Sláintecare
Action Plan 2019
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1 Introduction

Background

There are many aspects of the health and social care service in Ireland that we can be very proud of. Our healthcare staff are routinely praised for their hard work and empathy and, of those in-patients surveyed in 2018, 84% expressed satisfaction with the service. Life expectancy increased in Ireland by 2.4 years between 2005 and 2018 and is now above the EU average, and mortality rates have decreased. As Irish people we can expect to live, disability-free, for longer and more of us can expect to live longer after a cancer diagnosis than ever before.

However, in spite of these successes, we know our health and social care services need significant improvement in many areas, particularly in relation to timely access to affordable care. Further pressures are already being felt as we are growing as a population by 60,000 people each year. In ten years’ time there will be more people aged over 65 than under 14. There will be one million people over 65 and 100,000 people over 80 – one third more than now.

More people means more demand, and, as well as needing the right infrastructure – people, buildings and e-health – to deliver the right services, we also need to rethink how we deliver these services, placing a greater emphasis on prevention and population health initiatives in order to support people to live independently in their own community for as long as possible. We need to deliver health and social care services in a way that is efficient, effective and sustainable, meeting the needs of all patients, citizens, families with disabilities, people with mental health needs and carers. This will require a whole-society approach with new ways of thinking and working together.

We also know there is geographic variation in current service availability. Depending on where you live, some services are only available to medical card holders, not everyone is eligible for the same services, and there is limited availability of some services. So, we need to offer public services in a fair and transparent way, and create more services for the growing population.

Sláintecare is about delivering a health and social care service that meets the needs of our population and attracts and retains the very best healthcare professionals, managers and staff. Over a ten-year period, we will deliver a universal health service that offers the right care, in the right place, at the right time, with a priority focus on developing primary and community services within a national policy context. With appropriate, well-governed investment, we will deliver a service that is given by the right team at low or no charge. Crucially, it will be essential to engage with staff, staff representative bodies, and the wider stakeholder network, to find new ways of working to deliver expanded services and optimise the wealth of skills and knowledge inherent in our workforce.

While Sláintecare will take ten years to implement in its entirety, this Action Plan 2019 outlines key areas of focus for 2019, the first full year of Sláintecare implementation.

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**Citizen Care Masterplan**

The ten-year reform programme will result in the creation and implementation of a Citizen Care Masterplan. The framework for the implementation of the Citizen Care Masterplan is outlined in the image below. The framework steps are supported by a continuous and cross-cutting programme delivery approach.

*Figure 1: Sláintecare Implementation Framework*
1 Citizen and Staff Engagement & Empowerment

A participative approach will underpin the re-designing of the health service and system. In 2019 Sláintecare will engage with citizens and healthcare staff in defining and co-designing the kind of health service we envisage and need for our growing population.

We will ask people what role they believe they can play in their own health and wellbeing, and how this can be empowered.

2 Clinical and Corporate Governance

Enabling a safe, quality service is fundamental to the Sláintecare programme. It is expected that health services will be delivered at national, regional and community levels, as appropriate, to offer a safe, devolved and accountable health and wellbeing service and system. Regional Integrated Care Organisations (RICOs) will be established to enable the delivery of regionally planned care that is right for the needs of that local population. The respective roles of the Department of Health, the Health Service Executive (HSE), and RICOs will be defined during 2019 in order to pave the way for clear and devolved clinical and corporate governance which can deliver safe services. During 2019 we will commence piloting community healthcare networks to test how services can best be delivered in an integrated way in a community context.

3 Population Health Planning

A population health planning approach is essential in order to understand and plan for the health and social care needs of the population based on demographic and geographic considerations.

The results will inform and prioritise the health and social care services that need to be developed for each region, so the population can get the right care, in the right place, at the right time, in line with resource availability. In 2019 we will begin a programme of population health planning and devise a method of regional budget allocation which can distribute resources on an equitable basis. A comprehensive approach to data gathering will be devised, providing the basis for evidence-based decision making.

4 Service Redesign

The redesign of health and social care services for the people of Ireland will be underpinned by the drive to improve the health and wellbeing of the population, and to keep people well in their own communities for as long as possible. Based on the specific needs of the population for each region as determined by the population health planning process, and based on knowledge of current levels of service delivery and current configuration, we will, with our partners, co-design the service requirements needed for that region’s population.

We will do this in a prioritised way looking at the whole care pathway from prevention, to early intervention, detection, diagnosis, treatment, rehabilitation and palliative care services. Certain services need to be planned and delivered nationally, while other services will be planned and delivered in an integrated, devolved way at a regional and local level, taking account of national strategies as appropriate. There will be continued focus on developing longer-term capacity to treat people in a timely manner in accordance with Sláintecare waiting time targets.

During 2019 we will pilot initiatives which support integrated care for older people and for people living with chronic disease. A single assessment tool will be procured to identify the care needs of people living in the community, whether in residential care or living at home.

5 Infrastructure & eHealth

Delivering enhanced and modernised infrastructure is a core component of Sláintecare and is essential to support delivery of an efficient, modern and responsive health system. In 2019 we will:

- Commence mapping the infrastructure that exists in each region and plan how it can best support the services needed to be developed appropriately as quickly as possible.
- Decide the location for new elective and new community beds capacity (as per Capacity Review).
- Investigate how best to deliver enhanced diagnostics capacity in the community and hospitals.
Sláintecare Action Plan 2019

- Deliver 14 new primary care centres.
- Decide the location for the Major Trauma Centre in Dublin.
- Roll out the take-up of the Individual Health Identifier (IHI) in order to provide the foundations for a Personal Health Portal and the Electronic Health Record.
- Pilot telehealth solutions.

6 Public & Private Delivery Partners

Sláintecare stresses the importance of public money being spent in the public interest. We will work with our delivery partners to agree how the many public, private and voluntary providers can each play their role in a joined-up way to deliver the service needs of the population. In 2019 the de Buitléir Report will recommend steps to be taken on the removal of private work from the public health system.

7 Workforce Planning and Capacity Building

The Sláintecare vision requires appropriate staffing levels, enabled teams, targeted training and strong leadership. We will finalise contractual arrangements with GPs and Nurses aligned with the Sláintecare working principles. We will undertake workforce planning, anticipate gaps based on the services required and begin to plan the training requirements needed for the future. We will explore how best to attract and retain healthcare workers. We will devise team training and innovation programmes so we can scale best practices and maximise positive experiences made to date at both local and national levels.

8 Entitlement and Eligibility

Sláintecare is focused on the need to expand entitlement and eligibility as part of a transition towards universal health and social care access. In 2019 we will develop an approach to modeling various entitlement and eligibility scenarios and examine costs and benefits. Sláintecare proposes providing universal services at no or low cost to the patient / service user. We will plan how, when, and in what order of priority this could be done and make proposals to government for consideration.

9 Accountability and Value for Money

We will benchmark the funding for the public health and social care system against international comparators. We will establish a basis on which to move new and / or existing funding and resources increasingly towards prevention and self-management. We will begin to plan for multi-annual funding for the health system. We will develop a basis for allocating budgets at RICO level based on population profile and need. We will develop initiatives that will gain efficiencies in the context of offering the right care, in the right place, at the right time. Sláintecare is committed to ensuring that there is transparency and accountability with regard to how health and social care funding is proportioned, monitored, and optimised.

10 Programme Delivery

Sláintecare will be delivered through a partnership approach by the Sláintecare Programme Implementation Office (SPIO) located in the Department of Health. The SPIO will work in partnership with citizens, staff and delivery partners in the public and private health and social care sectors, elected representatives, and wider stakeholder interest groups to deliver on the range of actions within the reform programme.

The SPIO will report on progress and devise a communications plan to engage with stakeholders and keep people informed of progress. We will work with the Sláintecare Implementation Advisory Council (SIAC), the High Level Delivery Board and the Cabinet Sub-Committee on Health, as well as our colleagues in the Department of Health and the HSE. The Office will make every effort to continue to achieve the visionary example set by the Oireachtas Committee on the Future of Healthcare, in line with available resources.
**Conclusion**

Sláintecare will transform our health and social care services over a ten-year period. It will take time and will be undertaken in a partnership approach. However, to succeed, Sláintecare will require the long-term commitment of targeted and protected funding and support to enable the delivery of the reform programme. This funding will be invested strategically, and will support the overall vision for reform, with a consistent focus on effectiveness, efficiency and value for money.

*Figure 2: Our Partnership Approach*
2 Sláintecare – Context

The Oireachtas Committee on the Future of Healthcare was established to devise cross-party agreement on a single, long-term vision for health and social care and the direction of health policy in Ireland. The Committee’s report ‘The Sláintecare Report’ was adopted by the Government and published in May 2017 and is available on their official website.

This vision of Sláintecare is to achieve a universal single-tier health and social care system where everyone has equitable access to services based on need, and not ability to pay. Over time, everyone will have entitlement to a comprehensive range of primary, acute and social care services.

It has a quadruple aim to:

i improve patient / service user experience
ii improve clinician experience
iii lower costs
iv achieve better outcomes

The Sláintecare Fundamental Principles were outlined in the Oireachtas Report and will underpin the implementation approach over the ten years of the programme.

The eight principles underpinning the Sláintecare report are outlined below. They guided the development of the Action Plan 2019 and will continue to act as a reference point throughout the implementation process.
Figure 3: Sláintecare Fundamental Principles

Accountability
Effective organisational alignment and good governance are central to the organisation and functioning of the health system.

Engagement
Create a modern, responsive, integrated public health system, comparable to other European countries. Through building long-term public and political confidence in the delivery and implementation of this plan.

Public Money and Interest
Public money is only spent in the public interest for the public good (ensuring value for money, integration, oversight, accountability and correct incentives).

Workforce
The health service workforce is appropriate, accountable, flexible, well-resourced, supported and valued.

Patient is Paramount
All care is planned and provided so that the patient/service user is paramount, ensuring appropriate care pathways and seamless transition backed-up by full patient record and information.

Timely Access
To all health and social care according to medical need.

Prevention and Public Health
Patients accessing care at the most appropriate, cost effective service level with a strong emphasis on prevention and public health.

Free at the point of delivery
Care provided free at the point of delivery, based entirely on clinical need.
3 Sláintecare Implementation Strategy

In response to the Sláintecare Report, the Government approved the Sláintecare Implementation Strategy on 17th July 2018. The Strategy is available on the Department of Health website.

The Sláintecare Implementation Strategy represented the first output from the Department of Health of the detailed planning process for the implementation of the Sláintecare Report.

The Implementation Strategy set out the actions to be taken in the first three years of the Sláintecare implementation process. There were 106 sub-actions detailed in the Strategy. Within the Action Plan 2019, we have referenced the sub-action numbers from the Sláintecare Implementation Strategy for ease of cross-referral.

4 Sláintecare Action Plan 2019

A three-stage approach was taken to undertake this review as follows:

**Delve Stage – September-October 2018**

This focused on reviewing the Sláintecare Implementation Strategy sub-actions and identified where further actions were required.

**Discover Stage – October-November 2018**

A readiness assessment of all the 106 Sláintecare sub-actions was initiated. This examined the degree to which there were plans behind these sub-actions and who was responsible for delivering them.

**Delivery Stage – November-December 2018**

This stage looked at how best to structure teams for successful and effective delivery. A Citizen Care Masterplan Framework for the implementation of the Sláintecare actions was developed in order to establish a programmatic approach to delivery.

The SPIO has now refined the Implementation Strategy which contained 106 sub-actions into a programmatic Action Plan 2019. The Action Plan will be updated annually during the ten-year implementation period. The Action Plan has identified four main Workstreams as follows:

**Workstream 1: Service Redesign & Supporting Infrastructure**

**Workstream 2: Safe Care, Co-ordinated Governance & Value for Money**

**Workstream 3: Teams of the Future**

**Workstream 4: Sharing Progress**

Each of the four Workstreams has five main Programmes and multiple Projects within each Programme.

The Sláintecare Programme Implementation Office (SPIO) was established in September 2018 with the initial task of reviewing and refining the Implementation Strategy into a more detailed Action Plan for 2019.
The Sláintecare Action Plan change programme requires a coalition across the wider health and social care system to work together over the long-term, sustaining momentum, and with a clear focus on the desired outcomes of reform. Our implementation approach will be built on the core components detailed below:

Figure 4: Core Components for Successful Implementation
Implementation and Oversight

Figure 5 depicts the Sláintecare implementation and oversight structures. The main features are:

- The Minister for Health will be accountable to the Oireachtas for the delivery of Sláintecare and will report regularly on progress.
- The Cabinet Committee on Health, chaired by the Taoiseach, will give overall strategic direction and will oversee implementation, ensuring leadership at the highest level.
- The High Level Delivery Board and the Sláintecare Executive Director will ensure effective delivery of agreed plans and resourcing of the Sláintecare reform programme.
- The SIAC will advise and support the SPIO on the change programme.
- The SPIO will oversee the implementation process through the Executive Task Force and the workstreams’ delivery structure comprising multiple Programmes and Projects as outlined on the following pages.
Figure 5: How Sláintecare will be overseen and implemented
6 Partnership Working

The Sláintecare Programme Implementation Office (SPIO) has been established to support and drive the implementation of the Sláintecare vision.

The SPIO will work in partnership with colleagues in the Department of Health, the HSE, other agencies and key stakeholders.

The SPIO will:

- Lead, manage and monitor the reform programme.
- Drive the reform process through implementation planning and direction.
- Establish programme management and a monitoring/evaluation culture.
- Act as a central hub for health reform.
- Support the workstreams, programmes and projects, in terms of problem-solving, identifying and helping manage inter-dependencies.
- Help escalate issues to get decisions where needed.
- Provide tools and support where helpful (for example, innovation labs, programme management tools and communication support).

It will have a key role in providing regular reporting on implementation progress to the Minister and to the Cabinet Committee on Health, and in communicating the reform programme priorities and progress to stakeholders and the public.
Working with the HSE

As set out in the HSE’s National Service Plan 2019, the HSE’s Programme for Health Service Improvement (PHSI) resource and expertise will be re-directed to establish a HSE Strategic Transformation Office under the remit of Strategic Planning and Transformation.

This office, working collaboratively with the SPIO, commissioning teams, and the wider organisation, will lead, drive and actively support the delivery of the Sláintecare reforms in line with the Sláintecare Action Plan.

The HSE Strategic Transformation Office will oversee the change management business planning approach across the HSE organisation and will align the existing PHSI framework to the new established priorities. In specific terms it will:

- Work in partnership with the SPIO and through the Sláintecare Executive Task Force and Sláintecare governance structures to ensure that implementation of reform is delivered as planned.
- Drive and actively support the delivery of the Sláintecare reforms and other key programmes determined as being critical to the overall HSE transformation programme.
- Oversee the change management business planning approach across the organisation and align the existing PHSI framework to the new established priorities.
- Provide assurance to the new HSE Board on Sláintecare implementation progress, highlight issues of concern, and take corrective actions as required, to ensure that overall outcomes are delivered and that value for money is achieved.
- Direct available resources and expertise towards the delivery of transformational change in accordance with prioritised projects.
- Build strategic change capability, enabling teams to successfully deliver and achieve the benefits of transformation programmes.
- Support and enable local Programme Management Offices to deliver strategic reforms at frontline service level where it will be experienced by communities, service users, patients and families.
7 Sláintecare Project Management Structure

The SPIO has structured the Action Plan into four Workstreams as follows:

- Workstream 1: Service Redesign & Supporting Infrastructure
- Workstream 2: Safe Care, Co-ordinated Governance & Value for Money
- Workstream 3: Teams of the Future
- Workstream 4: Sharing Progress

Each workstream has five major Programmes with each Programme having a number of specific Projects as set out in the following pages.

The Projects are grouped into Programmes based on their linkages and dependencies. The Projects will be delivered by teams comprising members of the Department of Health, HSE, and other agencies / stakeholder groups as appropriate.

Representatives from the Project Teams will be facilitated by a SPIO executive at a Programme level so as to provide information, links and visibility between and across the Projects. The Executive Task Force will be made up of representatives from the individual Projects and Programmes and will be chaired by the Executive Director of Sláintecare.

The SPIO will publish rolling plans on an annual basis. Progress reports will be published on a biannual basis.

A Project Initiation Document will be prepared for priority Projects and Programmes setting out clear milestone deliverables, timeframes, project dependencies, project owners and team. The project owner will be responsible for the timely delivery of the project milestones and effective reporting on project progress.

A Risk, Actions, Issues and Dependencies (RAID) log will be introduced for each project. A nominated team member will actively update and maintain the RAID log by:

- Identifying potential risks and issues and assigning responsible owners
- Assessing the potential impact / likelihood of a risk or issue
- Establishing plans to mitigate against the specific risks and issues
- Implementing action plans for risk and issue mitigation.

The following section describes the SPIO Workstreams and Work Programmes, and sets out the 2019-2028 terms of reference for each of the 20 Work Programmes. These terms of reference provide a ten-year overview of the Work Programmes. The project milestones to be delivered in 2019 are then outlined.
This section describes the SPIO Workstreams and Work Programmes and sets out the 2019-2028 terms of reference for each of the 20 work programmes.

Project Ganttts are also included showing the key deliverables for the 20 work programmes for 2019.
This workstream is centred on planning, building and supporting a health and social care workforce which can deliver on the Sláintecare reform programme, as well as initiatives which promote innovation, participation and the creation of a supportive work environment. The workforce planning framework will be progressed with a focus on engagement with the education sector and training bodies, to agree new ways of training multidisciplinary teams. The implementation of the recommendations in the Strategic Review of Medical Training and Career Structures will be progressed. Projects which support staff to work to the full scope of their licence to ensure that patients are seen at the lowest level of complexity possible will be identified and implemented.

Workstream 3
Teams of the Future

This workstream is concerned with fostering the support of citizens and stakeholders in the Sláintecare reform process, consulting them about its delivery and informing them about progress through engagement and open reporting. In 2019 a Citizen and Staff Engagement and Empowerment Programme will commence which will be sustained throughout the 10-year implementation period. Development of an evaluation and reporting framework will also commence in 2019. The Sláintecare Integration Fund will be established, all projects supported will be publicised, and progress and evaluation reports published. A programme for promoting good practice so that successful projects can be recognised and scaled up will be established.

Figure 6: SPIO Four Implementation Workstreams
9 Workstreams Breakdown by Programme

**Workstream 1**
Service ReDesign and Supporting Infrastructure

**Workstream 2**
Safe Care, Co-ordinated Governance and Value for Money

**Workstream 3**
Teams of the Future

**Workstream 4**
Sharing Progress
Workstream 1

Service ReDesign and Supporting Infrastructure
Workstream 1 —
Service ReDesign and Supporting Infrastructure

This workstream is composed of the following five work programmes:

1.1 Data, Research and Evaluation Programme
1.2 Population-based Planning Programme
1.3 Service ReDesign Framework Programme
1.4 Capital Planning Implementation Programme
1.5 eHealth Programme

The description for each of these work programmes is set out below.

1 Data, Research and Evaluation Programme
This programme will consolidate existing data, collect new data, and will ensure that high quality national and international evidence is accessed, synthesised or generated to inform decision-making, thereby optimising impact for patient outcomes, the health system and the economy.

2 Population-based Planning Programme
This programme will define the health profile of our population by Regional Integrated Care Organisation (RICO), based on demographic factors, with the aim of understanding and anticipating the health and social needs for the region.

3 Service Redesign Framework Programme
This programme is focussed on the development of integrated care pathways within a national policy context, comprising preventative, therapeutic, treatment, rehabilitative and palliative care elements. The aim is to ensure that people get the right care, in the right place, at the right time. Planning care at the lowest level of complexity whether at home, near home, in hospital or via integrated care structures will underpin these pathways. The following are key to this programme:

A Development of a national framework for Models of Care design
B Development of a national clinical strategy for Regional Planning
C Implementing Healthy Ireland
D Development of Primary Care, Social Care and Community Services
E Implementing integrated care between primary, community and hospital services
F Implementing the Capacity Plan

4 Capital Planning Implementation Programme
This programme will support the re-designed services. The National Development Plan provides for funding of over €10.9 billion to enable the ten-year Sláintecare vision. Key infrastructure projects include the commissioning of elective hospital infrastructure; further Primary Care centres; additional hospital beds; diagnostics in the right locations; community infrastructure including long-term and short-term residential beds in community nursing homes and additional facilities for people with disabilities.

5 eHealth Programme
This programme is focussed on ensuring that the requisite ICT infrastructure will be put in place to support service delivery. The aim is to develop a coherent suite of eHealth solutions for the Irish healthcare system which will support the overall vision for integrated, patient-centred care. This will require data to support population health planning, as well as systems to drive more efficient, effective and collaborative care. A focus on providing clinicians and managers with the tools and information needed to support decision-making is also central to this programme.

The Workstream Work Breakdown and Project Ganttts for delivery of these Programmes in 2019 are as follows:
Service Redesign and Supporting Infrastructure

1.1 Data Research and Evaluation Programme
- Develop a Health Information Policy framework
- Establish an R&D forum with key partners to develop a research strategy 2020-2025
- Consolidate and invest in data and R&D infrastructure and capability
- Invite CHO & HG & Delivery partners to co-design integrated services for their geo-aligned region

1.2 Population-based Planning Programme
- Establish population quantum and profile (age, deprivation, ability, etc.) by RICO
- Develop a geographic population Resource Allocation Formula
- Identify resources and services required in the community

1.3 Service Redesign Framework Programme
- Models of Care (MoC)
  See next page for breakdown
- Access and Waiting Lists
  See next page for breakdown
- Strategic Policies
  See next page for breakdown

Project areas outlined in detail on next page

1.4 Capital Planning Implementation Programme
- Review utilisation of Primary Care Centres
- Review diagnostics requirements in a RICO context (community and hospital settings)
- Establish more primary care centres and scope community-based diagnostics
- Prioritise locations for expansion of community and hospital beds
- Progress the Project Ireland 2040 Capital Plan for Health

1.5 eHealth Programme
- Progress procurement of the Electronic Health Record
- Commence development of a shared care record
- Commence development of a national community based ePrescribing service
- Progress providing a digital workplace to enable health service professionals to operate in a modern digitised environment
- Progress the development of clinical ICT systems, to provide the required infrastructure to support effective clinical decision making
- Identify Telehealth Care solutions
- Continue implementing financial / corporate systems to improve accountability and ensure money can follow patient activity
- Identify improved information architecture, including standards, information and identity to underpin the delivery of integrated care
- Establish Individual Health Identifier office (IHI)
## 1.3 Service Redesign Framework Programme

### Models of Care (MoC)

- **Finalise a National Framework for Models of Care Design**
- **Commence the development of a National Clinical Strategy to form the basis of all national and regional planning**

#### Health and Wellbeing Programme

- Sustain cross-government support for Healthy Ireland implementation
- Deliver communication campaign and activities in collaboration with Sláintecare
- Develop Healthy Ireland Strategic Action Plan 2020 – 2022 and progress key Government approvals incl. next phase of Sláintecare / Healthy Ireland Outcomes Framework
- Deliver 3rd round of Healthy Ireland fund
- Support the coordination of HSE Healthy Ireland National Priority Programmes covering the following areas:
  - Tobacco
  - Alcohol
  - Healthy Eating and Active Living
  - Sexual Health
  - Healthy Childhood
- Implement “Living Well with a Chronic Condition” – Self-Management Framework
- Develop Integrated Communicable Disease Control Framework
- Progress Public Health Legislation programme
- Continued implementation of the Healthy and Positive Ageing Initiative (HaPAI) including publication of National Indicators Report

#### Integrated Care at RICO level

- Appoint specialist expertise to inform service design / Models of Care
- Set up integrated co-design teams from CHOs / HGs / GPs / Pharmacists / Allied Health / Nursing / Other Partners to develop models of local service delivery
- Develop Pathways of Care
- Examine community intervention and OPAT teams
- Select and develop demonstrator sites to support integrated care
- Implement Integrated Care Programmes focused on people with chronic conditions and older people
- Develop and introduce a new model of nursing and midwifery on a phased basis
- Develop HG and CHO strategic plans in the context of RICOs

#### Programmes at National level

- Implement the following national programmes:
  - National Maternity Strategy including the Digital Maternity Strategy
  - National Cancer Strategy
  - National Neuro-rehabilitation Strategy
  - National Paediatric Model of Care
  - National Programme for Transplant Services
  - Palliative Care Development Framework
  - National Dementia Strategy
  - Progressing Disability Services
  - New Direction Day Services
  - Time to Move On from Congregated Settings – “First Five Years”
- Implement National Trauma Strategy
- Implement key Mental Health initiatives and review recommendations of the Mental Health Act 2001
- Develop a best practice national framework for the conduct of a clinical service review
- Complete review of specialist cardiac services and report on best practice
- Agree, procure and commence implementation of a single assessment tool

### Access and Waiting Lists

- **Prepare PID for Capacity Plan**
- **Roll out Lean Capacity Improvement Plan Project**
- **Draft Unscheduled Care Plan**
- **Develop multi-annual Hospital operations, procedures and appointments Access plan**
- **Commence implementation of the recommendations of the Delayed Discharges Report**
- **Carry out a review of ED, MIU, MAU and similar unit utilisation**
- **Implement the Ambulance Reform Plan**
- **Implement the Recommendations of the 2018 Capacity Review plan including:**
  - Identify opportunities to open and invest in additional hospital and community beds
  - Decide criteria for Elective/Ambulatory site selection and decide on locations
  - Progress the development of capacity of dedicated elective & emergency workstreams

### Strategic Policies

- **Develop Social Care Strategy**
- **Establish future needs for people with disabilities**
- **Publish “A Vision for Change” mental health strategy (no. 2)**
- **Publish and Implement “Housing Options for our Ageing Population” report**
- **Commence the development of a revised palliative care policy**

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<td>10.6.1, 10.6.2, 10.6.3</td>
<td>Establish plan to develop Health Information Policy Framework</td>
<td>Agree terms of reference for R&amp;D Forum</td>
<td>Complete draft R&amp;D strategy policy document and consult</td>
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<td>Workshops and engagement with stakeholders</td>
<td>Convene Forum and begin gap analysis</td>
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<td>Develop design specification and governance structures for the consolidation of national and priority data and information requirements</td>
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<tr>
<td></td>
<td>4.1.2, NEW</td>
<td>Conduct population health analysis</td>
<td>Establish population quantum and profile (age, deprivation, ability, etc.) by integrated region</td>
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<td>Develop an integrated regional resource allocation formula</td>
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<td></td>
<td>Commence developing a methodology for determining resources and integrated services on a regional basis</td>
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<td></td>
<td>Invite, setup and mobilise teams from CHO, HG and delivery partners to co-design integrated services</td>
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<td>1.2</td>
<td><strong>Population Based Planning Programme</strong></td>
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<td>4.1.2, NEW</td>
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### Sláintecare Implementation Timeline: Workstream 1 – Ganttts 2019

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<tbody>
<tr>
<td><strong>Framework</strong></td>
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<tr>
<td>3.3.1, 5.2.2</td>
<td>Finalise principles for National Framework for Models of Care Design</td>
<td>Set up governance and initiate development of the National Clinical Strategy for national and regional planning (ongoing into 2020)</td>
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<td></td>
<td>Develop Healthy Ireland Strategic Action Plan 2020-2022</td>
<td>Implement Healthy Ireland cross-sectoral priorities from Strategic Action Plan (ongoing into 2020)</td>
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<td>Deliver 3rd round of Healthy Ireland fund</td>
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<td>Agree details of next phase of Sláintecare / Healthy Ireland Outcomes Framework</td>
<td>Implement programme for Health and Wellness Assessment of relevant policy areas</td>
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<td>Complete information gathering and prepare Healthy Ireland Survey report</td>
<td>Publish Healthy Ireland Survey 2019</td>
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<td>Deliver Healthy Ireland communications campaign and activities in collaboration with Sláintecare</td>
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<td>Implement ‘Living Well with a Chronic Condition’ Framework for self management support</td>
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<td>Support the coordination of HSE Healthy Ireland National Priority Programmes covering the following areas: Tobacco, Alcohol, Healthy Eating and Active Living, Sexual Health, Healthy Childhood</td>
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<td></td>
<td>Commence development of the Integrated Communicable Disease Control Framework</td>
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<td>Progress Public Health Legislation programme</td>
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</table>

### Models of Care (MoC)

- **NEW**

- **3.2.2**
**Service ReDesign Framework Programme**

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<tr>
<th>SC no.</th>
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<tbody>
<tr>
<td>3.2.2, NEW</td>
<td>Publish National Healthy and Positive Ageing Initiative (HaPAI) Indicators Report</td>
<td>Complete scoping of operating model for Health &amp; Wellbeing in the context of RICOs to accelerate consistent and measurable implementation of Healthy Ireland objectives across all services</td>
<td>Commence designation process for Major Trauma &amp; appoint staff to the National Trauma Office</td>
<td>Develop ambulance bypass protocols</td>
</tr>
<tr>
<td>3.3.2, 3.4.1, 3.4.2, 5.4.4, 10.3.1a, NEW</td>
<td>Identify Telehealth pilot sites for Mental health</td>
<td>Implement &amp; Review Mental Health Telehealth pilots</td>
<td>Complete stakeholder engagement and develop a best practice national framework for the conduct of a clinical service review</td>
<td>Complete review and report of specialist cardiac services</td>
</tr>
</tbody>
</table>

**Models of Care (MoC)**

- Identify Telehealth pilot sites for Mental health
- Complete stakeholder engagement and develop a best practice national framework for the conduct of a clinical service review
- Complete review and report of specialist cardiac services
- Evaluate requirements for the Single Assessment Tool (SAT)
### Sláintecare Implementation Timeline: Workstream 1 - Gantt's 2019

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<thead>
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<tbody>
<tr>
<td><strong>Service ReDesign Framework Programme</strong></td>
<td><strong>Models of Care (MoC)</strong></td>
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<tr>
<td>4.3.3, 5.4.1, 5.4.2, 5.4.3, NEW</td>
<td>Implement the 2019 actions of the National Maternity Strategy including the Digital Maternity Strategy</td>
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<td>Implement the 2019 actions of the National Cancer Strategy</td>
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<td>Implement the 2019 actions ahead of the National Neurorehabilitation Strategy</td>
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<td>Implement the 2019 actions of the National Paediatric Models of Care Strategy</td>
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<td>Implement the 2019 actions of the National Programme for Transplant Services Strategy</td>
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<td>Implement the 2019 actions of the Palliative Care Development Framework</td>
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<td>Implement the 2019 actions of the National Dementia Strategy</td>
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<td></td>
<td>Implement the Reform Programme for the Disability Sector under:</td>
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<td>• Transforming Lives; Progressing Disability Services</td>
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<td></td>
<td>• New Direction Day Services</td>
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<td>• Time to Move on from Congregated Settings</td>
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<td>Implement First 5 Strategy</td>
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Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019

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<td>Models of Care (MoC)</td>
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</table>

**Service ReDesign Framework Programme**

- Appoint specialist expertise for RICOs
- Set up integrated co-design teams from CHOs / HGs / GPs / Pharmacists / Allied Health / Nursing / Other Partners to develop models of local service delivery
- Engage with integrated care stakeholders
- Conduct workshops with integrated care stakeholders
- Develop principles of Models of Care (MoC) for regional integrated care delivery within a National Framework context
- Commence detailed development of regional integrated care models

**Examine Community Intervention Teams and OPAT teams in a regional context**

- Review Clinical Care Programmes and decide next steps
- Decide on regional CHN demonstrator sites
- Rollout regional CHN demonstrator sites and rollout integrated fund projects in CHN context
- Prepare expansion of Integrated Care Programmes focussed on people with chronic conditions and older people
- Develop a new model of community nursing and midwifery on a regional integrated care model basis
- Develop HG and CHO strategic plans in a regional integrated care model context
Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019

**Service ReDesign Framework Programme**

- **Q1 2019**: Procure Lean Expertise for Capacity Improvement Plan
- **Q2 2019**: Develop Lean Capacity Improvement Plan
- **Q3 2019**: Commence roll-out of Lean Capacity Improvement Plan
- **Q4 2019**: Draft multi-annual Hospital operations, procedures and appointments Access plan

**Access and Waiting Lists**

- **Q3 2019**: Draft Unscheduled Care Plan
- **Q2 2019**: Develop Scheduled Care Improvement Plan 2019-2020
- **Q4 2019**: Work on implementation of 2019 Improvement Areas
- **Q3 2019**: Establish a Delayed Discharges Oversight Group
- **Q4 2019**: Draft Delayed Discharge Operational Policy
- **Q2 2019**: Develop and publish Scheduled Care Access Plan 2019
- **Q3 2019**: Deliver Scheduled Care Access Plan 2019
- **Q4 2019**: Scope a digital solution to improve patient flow
- **Q1 2019**: Publish review of Winter Plan 2018/2019
- **Q2 2019**: Prepare Winter Plan 2019/2020
- **Q3 2019**: Review, approve, publish and implement Winter Plan 2019/2020 Plan
## Sláinte Care Implementation Timeline: Workstream 1 - Gantt 2019

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<th>SC no.</th>
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<tr>
<td><strong>Service ReDesign Framework Programme</strong></td>
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<tr>
<td><strong>Access and Waiting Lists</strong></td>
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<tr>
<td>4.2.3, 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5, 5.2.3, NEW</td>
<td>Roll out of National Centralised Validation Unit and Publication of Validation schedule</td>
<td>Validation of National Inpatient and Outpatient waiting lists</td>
<td>Commence review of best practice utilisation of ED, MIU and MAU</td>
<td>Workshop and engage with stakeholders to examine options for optimum utilisation</td>
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<td>Implement the Ambulance Reform Plan in line with the NSP (multi-annual project)</td>
<td>Continue roll out of Bed Capacity Programme</td>
<td>Provide 75 Acute beds – Winter Plan 2018/2019</td>
<td>Continue commissioning of Beds in Mater, CUH, Drogheda &amp; Tipperary (+78 Beds)</td>
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<td>Identify opportunities to open and invest in additional hospital and community beds</td>
<td>Publication of “Open Bed Report”</td>
<td>Ongoing publication of “Open Bed Report”</td>
<td>Conduct population profiling to inform hospital and community beds planning</td>
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<td>Progress the development of capacity of dedicated elective &amp; emergency workstreams such as Nenagh Ophthalmology, Tallaght Day Surgery (2019/2020)</td>
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<td>Decide criteria for elective / ambulatory sites</td>
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**Notes:**
- **SC no.** denotes the Sláinte Care number.
- **Q1 2019** to **Q4 2019** represent the quarters of the year.
- The table highlights key actions and milestones in the Sláinte Care Implementation Timeline for Workstream 1.
### Service ReDesign Framework Programme

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<tr>
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<tr>
<td>NEW</td>
<td>Conduct international literature review for National Social Care Strategy</td>
<td>Establish Future Needs for People with a Disability</td>
<td>Publish &quot;A Vision for Change&quot; Mental Health Strategy (no. 2)</td>
<td>Commence the development of a revised Palliative Care Policy</td>
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<td>Convene DHPLG interdepartmental implementation group</td>
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<td>Progress implementation of Housing Options for our Ageing Population</td>
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### Capital Planning Implementation Programme

1.3 Service ReDesign Framework Programme

- Conduct review of Primary Care Centres’ potential role in regional integrated models of care
- Develop report of existing and potential capacity expansion of services in Primary Care Centres
- Review diagnostics requirements in a regional integrated care context
- Commence adoption of recommended diagnostic capacity expansion
- Continue roll out of Primary Care Centres in line with regional population profiling needs
- Assess financing options for Capacity Plan recommendations for community and hospital beds
- Devise procurement and funding plan for expansion of community and hospital beds
- Progress 2040 Capital Plan for Health

### Capital Planning Implementation Programme

1.4 Service ReDesign Framework Programme

- Develop report of existing and potential diagnostics capacity & expansion of services
- Commence adoption of recommended diagnostic capacity expansion
- Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019
- Sláintecare Action Plan 2019
- Sláintecare Action Plan 2019
### Sláintecare Implementation Timeline: Workstream 1 – Gantts 2019

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<td><strong>eHealth Programme</strong></td>
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<tr>
<td>10.1.1, 10.2.1.a, 10.2.1.b, 10.3.1, 10.3.2, 10.3.3, 10.4.1, 10.4.3, 10.5.1, NEW</td>
<td>Secure Government decision for EHR procurement</td>
<td>Start procurement</td>
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<td>Establish Individual Health Identifier (IHI) Office</td>
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<td>Develop strategy, business case and secure approval for Shared Care Record</td>
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<td>Establish governance for ePharmacy Programme</td>
<td>Conduct Stakeholder engagement</td>
<td>Consolidate stakeholder feedback</td>
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<td>Establish specification for ePrescribing in community care systems</td>
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<td>Identify community sites for improved digital connectivity</td>
<td>Upgrade community site connections and deploy end user devices as part of Digital Workplace project</td>
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<td>Deliver ICT systems to support effective clinical decision making</td>
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<td>Workshop &amp; research existing telehealth solutions</td>
<td>Scope new telehealth pilots</td>
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<td>Procure and select strategic implementation partner for National Finance System</td>
<td>Implement HR and Payroll corporate systems across identified areas</td>
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Workstream 2

Safe Care, Co-ordinated Governance and Value for Money
Workstream 1  
Service ReDesign and Supporting Infrastructure

1.1 Data, Research and Evaluation Programme
1.2 Population based Planning Programme
1.3 Service ReDesign Framework Programme
1.4 Capital Planning Implementation Programme
1.5 eHealth Programme

Workstream 2  
Safe Care, Co-ordinated Governance and Value for Money

2.1 Geoalignment and RICOs Structure Programme
2.2 Corporate and Clinical Governance Programme
2.3 Public and Private Partners Programme
2.4 Eligibility / Entitlement Programme
2.5 Financing Reform Programme

Workstream 3  
Teams of the Future

3.1 Workforce Planning Programme
3.2 Training Pipeline and New Ways of Training Programme
3.3 Culture Change and New Ways of Working Programme
3.4 Innovation / Capacity Building Programme
3.5 Future Intelligence / Influencers Programme

Workstream 4  
Sharing Progress

4.1 Citizen and Staff Engagement and Empowerment Programme
4.2 Sláintecare Programme Implementation Office and Governance Programme
4.3 Evaluation Framework and Reporting Progress Programme
4.4 Integration Fund and Sláintecare Budget Management Programme
4.5 Communications and Recognising Success Programme

Sláintecare Executive Task Force  
Chair: Executive Director, Sláintecare
Terms of Reference:
2019—2028

Workstream 2 — Safe Care, Co-ordinated Governance and Value for Money

1 Geoalignment and RICOs Structure Programme
The lack of geographical alignment between Hospital Groups (HGs) and Community Healthcare Organisations (CHOs) creates an impediment for the health system to deliver on its integrated care objectives. This programme will establish Regionally Integrated Care Organisations (RICOs), with one budget for the population of the region, to enable the delivery of planned care that is right for the needs of that local population. The development of an effective implementation structure for this reform is an integral part of this programme to ensure that clear, tangible health outcomes are achieved for the population of each region. The alignment of Community Health Networks for local delivery will be an important part of this programme.

2 Corporate and Clinical Governance Programme
This programme will give clarity to the roles and responsibilities of all the agents involved in defining, funding, commissioning, and delivering healthcare services in Ireland.

3 Public and Private Partners Programme
This programme will inform our understanding and decision-making around who will deliver services at different points across the clinical pathway. This involves considering how services will be delivered by public, private and/or community and voluntary players. It will also consider the publication of the Independent Review Group on Voluntary Bodies Report and the review from The Independent Review Group, chaired by Dr Donal de Buitléir, examining the removal of private practice from public acute hospitals. The programme also includes the agreement of a GP contract which will streamline integrated person-centred care, as well as the role of the pharmacist, carers and other professionals. The ambition is to achieve full equity in the delivery of health and social care services in a co-ordinated, safe, appropriate, sustainable and person-centred way.

4 Eligibility / Entitlement Programme
This programme will plan how to address barriers and/or inequities in access to health and social services so as to transition towards a universal single tier system where price is not a barrier to getting timely care.

5 Financing Reform Programme
This programme will support the attainment of a sustainable, accountable, value-for-money financing system, in line with the delivery of an equitable health service.

The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:
Work Breakdown Workstream 2: 2019
Safe Care, Co-ordinated Governance and Value for Money

2.1 Geoalignment and RICOs Structure Programme
Consult, finalise and announce decisions on the geographic alignment of HGs & CHOs
Introduce modifications to HGs and CHOs to ensure geographic alignment
Explore devolving decision making and autonomy to regional levels

2.2 Corporate and Clinical Governance Programme
Legislate for new HSE Board
Establish new HSE Board
Define and agree new organisational and operational structures for a reconfigured health service, including respective roles of the Department of Health, the HSE and national and regional integrated care organisations
Commence the process for deciding an overarching clinical and corporate governance framework within the context of revised structures
Progress the Patient Safety Bill to encompass clinical audit, reporting of serious events, open disclosure and extension of HIQA’s remit to the private sector
Progress Patient Safety (Licensing) Bill to include clinical governance, patient safety operating frameworks and licensing of providers by HIQA
Implement a patient safety, complaints and advocacy policy
Progress the Implementation of the National Action Plan on Antimicrobial Resistance
Progress the development of a National Adult Safeguarding Policy for the health sector

2.3 Public and Private Partners Programme
Determine and progress priority objectives for GP contractual reform
Strengthen governance, monitoring and management of private practice in public hospitals
Complete and progress recommendations from the impact analysis of private practice removal from hospitals
Develop role of different health care professionals, contractors and voluntary groups

2.4 Eligibility / Entitlement Programme
Review basis for existing hospital and medical charges
Review current framework and develop a policy proposal and roadmap for universal eligibility
Progress design of a statutory scheme for homecare
Commence a staged pilot of personalised budgets for people with a disability over a two-year period

2.5 Financing Reform Programme
Develop proposals for multi-annual budgeting in the healthcare and social care system to facilitate accountability and planning and strengthen financial management for revenue and capital funding
Develop a plan for the design of a system of population-based funding
Develop plan to embed and extend the benefits of hospital activity-based funding (ABF)
Advance community-based costing focusing initially on residential placements and home help services
Benchmark quantum of health and social care budget in a comparative international context
Invest in a multi-annual programme of work with key health stakeholders and academic researchers to develop an activity and cost database for health and social care in Ireland
Develop financial models to redirect demand to location of least complexity
Undertake a governance review of the drugs approval and procurement process
### Sláintecare Implementation Timeline: Workstream 2 - Gantts 2019

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<td><strong>Geoalignment and RICOs Structures Programme</strong></td>
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| Geoalignment and RICOs Structure Programme | 1.2.1, 1.2.2, 1.2.3 | | | |}

- **Announce Geoalignment and RICO structures**
- **Develop interim standardised processes for HGs and CHOs on an integrated regional basis**
- **Research governance of successful regional integrated structures in other jurisdictions**
- **Research approach to legislating revised health structures**

| **Corporate and Clinical Governance Programme** | | | | |
| 2.2 | | | | |
| Corporate and Clinical Governance Programme | 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.4.1, 1.4.2, 1.4.3, 1.4.4, 1.4.6, 1.4.7, NEW | | | |}

- **Establish new HSE Board**
- **Develop and approve an overarching clinical and corporate governance framework**
- **International Evidence Review of National and Regional Health Structures**
- **Develop draft options appraisal for the new organisational and operational structure for the future reconfigured health service (DoH, HSE, RICOs)**
- **Submit Memo to Government on new organisational and operational structures**
- **Complete Patient Safety Bill Legislative Draft**
- **Work to progress Patient Safety (Licensing) Bill**
- **Roll out of patient safety, complaints and advocacy competency framework**
- **Patient Safety Advocacy Service in operation**
- **Implement National Action Plan on Antimicrobial Resistance**
- **Commence development of Adult Safeguarding Policy for the health sector**
- **Continue stakeholder and service user engagement**
- **Publish 1st draft of Adult Safeguarding policy and commence public consultation in early 2020**
## Sláintecare Implementation Timeline: Workstream 2 - Gantt 2019

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<td><strong>Public and Private Partners Programme</strong></td>
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<tr>
<td>4.4.1, 8.1.1, 8.1.2, 8.1.3, NEW</td>
<td>Determine and progress priority objectives for GP contractual reform</td>
<td>Establish 'basket of services' for chronic disease management aligned to the new GP contract agreement</td>
<td>Finalise GP contracts</td>
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<tr>
<td>Publish the independent review group (Catherine Day) report of the role of voluntary organisations</td>
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<tr>
<td>Consider the implications of the recommendations of the de Buitléir report</td>
<td>Seek Government decision on de Buitléir recommendations</td>
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<tr>
<td>Strengthen governance and operational framework for private practice in public hospitals</td>
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<tr>
<td>Examine the potential for healthcare professionals, contractors and voluntary groups to explore models of care opportunities</td>
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<tr>
<td>Develop role of different healthcare professionals, contractors and voluntary groups</td>
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<tr>
<td><strong>Eligibility / Entitlement Programme</strong></td>
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<tr>
<td>6.1.1, 6.2.1, 6.2.2, 6.3.1, 7.1.6</td>
<td>Review basis for existing hospital and medication charges</td>
<td>Develop options for future changes to hospital and medication charges to be considered in national budgetary process</td>
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<tr>
<td>Establish Interdepartmental Group on Eligibility / Entitlement</td>
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<tr>
<td>Progress development of Statutory Scheme for Homecare and draft design of statutory scheme</td>
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<tr>
<td>Initiate proposals for personalised budgets for people with a disability</td>
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<tr>
<td>Continue two-year roll-out of staged pilot of personalised budgets for people with a disability</td>
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</tbody>
</table>
Develop the "Hospital ABF Implementation Plan 2019-2022" to embed and extend ABF benefits

Conduct research and benchmark for health and social care budgets in comparable international jurisdictions

Identify areas of healthcare provision that can be relocated from hospitals to community settings

Review programme of work to develop an activity and cost database for health and social care in Ireland

Research approaches for the allocation of funding on a population-based approach

Review international best practice for population-based funding

Develop the "Hospital ABF Implementation Plan 2019-2022" to embed and extend ABF benefits

Roll out agreed ABF actions

Complete initial comparison costing report on the commissioning of external disability and mental health residential placements

Conduct research and benchmark for health and social care budgets in comparable international jurisdictions

Review programme of work to develop an activity and cost database for health and social care in Ireland

Identify areas of healthcare provision that can be relocated from hospitals to community settings

Examine financial models to redirect demand to location of least complexity

Sign contract for the implementation of an external system to support financial / corporate system objectives

Undertake governance review of drugs approval and procurement process

Set out policy proposal for multi-annual budgeting

Develop draft budget approach for regional population-based funding

Review programme of work to develop an activity and cost database for health and social care in Ireland

Examine financial models to redirect demand to location of least complexity

Sign contract for the implementation of an external system to support financial / corporate system objectives

Undertake governance review of drugs approval and procurement process
Workstream 3 — Teams of the Future

1 Workforce Planning Programme
This programme will ensure that the right teams are available, at the right time, to deliver on the clinical and service objectives of the Sláintecare reform. Effective short, medium, and long-term workforce planning will be undertaken to ensure that new Models of Care are properly planned in order to deliver integrated care. Targeted recruitment and retention initiatives will be scoped and commenced.

2 Training Pipeline and New Ways of Training Programme
This programme will plan dynamic training initiatives to support the Sláintecare reform. It will be a collaborative relationship with educators and students to support the evolution of interdisciplinary care models and teams over time. A focus will be to drive skills optimisation and team-based working, and leadership capabilities will be promoted by this programme. Enhanced confidence, satisfaction, and competence of staff within their jobs is a key goal for this programme, including the role which the working environment plays in attracting and retaining staff.

3 Culture Change and New Ways of Working Programme
This programme will encourage and support the healthcare workforce to become leaders and champions in understanding and adapting to the wide-ranging implications of the Sláintecare reform initiatives.

4 Innovation / Capacity Building Programme
This programme will support staff to develop their innovative ideas, talent and competencies needed to navigate a dynamic and evolving healthcare system. A focus on encouraging and building capacity within the workforce to adapt processes, systems, and ways of working will be central to this programme.

5 Future Intelligence / Influencers Programme
This programme will horizon-scan for new initiatives and enablers which may help the workforce to deliver the best service to patients, service users and clients for the optimum value to the taxpayer.

The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:
### Sláintecare Implementation Timeline: Workstream 3 – Gantts 2019

<table>
<thead>
<tr>
<th>SC no.</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
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</thead>
<tbody>
<tr>
<td><strong>Workforce Planning Programme</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4.1.1, 4.1.2, 4.2.1, 4.3.1, 9.1.1, 9.1.2, 9.1.3, 9.2.3, 9.3.1, 9.3.2, NEW</td>
<td>Commence development of an Integrated Workforce Plan to include Doctors, Nurses, HSCPs and all staff</td>
<td>Continue development of an Integrated Workforce Plan to include Doctors, Nurses, HSCPs and all staff</td>
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<tr>
<td></td>
<td>Establish a team to lead on detailed strategic health workforce planning</td>
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<td></td>
<td>Develop a methodology for determining the resources required for delivering integrated care on a regional basis</td>
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<td></td>
<td>Expand capacity in GP and community nursing to manage chronic disease</td>
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<td></td>
<td>Progress development of Public Health Doctors’ role in Ireland</td>
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<td></td>
<td>Convene cross departmental Workforce Planning Forum</td>
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<tr>
<td><strong>Training Pipeline and New Ways of Training Programme</strong></td>
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<tr>
<td>9.2.4, 9.2.2</td>
<td>Publish policy and develop the role of advanced nursing practitioners for operationalisation by the HSE</td>
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<tr>
<td></td>
<td>Review recommendations in the Medical Training and Career Structures document for implementation</td>
<td>Develop implementation policy and plan to roll out Medical Training &amp; Career Structures recommendations</td>
<td>Commence roll-out of Medical Training &amp; Career Structures recommendations</td>
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</tbody>
</table>
### Sláintecare Implementation Timeline: Workstream 3 – Gantts 2019

<table>
<thead>
<tr>
<th>SC no.</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
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</thead>
<tbody>
<tr>
<td><strong>3.3</strong></td>
<td><strong>Culture Change and New Ways of Working Programme</strong></td>
<td><strong>Culture Change and New Ways of Working Programme</strong></td>
<td><strong>Culture Change and New Ways of Working Programme</strong></td>
<td><strong>Culture Change and New Ways of Working Programme</strong></td>
</tr>
<tr>
<td></td>
<td>4.4.3, 9.4.2, NEW</td>
<td>Assess existing health professionals’ contracts in the context of enabling</td>
<td>HSE to finalise and publish proposals for Performance Management</td>
<td>Implement new contractual arrangements with GPs and Nurses</td>
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<tr>
<td></td>
<td></td>
<td>a shift to significantly enhanced community-based care</td>
<td>Systems across the health service</td>
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<tr>
<td><strong>3.4</strong></td>
<td><strong>Innovation /Capacity Building Programme</strong></td>
<td><strong>Innovation /Capacity Building Programme</strong></td>
<td><strong>Innovation /Capacity Building Programme</strong></td>
<td><strong>Innovation /Capacity Building Programme</strong></td>
</tr>
<tr>
<td></td>
<td>9.4.1, 9.5.1, NEW</td>
<td>Agree programme for the Health Service Leadership Academy</td>
<td>Plan future leadership development initiatives</td>
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<td>Agree professional skills development programmes</td>
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<td>including lean improvement projects</td>
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<td>Roll-out skills development programme</td>
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<td></td>
<td>Identify good practice in innovative service delivery projects</td>
<td>Scale up good practice for innovation and capacity building across services</td>
</tr>
<tr>
<td><strong>3.5</strong></td>
<td><strong>Future Intelligence / Influencers Programme</strong></td>
<td><strong>Future Intelligence / Influencers Programme</strong></td>
<td><strong>Future Intelligence / Influencers Programme</strong></td>
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<tr>
<td></td>
<td>NEW</td>
<td>Complete research on the potential impact of Artificial Intelligence,</td>
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<td>Robotics and other technologies on workforce planning, and on services</td>
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<td>for patients / service users</td>
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Workstream 4

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Sharing Progress
Workstream 4 — Sharing Progress

1 Citizen and Staff Engagement and Empowerment Programme
This programme will engage and empower citizens in their own health and wellbeing. The aim is to create a modern, responsive, and integrated public health system which secures long-term public and political confidence in the delivery and success of the Sláintecare reform. Initiatives to enable health literacy will be identified and scoped as part of this programme. This programme will also involve the rollout of a comprehensive engagement plan for the health workforce, to ensure that frontline staff are involved in, and feel ownership of, the design and delivery of the Sláintecare change programme.

2 Sláintecare Programme Implementation Office and Governance Programme
This programme will be led by the SPIO in collaboration with the Department of Health, the HSE and other stakeholders. The Programme will select the Sláintecare priority projects for implementation and establish the structures and governance to enable early delivery of these projects. Central to this programme is having clear structures in place to support risk management, issues escalation, conflict management, and problem solving, as the ten-year reform is planned and delivered.

3 Evaluation Framework and Reporting Progress Programme
This programme will define an evaluation framework which can be used to support regular reporting on the Sláintecare reform. It will be used to understand how the Department of Health, HSE and other stakeholders are progressing priority projects so as to demonstrate progress. It will work with Healthy Ireland to refine and deliver one Outcomes Framework for Ireland.

4 Integration Fund and Sláintecare Budget Management Programme
This Programme will manage the Sláintecare budget, including the Integration Fund, by designing, establishing and resourcing projects to test new Models of Care, support change processes, and implement priority programmes. It will prepare detailed budgets for a Transition Fund to support Sláintecare reform.

5 Communications Programme and Recognising Success Programme
This programme will ensure that the appropriate communication processes, tools, and schedules are in place to share progress on the status and advancement of Sláintecare initiatives.

The Workstream Work Breakdown and Project Gantts for delivery of these Programmes in 2019 are as follows:
Launch and roll out a public and health workforce engagement and empowerment plan

Convene Sláintecare Implementation Advisory Council meetings

Develop an evaluation programme for the overall Sláintecare reform

Establish a multi-annual Transition Fund

Roll out Integration Fund for new Models of Care and integration projects

Develop Communications Plan and tools for Sláintecare

Publish detailed Action Plan and publish progress reports biannually

Identify Programme to recognise successful delivery

4.1 Citizen and Staff Engagement and Empowerment Programme

4.2 Sláintecare Programme Implementation Office and Governance Programme

4.3 Evaluation Framework and Reporting Progress Programme

4.4 Integration Fund and Sláintecare Management Programme

4.5 Communications Programme and Recognising Success Programme

Convene High Level Delivery Board Meetings

Convene Executive Task Force, and Programme Teams

Develop monthly reports and RAID logs

Develop a Citizen Health Portal Prototype

Develop a Public Health Service Online Directory

Develop and expand patient experience capture systems

Promote shared values amongst HSE staff

Scope initiatives to support Health Literacy

Work Breakdown Workstream 4: 2019
Sharing Progress

Sláintecare Action Plan 2019

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## Sláintecare Implementation Timeline: Workstream 4 - Gantt 2019

### Citizen and Staff Engagement and Empowerment Programme

<table>
<thead>
<tr>
<th>SC no.</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
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</thead>
<tbody>
<tr>
<td>2.4.1, 2.4.2, 1.4.5, 3.1.1, NEW</td>
<td>Launch Public and Staff Engagement and Empowerment Programme</td>
<td>Continue roll-out of Citizen and Staff engagement initiatives</td>
<td>Prepare for 2020 nationwide Public and Staff Engagement and Empowerment initiatives</td>
<td>Design and develop Citizen Health Portal prototype</td>
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<td></td>
<td>Develop roadmap for delivery of the Citizen Health Portal</td>
<td>Develop and expand systems to capture patient/service user experience</td>
<td>Promote shared values amongst the health workforce</td>
<td>Continue roll-out of shared values amongst health workforce</td>
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<td>Support initiatives to promote Health Literacy</td>
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### Sláintecare Programme Implementation Office and Governance Programme

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<thead>
<tr>
<th>SC no.</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
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<tbody>
<tr>
<td>2.1.2, 2.2.2, NEW</td>
<td>Establish monthly Executive Task Force and Programme Teams meetings</td>
<td>Hold monthly Executive Task Force and Programme Teams meetings</td>
<td>Convene and hold Sláintecare Implementation Advisory Council Quarterly Meetings 2019</td>
<td>Convene and hold High Level Delivery Board Meetings</td>
</tr>
<tr>
<td></td>
<td>Confirm all projects have PIDS, Budgets, delivery trajectories and RAID log</td>
<td>Agree meeting and reporting structures, frequency and methods</td>
<td>Mobilise SPIO team</td>
<td>Develop monthly progress reports and RAID logs</td>
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### Sláintecare Implementation Timeline: Workstream 4 - Gantts 2019

<table>
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<th>SC no.</th>
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<tr>
<td><strong>Evaluation Framework &amp; Reporting Progress Programme</strong></td>
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<td>4.3</td>
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<tr>
<td>10.6.4, 2.3.1, NEW</td>
<td>Prepare first Sláintecare mid-year report</td>
<td>Conduct ongoing evaluation</td>
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<td>Draft 2019 Sláintecare Progress Report</td>
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<td>Prepare 2020 Action Plan</td>
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<td>Provide information and respond to requests on reporting of Sláintecare implementation progress</td>
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<td><strong>Integration Fund &amp; SC Budget Management Programme</strong></td>
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<td>4.4</td>
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<tr>
<td>2.5.1, 3.3.3</td>
<td>Prepare bid for Transition Fund based on priority prevention and early intervention, capacity and value for money projects</td>
<td>Establish and resource multi-annual Transition Fund</td>
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<td>Develop criteria and governance for Integration Fund, Launch callout of Integration Fund</td>
<td>Select projects</td>
<td>Launch and mobilise projects to test and scale new Models of Care</td>
<td>Commence evaluation of impact of fund</td>
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<tr>
<td><strong>Communications Programme &amp; Recognising Success Programme</strong></td>
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<td>4.5</td>
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<tr>
<td>2.3.1, 2.3.2, NEW</td>
<td>Publish 2019 Action Plan</td>
<td>Develop and roll-out Communications Plans and tools for Sláintecare programme</td>
<td>Identify Programme to recognise successful delivery</td>
<td>Rollout Programme to recognise successful delivery</td>
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<td>Publish progress reports on a biannual basis</td>
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## Appendix

### List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABF</td>
<td>Activity based funding</td>
</tr>
<tr>
<td>AHP</td>
<td>Advanced Healthcare Practitioner</td>
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<tr>
<td>ANP</td>
<td>Advanced Nurse Practitioner</td>
</tr>
<tr>
<td>AI</td>
<td>Artificial Intelligence</td>
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<tr>
<td>CHN</td>
<td>Community Healthcare Network</td>
</tr>
<tr>
<td>CHO</td>
<td>Community Healthcare Organisation</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
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<tr>
<td>DPER</td>
<td>Department of Expenditure and Reform</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
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<tr>
<td>FOI</td>
<td>Freedom of Information</td>
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<tr>
<td>HaPAI</td>
<td>Healthy and Positive Ageing Initiative</td>
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<td>HG</td>
<td>Hospital Groups</td>
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<td>HI</td>
<td>Healthy Ireland</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>HIQA</td>
<td>Health Information and Quality Authority</td>
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<tr>
<td>HSCP</td>
<td>Health and Social Care Professional</td>
</tr>
<tr>
<td>HSE</td>
<td>Health Services Executive</td>
</tr>
<tr>
<td>IHI</td>
<td>Individual Health Identifier</td>
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<tr>
<td>IIS</td>
<td>Integrated Information System</td>
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<tr>
<td>MAU</td>
<td>Medical Assessment Unit</td>
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<tr>
<td>MIU</td>
<td>Minor Injury Unit</td>
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<tr>
<td>MOC</td>
<td>Model of Care</td>
</tr>
<tr>
<td>NSP</td>
<td>National Service Plan</td>
</tr>
<tr>
<td>OPAT</td>
<td>Outpatient parenteral antimicrobial therapy</td>
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<tr>
<td>PHSI</td>
<td>Programme for Health Service Improvement</td>
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<tr>
<td>PID</td>
<td>Project Initiation Document</td>
</tr>
<tr>
<td>PQ</td>
<td>Parliamentary Question</td>
</tr>
<tr>
<td>RAID</td>
<td>Risks, Actions, Issues and Dependencies</td>
</tr>
<tr>
<td>RICO</td>
<td>Regional Integrated Care Organisation</td>
</tr>
<tr>
<td>RSSMAC</td>
<td>Residential Support Services Maintenance and Accommodation Contributions</td>
</tr>
<tr>
<td>SAT</td>
<td>Single Assessment Tool</td>
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<tr>
<td>SIAC</td>
<td>Sláintecare Implementation Advisory Council</td>
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<tr>
<td>SPIO</td>
<td>Sláintecare Programme Implementation Office</td>
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<tr>
<td>WFP</td>
<td>Workforce Plan</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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</table>
Glossary of Terms

**Activity Based Funding (ABF)**
ABF means that hospitals are paid for the actual quantity and quality of care they deliver to patients, thereby enabling the hospitals to see clearly the link between money and the work they do. In 2016 the HSE introduced ABF for hospital care for inpatient and day-case services. Targets for hospital activity are set centrally by the HSE and prices are set by the Healthcare Pricing Office.

**Community Healthcare Organisations (CHO)**
Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, published in October 2014, sets out how health services, outside of acute hospitals, are currently organised and managed. Known as community healthcare services, these services include primary care, social care (services for older people and for persons with a disability), mental health and health & wellbeing.

**Hospital Groups**
The hospitals in Ireland have been organised into seven Hospital Groups since 2013. The services delivered include inpatient scheduled care, unscheduled/emergency care, maternity services, outpatient and diagnostic services. The Group Chief Executive of each Hospital Group reports to the National Director for Acute Services and is accountable for their Hospital Groups planning and performance under the HSE Accountability Framework (2015).
Medical Assessment Unit (MAU)

A MAU is a facility with beds separate from ED whose primary function is the immediate and early specialist management of acutely unwell adult patients who present to, or are referred from within, a hospital requiring urgent medical care. MAUs enable appropriate streaming of patients away from ED to improve clinical care and the patient experience. MAUs have the potential to provide more integrated care for patients with urgent medical need, delivered in a more appropriate setting, by staff with the correct skills mix and expertise.

Model of Care

A model of care defines the way health services are delivered and describes best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.

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1 https://www.hse.ie/eng/services/publications/corporate/choreport.html
2 https://www.hse.ie/eng/services/list/3/acutehospitals/hospitalgroups.html
3 The Establishment of Hospital Groups as a transition to Independent Hospital Trusts
Sláinte Care.
Right Care. Right Place. Right Time.