, there were c.1.56 million patients removed and c.1.53 million patients added to hospital waiting lists during 2022 – a net reduction of c.30,000 people (4.1%) to c.690,000.
- **Expansion in eligibility** including:
 - A free contraception scheme for women aged 17-25 was launched on 14 September 2022 and will be expanded to 26-year-olds on 1 January 2023.
 - The Drug Payment Scheme threshold was reduced twice in 2022. From €138 per month in 2018, the threshold has now reduced to €80 per month.
 - A **free national STI home-testing scheme** was introduced by the HSE in October 2022.
- 21.02m of home support hours were delivered in 2022.
- The **National Stop Smoking Clinical Guideline** was published in January 2022.
- Sharing the Vision Implementation Plan 2022 – 2024 was published in March 2022.
- **Major Trauma Centre services** commenced 2022 at the Mater Misericordiae University Hospital and on track to start at Cork University Hospital from early 2023.
- The **National Forensic Mental Hospital in Portrane** opened in November 2022.
- €11m in 2022 secured 149 **Advanced Nurse and Midwife Practitioner** new additional posts for the health service.
- The **1st National Nursing Home Experience Survey** was launched in March 2022 and results were published in November 2022.
- **Health Performance Visualisation Platform (HPVP)** phase 1 was deployed to 19 hospitals.
- A **Framework for the design and delivery of post-natal hubs** was finalised and approval for the development of five hubs at Kerry, Kilkenny, Cork, Sligo and Portlinculla was agreed.
- The **Traveller Health Action Plan** was launched on the 28 November 2022.
- Agreement for **additional undergraduate places in medicine** from September 2022 onwards was reached with Irish Medical Schools.

Key Highlights for Reform Programme 1 in 2022

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing



Key Highlights for Reform Programme 2 in 2022

Addressing Health Inequalities – towards Universal Healthcare

Government approval was given on next steps, the programme of work, and timelines for **Regional Health Areas implementation**



Acute public in-patient charges for children under 16 years were abolished in all public hospitals.

Free contraception scheme for women aged 17-25. The Drug Payment Scheme threshold reduced to €80 per month.



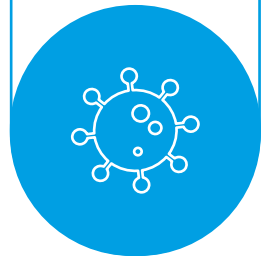
Agreement for **60 additional undergraduate places in medicine** was reached with **Irish Medical Schools**



Launch of the first **National Traveller Health Action Plan** to improve the health experiences and health outcomes for Travellers.



Introduction of **free national STI home-testing scheme**



01



Progress Report 2022

1.1 Introduction

This 2022 end of year report sets out the progress made against the priorities and actions detailed in the Sláintecare Action Plan 2022 and focuses on two reform programmes and 11 associated projects as illustrated:


Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

focusing on - integration, safety, prevention, shift of care to the right location, productivity, extra capacity and reduction of waiting lists, including:


- 

Project 1
Implement the Health Service Capacity Review (2018) including Healthy Living. Enhanced Community Care and Hospital Productivity
- 

Project 2
Scale and mainstream Integration Innovation
- 

Project 3
Streamline Care Pathways, from prevention to discharge
- 

Project 4
Develop Elective Ambulatory Care Centres in Dublin, Cork, and Galway
- 

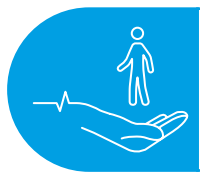
Project 5
Implement a Multi-annual Waiting List Reduction Plan
- 

Project 6
Implement the eHealth Programme
- 

Project 7
Remove private care from public hospitals - implement the Sláintecare Consultant Contract

Reform Programme 2

Addressing Health Inequalities focusing on - moving towards Universal Healthcare, **including:**



Project 1

Develop a Population Health Approach for Service Planning and Funding



Project 2

Rollout Sláintecare Healthy Communities Programme



Project 3

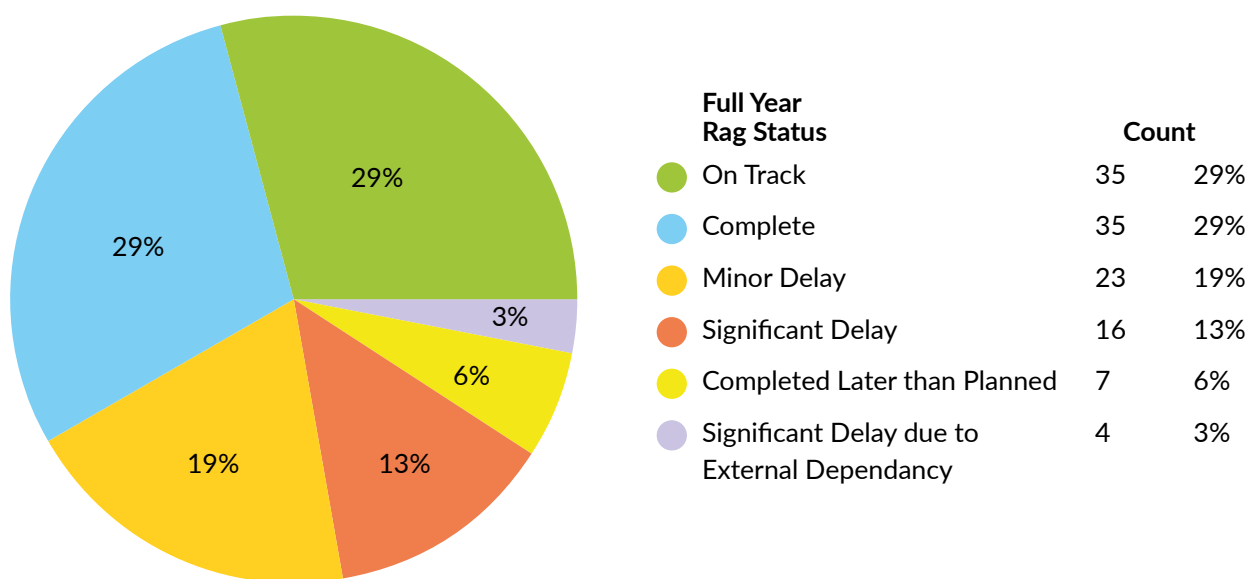
Develop Regional Health Areas



Project 4

Implement Obesity Policy and Action Plan 2016 - 2025

There was a total of 120 deliverables in the Sláintecare Action Plan 2022 and these were spread across the two reform programmes and eleven associated projects. The overall year-end status for the 2022 deliverables is shown below.



- 100 deliverables (83.3 %) were delivered or have progressed as planned or with minor delays.
- 16 deliverables (13.0%) are progressing with significant challenges and 4 deliverables have been impacted by external dependencies.

1.2 Challenges

There were some key projects which continued to be challenged and impacted by COVID-19 or other external factors. Whilst progress was made with each of these projects, it was not at the expected or planned level. These included:

Waiting Lists Reduction and Reform

The Government recognises that acute hospital scheduled care waiting lists are far too long, and that many patients are waiting an unacceptably long time for care. While these waiting lists have been a challenge for the Irish healthcare system for decades, they worsened considerably during the COVID-19 pandemic, and health services are now dealing with significant pent-up demand.

Despite these challenges, positive progress has been made in Ireland over the past 18 months due to a new multi-annual action plan approach that is turning the tide on rising waiting lists and waiting times. Waiting lists for scheduled care in our hospitals increased by nearly 60% between 2015 and 2021 creating huge backlogs, but this unacceptable trend has now been halted and waiting lists and waiting times are now decreasing as a result of the interventions funded by our annual action plans. By continuing this multi-annual approach to reducing and reforming waiting lists and times our vision is to deliver a world-class public healthcare system in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare targets and reforms.

The 2022 Waiting List Action Plan (WLAP) followed the short-term Plan that ran from September to December 2021, both of which helped reverse the annual trend of increasing waiting lists.

While not all the ambitious targets set out in the €350 million funded 2022 Action Plan were achieved, without this intervention active waiting lists for acute scheduled care would have increased by 42% to over 1 million people. Instead, there were c.1.56 million patients removed and c.1.53 million patients added to hospital waiting lists during 2022 – a net reduction of c.30,000 people (4.1%) to c.690,000.

Additionally, the Action Plan funded over 67,000 additional diagnostics (MRIs, CT scans and Ultrasounds), many more than the 30,000 initially planned for 2022; and the removal of over 8,000 additional people, the majority of whom were children, from community waiting lists across the areas of orthodontics, primary care child psychology, and counselling and Child and Adolescent Mental Health Services (CAMHS) as a result of additional activity funded by the 2022 Plan.

The €363 million funded 2023 Waiting List Action Plan (published on 7 March 2023) will be the next stage of this new multi-annual approach. It builds on the foundational work done in 2021 and the first full year Waiting List Action Plan of 2022 and will be an important step towards enacting longer-term reforms and meaningful changes. Funding of €123 million has been made available on a recurrent basis for the Health Service Executive (HSE) to implement modernised care pathways and to sustainably close the capacity gaps in specialties and hospitals that create unacceptably long scheduled care waiting lists and times. The 2023 Plan will also continue providing additional public and private activity via non-recurrent funding of €240 million to the National Treatment Purchase Fund (NTPF) and HSE to maintain the momentum of further reducing waiting times and clear the waiting list backlogs exacerbated during the COVID-19 pandemic.

Remove private practice from public hospitals – implement the Sláintecare Consultant Contract

A landmark milestone was achieved in December 2022 with the announcement of a new public-only consultant contract. This followed the conclusion of very extensive talks and negotiations between the Department of Health, the Health Service Executive, the Irish Medical Organisation and the Irish Hospitals Consultants Association on the terms of the Contract. Whilst an essential part of the process, the talks did take longer than originally planned which impacted on plans to progress the removal of private practice from public hospitals. This work will now be progressed in 2023, with the implementation of the new public only consultant contract.

Recruitment

A paradigm shift is required to address the challenges we face both domestically and globally in relation to the supply of health care workers. There are significant challenges recruiting clinical staff. The WHO estimate a projected world-wide shortfall of 10 million health workers by 2030. The problem is further compounded by the high percentage of our health workforce aged over 55 years. Currently 22% of doctors, 27% of dentists, 22.5% of pharmacists are aged over 55 and will be approaching retirement, on average, in the next 10 years.

To address this issue, we need to significantly increase the number of training places available to Irish and EU students to study medicine, nursing and health and social care professional courses, in order to increase the domestic supply of doctors, nurses and health and social care professionals to work in our health service.

1.3 Reform Programme 1

Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

Significant progress has been made across this programme in providing safe and timely access to care through the development of the foundational structures within the community to support a shift left in service delivery.



Project 1: Implement the Health Service Capacity Review (2018) including Healthy Living, Enhanced Community Care and Hospital Productivity

The Health Service Capacity Review (HCR 2018) projected to 2031 the staffing and physical infrastructure that would be required to meet Sláintecare waiting time targets. The underpinning analysis considered existing level of demand and capacity, demographic and non-demographic factors driving future demand. The review set out the proposed capacity increases based on the delivery of key reforms across three workstreams:

- Workstream 1- Healthy Living
- Workstream 2- Enhanced Community Care (ECC)
- Workstream 3- Hospital Productivity

Progress was made in 2022 in implementing reforms in each of these areas as set out below.

Workstream 1 - Healthy Living

The Healthy Living workstream is designed to implement a broad range of health and wellbeing initiatives, policies and programmes through **Healthy Ireland**. The focus of this workstream is on 'prevention' and decreasing the prevalence of unhealthy behaviours that contribute to chronic disease.

Healthy Ireland is the 'prevention' arm of Sláintecare and some of the key highlights delivered in 2022 include:

- National Stop Smoking Clinical Guidelines published in January 2022.
- The Review of the National Physical Activity Plan was published in July 2022.
- Following publication of the National Healthy Workplace Framework in December 2021, the Oversight Implementation Group was set up in early 2022.

- National Oversight Group on Mental Health Promotion has been established.
- The free national home STI testing service was established in 2022 and has substantially increased the availability of and access to STI testing in Ireland.
- Rollout of Healthy Ireland Fund Round 4, with enhanced outcomes-based focus, was achieved in 2022. 31 Healthy Ireland coordinators appointed, one in each Local Authority.
- Healthy Age Friendly Homes published its pilot interim report in June 2022. It was successfully funded for mainstreaming by the HSE and expanded from nine existing sites to all 31 Local Authority Areas from 2023.

Physical inactivity is one of the four major risk factors for chronic disease (the others are smoking, overweight/obesity and excessive alcohol consumption). As many as 12,000 deaths per year may be attributable to inactivity, which also contributes to the obesity epidemic, increased risk of frailty and an increased risk of dementia as we age. *Get Ireland Active! – the National Physical Activity Plan for Ireland (NPAP)* aims to increase the number of people taking regular exercise by 1% per annum and to create a society which facilitates people, whether at home, at work or at play, to lead an active way of life.

It's My Time Campaign

The Healthy Ireland Survey, 2019, noted that women were less active than men and mothers were less active than fathers and non-parents. Caring responsibilities for both children and older or unwell relatives peaked in women between the ages of 45 and 54. In addition, the work of the Women's Health Taskforce Physical Activity workstream indicates that rates of frailty and osteoporosis (which are higher in women) and dementia risk may be linked to lower activity levels.

The Women's Health Fund, through Healthy Ireland, provided €300,000 to fund a campaign entitled 'It's My Time' aimed at women over 40 to remind them that they, along with those they care for, deserve some time to support their own health and wellbeing.

'It's My Time' is for women who feel like there's just not enough time to add movement, exercise and pastimes into their day-to-day lives. Market research supporting the campaign focussed specifically on

less advantaged cohorts (C2,D,E), who typically experience more barriers to participating in physical activity and sport.

The campaign was finalised in late 2022, by Sport Ireland and their partners Teneo, and launched on 23rd November. It ran for two weeks and will be resumed for another two weeks in early January 2023.

#ItsMyTime has been found to resonate strongly across target groups.



Under *Sharing the Vision*, Ireland's Mental Health Strategy, work commenced in September 2022 on drafting a National Mental Health Promotion Plan by Healthy Ireland as the overarching plan for all mental health promotion in Ireland.

Following a pilot in 2021, the *free national home STI testing service* was established in 2022 and has

substantially increased the availability of and access to STI testing in Ireland. In 2022, 96,996 home STI test kits were ordered by service users. Of these, 56,983 STI test kits have been returned to the lab for processing (59% return rate) and 5,903 reactive results received (10.3% reactive rate). The service was extended to all 26 counties by end September 2022 and is currently integrated with 15 public STI clinics.

North East Sexual Health Service (NESHS)



The North East Sexual Health Service (NESHS) is the local sexual health service provider for the residents of Louth, Meath, Cavan and Monaghan. NESHS is integrated with the national Health Service Executive home STI testing service. In 2022 up to the end of November, 6572 kits have been dispatched to patients in the area with 3784 kits or 57.6% returned.

Patients who test positive/reactive for an STI were advised by the online provider SH:24 to ring the service for treatment or further management. Of all those who were positive/reactive, the majority tested positive for chlamydia 256 (6.7%) followed by gonorrhoea, early infectious syphilis and HIV.

Nurse prescribers assess all callers and deliver treatment through remote prescriptions or in clinics in Our Lady of Lourdes Hospital, Drogheda or Louth County Hospital, Dundalk. Partner notification which is a public health strategy that reduces the risk of onward infection transmission and improves patient's long-term outcomes, can be carried out remotely with follow up blood tests arranged at the two clinical sites.

Service evaluation found that most patients who used the service were managed without the need to present to the clinic. The service is beneficial to all of patients who are asymptomatic and in particular to those who reside in Cavan, Monaghan and Meath where there are currently no public sexual health clinics.

The home STI testing service also provides an opportunity to engage with vulnerable patients or those at increased risk of an STI who may never have attended a sexual health service before and where appropriate, to provide information about HIV PrEP (Pre Exposure Prophylaxis), vaccinations and advice about HIV PEP (Post Exposure Prophylaxis) availability.

Healthy Age Friendly Homes published its pilot interim report in June 2022, outlining the progress to date, early results and findings from the evaluation research are being completed.

Healthy Age Friendly Homes



Geraldine*, a 65-year-old lady living alone in her own home in an urban area, was referred into the Healthy age friendly homes programme by a HSE Occupational Therapist in her Primary Care Team. Geraldine has complex health issues: she suffers from rheumatoid arthritis which severely affects her mobility. Her medical conditions restricted her from using the stairs in her home, meaning she had a bed in her sitting room and also used a commode.

The Healthy Age Friendly Homes Local Coordinator visited Geraldine's home and carried out a needs assessment putting an individualised support plan and actions in place. They assisted her in making an application for a Housing Adaptation for a stair lift and an accessible shower in her bathroom. The Housing Adaptation grant application was approved.

Other supports provided to Geraldine include assistance in making an application under the Environment Department's local authority bin waiver scheme; liaising with the local Care and Repair team to have two smoke alarms and a carbon monoxide alarm fitted free of charge; application for the senior alert scheme through the family resource centre; application for the state pension which was approved and will be received once Geraldine turns 66; installation of a monitored pendant alarm.

Geraldine's accessible bathroom was completed and her stairlift installed allowing Geraldine access her bedroom and use the bathroom within her own home for the first time in over 2 years. She also feels safer in her home with the use of a fall detector and alarms.

Geraldine's case study shows the benefits of the Healthy Age Friendly Homes programme and highlights the person-centred approach taken to address the specific needs of a participant. It also highlights the strong collaboration approach with Health Services, Community Groups, Department of Social Protection and Local Government.

Geraldine said, "Before the Coordinator visited me, I felt I was losing my self-worth, if people were made aware of the help provided, they would be better able to survive."

**Name changed to protect privacy*

Workstream 2 - Enhanced Community Care

A key reform area identified by the Health Service Capacity Review (2018) is the shift of care out of acute hospitals into the community and closer to a person's home, where safely possible. The Enhanced Community Care Programme is a suite of strategic reform initiatives that seek to ensure maximum impact for citizens in avoiding hospital admission through initiatives delivered within the community, with service delivery reoriented towards general practice, primary care and community-based services.

In 2022, progress in expanding capacity and reforming service delivery within the primary care sector continued, supporting more comprehensive care for people within their local communities:

- Significant investment in the Enhanced Community Care programme enabled the recruitment of approximately 2,400 healthcare workers to the ECC Programme, establishing 94 Community Healthcare Networks (CHNs), 21 Community Specialist Teams (CSTs) for Older Persons and 21 CSTs for Chronic Disease Management.
- Expansion of Community Intervention Teams (CIT) is also continuing, with nationwide coverage achieved and a total of 21 teams in place, with funding provided for the further expansion of these teams in 2023.
- Continued delivery of Primary Care Centres (PCCs) across the country has also been implemented, with 18 new PCCs opening in 2022, bringing the total number of operational centres to 165.
- The GP Direct Access to Diagnostics scheme, which provides a direct referral pathway for GPs to allow their patients access diagnostic scans delivered over 250,000 diagnostics during the year.
- 21.02 million hours of home support were delivered in 2022.
- The Chronic Disease Management (CDM) Treatment Programme was fully rolled out to all eligible adult patients. The CDM Programme includes Opportunistic Case Finding and Preventive components which was rolled out in 2022 for eligible people aged 65 years and over.

The following highlights for 2022 include progress made across a number of care groups including general practice; mental health; home support; residential and nursing care.

- Significant preparations were undertaken for the strategic review of GP services to develop the future vision of general practice, to commence in early 2023.
- Sharing the Vision Implementation Plan 2022 – 2024 was published on 23 March 2022.
- Report on progress in placement of interRAI care needs facilitators was published.

GP Diagnostics Programme

The nationwide GP Access to Diagnostics Programme began accepting referrals in 2021 and this outsourced radiology service provides access to X-Ray, CT, MRI, and DEXA scans through five private providers.

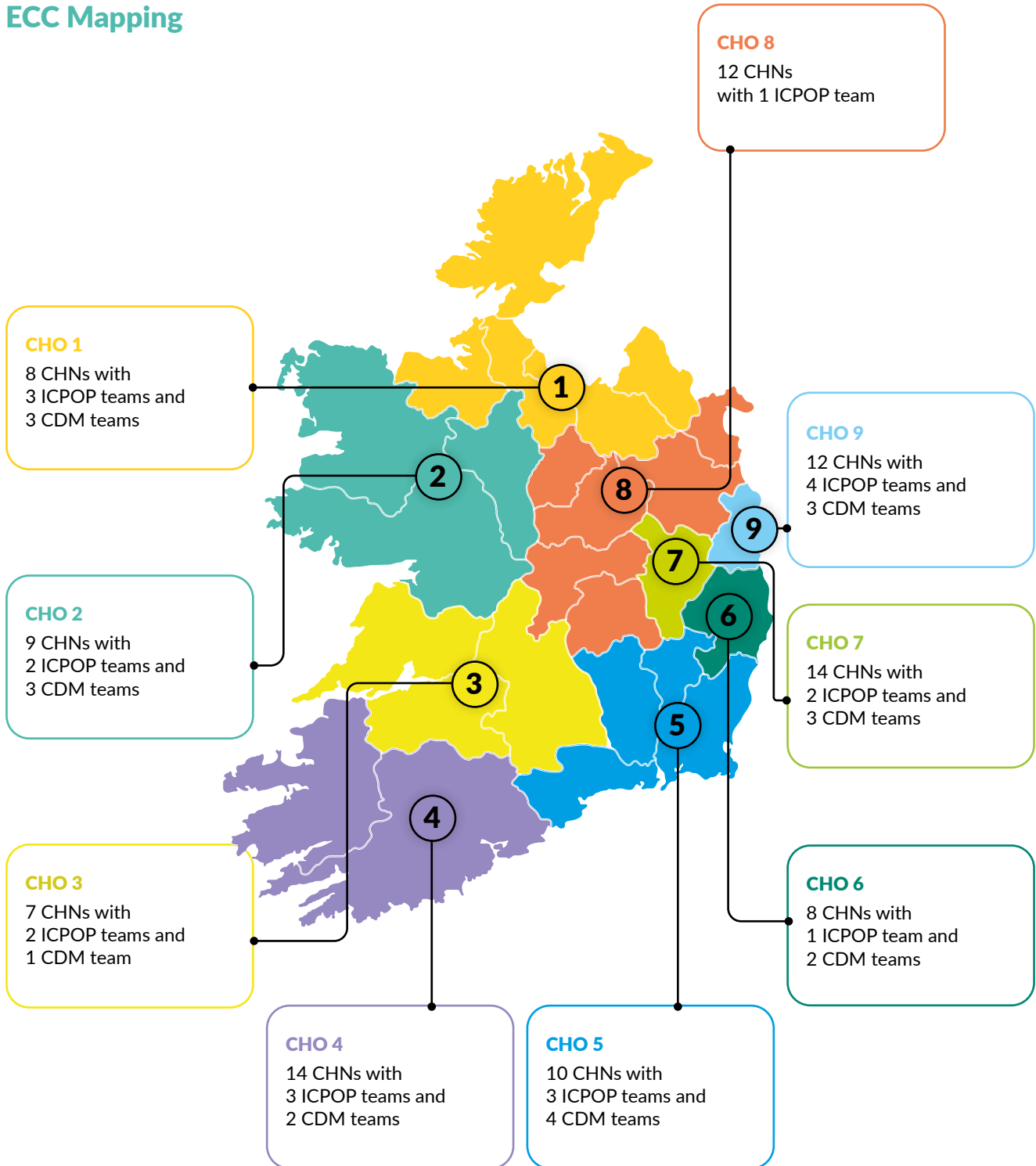
This initiative facilitates the referral of patients by GPs to providers to access radiology scans, in convenient locations within the community. This means that people can access care more rapidly and closer to home. The initiative is open to accept referrals from the full adult population for radiology diagnostic scans where it is clinically appropriate that these patients can wait up to four weeks for an urgent referral or twelve weeks for a non-urgent referral to the service. The HSE have reported that 85% of patients referred to this service are accessing their scans within four weeks.

251,601 scans of various modalities were completed in 2022, which is a significant advance on the total of 139,000 provided in 2021, and ahead of the total target of 195,000 scans for 2022.

An encouraging first sign of the impact of this innovation is that, in a study currently being undertaken by the Irish College of General Practitioners, preliminary findings suggest that there is a reduction in referrals to emergency departments/ acute medical units and a reduction in referrals to Outpatient Departments because of this initiative. Once the study is finalised and the results published, the impact of the initiative on referrals to acute settings will be demonstrated more clearly.

Expansion of existing public hospital and laboratory services to provide GPs with a direct referral pathway for other diagnostic services (Echocardiography, Spirometry and NT-proBNP blood tests) is also targeted through this initiative and will continue to come on-stream during 2023.

ECC Mapping



The National Forensic Mental Hospital in Portrane was opened in November 2022. The new facility (170 beds total) includes a new 130-bed CMH, 30-bed Intensive Care Rehabilitation Unit (ICRU) and 10-bed forensic Child and Adolescent Mental Health Service (CAMHS) unit. The latter two will open on a phased basis over 2023-24.

“ This is one of the most modern forensic mental health facilities in Europe and it presents new opportunities to deliver the highest quality care and outcomes for some of the most complex and vulnerable mental health cases in Ireland. It represents the biggest health capital project ever outside of the Acute General hospital system with a cost of over €200 million.

Importantly, for people using the service and their families, the new facility will support the enhanced delivery of person-centred care underpinned by human rights. ”

Minister of State with responsibility for Mental Health and Older People, Mary Butler

- A Framework for the design and delivery of post-natal hubs targeted at supporting women post birth has been finalised.
- Specialist menopause clinics have opened at Nenagh General Hospital, the Galway clinic, the Rotunda and the Coombe during 2022.
- Major Trauma services commenced at the Major Trauma Centre at the Mater Misericordia University Hospital end quarter 3 2022.

Critical Care Beds - The Government is committed to addressing the long-standing deficit in critical care capacity and in line with the Strategic Plan for Critical Care, funding of €77 million has been provided across 2021 and 2022 to add an additional 85 beds. There are now 323 critical care beds available and in operation, a 25% increase over the baseline level of 258 in 2020.

National Cancer Strategy

In 2022, the National Cancer Strategy (2017-2026) continued to be delivered by the National Cancer Control Programme (NCCP). Funding of €20m was allocated under Budget 2022 to enable the continued implementation of the Strategy. Examples of some developments in 2022 include:

- The paediatric service for CAR T-cell therapy, a novel immunotherapy, launched in CHI Crumlin for the treatment of acute lymphocytic leukemia (ALL) in April 2022. This therapy is now available in Ireland, meaning child cancer patients and their families no longer have to travel abroad to receive it.
- Peptide receptor radionuclide therapy (PRRT), also called radiolabelled therapy, was developed as a service at St. Vincent’s Hospital in 2022, and will be delivered to patients in early 2023. This treatment is used to treat neuroendocrine tumours, and this will be the first time it is available in Ireland.

Workstream 3 - Hospital Productivity

The Health Service Capacity Review identifies that, in addition to increasing physical capacity, there is a requirement to reform how acute services are delivered, together with hospital productivity improvements. The focus of the Hospital Productivity workstream is to deliver improved outcomes and a more effective use of existing hospital and human resources. Highlights of progress made in this area in 2022 include:

- By the end of 2022, a total of 970 additional acute beds have been delivered since 1 January 2020.

-
- Significant expansion of Stereotactic Ablative Radiotherapy (SABR), which gives an intense dose of radiation concentrated on a tumour, while limiting the dose to the surrounding organs. Approximately 1,206 patients have been treated by SABR from 2018-2022.
 - Model of Care for Systemic Anti-Cancer Therapy (SACT) launched in June 2022. It provides a framework for the continued development of SACT services nationally. SACT services include chemotherapy and immunotherapies.
 - Ongoing implementation of the Psycho-Oncology Model of Care. The Model of Care includes the establishment of psycho-oncology multidisciplinary teams (MDT) in all cancer centres, currently over 75% complete.
 - The Framework for the support and care of adolescents and young adults (AYA) with cancer in Ireland was launched by the Minister for Health in May 2022. This framework will see a state-of-the-art AYA cancer care network delivered locally where possible, but centralised when necessary, by providing separate facilities and specialist care teams in the new Children's Hospital and three of the eight adult-designated cancer centres around the country.
 - Construction on a new €56m radiation oncology centre in Galway University Hospital was completed in 2022, and it will be opened to patients in quarter 2 2023.
- National Maternity Strategy** - In 2022, the National Maternity Strategy (2016-2026) continued to progress in line with the revised implementation plan. Funding of €8.7m was allocated under Budget 2022 to enable the continued implementation of the Strategy. Examples of some developments in 2022 include:
- The integration of the national home birth service into acute maternity services officially commenced in February 2022. As recommended in the Strategy, homebirth services will be integrated with the community midwifery and the wider maternity service as part of the maternity network, making homebirth services safer and more sustainable into the future.
 - The *National Standards for Infant Feeding in Maternity Services* were launched in May 2022.
 - A framework for the development and delivery of postnatal hubs targeted at supporting women post birth has been finalised by the National Women and Infants Health Programme (NWIHP). Five sites in Kerry, Kilkenny, Cork, Sligo, and Portlinculla have been selected for development and letters of funding approval have been issued to the five sites. These hubs will specifically target earlier intervention in a range of areas where women may be experiencing challenges or feel that they are struggling. These hubs will support women for up to 14 days post birth and will address many of the gaps and deficiencies identified by women in postnatal care including education, breastfeeding, physiotherapy, emotional and physical supports.
 - A National Postnatal Hub Professional Network is being established to support the roll out of this new service initiative. The Network will be a key vehicle through which NWIHP will work in relation to postnatal hub services, allowing structured access to lead professionals in the roll out of these services.

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- As part of the implementation process for the HSE Baby Friendly Initiative, the National Baby Friendly Initiative Oversight Group has been established to support and guide the work of the Project Co-ordinator for HSE Baby Friendly Initiative in relation to the implementation of the National Standards for Infant Feeding in Maternity Services.
 - In addition, through specific funding for gynaecology service developments under Budget 2022, ambulatory gynaecology clinics are being established at six further hospital sites, to progress the implementation of the Ambulatory Gynaecology Model of Care.

Major Trauma Centre Development - Major Trauma Centres (MTC) will provide the highest level of specialist trauma care to the most severely injured patients. The Mater Misericordia University Hospital (MMUH) and Cork University Hospital (CUH) are the two designated major trauma centres in Ireland. Concentrating major trauma cases in high volume centres provides the necessary critical mass, clinical throughput, specialised infrastructure, and specialist skills under one roof, leading to better outcomes for patients with major trauma.

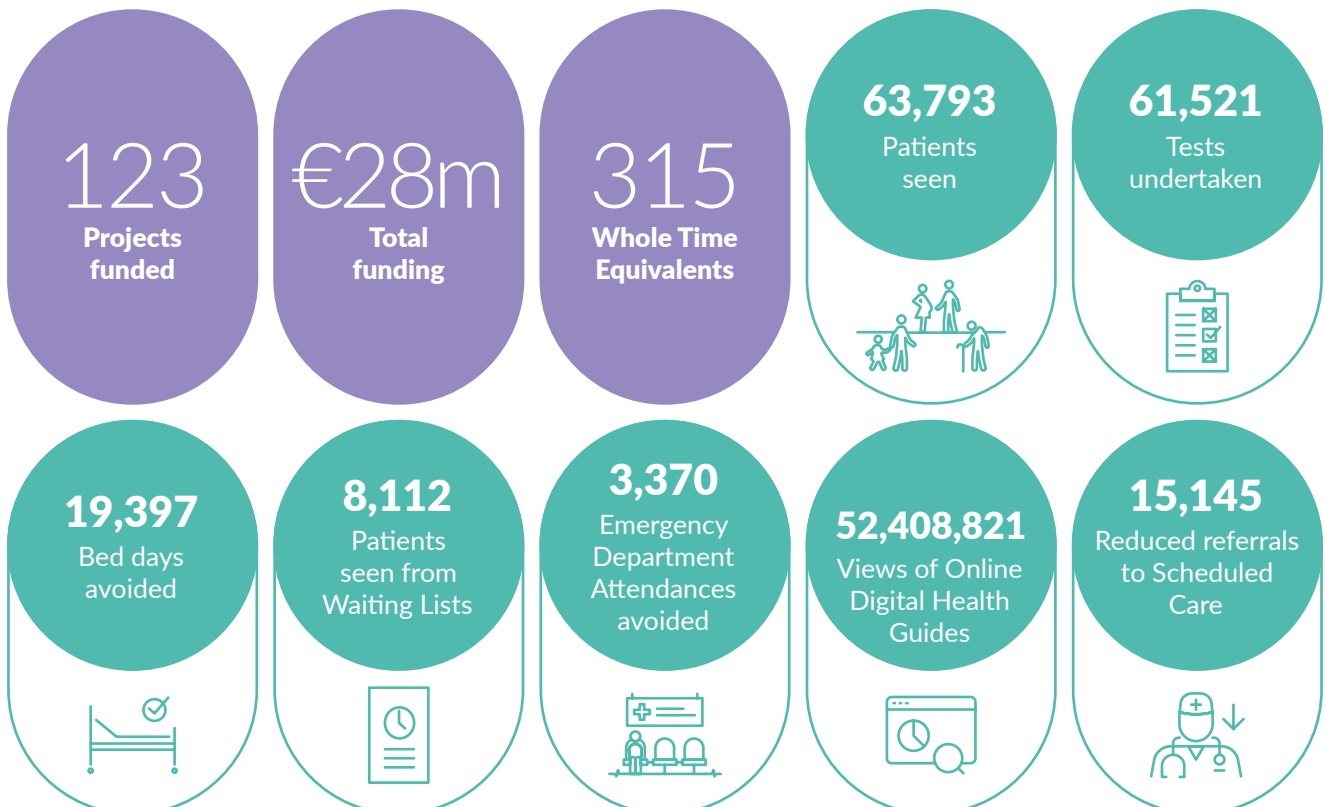
Major Trauma services commenced at the Mater Misericordia University Hospital at the end of quarter 3, 2022. This service will be available initially to the existing catchment area until the additional facilities on site become available in 2023. Once this phase is completed it will be in position to see and treat up to an additional 700 major trauma patients each year.

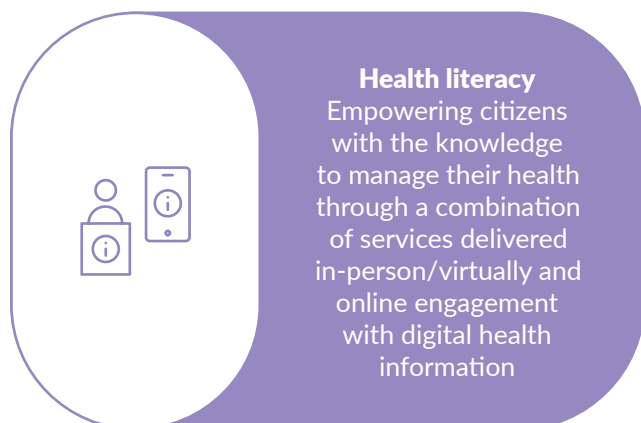


Project 2: Scale and mainstream Integration Innovation

The Sláintecare Integration Innovation Fund (SIIF) is a multi-annual fund used to test innovative care pathways/initiatives and eHealth transformation solutions which are informed by front line staff. Successful 'proof of concept' projects can lead to mainstreaming through the annual budgetary process. The overall aim of SIIF is to advance the objectives of Sláintecare to provide the Right Care, at the Right Place, delivered at the Right Time by the Right Team; and to deliver a safe, health and social care service that meets the needs of our growing population.

- 106 (85%) of Round 1 projects were mainstreamed in the HSE's National Service Plan (NSP) 2021/2022
- The Sláintecare Integration Fund End of Programme Report on SIIF Round 1 projects was published and launched on 20 July 2022 <https://www.gov.ie/en/publication/025e7-slaintecare-integration-fund-end-of-programme-report-2022/>





Round 2 SIIF projects were selected and contracted in quarter 4 2022. €14m funding is allocated to the projects. The expected outcomes from Round 2 projects include:

- Improved access to Paediatric services in Primary Care.
- Reduced ED attendances.
- Reduced hospital admissions.
- Reduced average length of stay in hospital (ALOS).
- Promote the engagement and empowerment of citizens in the care of their own health.
- Enhance HSE Quality and Patient Safety surveillance system.

Community Virtual Ward (CVW)

A Community Virtual Ward (CVW) is a flexible and integrated nursing model that operates across community and hospital settings. The initiative facilitates a shift in care to the community because it is delivered in the person's home and beds are not physical, but virtual

In 2022, the CVW project expanded to several Community Health Organisations (CHOs) providing care for individuals in the community with Letterkenny / CHO 1 launching its report in October 2022 on a further proof of concept.

The CVW in Letterkenny University Hospital /CHO 1, in addition to the Beaumont Hospital /CHO 9 site, demonstrated significant cost savings in addition to positive patient outcomes and reductions in hospital admissions. Further sites have commenced implementation and the HSE have initiated a programme of work to support scale up of the model across the system. A Learning Collaborative with all stakeholders is being established to support this scale up and to optimise mainstreaming of the CVW model within current integrated models of care for Chronic Disease Management and Older Persons.

Community Virtual Ward

Individuals with exacerbating Chronic Obstructive Pulmonary Disease (COPD) display a pattern of exacerbations and illness culminating in repeated hospital admission.

To empower people living with COPD to self-manage their illness and to avoid hospital admission a community virtual ward (CVW) with a bespoke platform that incorporated respiratory rate trends was designed and implemented in Co Donegal. The proof of concept took place from May to August 2022 with 15 eligible individuals living with COPD.

Patient data from 10 admitted individuals was used in the final report. Six individuals had one or more exacerbations with a total of 19 courses of antibiotics and eight courses of steroids being dispensed to participants during the study. The average length of stay in the CVW was 74 days with no hospital admissions recorded, this led to 100% (12) of the exacerbations avoiding hospitalisation during the pilot phase.





At the launch in Letterkenny, patients spoke about how their lives had been impacted so positively by the elimination of hospital visits and how they felt empowered to play a more active role in their own self-care.

“This integrated approach to patient care has enabled these individuals to remain at home while ill rather than in a hospital bed. The results and

feedback from patients prove that this alternate care pathway works. The individuals living with COPD demonstrated higher levels of empowerment and improved knowledge and understanding of their condition. The early detection of infection resulted in a lower acuity level of exacerbation which directly impacted quality of life.” - Advanced Nurse Practitioner Antoinette Doherty, Letterkenny



Project 3: Streamline Care Pathways, from prevention to discharge

The development of integrated care pathways that are based on delivering the best outcomes for patients can help to drive streamlined integration between care settings at a national, regional and local level. Pathways are agreed between GPs, primary/ community care providers, community specialist teams and hospital-based specialists who can provide better links across these care settings in order to ensure that resources are used to provide the best care for patients and that services are provided in a more timely way.

Scheduled Care Pathways Reform Programme:

The scheduled care pathways reform programme will modernise patient pathways across 16 specialties that comprise 91% of our waiting lists. The purpose of the initiative is to agree best-practice scheduled care pathways for the 16 target specialties, from the patient’s first presentation to GP or other service-

provider, through to diagnosis, treatment, and discharge. The specialty-specific pathways detail clinical and administrative processes, outcomes, targets, and activity volumes for all 16 target specialties.

National Screening Advisory Committee (NSAC) programme of prioritised proposed changes to population-based screening:

Screening is a preventative strategy and aims to improve the population outcomes for the condition being screened for. The National Screening Advisory Committee (NSAC) published its Work Programme in November 2022, after considering over 50 submissions received as part of its first Annual Call. Arising from this Annual Call, the NSAC recommended adoption of a clinical guideline to ensure that BowelScreen is aligned with current clinical practice across the symptomatic service in the HSE, which the Minister approved.

National Clinical Effectiveness Committee:

Evidence for patient care and improvement involves the use of clinical guidelines and clinical audit to provide safe, high quality care and enable evidence-based practice and quality improvements. National Clinical Guidelines and National Clinical Audits are prioritised and quality assured by the National Clinical Effectiveness Committee (NCEC) in line with international best practice.

In 2022, the Department of Health published:

- NCEC National Clinical Guideline No. 28 – Stop Smoking.
- NCEC National Clinical Guideline No.29 Unexpected Intraoperative Life-Threatening Haemorrhage.
- NCEC National Clinical Audit No. 2 Perinatal Mortality.
- National Healthcare Quality Reporting System Report 2021/2022, the seventh such report.



Project 4: Develop Elective Centres in Dublin, Cork, and Galway

Delivery of Elective Centres in accordance with the Health Service Capacity Review (2018) will provide for elective care demands due to forecasted increasing demographic pressures. The National Development Plan sets out the requirements for Elective Centres in Dublin, Cork and Galway. The goal of the project is to develop the elective hospital capacity within a ten-year horizon of need, which facilitates the separation of scheduled and unscheduled care; provides quicker, higher quality, safer care for elective patients; creates capacity for acute hospital sites and reduces/eliminates outlier boarding (trolleys); drives down waiting lists (outpatient, inpatient and day cases); reduces cancellations, and reduces acute hospital footfall.

2022 was an important year in the development of the Elective Hospitals Programme. Following Government approval of the National Elective Ambulatory Care Strategy at the end of 2021, the project team progressed the Preliminary Business Cases (PBCs) in line with the requirements of the Public Spending Code.

On 7 December 2022, Government formally approved the Preliminary Business Case for the Programme as well as the Project-level Business Cases for Cork and Galway. The Preliminary Business Case for Dublin will be submitted for Government approval in early 2023. The preferred sites identified for development of Elective Hospitals in Cork and Galway are:

- Cork- St Stephen's Hospital, Sarsfield Court.
- Galway- Merlin Park University Hospital.

As well as increasing overall capacity, the Elective Hospitals will enable the separation of scheduled and unscheduled care. This is a key step to reducing/eliminating the interdependency that has existed between scheduled and unscheduled care capacity, where when there is a large increase in unscheduled care (ED admissions) elective care has very often had to be cancelled.

The additional elective capacity provided by the network of Elective Hospitals (in terms of procedures, treatments and diagnostics) will be 977,700 annually. This equates to the treatment of almost 3,300 patients every day. The Elective Hospitals will deliver high quality and consistent care to patients across the network of facilities.



Project 5: Implement a Multi-annual Waiting List Reduction Plan

Acute hospital scheduled care waiting lists have been a challenge for the Irish healthcare system for decades. Following the impact of the COVID-19 pandemic, health services are now dealing with significant pent-up demand. Countries across the world are reporting similar increased pressure on healthcare services and associated waiting lists largely due to the unprecedented impact of the pandemic.

Waiting lists for scheduled care in our hospitals increased by nearly 60% between 2015 and 2021 creating huge backlogs, but this unacceptable trend has now been halted and waiting lists and waiting times are now decreasing as a result of our new multi-annual approach to reduce and reform acute scheduled care waiting lists and waiting times.

In the longer-term this additional elective capacity will significantly address the health system capacity deficits and will help meet future demand. In addition to the strategic development of Elective Hospitals, the HSE will also work with Hospitals and Hospital Groups to progress proposals for a shorter-term measure to develop 'surgical hubs' in Cork, Galway, Limerick, Waterford and Dublin. These units will have a shorter-term impact on waiting times. They will also support consideration of the necessary reforms and enablers needed to separate unscheduled and scheduled care pathways as required by the longer-term provision of the Elective Care Programme.

The 2022 Waiting List Action Plan (WLAP), published on 25 February 2022, followed the implementation of the short-term Waiting List Action Plan (September -December 2021) which delivered a 5.4% reduction in waiting lists and laid the foundations for longer-term reforms. The 2022 Plan, as the first full year of implementation of this multi-annual approach, allocated €350 million to the HSE and NTPF to stabilise and reduce waiting lists and times while also bringing forward longer-term reforms.

The 2022 Plan defined 45 actions across the areas of delivering capacity, reforming scheduled care, enabling scheduled care reform, and addressing community care access and waiting lists, as well as committing to ambitious targets to reduce waiting lists.

Plan progress was overseen by a Waiting List Task Force, led by the Secretary General of the Department of Health and the CEO of the HSE, which reported regularly to the Minister for Health throughout the year.

Without the intervention of the 2022 Plan it is estimated that waiting lists would have increased by 42% to over 1 million people. Instead, there were c.1.56 million patients removed and c.1.53 million patients added to hospital waiting lists during 2022 – a net reduction of c.30,000 people (4.1%) to c.690,000, which is the first annual reduction since 2015. Unfortunately, this was lower than the ambitious 18% reduction target, mainly due to continued challenges on scheduled care from repeated COVID-19/flu/respiratory surges and associated unprecedented pressures on our Emergency Departments (EDs).

Overall reductions in waiting lists to date have been complemented by significant reductions in waiting times. Interim maximum waiting times were implemented in 2022 as the first step of a phased approach to gradually bring waiting times in line with those recommended in the 2017 Oireachtas Sláintecare Report (10 weeks for new outpatient appointments and 12 weeks for procedures). In 2022, the number of patients exceeding these Sláintecare maximum wait times fell, by 11% (over 56,000 people). When compared to pandemic peaks (June 2020 for IPDC and GI Scopes, and February 2021 for OPD), by the end of 2022 the number of patients exceeding Sláintecare maximum wait times had fallen by 24%. In 2022, the number of patients waiting:

- over 18 months for a new outpatient (OPD) appointment fell by 39%
- over 12 months for an inpatient / day case (IPDC) procedure fell by 23%
- over 12 months for a gastrointestinal endoscopy (GI Scope) fell by 87%.

Also funded by the 2022 Plan: over 67,000 additional diagnostics (MRIs, CT scans and Ultrasounds) were delivered, many more than the 30,000 initially planned for 2022; and over 8,000 people, the majority of whom were children, were removed from community waiting lists across the areas of orthodontics, primary care child psychology, and counselling and Child and Adolescent Mental Health Services (CAMHS).

The 2022 Waiting List Action Plan also identified 15 high volume procedures and included a commitment that anybody waiting 6 months, who is clinically suitable, would receive an offer of care by the NTPF. As of the end of December, the NTPF had authorised offers of treatment for 6,458 (81%) of those waiting over 6 months for one of the targeted procedures. This year the NTPF is reducing the time to 3 months and expanding to 20 high volume procedures, representing approximately 40% of people currently on the IPDC waiting list.

A 2023 Waiting List Action Plan was published on 7 March 2023 as the next stage of this multi-annual approach to reducing and reforming waiting lists and waiting times. The reforms progressed in 2022 will now be implemented via the 2023 Plan and will result in sustained reductions in waiting lists and waiting times. From this year, funding of €123 million has been made available on a recurrent basis for the HSE to implement modernised care pathways and to sustainably close the capacity gaps in specialties and hospitals that create unacceptably long scheduled care waiting lists and times. The 2023 Plan will also continue providing additional public and private activity via non-recurrent funding of €240 million to the NTPF and HSE to maintain the momentum of further reducing hospital waiting times and clear the waiting list backlogs exacerbated during the COVID-19 pandemic. An additional €80 million has been allocated to various primary and community care initiatives.

Many countries are facing similar healthcare waiting list challenges to Ireland, which have been exacerbated by the pandemic. They are using a broad range of strategies and policies to reduce the number of people on waiting lists and the length of time they are waiting.

Common approaches have been summarised by the European Observatory on Health Systems & Policies (2022) as focusing on three core components: enhancing staff recruitment and retention; improving productivity, capacity management and demand management; and investing in capital, infrastructure and new community-based models of care and expanding digital infrastructure.

All of these components are part of the delivery of the overarching Sláintecare programme in Ireland that includes as a key project the multi-annual approach to reducing and reform waiting lists and times. Last year's Waiting List Action Plan was an important step towards enacting longer-term reforms and meaningful changes. While positive progress was made, there is much more work to be done to realise our long-term vision. With the 2023 Waiting List Action Plan, the Department of Health, the HSE and the NTPF are taking the next steps towards achieving our vision of a world-class public healthcare system in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare targets and reforms.

Highlights from implementation of 2022 Waiting List Action Plan (WLAP)



c. **1.53m**
added to hospital
waiting lists &
c. 1.56m
removed during 2022
– net reduction of
c.30,000 (4.1%)
to c.690,000



Without the
Plan hospital waiting
lists would have
increased by
42% to over
1 million



Long waiting times significantly reduced

Patients exceeding Sláintecare
10/12 week Maximum
Waiting Times reduced by
over 56,000 (11%)
to c.476,000







<p>Number of patients waiting >18 months for OPD reduced by 59,000 (39%)</p>	<p>Number of patients waiting >12 months for GI Scopes reduced by 3,500 (87%)</p>	<p>Number of patients waiting >12 months for IPDC reduced by 3,800 (23%)</p>
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Over 80% of patients waiting >6 months received offer of care by NTPF for 15 High Volume Procedures – including cataracts, hip & knee replacements

Overview of 2022 Waiting List Action Plan (WLAP)



€350m total funding 150m NTPF / 200m HSE

<p>4 key areas with 45 short, medium, and long-term actions:</p>	 <p>7 actions to Deliver Capacity in 2022</p>	 <p>8 actions to Reform Scheduled Care</p>	 <p>25 actions to Enable Scheduled Care Reform</p>	 <p>5 actions to Address Community Care Access and Waiting Lists</p>
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Over 8,000 additional people, mainly children, removed from Community Waiting Lists



Over 67,000 additional diagnostics delivered

Examples of positive waiting lists improvements by hospitals during 2022

People waiting >18 months for OPD

University Hospital Kerry reduced by **84%**
 Cavan General Hospital reduced by **100%**
 Midland Regional Hospital Tullamore reduced by **89%**

People waiting >12 months for IPDC

University Hospital Kerry reduced by **100%**
 Tallaght University Hospital reduced by **59%**
 Midland Regional Hospital Mullingar reduced by **43%**

People waiting >13 weeks for colonoscopy or OGD

Wexford General Hospital reduced by **82%**
 Roscommon University Hospital reduced by **57%**
 St. John's Hospital Limerick reduced by **87%**



Project 6: Implement the eHealth Programme

The eHealth Programme is a critical enabler of the Sláintecare Reform Programme.

Key critical eHealth and technology solutions that will support integration, keep people well in their community; and support better acute demand management progressed in 2022 include:

- Health Performance Visualisation Platform (HPVP) to phase 1 sites.
- Individual Health Identifier deployments.
- Integrated Community Case Management System (ICCMS) markets soundings.
- Approval by Government to prepare the Health Information Bill.
- Award of New Children's Hospital Electronic Health Records (EHR) system contracts.
- Health System Performance Assessment Framework (HSPA) Phase 1.

Health Performance Visualisation Platform (HPVP) deployed to phase 1 sites

The Health Performance Visualisation Platform (HPVP) provides real-time health data and trends to managers and clinicians enabling them to gauge hospital activity and make interventions where necessary. Data collected across hospitals can be used to generate insights and inform patient-level decisions to improve outcomes.

The platform was deployed across 19 hospitals in 2022 (Sligo, Mayo, Letterkenny, Mullingar, Portlaoise, Cavan, Tullamore, Cork, Galway, Mercy, Kerry, Drogheda, Tipperary, Limerick, Wexford, Portlincula, St. Luke's hospital, Navan and Connolly).

Individual Health Identifier (IHI)

The need to be able to identify patients uniquely is essential for safe care. Individual Health Identifiers (IHIs) are now being deployed into GP practice systems for all patients with PPSNs, medical cards or GP visit cards. The population of patient administration systems across the country commenced in 2022, starting with Letterkenny University Hospital. The Health Information Bill, planned for 2023, will promote the use of the Personal Public Service Number (PPSN) by patients as their primary identifier with the IHI used to manage the healthcare records associated with that patient.

Integrated Community Case Management System (ICCMS)

The Integrated Case Management System (ICCMS) is one component of the plan to deploy electronic health records across the health system in Ireland, with ICCMs focussing on community healthcare settings.

The objective is to provide a better way of managing patients, their appointments, their care and treatment, as well as relieving healthcare professionals of the burden of activity reporting, across the community healthcare setting. In 2022, the HSE tested the market for potential products and suppliers which will inform the development of a business case.

General Scheme of a Health Information Bill

The Health Information Bill will support the enhanced use of healthcare data for the treatment and care of patients. It will provide the necessary legal basis for sharing and use of health information for care and treatment and for relevant purposes in the support of healthcare delivery. Approval for the Health Information Bill was obtained in April 2022 with good progress in the development of the heads of bill through the remainder of the year.

Electronic Health Record system for the New Children's Hospital

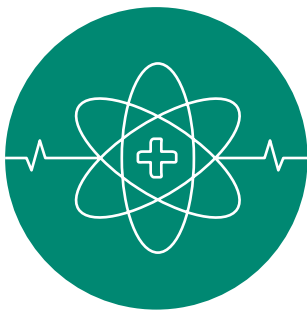
The implementation of an electronic health record (EHR) at the New Children's Hospital (NCH) is essential for the NCH to operate as a digital hospital with ICT systems embedded within clinical practices, processes, and patient care pathways. In July 2022, a Government Decision provided approval for Children's Health Ireland (CHI) to enter a contract for the delivery of an EHR system for the NCH. The EHR system is being configured and deployed in parallel with the construction, fit out and commissioning of the new hospital.

Health System Performance Assessment Framework (HSPA) to operationalise and embed the Framework into the health system

The Health Systems Performance Assessment (HSPA) framework has been developed to enable assessment of the overall performance of the health system in Ireland. It will enable the measurement, monitoring and reporting of achievements against health-based policies and reforms, including Sláintecare, and will enable a move from the current system which is based

on activity-based indicators to a measurable and quantifiable outcome model which will be strongly embedded in the Policy making cycle and will allow for better evidenced informed health policy decisions.

The implementation phase commenced in 2022 and focused on operationalising the conceptual framework developed in Phase 1 in the Health system. Extensive internal stakeholder engagement on the HSPA visualisation platform took place in 2022 to demonstrate the platform and gather feedback. The intention is to release the prototype to the public in 2023.



Project 7: Remove private care from public hospitals - implement the Sláintecare Consultant Contract

The removal of private practice from public hospitals is a core principle of Sláintecare, ensuring that over time public healthcare facilities are used for public patients only, and that public patients can access public hospitals based on clinical need. Throughout the second half of 2022, the Department of Health and the HSE engaged with the Consultant's representative bodies, the IMO and IHCA, resulting in the approval of the proposed Contract by Government in December 2022.

The Sláintecare Consultant Contract will ensure there are more senior decision-makers in our hospitals out of hours and at weekend. This will benefit public patients. The new Consultant Contract will ensure a significantly greater consultant on-site presence.

Consultant decision-making on site results in reduced emergency admissions, shorter lengths of stay and more complete care plans for discharge. 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. The implementation of this new contract will serve to build momentum of reform and improvement in our health services.

1.5 Reform Programme 2

Addressing Health Inequalities – towards Universal Healthcare

There are many groups of people who require tailored health and social care interventions in order to address the health inequalities they face. As research shows, these health inequalities may also be compounded by the wider determinants of health. This reform programme sets out key projects to address these health inequalities and move towards universal healthcare. It includes the transition to Regional Health Areas- a key recommendation of the Sláintecare Oireachtas report.



Project 1: Develop a Population Health Approach for Service Planning and Funding

There is a requirement to consider the impact of the significant additional resources being invested in the Irish health and social care system, which are in line with the Sláintecare objectives of equality of access, target waiting times, and safe care. As we move towards a system that is organised around populations of geographic regions, being able to plan, deliver and fund services around the needs of those populations becomes increasingly important.

Developing a 'Population Health Approach' describes the projected service needs of our entire population by segment and location, supported by underpinning frameworks of resource allocation, capital planning, workforce planning and eligibility. This Population Health Approach for Service Planning and Funding has **six** key workstreams:

- Workstream 1: Population profiling and segmentation
- Workstream 2: Population needs assessment and service redesign
- Workstream 3: Development of the Population-Based Resource Allocation Funding Model (PBRA)
- Workstream 4: Develop policy proposals and options for achieving universal eligibility across hospital and community settings
- Workstream 5: Capital Planning
- Workstream 6: Workforce Planning

Workstream 1: Population profiling and segmentation

Population segmentation involves grouping a population by the kind of care they need as well as how often they might need it. Segmentation can be performed in a number of different ways, including by demographic characteristics of ethnicity, minority groups etc; overall health status; clinically defined (for example, people living with diabetes, frailty, or multimorbidity); disability; defined geographical area; or be data-driven (for example, cohorts of patients with similar patterns of health care use).

This approach has underpinned the approach to developing the Regional Health Areas. In 2022, population segmentation profiles of the six Regional Health Areas were compiled by the Department of Health and used to guide and inform Strategic Workforce Planning and Capital projects. Population profiling was undertaken and informed Spending Reviews completed by the Irish Government Economic and Evaluation Service in preparation for a reform to our budgeting processes.

Addressing the needs of socially excluded groups

Preparations for developing the **health framework for socially excluded groups** recommenced in 2022 with the preparation of draft consultation questions

with the involvement of the Inclusion Health Research Forum. Lessons from COVID-19 experiences and learnings from recent refugee experiences, provide additional information on the health needs of socially excluded groups. The consultation questions provide the basis for in-person public consultations planned to take place in Dublin, Limerick and Belfast.

It is intended that development of a coherent framework which will examine and provide a means as to how we can incorporate an inclusion health approach into other areas of work in the Department of Health, the HSE and wider health and social services. The framework will assist in the delivery of health services nationally.

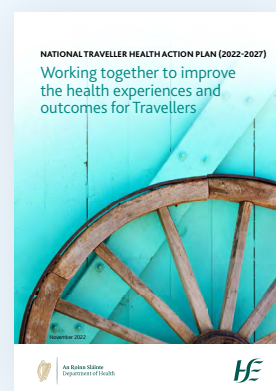
The **Traveller Health Action Plan** designed to improve health experiences and outcomes for the Traveller community was published in November 2022.

The National Traveller Health Action Plan (NTHAP) reflects the inclusion health approach, which seeks to change how health services are delivered. It recognises the impact of social determinants of health; such as poverty, discrimination, inadequate housing, on access to care, its continuity and impact on health outcomes. The NTHAP will address these inequalities through targeted measures, the inclusion of Traveller oriented actions in wider national policies, and a better visibility of Travellers within the health system, both as recipients and providers of care.

The Traveller Health Working Group in St Luke's General Hospital, Carlow-Kilkenny

Services and models that take a truly culturally competent approach can be four times more effective in meeting the needs of ethnic minority groups than those that do not. This includes services addressing both physical and mental health needs. It is also clear that the role played by peer-led services is crucial, as the presence of Travellers in

health services results in increasing cultural awareness of healthcare staff and in increased engagement with health services within Traveller communities.





Traveller specific health infrastructure, including Traveller Primary Health Care (PHC) Projects, which are peer led, have had a positive impact on the physical and mental health of Travellers. The success of these projects is shown in the All Ireland Traveller Health Study, which reported that 83% of Travellers get their information from the Traveller Primary Health Care workers, 96% of Traveller children receive vaccinations, and Traveller women's health screening is two times higher than the general population.

The Traveller Health Working Group in St Luke's General Hospital, Carlow-Kilkenny, which recently

won the HSE Health Excellence Award, was established as a partnership approach between hospital management and staff, members of the Travelling community, local Traveller health projects and the HSE South East Traveller Health Unit. The service was set up based on feedback from patients and staff, recognising the need to improve the patient experience for the Travelling community. The project included providing necessary training to staff to encourage them to work in a way that respects the cultural diversity of all service users, and it has received very positive feedback from the Travelling community.

Workstream 2: Population needs assessment and service redesign

This workstream involves a population needs assessment based on the population profiling and segmentation work done in Workstream 1. It enables the development of new services, as well as the consolidation of existing services, all of which are designed around the needs of a specific population. In 2022, a review was completed that looked at the population level variables other countries use when they design and allocate resources to their services. An assessment of the availability and quality of these datasets was also completed. As part of the RHA design process consideration was given to the way in which services will be planned in the future.

Addressing the needs of socially excluded groups

- The Department coordinates the provision of healthcare services for refugees, including beneficiaries of temporary protection and applicants for international protection. This includes the provision of access to healthcare services for refugees arriving in Ireland under

the various government programmes that are in place, including international protection and temporary protection.

- Provide funding to maintain COVID-19 public health measures and to consolidate improvements in health care delivery for people who are homeless, and to expand the number of Housing First tenancies receiving health supports.
- The Traveller Health Action Plan was published in November 2022.

Workstream 3: Development of the Population-Based Resource Allocation Funding Model (PBRA)

This workstream involves building a comprehensive population-based funding model designed to incentivise delivery of the right care, in the right place, at the right time. It involves ensuring an alignment of funding allocation with population health need, at national and local level based on distributing funding based on profiling, segmentation, and needs assessment, which can ultimately be administered by Regional Health Area, subject to Government

decision. This will become a critical pillar of our future health service.

The population-based resource allocation (PBRA) is a funding model that seeks to distribute available healthcare resources according to population need to promote efficiency and equity in both health outcomes and distribution of resources. PBRA enables design of the best care as close as possible to people's homes. A new PBRA model is a core component of Regional Health Area (RHA) implementation.

The Spending Review entitled '*Towards Population Based Funding for Health: Evidence Review & Regional Profiles*' was published in September 2022. The PBRA spending review outlines potential options for a PBRA model for the RHAs and will inform the RHA Finance workstream. In addition to this spending review, a further spending review was drafted which includes a proposed model for PBRA and its publication is anticipated in February 2023.

Significant work via the RHA design process was also completed to determine the relative roles and responsibilities of the RHAs, HSE Centre and Department of Health with regard to financial management under a new RHA system.

Workstream 4: Develop policy proposals and options for achieving universal eligibility across hospital and community settings

The aim of this workstream is to consider the current eligibility and entitlement policies, and review how they align with population needs as identified in the above workstreams, with a view to achieving universal eligibility/entitlement. Notable progress was made in 2022 in expanding eligibility:

- Acute public in-patient charges for children under 16 years were abolished in all public hospitals from 21 September 2022.

- Funding allocated in Budget 2023 to provide for the abolition of all inpatient hospital charges.
- A free contraception scheme for women aged 17-25 was launched on 14 September, and expanded to 26 year-olds on 1 January 2023.
- The Drug Payment Scheme threshold was reduced twice in 2022. From €138 per month in 2018, the threshold has now reduced to €80 per month.
- The free national STI home-testing scheme was introduced by the HSE on 4 October 2022.

Workstream 5: Capital planning

In order to deliver the vision of Sláintecare, significant investment and reorganisation of our capital infrastructure is required to support safe and effective care delivery at hospital and community levels. There is a need to update the acute hospital infrastructure, together with a modern primary care, community care and mental health settings infrastructure. A rolling strategic Multi-annual Capital Infrastructure Programme has been developed taking account of infrastructure requirements required to support a number of important capital projects, including:

- Progressing construction of the New Children's Hospital at St James's campus.
- Progressing Elective Hospital programme and the relocation of National Maternity Hospital to the St Vincent's campus.
- Progress to expand and upgrade acute bed capacity across the Regional Health Areas (RHAs).
- Continued progress on Phase 2 of the Critical Care Capacity Plan (117 beds) at St James's, Cork UH, Mater, St. Vincent's and Beaumont Hospitals.

- Enhanced Community Care (ECC) programme will continue to focus on delivering a mix of new builds, extensions, refurbishments, reconfigurations and fit-outs across the country to meet the objectives required by the ECC programme.

In 2022, two further papers in the Health Infrastructure Spending Review Series were published by the Irish Government Economic Evaluation Service (IGEES). A key recommendation of the papers was the need to better account for the long-term strategic priorities of the health system while incorporating both the existing capital stock and the population needs by care setting and region.

The Strategic Healthcare Infrastructure Framework (SHIF) is being finalised for publication in the first part of 2023. The SHIF is intended to inform and support future investments in healthcare infrastructure.

Workstream 6: Workforce planning

Having sufficient capacity in the workforce and the appropriate configuration of staff and skill-mix are integral to the delivery of safe and timely health and social care services. In order to deliver the services required as a result of the outputs from Workstreams 1 and 2 above, significant investment is being made into the health and social care workforce over the lifetime of this Strategic Action Plan. Workforce planning will use the recommendations of the Health Service Capacity Review (2018), as well as other key strategic reference workforce planning documents to inform future workforce requirements. Ensuring that sufficient professionals are trained, attracted, and retained in the areas where need is anticipated, will form a key part of this work.

Agreement to provide additional undergraduate places in medicine in September 2022 was secured with Irish medical schools. The agreement began with an additional 60 Irish/ EU students in September 2022, climbing to 120 in September 2023, and up to 200 by 2026.

This increases opportunities for students to progress to study medicine in Ireland and to help us build our talent pipeline and addresses the workforce needs of the entire health service.

In 2022 the Department of Health undertook development of a **Health and Social Care Workforce Planning Strategy** and Workforce Planning Projection Model based on international best practice, with the support of the European Commission. This project will identify the long-term workforce planning needs of the health sector.

The **Framework for Safe Nurse Staffing and Skill Mix (SSF)** is an evidenced based methodology to determine safe nurse staffing levels and skill mix in a variety of care settings across the healthcare system. In 2022 nine pilot sites were chosen to test Phase 3(i) of the Framework.

In September 2022, the **National Taskforce on non-consultant hospital doctors** was established. The purpose of the Taskforce is to put in place sustainable workforce planning strategies and policies to address and improve NCHD experience to support present and future retention of non-consultant hospital doctors (NCHDs) in Ireland.

In 2022, €11m was allocated to scale up a critical mass of **Advanced Nurse and Midwife Practitioners (ANMP)** in order to maximise the nursing and midwifery response to current and emerging health services challenges and address population health needs. The provision of care by advanced practitioners can increase hospital avoidance, promote early supported discharge, address waiting lists and improve access to services, support unscheduled care access and delivery and support integrated care and patient flow through the health services. In 2022, funding was secured for an additional 149 ANMP posts for the health service. These new ANMP posts have been strategically aligned to several national health strategies and models of care.

Medical Training Places

In July, Ministers Harris and Donnelly announced an agreement with Irish Medical Schools to increase the number of places available for Irish/EU students by 200 over the next 5 years. This will begin with an additional 60 EU students in September 2022, climbing to 120 in September 2023, and up to 200 by 2026

This increases the number of undergraduate places available from 730 Irish/EU student places in 2021 to 930 Irish/EU student places in 2026.

This achievement marks the expansion in the number of undergraduate places in medicine available to Irish/EU students applying through the CAO system. It increases opportunities for students to progress to study medicine in Ireland and to help us build our talent pipeline.

By increasing the number of doctors in training, we are taking a step towards addressing the needs of the entire health service, to allow it to continue to respond to the demand for frontline healthcare workers.



Project 2: Implement Sláintecare Healthy Communities Programme

Sláintecare Healthy Communities is a cross-sectoral community-based health and wellbeing initiative, which was officially launched in 2021. The goal of the Sláintecare Healthy Communities Programme is to improve the long-term health and wellbeing of the most disadvantaged communities in Ireland. 19 areas of greatest need are provided with targeted supports by the HSE in areas such as smoking cessation, parenting, nutrition and social prescribing. In addition, the North East Inner City (NEIC) is also included in the programme.

Local Authorities have employed Local Development Officers and have been provided funding to improve public realm and fund locally identified projects to improve health and wellbeing. The Department of Health are working across Government with an

oversight group to coordinate interventions and policy responses, including the provision of HSE services for each area. Examples of supports include: a Stop Smoking Advisor and ‘We Can Quit’ groups; Parenting Programmes such as Triple P or the Parents Plus; a Healthy Food Made Easy (HFME) programme; A Social Prescribing link worker to work with individuals who need support, linking them into community activities and services; and a Community Food & Nutrition Worker.

To support the work of the Local Development Officer, each local authority was given a budget of €75,000 per community to fund projects identified within the community that will support health and wellbeing, 110 projects were funded in 2022.

Donegal Food Response Network

Through Sláintecare Healthy Communities Programme, the Department of Health provided seed funding in 2022 to two targeted sites in Donegal – Northwest Gaeltacht an Inishowen.

Expressions of interest were sought from the community in the two pilot areas. Donegal Local Development Company (DLDC) developed a new partnership with the existing Donegal Food Response Network, Sláintecare Healthy Communities Programme and Healthy Ireland – Healthy Donegal.

The aim was to create greater awareness around food insecurity, provide information on how to avail of support and information about the community and voluntary organisations who provide that support across Donegal to ensure that those most in need are better able to avail of their services.

The project contained two parts: - to develop a designated website for the Donegal Food Response Network and to source marketing expertise to drive fundraising campaigns.

The project serves to promote and publicise the Donegal Food Response Network, the great work that the members do and ensure that people who need to avail of the services know who to contact discreetly and confidentially as well as strengthen the network in raising awareness of food insecurity.



The investment was focused on improving awareness and equity of access for all peoples across the county. This partnership approach has established a strong connection, a shared understanding and scope to build upon the amazing work already being completed through the Donegal Food Response Network with further initiatives into the future. The project serves to enhance communication and connectedness as well as increased visibility and not only raises the issue of food insecurity faced by many people and access issues in relation to healthy, fresh foods but now provides a platform for the Donegal Food Response Network to increase their capacity to work further on food insecurity issues with various funders and partners. The website <https://donegalfoodresponse.ie/> was launched in December 2022.

Additionally, the Sláintecare Healthy Communities Programme Enhancement Fund is a scheme to support infrastructural projects that could positively impact on the health and wellbeing of those who live within the programme area. A fund of €250,000

was allocated to each Local Authority area under the Sláintecare Healthy Communities Programme to support projects that provided added value from a social determinants of health perspective, 63 enhancement projects commenced in 2022.

Grange Community Hub

Youth Work Ireland Midlands (Mullingar) is based in the Grange Resource Centre Mullingar and works in partnership with the local community groups to provide a holistic wrap around service to all residents in the seven adjoining local authority housing estates on the west side of Mullingar.

Working together the local community groups provide local activities, programmes and interest groups for all the community from the young to the not so young. There is a strong focus on achieving better outcomes in the area of physical health, mental health and wellbeing through facilitating talks, interagency interventions, interest groups and supported activities.

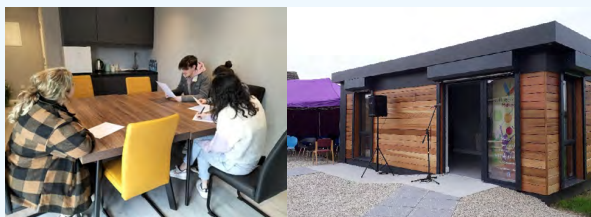
There was a need for additional dedicated space to address small groups and individual interventions and programmes that would provide a positive impact on the health outcomes of the community in general. The Healthy Communities Enhancement

funding provided the opportunity to realise this ambition and following community consultation, it was agreed to apply for a modular style unit which could be placed in the grounds of the existing community centre but would still provide a dedicated space for health initiatives in the wider sense.

The Enhancement Fund provided €55,000 for the modular unit.

The Grange Community Hub has been in place since March 2022 and in hindsight we cannot see how we managed before we had this facility. The Hub is in constant use facilitating initiatives such as one to one sessions with external services which include MYDAS – Midlands Youth Drug & Alcohol Support and Merchants Quay substance support sessions, Traveller health clinics, Tusla family meetings and small group and individual interventions to young people from the local community.

The Hub is still connected to the local community centre but also allows a degree of privacy where more acute interventions can be facilitated. The benefit has already been seen in the community but the real impact will become more visible as the services develop and cascade down to the next generation, their peers, family and wider community.





Project 3: Develop Regional Health Areas (RHAs)

Regional Health Areas (RHAs) will provide for the alignment and integration of hospital and community-based healthcare services at a regional level, based on defined populations and their local needs. This geographical alignment will facilitate resource allocation based on need, as well as clearer structures and processes for decision-making and accountability to enable more integrated care. Establishing RHAs is envisaged as a means to improving the health service's ability to deliver more joined-up care for patients that is planned and funded in line with local and regional health needs.

In April 2022, a memorandum on next steps, programme of work, and timelines for RHA implementation was approved by Government. Concurrent with this, the Business Case for the Implementation of Regional Health Areas (RHAs) detailing the selection process for the policy direction was published and is available online at www.gov.ie/en/publication/4eda4-slaintecare-regional-health-areas-rhas/.

The business case was developed by the Department of Health in partnership with the HSE and other stakeholders. The policy option approved sees the six new RHAs implemented internally as regional divisions of the HSE alongside a lean centre, forming part of a strengthened national health and social care service. In keeping with lessons learned from previous health system reforms, this option strikes the balance between empowering staff with regional autonomy and associated accountability closer to the frontline, while still maintaining a consistency of care and

implementation of national policies. While they will operate within a national policy context, this policy option seeks to devolve decision making to RHAs and their leadership teams as much as possible.

Following the Government decision in April, workstream working groups were established to progress the functional design of RHAs in partnership with service staff and stakeholders throughout 2022, focusing on key areas such as:

- People and development.
- Change, culture and communications.
- Finance including population-based resource allocation (PBRA).
- Digital, ICT and capital.
- Clinical and corporate governance.

Significant stakeholder engagements were undertaken to inform the plan throughout the year as part of the wider RHA co-design process. These included six regional events for Community Healthcare Organisation (CHOs) and Hospital Group teams and health service workers in quarter 3 2022 as well as ongoing engagements with these teams, unions and professional bodies, voluntary organisations, and others. Design work of RHAs has drawn on the expertise and input of senior level management across nearly every division of both the Department of Health and the HSE.

Similarly, the Ministerially-appointed RHA Advisory Group was established with representatives from across the health and social care sector in late 2021, and met seven times throughout 2022. This group continues to provide guidance, support, and advice on the design and development of the detailed RHA Implementation Plan to the Department of Health and HSE officials charged with implementing this work programme under Sláintecare.

In early 2022, work commenced on the development of a population-based approach to service planning and resource allocation. Considerable work was done

on analysing the types and quality of data available in Ireland to inform this approach, as well as looking at the methodologies used by other countries to implement it. A first spending review on international examples and approaches to population-based resource allocation (PRBA) models was published in August 2022.

While RHAs are not a panacea for all the challenges our system experiences, they are a necessary step towards providing care for our patients that is integrated, locally planned, and locally delivered, as envisaged by Sláintecare.



Project 4: Implement Obesity Policy and Action Plan 2016-2025

In Ireland, overweight and obesity poses an increasing challenge, with one in five children and almost 60% of the adult population now living with overweight or obesity, according to the Healthy Ireland survey 2022. The policy for addressing obesity in Ireland is “A Healthy Weight for Ireland”, the Obesity Policy and Action Plan (OPAP), which was launched in September

2016 as part of the Healthy Ireland Framework. The OPAP covers a 10-year period up to 2025 and aims to reverse obesity trends, prevent health complications and reduce the overall burden for individuals, families, the health system, and the wider society and economy. The OPAP includes 60 actions which are grouped under 10 steps.

Food Reformulation

Food reformulation (reducing the levels of fat, salt and sugar in everyday foods) was identified as a priority action by the Obesity Policy Implementation Oversight Group (OPIOG) established to oversee the implementation of the Obesity Policy and Action Plan 2016-2025.

The Food Reformulation Task Force hosted a workshop on 2 December on food reformulation for food manufacturers, retailers and the out-of-home food sector. The event, ‘Food Reformulation in Ireland: A Workshop for Food Businesses’ heard opening remarks from Dr Pamela Byrne, FSAI and from Healthy Ireland.



The event was a great opportunity for food businesses to come together, learn about the importance of food reformulation, discover the supports available to the sector to engage in reformulation and to hear what other businesses are doing to achieve food reformulation targets.

Presentations from speakers gave insights into the National Prepared Consumer Food Centre by Teagasc and an explanation of supports available for food businesses as they work on reformulation by Enterprise Ireland. Teagasc Food Research Centres in Ashtown, Fermoy, Dublin and Moorepark encompass a unique range of infrastructural capabilities, scientific knowledge and know-how to support companies of all sizes and stages of growth in meeting their product reformulation goals to produce healthier and more sustainable foods. This includes the National Prepared Consumer Food

Centre, a state-of-the-art facility with cutting edge equipment that can provide food businesses with the expertise and technical resources that they need to reformulate products effectively.

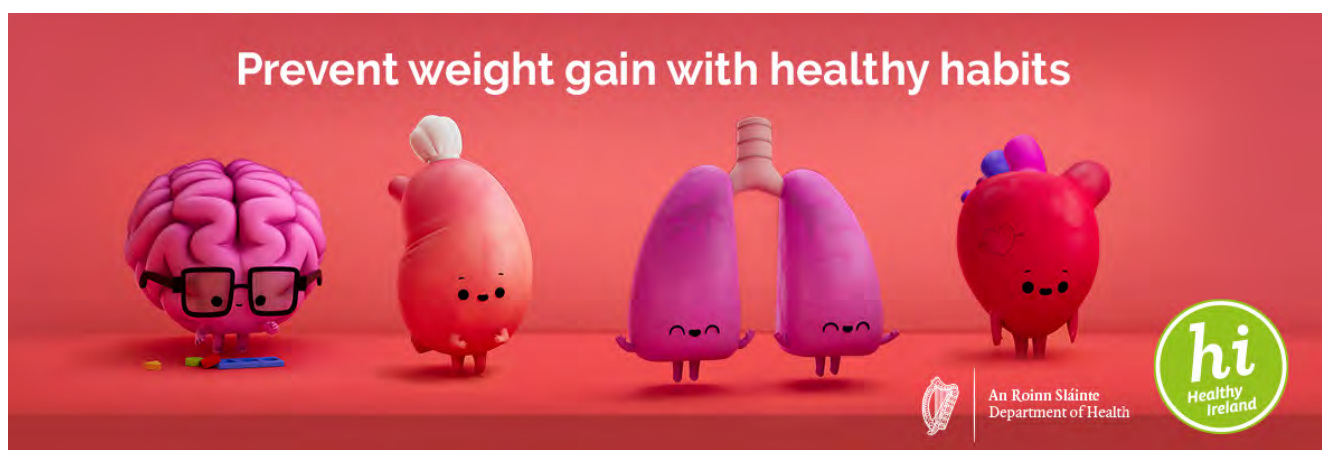
Enterprise Ireland outlined the range of supports for companies of all sizes to engage in innovation and research activities. These supports may be suitable to assist food companies in the reformulation of their products. For projects to be considered eligible for funding they must demonstrate suitable levels of innovation and technical challenges.

The event also featured case studies from Britvic Ireland, O'Brien Fine Foods, Sodexo and Nestlé who spoke about their food reformulation experience with particular products, the challenges they faced and what reformulation has meant for their business.

A **Review of the Obesity Policy and Action Plan** was published in December 2022 (gov.ie - [Combating Obesity \(www.gov.ie\)](http://CombatingObesity.gov.ie)). This Review provides an update as to the current status of some of the main deliverables.

The **Healthy Weight campaign** is one of a series of national measures as part of OPAP which aims to reverse obesity trends, to prevent health

complications and reduce the overall burden for individuals, families, the health system and the wider society and economy. The **campaign** aims to support people to prevent weight gain among people in their 20s and 30s by sharing information about behaviours that may affect weight, focussing on four pillars – sleep, stress, physical activity and nutrition. Phase 1 of this campaign seeks to change knowledge and attitudes about overweight and obesity.



02



Implementation focus for 2023

A Sláintecare Action Plan 2023 has been developed and will be published in quarter 1, and this builds on the reform progress made in 2022 and continues to focus on the two key reform projects and eleven associated projects as set out in the Sláintecare Implementation Strategy and Action Plan 2021 – 2023.

The Sláintecare Action Plan 2023 sets out specific areas of work to be progressed across each of the eleven key projects. This plan will see major focus on key areas of:

- Regional Health Areas - the draft implementation plan prepared in 2022, will be finalised and key steps taken to support the transitioning of the organisation and structures during 2023, for the roll out of RHAs in 2024.
- Waiting List Action Plan 2023 - the 2023 Waiting List Action Plan is the next stage of a new multi-annual approach to reducing and reforming waiting lists and times. It builds on the foundational work done in the 2021 and 2022 action plans, which have stabilised and reduced waiting lists and times, as well as paving the way for longer-term reforms that will now be enacted through the €363 million 2023 Plan (to be published in quarter 1 2023).
- Elective Hospitals – work will focus on progressing Cork and Galway through Gate 2 and Dublin through Gate 1 and Gate 2 of the Public Spending Code.
- Enhanced Community Care – complete operationalisation of the 96 CHNs and 21 Community Specialist Teams (CSTs) for Older People as well as 21 CST for Chronic Disease management and assessing the impact that these teams are having on service provision in the Community.
- Scaling and Mainstreaming Innovation – through ongoing focus and support to Sláintecare funded Integration Innovation projects.
- Sláintecare Healthy Communities (SHC) Programme – continue work with communities in rolling out SHC funded initiatives.

03



Governance arrangements

Sláintecare Governance and Oversight

The Sláintecare Programme Board was established in 2021 to drive the principles of Sláintecare reform throughout the health and social care service. The Board is co-chaired by the Secretary-General of the Department of Health (DoH) and Chief Executive Officer of the Health Service Executive (HSE) and provided senior official interagency oversight of the Sláintecare reform programme in 2022. The Programme Board also comprises the joint leads of the reform projects from the Department's Management Board and the HSE's Executive Management Team, as appropriate (see membership in Appendix 1).

The key roles of the Programme Board include, to:

- Provide leadership, direction, oversight, support and guidance to the Sláintecare reform programme to ensure a coordinated, integrated, effective approach across DoH and HSE.
- Ensure effective communication and information sharing across all aspects of the programme and its constituent projects, throughout the DoH and HSE, and with all key stakeholders.
- Ensure an integrated approach and planning framework is developed for all projects with appropriate timelines, deliverables and milestones and assignment of appropriate responsibility/expertise to lead the delivery of the project.
- Receive formal progress updates from the Management Board / Executive Management Team project leads, monitor overall implementation progress and address escalated matters.
- Serve as the escalation path to resolve issues and make resource changes to the scope of a project if necessary.
- Ensure the Sláintecare reform programmes are adequately resourced and supported.

The Programme Board has met five times in 2022 and the Minutes of the Board meetings are published on the Department website (www.gov.ie/en/publication/fbc36-slaintecare-programme-board/).

The co-chairs of the Sláintecare Programme Board attend the Joint Committee on Health (JCH) on a regular basis on matters specifically relating to the implementation of Sláintecare. The JCH met four times during the year in relation to Sláintecare.

Sláintecare Programme Management Office

Sláintecare delivery is supported by the work of the Sláintecare Programme Management Office (PMO). Its role includes:

- Ongoing monitoring and reporting on the delivery and progress of the agreed annual Sláintecare Action Plan and overall Sláintecare Implementation Strategy & Action Plan 2021 -2023.
- Delivery of all key PMO tasks focused on effective and agile programme management.
- Supporting Sláintecare governance through provision of an efficient secretariat to the Programme Board.
- Supporting Departmental preparations for attendance at Joint Oireachtas Health Committee meetings.
- Development of Progress Reports, annual Action Plans and multi-annual strategies.
- Building a programmatic approach and project management capacity across the Sláintecare projects and driving a results-focused approach to delivery of the Sláintecare reform programme.

04



Enabling Programmes

4.1 Citizen and Staff Engagement

Sláintecare hosted quarterly webinars in 2022. The webinars showcased the Sláintecare innovation that is taking place across the health and social care service. These themes align with the fundamental principles of Sláintecare, ensuring that all care is planned and provided so that the patient/service user is paramount.

There has been continued stakeholder engagement in 2022 and attendance at key online healthcare seminars to provide updates on Sláintecare implementation e.g. Health Summit, Irish Society of Chartered Physiotherapists, International Conference on Integrated Care.

Regular updates on Sláintecare implementation have been provided to healthcare staff through staff newsletters and social media channels.

4.2 Staffing

2020 and 2021 have seen the largest increases in the workforce since the foundation of the HSE. There has been an increase of 5,422 WTE in 2022. This makes 2022 the third largest growth ever achieved. Increases have been seen across all staff categories in 2022.

Nursing and Midwifery has increased by 2,042 WTE. There has been an increase of 723 WTE Health and Social Care Professionals. An additional 584 WTE have been hired in the Medical and Dental category, with 261 of these WTE at Consultant level.

There are 17,928 more WTE working in our health service than there were at the beginning of 2020. This includes 5,414 nurses and midwives; 2,947 health and social care professionals; and 1,840 doctors and dentists.

4.3 Patient Safety

Patient Safety and Quality initiatives are enablers for safe, high-quality care and can contribute to good care experiences for patients and families across all care settings and support the delivery of the Sláintecare objectives. There are a range of Patient Safety Initiatives and policies that support this and key achievements in 2022 include:

Patient Safety (Notifiable Patient Safety Incidents) Bill 2019

The Patient Safety (Notifiable Patient Safety Incidents) Bill 2019 is a key piece of Health legislation, designed to further embed Patient Safety and Quality initiatives in the health sector. The Bill went to Report stage in the Dáil on Wednesday 7th December 2022. It was agreed that the Report Stage discussion of the Patient Safety Bill would be adjourned until January 2023, to allow for preparation of a further amendment in relation to patient requested reviews of their cancer screening.

National Care Experience Programme surveys

The National Care Experience Programme surveys help to ensure the patient voice is used to inform the delivery of responsive and person-centred health and social care services in Ireland. The focus for 2022 was to expand the National Care Experience Programme suite of surveys, embedding patient experience as a key measure of quality within the health and social care system.

In 2022, the Programme delivered:

- The 5th cycle of the *National Inpatient Experience Survey*. Almost 11,000 people provided feedback on their experience as an inpatient across 40 public acute hospitals. The HSE developed quality improvement plans in response to feedback.
- The *1st National Nursing Home Experience Survey*. Over 718 residents and 943 relatives provided feedback on their experience of care across a representative sample of 53 nursing homes. Nursing homes are using the findings to inform quality improvement initiatives.
- The *1st National Maternity Bereavement Experience Survey* was launched in September 2022. This survey asked women and their partners about their experiences of maternity bereavement care. Results will be published in 2023.
- Developmental work on the *1st National End of Life Survey* was completed. This survey which will ask bereaved relatives about the care provided to a family member or friend in the last months and days of their life will be implemented in 2023.

Embedding Open Disclosure

Work on a Framework to embed a culture of open disclosure in Irish healthcare is close to completion. The open disclosure framework aims to embed a culture of openness by providing a unified and consistent approach to open disclosure across the entire health and social care services and in the practice of all health and social care professionals.

A final draft policy was presented to the Independent Patient Safety Council on 6 December 2022.

Appendix 1

Membership of the Sláintecare Programme Board (December 2022)

Robert Watt, Department of Health (Co-Chair)
Paul Reid, Health Service Executive (Co-Chair to 30 September)
Stephen Mulvaney, Health Service Executive (Co-Chair from 1 October)
Breda Smyth, Department of Health
Damien McCallion, Health Service Executive
Dean Sullivan, Health Service Executive
Derek Tierney, Department of Health
Liam Woods, Health Service Executive
Louise McGirr, Department of Health
Mary Day, Health Service Executive
Muiris O'Connor, Department of Health
Niall Redmond, Department of Health
Pat Healy, Health Service Executive
Rachel Kenna, Department of Health
Tracey Conroy, Department of Health
Yvonne Goff, Health Service Executive

Secretariat to the Sláintecare Programme Board is provided by the Sláintecare Management Office (SPMO), Department of Health

Appendix 2

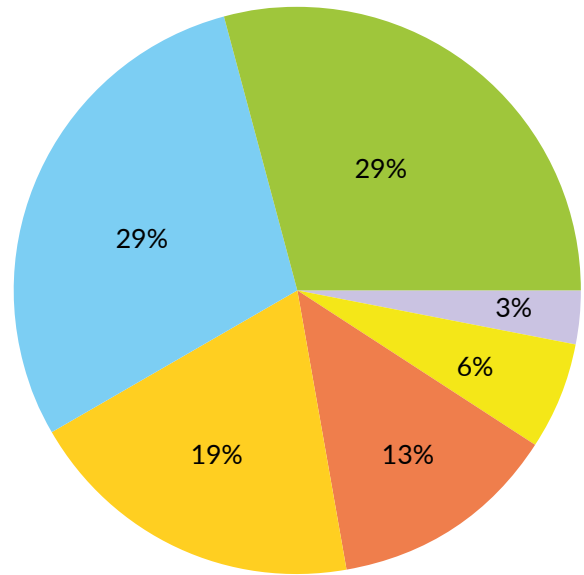
Sláintecare Deliverables Status by Project

There was a total of 120 deliverables in the Sláintecare Action Plan 2022 and these were spread across the two reform programmes and eleven associated projects. The overall year-end status for the 2022 deliverables is shown below.

Sláintecare Action Plan 2022 year end deliverables status

- 100 deliverables (83.3 %) were delivered or have progressed as planned or with minor delays.
- 16 deliverables (13.0%) are progressing with significant challenges and 4 deliverables have been impacted by external dependencies.

The table below sets out the status of each deliverable for the 11 projects and 2 reform programmes for the 2022 Sláintecare Action Plan.



Full Year Rag Status	Count	Percentage
On Track	35	29%
Complete	35	29%
Minor Delay	23	19%
Significant Delay	16	13%
Completed Later than Planned	7	6%
Significant Delay due to External Dependency	4	3%

Jan to Dec 2022 Actual year end performance for all Project deliverables: Reform Programme 1 – Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 	Complete development of and publish the National Stop Smoking Clinical Guideline quality assured by the National Clinical Effectiveness Committee (NCEC)	Complete	The NCEC National Clinical Guideline No.29 was published in January.	Q1
	Proj 1: Implement Health Service Capacity Review	Undertake external communications regarding Healthy Age Friendly Homes	Complete	A Sláintecare webinar spotlighting the programme was held in April and was positively received, highlighting the progress the programme has made in its first year. The webinar featured welcome speeches from Ministers Mary Butler and Peter Burke.
Wrkst 1 - Healthy Living	Finalise interim evaluation of Healthy Age Friendly Homes in collaboration with academic partners	Complete	Interim report has been finalised and signed off by the Oversight Group. The interim report was published in August.	Q2
	Conduct and publish review of National Physical Activity Plan (NPAP).	Complete	A final draft of the Review was submitted by consultants and approved by the NPAP Implementation Group. The review was published in July.	Q2
	Establish Oversight Group to oversee the Development of the Mental Health Promotion Plan	On Track	The Terms of Reference and membership have been agreed and Chair appointed. Initial introductory meeting arranged and held in September followed by further meetings in October and December. A contract to provide academic support in drafting the plan was awarded and work commenced in September and is ongoing.	Q2
	Submit business case for the extension of Healthy Age Friendly Homes (HAFH) as part of the Estimates 2023 process	Complete	Business Case for Estimates 2023 for national rollout of HAFH was submitted to DPER for consideration. Funding proposal of € 5.2 million was approved in Budget for national rollout in 2023.	Q3

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 1 - Healthy Living	Prepare business case for period poverty projects, based on initial evaluation of pilots, for 2023 funding.	On Track	Estimates bid submitted and additional € 100 k funding for HSE confirmed for 2023.	Q3
	Establish Healthy Workplace Working group and agree implementation plan	On Track	The implementation plan is under development and ongoing.	Q3
	Launch and ‘go-live’ of Healthy workplace website including update of resources for workplaces.	Minor Delay	The website content has been uploaded. Second phase of user testing planned with launch scheduled for quarter 2023	Q4
	Roll-out a national online sexually transmitted infection (STI) testing service integrated with public STI clinics to increase access to and capacity for STI testing	On Track	A total of 96,996 STI test kits have been ordered through the online platform. Of these, 56,983 test kits have been returned to the lab (59% return rate) and 5,903 reactive results received (10.3% reactive rate). The service was extended to all 26 counties by end September 2022 and is currently integrated with 15 public STI clinics.	Q4
	Finalise new National Physical Activity Plan (NPAP)	Significant Delay	Due to the prioritisation of the development and launch of the free contraception scheme, development of the new NPAP had to be deferred and will now be finalised in quarter 4 2023.	Q4
	Complete Evidence Synthesis on Mental Health Promotion.	Complete	This work was completed end quarter 1	Q1
	Finalise Mental Health Promotion Plan	Minor Delay	It is anticipated that the draft plan will be completed in quarter 1 2023 with a proposed launch in quarter 2 2023	Q4
	Deliver a standardised approach to staffing model across 9 pilot sites in line with the Staffing Model being tested	Completed Later than Planned	All residents in the pilot site nursing homes are now being assessed using a standardised assessment tool which classifies residents based upon their care and resource needs	Q1
	Publish Sharing the Vision Implementation Plan 2022 - 2024	Complete	Sharing the Vision Implementation Plan 2022 - 2024 was published on 23 March 2022.	Q1

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 2 - Enhanced Community Care	Under implementation of Sharing the Vision, establish National Implementation Monitoring Committee (NIMC) Reference Group and Specialist Groups in Digital Mental Health and Primary Care Mental Health Services	On Track	The Reference Group was established, with first official meeting 11 May 2022. Digital Mental Health Specialist Group established and has had its first meeting and met monthly thereafter; a Specialist Group in Primary Care Mental Health Services was established and met four times in quarter 3.	Q2
	Allocate the community services enhancement fund for community-based drug and alcohol services	On Track	Guidance document for community groups and addiction managers developed in association with HSE on the Community Services Enhancement Fund. Funding issued to HSE in June.	Q2
	Publish General Scheme for Health (Amendment) Bill to provide interim enhancements to nursing home regulatory framework	Completed Later than Planned	The General Scheme was approved by Government and published on 19th October.	Q2
	Open the new National Forensic Mental Hospital in Portrane	Complete	The National Forensic Mental Health Service (NFMHS) is a national tertiary mental health service and an integral part of the HSE Mental Health Service. This new NFMHS facility comprises an expanded Central Mental Hospital (CMH), along with an Intensive Care Rehabilitation Unit (ICRU) and a forensic CAMHS unit. The CMH opened on November 4th 2022. The latter two units, the first of their kind nationally, will come on stream on a phased basis through 2023/2024	Q2
	Work with relevant DoH Units and Department of Children, Equality, Disability, Integration & Youth (DCEDIY) to progress the Transfer of Disability functions to DCEDIY	On Track	The Transfer order for the transfer and the Commencement order for the Health (Misc Prov) Act 2022 were signed on the 13 December 2022. The Transfer of Functions is scheduled for the 1 March 2023. Engagement continues between DOH and DCEDIY to finalise governance, financial and corporate arrangements in advance of the transfer.	Q3

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 2 - Enhanced Community Care	Publish Adult Safeguarding Policy	Significant Delay	<p>The draft policy required more substantial revisions than anticipated following steering group feedback. Significant and highly relevant reports were published by Safeguarding Ireland and IASW during quarters 3 & 4, which the policy development team required time to consider. The draft policy is currently being edited, with external support.</p> <p>The plan is now to finalise a public consultation version of the draft policy and announce schedule for early 2023 public consultation. The next steps are to finalise the draft policy, present to the Policy Committee and finalise policy for approval by Government.</p>	Q3
	Deliver on Year 1 elements of 4-year implementation Action Plan (in preparation) based on the Disability Capacity Review	Significant Delay	The revised timeline for the transfer of community disability service functions to DCEDIY has affected the timing for approval of the draft Action Plan to implement the Disability Capacity Review. Some revision of the timetable and costings will be required in light of this delay, and of pay and cost developments. In the meantime, the draft plan continues to inform policy and funding considerations.	Q4
	Publish a National Mental Health Services Research and Evaluation Strategy.	Significant Delay	<p>The development, in 2023, of the first National Population Mental Health and Mental Health Services Research and Evaluation Strategy announced in conjunction with the Health Research Board (HRB) was announced in December.</p> <p>The new strategy supports the implementation of Sharing the Vision – a mental health policy for everyone 2020-2030.</p>	Q4
	Establish a Working Group to develop liaison protocol between schools and CAMHS.	Complete	This working group has been established and has met on four occasions.	Q4
	Initiate strategic review of GP services to develop vision for future of GP services	Minor Delay	Draft Terms of Reference (ToR) approved by the Minister on 08 November. The ToR have been circulated to stakeholders, and comments, where possible, were incorporated into a revised draft and approval is expected in quarter 1 2023.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 2 - Enhanced Community Care	Develop a policy paper on the future direction of long-term residential care infrastructure and financial sustainability.	Significant Delay	Scoping work has commenced on the development of this paper, however this project is now paused. Immediate sustainability concerns must be addressed as a priority therefore resources have been reallocated accordingly. Any measures to address nursing home closures and other reductions in capacity in the short term will involve consideration of impacts on long-term sustainability.	Q4
	Progress the General Scheme of a Bill to amend the Mental Health Act 2001	On Track	Pre-legislative scrutiny report was published in October 2022, containing 19 recommendations. DoH is now considering the report in full and all recommendations prior to finalisation of Bill. Priority drafting has been sought for the spring legislative session. DoH and the Attorney General (AG) worked through outstanding legal issues related to the Bill in quarter 4, clearing the way for drafting of the Bill to proceed at pace.	Q4
	Deliver Impact Report to the National Taskforce outlining the impact of the pilot on resident, staff and economic outcomes.	Significant Delay due to External Dependency	The pilot is testing a framework for Safe Nurse Staffing and skill mix in public, private and Voluntary Long Term residential care settings for older persons. The first baseline report from research team was received in quarter 3. Second research impact report expected end of quarter 2 2023	Q4
	Progress General Scheme for Health (Amendment) Bill to provide interim enhancements to nursing home regulatory framework Bill	On Track	The Office of Parliamentary Counsel (OPC) drafter has been assigned and work on Bill is progressing	Q4


Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 2 - Enhanced Community Care	Enhanced Community Care (ECC) Programme Deliverable: Establish and operationalise 96 Community Healthcare Networks (CHNs), providing the foundation and organisation structure through which integrated care is delivered locally at the appropriate level of complexity, with GPs, HSCPs, nursing leadership and staff, empowered at a local level to drive integrated care delivery and supporting egress in the community.	Minor Delay	A total of 94 CHNs operating at end December. The remaining 2 CHNs are due to become operational in quarter 1 /2023.	Q4
	ECC Programme Deliverable: Establish 30 Community Specialist Teams for Older People and 30 Community Specialist Teams for Chronic Disease for the management of chronic disease and older people with complex needs supporting our acute hospitals ensuring integrated care is provided locally at the appropriate level of complexity. This also will include Acute Hospital CDM and Frailty at the Front Door Teams	Minor Delay	A total of 21 Integrated Care Programme for Older People (ICPOP) CSTs, 21 Integrated Care Programme for Chronic Disease Management (ICPCD) CSTs Operational. The remaining teams are expected to become operational by quarter 2/3 2023. A gap analysis being undertaken in respect of becoming operational.	Q4
	ECC Programme Deliverable: Support GP Access to Community Diagnostics –. Target of 195,000 diagnostic services across x-ray, CT, MRI, DEXA and ECHO, Spirometry & BNP as they come on stream in 2022	Complete	A total of over 250,000 diagnostics completed by Dec 22.	Q4


Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 2 - Enhanced Community Care	ECC Programme Deliverable: Implement Structured programme for chronic disease management (CDM) and prevention, linked to the GP Agreement, together with the establishment of CDM Community Specialist Teams linked to the Acute Hospital Teams to cover identified CHNs	On Track	21 Integrated Care programme for Chronic Disease (ICPCD) teams operational	Q4
	ECC Programme Deliverable: End to end care pathways implemented for older people. These include enhancing existing and accelerating additional ICPOP MDTs and Frailty at the Front Door Teams providing Community Specialist Teams to cover identified CHNs.	On Track	21 ICPOP teams operational	Q4
	ECC Programme Deliverable: Community Intervention Teams (CIT) expanded to provide national coverage.	Complete	CIT national coverage in place	Q4
	ECC Programme Deliverable: Put in place interim ICT solution to support patient information & real time reporting.	Significant Delay	The interim ICT solution committed to in NSP 2023 is an urgent deliverable and will consist of an integrated case management system (ICMS) with basic functionality to support implementation of the ECC programme. The COO has approved arrangements and process to proceed with the National Tender of Interim ICT Solution within the agreed parameters as set out in the letter of determination (Ministerial priorities for NSP 2023). Arrangements are being made with OoCIO and National Procurement to develop appropriate tender arrangements and progress procurement.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 2 - Enhanced Community Care	ECC Programme Deliverable: Implement interRAI as part of Home Support Pilot and the successful integration of interRAI across identified service areas with interRAI facilitators in place across CHNs and Specialist Teams for Older People in line with plan	Minor Delay	Recruitment has commenced for 128 interRAI Care Needs Facilitators with a target recruitment timeframe of quarter 2 2023.	Q4
	ECC Programme Deliverable: Deliver additional Home Support Hours in line with funded plan	Significant Delay	There is a projected outturn of 21.02 million hours against year target of 23.67 million. Anticipated continuing issues due to carer capacity.	Q4
	ECC Programme Deliverable: Complete Home Support pilot and inform final design of the Statutory Home Support Scheme	Minor Delay	The Home Support pilot is complete with evaluation underway and due to be completed in early 2023.	Q4
	ECC Programme Deliverable: Develop a national framework for underpinning a sustainable model for Residential Care (both Long Term and Intermediate/ Rehabilitation)	Minor Delay	The National Framework has been developed. In 2023, an operating model for public based community residential care, commencing a financial review of public long stay units	Q4
	Progress the drafting of a General Scheme and Heads of Bill to establish a licensing framework for home support providers	On Track	Draft Heads of Bill to establish a licensing framework for home support providers have been produced and have been shared with key stakeholders HSE and HIQA. The Department completed a 7-week public consultation on August 4th on requirements that will form the criteria against which a provider's eligibility to hold a licence will be determined. The Institute of Public Health has completed a report on the findings, and this will be published in early 2023.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 3 - Hospital productivity	Report on implementation progress of priority gynaecology service developments for 2022.	Minor Delay	A range of gynaecology service developments were progressed in 2022. Examples of progress to-date include: - 12 of the 20 planned ambulatory gynaecology clinics are operational. Of the six ambulatory gynaecology clinics funded under Budget 2022, work is ongoing in relation to the establishment of these clinics, and it is anticipated that further clinics will become operational in 2023. - 4 specialist menopause clinics opened in 2022, with 1 more in development and due to open early in 2023. This will result in 6 clinics nationally in 2023. - In April, the Women's Health Fund provided funding for 6 interdisciplinary teams (1 in each maternity network) to support the holistic treatment of endometriosis. This will complement the supra-regional services for complex endometriosis being developed in Tallaght and Cork.	Q2
	Complete the initial phase of development of the Major Trauma Centre for the Central Trauma Network at the Mater Misericordiae University Hospital (MMUH)	On Track	Recruitment is ongoing; Major Trauma Services commenced in quarter 3 2022 at MMUH for the existing catchment area with an incremental increase in services taking place to year end and into 2023.	Q3
	Cork University Hospital to reach Major Trauma Centre service specifications and to be in a position to commence the delivery of major trauma services	On Track	This is on track to be in a position to commence the delivery of major trauma services in early 2023. Recruitment of staff is ongoing.	Q4


Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 3 - Hospital productivity	Support the establishment of a National Perinatal Genetics service (during pregnancy) by providing two individual perinatal genetics teams across Dublin and Cork.	On Track	The HSE's National Women & Infants Health Programme (NWIHP) has developed a draft Framework for the establishment of a National Perinatal Genomics Service, which it is intended will be located in Dublin. This Framework will effectively form part of the HSE's Genetics & Genomics Strategy and will provide the road map for the development of structured perinatal genetics services in Ireland and the investment underpinning it. NWIHP has confirmed that the HSE's Chief Clinical Officer has endorsed this Framework. NWIHP has advised that further consultation on the exact operating model for this service will take place early in quarter 1 2023 and it is envisaged that the Framework will be finalised shortly thereafter.	Q4
	Oversee the continued Implementation of the National Maternity Strategy for 2022, in line with the strategy's revised Implementation Plan including: recruitment of 99.5 Whole Time Equivalent (WTE) across a range of areas in maternity services.	Minor Delay	Key areas of progress include: Development of new Quality & Safety initiatives for maternity services, including clinical guidelines are ongoing. NWIHP commenced a review of maternity infrastructure. The Integration of the national home birth service into acute maternity services, commenced in quarter 1 2022. Development of minimum standards for early pregnancy assessment units are being developed Recruitment of 87.8 WTEs across a range of areas in maternity services is in progress. Minor delay as a result of system wide staff shortages and difficulty in recruitment. A National Midwifery Staffing Taskforce is being established with NWIHP, Acute Operations and the Office of the Nursing and Midwifery Services Director.	Q4
	National Maternity Strategy - develop two dedicated postnatal hubs targeted at supporting women for up to 14 days post birth.	On Track	A Framework for the design & delivery of post-natal hubs has been finalised. NWIHP have selected two sites in Kerry and Kilkenny for the development of postnatal hubs. Letters of funding approval have been issued to both sites. Further to the approval of two postnatal hubs in Kerry and Kilkenny, an additional three postnatal hubs have been approved. These sites include Cork, Sligo, and Portlinculla.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 1: Implement Health Service Capacity Review Wrkst 3 - Hospital productivity	Implement the additional acute care bed capacity for 2022 in line with funding and agreed plan.	Minor Delay	Acute beds - a total of 970 additional acute beds were delivered since 1 January 2020 by year end 2022. Delays in delivery of the expected total number of beds were as a result of recruitment challenges, delays in delivery of capital programmes due to delays in supply of materials and equipment, and delays in construction. A total of 209 of the remaining beds are expected to be delivered in 2023, with 49 additional beds subject to further capital review.	Q4
Reform Programme 1  Proj 2: Scale & Mainstream Integration Innovation	Publish Final Report on the Sláintecare Integration Fund Round 1 projects	Complete	The Sláintecare Integration Fund end of programme report was launched and published on 20 July 2022.	Q2
	Finalise application criteria for Round 2 of Sláintecare Integration Fund	Complete	Round 2 of SIIF launched on 13 September	Q3
	Progress selection of projects for next round of Sláintecare Integration, Innovation funding	Complete	Grant agreements issued to successful projects	Q4
	Scale up Critical Mass of Advanced Nurse / Midwife Practitioners (ANMP) in line with €11 Million funding allocation under care areas that: have large waiting lists to improve access to care for patients	Complete	The recruitment of the 149 ANMP posts was completed in early December to support the scaling up of ANMPs.	Q3

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 2: Scale & Mainstream Integration Innovation	Continue implementation of Community Virtual Ward (CVW)	On Track	<p>The CVW project has expanded to several Community Health Organisations (CHOs) providing care for individuals in the community. A recent report from the CVW in Letterkenny University Hospital has demonstrated reductions in cost of care in comparison to hospital admissions and very positive outcomes and feedback from patients that had been admitted to the virtual ward.</p> <p>The HSE have begun implementing this model across the system. A learning collaborative is being considered to support scaling up and mainstreaming.</p>	Q4
Reform Programme 1 	Complete quality assurance of and publish the Perinatal Mortality National Clinical Audit quality assured by the National Clinical Effectiveness Committee (NCEC)	Complete	NCEC National Clinical Audit No.2 was published in April.	Q2
Proj 3: Streamline Care Pathways, from Prevention to Discharge	Finalise report on the National Review of Specialist Cardiac Services (NRCS)	On Track	The National Review of Specialist Cardiac Services has been agreed and is currently with the Chairperson (Professor Philip Nolan) in preparation of submission to the Minister which is expected in early 2023.	Q3
	Publish a new National Screening Advisory Committee (NASAC) programme of prioritised proposed changes to population-based screening	Minor Delay	The NSAC launched its first Annual Call in late 2021 seeking submissions from the public with suggestions for new population-based screening programmes or changes to existing programmes. The Committee received a significant response (53 proposals) from the public. The Committee have been reviewing the submissions at its scheduled meetings and plans to publish its work programme in the coming weeks. The Committee met in September 2022 and continued its deliberations (final 2022 meeting is planned for 8 December).	

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 3: Streamline Care Pathways, from Prevention to Discharge	Publish a new National Screening Advisory Committee (NASC) programme of prioritised proposed changes to population-based screening	Minor Delay	<p>The Committee have already made some decisions in relation to some of the proposals including those suggesting changes to the existing cancer screening programmes. Following submissions received from several sources, including from BreastCheck, the Committee has decided to ask HIQA to look at the evidence to further extend the age ranges for breast screening. The Committee has also decided to ask HIQA to look at further extending the age range for bowel screening, beyond that already committed to. The Minister also approved a recommendation from the Committee following a proposal from the BowelScreen programme that it adopt a surveillance guideline to ensure it is aligned with current clinical practice across the symptomatic service in the HSE.</p> <p>Additionally, a Health Technology Assessment (HTA) to look at the evidence for the addition of a tenth condition (called SCID) to the National Newborn Bloodspot Screening (NBS) Programme is currently underway, and a recommendation from the Committee is expected before end 2022.</p> <p>The NSAC Work Programme was published in November.</p>	Q3
	Publish 2021/2022 National Healthcare Quality Reporting System and scope the development of interactive platforms for the publication of timely patient safety data	Complete	2021/2022 National Healthcare Quality Reporting System was published in October 2022	Q4
	Expand the National Care Experience Programme suite of surveys, embedding patient experience as a key measure of quality within the health and social care system	Complete	<p>The 1st National Nursing Home Experience Survey was launched in March 2022 and results were published in November 2022. The 1st National Maternity Bereavement Experience Survey was launched in September 2022 with results due to be published in quarter 1 2023. Work on the 1st End of Life Experience Survey is progressing with a view to launching in early 2023.</p>	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 3: Streamline Care Pathways, from Prevention to Discharge	Progress the Patient Safety (Notifiable Patient Safety Incidents) Bill through both Houses of the Oireachtas and drive enactment.	Minor Delay	Report Stage was commenced on 7 December in the Dáil but was adjourned after considerable discussion by Deputies, to allow the Minister to prepare a further amendment to address concerns raised in the House and to allow for further briefing of opposition Deputies. Final stages in the Dáil will now take place in quarter 1 2023.	Q4
	Progress the clinical effectiveness agenda as over seen by the National Clinical Effectiveness Committee, to include quality assurance of 2 National Clinical Guidelines	Complete	a) National Clinical Effectiveness Committee (NCEC) National Clinical Guideline No. 29 – Unexpected Intraoperative Life-Threatening Haemorrhage was published in May 2022. b) The National Clinical Guideline on Infection Prevention and Control underwent Quality Assurance by the National Clinical Effectiveness Committee in October 2022. This process is currently underway. Likely completion date is early 2023.	Q4
	Complete planning and commence implementation of funded scheduled care pathways	On Track	37 Modernised Care Pathways have been developed and clinically approved. In May 2022, the CEO prioritised and funded the implementation of the obesity pathway in four hospital groups. Implementation and recruitment have commenced. Seven pathways, across three specialities (Orthopaedics, Urology, Ophthalmology) have been prioritised to commence implementation in 2023. Detailed planning and resource allocation is being determined for the remaining modernised care pathways.	Q4


Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1  Proj 4: Develop Elective Ambulatory Centres in Dublin, Cork, and Galway	Submit the Project Preliminary Business Cases (PBC) (Cork and Galway) to DPER External Assurance Process	Completed Later than Planned	The PBC was submitted and went through the DPER External Assurance process.	Q2
	Subject to EAP approval, submit project PBCs to DPER Major Projects Advisory Group	Complete	EAP report completed, and PBCs for Cork and Galway submitted to DPER and MPAG before end of quarter 3	Q3
	Submit Project PBCs to Government for Public Spending Code Gate 1 approval-in-principle (subject to completion of EAP & MPAG reviews)	Minor Delay	Government approval-in-principle granted in December for Cork and Galway - as well as overall Programme. Work is still ongoing on the Dublin PBC - to be finalised early 2023.	Q3
	Initiate Public Spending Code (PSC) PSC Gate 2 (Detailed Project Design, Planning and Procurement) Stage –(Subject to EAP & MPAG approvals)	On Track	Government approval-in-principle granted in December for Cork and Galway. The development of a draft Plan for PSC Gate 2 work was initiated and is well advanced with Gate 2 priority activities identified.	Q3
	Submit the Project Preliminary Business Case (PBC) for Dublin to DPER External Assurance Process (EAP)	Significant Delay	Work on the project level preliminary business case for Dublin is ongoing by the HSE including the conducting of a Multi Criteria Analysis (MCA) on the options for the delivery of elective care capacity in Dublin.	Q3
	Continue stakeholder engagement, including with local and planning authorities, clinical community, Hospital Groups and HSE Centre	On Track	The HSE are putting in place the governance structures for Gate 2 and will include a workstream on stakeholder engagement.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1  Proj 5: Multi-annual Waiting List Reduction Plan	Develop and publish 2022 Waiting Action List Plan (WLAP) to deliver immediate reductions in acute scheduled care waiting lists and waiting times, as well as building on the work done in 2021 to lay the foundations for longer-term reforms. The WLAP includes activity targets and reform measures across 45 actions agreed by the Department with the HSE and NTPF, and its delivery will be driven and overseen by a Waiting List Task Force.	Complete	The 2022 Waiting List Action Plan was published on 25 February 2022. The Waiting List Task Force has been meeting fortnightly to monitor Plan implementation and progress.	Q1
	Complete mid-year review of progress of implementation of 2022 WLAP under governance of Waiting List Task Force.	Completed Later than Planned	The Waiting List Task Force performed an in-depth review meeting of all actions in the 2022 WLAP in September 2022, which was followed up by further engagements with the Minister.	Q3
	Complete and publish a Multi-annual Waiting List Reduction Plan providing the strategic direction for future actions to reduce and reform waiting lists.		The 2022 Waiting List Action Plan (WLAP) launched in February 2022 was the first full year of a multi-annual approach to reducing waiting lists and waiting times in line with strategic Sláintecare targets and reforms. In parallel with delivering immediate activity to address waiting list backlogs, the Action Plan laid the foundations for important multi-annual reforms that will deliver sustained reductions in waiting lists. This included preparing for the implementation of modernised care pathways and agreeing plans to sustainably enhance capacity in all hospitals and specialties, in particular for the priority areas of gynaecology, Spina Bifida/Scoliosis, and obesity/bariatrics.	Q4

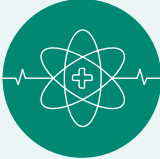
Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 5: Implement a Multi-annual Waiting List Reduction Plan	Complete and publish a Multi-annual Waiting List Reduction Plan providing the strategic direction for future actions to reduce and reform waiting lists.	Complete	€123m funding has been allocated to the HSE in Budget 2023 that will be made available on a recurring basis to ensure these reforms deliver sustained reductions in waiting lists and ensure we achieve the strategic Sláintecare maximum wait time targets. An additional €240m once-off funding was also allocated in Budget 2023 for the NTPF and HSE to continue tackling waiting list backlogs next year.	Q4
	Complete and publish a Multi-annual Waiting List Reduction Plan providing the strategic direction for future actions to reduce and reform waiting lists.	Complete	The 2023 WLAP (refer to action below) will detail the actions to be progressed in 2023. This Plan was published in quarter 1 2023 and will form the next stage of the Multi-annual Waiting List Reduction Plan/Programme.	Q4
	Plan for development of the 2023 Waiting List Action Plan under the framework of the Multi-annual Waiting List Reduction Plan and incorporating progress and lessons learned from the 2022 WLAP	Complete	Planning for the 2023 WLAP was completed during quarter 4 2022 following extensive engagement between the Department, the NTPF and the HSE. It was published in quarter 1 2023.	Q4
	Complete implementation of 2022 Waiting List Action Plan (WLAP) under governance of Waiting List Task Force - completing all 45 actions including: Delivery of capacity in line with end-year projections: core HSE activity, National Treatment Purchase Fund (NTPF) activity, plus additional activity within the private and public system funded by the 2022 WLAP.	Complete	Implementation of the 2022 WLAP has been completed. In 2022, there were c.1.56m patients removed from the Waiting list and c.1.53m patients added to the waiting list – a net reduction of c.30k (4%). The 2022 WLAP projected that c.1.57m patients would be added and c.1.7m patients removed – a net reduction of c.130k (18%). Total acute scheduled care waiting lists finished behind targets in the Plan for reducing overall volumes, due to negative impacts throughout the year on scheduled care from continued COVID-19 surges, emergency department pressures and other operational factors, including staff hiring.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 5: Implement a Multi-annual Waiting List Reduction Plan	Complete implementation of 2022 Waiting List Action Plan (WLAP) under governance of Waiting List Task Force - completing all 45 actions including: Delivery of capacity in line with end-year projections: core HSE activity, National Treatment Purchase Fund (NTPF) activity, plus additional activity within the private and public system funded by the 2022 WLAP.	Complete	<p>However, despite these significant challenges faced this year, hospitals have delivered improvements which made a real difference to patients. For example:</p> <ul style="list-style-type: none"> - Long waiters have been significantly reduced throughout the year: by 3.5K (87%) for >12 months GI Scopes, 3.8K (23%) for >12 months IPDC, 59K (39%) for >18 months OPD. - As at end December 81% of patients waiting more than 6 months for one of 15 high-volume procedures have received an authorisation for an offer of NTPF funded treatment (6,458 out of 7,936 patients). <p>This list of procedures has been expanded to 20 for 2023, representing approximately 40% of people currently on the IPDC waiting list.</p> <ul style="list-style-type: none"> - Over 67,000 additional diagnostics have been delivered (many more than planned). - Over 8,000 people, the majority of whom are children, have been removed from community waiting lists across the areas of orthodontics, primary care child psychology, and counselling. <p>Lessons learned from 2022 are being integrated into plans for 2023 and beyond to ensure a sustainable reduction and reform of waiting lists.</p>	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 5: Implement a Multi-annual Waiting List Reduction Plan	Complete implementation of 2022 Waiting List Action Plan (WLAP) under governance of Waiting List Task Force - completing all 45 actions including: Implementation of medium to longer term scheduled care reform measures to fundamentally resolve underlying barriers to the timely delivery of care, such as delivery of 2022 maximum wait time targets and implementation of funded acute scheduled care modernised pathways	Significant Delay due to External Dependency	<p>Significant reform actions in the 2022 WLAP were intended to be progressed in tandem with delivering extra activity. However, recurrent funding was deemed required to deliver key reform actions in the coming years, including sustainably resolving capacity gaps and implementing the modernising of 37 acute scheduled care pathways. 123m euro was included in Budget 2023 and the HSE is progressing planning for the implementation of these care pathways on this basis. Details have been included in the 2023 WLAP, published in quarter 1 2023.</p> <p>While not all the ambitious targets set out in the 2022 Plan were achieved, positive progress was made in reducing long waiters. The overall number of patients exceeding the Sláintecare maximum wait time targets (10 weeks OPD, 12 weeks IPDC, 12 weeks GI Scope) decreased by 11%, or 56,000 people in 2022, and, since the peak of the COVID-19 pandemic, there has been a 24% reduction in the number of people waiting longer than the Sláintecare targets.</p>	Q4
Reform Programme 1 Proj 5: Implement a Multi-annual Waiting List Reduction Plan	Complete implementation of 2022 Waiting List Action Plan (WLAP) under governance of Waiting List Task Force - completing all 45 actions including: Implementation of key process/policy and technology/data enablers critical to support scheduled care reform, including enhanced reporting arrangements, revised protocols and new eHealth IT systems.	Minor Delay	<p>While good progress was made in 2022 in moving forward some of the longer-term reform actions, the Department and HSE are working together to ensure these actions will continue through implementation of the 2023 Plan.</p>	Q4


Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1  Proj 6: Implement the eHealth Programme	Establish clinical leads and governance teams for the ePharmacy Programme.	On Track	The Chief Pharmacist is progressing this programme of work. Governance oversight invitations issued and linking with eHealth regarding overarching governance.	Q1
	Draft regulations to extend dataset for Individual Health Identifier.	Complete	These regulations were signed by Minister Donnelly 31 March 2022.	Q1
	Commence formal market soundings process for the Integrated Community Case Management System (ICCMS)	Complete	Market soundings completed in March. Report presented to Community Digital Oversight Group (CDOG) 6th May 2022.	Q1
	Cyber Update – Update on progress to implement security improvement programme aligned with the tactical recommendations from PwC Report	On Track	1. HSE Technology and Transformation Committee of the Board in place 2. Draft cyber transformation programme plan under discussion with DoH 3. ICT funding requirements for 2023 were included in the service plan	Q2

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 6: Implement the eHealth Programme	Submit Government Memo seeking approval to prepare General Scheme of a Health Information Bill	Complete	The proposal outlined in the Memo for Government was approved in April 2022. The General Scheme for a Health Information Bill is being prepared.	Q2
	eHealth infrastructure - Stabilise the operational environment and deliver foundational infrastructure and cyber technology resilience, while continuing to build and enhance the Security Operations Centre which will protect the organisation from the threat of future cyberattacks	On Track	1. Cyber Resilience (On Track) - Cyber incident response management contracts are in place with third party service provider (Mandiant) 2. Security Operations Centre (Minor Delay) - The current contract to provide Managed Endpoint Detection and Response Services will continue until May 2023. An RFP that covers Security Operations Centre/ Security Event Logging and Monitoring and Managed Endpoint Detection and Response will be released in quarter 1 2023 3. Foundational Infrastructure (On Track) - Currently upgrading and modernising all infrastructure, including devices, central infrastructure and transition to Cloud 4. Legacy Remediation (On Track) - Replaced & upgraded 27,026 Window 7 devices in 2022; this is 42% ahead of the target of 19,000. Only 2,476 devices remain. 5. Staff Identity Management (On Track) - 19,314 users on HealthIRL against year-end target of 20,608 (or 94%)	Q4
	Report on implementation progress of the 2022 eHealth programmes, in line with plan	On Track	OoCIO provide regular status updates to the HSE Board / DoH and agreed projects including ePharmacy and IFMS progressed	Q4
	Publish refreshed eHealth strategy	Minor Delay	An outline draft Strategy has been prepared by year end. Quarter 1 2023 will be used to consult and engage with stakeholders before finalising same.	Q4
	Submit Memo for Government seeking approval of General Scheme (accompanied by RIA) of Health Information Bill	Minor Delay	Expected to circulate draft Memo for Government to other Departments and AGO in November 2022 for observations. This was delayed to allow for increased consultation with stakeholders. This is now expected to be achieved by end quarter 1 2023.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
<p>Reform Programme 1</p> <p>Proj 6: Implement the eHealth Programme</p>	<p>Complete deployment of Health Performance Visualisation Platform (HPVP) to phase 1 sites</p>	<p>Significant Delay</p>	<p>The HPVP Programme has delivered key modules to 19 of the 28 acute public hospitals. There are delays due to engagement relating to data governance and implementation with Dublin Voluntary Hospitals (Beaumont, Mater, Tallaght, St James, CHI, St Vincents and Cappagh). This is on the national agenda and solutions are being explored to address the data governance concerns raised.</p> <p>Expressions of Interest document ready for publication pending approval to proceed to tender. PRG approval provided.</p>	<p>Q4</p>
<p>Reform Programme 1</p>  <p>Proj 7: Remove private care from public hospitals - implement the Sláintecare Consultant Contract</p>	<p>Provide government update on Sláintecare Consultant Contract on negotiations with representative bodies</p>	<p>Completed Later than Planned</p>	<p>Final round of negotiations concluded November 2022. The Government approved the new Sláintecare contract on the 7th of December 2022. The representative bodies will consider the proposals through their respective processes. A direction will issue to the HSE and other public employers, that with effect from specified date in quarter 1 2023, they only offer the Sláintecare Contract. A priority for Government is to provide more consultant delivered public health care. The Sláintecare Consultant Contract will only permit the carrying out of public care in public hospitals from the date of implementation and is central to the delivery of the goal of universal, single-tier healthcare in Ireland a key aspect to Sláintecare. The extended working hours 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. The implementation of this new contract will maintain the momentum of reform and improvement in our health services.</p> <p>Our ratio of consultants to population in Ireland has historically been far too low, though we employ 3,800 consultants in the public system, an increase of 1,300 over the last 10 years. This new contract will allow us to continue to build our consultant numbers to provide a better-quality service for patients, and to improve the work-life balance of consultants.</p>	<p>Q2/Q4</p>

Sláintecare Action Plan: Programmes	Deliverable	End Year Position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 1 Proj 7: Remove private care from public hospitals - implement the Sláintecare Consultant Contract	Provide government update on Sláintecare Consultant Contract on negotiations with representative bodies	Completed Later than Planned	Work to progress plans to remove private care from public hospitals is dependent on completion of the negotiations and implementation of the Sláintecare consultant contract.	Q2/Q4

Jan to Dec 2022 Actual year end performance for all Project deliverables: Reform Programme 2 – Addressing health Inequalities, towards Universal Healthcare

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2  Proj 1: Develop a Population Health Approach for Service Planning & Funding Wrkst 1 - Population profiling & segmentation	Complete Population Segmentation Framework and analysis	Complete	Population segmentation profiles of the six Regional Health Areas have been compiled by Statistics & Analytics and Research Services Units and have been provided to colleagues in Strategic Workforce Planning and also in Capital to inform their work in these areas.	Q2
	Complete consultation on an inclusion health framework for socially excluded groups	Significant Delay	Consultation process has been initiated - formal request was sent to inclusion health research forum and meetings are ongoing.	Q2
	Publish inclusion health framework for socially excluded groups	Significant Delay	The consultation process for this framework has recently been initiated and a formal letter has been sent to the appropriate stakeholders. There has been a slight delay in getting the consultation process initiated which has a knock-on effect to the publication of the framework. However, mitigation efforts will be introduced to address delay. The Framework is now expected to be published in quarter 2/2023.	Q4
	Publish the national Traveller health action plan to improve health experiences and outcomes for the Traveller community	Completed Later than Planned	The Traveller Health Action Plan has been finalised and was launched by the Department on the 28th of November by Minister Feighan and Minister Butler.	Q2


Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 1: Develop a Population Health Approach for Service Planning & Funding Wrkst 3 Development of population-based resource allocation funding model (PBRA)	Complete international literature review of population-based resource allocation methods	On Track	This paper has been completed and is currently out for review by relevant policy stakeholders and experts.	Q2
	Complete Population Based Resource Allocation (PBRA) method	Significant Delay	<p>A PBRA spending review outlining potential options for a PBRA model was published by IGEES in quarter 3 2022. This will inform the RHA Finance workstream and will be followed by a further publication in quarter 1 2023 which will outline model options in more detail and carry out a retrospective review of previous budget cycles based on a PBRA model.</p> <p>A PBRA Steering Committee will be established in 2023 also to provide governance and guidance in the development of the funding model. There is a delay in completing work as PBRA model is not expected to be finalised until PBRA Steering Committee has been established.</p>	Q4
	Submit Population-based Resource Allocation Framework Proposal to government	Minor Delay	First IGEES paper on international PBRA models published in quarter 3. Proposals for PBRA governance arrangements and proposed variables have been drafted. A further IGEES Spending Review to cover expenditure profiles, staff profiles and a proposed approach for resource allocation is due to be published in quarter 1 2023.	Q4
	Complete Shadow Budget cycle based on Population Based Resource Allocation model	On Track	Financial Calendar Budget Process drafted	Q4

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 1: Develop a Population Health Approach for Service Planning & Funding Wrkst 4 Develop policy proposal and options for achieving universal eligibility	Prepare and submit memo seeking Government approval to draft the General Scheme of a Bill to provide for the abolition of public in-patient charges for children under 16	Complete	The Health (Miscellaneous Provisions) (No.2) Act 2022 has now completed all stages in the Oireachtas and has been signed by the President. This Act provides for the abolition of public in-patient charges for children under 16 and also included a Dáil Committee Stage amendment to insert provisions to provide for a free contraception scheme for women aged 17-25.	Q2
	Progress the approval and enactment of legislation to abolish public inpatient charges for children less than 16	Complete	The Health (Miscellaneous Provisions) (No.2) Act 2022 was enacted on 18th July 2022 and commenced on 21 September 2022	Q3
	Progress the approval and enactment of legislation on the Northern Ireland Planned Healthcare Scheme.	Significant Delay	The Northern Ireland (Planned Healthcare Scheme) Bill was not included in the Autumn Legislative Programme. The timelines for finalisation of these deliverables are pending.	Q4
	Progress the approval and enactment of legislation to expand access to medical cards for persons who are terminally ill.	Significant Delay	The legislative framework required to underpin the extension of eligibility for medical cards for terminally ill patients on a statutory basis is being developed. The scheme continues to operate on an administrative basis pending that work	Q4


Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 1: Develop a Population Health Approach for Service Planning & Funding Wrkst 5 Capital planning	Publish Strategic Healthcare Infrastructure Framework (SHIF)	Significant Delay	Following the internal workshop at the end of August, the proposed SHIF criteria and hierarchies were updated and refined to reflect feedback received and to ensure alignment with other key policy documents. On 9 September, Papers 4 and 5 of the Health Capital Investment in Ireland series were published, which provide further groundwork for evidence-informed prioritisation of infrastructure projects facilitated by the SHIF. The draft SHIF is well advanced with validation work being undertaken before finalisation and publication, including presentation to key stakeholders including the HSE, the RHA implementation group and the Policy Committee in quarter 4 2022 (with feedback from each considered and incorporated) and identification of external editor.	Q3
	Complete empirical analysis of healthcare capital stock in Ireland across a range of metrics in the form of a Spending Review.	Complete	This has been successfully completed following the publication of two spending review papers on the government website on Friday the 9th of September.	Q3
	Complete Population Based Resource Allocation and annual Demand/ Analysis work in development of evidence base for Capital Strategic Framework	Minor Delay	Following the internal workshop at the end of August, the proposed SHIF criteria and hierarchies were updated and refined to reflect feedback received and to ensure alignment with other key policy documents. On 9 September, Papers 4 and 5 of the Health Capital Investment in Ireland series were published, which provide further groundwork for evidence-informed prioritisation of infrastructure projects facilitated by the SHIF. The draft SHIF is well advanced with validation work being undertaken before finalisation and publication, including presentation to key stakeholders including the HSE, the RHA implementation group and the Policy Committee in quarter 4 2022 (with feedback from each considered and incorporated) and identification of external editor. Consideration also needs to be given to the Spending Review (2022) paper 'Towards Population-Based Funding for Health- Evidence Review and Regional Profiles'.	Q4

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 1: Develop a Population Health Approach for Service Planning & Funding Wrkst 6 Workforce planning	Progress joint DOH/ DFHERIS proposal/ business case to deliver additional undergraduate places in medicine in September 2022	On Track	DOH have engaged extensively with DFHERIS and Irish Medical Schools regarding the provision of additional places in medicine for EU students in September. In July, the Minister for Health and the Minister for Further and Higher Education, Research, Innovation and Science, announced an agreement with Irish medical schools to increase the number of places available for EU students by 200 over the next 5 years. The agreement reached with the medical schools will begin with an additional 60 EU students in September 2022, climbing to 120 in September 2023, and up to 200 by 2026.	Q2
	Amend the Medical Practitioners Act to enable holders of UK medical degrees to apply for Irish internship posts, and to retain access to general register for holders of Irish degrees but foreign internships	Minor Delay	The legislation has completed Dáil Second Stage. One of the Bill's objectives, which is enabling UK medical degree holders to apply for internships in the State, has been provided for administratively pending enactment of the Bill in quarter 2 2023. Accordingly this will be completed in 2023. It is expected that the Bill will progress to Committee stage in quarter 1 2023 and will be enacted in quarter 2 2023.	Q3
	Review and enhance the model for IR in the Health Sector to support delivery of reforms	Significant Delay due to External Dependency	The first Divisional meeting due in November 2022. This work has been delayed due to priority of Sláintecare Consultant Contract . The second divisional meeting scheduled for quarter 1 2023.	Q3
	Develop policy proposals paper to enhance recruitment and retention of Non-Consultant Hospital Doctors (NCHDs)	On Track	<p>The Minister for Health, Stephen Donnelly, TD established a National Taskforce focused on the NCHD (non-consultant hospital doctors) Workforce on 8th September 2022.</p> <p>The purpose of the Taskforce is to put in place sustainable workforce planning strategies and policies to address and improve NCHD experience to support present and future retention of NCHDs in Ireland.</p> <p>The Taskforce is Chaired by Professor Anthony O'Regan, Consultant Physician, Saolta Academic Office, Saolta University Health Care Group. Meetings of the taskforce have been held on 22nd September and 5th October 2022.</p> <p>Three individual workstreams have been established to focus on specific topics and the workstream members are working together to progress tasks.</p>	Q4

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 1: Develop a Population Health Approach for Service Planning & Funding Wrkst 6 Workforce planning	Establish structures aimed at improving postgraduate medical education and training and supply of medical professionals through collaboration with stakeholders in the context of the Forum of Postgraduate Medical Training Bodies Strategic Framework 2021–2030. Focus will be on: (i) medical workforce planning (ii) reform of medical education and training (iii) policies to support recruitment and retention of doctors and to support self-sufficiency	On Track	The Minister for Health, Stephen Donnelly, TD established a National Taskforce as outlined above. The four priority areas being addressed by the National Taskforce are as follows: 1. Develop strategies to address NCHD on-site structures and supports/improve work life balance. 2. Make recommendations regarding the regional organisation of postgraduate training. 3. Establish a plan to further develop and foster a culture of education and training at clinical site level. 4. Inform medical workforce planning	Q4
	Deliver a National Policy for Safe Staffing and Skill Mix in Long Term Residential Care settings for older persons agreed by National Taskforce and submit to the Minister.	Significant Delay due to External Dependency	The National Policy for Safe Staffing and Skill Mix in Long Term Residential Care settings for older persons by the National Taskforce is now expected to be submitted to the Minister in quarter 4 2023.	Q4
Reform Programme 2  Proj 2: Implement Sláintecare Healthy Communities Programme	Finalise Recruitment of Local Development Officers	Complete	All 19 Local Development Officers were recruited and are in place.	Q2
	Finalise initiatives with communities in relation to use of “seed funding”.	Complete	Completed templates submitted, reviewed and approved.	Q3

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 2: Implement Sláintecare Healthy Communities Programme	Establish Sláintecare Healthy Communities fully in 20 areas of highest disadvantage including the implementation of a weight management service for children & young people and community based integrated alcohol services in 2 CHO areas	Minor Delay	<p>96% (44 of 46) HSE staff recruited for 19 SHC area-based teams. Recruitment ongoing for remaining posts and for Community, Food & Nutrition workers. The majority of services are operationalised.</p> <p>For new weight management service (WMS) for children and young people, delays in hiring are impacting the schedule and will delay service commencement to 2023. One of 22 posts complete. Capacity within CHO's to project manage service set-up and implementation is impacting schedule. Continued engagement with CHOs to maintain focus and priority on recruitment.</p> <p>9 of 14 staff recruited for Integrated Alcohol Service and both CHOs now accepting clients.</p>	Q4
	Commence review of year 1 of Sláintecare Healthy Communities Programme	On Track	An internal review of the programme has commenced. This will be finalised and shared in quarter 1 2023	Q4
Reform Programme 2  Proj 3: Develop Regional Health Areas	Secure Government Decision on Regional Health Areas	Complete	A Government Decision on RHA Implementation was approved on 5 April 2022. This will provide policy direction and a clear mandate for the work programme.	Q1
	Hold senior leadership HSE/DOH joint workshop to inform the next phase of Regional Health Areas implementation including identifying enabling workstreams	Complete	The RHA Implementation Team brought together over 60 senior members from the HSE, DoH, and DCEDIY on 3 March 2022 to consider and input into all the proposed framework workstreams for the successful implementation of RHAs.	Q1

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 3: Develop Regional Health Areas	Complete stakeholder mapping and analysis	Complete	<p>Stakeholder mapping exercise completed identifying all those who will be impacted by the change across the system. This includes local populations and service user /patient groups, internal stakeholders within the HSE at national, regional and local levels, Trade Unions, external partners and voluntary organisations /agencies, Department of Health and other government agencies, academic sectors, regulatory and professional organisations, political system etc. Part of the mapping exercise has included an analysis of the types of engagement processes that are required along a continuum of information sharing to more in-depth consultation.</p> <p>The latter will include face to face engagement, group sessions / workshops, written submissions etc. Work for 2022 completed but an ongoing engagement process will be a key element of the RHA Implementation Plan and will require dedicated resourcing and attention in 2023.</p>	Q2
	Complete initial phase of stakeholder and staff consultation on co-designed Implementation Plan	On Track	<p>The initial phase of stakeholder and staff consultation on the RHA co-design was achieved through six regional events and associated communication and post event feedback processes. Feedback was also sought through staff communication channels. RHA workstream leads have continued to engage with service managers and staff at national and regional level to progress the high-level RHA design. In addition, on-going engagement is continuing with key stakeholder groups through the RHA Implementation Lead. The draft RHA Implementation Plan will form the basis of more focused engagement across all key stakeholders including patients and patient representatives during 2023.</p>	Q3
	Finalise RHA corporate and clinical governance frameworks (quarter 4) for implementation through 2023.	Minor Delay	<p>Corporate and clinical governance frameworks are being considered as part of the RHA Implementation Plan. Additional work and consultation are planned for quarter 1 2023 in advance of sending to Government.</p>	Q4

Sláintecare Action Plan: Programmes	Deliverable	End year position RAG Status	Deliverable Comment – End year position	Quarter
Reform Programme 2 Proj 3: Develop Regional Health Areas	Finalise RHA Implementation Plan following staff and stakeholder consultation	Minor Delay	A draft of the detailed implementation plan was prepared and shared with HSE colleagues in quarter 4 2022. RHA Advisory Group feedback and the outputs from the six regional events held in 2022 and other stakeholder engagements fed into the draft implementation plan. Further consultation on this draft is planned for early 2023 and finalisation scheduled for quarter 1 2023.	Q4
Reform Programme 2  Proj 4: Implement Obesity Policy and Action Plan 2016-2025	Work with stakeholders to design healthy weight campaign	On Track	There has been significant and ongoing engagement with HSE and safefood partners in relation to the design of the campaign.	Q1
	Rollout of Phase 1 of Healthy Weight campaign	On Track	It was decided that the campaign would have more impact on the target demographic by being launched in September. The Healthy Weight campaign, developed under the Healthy Ireland Framework was launched in September.	Q2
	Complete and publish OPAP review.	Completed Later than Planned	OPAP Review was published in December 2022.	Q2
	Complete evaluation of Phase 1 and begin design of Phase 2 of Healthy Weight campaign	Minor Delay	Initial burst (Phase 1) of Healthy Weight campaign completed in November, initial findings prepared. Full evaluation will be completed in quarter 1 2023, as evaluation extended to include Research Unit undertaking additional analysis.	Q4

Appendix 3

Glossary of terms

ALOS	Average length of stay	HCR 2018	Health Service Capacity Review
ANMP	Advanced Nurse and Midwife Practitioners	HFME	Healthy Food Made Easy
AYA	Adolescents and Young Adults	HPVP	Health Performance Visualisation Platform
CAMHS	Child and Adolescent Mental Health Service	HSCP	Health and Social Care Profession
CAO	Central Applications Office	HSE	Health Service Executive
CDM	Chronic Disease Management	HSPA	Health System Performance Assessment
CHI	Children's Health Ireland	HSPAF	Health System Performance Assessment Framework
CHN	Community Healthcare Network	ICCMS	Integrated Community Case Management System
CHO	Community Health Organisation	ICPOP	Integrated Care Programme for Older Persons
CIT	Community Intervention Team	ICRU	Intensive Care Rehabilitation Unit
COPD	Chronic Obstructive Pulmonary Disease	IGEES	Irish Government Economic Evaluation Service
CST	Community Specialist Team	IHCA	Irish Hospital Consultants Association
CUH	Cork University Hospital	IHI	Individual Health Identifiers
CVW	Community Virtual Ward	IMO	Irish Medical Organisation
DCEDIY	Department of Children, Equality, Disability, Integration and Youth	IPDC	Inpatient Day Case
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science	JCH	Joint Committee on Health
DoH	Department of Health	MDTs	Multi-disciplinary Teams
DPER	Department of Public Expenditure and Reform	MMUH	Mater Misericordiae University Hospital
EAP	External Assurance Process	MPAG	Major Projects Advisory Group
ECC	Enhanced Community Care	MTC	Major Trauma Centre
ED	Emergency Department	NCCP	National Cancer Control Programme
EHR	Electronic Health Record	NCEC	National Clinical Effectiveness Committee

NCH	New Children's Hospital	PBRA	Population-Based Resource Allocation
NCHD	Non-Consultant Hospital Doctors	PCC	Primary Care Centre
NEIC	North East Inner City	PMO	Programme Management Office
NIMC	National Implementation Monitoring Committee	PPSN	Personal Public Service Number
NPAP	National Physical Activity Plan	RHA	Regional Health Areas
NSAC	National Screening Advisory Committee	RIA	Regulatory Impact Assessment
NSP	National Service Plan	SABR	Significant expansion of Stereotactic Ablative Radiotherapy
NTHAP	National Traveller Health Action Plan	SACT	Systemic Anti-Cancer Therapy
NTPF	National Treatment Purchase Fund	SHC	Sláintecare Healthy Communities
NWIHP	National Women and Infants Health Programme	SHIF	Strategic Healthcare Infrastructure Framework
OPAP	Obesity Policy and Action Plan	SIIF	Sláintecare Integration Innovation Fund
OPD	Outpatient Department	STI	Sexually Transmitted Infection
OPIOG	Obesity Policy Implementation Oversight Group	WHO	World Health Organisation
PBC	Preliminary Business Case	WLAP	Waiting List Action Plan
		WTE	Whole Time Equivalent



