Foreword by the Minister

The health service has been through a very difficult period with rising demand but static budgets. However, as a result of the enormous sacrifices made by people, our economy is now recovering. There are more people at work, more trade is being done, and more new businesses are opening. The Government wants to sustain the recovery, make it real for more people, and extend it to all regions. That means more money in people's pockets, getting back to full employment, investing in infrastructure, and rebuilding and reforming public services like health.

I have set out five major themes for action over the next few years. These include Healthy Ireland - improving our health and wellbeing as individuals and as a nation; improving patient outcomes and patient safety; moving towards universal health care; investing in IT and modernising our infrastructure; and embedding structural and financial reforms.

This Statement of Strategy for the Department of Health sets out a range of actions to pursue that agenda over the period 2015-2017.

Our most important resource is our people and we are lucky to have a committed and skilled staff in our health services. I look forward to working with them, the Secretary General and staff of the Department, and Minister of State Lynch, to deliver on our aims.

Leo Varadkar, TD,
Minister for Health
Introduction by the Secretary General

Health is intrinsic to the life of our fellow citizens and working in the Department of Health provides us with the opportunity to improve health outcomes and the health and social care services.

This Statement of Strategy is submitted to the Minister for Health under Section 5(1) of the Public Service Management Act, 1997. It sets out a range of ambitious and important initiatives.

We will report upon and be held accountable for delivery of these actions. Where opportunities and resources allow, we will go further - all the time, providing leadership intended to improve health outcomes and the health services over the life of this Strategy.

Jim Breslin,
Secretary General
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Introduction
1. This is the Statement of Strategy for the Department of Health 2015-2017. In it, we set out our aim, our role and our values. We identify the main risks, challenges and opportunities we face. We then set out the actions we will take, organised into seven priority areas.

2. This Government set out an ambitious reform agenda for the health sector, founded on the commitment to establish a single-tier health service where access to services is based on need and not on ability to pay. This Statement of Strategy takes account of that reform agenda and the Statement of Government Priorities, July 2014 (See Appendix A). It also incorporates Government policy commitments set out in Future Health and Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025 as well as Patient Safety First, the Public Service Reform Plan and the Civil Service Renewal Plan.

Our Aim
3. Our overall aim is to improve the health and wellbeing of people in Ireland by:

   - keeping people healthy;
   - providing the healthcare people need;
   - delivering high quality services; and
   - getting best value from health system resources.

4. The core aim of health policy must be to improve the health and wellbeing of people in Ireland. It encompasses increasing healthy behaviours, focussing on prevention and early detection, reducing health inequalities and improving the health status of vulnerable groups and providing children with a healthy start to life, helping older people, those with disabilities and those affected by mental illness to live as independently as possible.

5. While we seek to address health and wellbeing, we must also ensure that people can access the healthcare they need when they need it and where they need it. This encompasses improving access to emergency care, shorter waiting times, delivering services as close to home as possible and enabling prompt and fair access to those services.

6. The services delivered must be of the highest quality to ensure patient safety. Care must be delivered in the right setting with high quality clinical treatment delivered consistently and on an integrated basis.
7. Finally, and particularly given the financial constraints we must deal with, we must get best value from our resources through strong corporate and clinical governance, sound resource and financial management, skilled and motivated staff working in a nurturing and sustainable environment. We need to ensure that policy and practice are informed by appropriate health research and evidence.

8. We have a range of actions that we plan to pursue over the lifetime of this strategy to achieve our aim. We’ve organised these actions into priority areas, set out below. It’s important to note that to one extent or another all of these actions are interrelated and interdependent.

- Drive the Healthy Ireland agenda
- Deliver improved patient outcomes
- Reform operational systems to drive better outcomes
- Implement agreed steps towards universal healthcare
- Introduce innovative funding models
- Modernise health facilities and ICT infrastructure

9. We must measure our progress so we know if we have succeeded. Some actions are self-explanatory in terms of progress, like building primary care centres, but others require different types of measures, like gathering and analysing patients’ experiences of services provided or measuring patient health outcomes. Performance measures are set out as part of our Action Plan (see Appendix C).

10. As a separate priority area (Develop the Department’s workforce and capability), we’ve set out how we plan to develop our own workforce and our own capability. We want to become an employer of choice. We want to empower our own staff to be the best that they can be, for themselves, and in order to enhance our ability to lead the health services in the short, medium and longer-terms.
The Department of Health – Role and Main Functions

11. Our distinct role is fourfold. We provide leadership and policy direction for the health sector to improve health outcomes. We deliver governance and performance oversight to ensure accountable and high quality services. We collaborate to achieve health priorities and contribute to wider social and economic goals. The last aspect of our role is internally focussed and is an enabler of our overall performance. As a Department, we want to be an organisation where, on an ongoing basis, high performance is achieved and the knowledge and skills of staff are developed.

12. We serve the public and support the Minister for Health, Minister for State and the Government by providing:

**Leadership and policy direction for the health sector to improve health outcomes**
- lead in the analysis, development, communication and review of policy and legislation
- represent Ireland and the health system at international level and ensure international evidence influences the development and implementation of Irish health policy
- promote evidence-based policy making, innovation and the public interest
- lead national planning frameworks for the whole health sector, public and private
- promote the highest levels of patient safety through systems of indemnity, licensing, clinical effectiveness and competence assurance
- fully leverage the knowledge, skills and support of the entire health system in developing agreed objectives
- develop communication strategies to represent the value of health policies, services and outcomes
- promote and monitor system progress in achieving health and social outcomes

**Governance and performance oversight to ensure accountable and high quality services**
- lead in the design and architecture of the whole health sector
- set and communicate priorities and performance standards
- lead the negotiation of resources and ensure they are allocated in furtherance of value for money obligations associated with public funds
- implement performance oversight systems and techniques to hold the system to account through goal definition, monitoring, evaluation and impact assessment
- support the Minister, Minister of State and Department officials in fulfilling accountability to the Oireachtas and the public

**Collaboration to achieve health priorities and contribute to wider social and economic goals**
• collaborate across sectors, departments and stakeholders to promote a healthy Ireland and the achievement of priority health outcomes, particularly for those who are most at risk
• promote the economic contribution of a healthy population and the health service, including research and development activities and partnerships with industry and academia
• contribute to whole-of-Government approaches to major social and economic priorities

An organisational environment where, on an ongoing basis, high performance is achieved and the knowledge and skills of staff are developed
• implement excellent systems of internal communication to promote organisation-wide knowledge of goals, values, strategy and processes and facilitate staff in contributing to organisational innovation and success
• provide support services and a work environment which ensure that all staff are valued to give of their best and provided with opportunities to learn and develop
• ensure performance is assessed and managed effectively at individual, team and corporate level
• gain recognition for our commitment to a supportive, high performance work environment amongst our staff and across the civil service and within the health sector
• support staff in accessing better evidence and the views of citizens

13. It is acknowledged that, in supporting the Minister and the Government, a very significant part of the Department’s day-to-day activities involve the preparation of information for the Oireachtas. These activities cut across all dimensions of the role of the Department outlined above, particularly so in relation to that of governance and performance oversight of services.

14. In 2014, the staff of the Department prepared almost 3,500 replies to parliamentary questions (and another 4,200 were processed for direct reply by the HSE) and 5,300 responses to Ministerial representations. We prepared information for 630 topical issues and Seanad adjournments and 429 briefing notes for Leaders Questions. 234 Freedom of Information (FOI) requests were responded to. Although not spread evenly across the Department’s 339 staff, that represents an average of almost 30 such activities per staff member, in addition to their other duties.
Our Values

15. In 2014, the Government published the Civil Service Renewal Plan. The success of the Plan depends on the involvement and commitment of Civil Service staff, including the staff of this Department. It will require collective ownership, strong leadership and good programme management. It will also require a commitment to shared values and so we undertake to be guided by the shared values of civil service renewal:

- A deep-rooted public service ethos of independence, integrity, impartiality, equality, fairness and respect
- A culture of accountability, efficiency and value for money
- The highest standards of professionalism, leadership and rigour.

Organisational Analysis

16. Like other Departments, our workload has increased, while staff numbers have reduced. Over the last five years, through retirements, incentivised schemes and the transfer of functions to the newly established Department of Children and Youth Affairs, staff numbers have reduced from 540 WTEs to 339. In all, 90 staff retired and 92 transferred to DCYA, with the balance moving elsewhere in the civil service. To deal with this additional pressure and improve our effectiveness it is necessary for us to focus on organisational development.

17. This organisational development programme includes improved role definition and prioritisation – both documented in the Strategy – and improved internal communication and staff engagement, effective staff development, better systems for organising, allocating and managing staff and evaluating performance.

18. In line with the corporate priorities set out in the Statement of Strategy, we are currently realigning resources and changing organisational structure. The Department is also in the process of developing a comprehensive workforce plan for 2015 to equip the Department to deliver on its objectives.
Health reform to date

19. The publication of the 2011 Programme for Government set out an ambitious reform agenda for the health services at a time of great economic and financial challenge. We set out how we would achieve these reforms in 2012, in Future Health: A Strategic Framework for the Health Services 2012-2015. Future Health is the Government’s policy for reforming the health services and is complemented by: Patient Safety First and Healthy Ireland, the national framework for improving the health and wellbeing of people in Ireland; and, our ongoing commitment to improving patient safety.

20. In Future Health, we set out plans to implement the Government’s objective of a single-tier health service, to enable the population have equal access to healthcare based on need, not income. This included the introduction of universal primary care, including GP care without fees for all and universal hospital care. In order to deliver the reform while maintaining access and quality the reforms were planned on a phased basis – a series of separate projects organised and managed together. Specific reforms in place or being delivered include:

- The Government published the Healthy Ireland framework to improve the health and wellbeing of people in Ireland and implementation is underway
- We prepared legislation, now implemented, to establish the HSE Directorate and return the HSE Vote to the Department to enhance accountability and efficiency.
- The legislation to provide GP care without fees to all children under 6 years of age is in place.
- The Government approved a plan for reforming primary and continuing care with implementation of new Community Healthcare Organisations now commenced.
- Hospital Groups are also being established, with CEOs and Chairs of Boards appointed;
- We published a policy paper on Activity Based Funding (also known as Money Follows the Patient) and we are overseeing its implementation by the HSE.
- The White Paper on Universal Health Insurance (UHI) is now being costed and a roadmap for next steps developed.
- Measures are being put in place to improve the private health insurance market including a new Risk Equalisation Scheme, Lifetime Community Rating and more attractive rates for young adults.
- The National eHealth Strategy was published and is being implemented and the Health Identifier Act was enacted;
- We have implemented key patient safety and quality reforms through the Health Information and Quality Authority (HIQA) and through the HSE.
Environmental Analysis

21. Since we published our last Statement of Strategy, the economy has started to turn around and employment has begun to increase. Arising out of Budget 2015, we are in a two year process which stabilises the budget and allows for existing levels of service to continue, along with some targeted enhancements. There is a modest increase in the 2015 Health budget, the first increase in seven years. The spending ceiling for health in 2016 has also already been increased upwards by a further €174 million. However, the period of this strategy still remains a real challenge. There are significant cost pressures and unmet needs. Drivers of demand and cost include our rising and ageing population and the increase in chronic conditions and advances in medical technology come at a higher price. Our progress in diagnosis and screening for cancers and chronic diseases means more people are identified who require treatments. Health services all around the world are struggling with the effects of the downturn, rising costs and increased demand and Ireland is not exempt.

22. Over the past decade, life expectancy in Ireland has increased by almost three years (consistently higher than the EU average). Much of this increase is due to significant reductions in major causes of death. Since 2004, there has been a reduction in mortality rates for most major causes and an 18% reduction overall in the same period. These increases point to improvements in general health and the health services have played and will continue to play a large part in these improvements. Ireland also continues to have the highest levels of self-perceived health of any EU country.

23. Despite reductions in the numbers of births in recent years, the fertility rate in Ireland remains the highest in the EU. In terms of ageing, Ireland is now beginning to catch up with other European countries. The population of those aged 65 years and over has been increasing at a faster rate than our EU neighbours - by 20,000 people annually - and is expected to almost double in the next 20 years, with the greatest proportional increase in the 85+ age group.

24. This trend will have implications for future planning and health service delivery. Rapid ageing of the population in conjunction with lifestyle-related health threats present major challenges now and for the future in sustaining and improving health and health services in Ireland. In order to support our ageing population to maximise their health and wellbeing, we need to provide comprehensive primary and community care services, which allow them to remain in their local communities for as long as possible. Lifestyle related health threats which impact on all of our population – the young, middle-aged and elderly - are increasing the range and type of chronic diseases our health and personal social care services have to deal with and we must strengthen primary care as the most effective setting for supporting the population in disease prevention and management.
Drive the Healthy Ireland Agenda

25. A key part of improving the health of our population is to focus on prevention, early intervention and empowering people to look after their own health and wellbeing. In 2013, the Government approved Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025 and implementation is underway. Healthy Ireland isn’t just a strategy for the Department of Health or the health services. Healthy Ireland takes a whole-of-Government and whole-of-society approach to improving health and wellbeing and the quality of people’s lives. Our vision is a Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility. Healthy Ireland’s goals are to:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

26. There are a number of public health challenges which we must address like obesity, tobacco and the misuse of alcohol. Our goal in relation to obesity is to increase the number of adults and children with a healthy weight. Our policy on smoking is set out in Tobacco Free Ireland. It is to promote and move towards a tobacco free society by 2025. Tobacco Free Ireland was the first policy document to be launched under the Healthy Ireland framework. In 2012, we published the Steering Group Report on a National Substance Misuse Strategy and in 2015, it is planned to introduce an extensive package of measures to deal with alcohol misuse, including the drafting of a Public Health (Alcohol) Bill. Measures to be implemented include minimum unit pricing for alcohol products, the regulation of advertising and marketing of alcohol, structural separation of alcohol from other products in mixed trading outlets and health labelling of alcohol products.

27. With cancer incidence projected to double by 2040, the growth in demand for cancer services will continue to increase, particularly in view of an ageing population. A key task in the coming years will be to work to prevent cancer occurring in the first place as far as possible and to tackle cancer early when it does occur. That is why we are developing a third cancer strategy, for publication in 2016, which will provide the focus for cancer control for the next decade.

28. Our specific deliverables in driving the Healthy Ireland agenda over the next three years are:
- Drive cross-sectoral implementation of Healthy Ireland
- Introduce Public Health legislation in regard to alcohol and tobacco including:
  - Public Health (Alcohol) Bill
  - Public Health (Standardised Packaging of Tobacco) Bill,
  - Legislation for the sale of tobacco products and non-medicinal delivery systems
  - Commence the Protection of Children’s Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014
  - Transposition of the EU Tobacco Products Directive
- Implement the Steering Group Report on a National Substance Misuse Strategy 2012
- Implement Tobacco Free Ireland
- Develop a national “Healthy Workplace” framework across the public and private sector
- Publish and implement the National Physical Activity Plan under Healthy Ireland in partnership with the Department of Transport, Tourism and Sport and other stakeholders.
- Publish the first Healthy Ireland survey
- Publish an obesity policy
- Publish a sexual health strategy
- Publish an oral health strategy
- Lead the implementation of the National Positive Ageing Strategy
- Publish a new national drugs strategy
- Lead implementation of health commitments in Better Outcomes Brighter Futures – the National Policy Framework for Children and Young People
- Progress the achievement of the highest standards of food safety by ensuring that an appropriate legal framework, policies and relevant structures are in place.
- Protect the health and safety of the public with regard to medicinal products, cosmetics and medical devices through an appropriate legal framework, policies and structures.
- Work with the HSE to complete a climate change adaptation plan for the health sector
Deliver improved patient outcomes

29. Delivering improved patient outcomes covers a range of areas. Primary care services, encompassing team-based delivery by GPs and a wide range of other health professionals and provided in the communities where people live, can meet the great majority of people’s day-to-day healthcare needs. The capacity and range of services in primary care must continue to be developed, as a cornerstone of the health system’s response to the pressures of a population that is ageing and at the same time, living with an increasing incidence of chronic disease. Structured primary care services in the community, integrated with social care and mental health services, as well as the acute hospital system, have the greatest potential to contribute to the achievement of improved patient outcomes.

30. The National Clinical Programmes have greatly improved services in many specialised areas, such as stroke and cardiology. It is important that they are very much at the centre of operational delivery and reform. Therefore, it is planned to organise them into five integrated care programmes and embed them into the HSE Service Directorates. Integrated care programmes are how we link the different areas of the health services (primary care, acute hospitals, social and continuing care) and how, within those settings, different areas can best link and work together to improve the patient experience.

31. An equally important aspect of delivering improved patient outcomes is enhancing patient safety, quality and clinical effectiveness. It is of the utmost importance that patient safety remains an overriding priority across the health service. We first set out our approach to patient safety and quality in Patient Safety First which is our ongoing commitment to create the momentum for positive change towards patient safety. All health service staff, individually and collectively, will continue to have a responsibility for the quality of services they deliver to the patients and service users in their care. It is important that they integrate a commitment to quality and safety into their core work and practice. Priority areas that will continue to be the focus of attention include medication safety, healthcare associated infections and the implementation of the national early warning score. We will extend the suite of National Clinical Effectiveness Committee (NCEC) National Clinical Guidelines and establish the NCEC National Clinical Audit function. This will promote the reduction of inappropriate variation in practice leading to improved patient safety.

32. We are committed to developing a social and continuing care system that maximises independence and achieves value for resources invested. The groups for which most social care supports are provided currently are those people with disability, older people and those with mental health difficulties. The common thread running through all of these groups is the need to provide a service which holds the individual care recipient at
its centre. We need to foster innovation and ensure services maximise independence and achieve value for money. Such a system will enhance quality of care and give individuals much greater control over their own care.

33. Our strategic approach, based on international best practice, is to meet the needs of individuals in these care groups through an integrated system, subject to robust governance and accountability frameworks, quality assured and regulated. For older people, we want to support them to live independently in their own homes and communities for as long as possible. For people with disabilities, we want to support them to participate to their full potential in economic and social life. We will continue to develop and modernise our mental health services in line with *A Vision for Change* and update the document itself over the course of this Strategy. This includes the ongoing development and re-configuration of adult and child and adolescent mental health teams, along with other specialist mental health services.

34. Our specific deliverables in the priority area of improving patient outcomes are:

- Publish a code of conduct setting out health service employers’ responsibilities for optimising performance, safety and overall governance within organisations
- Agree priorities for the extension of HIQA’s regulatory remit, commencing with private healthcare providers.
- Establish national healthcare quality reporting system, including publication of annual report
- Extend the suite of NCEC national clinical guidance and audit
- Develop and implement a public health plan for hepatitis C
- Publish and implement a maternity care strategy
- Publish and implement a cancer strategy
- Strengthen indemnity arrangements with providers to enable improved quality and patient safety
- Examine processes for addressing claims of clinical negligence in conjunction with the Department of Justice and Equality
- Implement five integrated care programmes to introduce clinically-led, multi-disciplinary integrated models of care in respect of:
  - Patient flow
  - Older people
  - Chronic disease prevention and management
  - Children’s health
  - Maternal health
- In 2015, achieve a one third reduction in delayed discharges and in the average number of patients waiting for admission on trolleys in ED for over 9 hours (Q4
average number of delayed discharges and SDU TrolleyGAR) and reduce that further in later years

- Develop and implement a plan to address waiting lists, with a focus on very long waiters such that by mid-2015, nobody will wait longer than 18 months for in patient and day case treatment or an outpatient appointment, with a further reduction thereafter to no greater than 15 months by end-2015 and reduce that further in later years.
- Specialty based waiting lists for each hospital to be made public by Summer 2015
- Implement the Emergency Department Taskforce Action Plan and review regularly to ensure optimal effect;
- Complete the review of Fair Deal and implement agreed recommendations
- Publish the review of the Mental Health Act 2001 and make agreed legislative changes
- Update Vision for Change policy, with a focus on implementing key initiatives
- Publish the national framework for suicide prevention
- Review assessment of needs provision under Part 2 of the Disability Act 2005
- Progress the reconfiguration of adult day services, including the provision of appropriate services for young school leavers with disabilities who have continuing support needs
- Progress the reconfiguration of residential services as recommended in Time to Move from Congregated Settings
- Reconfigure services under the Progressing Disabilities Services Programme for Children and Young People 0-18
- Publish the general scheme of a bill to regulate assisted human reproduction and stem cell research, with a view to introducing legislation to regulate this area for the first time.
Implement agreed steps towards universal healthcare

35. During the lifetime of this strategy, we will make the first concrete steps to Universal Healthcare in 2015, by extending GP services without fees to the under 6s and over 70s. Therefore, by the end of 2015, almost half of the population (49%) will have access to GP services, without fees. That will be a major step on the way to universal health care.

36. Over the lifetime of the Strategy, we will plan for the further extension of GP services without fees to more of the population. We will put in place models of care that improve the way people can access services, by supporting new models of chronic disease management, increasing GP access to diagnostic services and progressing the provision of minor surgery. We will also commence development of a revised contractual framework for the provision of publicly funded GP services as part of an integrated health service and agree a new GP contract over the period of this Strategy.

37. We will complete an initial costing analysis of the Universal Health Insurance proposals outlined in the White Paper then revert to Government with a roadmap for next steps. We will oversee the authorisation process of the VHI by the Central Bank of Ireland as a regulated entity. To promote a sustainable and affordable private health insurance market we will implement a package of measures to increase the number of people with private health insurance including the introduction of Lifetime Community Rating and Young Adult Rates.
Reform Operational Systems to drive high performance

38. In 2014, the HSE published its plans to establish community healthcare organisations (CHOs) to streamline the management and delivery of primary care, social care and mental health services. The CHOs will facilitate the integrated delivery of care, in the communities where people live and in association with the acute hospitals so that care pathways are appropriately planned and needs are met in the right setting. The nine CHOs will operate as part of the HSE and existing community services resources will be re-organised into 90 primary care networks, each headed by a person responsible for care delivery by professionals such as nurses, therapists and social workers.

39. The reorganisation of public hospitals into Hospital Groups is designed to deliver improved outcomes for patients. The hospitals making up each group of will work together to provide acute care for patients and will work to develop close relationships with health and social care services in the community. The objective is to maximise the amount of care delivered locally while ensuring that highly specialised and complex care is safely provided in larger hospitals. We will develop hospital groups and get them up and running, including approving a strategic plan for each group. We will also develop and implement policy on national specialties. We will enact legislation to merge the three children’s hospitals into one.

40. We will agree an action plan with the HSE to implement the recommendations of the ambulance service reviews and to develop and implement revised models of care for pre-hospital emergency care.

41. In reforming operational systems, we are conscious of the need to have excellent accountability frameworks throughout the health service. The Department – and the HSE - will have more autonomy on staffing and human resources as the end of the moratorium on recruitment provides greater room to manage staffing levels. The return of the Vote to the Department from 2015 is part of this improved accountability framework and will underline the importance of the Department in its monitoring of health spending.

42. Ensuring that we have the right people with the right skills in the right places at the right time is a critical success factor for delivering on our priority areas. In this context, playing our part in nurturing a health system where high performance is achieved and the knowledge and skills of health service staff are enhanced and developed is key. Our underlying objective here is to achieve a stable and sustainable workforce, aligned to the achievement of national priorities and clinical and operational improvement.

43. We will develop accountability frameworks for regulated health professionals, both in the context of overall accountability frameworks, but also in the context of enhancing patient safety and strengthening patient advocacy. We will further strengthen
professional regulation through our ongoing programme of modernising the legislation governing professional health regulators. This will include transposing into Irish law the modernised EU Directive on Professional Qualifications together with the development and enactment of a new Dental Act.

44. In 2013, we enacted legislation (the Health (Pricing and Supply of Medical Goods) Act 2013 to implement generic substitution and reference pricing for drugs and medicines. Generic substitution – where patients can buy generic medicines at a lower cost than their branded equivalent – has and will continue to generate savings for patients and taxpayers. In early 2015, we envisage that, by value, 80% of the off-patent market will be subject to reference pricing. Agreements with the Irish Pharmaceutical Healthcare Association (IPHA) and the Association of Pharmaceutical Manufacturers in Ireland (APMI) have also generated savings for patients and taxpayers. Over the lifetime of this Strategy, we will secure further economies in State expenditure on drugs and medicines through generic substitution, reference pricing and other arrangements.

45. While we improve our operational systems to drive high performance now, we will also scope and analyse approaches to new health structures with a view to implementing necessary structural changes within an appropriate timeframe.

46. Our specific deliverables in the priority area of refining operational systems to drive high performance are:

- Support the improvement of HSE income collection arrangements and the implementation of shared services and external service delivery plans.
- Implement agreed HSE Performance Accountability Framework system and monitor implementation of the HSE corporate plan and annual service plans.
- Support the procurement and phased implementation of a new national financial management system in the HSE.
- Implement a new appointment process for State boards in conjunction with the Public Appointments Service;
- Develop a mechanism to ensure the implementation of HIQA recommendations made to the HSE.
- Implement key initiatives on medical training and career structure and staffing and skill mix for nurses.
- Develop and implement a national integrated strategic framework for health workforce planning;
- Develop a sector wide Human Resources Framework and Forum designed to provide best practice advice and guidance to the Health sector create a nationally integrated workforce supply chain.
- Enact legislation to merge the three children’s hospitals into one.
**Introduce innovative funding models**

47. The Government remains committed to the introduction of the ‘Activity-Based Funding’ (ABF, also known as Money Follows the Patient) funding model whereby hospitals are paid for the actual work they do. The funding model, which is a multi-year project, will drive efficiency and increase transparency in the provision of high quality hospital services and will continue to be implemented on a phased basis during and beyond the lifetime of this Strategy. In 2014, ABF commenced its first phase in 38 hospitals in respect of inpatient and daycase activity. Over the period of this Strategy, we will further embed ABF in the health services through overseeing the implementation of the HSE’s strategic framework and implementation plan for ABF. In particular, we will work with the HSE to develop an outpatient classification system and carry out research into incentivised payment systems for community care.

48. The idea of commissioning for better outcomes is fundamental in using resources to drive improvement for patients and service users. We will develop a policy framework on healthcare commissioning.

49. We’ll also examine the potential to use social impact bonds to finance better outcomes in addiction services and review the contribution of relevant tax reliefs to health policy objectives.
Modernise health facilities and ICT infrastructure

50. Data is a vital component of any modern enterprise and this is especially so for the health services. The Health Identifiers Act 2014 provides the legislative framework for a national system of unique identifiers for patients and for health service providers for use across the health service, both public and private. Individual health identifiers (IHIs) are designed to make sure that the right information is associated with the right patient at the point of care. In addition, identifiers will help make our health service more efficient and will support health reform initiatives including Activity Based Funding. Health identifiers are a fundamental building block in support of the eHealth agenda. It is a complex issue which will require detailed planning across all our services so that we can provide adequate data protection and privacy for patients while also enabling valuable patient research and statistical data for professionals so that they can improve work practices and outcomes. In the lifetime of this strategy, we will establish and implement the individual health identifier. In 2015, the first identifiers will be issued to patients.

51. In 2014, we launched our ten year eHealth strategy and the HSE recently appointed a Chief Information Officer (CIO). eHealth is our blueprint for better use of ICT to enhance patient safety, drive efficiencies and increase the quality of care. We will increase investment in ICT and eHealth and establish eHealth Ireland.

52. We will publish and enact a Health Information Bill which will include measures designed to support the development of information systems and capacity, data quality and the eHealth agenda, promote an improved patient safety culture, encourage health research and strengthen patients’ rights in relation to their health information.

53. Suitable and appropriate facilities are required to support health care delivery. Significant projects - large and small – have been delivered in recent years. More have commenced or are in planning. Through the lifetime of this Strategy, we will seek to ensure that all projects remain on schedule and are delivered on time. Since March 2011, 42 primary care centres have been delivered – which is almost one each month. There are about 30 underway – funded through PPPs or leases - and a further 50 locations where projects are at earlier stages of development.

54. The specific deliverables in this priority area are:

- Secure planning permission and commence construction works for the new children’s hospital
- Lodge a planning application with an Bord Pleanála and commence construction of the national maternity hospital;
- Commence construction of the new national forensic mental health campus with a view to completion by end-2017
• Deliver 37 new primary care centres (9 in 2015) and continue to work with the private sector to deliver primary care centres using the operational lease mechanism
• Deliver radiation oncology units for Cork and Galway and refresh equipment at St Luke’s under the National Plan for Radiology Oncology
• Pursue alternative public/private options to provide new community nursing units
Develop the Department’s workforce and capability

55. For our own Department, we recognise the need to continue to adapt to change and develop our own workforce and capability. As a Department, we want to contribute to fostering a unified, professional, responsive, open and accountable Civil Service that inspires confidence and trust, as envisaged in the Civil Service Renewal Plan.

56. We want to enhance staff engagement, promote staff learning and development while securing and allocating our resources effectively. In this context, we want to ensure our organisational structures are aligned with our priorities and we want to strengthen evidence-based decision making. In short, we want our Department to be an employer of choice within the Civil Service and beyond. We want to be a Government Department where people seek to work, where our staff feel appreciated and valued and where their contributions are recognised. We will champion our commitment to equality and diversity, ensuring our procedures and culture foster inclusivity.

57. We want our employee actions to be directly aligned with our business goals and thus promoting a higher performance level, greater workforce stability and a continuing development of our knowledge, including through effective succession planning. We want to employ improved business systems to manage common processes, like parliamentary questions, submissions and records management.

58. We are fully committed to the ongoing programme of change in the Civil Service which seeks to build capacity to respond to existing and future challenges and improve the performance of the Civil Service and its staff. The Civil Service Renewal Plan provides the framework for renewing the Civil Service over the next three years. The Plan outlines a vision for the Civil Service and practical changes that will create a more unified, professional, responsive and open and accountable Civil Service, providing a world-class service to the State and to the people of Ireland. Strong leadership and active participation in the implementation of this programme of change will be a key focus over the period. We also recognise the role that public service agreements play in enabling modernisation of public service delivery. We will continue to play our part in implementing these agreements.

59. The specific deliverables in this priority area of developing our Department’s workforce and capabilities are:

- Implement a communications plan and refine internal communications methodology and tools
- Develop and implement a Departmental workforce learning and development plan, with an initial focus on people management skills for managers, and review it every year
- Strengthen our governance, business planning, project management and performance management processes
- Implement agreed governance structures for the health reform programme, including the ongoing work of the Programme Management Office and the monthly reporting system.
- Enhance our information and research capabilities
- Align organisational structures appropriately.
- Design and implement a full communication plan including the establishment of regular and effective staff engagement practices and events
<table>
<thead>
<tr>
<th>Commitment</th>
<th>Statement</th>
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</thead>
<tbody>
<tr>
<td><strong>5.2.6</strong></td>
<td>We remain committed to the introduction of a universal GP service for the entire population as part of Universal Health Insurance, in line with the Programme for Government. We will prioritise the over 70s in the next phase of the roll-out of free access to GP care, with the subsequent extension of free GP care to the 6-11 year old and then 12-17 year old cohorts.</td>
</tr>
<tr>
<td><strong>5.2.8</strong></td>
<td>The Government will implement the Report of the Value for Money and Policy Review of the Disability Services Programme, which recommends a significant restructuring of the disability service by linking budgets to activity, outputs, quality and outcomes for service users. The new model of personalised, community-based service must provide greater choice for people with disabilities.</td>
</tr>
</tbody>
</table>
Appendix B
Bodies under our aegis

Non-commercial State agencies

Nursing and Midwifery Board of Ireland
Dental Council
Food Safety Authority of Ireland
Food Safety Promotions Board - Safefood
Health and Social Care Professionals Council (CORU)
Health Information and Quality Authority
Health Insurance Authority
Health Research Board
Irish Blood Transfusion Service
Health Products Regulatory Authority
Medical Council
Mental Health Commission
National Cancer Registry Board
National Paediatric Hospital Development Board
National Treatment Purchase Fund
Opticians Board
Pharmaceutical Society of Ireland
Pre-Hospital Emergency Care Council

Commercial State Agencies

Voluntary Health Insurance
## Appendix C
### Our Action Plan

<table>
<thead>
<tr>
<th>Actions</th>
<th>Deliverables</th>
<th>Primary Relationship with the Department’s role</th>
<th>How will we measure success?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority area: Drive the Healthy Ireland agenda</strong></td>
<td></td>
<td><strong>Leadership and policy direction for the health sector to improve health outcomes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Health and wellbeing</strong></td>
<td>• Introduce Public Health legislation (Alcohol, Standardised Packaging of Tobacco, Licensing of Sale of Tobacco)</td>
<td></td>
<td>• Public Health legislation introduced</td>
</tr>
<tr>
<td></td>
<td>• Transpose the EU Tobacco Products Directive</td>
<td><strong>Collaboration to achieve health priorities and contribute to wider social and economic goals</strong></td>
<td>• Transposition of the EU Tobacco Products Directive</td>
</tr>
<tr>
<td></td>
<td>• Implement the National Substance Misuse Strategy 2012</td>
<td></td>
<td>• National Substance Misuse Strategy 2012 implemented</td>
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<tr>
<td></td>
<td>• Implement Tobacco Free Ireland</td>
<td></td>
<td>• Tobacco Free Ireland implemented</td>
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<tr>
<td></td>
<td>• Publish first Healthy Ireland survey</td>
<td></td>
<td>• Healthy Ireland survey published in 2015</td>
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<tr>
<td></td>
<td>• Publish Obesity Policy</td>
<td></td>
<td>• Sexual Health Strategy and Obesity Policy published</td>
</tr>
<tr>
<td></td>
<td>• Publish Sexual Health Policy.</td>
<td></td>
<td>• New National Drugs Strategy work commenced</td>
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<tr>
<td></td>
<td>• Publish a new National Drugs Strategy</td>
<td></td>
<td>• Oral Health Strategy published</td>
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<tr>
<td></td>
<td>• Publish Oral Health Strategy</td>
<td></td>
<td>• National Positive Ageing Strategy implemented</td>
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<tr>
<td></td>
<td>• Lead the implementation of the National Positive Ageing Strategy</td>
<td></td>
<td>• Healthy Ireland established across all sectors, including through the development of the Healthy Workplace framework</td>
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<tr>
<td></td>
<td>• Develop a national ‘Healthy Workplace’ framework across both public and private sector</td>
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<td>• National Physical</td>
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<tr>
<td></td>
<td>• Publish and implement the National Physical Activity Plan under Healthy Ireland</td>
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<td></td>
<td>• Drive cross-sectoral implementation of Healthy Ireland</td>
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<tr>
<td>Actions</td>
<td>Deliverables</td>
<td>Primary Relationship with the Department’s role</td>
<td>How will we measure success?</td>
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<tr>
<td>• Progress the achievement of the highest standards of food safety by ensuring an appropriate legal framework, policies and relevant structures are in place</td>
<td></td>
<td>Activity Plan being implemented</td>
<td>• Using the Healthy Ireland Outcomes Framework we’re developing and the results of the Healthy Ireland survey</td>
</tr>
<tr>
<td>• Protect the health and safety of the public with regard to medicinal products, cosmetics and medical devices through an appropriate legal framework, policies and structures</td>
<td></td>
<td>• Commitments under BOBF delivered</td>
<td>• Percentage of the population overweight or obese</td>
</tr>
<tr>
<td>• Lead implementation of health commitments in <em>Better Outcomes Brighter Futures – The National Policy Framework for Children and Young People</em></td>
<td></td>
<td>• Percentage of the population smoking</td>
<td>• Prevalence and pattern of alcohol use and misuse</td>
</tr>
<tr>
<td>• Work with the HSE to complete a climate change adaptation plan for the health sector</td>
<td></td>
<td>• Appropriate legal framework, policies and relevant structures in place for food safety, medicinal products, cosmetics and medical devices</td>
<td>• Climate change adaptation plan in place</td>
</tr>
<tr>
<td>Priority area: Deliver improved patient outcomes</td>
<td>Actions</td>
<td>Deliverables</td>
<td>Primary Relationship with the Department’s role</td>
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| Enhance patient safety, quality and clinical effectiveness | • Publish Code of Conduct setting out Health Service Employers’ responsibilities for optimising performance, safety and overall governance within organisations.  
• Establish National Healthcare Quality Reporting System, including publication of annual report  
• Agree priorities for the extension of HIQA’s regulatory remit, commencing with private healthcare providers.  
• Extend and implement suite of NCEC National Clinical Practice Guidance and Audit  
• Develop and implement a Public Health Plan for Hepatitis C  
• Publish and implement a Maternity Care Strategy  
• Publish and implement a Cancer Strategy  
• Strengthen indemnity arrangements with providers to enable improved quality and patient safety  
• Examine processes for addressing claims of clinical negligence in conjunction with the Department of Justice and Equality. | Governance and performance oversight to ensure accountable and high quality services | • Code of Conduct published and an implementation process agreed  
• National Healthcare Quality Reporting System established  
• Health Act 2007 amended and HIQA’s remit extended to the prioritised areas  
• National Clinical Practice Guidance and Audit extended and implemented  
• Public Health Plan for Hepatitis C published and being implemented  
• Maternity Care and Cancer Strategies published and being implemented  
• Indemnity arrangements strengthened  
• Processes for addressing clinical negligence claims examined | Leadership and policy direction for the health sector to improve health outcomes |
<p>| Implement integrated care programmes | • Implement five Integrated Care Programmes to | Governance and performance oversight to ensure | • Five integrated care programmes implemented | Collaboration to achieve health priorities and contribute to wider social and economic goals |</p>
<table>
<thead>
<tr>
<th><strong>Delayed Discharges and Waiting Times</strong></th>
<th><strong>Governance and performance oversight to ensure accountable and high quality services</strong></th>
</tr>
</thead>
</table>
| • In 2015, achieve a one third reduction in delayed discharges and in the average number of patients waiting for admission on trolleys in ED for over 9 hours (Q4 average number of delayed discharges and SDU TrolleyGAR) and reduce further in later years.  
• Develop and implement a plan to address waiting lists, with a focus on very long waiters such that by mid-year, nobody will wait longer than 18 months for in patient and day case treatment or an outpatient appointment, with a further reduction thereafter to no greater than 15 months by end year and reduce further in later years  
• Specialty based waiting lists for each hospital to be made public by summer 2015  
• Implement the Emergency Department Taskforce Action Plan and review regularly to ensure optimal effect | • Targets on delayed discharges and patients waiting for admission on trolleys achieved and sustained  
• Additional 2015 provision delivered  
• Action plan on waiting lists developed and implemented so that targets achieved and sustained  
• Specialty based waiting lists published by summer 2015  
• ED Taskforce Action Plan implemented |
<table>
<thead>
<tr>
<th>Assisted Human Reproduction</th>
<th>• Publish and enact legislation to regulate assisted human reproduction and stem cell research</th>
<th>Leadership and policy direction for the health sector to improve health outcomes</th>
<th>• AHR legislation enacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>• Publish National Framework for Suicide Prevention</td>
<td>Leadership and policy direction for the health sector to improve health outcomes</td>
<td>• National Framework for Suicide Prevention published</td>
</tr>
<tr>
<td></td>
<td>• Publish review of the Mental Health Act 2001 and make agreed legislative changes</td>
<td></td>
<td>• Review of Mental Health Act published and legislative changes made</td>
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<td></td>
<td>• Update <em>Vision for Change</em> Policy with a focus on implementation of key initiatives</td>
<td></td>
<td>• <em>Vision for Change</em> updated</td>
</tr>
<tr>
<td>Social care</td>
<td>• Complete review of Fair Deal and implement agreed recommendations</td>
<td>Leadership and policy direction for the health sector to improve health outcomes</td>
<td>• Fair Deal review recommendations implemented</td>
</tr>
<tr>
<td></td>
<td>• Review assessment of needs provision under Part 2 of the Disability Act 2005</td>
<td></td>
<td>• Assessment of needs review completed</td>
</tr>
<tr>
<td></td>
<td>• Progress the reconfiguration of residential services as recommended in <em>Time to Move on from Congregated Settings</em></td>
<td></td>
<td>• Residential and adult day services reconfiguration progressed</td>
</tr>
<tr>
<td></td>
<td>• Reconfigure services under the Progressing Disabilities Services Programme for Children and Young People 0-18s</td>
<td>Governance and performance oversight to ensure accountable and high quality services</td>
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<tr>
<td>Priority area: Implement agreed steps towards Universal Healthcare</td>
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<td><strong>Actions</strong></td>
<td><strong>Deliverables</strong></td>
<td><strong>Primary Relationship with the Department’s role</strong></td>
<td><strong>How will we measure success?</strong></td>
</tr>
<tr>
<td>Phase extension of GP cover</td>
<td>• Make the first concrete steps to Universal Healthcare by extending GP services without fees to the under 6s and over 70s</td>
<td>Leadership and policy direction for the health sector to improve health outcomes</td>
<td>• GP services without fees available to all children under 6 and all persons over 70</td>
</tr>
<tr>
<td></td>
<td>• Plan for extension of GP care without fees to more of the population</td>
<td></td>
<td>• Plans in place for further extension of GP services</td>
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<tr>
<td></td>
<td>• Agree a new GP contract</td>
<td>Governance and performance oversight to ensure accountable and high quality services</td>
<td>• New GP contract implemented</td>
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<td></td>
<td>• Put in place models of care that improve the way people can access services (e.g. new chronic disease management models, increasing GP access to diagnostic services and progressing the provision of minor surgery services in primary care)</td>
<td></td>
<td>• New and improved models of care in place</td>
</tr>
<tr>
<td>Scope universal healthcare</td>
<td>• Complete the initial costing analysis and revert to Government with roadmap for next steps</td>
<td>Leadership and policy direction for the health sector to improve health outcomes</td>
<td>• Next steps agreed</td>
</tr>
<tr>
<td>Promote a sustainable, cost effective private health insurance market</td>
<td>• Oversee the authorisation of the VHI by the CBI</td>
<td>Leadership and policy direction for the health sector to improve health outcomes</td>
<td>• VHI authorised</td>
</tr>
<tr>
<td></td>
<td>• Implement a package of measures to increase the number of people with health insurance</td>
<td></td>
<td>• Number of people with health insurance increased</td>
</tr>
<tr>
<td>Priority area: Reform operational systems to drive high performance</td>
<td></td>
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<tr>
<td>Actions</td>
<td>Deliverables</td>
<td>Primary Relationship with the Department’s role</td>
<td>How will we measure success?</td>
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</table>
| Develop Hospital Groups | • Get Hospital Groups up and running, including approving a strategic plan for each Group  
• Develop and implement policy on national specialties  
• Agree an Action Plan with the HSE to implement the recommendations of the ambulance service reviews.  
• Develop and implement revised models of care for pre-hospital emergency care | Governance and performance oversight to ensure accountable and high quality services and Leadership and policy direction for the health sector to improve health outcomes | • Strategic plans in place for all hospital groups  
• New policy on national specialties being implemented  
| Implement service improvements for the National Ambulance Service | | | • Action Plan agreed and being implemented  
• New models of care for pre-hospital emergency care in place |
| Strengthen Primary Care structures | • Establish Community Healthcare Organisations | Leadership and policy direction for the health sector to improve health outcomes | • CHOs in operation  
| New Children’s Hospital | • Enact legislation to merge the three children’s hospitals into one | | • Legislation enacted  
| Plan for new health service structures | • Scope the development of new health structures and implement agreed structural changes | Governance and performance oversight to ensure accountable and high quality services | • Scoping and analysis of approaches to new health structures carried out  
| Develop and implement robust governance and accountability frameworks | • Implement agreed HSE Performance Accountability Framework system and monitor implementation of the HSE corporate plan and annual service plans  
• Support the procurement and phased implementation of a new national financial management system (FMS) in the HSE.  
• Implement new appointment process for State boards in | Governance and performance oversight to ensure accountable and high quality services | • 2015 and subsequent HSE NSPs delivered within budget  
• HSE Performance Accountability Framework implemented  
• New national FMS implemented  
• Appointments to State boards made in line with new processes  
• HIQA recommendations implemented by |
| Stabilise and build a sustainable workforce | conjunction with the Public Appointments Service  
• Develop a mechanism to ensure the implementation of HIQA recommendations made to the HSE | the HSE in full |
| Develop accountability frameworks for regulated health professionals | • Implement key initiatives on medical training and career structure and staffing and skill mix for nurses  
• Develop and implement a national integrated strategic framework for health workforce planning;  
• Develop a sector wide Human Resources Framework and Forum designed to provide best practice advice and guidance to the Health sector create a nationally integrated workforce supply chain. | Leadership and policy direction for the health sector to improve health outcomes  
and  
Governance and performance oversight to ensure accountable and high quality services |
| Other Initiatives | • Strengthen professional regulation through new legislation and by transposing an EU Directive on Professional Qualifications into Irish law  
• Implement Health (Misc. Provisions) Bill 2015  
• Enact new Dental Act | • Strategic Review of Medical Training and Career Structure and staffing and skill mix recommendations implemented  
• National integrated strategic framework for health workforce planning being implemented;  
• Human Resources Framework and Forum in place |
| Other Initiatives | • Reduce the cost of medicines for patients and the taxpayer  
• Improve HSE income collection arrangements  
• Implement Shared Services Plan  
• Implement External Service Delivery Plan | • Savings delivered on drugs and medicines  
• More income collected more quickly by the HSE  
• Shared services and External services delivery plans implemented. |
<table>
<thead>
<tr>
<th>Priority area: Introduce innovative funding models</th>
</tr>
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<tr>
<td><strong>Actions</strong></td>
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</tbody>
</table>
| **Implement Activity-Based Funding** | • Embed ‘activity-based funding’ in the health services and work to develop outpatient and community classifications for activity-based funding | Governance and performance oversight to ensure accountable and high quality services | • Efficiencies and increased productivity identified through implementation of ABF  
• High quality and timeliness of HIPE coding achieved and measured via performance reports  
• ABF funding for outpatients commenced in hospitals |
| **Commissioning for better outcomes** | • Develop a policy framework on Healthcare Commissioning | Leadership and policy direction for the health sector to improve health outcomes | • Policy framework completed |
| **Social Impact Bonds** | • Examine potential of Social Impact Bonds to finance better outcomes in addiction services |  | • Evaluation of Social Impact Bonds conducted |
| **Tax expenditures/reliefs** | • Review contribution of relevant tax reliefs to health policy objectives |  |  |
| Priority area: Modernise health facilities and ICT infrastructure |
|---|---|---|---|
| **Actions** | **Deliverables** | **Primary Relationship with the Department’s role** | **How will we measure success?** |
| Establish Individual Health Identifier | • Issue the first Individual Health Identifiers | Governance and performance oversight to ensure accountable and high quality services | • IHI established and in use |
| eHealth Strategy | • Increase investment in ICT and eHealth and establish ‘eHealth Ireland’ | Leadership and policy direction for the health sector to improve health outcome | • eHealth Ireland established and investment increased |
| Health Information Bill | • Publish and enact Health Information Bill |  | • Health Information Bill enacted |
| **New Children’s Hospital** | • Secure planning permission for the new children’s hospital (St James’s campus) and satellite centres (Blanchardstown and Tallaght) and commence construction works (subject to award of planning permission) |  | • Construction works commenced |
| National Maternity Hospital | • Lodge planning application with An Bord Pleanála and commence construction works | Governance and performance oversight to ensure accountable and high quality services |  |
| National Forensic Mental Health Services (Portrane) | • Commence construction and complete by end-2017 (subject to award of planning permission) |  | • Construction complete |
| Primary Care Centres | • Deliver 9 Primary Care Centres in 2015 and work to deliver a further 28 by mid-2017  
• Continue to work with the private sector to deliver Primary Care Centres using the operational lease mechanism. |  |  |
| National Plan for Radiology Oncology | • Radiation Oncology Units for Cork and Galway  
• Refresh equipment at St Luke’s |  | • Units delivered and equipment refreshed |
<p>| Community Nursing Units (CNUs) | • Pursue alternative public/private options to provide new community | Leadership and policy direction for the health sector to | • New Community Nursing Units delivered |
| nursing units | improve health outcomes |</p>
<table>
<thead>
<tr>
<th>Priority area: Develop the Department’s workforce and capability</th>
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<tbody>
<tr>
<td><strong>Actions</strong></td>
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</tr>
<tr>
<td>Enhance staff engagement</td>
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<td>Secure and allocate resources effectively</td>
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<tr>
<td>Align organisational structures with strategic priorities</td>
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<td>Promote staff learning and development</td>
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<td>Implement Civil Service Renewal and the health reform programme</td>
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<tr>
<td>Strengthen evidenced-based decision making</td>
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<tr>
<td>Improved use of technology</td>
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<tr>
<td>submissions and records management</td>
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<tr>
<td><strong>Develop the Department of Health to be an Employer of Choice</strong></td>
</tr>
<tr>
<td>• Ensure staff roles are aligned with business goals, staff feel valued for their hard work, and staff contributions are acknowledged.</td>
</tr>
<tr>
<td>• Be a Department where there is a higher level of performance and continuing development of our knowledge base, including through effective succession planning.</td>
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<tr>
<td>• Staff morale measured and improving</td>
</tr>
<tr>
<td>• Performance measurably improving</td>
</tr>
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</table>