HSE South
Regional Service Plan 2013

Thursday 28th February 2013

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the Regional Director of Operations
HSE South
Health Service Executive
Model Farm Road
Cork
Email: rdo.south@hse.ie

CONTENTS

INTRODUCTION

The Health Service Executive National Service Plan 2013 (NSP 2013) was published on 10th January 2013 and sets out the resource and accountability framework with which funding will be provided to HSE South in 2013. The HSE South Regional Service Plan translates the National Plans into an Operational Plan for the region which sets out the type and volume of service the HSE South will provide directly or through a range of agencies funded by us during 2013 consistent with these national policies, frameworks, performance targets, standards & resources.

Reforming the Health Services

In November 2012, the Minister for Health published *Future Health,* the framework for health reform. This framework, based on Government commitments in its *Programme for Government*, outlines the main healthcare reforms that will be introduced in the coming years as key building blocks for the introduction of Universal Health Insurance in 2016. Future Health is about prioritising the needs of the patients and service users, even as difficult decisions on health financing are made, and the approach to reform is based on four pillars: Health and Wellbeing; Service Reform; Structural Reform and Financial Reform. Over the last number of years, HSE South has been implementing major re-organisation and change programmes across the region which are in line with this overall approach. The changes we have implemented to date are beginning to yield significant gains for HSE South in 2013. These dividends will assist us to do more with less this year as well as provide new services across the region, particularly in the area of acute hospitals, disability, palliative care and primary care. HSE South will continue to vigorously pursue its local change programme in line with national policy with further dividend expected by year end which will benefit patients and service users in this area.

The reform process has led us to further develop close working relationships and partnerships with the voluntary sector. By building on this collaborative approach, our combined efforts have enabled us to progress and deliver on a number of key developments, particularly in the areas of palliative care and disability that otherwise may not have been achieved.

Delivering our Service Plan through our Change Programmes

We face the dual challenge of reducing costs while at the same time improving outcomes for our patients and service users. While it will be impossible to avoid an impact on frontline service delivery in 2013, not least due to a significantly reduced staff numbers, at all times, the safety of our patients and service users is paramount.

In addressing this challenge all our services and staff have over the past number of years worked diligently in implementing a comprehensive range of change programmes moving to new models of care across all services & care groups which have involved:

- Reorganisation of hospital services & implementing National Clinical Programmes
- Improvement programmes across all Care Groups based on agreed national policies, e.g. Vision for Change, VFM report in Disability, Primary Care Strategy
- New, innovative and efficient ways of using a reducing resource & Challenging traditional cost structures & models of service delivery
- Deliver at the lowest level of complexity
- Provide services at the lowest possible unit cost

We will need to continue to work on escalating the implementation of these change programmes again during 2013. However this year we are able to draw on some of the positive results of the changes implemented to date based on the approach outlined above which means that we are able to prioritise the implementation of a number of key initiatives across hospital and community as follows:

- Palliative Care Services: The HSE South, in collaboration with our voluntary partners will progress a number of significant palliative care initiatives for the region including: the opening of 20 additional specialised inpatient beds in Marymount Hospice which is the final stage of development in the newly constructed unit; progression to design stage in the planned development of the 20 bed Regional Specialist Inpatient & Day Service in Palliative Medicine at Waterford Regional Hospital; and progression of a 15 bed Specialist Inpatient Unit in Palliative Medicine at Kerry General Hospital, which will be a satellite unit of the Cork and Kerry palliative care services.

- Disability : in collaboration with our voluntary partners, a range of initiatives that demonstrate real and tangible progress in reforming disability services across the region. As part of the implementation of the new congregated settings policy, *A Time to Move On* and the *Report of the Value for Money and Policy Review of the Disability Services Programme* (VFM), HSE South has introduced new models of care and new work practices to positively impact on the way in which people with disabilities are supported to live the lives of their choice. A key part of this service reorganisation is the migration from an approach where services are mainly organised around group-based service delivery towards a model of person-centred, individually chosen, supports, as well as implementing a more effective method of assessing need, allocating resources and monitoring resource use. In partnership with Genio and the voluntary sector, we will implement key projects to lead out on the move towards a person-centred model of service and support. 11 demonstration projects (new models of service that are being rolled out with a view to determining how well they work) are being established by service providers across the region which will run in parallel with current services. Working in collaboration with the COPE Foundation, as part of the implementation of the new congregated setting policy, 10 clients at Grove House, Cork (long term care facility) will move to more appropriate community

based settings. In a further partnership with the COPE Foundation we will also open an eight bedded regional specialised therapeutic service to support people with intellectual disability who present with challenging behaviour in Cork.

- Acute Hospitals: Significant re-structuring in the acute hospitals through the implementation of the national clinical programmes and the Roadmap for Acute Hospital Services in Cork and Kerry has resulted in a significant stream-lining of services so that patients attend the most appropriate hospital for treatment therefore ensuring the best possible outcome for the patient.

  In Cork, complex, acute and emergency care is being centralised at Cork University Hospital and Mercy University Hospital, which have the wide range of specialist services, expert staff and facilities required to deal with complex, life-threatening injuries and medical conditions. While the smaller hospitals namely Mallow and Bantry now have a defined role delivering less complex care, which will guarantee a sustainable and central future role in health care delivery for both hospitals. Mallow and Bantry will continue to provide services that are appropriate for the hospitals and for the local population, delivering non-complex care as close as possible to patients' homes.

  The South Infirmary Victoria University Hospital is now well developed into an elective surgical hospital with a particular concentration on day surgery.

  In the South East, implementation of the national clinic programmes is permitting us to open up additional beds in Wexford, Kilkenny and South Tipperary with Waterford set to gain a considerable number of new consultant posts in areas such as emergency medicine, dermatology and acute medicine.

  These significant gains in the acute hospitals must now translate into accompanying patient benefits, in line with national targets to improve access to our services by reducing waiting times for emergency or unscheduled care and elective or scheduled care in public hospitals. This includes improved access to outpatient and diagnostic services. Specific targets include:
  - No adult will wait more than 8 months for an elective procedure (either inpatient or day case)
  - No child will wait more than 20 weeks for an elective procedure (either inpatient or day case)
  - No person will wait longer than 52 weeks for an OPD appointment
  - No person will wait more than four weeks for an urgent colonoscopy and no person will wait more than 13 weeks following a referral for routine colonoscopy or OGD
  - 95% of all attendees at Emergency Departments will be discharged or admitted within 6 hours of registration
  - Our expected activity for 2013 is 600,887 inpatient and 830,165 day cases.

  All acute hospitals in the HSE South will benefit from an increase in funding in 2013.

- Primary Care: The opportunity to develop new Primary Care Centres across the region will be vigorously pursued during 2013 alongside the realisation of accommodation developments already in progress. Chronic Disease Management Programmes will shift the management of a range of diseases such as diabetes, stroke, heart failure, asthma and COPD from the hospital to the community setting. As part of this reorientation, models of shared care will be developed which clearly identify, strengthen and simplify care pathways for services users. Additionally a number of cost pressures are being funded from demographic funding, including the further development of Audiology Services and the implementation of the National Diabetes Integrated Care Package, which includes the appointment of four Diabetes Nurse Specialists in HSE South.

Resources

A summary of the funding and staff numbers available to deliver of the regional service plan is outlined in the resource framework in the next section of the plan. The detailed funding, staff numbers and service delivery plan for the year in each care group or service is outlined in each section of the plan

Analysis of HSE South 2013 Budget

HSE South	€m	€m
Base Budget 2012		1,634.974
Adjustments	-41.034	
Net Once Offs 2012 (Service Neutral)		-28.239
2013 Budget adjustments (Service Neutral)		-12.795
Increases	65.271	
Hospital core deficit funding		46.521
2012 Income adjustment restored		18.750
Reductions	-32.842	
2013 Budget Reductions (CCP required)		-32.842
Budget 2013	-8.605	1,626.369

An analysis of the 2013 budget for HSE South, as summarised above, outlines that there have been adjustments to the value of €41.034m which are budget & service neutral, while increases in budgets in the order of €65.271m in respect of rebalancing of the hospital deficits (€46.521m) and a positive income adjustment in respect of 2013 (€18.750m). The analysis also identifies specified

reductions as included in the health estimate of €32.842m for which cost containment plans are required. In addition there is a net requirement of €11.304m for local measures to address a range of service pressures and emerging unavoidable costs across hospital and community services during the year, bringing the overall resource challenge for which cost containment plans are required in the HSE South to €44.146m.

The challenge for the health service in 2013 is to achieve the overall end of year reduction in staff numbers in a managed way, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed.

The National Service Plan provides the overall framework, with a direct cut of 3,420wte by the end of 2013 and additional provision in order to facilitate the filling of development posts (both national and regional), HSE South will have to drop employment levels from the end of December 2012 by the order of 800wte to achieve this.

This reduction is significant and of a scale to that already achieved in the previous three years, but cannot be achieved solely on natural turnover and retirements in 2013

In the HSE South

- 3,088 staff reduction since 2007 peak (12%)
- 1,839 less staff at end 2012 than start of 2011
- 812 left in 2012 (including Grace period retirements)

Accordingly the workforce will have to continue to undergo major overhaul, downsizing and has to be reconfigured to deliver more for less in terms of employment levels and costs in the course of this service plan. The primary focus has to remain on redeployment, restructuring and reorganisation of the current workforce to deliver services within the budgetary and workforce constraints.

Public Service Agreement

The Public Sector Agreement provides the framework for delivering on this significant change programme across the HSE South during the course of 2013. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing costs and improving quality.

During 2012 there has been very positive engagement on implementing major change programmes across all four areas of HSE South with clear evidence of new ways of working and with a strong “can do” attitude. Staff are responding in a proactive manner to the change agenda with a developing awareness that each staff member has a contribution to make to the viability of our services and maximising sustainable employment. The Public Service Agreement has served us well to date in the South, and the challenge now, is to increase the pace of change as we implement new ways of working to deliver on the 2013 Regional Service Plan. I am confident that we can all respond to this challenge, which will see HSE South as a high performing region, which continues to value the contribution of all staff.

Potential Risks to the delivery of Regional Service Plan 2013

There are a number of potential risks which may impact on the delivery of the regional service plan, including Service, HR & Finance risks. These are outlined in the National Service Plan & Operational Plan and in the region we monitor and assess all of these and other risks that emerge as 2012 progresses and dependent on their impact, we may need to adjust planned service levels during the year to ensure that we can operate within the resources provided.

Quality & Patient Safety

The HSE South is committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. An important task for us all is to ensure that our services are safe; this is achieved through the implementation of a comprehensive quality and patient safety framework and by mitigating risk in the operational health system. We must also make sure that where serious incidents do arise that we manage our response effectively and implement appropriate measures in order to improve our systems. Ensuring compliance with national standards in relation to quality & patient safety will be an increasing focus for our services in 2013.

Service User Involvement

HSE South is committed to supporting the involvement of service users in the design and delivery of health services across the region. This is an important feature of service development and provision and in HSE South service users are involved through a variety of mechanisms including community health initiatives, consumer panels, representative organisations and targeted consultation initiatives. This ensures that services are targeted and delivered appropriately to meet the needs of service users.

HSE South has supported the development of a number of models of good practice in this regard including structured Mental Health Service User engagement, Health Action Zones and pilot Primary Care Team community engagement initiatives.

Improving Performance Management

A key priority as the health system continues to reform is to ensure that financial, workforce and service performance is actively managed and reported on in a timely manner. Building on the work of recent years, the 2013 accountability framework will ensure that performance will be measured against agreed plans which must be managed in the context of cost reduction, absenteeism, achievement of service targets and productivity. Information will be required at all levels in the system, therefore these plans will be monitored through a range of processes, including scorecard metrics. Compstat will support performance management at local service delivery unit level as it continues to be embedded in the operational system, for hospitals and community services. Service managers will be held to account and under performance will be addressed. A national process to identify and define a holistic performance framework and reporting requirements for 2013 is in process and is cognisant of the changing accountability environment.

It is essential to have clear and transparent performance expectations in place with those agencies funded by the HSE. Funded agencies will be managed through improved service arrangement schedules which will include greater linkages to national priorities and increased transparency in relation to corporate overheads and senior salaries.

Conclusion

We are in a position to present real, tangible benefits and improvements for services throughout this Service Plan for 2013 and while the picture is not all rosy and we will have to control spending in areas, we are at a point in our reform process where we are delivering more with the funding received and with the savings we are making in areas that are being reformed and re-organised. Management and staff at all levels of the organisation are committed to strenuously pursuing reform and implementing changes to the ultimate benefit of all our patients and service users.

Pat Healy
Regional Director of Operations
HSE South
28th February, 2013

RESOURCE FRAMEWORK

The National Service Plan & Operational Plan outline the resource & accountability framework within which funding will be provided to HSE South in 2013. This HSE South Regional Service Plan has been prepared consistent with this national resource & accountability framework, and in line with the related national policies, frameworks, performance targets, standards and resources and sets out the type and volume of service the HSE South will provide directly or through a range of agencies funded by us during 2013.

National Context

In terms of the overall national budget, the 2013 gross current vote Estimate for HSE is €13,404.1m. This reflects a net increase of €71.5m (0.54%). This net increase includes new spending and unavoidable pressures of €748m and savings of €721m.

This reduction of €721m means that the total reduction to the HSE budgets since 2008 is €3.3bn (22%). Staff levels across the health system have reduced by over 11,268 WTEs since the peak employment levels in September 2007. To date cost reductions have been achieved by reducing pay costs and staff numbers as well as savings in the cost of community drug schemes and procurement. This year will require further savings in each of these headings.

The HSE is required to impose expenditure reduction targets for 2013. These are significant particularly in the acute sector but each care group will also have its budget reduced by the estimates measures relevant to it, including those associated with the Employment Control Framework (ECF), other pay related savings and procurement savings.

The financial challenges that the HSE has faced coming into 2013 has centred principally around incoming projected deficits in the hospital system in the order of €271m together with further cost pressures that may arise in 2013, as well as Primary Care Schemes which have a cost reduction challenge in 2013 of €383m. The objective of the resource framework at national level is to ensure that all areas have budgets that are achievable while delivering the reductions contained within the estimate to avoid a mid-year financial crisis and deliver a balanced vote. The approach adopted in this plan places priority on rebasing hospitals in budgetary terms, maintaining community services budgets and driving further cost efficiencies in primary care schemes.

In order to ensure that the hospital sector across the system is not given an undoable financial challenge, given its incoming deficit and cost challenges in 2013, a rebalancing exercise has been undertaken, which seeks to ensure more sustainable budgets within the hospital sector, which has struggled in recent years to break-even.

The national financial framework also provides additional resource in respect of key government priorities in mental health & primary care, as well as targeted demographic funding to support service pressures in the system (for ease of reference these important tables from the NSP 2013 are replicated in Appendix 1, 2 & 3 of this Regional Service Plan).

The HSE South Funding Position

Within this overall national financial framework, the HSE South has been allocated a budget for 2013 of €1.626.369m with an indicative ceiling of 19,886 which is summarised in the table below:

Resources – HSE South

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	790.967	808.491	22.730	10,476.00	10,119.32	(356.43)
Kerry	139.240	147.620	5.224	1,833.86	1,773.32	(60.54)
Waterford & Wexford	341.448	342.689	10.724	4,588.24	4,435.60	(152.64)
Carlow / Kilkenny & South Tipperary	273.337	278.747	5.437	3,542.45	3,420.58	(121.87)
Regional Services	89.982	48.822	0.030	136.95	136.95	0.00
Total	1,634.974	1,626.369	44.145	20,577.50	19,885.77	(691.48)

The movement in budgets between 2012 and 2013 comprises a number of different adjustments which differ from hospital to community and between areas. The regional analysis of the budget movement is set out in Table 1 below.

Table 1 - Analysis of HSE South 2013 Budget

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Adjustments

- Once off adjustments relate to funding allocated in 2012 to meet exceptional once-off costs arising in that year. The funding is not repeated as the costs are not expected to arise the next year. Examples include lump sum payments to retirees, legal fee settlements, patients treated abroad etc.
- In 2013 an adjustment has been applied to hospital budgets to give effect to the introduction of legislation in 2013 to charge all private patients in public facilities. This amounts to €12.795m and its achievement will be non-service impacting.

Increases

- National funding has been made available in 2013 for the purpose of 'rebalancing' the acute hospital sector, and this additional allocation will move us into an environment where no organisation plans for a deficit in the year ahead. The allocation of funding applied for the rebalancing of the hospital deficits is set out in Table 2.
- In 2012 a budget adjustment was applied in relation to charging all private patients in public facilities. Funding has been allocated in 2013 to restore this adjustment.

Reductions

- Specific targeted reductions in costs have been identified in the National Service Plan. These amount to €32.842m and are set out in table 3 below

The net impact of all of the above budgetary arithmetic has resulted in a year on year budget movement of €8.605m. Some local anomalies can arise due to the level of once-off expenditure incurred in 2012, Fair Deal allocations for subvention and contract beds, held funding for mental health services and the application of income adjustments to the voluntary hospital sector.

Hospital Rebalancing

The rebalancing of hospital budgets currently underway is a very necessary step on the road to financial stability in the health system as a whole in 2013 and aims to introduce a different mindset and culture into the system. Without these changes there is a real risk that the hospital sector as a whole would be in significant deficit this year. If this were to occur financial instability for the health sector as a whole would be the unavoidable result. This rebalancing of budgets is just one part of a comprehensive programme of reform in the hospital sector, as outlined in the Government's Future Health strategy. This strategy includes the establishment of hospital groups this year and the introduction of Money Follows the Patient in 2014. The end goal is the establishment of Hospital Trusts in 2015.

Outlined in the table below is the detail of the allocation of the additional €46m which was provided to HSE South to address the deficits within the hospital sector.

Table 2

Hospital	€m
Cork University Hospital Group (inc MGH & CUMH)	23.975
Bantry General Hospital	0.781
Mercy University Hospital	3.729
South Infirmary Victoria University Hospital	2.858
Kerry General Hospital	2.049
Waterford Regional Hospital	3.298
Wexford General Hospital	3.405
St. Luke's General Hospital (incl. Kilcreene Hospital)	2.704
South Tipperary Hospital	3.722
Total	46.521

Hospital managers have now been given tough but achievable budget objectives which should allow them meet their financial targets while at the same time protecting patient care, and bringing down cost. A key feature of the budgetary rebalancing exercise has been to broadly equalise the scale of this cost containment challenge across the sector.

2013 Budget Reductions

Outlined in the table below, is the detailed application of the €32.842m reductions specified in the national estimate, allocated across hospital & community services in the HSE South. Cost Containment Plans have been developed across each of the services to address these budget reductions.

Table 3 - 2013 Budget reductions (Cost Containment Plans Required)

	Hospitals €m	Community €m	Total €m
ECF	5.319	7.720	13.039
Co-payment Respite Care		0.274	0.274
Disability Efficiencies		1.293	1.293
EWTD	4.831		4.831
Procurement	3.222	2.147	5.369
Reduction in Management Grades		0.208	0.208
Charge economic cost for GRO services		1.203	1.203
Student Nurse Graduate Programme	1.692		1.692
Benchmark Rosters	1.838		1.838
Consultant changes to rest days	1.289		1.289
Consultant Historic rest days	0.176		0.176
New Entry consultant Posts	0.630		0.630
Re-organisation of Hospital Services	1.000		1.000
TOTAL	19.997	12.845	32.842

The Resource Challenge

Set out below is the resource challenge for the HSE South in 2013. Table 4 outlines the challenge on an area basis, Table 5 outlines the same resource challenge on a care group basis, while Table 6 outlines the resource challenge on a specific hospital and area basis

Table 4

Area	National Reductions Specified in Estimate	Local measures to address emerging issues etc	Total Resource Challenge
Cork Area	16.431	6.299	22.730
Kerry Area	3.275	1.950	5.225
Carlow/Kilkenny & South Tipperary	5.437	0.000	5.437
Waterford & Wexford	7.669	3.055	10.724
Regional / Corporate Services	0.030	0.000	0.030
Total	32.842	11.304	44.146

Table 5

Service / Care Group Summary	National Reductions Specified in Estimate	Local measures to address emerging issues etc	Total Resource Challenge
Acute Services	19.967	4.086	24.052
Primary Care	3.365	(0.157)	3.208
Disability Services	4.431	0.026	4.457
Older People Services	2.058	2.399	4.457
Mental Health Services	2.841	4.702	7.543
Social Inclusion Services	0.095	0.293	0.388
Palliative Care	0.017	(0.089)	(0.072)
Other Services	0.068	0.044	0.112
Overall Total	32.842	11.304	44.146

Table 6

Hospital & ISA Summary	National Reductions specified in the Estimate	Local measures to address emerging issues etc	Total Resource Challenge
Acute			
CUH Group	7.241	0.573	7.814
BGH	0.365	0.040	0.405
MUH	1.721	0.218	1.939
SIVUH	1.101	0.200	1.301
KGH	1.721	1.950*	3.671
WRH	3.683	0.582	4.265
WGH	1.292	0.523	1.815
St Luke's	1.554	0.000**	1.554
STGH	1.289	0	1.289
Acute Sub Total	19.967	4.086	24.052
Community			
Cork ISA	6.003	5.268	11.271
Kerry ISA	1.554	0	1.554
Carlow / Kilkenny & South Tipperary	2.594	0	2.594
Waterford Wexford	2.694	1.950	4.644
Community Sub Total	12.845	7.218	20.063
Regional / Corporate Services	0.030	0	0.030
Overall Total	32.842	11.304	44.146

Cost Containment Plans are required to address €32.842m reductions specified in the national estimate as outlined in table 3 above. In addition to these reductions, some hospitals / ISAs have identified service pressures & emerging unavoidable costs in respect of which cost containment plans are also required. Such emerging issues include:

- Laboratory arrears (acute hospitals)
- NCHD agency costs
- Fair Deal legacy issues
- Agency / Overtime underlying costs.

A total additional requirement of €11.304m of local measures to address these emerging pressures will need to be put in place, in addition to the specified national budgetary reductions of €32.842m giving an overall resource challenge for 2013 of €44.146m.

- A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.

Nursing Homes Support Scheme (NHSS)

The Nursing Home Support Scheme (NHSS) is a nationally managed scheme which provides the funding for long-stay care in private nursing homes and public community hospitals & units. While the funding does not form part of the budget arithmetic around the HSE South Regional Service Plan, it is important none the less to take account of the level of service delivery which can be anticipated through this scheme in 2013. The initial assessment at national level is that 22,761 clients nationally will be supported by the scheme by the end of 2013. The HSE recognises that in the absence of the allocation of additional funding for the NHSS in 2013, that there will be challenges in responding to the need for residential care and it is anticipated that a placement list will be in operation and new places offered under the NHSS as funding becomes available in line with the legislation.

Table 7: The Nursing Home Support Scheme – National Position

	€m
REV 2012	994.70
Adjustments	
RIQA models for nursing homes	-3.00
NHSS –increased asset contribution	-6.00
Employment Control Framework	-0.28
Public Service Agreement	-0.90
Pre Retirement Initiative	-0.03
Incentivised Career Break	-0.06
Reduction in Management Grades	-0.01
Transfer to sub-head	13.00
AEV 2013	997.43

The community hospitals and units delivering long-stay care across HSE South will be required to implement a range of initiatives around reorganisation of rosters and skill-mix, elimination of unsustainable levels of agency and overtime, as well as reorganising existing work and redeployment of staff to ensure that we bring the cost of care in all our public facilities to sustainable levels and to maximise occupancy levels, which ensure that the appropriate level of funding is received from the national NHSS. The implementation of these initiatives across our service will enable our community hospitals & units to achieve the various cost reduction measures identified in the table above. The HSE South has been actively implementing measures to address this challenge over the past number of years and we are well positioned to continue with the programme in 2013, the detail of which is outlined in the section on Services for Older People.

Community Demand Led Schemes

Community Demand Led Schemes is a nationally managed scheme which provides the funding for medical card and GP visit cards. The gross 2013 provision for Community Schemes is €2,562m. Based on the Estimate, a reduction in expenditure of €323m is required against the projection in 2013. The plan provides for up to an additional 100,000 medical and up to an additional 130,000 GP visit cards in 2013. At the same time, policy changes will lead to a reduction of approximately 40,000 medical cards as a result of changes to income calculations including those of over 70's.

The HSE Board has made a decision to introduce additional cost reductions in PCRS beyond those specified in the Estimate. In so doing the HSE will seek €60m of further target reductions in expenditure through a range of efficiency measures. The total reduction required in 2013 is therefore €383m. By pursuing this course of action, the HSE will be able to allocate more realistic budgets to frontline services as referenced in recent reports.

The key risks facing the HSE in terms of delivering the 2013 budget for PCRS are the full achievement of the targeted reductions of €383m, the number of medical cards issued and the volume of items prescribed, living within the provision for new drug spend (€70m), the delivery of the quality prescribing initiative and delivery of the clinical, regulatory and legislative requirements associated with the savings target.

Demographic Funding

At a national level a €90m allocation has been received in respect of demographic pressures experienced by health services. This will be applied against a range of cost pressures identified details of which are contained in Appendix 1. Not all of this funding has yet been allocated to regional level, however indicative funding has been identified as follows:

Community

- Funding has been provided nationally for Diabetic Retinopathy screening & treatment as a result of which it would be possible to commence the programme across HSE South in 2013 with treatment being delivered in CUH and Waterford as required.
- Funding nationally of €1.9m has been provided to support the audiology services and HSE South will receive an allocation following consultation process at National level.
- GP Training scheme, Immunisation, and Mother & Infant Scheme - funding in the order of €13m, €6.5m and €4.94m respectively in the above schemes has been provided nationally. While the national allocations have not yet been distributed this funding is being provided to address long-term deficits in the regions across these schemes and it is anticipated that the HSE South allocation will ensure that the existing deficits are addressed and has the positive benefit of ensuring that no additional cost reduction measures are now necessary to deal with these historical deficits.
- Disability – School Leavers – During 2012 the HSE South in collaboration with the Voluntary agencies put arrangements in place from existing resources to secure places for 308 young people leaving school and rehabilitative training. We can expect similar demand in 2013 and to support this requirement €4m funding has been provided nationally from which it is estimated that the allocation to the HSE South will be in the order of €1m.
- Additional funding of €0.250m has been provided for enzyme replacement therapy in the Cork area

Pre Hospital Emergency Care & Retrieval

A total of €12.19m funding has been provided nationally to address key requirements in respect of ambulance control centre, ambulance services, aero-medical services and paediatric retrieval. This allocation as well as addressing key national priorities as outlined in the Service Plan, will also support the development of pre-hospital care in the HSE South, in line with agreed plans relating to the reorganisation and development of hospital services.

Hospitals & Other Services

Under this heading targeted additional funding in the order of €10.54m to support a number of hospitals whose bed capacity has been identified by the National Clinical Programmes as less than optimum to meet the current demand even when the Clinical Programmes have been fully implemented. The funding will support the provision of 137 additional medical beds in specific sites around the country in the early part of 2013. As part of a comprehensive plan to continue the performance improvement arrangements in our hospitals, which has been supported by the SDU. Of this a total of 68 has been approved for Hospitals across the HSE South, which is a significant

recognition of the significant work undertaken in implementing the Acute Medicine, Surgical & ED Programmes across the system. This allocation will enable the following beds to be provided:

- CUH – Funding for 32 beds in 2013, which will enable the opening of 46 medical beds on a full year basis in 2013
- MUH – The provision of 10 additional medical beds in 2013
- SLK – 11 additional medical beds in 2013
- STGH – 5 additional short-term medical beds in 2013
- WGH – 10 additional short-stay surgical beds which will support the hospital in meeting both its medical & surgical targets

Oncology Drugs

Additional funding in the order of €10m has been approved Nationally which will relieve pressure on hospitals across the country including the HSE South

Primary Care Additional Expenditure

Nationally, €20m has been allocated to support the recruitment of prioritised front line PCT posts and to further develop Community Intervention Teams. Of the additional €20m identified, HSE South will be provided with resources in the order of €3.3m to support the next phase of our programme including the appointment of in the order of 48 additional staff. This resource will be utilised to implement the 2013 key national priorities which will involve significant enhancement of services across all 4 areas in HSE South (See appendix 2)

This includes the implementation of the National Diabetes Integrated Care Package, which includes the appointment of 4 Diabetes Nurse Specialists in HSE South.

Mental Health Additional Expenditure

An additional €35m has been provided nationally in 2013 and a national allocation process is currently ongoing. It is anticipated that HSE South will be provided with resources in the order of €8.5m to support the next phase of our programme including the appointment in the order of 120 additional staff. This resource will be utilised to implement the 2013 key national priorities which will involve significant enhancement of services across all 4 areas in HSE South and to maintain the significant change programme already undertaken in HSE South, particularly in the Carlow/Kilkenny & South Tipperary and Waterford/Wexford areas. (See Appendix 3)

Table 8 – Analysis of 2012 / 2013 Budgets

Hospital / Care Group	2012 Budget €m	2013 Budget €m
Cork University Hospital Group (inc MGH & CUMH)	255.466	269.281
Bantry General Hospital	16.713	16.966
Mercy University Hospital	54.229	55.421
South Infirmary Victoria University Hospital	43.338	43.905
Kerry General Hospital	65.978	68.097
Waterford Regional Hospital	132.599	132.939
Wexford General Hospital	45.820	47.792
St. Luke's General Hospital (incl. Kilcreene Hospital)	52.809	54.875
South Tipperary Hospital	43.013	45.532
Social Inclusion Services	18.039	17.916
Primary Care	113.527	109.105
Palliative Care	7.381	7.364
Mental Health Services	175.945	180.046
Older People Services	211.635	226.528
Disability Services	308.500	301.780
Regional / Corporate Services	89.982	48.822
Total South	1,634.974	1,626.369

Human Resources

The challenge for the health service in 2013 is to achieve the overall end of year reduction in staff numbers in a managed way, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed. In addition to reductions resulting from normal staff turnover, it is expected that the Government will set out a number of other mechanisms which can be used in a targeted way to contribute to the achievement of the necessary overall reduction, such as a targeted voluntary redundancy programme across the public sector.

Robust and responsive employment control, with accountability at regional and service manager level, continues to be a key driver for 2013. An indicative national employment control ceiling was set out in NSP2013. Once notification of the final Employment Control Framework (ECF) for 2013 is received, refinement of the ECF budgets and associated ceilings will be undertaken to ensure there is clarity on the level of reduction to be achieved in the course of the year. Any adjustments to these ceilings will be made only to take account of specific service development needs and in the context of the overall employment target being achieved.

The National Service Plan provides the overall framework, with a direct cut of 3,420wte by the end of 2013 and in order to facilitate the filling of development posts (both national and regional), HSE South will have to drop employment levels from the end of December 2012 by the order of 800wte to achieve this.

This reduction is significant and of a scale to that already achieved in the previous three years, but cannot be achieved solely on natural turnover and retirements

In the HSE South

- 3,088 staff reduction since 2007 peak (12%)
- 1,839 less staff at end 2012 than start of 2011
- 812 left in 2012 (including Grace period retirements)

Targeted exit schemes will be required to supplement retirements and resignations to meet end of year employment levels and payroll reductions. Such targeting has to focus on any duplication of services, inefficiencies, consolidation and development of shared services and any dividends from new structures, as well as possible increased working hours, which in turn may allow for a broader access to exit schemes, where service capacity is increased as a result.

Our assessment of the level of normal retirements and resignations for 2013 is in the order of 389wte, however in view of the significant reductions experienced in recent years, the level of replacement of critical frontline posts will need to be higher than in previous years, in order to maintain services to the same level as 2012.

Each hospital and community service area will have to manage this very closely in 2013.

Care Group	Net Leaver 2013
Acute Hospitals	52
Disability Services	21
Mental Health Services	67
Older People Services	37
Primary Care Services	7
ISD Net Leavers	182

Accordingly the workforce will have to continue to undergo major overhaul, downsizing and must be reconfigured to deliver more for less in terms of employment levels and costs in the course of this service plan. The primary focus has to remain on redeployment, restructuring and reorganisation of the current workforce to deliver services within the budgetary and workforce constraints.

Employment Ceiling Allocation

Ceiling End 2012	Moratorium Cut	NSP 2013 Top Slice*	NSP 2012 Mental Health Developments	Ceiling End 2013 Estimated
20,578	(692)	(196)	105	19,795

'* The top slice of ceiling is to allow scope to put in place 2013 National Priority Development posts including Primary Care & Mental Health
The ceiling above excludes Non-RDO posts (Corporate, National, Ambulance etc)
The provisional allocation of the ceilings to the services excludes the NSP Top Slice, NSP 2012 MH and Regional Priorities

In establishing ceilings it is essential that they are considered in conjunction with and in the context of the following:

- Alignment with financial budgets (additional resources to hospitals) and service levels
- The moratorium financial targets
- The provision of ceilings for NSP posts including Primary Care, Mental Health and Acute Hospital beds
- Key Regional service plan priorities
- Routine agreed adjustments throughout the year

Recruitment

Employment Control Framework (ECF) 2013 requires the health sector to maintain the general moratorium on recruitment and promotion in place since 2009. Maintaining staffing levels in compliance with the Employment Control Framework is also subject to financial affordability. This requires robust employment control with accountability from all Service Managers.

Recruitment will be confined to new service developments and the filling of vacancies by exception.

The scale of new service developments is significantly up on recent years. All recruitment decisions to fill vacancies will be by exception and will be subject to rigorous assessment, control and compliance requirements and will be devolved from the National Control Process to Regions/Hospital Groups/Directors and below, where appropriate and tenable, to allow for employment decisions being delegated as close as possible to the point of service.

All recruitment will be delivered through the National Recruitment Services (NRS) or under licence from NRS.

Overtime and Agency

A focus must be maintained on both the volume and cost of overtime and/or agency throughout 2013. Reduced spend on overtime and agency will be critical in delivering overall pay reductions necessary in 2013. Service units will be required to strictly adhere to allocated budgets for overtime and agency. Use of overtime and/or agency will not be used to fill any posts due to retirements or resignations or in respect of staff exiting through incentivised exit schemes. Any measures to offset reliance on agency and/or overtime through additional recruitment must comply with the rule-set pertaining to decisions to recruit by exception.

Absence Management

The national target remains at 3.5%. Management and staff will continue to focus on all measures to enhance the health sector's capacity to address and manage absenteeism levels more effectively. HR will continue to support Line Managers in managing attendance and support staff to regain fitness to work and resume work in a positive and supporting environment.

Public Service Reform through full utilisation of Public Service Agreement

The Public Sector Agreement (PSA) continues to provide the framework to deliver the change agenda for 2013 and is a key enabler to the levels of change required again in 2013 to achieve payroll savings, increase efficiencies and productivity, whilst delivering a quality service and ensuring compliance within the Employment Control Framework. A range of measures are set out in Appendix 6.

Key HR Priorities in 2013 will be:

- The continuous review of staffing levels and rosters
- Maximize redeployment of staff to areas to reduce Agency and Overtime
- Development of hospital clusters for community hospitals
- Focus on Absenteeism and target key areas with Top 5 Approach
- Maximize potential for synergies across emerging hospital groups
- Recruitment activity and priorities arising from the NSP 2013
- Individual and team-based Performance Management System and roll-out of Succession Management Programme
- Support the services in the implementation of the change programme and on-going reconfiguration process through a consultative process
- Managing the reduction in the workforce in 2013

HSE SOUTH SCORECARD 2013

National Performance Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Emergency Care % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	Quality, Access and Activity	Health Protection % of children 24 months of age who have received three doses of 6 in 1 vaccine	95%
			% of children 24 months of age who have received the MMR vaccine	95%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%		% of first year girls who have received the third dose of HPV vaccine by August 2013	80%
Elective Waiting Time No. of adults waiting more than 8 months for an elective procedure	0		Child Health % of new born babies visited by a PHN within 48 hours of hospital discharge	95%
No. of children waiting more than 20 weeks for an elective procedure	0		% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	95%
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0		Child Protection and Welfare Services % of children in care who have an allocated social worker at the end of the reporting period	100%
No. of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	0		% of children in care who currently have a written care plan, as defined by *Child Care Regulations 1995*, at the end of the reporting period	100%
Outpatients No. of people waiting longer than 52 weeks for OPD appointment	0		Primary Care No. of PCTs implementing the national Integrated Care Package for Diabetes	12
Day of Procedure Admission % of elective inpatients who had principal procedure conducted on day of admission	75%		No. of primary care physiotherapy patients seen for a first time assessment	41,253
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%		Child and Adolescent Mental Health % on waiting list for first appointment waiting > 12 months	0%
Re-Admission Rates % of surgical re-admissions to the same hospital within 30 days of discharge	< 3%		Adult Acute Mental Health Services Inpatient Units No. of admissions to adult acute inpatient units	3,980
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%		Disability Services Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	362,203
Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%		No. of persons with ID and / or autism benefitting from residential services	2,025
Stroke Care % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%		Older People Services No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period	22,761 National target
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%		No. of persons in receipt of a Home Care Package	2,425
ALOS Medical patient average length of stay	5.8		No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	3.62m
Surgical patient average length of stay	4.5% reduction		% of elder abuse referrals receiving first response from senior case workers within 4 weeks	100%
HCAI Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.060		Palliative Care % of specialist inpatient beds provided within 7 days	100%
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5		% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	82%
Cancer Services% of breast cancer service attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(% offered an appointment that falls within 2 weeks)*	95%		Social Inclusion % of individual service users admitted to residential homeless services who have medical cards.	>75%
% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral	95%		Finance Variance against Budget: Income and Expenditure	≤ 0%
% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	90%		Variance against Budget: Income Collection / Pay / Non Pay/ Revenue and Capital Vote	≤ 0%
Emergency Response Times % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 70%		Human Resources Absenteeism rates	3.5%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 68%		Variance from approved WTE ceiling	≤ 0%

* National Target

QUALITY AND PATIENT SAFETY

Introduction

At a time of significant economic constraint it is of critical importance that the HSE renews its focus on the quality and safety of care provided to people who access our services. A critical principle is that quality and patient safety is the responsibility of everyone who comes to work for the HSE every day. We must do our job and we must strive to improve what we do constantly. We are committed to building the capacity of key leaders across our healthcare system through the Diploma in Leadership in Quality Improvement and the associated site specific training so that quality improvement is embedded throughout the delivery system.

We are focused on the development and implementation of safe quality healthcare, where all service users attending our services receive high quality care and treatment at all times, are treated as individuals with respect and dignity, are involved in decisions about their own care, have their individual needs taken into account, are kept fully informed, have their concerns addressed, and are treated / cared for in a safe environment based on best international practice. The Regional Quality and Patient Safety Office will continue to support the work of the Quality and Patient Safety Directorate and DoH in setting up a Patient Safety Agency.

Our patient charter, *You and Your Health Service,* is an indication of our commitment to inform and empower service users to actively look after their own health, and to influence the quality of healthcare in Ireland.

In June 2012, the *National Standards for Safer Better Healthcare* were launched. Standards help to set public, provider and professional expectations and enable everyone involved in healthcare to play a vital part in safeguarding patients, and deliver continuous improvement in the quality of care provided. We will continue to work with service providers within the HSE South to support their progress in implementing the national standards and improving their performance against standards. We will continue to work with HIQA, the Mental Health Commission (MHC) and other regulatory bodies and all our partners to support frontline services to drive quality improvement and ensuring that the overall burden of regulation and standards are managed in a coherent fashion. The Quality and Patient Safety Directorate will seek assurance that standards and recommended policies / guidelines developed by the HSE are implemented. We are focussing on achieving the above standards in an environment that is safe for our staff.

The Quality and Patient Safety Directorate will continue to work with the DoH on approving national clinical guidelines through the National Clinical Effectiveness Committee. To support the services, at this time of significant change in structures and practices within the organisation, the work on implementing best practice clinical governance across all services in the HSE South will continue in 2013. This will embed structures and processes that guarantee leadership at all levels of the organisation in progressing quality and patient safety and is accountable for it. The Quality and Patient Safety Directorate is committed to continuing stakeholder engagement through the Regional Quality and Patient Safety Department.

Our Priorities for 2013

- Build leadership capacity for quality improvement in the healthcare system throughout the HSE South.
- Develop a strong system of integrated corporate and clinical governance, including a programme to support Clinical Directors to achieve maximum effectiveness in their roles.
- Support implementation of the National Standards for Safer Better Healthcare within the HSE South community and acute services.
- Strengthen patient and service user input and advocacy through Quality and Patient Safety Audits.
- Report on National Clinical Audits in the areas of Surgical Mortality, Intensive Care Units (ICU) and establishing an Orthopaedic Joint Registry.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
- Monitor and analyse data to provide intelligence to support the quality improvement process, learning, and provide evidence based information to aid decision making for services.
- Improve prevention, control, and management of healthcare associated infections (HCAI) and improve antimicrobial stewardship within the HSE South community and acute services.
- Develop and implement a framework for Quality and Safety to cover all stages of the chain from Organ Donation to Transplantation (EU Directive August 2012).
- The HSE South will continue to support the development of a quality paediatric service.

Key Result Areas

Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		
Priority Area	**Action 2013**	**Completion Quarter**
Capacity Building for Quality Improvement	Support the development of expertise in patient safety and quality improvement in a cohort of frontline healthcare professionals and staff through the delivery of a series of training programmes on quality improvements and patient safety throughout the HSE South	Q1 - 4
	⌐ Roll out patient safety initiatives and establish supportive collaboratives within the HSE South to include: – Safe Site Surgery – Line Infections – Pressure Ulcers	Q1 - 4
Quality and Safety Clinical Governance Development	Support the continuous development of clinical governance accountability arrangements within the HSE South through the QPS clinical governance development initiative. HSE South Priorities:	Q3-4
	⌐ Build clinical leadership capacity ⌐ Develop cultures supportive of clinical governance ⌐ Focus on systems and methodologies for clinical governance	Q3-4 Q3-4 Q3-4
	Support pilot sites within the HSE South to further strengthen their clinical governance arrangements – Cork University Hospital and Wexford General Hospital	Q2-4
	Support identified services in creating a culture where quality and safety is everybody's primary goal	Q2-4
	Map the quality and safety (clinical governance) committees across the HSE South to establish where clinical and social care actions are aligned within a clinical governance system and where developments are required	Q4
	Support the Clinical Directors Programme ⌐ Support the establishment of clinical directorates with authority and accountability within the HSE South	Q4
Supporting implementation of the National Standards for Safer Better Healthcare within acute and Primary Care Services	Collaborate with the National QPS Directorate to develop the Quality and Performance Improvement Tool to support assessment against the National Standards	Q1-4
	⌐ Support and guide local sites through the HSE South National Standards Implementation Group ⌐ Support the development of an implementation plan for the Quality and Performance Improvement Tool ⌐ Support the development and implementation of an ICT Quality and Performance Improvement Tool to support assessment against the National Standards	Q1-4 Q1-3 Q1-3
	Support implementation and guidance on: ⌐ Healthcare Records Management ⌐ National Consent Policy	Q4 Q4
	⌐ *Integrated Care: A Practical Guide to Discharge and Transfer from Hospital*	Q4
	Establish a Regional Medication Safety Committee Support the standardised inpatient Medication Prescription and Administration Record (MPAR) project	Q4 Q4
	Regional MDEMC established to support the Decontamination of Reusable Invasive Medical Devices and self assessment process.	Ongoing
Patient Radiation Protection Regulatory Requirements	Ensure patients are adequately protected from unnecessary harmful effects of ionising radiation through issuing of national guidelines, external clinical audit, monitoring of incidents, and liaising with other regulatory bodies	Ongoing
Advocacy and Service User Involvement	Work in collaboration with the network of Patient Safety Champions. ⌐ Progress service user involvement within HSE South services through the Quality and Risk Managers forum	Q1-4 Q1-4
	The National Healthcare Charter, You and Your Health Service ⌐ Design service specific patient surveys to measure patient experience based on principles outlined in charter	Q4
	⌐ Support services with the development of implementation plans for the National Healthcare Charter and related projects ⌐ Disseminate *It's Safer to Ask* booklet ⌐ Roll out open disclosure policy to acute hospitals ⌐ Issue national guidelines on patient feedback following a review of Your Service Your Say, incorporating guidelines for dealing with unreasonable complainant behaviour to HSE South Services	Q4 Q2 Q3 Q2 Q1-Q4 Q4
National Office for Clinical Audit	⌐ Support the implementation of the Irish Audit of Surgical Mortality (IASM) within the HSE South	Q2
	⌐ Support the implementation of the Irish National Orthopaedic Registry (INOR) within HSE South	Q2
Quality and Patient Safety Audit	Identify within the HSE South quality and patient safety audit topics for inclusion in the healthcare audit programme.	Q4.

Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		
Priority Area	Action 2013	Completion Quarter
	Commence a cycle of re-audit and audit of QPSA report recommendations, to promote a culture of accountability and best practice through the Quality and Risk Managers Forum	Q.4.
	Increase service user involvement, employing best practice processes to incorporate patient/client input into Quality and Patient Safety Audits.	Q.4
Risk and Incident Management	Roll out of the updated incident management policy, guidelines and complaints management : ⌐ Training on Risk assessment and maintaining a Risk Register ⌐ Incident management training ⌐ Systems Analysis training Area QPS Committees to send bimonthly risk register reports to Regional QPS Committee for assurance, analysis, audit and shared learning.	Ongoing Ongoing Ongoing Ongoing Ongoing
	Support quality initiatives arising from the HSE Achievement Awards	Ongoing
	Risk and incident management support provided to HSE South Areas: ⌐ Standards for regional risk structure and processes, with ICT support to include the progression of the IIMS module of the QPS to the point of incident occurrence at hospital and primary care sites. ⌐ Including the capability to facilitate mandatory incident reporting to external agencies; and capability for support and quality assure incident management work	 Q1-3 Q1-3
	Quality assure HSE South risk and incident management	Q1-4
	Share learning from risk and incident management through the Quality and Risk Managers Forum	Q1-4
Quality Measurement, Health Intelligence and Learning	Support the development of a suite of internationally recognised quality and patient safety indicators, as agreed at the National Quality and Patient Safety Indicator Steering Committee and in collaboration with the care groups / programmes, for formal reporting in 2014 NSP	Q1-Q4
	Support the development of indicators in regard to the number of agencies who have established Quality and Safety Committees, and also Board and Executive Management Teams that have standing agenda items regarding quality and safety, including review of indicators outlined in the NSP, incidents and risks	Q1-Q4
	Participate as required with the identification of KPI's currently measured in the HSE South region.	Q1-Q4
	Support the testing and piloting of nursing and midwifery indicators in regard to measures for patient falls and pressure ulcers	Q2-Q4
	Support the progress of incorporating QPS indicators within the national performance management dashboard (CompStat)	Q2-Q4
	Support the Patient Safety Culture Survey process in acute hospitals and agree roll out to other health service areas with the National QPS Directorate	Q1-Q4
	Support the development of a quality profile to inform and assist QPS in engagement with service providers	Q1-Q4
Healthcare Associated Infections	<u>Improve hand hygiene of healthcare staff and the general public</u> ⌐ Achieve a 90% compliance with hand hygiene in hospital settings by 2013 ⌐ Continue to roll-out hand hygiene lead auditor training in hospitals and long term care facilities ⌐ Improve staff awareness on importance of hand hygiene ⌐ Roll-out hand hygiene e-learning module for staff regionally ⌐ Support the development of the hand hygiene e-learning tool for community ⌐ Support the implementation of a HCAI Quality Dashboard for acute hospitals. ⌐ Map accountability arrangements for HCAI in the region. Support the national QPS Directorate to develop, implement and monitor a standardised surveillance report in relation to hospital antimicrobial consumption. <u>Prevent medical device related infections (such as IV lines and urinary catheters)</u> ⌐ Ascertain level of implementation in the region with care bundles (peripheral line and urinary catheter) ⌐ Increase level of implementation of care bundles by 50%	Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1 Q1-4 Q1-4 Q1-4
Stakeholder Engagement	Improve communications, engagement and working arrangements with all stakeholders internal and external.	Q1-4
	Regular formal engagement with the regulatory bodies.	Q1-4.
National Organ Donation and Transplantation Office	Support the implementation of the EU directive for donation and transplantation services in Ireland as required by the national QPS Directorate	Ongoing
Paediatrics	Support the implementation of 'Improving Services for General Paediatric Surgery' policy and standards of care as required by the National QPS Directorate	Q4

HSE South Scorecard 2013 (NB: PIs with QPS governance for reporting only shown here to avoid duplication in the NSP and therefore does not represent the totality of the whole organisation's commitment to quality which is demonstrated through the various national care groups scorecards)

Quality and Patient Safety Directorate				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Quality and Patient Safety Audit Service (QPSAS) No. of QPSAS audits commenced as specified in annual QPSAS strategic plan	24	Quality, Access and Activity	HCAI Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.060
No. of QPSAS audits completed within the timelines agreed in approved QPSAS audit plans	20		Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5
% of QPSAS audits incorporating structured service user involvement	50%		Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	83.7
Complaints % of complaints investigated within legislative time frame	75%		Alcohol Hand Rub consumption (litres per 1,000 bed days used)	25
			% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	90%
			Healthcare Associated Infection: Antibiotic Consumption Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	23

* National Target

SERVICE DELIVERY IN 2013

HEALTH AND WELLBEING

Introduction

The *Programme for Government* set out its vision with regard to the health and wellbeing of the population of Ireland, which is a population protected from public health threats, living in a healthier and more sustainable environment with increased social and economic productivity and greater social inclusion.

In response, a public health policy *Your Health is Your Wealth: A Policy Framework for a Healthier Ireland: 2012-2020* was developed by the DoH, following extensive internal and external public consultation. The policy aims to improve the health of the population and reduce health inequalities by addressing the causes of preventable illnesses. It also aims to create an environment where every sector of society can play its part.

In addition, it is also widely recognised that promoting, protecting, and improving health and reducing health inequalities are economically more prudent than treating acute illness in hospital and the more costly long term chronic diseases. Many diseases and premature deaths are preventable and are strongly related to lifestyle health determinants such as smoking, alcohol consumption and drug consumption, physical inactivity, and obesity. The Government is seeking to prioritise action on reducing overweight / obesity and its ill-health burden.

Many factors besides lifestyle choices also influence health, such as sanitation, access to healthcare, educational attainment, level of income and the environment. There is also a clear relationship between socio-economic status and health. We must ensure that we focus on minimising the gap in socio-economic variations and ensuring that disadvantaged groups get the help and support they need to ensure that everyone in society has an equal chance to achieve his or her health potential.

We also need to support a healthier environment for people to live and work in by enforcing legislation and the promotion of activities to assess, correct, control, and prevent those factors in the environment which can potentially adversely affect the health of the population. With reduced resources we need to prioritise service provision. Additional funding of €0.7m has been allocated in 2013 to maximise the number of public water supplies being fluoridated.

Immunisation is well recognised as one of the most cost effective public health interventions in reducing deaths and illness from vaccine preventable diseases. In recent years there have been considerable enhancements to the universal childhood and schools immunisation programmes and together with a number of successful catch up campaigns, these have resulted in significant decreases in morbidity and mortality. We must ensure high vaccine uptakes of all universal and targeted HSE immunisation programmes to maximise their benefit to the health of the population.

It is essential that the health service, government, local government, the voluntary sector, communities and individuals work together to ensure the Irish population experiences the best of health. Under the health reform programme, the Minister announced wide sweeping structural and organisational changes in the delivery of health and personal social services. This includes establishing a Health and Wellbeing Directorate, with strong and accountable leadership. This Directorate will also work with the DoH in establishing a Health and Wellbeing Agency in 2015.

2013 National Key Priorities

HSE South will support and implement the 2013 Key Priorities as outlined in the National Operation Plan 2013 under the following headings:

- Health Promotion
- Crisis Pregnancy
- Child Health
- Health Protection
- Environmental Health
- Emergency Management
- Tobacco Control
- Deliver a national model for smoking cessation services.

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within our services. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Support roll out of “Safer Better Healthcare Standards” in our services

- Improve Hand Hygiene by healthcare staff and public accessing our services.
  - Continue to rollout hand hygiene training in our services

2013 Actions

HSE South will support and implement the relevant Health & Wellbeing national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISAs in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Performance Improvement – *Actions to Achieve regional and local priorities are summarised below*		Completion Quarter
Health Promotion Strategic Framework	Health Promotion Cross Setting Strategy and Policy Development - Develop and deliver training to build the capacity of health and other sectors (education, local authority, community and voluntary) to promote health	Q4
	Breastfeeding - Provide 4 training sessions per ISA based on FSAI Infant Feeding policy	Q4
	Prevent Overweight and Obesity - Implement agreed priorities from National Physical Activity plan (when published) in consultation with national project manager	Q4
	- Support 9 existing GP Exercise Referral centres, and establish 8 additional centres across the region	Q4
	- Training of 10 PCT's in use of the HSE / ICGP weight management algorithm per ISA	Q4
	- Provide local support to national social marketing campaigns for nutrition and exercise	Q4
	Positive Mental Health - Support local implementation of national priorities, when identified	Q4
	Alcohol - Develop local actions in line with national priorities in National Substance Misuse Strategy – awaiting publication of NSMS	Q4
	Health Promoting Community Setting - 5 Primary Care Teams will be supported to undertake community participation, community health needs assessment, and health equity audit, subject to outcome of review of existing pilots	Q4
	- Development of City Health plans for Waterford and Cork Healthy Cities	Q4
	Health Promoting Health Service Setting - Pilot 4 multi-topic / generic Brief Interventions courses in line with agreed national standards for Brief Interventions when published	Q4
	Health Promoting Education Setting - 15 additional schools will be engaged in the HPS process in Carlow/Kilkenny & South Tipperary and Waterford / Wexford areas	Q4
	- 120 schools in Cork / Kerry will be supported in line with national HPS model	Q4
Women's Health, Men's Health	- Provide local support for national men's health priorities when identified	Q4
Health Inequalities	- Train all HP staff in the agreed national Health Inequalities course	Q4
	- Undertake Health Equity Audit of clinical nutrition and Smoking Cessation Services	Q4
	- Review HPS programme in HSE South to ensure health inequalities are being addressed	Q4
National Immunisation, Infectious Diseases and Child Health	Health Protection - Agree local actions in line with national Sexual Health Promotion plan when published	Q4
	- Deliver 4 courses in the Foundation Programme in Sexual Health Promotion	Q4
	Child Health - 16 sessions will be provided to PHN' s (120) in use of WHO Growth Chart	Q4
Tobacco Control	- Roll out standardised national model for smoking cessation service locally, when agreed	Q4
	- Deliver accredited training in brief intervention for smoking cessation to 250 frontline staff	Q4
	- Extend national roll out of tobacco free campus policy to all hospitals, all newly opened primary care site and 35% of existing sites, all administration sites	Q4
	- Provide local support to National Quit Campaign	Q4

HSE South Scorecard 2013

Health and Wellbeing Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Immunisations and Vaccines % children aged 12 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	95%	Quality, Access and Activity	% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%
% children at 12 months of age who have received 2 doses of the Pneumococcal Conjugate vaccine (PCV2)	95%		Tobacco Control % hospital campuses with tobacco-free policy	100%
% children at 12 months of age who have received 2 doses of the Meningococcal group C vaccine ($MenC_2$)	95%		No. and % of smokers on cessation programme who were quit at one month	New PI
% children aged 24 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	95%		No. of smokers who received intensive cessation support from a cessation counsellor	9,000*
			No. of frontline healthcare staff trained in brief intervention smoking cessation	250
			No. of sales to minors test purchases carried out	320*
% children aged 24 months who have received 3 doses Meningococcal C ($MenC_3$) vaccine	95%		Food Safety % of Category 1, 2 and 3 food businesses receiving minimum inspection frequency as per FSAI Guidance Note Number 1	100%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%		Cosmetic Product Safety No. of scheduled chemical samples taken	540*
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine	95%		International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the IHR 2005	8*
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%		Health Inequalities No. of PCTs who have completed, at a minimum, Step 1 of a Community Health Needs Assessment	5 (21*)
% children aged 4-5 years who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%		No. of hospitals who have completed, at a minimum, Stage 1 of the 6 stage Health Equity Audit	6*
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%		Finance Variance against Budget: Income and Expenditure	≤ 0%
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Accelular Pertussis (Tdap) vaccine	95%		Variance against Budget: Income Collection	≤ 0%
No. and % of first year girls who have received third dose of HPV vaccine by August 2013	80%		Variance against Budget: Pay	≤ 0%
No. and % of sixth year girls who have received third dose of HPV vaccine by August 2013	80%		Variance against Budget: Non Pay	≤ 0%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	100%		Variance against Budget: Revenue and Capital Vote	≤ 0%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%		Human Resources Absenteeism rates	3.5%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%		Variance from approved WTE ceiling	≤ 0%

*National target

SOCIAL INCLUSION SERVICES

Social Inclusion Services

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	12.226	12.114	0.351	68.43	66.73	(1.70)
Kerry	0.209	0.207	0.002	1.19	1.15	(0.04)
Waterford & Wexford	3.925	3.923	0.023	17.28	16.60	(0.68)
Carlow / Kilkenny & South Tipperary	1.679	1.672	0.012	6.52	6.17	(0.35)
Total	**18.039**	**17.916**	**0.388**	**93.42**	**90.65**	**(2.77)**

Introduction

Social Inclusion Services in the HSE have a remit for a range of issues and vulnerable groups, including addiction, alcohol, homelessness, intercultural health (including asylum seekers, refugees, migrants), Irish Travellers and Roma, LGBT (Lesbian, Gay, Bisexual and Transgender) and HIV / AIDS, together with such elements as community development, gender based violence, and RAPID / CLÁR initiatives.

Social inclusion is synonymous with tackling poverty and social exclusion. Poverty and social exclusion have a direct impact on the health and well being of the population. The overarching aim of social inclusion in a health context is to improve access to mainstream and targeted health services for people from disadvantaged groups, reduce inequalities in health and enhance the participation and involvement of socially excluded groups and communities in the planning, design, delivery, monitoring and evaluation of health services.

This is achieved by providing specific targeted services for people who may experience social exclusion, supporting enhanced responsiveness of mainstream services and facilitating partnership and inter-sectoral working wherever possible.

Social inclusion actions in the HSE are underpinned by a sociodeterminant approach to health. Social inclusion services are unique within the HSE in that while some services are provided directly, most are delivered through funding to non-governmental organisations within the community and voluntary sector. The cross cutting nature of social inclusion demands collaboration across a range of statutory agencies, as well as close co-operation with an extensive range of agencies in the community and voluntary sector.

The pressures associated with the current climate exert a disproportionate effect on vulnerable groups. The impact of the recession has led to continuously increasing demand for social inclusion services. This poses significant challenges for supporting an integrated approach to meeting the complex health and support needs of service users of this cohort.

The national Social Inclusion Governance Group ensures appropriate arrangements are in place to co-ordinate, support and monitor best practice in developing and implementing all aspects of the social inclusion agenda.

The intra and interagency approach of social inclusion means it is well placed to continue effectively addressing a range of priority actions within proposed new structures in 2013.

Additional investment in 2013

In 2013 HSE South has committed an investment of an additional €1.8m per annum permanent funding for Addiction Services across the South following the conclusion of the successful pilot phase of a series of initiatives. This funding will provide the following:

- Mainstreamed funding for the new methadone clinics that were established in Wexford town, Waterford city, Kilkenny, Cork city and Tralee. The Waterford service has increased by 400% over the last two years from providing treatment to 20 individuals to over 80 individuals. A new service is being developed in South Tipperary.
- Mainstreamed funding for 10 Addiction Counsellors and 1,000 additional counselling hours.
- Mainstreamed funding for 8 Adult Residential Detoxification beds, and 4 Adolescent Residential Detoxification beds in the Voluntary Sector

Through the pilot phase of these initiatives waiting lists have been eliminated in various parts of the region, additional clinics and detoxification beds established and a start was made on implementing the Rehabilitation Strategy. Staff teams in Addiction Services were enhanced with additional staff providing multidisciplinary care planning. At the same time nearly twice the number of people accessed our services. As a result of the success of the pilot initiative, HSE South has prioritised the permanent funding of these initiatives from 2013 onwards. The ongoing investment in Drug and Alcohol Services has been critical to meet the complex needs of some of the most vulnerable people in our society.

Service Quantum

In 2013 HSE South will provide:

Drug and Alcohol Services

- 7,500 treatments for substance misuse.
- 22 community based detoxification beds
- 115 residential rehabilitation beds
- 28 step down beds

Homeless Services

South East

- 242 beds/units provided by 11 homeless service providers in South East. These are broken down as follows:
  - 122 beds/units in emergency/ accommodation
  - 50 beds/units in residential/transitional accommodation
  - 28 Women's Refuges and Women's Emergency
  - 42 beds/units in long term accommodation
    - 28 of the total beds/units are in women and women and children only facilities
    - 140 of the total are in men only facilities

South West

- 497 beds/units in 26 homeless facilities in South West. These are broken down follows:
  - 230 beds/units in Emergency hostels
  - 245 beds/units in residential/transitional accommodation
  - 22 beds/units in homeless service facilities providing specialist services (e.g. addiction recovery).
- 139 of total beds/units are in men only facilities
- 56 of total beds/units are in women/women & children only facilities/refuges

Traveller Services

- 2 Traveller Health Units.
- 12 Traveller Primary Healthcare Projects.
- 50 Traveller Community Health Workers
- 4 Traveller Men's Health Projects
- 5 Community Development Projects

2013 Key National Priorities

- Support addiction services through progressing implementation of the *National Drugs Strategy 2009-2016* actions on early intervention, treatment and rehabilitation.
- Implement recommendations of HSE *National Hepatitis C Strategy* in line with specified time frame and within existing resource constraints.
- Continue to implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners.
- Continue to implement identified outstanding recommendations of the *HSE National Intercultural Health Strategy 2007- 2012.*
- Address Traveller health issues in the context of the *All-Ireland Traveller Health Study*, with particular attention to priority areas of mental health, suicide, men's health, addiction / alcohol, domestic violence, cardiovascular health and diabetes.

2013 Regional Priorities

- Addiction Services - Progress implementation of the *National Drugs Strategy 2009-2016* in Addiction Services through actions on treatment, rehabilitation and prevention
- Traveller Health Services -Delivery of recommendations of All Ireland Traveller Health Study with particular reference to identified priority areas of mental health, suicide, men's health & cardiovascular health, etc
- Homeless Services- Development of a regional care and case management model.
- Intercultural Services- Implement recommendations on intercultural health from the *HSE National Intercultural Health Strategy 2007- 2012* to include ethnic identifier.
- Community Development- Update of HSE South Community Development plan.
- LGBT- Undertake review of HSE South Service Provision in this area.

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within our services. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all our services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Preparation for and implementing national HIQA standards for services.
  - Support roll out of "Safer Better Healthcare Standards" in our services
  - Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure all services have completed self assessment and developed action
- Develop a strong system of integrated corporate and clinical governance
  - Develop a strong system of integrated corporate and clinical governance, through the establishment of QPS Committees within all HSE Social Inclusion Services.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas

2013 Actions

HSE South will support and implement the relevant Social Inclusion national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISAs in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Cork & Kerry		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Addiction Services	Implement recommendations from HSE *Opioid Treatment Protocol*: ⌐ Addiction services in HSE South will continue to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services across Cork and Kerry and build on the work which has provided these opportunities to clients attending the services.	Q1-Q4
	National Overdose Prevention Strategy ⌐ In Cork and Kerry a number of initiatives will be rolled out including (a) an information programme (b) an audit of service users experiences and (c) training for front line staff. In HSE South Cork and Kerry the Rehabilitation Strategy pilot project will inform developments in this area	Q2 – Q4
	Needle Exchange Programmes: ⌐ In Cork and Kerry a strategy dealing with a range of issues arising as a result of the needle exchange programme will be developed.	Q1
Homelessness	Implement The Way Home – A Strategy to Address Adult Homelessness in Ireland in conjunction with other key partners:	Q1–Q4
	⌐ Support the rollout of the new Homeless IT System PASS in Cork & Kerry	Q1–Q4
	⌐ An audit of all tenancy sustainment services to be undertaken in Cork and Kerry	Q1–Q4
	⌐ Evaluate the West Cork Homeless/Mental Health Tenancy Outreach Project	Q1–Q4
Intercultural Health	⌐ Participate in the development of Cork City Integration Strategy	Q1–Q4
Traveller Health	Traveller Health ⌐ Development & implementation of Cardiovascular Initiatives and Cancer Screening Initiative in Cork & Kerry	Q1 – Q4
	⌐ Evaluate Traveller Mental Health Project and develop next stage action plan for Cork City.	Q1–Q4
	⌐ Support Health Impact Assessments & Accommodation Initiatives in Cork.	Q1–Q4
Enhancing Access to Services and Community Development	⌐ Development of community-based health initiatives on men's health, drugs & alcohol, respiratory health, domestic violence and diabetes in Cork & Kerry	Q1–Q4
	Review of HSE South Community Development services in light of development of C&F Agency.	Q2

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Efficiencies will be achieved in non-pay expenditure in core budgets and regional committee core budgets. In addition, there will be some reduction in voluntary agency funding. In some organisations the reduction will be absorbed through non-pay budgets. Where all of these options have been exhausted, agencies - in conjunction with HSE South - have prioritised services, clearly setting out the priorities for the region and identifying areas of cost reductions which minimise impact on the delivery of social inclusion service.	Q1–Q4
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1–Q4

Waterford & Wexford, Carlow / Kilkenny & South Tipperary		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Addiction Services	Implement recommendations from HSE *Opioid Treatment Protocol*: ⌐ Waterford/Wexford ISA – Pilot Nurse Prescribing in Waterford	Q1–Q4
	⌐ Expansion of methadone treatment in Waterford.	
	⌐ Development of Methadone Treatment in South Tipperary	Q2-Q4
	⌐ Expansion of satellite service in South Tipperary	Q2-Q4
	Implement *Report of the Working Group on Drugs Rehabilitation 2007* and *HSE National Drugs Rehabilitation Framework 2011 in partnership / via the National Drugs Rehabilitation Implementation Committee:* ⌐ Roll out of Community Reinforcement Approach for working with Adolescents	Q1-Q4
	⌐ Development of an Adolescent Drop In service in Wexford	Q1-Q4
	Prioritise and implement HSE actions in the Report of the Steering group on a *National Substance Misuse Strategy* ⌐ Roll out of alcohol screening and brief intervention training for Tier 1 Services across the South East ⌐ Support the roll out of the European alcohol in the workplace project in Waterford Regional Hospital	Q1 – Q4
	Needle Exchange Programmes: ⌐ Expansion of current fixed site needle exchanges	Q1
	⌐ Provision of needle exchange programme in South Tipperary/Carlow/Kilkenny	Q2
	⌐ Expansion of outreach services in Carlow/Kilkenny	Q3
Homelessness	Implement The Way Home – A Strategy to Address Adult Homelessness in Ireland in conjunction with other key partners: ⌐ Undertake a mapping and review of the current caring case management processes in each county in the South East	Q1–Q4
	⌐ Development of housing first pilot initiative in Waterford	Q2
	⌐ Directory of Homeless Services will be developed for the south east	Q1
	⌐ Healthy life skills initiatives will be provided in a number of homeless services in the South East	Q1–Q4
Traveller Health	⌐ Development of Strategic Planning Process for the Traveller Health Unit South East and redistribution of resources based on need and population Development of Logic Model Planning and Reporting System	Q1–Q4
	⌐ Implementation of Cardiovascular Initiatives and Cancer Screening Initiatives across the South East	Q2
	⌐ Completion and Launch of South Tipperary Traveller Health Needs Assessment	Q1–Q4
Enhancing Access to Services and Community Development	Review of HSE South Community Development services in light of development of C&F Agency.	Q2
	Implementation of the Gold Star Project in Tipperary Town and the Cashel Gold Star Project.	Q1–Q4
	Management of the GENIO Dementia Project (3 year project)	Q1–Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Efficiencies will be achieved in non-pay expenditure in core budgets and regional committee core budgets. In addition, there will be some reduction in voluntary agency funding. In some organisations the reduction will be absorbed through non-pay budgets. Where all of these options have been exhausted, agencies - in conjunction with HSE South - have prioritised services, clearly setting out the priorities for the region and identifying areas of cost reductions which minimise impact on the delivery of social inclusion service.	Q1–Q4
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1–Q4

HSE South Scorecard 2013

Social Inclusion Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Methadone Treatment No. of clients in methadone treatment (outside prisons)	450	Quality, Access and Activity	No. of pharmacy needle exchange packs provided	1,500 Q1 1,650 Q2 1,800 Q3 1,950 Q4*
No. of clients in methadone treatment (prisons)	500*			
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	New PI		Average no. of needle / syringe packs per person	90*
No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	550		No. and % of needle / syringe packs returned	600 Q1 (40%) 660 Q2 (40%) 720 Q3 (40%) 780 Q4 (40%)*
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	New PI			
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	40 100%		Traveller Health Screening No. of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through Traveller Health Units / Primary Care Projects	480
Homeless Services No. and % of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	693 > 75%			
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week	686 75%		Finance Variance against Budget: Income and Expenditure	≤ 0%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities who have a written care plan in place within two weeks	1,845 75%		Variance against Budget: Income Collection	≤ 0%
Needle Exchange No. of pharmacies recruited to provide Needle Exchange Programme	130		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
No. of unique individuals attending pharmacy needle exchange	200 Q1 250 Q2 300 Q3 400 Q4		Variance against Budget: Revenue and Capital Vote	≤ 0%
			Human Resources Absenteeism rates	3.5%
			Variance from approved WTE ceiling	≤ 0%

* National Target

PRIMARY CARE

Primary Care

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	55.306	53.769	0.870	596.66	568.56	(28.10)
Kerry	11.193	10.158	0.950	140.20	133.42	(6.78)
Waterford & Wexford	16.295	15.430	0.667	250.97	240.17	(10.80)
Carlow / Kilkenny & South Tipperary	27.823	26.876	0.721	294.60	280.15	(14.45)
Total	**110.617**	**106.233**	**3.208**	**1,282.43**	**1,222.30**	**(60.13)**

Introduction

Over the last number of years HSE South has been working to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting. This vision places the 133 Primary Care Teams (PCTs) in HSE South at the centre of service delivery. These teams provide services to their local communities, and, where necessary, facilitate access to specialist community and hospital based services. The PCTs are supported in their role by a wide range of services configured within 36 Health and Social Care Networks operating across the region.

Essential to delivery of the primary care vision is a whole population perspective whereby the overall health of the population served by the PCT influences the work of the team. PCTs in HSE South play a leading role in supporting people to live healthier lives through preventative programmes such as childhood immunisation and falls prevention, smoking cessation and weight management. Local Health Needs Assessments will continue to inform this work and ensure services are developed and delivered within a health equity framework.

Alongside health promotion and preventative measures, Chronic Disease Management Programmes will transition the management of a range of diseases such as diabetes, stroke, heart failure, asthma and COPD from the hospital to the community setting. As part of this transition, models of shared care will be developed which clearly identify, strengthen and simplify care pathways for service users. This transition and the development of the necessary models of shared care and care management protocols will be developed jointly with the national clinical programmes. The integration of care between primary care, disability, mental health, social inclusion and older person's services is a key priority. This work will be underpinned by the continued realignment, and where appropriate relocation of services, to promote integrated working, facilitate improved access and ensure maximum efficiencies in resource use. The opportunity to develop new Primary Care Centres across the region will be pursued during 2013 alongside the realisation of accommodation developments already in progress.

The primary care vision will be further advanced during 2013 by new policy direction for primary care as part of the wider health reform agenda. The Government is committed to introducing Universal Health Insurance which includes access to GP care without fees.

Nationally, €20m has been allocated to support the recruitment of prioritised front line PCT posts and to further develop Community Intervention Teams. Of the additional €20m identified, HSE South will be provided with resources in the order of €3.3m to support the next phase of our programme including the appointment of in the order of 48 additional staff. This resource will be utilised to implement the 2013 key national priorities which will involve significant enhancement of services across all 4 areas in HSE South (See appendix 2)

This includes the further development of Audiology Services and the implementation of the National Diabetes Integrated Care Package, which includes the appointment of 4 Diabetes Nurse Specialists in HSE South.

Service Quantum

In 2013 HSE South will:

- Provide 133 Primary Care Teams – including 13 new PCTs to be developed in 2013
  - 26 PCTs in Carlow / Kilkenny/ South Tipperary (22 currently operational, 4 to be developed in 2013)
  - 63 PCTs in Cork (59 operational, 4 to be developed in 2013)
  - 16 PCTs in Kerry (11 currently operational, 5 to be developed in 2013)
  - 28 PCTs in Waterford / Wexford (all operational)

2013 National Key Priorities

- Continue to develop and consolidate Primary Care Teams and Health and Social Care Networks.
- Continue the roll out of the National Diabetes Integrated Care Package.
- Define and develop guidelines / protocols between primary care in the context of emerging structures.
- Manage multidisciplinary complex care (including appropriate access to e.g. mental health, older people, disability, addiction services and vulnerable service users).
- Develop ICT electronic referral systems within and from primary care to acute sector.
- Deliver preventative, self-care and health promotion programmes.
- Roll out of Universal Newborn Hearing Screening.
- Improve oral health services by implementing strategic reviews on Primary Care Dental Services and completing independent reviews on secondary and tertiary oral health services.
- Develop high quality services, within current resources, for the most vulnerable care groups and reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.
- Reconfigure primary care HSE dental services to maximise efficiency and enable adherence of HIQA infection control and health and safety standards.

2013 Local Priorities

- Prosthetics & Orthotics - Specialised footwear supply project - an initiative to address the waiting list for prosthetics & orthotics particularly in Cork and Kerry will commence, with a focus on reducing the waiting times for these supports
- Further develop and strengthen the 133 Primary Care Teams and 36 Health and Social Care Networks operating across HSE South
- Implement the National Diabetes Integrated Care Package – 4 integrated Care Diabetes Nurse Specialists will be appointed across HSE South (one per ISA area) to cover the target population of 75,000 in 2013.
- National Diabetic Retinopathy Screening Programme – The screening programme for people with diabetes will be rolled out over 2013/ 2014 with a full national system in place in 2015. The screening programme is community based, with six initial treatment sites for those identified as requiring follow up following screening having been identified nationally. Two treatment sites have been identified in the South, in CUH and Waterford, it is anticipated that screening will commence in HSE South in Q2.
- Implementation of the Cancer Control Programme.
- Progression of the Primary Care component of the following chronic disease clinical care programmes: Diabetes, Asthma/COPD, Stroke and Heart Failure.
- Optimise the use of ICT to improve quality and efficiency of services and operational processes, in particular the roll out of Phase II of the National Electronic GP Referral Pilot Project (5 acute hospitals in Cork and 1 in Kerry)
- Expedite the move towards primary centre care based provision
- Collaborate with other care groups to define and develop guidelines / protocols to improve integration and simplify care pathways for service users.
- Deliver preventative, self-care, health promotion and clinical care programmes within primary care and between primary care and acute services through the development of shared care models.
- Support the restructuring of services into integrated audiology service for HSE South under clinical lead from Assistant National lead
- Provide access to diagnostics (plain film X-Ray Dexa and Ultrasound) from the Living Health Centre, Mitchelstown to service users in the surrounding areas.
- Dermatology and Paediatric Consultant Services will be provided on an outreach basis in Mallow Primary Care Centre
- CAMHS and Administration Services will be relocated to the Mallow Primary Care Centre.
- Improve oral health services by implementing the *Strategic Review of the Delivery and Management of HSE Dental Services.*
- Develop high quality services, within current resources, for the most vulnerable care groups including establishing the possibility of provision of targeted IV sedation to reduce the dependence on general anaesthesia
- Pursue regionalised approach to a specialist delivered model of orthodontic services
- Community Intervention Teams – engage with the national system to further develop of CITs across HSE South
- Continued development of Out of Hours GP Services through ongoing collaboration with Caredoc and Southdoc.

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within our primary care services. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all primary care services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure all services have completed a self assessment and developed an action plan.
- Improve Hand Hygiene by healthcare staff and public accessing our Primary Care Services.
  - Continue to rollout hand hygiene training in our primary care services
- Develop a strong system of integrated corporate and clinical governance
  - Develop a strong system of integrated corporate and clinical governance, through the establishment of QPS Committees within all HSE South Primary Care Services.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas
  - Strengthen Service Level Agreement (SLA) review and management of Part 2 Schedule 2 & 8 for all agencies, through structured SLA meetings with providers.

2013 Actions

HSE South will support and implement the relevant Primary Care national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISAs in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Cork ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs	
	⌐ Deliver Primary Care through 63 PCTs.	Q4
	⌐ Develop 4 new PCTs (3 Carrigaline, 1 Millstreet). Roll over from 2012. – Millstreet – Carrigaline	 Q1 Q3
	⌐ In collaboration with Mental Health Services continue to provide access to psychotherapy and counselling for patients eligible under the General Medical Services. Rollout model to all PCT	Q4
	⌐ Promote and facilitate sessional outpatient clinics in Primary Care Centres to enhance access	Q1-Q4
	⌐ Pending the successful evaluation of pilot electronic Intra-team referral (HealthLink) project, plan and implement roll out in 1 PCT	Q4
	⌐ Undertake community health needs assessment in Bandon and Mitchelstown PCTs. This will include service user involvement, as per the PCT Service User Framework and collaboration with Health Promotion Services.	Q4
	⌐ Implement agreed PCT national guidelines (including PCT clinical meetings; business meetings; managing referrals; appointment scheduling and management) in 63 PCTs and facilitate the audit of 13 PCTs (20%).	Q4
ICT infrastructure	⌐ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GPs in the Cork and Kerry area. (This project is under the governance of the national clinical primary care programme and closely links with the work of the outpatient performance improvement programme. The necessary ICT integration work will adopt the mandatory protocols of the outpatient performance improvement programme and will assist hospitals in delivering these through automation of processes)	Q4
Enhance Primary Care Services	Community Intervention Team ⌐ Transfer the operation, management and governance of Cork CIT to Southdoc under Service Level Agreement. ⌐ Expand the catchment area from a 10 mile to a 20 mile radius of Cork City, covering catchment area of 25 PCTs (population 320,000). ⌐ Establish a satellite CIT service in Fermoy to cover the catchment areas of North East Cork which comprises 3 PCTs (population 10,739)	Q2
	Tobacco Control Implementation Framework ⌐ Implement Tobacco Free Campus Policy in new Primary Care Centres -Carrigtwohill and Schull. ⌐ Roll out of Tobacco Free Campus Policy to 19 of primary care centres in Cork ISA and arrange brief intervention training for smoking cessation to 22 staff within Cork PCTs.	Q4 Q4
	Falls Prevention ⌐ Deliver falls prevention programmes through 6 PCT areas in line with national model.	Q4
	EARLI Project ⌐ Expand the Emergency Admission Risk Likelihood Index (EARLI) project	Q2

Cork ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	currently established in Mallow PCTs to include two PCTs in Cork City	
	Wound Clinics ⌐ Define and agree referral criteria for woundcare clinics ⌐ Implement referral criteria in all woundcare clinics across all PCTs	 Q2 Q2
	Community Psychology ⌐ Expand "Your Good Self" North Cork Primary Care project to Fermoy and Mitchelstown PCT areas to support emotional wellbeing in conjunction with psychology service. ⌐ Expand the North Cork Infant Mental Health programme to additional PCT areas providing services to children 0-3 years in the area of social and emotional developmental and building capacity of existing workforce.	 *Q2* *Q2*
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Progress development of Primary Care Centre in Cork City (Ballyphane,Togher) ⌐ Progress the development of a primary care centre for Cork City NW (Knocknaheeny, Fairhill and Garranebraher), in St Marys Health Campus by direct build. ⌐ Work with Estates in progressing development of Primary Care Centre in Cork City NE(Mayfield, Montenotte), Charleville, Kinsale, Clonakilty, Newmarket and Cobh ⌐ Continue to explore provision of accommodation in Glanmire, Bantry, Carrigaline, Beara, Fermoy and Youghal.	 ongoing
Audiology	⌐ Facilitate the roll out of regional Bone Anchored Hearing Aid Programme at South Infirmary & Victoria University Hosptial ⌐ Support the continued development and implementation of integrated care pathways and joint policies across community and acute audiology services.	Q1 Q4
Oral Health	⌐ Following completion of staff training, establish the possibility of targeted IV sedation for adult patients with special needs, in order to reduce the dependence on general anaesthesia – initially referral to regional centres or possibility of outreach.	Q2 onwards
	⌐ Conclude and implement the development of a new service agreement with the Cork Dental School to govern the service delivery across hospital and community over the next number of years	Q1
Prosthetics & Orthotics	⌐ Specialised footwear supply project - an initiative to address the waiting list for prosthetics & orthotics particularly in Cork and Kerry will commence, with a focus on reducing the waiting times for these supports	Q1-Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
Primary Care Centres	⌐ Carrigtwohill, Cork	Q4
	⌐ Schull, West Cork	Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work and re-deployment of staff	Q1–Q4
	⌐ The potential loss of further staff through retirements within the context of the indicative reduction in 2013 may further impact on the service provided. This will be assessed in the course of the year and any service reduction will be minimised through redeployment, re-assignment etc.	Q1–Q4

Kerry ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs	
	⌐ Deliver Primary Care through 16 PCTs.	Q4
	⌐ Develop 5 new PCTs (4 Killarney, 1 Killorglin). Roll over from 2012	Q1
	⌐ Promote and facilitate location of sessional outpatient clinics in primary care accommodation (bookable rooms) to enhance access for service users.	Q4
	⌐ In collaboration with Mental Health Services continue to provide access to psychotherapy and counselling for patients eligible under the General Medical Services. Rollout model to all PCT	*Q4*
	⌐ Pending the successful evaluation of pilot electronic Intra-team referral (HealthLink) project, plan and implement roll out in Kenmare PCT	Q4
	⌐ Undertake Community Health Needs Assessment in Kenmare PCT. This will include service user involvement, as per the PCT Service User Framework and collaboration with Health	Q4

Kerry ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	Promotion Services.	
	⌐ Implement agreed PCT national guidelines (including PCT clinical meetings; business meetings; managing referrals; appointment scheduling and management) in 16 PCTs and facilitate the audit of 3 PCTs (20%).	Q4
ICT infrastructure	⌐ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GPs in the Cork and Kerry area. (This project is under the governance of the national clinical primary care programme and closely links with the work of the outpatient performance improvement programme. The necessary ICT integration work will adopt the mandatory protocols of the outpatient performance improvement programme and will assist hospitals in delivering these through automation of processes)	Q4
Enhance Primary Care Services	Tobacco Control Implementation Framework ⌐ Roll out of Tobacco Free Campus Policy to 7 (35%) primary care centres and ensure 6 PCT members participate in brief intervention training for smoking cessation.	Q4
	Falls Prevention ⌐ Deliver Falls prevention programmes through 16 PCTs areas in line with national model	Q4
	Health Promotion ⌐ Deliver health promotion programmes to Traveller families across Kerry (population of 400 families). ⌐ Continue with Health Promotion programme to Asylum seekers through Tralee HSCN	Q4 ongoing
	X-Pert Programme ⌐ Deliver 13 X-PERT structured 6 week programmes through PCTs	Q1
	WHO Growth Chart Training ⌐ Deliver training on WHO growth charts to all PHNs in Kerry by the Primary Care Dietitians	Q1
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Progress the development of the Primary Care Centres in Caherciveen and Listowel with Estates Department. ⌐ Progress development of proposed PPP Primary Care Centre in Tralee.	Ongoing
Audiology	⌐ Support roll out of regional Bone Anchored Hearing Aid Programme ⌐ Support the development and implementation of integrated care pathways and joint policies across community and acute audiology services.	Q1 Q4
Oral Health	⌐ Establish the possibility of targeted IV sedation for adult patients with special needs, in order to reduce the dependence on general anaesthesia – initially referral to regional centres or possibility of outreach.	Ongoing
Prosthetics & Orthotics	⌐ Specialised footwear supply project - an initiative to address the waiting list for prosthetics & orthotics particularly in Cork and Kerry will commence, with a focus on reducing the waiting times for these supports	Q1-Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1-Q4

Waterford & Wexford ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs	
	⌐ Deliver Primary Care through 28 PCTs (12 Waterford, 16 Wexford).	Q4
	⌐ Promote and facilitate location of sessional outpatient clinics in primary care accommodation (bookable rooms) to enhance access for service users.	Q4
	⌐ In collaboration with Mental Health Services continue to provide access to psychotherapy and counselling for patients eligible under the General Medical Services. Rollout model to all PCTs.	*Q4*
	⌐ Support the evaluation of the Intra-team electronic referral pilot (HealthLink) in the Ballycullane PCT (Wexford)	Q1
	⌐ Pending the successful evaluation of pilot electronic Intra-team referral (HealthLink) project, plan and implement roll out in Gorey and Waterford Health Park	Q4

Waterford & Wexford ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	⌐ Undertake Community Health Needs Assessment in 1 PCT. This will include service user involvement, as per the PCT Service User Framework and collaboration with Health Promotion Services.	Q4
	⌐ Implement agreed PCT national guidelines (including PCT clinical meetings; business meetings; managing referrals; appointment scheduling and management) in 28 PCTs and facilitate the audit of 6 PCTs (20%).	Q4
	IT Training ⌐ Develop IT training room in the community in Wexford within existing resources	Q3
Enhance Primary Care Services	Tobacco Control Implementation Framework ⌐ Roll out of Tobacco Free Campus Policy to at least 35% of primary care centres (6 centres in Waterford and target of 100% planned for Wexford) and arrange brief intervention smoking cessation training for 11 primary care staff	Q4
	Falls Prevention ⌐ Deliver Falls prevention programmes in 28 PCT areas in line with national model.	Q4
	Conditions Programme ⌐ Primary Care Physiotherapists in Enniscorthy (4 PCTs) and Wexford (6 PCTs) will commence the development of a conditioning programme to cover a wide range of conditions and presentations for the 4 PCTs in development in this Network	Q2
	Chronic Back Pain ⌐ Implement an evidence based programme for the management of patients/clients presenting with back pain through all HSCN (Wexford)	Q4
	Women's Health ⌐ Re-Introduction of Women's Health in to Primary Care; targeting the Enniscorthy and Gorey Networks	Q4
	Pilot Access Criteria ⌐ Collaborate with Disability services in testing draft National Access Criteria to Services for Children and Young People with Disabilities (Waterford).	Q3
	Pilot Mental Health Referral ⌐ Commence the consultation process between GPs and Mental Health Services to introduce a standardised Mental Health referral form in one HSCN on pilot basis in Waterford and Wexford.	Q2
	Pilot DCDC Clinical Pathway ⌐ Pilot clinical pathway for Developmental Co-ordination Disorder Clinic (Paediatric O/T; AMO; Paediatrician) in Wexford	Q1
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Progress the development of 3 additional primary care centres in Dungarvan, St. Otteran's, Waterford and Wexford under PPP initiative. ⌐ Progress the development of an additional primary care centre in Lismore, Co. Waterford ⌐ Progress the development in Wexford of additional Primary Care Centrres in Enniscorthy and New Ross.	Ongoing
Audiology	⌐ Support roll out of regional Bone Anchored Hearing Aid Programme ⌐ Support the development and implementation of integrated care pathways and joint policies across community and acute audiology services.	Q1 Q4
Oral Health	⌐ Following completion of staff training, establish the possibility of targeted IV sedation for adult patients with special needs, in order to reduce the dependence on general anaesthesia – initially referral to regional centres or possibility of outreach.	Q2 onwards

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work and re-deployment of staff	Q1–Q4
	⌐ The potential loss of further staff through retirements within the context of the indicative reduction in 2013 may further impact on the service provided. This will be assessed in the course of the year and any service reduction will be minimised through redeployment, re-assignment etc	Q1–Q4

Carlow / Kilkenny & South Tipperary ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs	
	⌐ Deliver Primary Care through 26 PCTs (16 in Carlow/Kilkenny, 10 in South Tipperary)	Q4
	⌐ Develop 4 new PCTs (Graiguecullen, Clayton Hall, Cahir and Tipperary Town)	Q4
	⌐ In collaboration with Mental Health Services continue to provide access to psychotherapy and counselling for patients eligible under the General Medical Services to all 26 PCTs	Q4
	⌐ Support the evaluation of PCT Intra-team electronic referral pilot (HealthLink) in Wolfe Tone Street/Loughboy PCT, Kilkenny.	Q2
	⌐ Implement Intra-team electronic referrals using HealthLink technology in 1 PCT following evaluation of current pilots.	Q4
	⌐ Co-operate with the evaluation of Community Health Needs Assessment pilot in Cashel in association with Health Promotion services .	Q3
	⌐ Implement agreed PCT national guidelines (including PCT clinical meetings; business meetings; managing referrals; appointment scheduling and management) in 26 PCTs and facilitate the audit of 5 PCTs (20%).	Q4
Enhance Primary Care Services	Tobacco Control Implementation Framework	
	⌐ Roll out of Tobacco Free Campus Policy in 24 existing primary care centres (35%).	Q4
	⌐ Facilitate 9 PCT members to attend brief intervention training for smoking cessation - 2 courses in Carlow/Kilkenny (Castlegardens, Patrick Street and Castlecomer PCT's) and 2 courses in South Tipperary (Mary Street, Slieve Ardagh).	Q4
	⌐ In collaboration with Health Promotion, continue to offer one to one and group smoking cessation service in Carlow and Kilkenny & South Tipperary.	Q1 – Q4
	Falls Prevention	
	⌐ Deliver falls prevention programmes in line with national model through HSCNs to 26 PCTs.	Q4
	Chronic Illness	
	⌐ Callan PCT will continue to engage with CEART Rehabilitatiion Therapy programmes for patients between 18 and 65 years who are living with chronic illnesses e.g. Parkinsons Disesase, Chronic Pain Syndrome and Multiple Sclerosis.	Q1 – Q4
	⌐ Continue to deliver Rheumatology, Lifestyle classes in Ayrfield Care Centre. This service is open for refferal of service users in Kilkenny with Inflammatory Arthritis	Q1 – Q4
	⌐ Develop and deliver Rheumatology lifestyle classes in Carlow Primary Care Centre. This service is open for referral of service users with Inflammatory Arthritis in Carlow.	Q4
	⌐ Delivery Hand Therapy Programme in Ayrfiled Primary Care Centre PCCC. This service is open for refferal of service users in Kilkenny with Inflammatory Arthritis	Q2
	X-Pert / 6 week structured education programme for service users with type 2 Diabetes	
	⌐ Deliver 4 X-Pert programmes in South Tipperary (2 in Clonmel, 1 in Tipperary Town & 1 in Cahir)	Q2
	⌐ Deliver 2 X-Pert programmes in Carlow/Kilkenny	Q2
	Drop-in Weight Check	
	⌐ Develop drop- in weight check clinics - in 3 PCTs (Callan, Ayrfield & Mary Street, Clonmel)	Q2
	Bone Health in Primary Schools	
	⌐ Deliver Bone Health Education Programme to 10 primary schools in Kilkenny and 13 in Carlow.	Q3
	Addiction Counselling	
	⌐ Develop addiction counselling in 3 PCTs.	Q3
	Traveller Health	
	⌐ Western House and Mary Street Primary Care Teams will develop a programme to support Travellers families attending Primary Care services with a particular emphasis on GP Appointments	Q3
	Mental Health	
	⌐ Expand the provision of Mental Health outreach clinics with Consultant Psychiatrist and / or Mental Health Nurse with an initial focus on Carlow Town and Castlecomer PCTs.	Q4
	⌐ Cashel Primary Care Team members, in conjunction with Psychology services and Community Workers, will deliver 2 evening information sessions on Mental Health & Wellbeing with a particular focus on the impact of Suicide	Q2
	PCT Training Programmes	
	⌐ Provide training in Adult Weight Management Algorithm to all Primary Cares Teams	Q4
	⌐ Provide training on WHO Growth Charts to PHNs to all Primary Cares Teams	Q4
	⌐ Provide training on WHO Growth Charts to Practice Nurses in South Tipperary	Q4
	⌐ Provide training on Infant Nutrition & Nutrition Therapy to PHN's to all Primary Cares Teams	Q4
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs	
	⌐ Progress development of Carrick on Suir under PPP initiative	Q1 – Q4
	⌐ Collaborate with Estates to progress Primary Care Centres in Tipperary Town, Thomastown,	Q1 – Q4

Carlow / Kilkenny & South Tipperary ISA		
Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	Kilkenny City, Tullow ⌐ Continue to explore with Estates personnel potential developments in Clonmel, Graiguecullen and Graignamanagh	Q1 – Q4
Audiology	⌐ Support roll out of regional Bone Anchored Hearing Aid Programme ⌐ Support the development and implementation of integrated care pathways and joint policies across community and acute audiology services.	Q1 Q4
Oral Health	⌐ Establish the possibility of targeted IV sedation for adult patients with special needs, in order to reduce the dependence on general anaesthesia – initially referral to regional centres or possibility of outreach.	Q1 – Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work and re-deployment of staff	Q1–Q4
	⌐ The potential loss of further staff through retirements within the context of the indicative reduction in 2013 may further impact on the service provided. This will be assessed in the course of the year and any service reduction will be minimised through redeployment, re-assignment etc	Q1–Q4

HSE South Scorecard 2013

Primary Care Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Primary Care No. of PCTs implementing National Integrated Care Package for Diabetes	12	Quality, Access and Activity	No. of patients receiving active treatment during reporting period	1,135
No. of Health and Social Care Networks in development	36		GP Out of Hours No. of contacts with GP out of hours	414,160
No. and % of Operational Areas with community representation for PCT and Network Development	4 100%			
Orthodontics No. of patients on the assessment waiting list during reporting period	New PI 2013		Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	50,211
Waiting time from referral to assessment during reporting period: i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting over 2 years	New PI 2013		No. of primary care physiotherapy patients seen for a first time assessment	41,253
			No. of primary care physiotherapy face to face contacts / visits / appointments that took place	220,957
No. of patients on the treatment waiting list – grade 4 – during reporting period	New PI 2013		Occupational Therapy No. of clients who received a direct service in the reporting month	2,760
Waiting time from assessment to commencement of treatment during reporting period (Grade 4): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	New PI 2013		No. of clients for whom a primary care occupational therapy referral was received in the reporting month	15,364
			Finance Variance against Budget: Income and Expenditure	≤ 0%
No. of patients on the treatment waiting list – grade 5 – during reporting period	New PI 2013		Variance against Budget: Income Collection	≤ 0%
Waiting time from assessment to commencement of treatment during reporting period (Grade 5): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	New PI 2013		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
			Variance against Budget: Revenue and Capital Vote	≤ 0%
			Human Resources Absenteeism rates	3.5%
			Variance from approved WTE ceiling	≤ 0%

* National Target

PRE-HOSPITAL EMERGENCY AND RETRIEVAL CARE

Introduction

A significant reform programme has been underway in recent years to totally reconfigure the way we manage and deliver pre-hospital care services. This is in line with the recommendations of the DoH's strategic framework *Future Health* to ensure a clinically driven, nationally co-ordinated system, supported by improved technology, which will also encompass the National Aeromedical Co-Ordination Centre.

As part of this process, major restructuring of the Control Centres is underway which is expected to deliver a single national Control Centre across two sites by Quarter four, 2013.

In July 2012, the National Ambulance Service (NAS) commenced a new more cost effective model of service delivery known as the Intermediate Care Service (ICS). The main objective of the ICS for the NAS is to support the needs of patients who require stretchers or clinical supervision during transfers in Ireland. This is achieved through enhanced planning / bed management and discharge policies. This ensures a safe and timely transfer for patients when moving to step down facilities in the community e.g. patient discharges to nursing homes, or transport for critical patients moving to hospital care. The potential contribution of the ICS to bed management in hospitals will also support the work of the SDU.

With ICS looking after patients already within the healthcare system, emergency ambulances can focus on services delivered by Paramedics and Advanced Paramedics on Pre-Hospital Emergency Care. This will be achieved by supporting improvements in response times for transporting vehicles which are benchmarked against the national Key Performance Indicators (KPI). The national roll out of the ICS will take several years to complete. Our vision for the future is that NAS will deliver services by two different but complementary divisions respectively, ICS and Pre-Hospital Emergency Care which will enable a more focused approach to the needs of our patients.

In 2013 we will progress this vision by prioritising any increases in Intermediate Care Services to support the needs of the Clinical Care Programmes and Small Hospitals Framework, once published.
Significant resources are being allocated in 2013 nationally to progress our national ambulance and retrieval services.

2013 National Key Priorities

In addition to the HSE National Priorities, the South Regional Priorities for 2013 include;

- Implement the NAS Control Centre Reconfiguration Project and associated ICT enabling Operationalise Control Centre Reconfiguration from three existing sites (Cork, Tralee, Wexford to national site in Tallaght).
- In line with needs of the Small Hospitals Framework introduction of an ICS to serve Waterford, Cork, Tralee 12/7 and expand Bantry service to 12/7 Q4

2013 Actions *NB: The National Ambulance Service is a national service with actions delivered locally where appropriate*

Performance Improvement Actions		Completion Quarter
Reconfigure the National Ambulance Service to deliver separate Pre-Hospital Emergency Care and Intermediate Care Services to respond to changing models of service	Implementation of NAS Control Centre Reconfiguration Project and associated ICT enabling Projects:	
	- Reconfiguration of Cork Centre to National Site	Q2
	- Reconfiguration of Kerry Centre to National Site	Q2
	- Reconfiguration of Wexford Centre to National Site	Q4
	Complete the modernisation of the Ambulance service – elimination of 'on-call' model of service delivery	
	- West Cork	Q1
	- South Kerry / North Kerry	Q2-Q4
	Introduce intermediate care vehicles (ICV"s)	
	- Cork City	Q4
	- West Cork - Enhance the existing Intermediate Care Vehicle (ICV) service	
	- Kerry	Q4
	- Waterford - deployment of 2 ICV's to primarily undertake inter-hospital transfers between WRH / Dublin / Cork, which are currently being undertaken by emergency ambulances	Q3
	- Waterford / Wexford – Development and agreement of a business case for the deployment of a third ICV for inter-hospital transfers within the South East	Q3
	Operationalise Control Centre Reconfiguration from nine to two sites nationally	Q4
	Continue to develop suite of key performance indicators with HIQA on pre-hospital emergency care which will support clinical outcome KPI's, improving access and performance	Q2

Performance Improvement Actions		Completion Quarter
	Examine alternative care pathways for low acuity (Omega) 999 calls	Q4
	Enhance quality and patient safety capacity to support clinical governance of Pre-Hospital Emergency Care	Q1
	In line with needs of the Small Hospitals Framework, continue the development of Intermediate Care Service (ICS)	Q4
	Continuation of Pilot Emergency Aeromedical Service and NACC - Review	Q1
	Implement new ICT technologies to support the work of the National Ambulance Control Centre (NACC) as per HIQA Meadhbh McGivern Report Recommendation G7/8	Q1
	Review pilot project to be carried out at 12 months	Q2
	Increase Paramedic and Advanced Paramedic educational capacity to support associated workforce planning requirements, operational requirements and roll out of Pre-Hospital Emergency Care Council (PHECC)	Q4
	Reconfiguration of National Ambulance Command and Control to a nationally integrated system working over two sites and relocation of National Ambulance Service College	Q4

Improving our Infrastructure *- Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
National	▪ Reconfiguration of National Ambulance Command & control to a Nationally integrated system working over 2 sites and relocation of National Ambulance Service College	
South	▪ Kerry – Opening of the replacement Ambulance base in Kenmare on the grounds of the new Kenmare Community Nursing Unit	

Scorecard 2013

Ambulance Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Emergency Response Times % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 70%*	Quality, Access and Activity	Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 68%*		Variance against Budget: Revenue and Capital Vote	≤ 0%
Finance Variance against Budget: Income and Expenditure	≤ 0%		Human Resources Absenteeism rates	3.5%
Variance against Budget: Income Collection	≤ 0%		Variance from approved WTE ceiling	≤ 0%

*National target

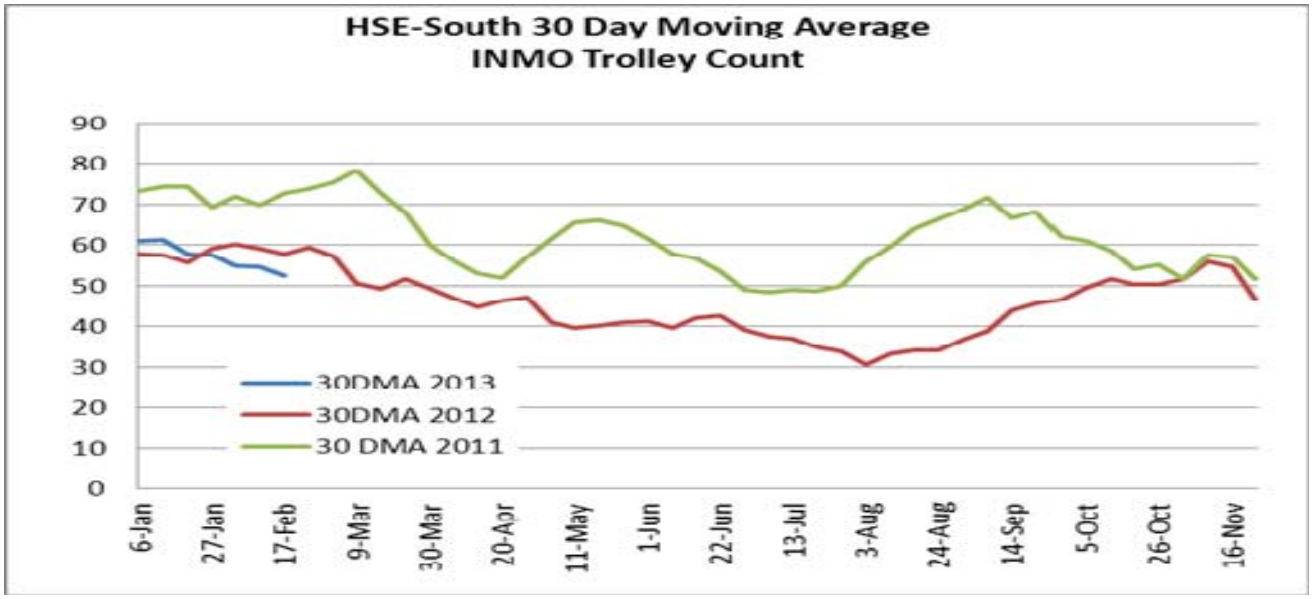
ACUTE HOSPITALS INCLUDING CLINICAL PROGRAMMES

Introduction

Future Health – A Strategic Framework for the Reform of the Health Service 2012-2015 forms the strategic basis for the work of the HSE in the immediate to near future. Its four pillars of reform coupled with targeted actions set out the strategic objectives that the HSE will be working toward in 2013. The HSE will also utilise the HIQA *Standards for Safer Better Healthcare* in conjunction with key reports such as the Tallaght Hospital Investigation Report (HIQA 2012) as a key enabler to achieving the required changes. Fundamental to the reform agenda is the need to reorganise our hospital resources to ensure that patients can access appropriate treatment in the right setting, receive the best possible clinical outcomes and provide sustainability for hospital services into the future. The HSE anticipates that the report on hospital trusts and the small hospitals framework will provide the necessary and appropriate strategic guidance to build our modern acute hospital infrastructure and networks. This, coupled with reforms and service improvements in the area of primary and community care, will result in an enhanced customer service experience for patients and a greater flexibility in the provision and configuration of services at a regional level.

The HSE continues its commitment to delivering the optimal care pathway for different clinical needs enabled by implementation of clinical programmes of care - generic models of care and service delivery solutions that assist local management to deliver improvements in the delivery, quality and patient safety of their services. The scope of the programmes covers the whole of the patient journey from self management and prevention through to primary, secondary and tertiary care. These programmes provide a national, strategic, and co-ordinated approach to a wide range of clinical services and include the standardisation of access to, and delivery of high quality, safe, and efficient hospital services nationally as well as the development of better linkages with primary care services.

The HSE South has worked closely with the Special Delivery Unit (SDU) to drive performance improvement on access to acute hospital services – particularly to improve waiting times for emergency or unscheduled care and elective or scheduled care. In 2012, the regions hospitals improved performance significantly through implementation of the Acute Medicine programme with the strengthening and consolidation of the model in each hospital & through the Emergency Medicine Programme.



Existing performance management has been build upon through the introduction of the CompStat Forum to the region and the continued development of performance measures and performance management supported by information, will assist and support hospitals to improve access to services in 2013 by reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals, including improved access to out patient and diagnostic services.

2013 National Key Priorities

- Establish hospital groups and associated governance and management arrangements, pending primary legislation to give full effect to establishment of public hospitals as independent not-for-profit trusts.
- Implement the small hospitals framework when published which will ensure that patients receive high quality care in the most appropriate setting resulting in best possible outcomes.
- Implement new methods of resourcing in hospital in order to drive further efficiencies. This will include working towards implementation of the 'money follows the patient' system of funding provided on a per patient basis. Hospital budgets in the areas of oncology and metabolic drugs will be increased to reflect anticipated growth. Some hospital budgets will be increased where they have been independently assessed as requiring additional bed capacity. There will be a strong focus on working with hospitals to ensure their effective management resulting in the introduction of earned increasing autonomy during the year.

- Improve access to our services by reducing waiting times for emergency or unscheduled care and elective or scheduled care in public hospitals. This includes improved access to outpatient and diagnostic services. Specific targets include:
    - No adult will wait more than 8 months for an elective procedure (either inpatient or day case)
    - No child will wait more than 20 weeks for an elective procedure (either inpatient or day case)
    - No person will wait longer than 52 weeks for an OPD appointment
    - No person will wait more than four weeks for an urgent colonoscopy and no person will wait more than 13 weeks following a referral for routine colonoscopy or OGD
    - 95% of all attendees at Emergency Departments will be discharged or admitted within 6 hours of registration
    - Our expected activity for 2013 is 600,887 inpatient and 830,165 day cases
- Continue our commitment to delivering the optimal care pathway for different clinical needs enabled by implementation of clinical programmes of care
- Continue to collaborate with the National Paediatric Hospital Development Board on the process of planning and development of the National Paediatric Hospital.
- Continue the development of, and deployment of, the hospital clinical and non-clinical workforce in line with our reform agenda.
- Continue to implement all elements of the *Public Service Agreement* to ensure maximum value for money and cost reduction opportunities within services.
- Ensure complete alignment between hospital and pre-hospital, primary and community services at both a strategy and operational level.
- Continue to develop the Leadership and Innovation Centre for Nursing and Midwifery.

Acute Hospital Activity Summary

South Regional	2013 Projected Activity		
	INPATIENT	DAYCASE	COMBINED
CUH	31,895	56,510	88,404
CUMH	14,841	4,113	18,954
Mallow	3,861	3,072	6,933
BGH	1,718	1,980	3,697
Mercy	10,152	20,436	30,588
South Infirmary - Victoria University Hospital	8,548	19,404	27,952
Kerry General Hospital	14,326	10,812	25,138
Waterford Regional Hospital	22,688	20,564	43,252
South Tipperary Hospital	12,692	5,781	18,472
Wexford General Hospital	17,199	8,956	26,155
St Luke's Hospital Kilkenny	12,462	12,961	25,424
Orthopaedic Hospital Kilcreene	941	924	1,865
	151,321	165,512	316,833

SOUTH WEST HOSPITAL NETWORK

Acute Hospital services are provided to a population of over 663,000 (2011 census) in the Cork and Kerry Area. These services are delivered in six acute hospital settings:

- Cork University Hospital (CUH), Cork
    - incorporating Cork University Maternity Hospital
- Mallow General Hospital (MGH), Cork
- Bantry General Hospital (BGH), Cork
- Mercy University Hospital (MUH), Cork
- South Infirmary Victoria University Hospital (SIVUH), Cork
- Kerry General Hospital, Kerry

Resources

South West Hospitals Network	FINANCE			WTE Ceiling		
Hospital	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork University Hospital Group (inc MGH & CUMH)	255.466	269.281	7.814	3,380.68	3,296.77	(83.91)
Bantry General Hospital	16.713	16.966	0.405	224.31	219.07	(5.24)
Mercy University Hospital	54.229	55.421	1.939	888.67	866.16	(22.51)
South Infirmary Victoria University Hospital	43.338	43.905	1.301	712.81	696.41	(16.40)
Kerry General Hospital	65.978	68.097	3.670	908.64	886.17	(22.47)
Total	**435.724**	**453.670**	**15.129**	**6,115.11**	**5,964.58**	**(150.53)**

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within the acute services, including a programme to support Clinical Directors to achieve maximum effectiveness in their roles. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all primary care services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Support roll out of "Safer Better Healthcare Standards" in our services
  - Engage with service providers regarding the implementation of the HIQA standards to ensure all services have completed a self assessment and developed an action plan
- Improve Hand Hygiene by healthcare staff and public accessing our Acute Hospitals
  - Continue to rollout hand hygiene training in our acute hospitals
- Develop a strong system of integrated corporate and clinical governance
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas
- Work with the HIQA Tallaght National Group and continue to progress implementation of the HIQA Tallaght Report".

Cork University Hospital Group (CUHG) – incl. Cork University Maternity Hospital (CUMH)

Performance Improvement *– Actions to achieve national and local priorities are summarised below*		Completion Quarter
National Clinical Programmes	Surgery: ▪ Implementation of the National Clinical Programme in Surgery (NSAP) leading to reduction in length of stay for surgical admissions through increased use of pre-operative assessment, day of surgery admission, day-case surgery ▪ Establish Governance Group to oversee the full implementation of the surgical programme ▪ Pre operative assessment in place for all surgical admissions ▪ Day of surgery admission being implemented on a phased basis with full implementation by end of Quarter 2	Q1 – Q4 Q1 Q2 Q2
	Acute Medicine: ▪ Achieve the Acute Medicine Programme target of Average Length of Stay (ALOS) of 5.8 days through implementing phase 2 of the Acute Medicine Programme including improvements in pathway processes and discharge planning. ▪ With the support of the SDU and targeted additional funding in 2013 CUH will complete the phased implementation of 46 additional inpatient beds for Acute Medical admissions to provide the required capacity as identified by the Acute Medicine Programme	Q1 – Q4 Q1 – Q4
	Emergency Medicine: ▪ Establish Governance group and develop action plan to oversee the implementation of the programme ▪ Pilot rapid access treatment (RAT) model in the department ▪ Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1 Q 1 Q1-Q4
	Stroke: ▪ Further implement the National Clinical Care Stroke Programme through the opening of the Stroke Unit. Recruitment process underway.	Q2
	Epilepsy: ▪ Open a four bed Video Telemetry Unit on Ward 3A to facilitate diagnostic and pre-surgical evaluation and assessment. Recruitment Process underway	Q3
	Neurology: ▪ Continue to implement OPD programme ▪ Establish TIA Rapid access Clinic	Q1
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner.	Q1 – Q4
	▪ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GPs in the Cork and Kerry area.	Q4
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
National Cancer	▪ Complete the transfer of prostate, rectal and upper GI cancer from Mercy University Hospital to CUH in conjunction with the transfer of benign non complex surgery from CUH to MUH	Q1 – Q4

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
Programme	▪ Transfer of Gynaecological Cancer Service from SIVUH to CUMH	Q2
	▪ Complete implementation planning for the transfer of complex Head and Neck Cancer from SIVUH to CUH	Q4
Small Hospital Framework	▪ Fully implement the requirements of the Small Hospital Framework	Q2-Q4
	- Accept the transfer of emergency surgery from MGH and BGH.	Q2
	- Transfer of general surgery suitable for day case work to MGH and BGH	Q2
Other Developments:	▪ Implementation of Clinical Directorates Model and associated governance arrangements.	Q2
	▪ Enhance Clinical Governance in Bantry General Hospital by the inclusion of BGH in the CUH Group	Q3
	▪ Paediatric Unit Development – in 2013 the design of the unit will be developed	Q2
	▪ Establish a Diabetic Retinopathy screening treatment site in CUH as part of the rollout of the National Diabetic Retinopathy screening programme	Q2
Service Reorganisation	▪ Open 6 bedded surgical assessment unit to enable hospital treat increased numbers of acute surgical admissions following transfer of acute surgery from MGH and BGH in line with principles of Small Hospitals Framework and transfer of acute surgery from MUH in line with recommendations of the report on reorganisation of General Surgery.	Q1
	▪ Provide 29 additional acute surgery beds in respect of the transfer of acute surgery into CUH from MGH, BGH and later MUH.	Q1 – Q2
	▪ Open emergency theatre for acute surgical presentations.	Q1
	▪ Transfer elective non cancer inpatient surgery to MUH	Q1 – Q4
	▪ *Ophthalmology:* Progress the transfer of ophthalmology inpatient surgery from CUH to SIVUH	Q3
	▪ *Gynaecology:* Complete the transfer of gynaecological cancer surgery from SIVUH to CUH with reciprocal transfer of benign elective gynaecology from CUH to SIVUH	Q2
	▪ *Paediatrics:* Progress the consolidation of Paediatric Services from MUH to CUH	Q1 – Q4
	▪ *Elective medicine:* Prepare a detailed plan for the transfer of elective medicine from CUH to SIVUH.	Q3
	▪ HSE South in collaboration with Acute hospitals in Cork & Kerry, UCC & the Cork Cancer Research Centre will establish a Chair in Cancer research to be known as the 'Gerald O'Sullivan Chair'	Q4
	▪ Progress the implementation plan for the reorganisation of Laboratory services	Q2

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
	▪ Commissioning of Acute Surgical Ward and Surgical Assessment Unit (4A)	Q1
	▪ Commissioning of Stroke, Epilepsy & Neurology (3A)	Q1
	▪ Commissioning of the Trauma and Emergency Theatres	Q1
	▪ Radiology – CT Equipment and associated infrastructure development	Q1
	▪ Radiology – MRI New Equipment and associated infrastructure	Q4
	▪ Progress Minor Capital Works and Equipment Replacement	Q1-Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	CUH	
	▪ Number of Inpatient Discharges	31,895
	▪ Number of Day Case Discharges	56,510
	CUMH	
	▪ Number of Inpatient Discharges	14,841
	▪ Number of Day Case Discharges	4,113
Unscheduled Activity	CUH	
	▪ Number of Emergency Presentations	68,673
	▪ Number of Emergency Admissions	26,332

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
CUHG	▪ Full implementation of revised NCHD Rosters	Q1–Q4
	▪ Income generation and collection through increased occupancy levels	Q1–Q4
	▪ Further reduction in agency in Medical & Nursing usage and expenditure in 2013	Q1–Q4
	▪ Savings in non-pay expenditure including energy, waste and medial/surgical appliances	Q3
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHDs in compliance with the EWTD will be implemented to achieve the cost reduction required in CUH	Q1–Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1–Q4

Mallow General Hospital (MGH)

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
National Clinical Programmes	▪ Surgery: Achieve the efficiency targets set out by the NSAP by reducing length of stay for surgical admissions through increased use of pre-operative assessment and day case surgery. - The focus will be on day surgery, including surgery transferred from CUH, while still maintaining the capacity to keep a portion of patients overnight, consistent with the recommendations of the National Clinical Programme in Surgery and the Small Hospital Framework. - A significant portion of the current inpatient elective surgery in MGH will be delivered as day case procedures in line with the guidelines outlined by the National Clinical Programme in Surgery. - An increased level of endoscopy (1,000 scopes per annum) will be delivered.	Q1 - Q4
	▪ Acute Medicine Programme: - Commission and open new Medical Assessment Unit at MGH; - Reduced length of stay through implementation of programme targets.	Q1 – Q4
	▪ Emergency Medicine Programme – Implementation of Programme targets to further reduce waiting times for patients through the creation of a Local Injury Unit supported by the Medical Assessment Unit	Q1 – Q4
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner.	Q4
	▪ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GPs in the Cork and Kerry area.	Q4
Inpatient & Day-Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Small Hospital Framework	▪ Fully implement the requirements of the Small Hospital Framework - Increased volume and range of day case procedures. - Transfer of emergency and inpatient surgery to Cork city hospitals. - Expansion of Endoscopy Services with the opening of Endoscopy Unit. - Reorganise the Emergency Department into an Urgent Care Centre comprising of a Local Injury Unit and a Medical Assessment Unit. - Increasing OPD activity through visiting outreach specialties.	Q2-Q4 Q4
Other Service Improvements / Developments	▪ Development of a 2 bedded Theatre Recovery	Q3
	▪ Commencement of 4th Physician Post with Special Interest in Respiratory Medicine	Q1
Service Reorganisation	▪ Progress the implementation plan for the reorganisation of Laboratory Services	Q2
	▪ Implementation of the Clinical Directorates Model and associated governance arrangements	Q2

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
MGH	▪ Commissioning of Medical Assessment Unit	Q2
	▪ Commissioning of Endoscopy Unit	Q3
	▪ Commissioning of Theatre Recovery	Q3
	▪ Refurbishment of Local Injuries Unit	Q3
	▪ Progress Minor Capital Works and Equipment Replacement	Q1-Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	3,861
	▪ Number of Day Case Discharges	3,072

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
MGH	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in MGH	Q1–Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1–Q4

Bantry General Hospital (BGH)

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
National Clinical Programmes	▪ Continue to implement the National Stroke Programme through the appointment of a 0.50 WTE Senior Dietician post which will significantly improve Dysphagia management for Stroke patients.	Q2 – Q3
	▪ Reduction in ALOS towards target of 5.8 through ongoing implementation of Acute Medicine Programme.	Q1 – Q4
	▪ Continue to participate in the Acute Coronary Syndrome Programme by ensuring that patients are managed and transferred in a time appropriate manner.	Q1 –Q4
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner. ▪ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GP's in the Cork and Kerry area.	Q4
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Small Hospital Framework	▪ Fully implement the requirements of the Small Hospital Framework	Q2-Q4
	- Transfer of acute surgery to CUH	Q2
	- Increase in volume and range of day surgery	Q2 – Q4
	- Replace Casualty with a 12/7 Urgent Care Centre	Q3
Other Service Improvements / Developments	▪ Extension of CUH PACS service to include BGH which will create direct radiology links with CUH	Q1
	▪ Implementation of full CT Services out of hours in line with implementation of PACS and linkages with CUH	Q2 – Q3
	▪ Improve Clinical Governance by the inclusion of BGH in the Cork University Hospital Group	Q3
	▪ Implementation of Clinical Directorates Model and associated governance arrangements	Q2
Service Reorganisation	▪ Progress the implementation plan for the reorganisation of Laboratory Services	Q2

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
BGH	▪ Progress Minor Capital Works and Equipment Replacement	Q1-Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	1,718
	▪ Number of Day Case Discharges	1,980

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
BGH	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in BGH	Q1–Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1–Q4

Mercy University Hospital (MUH)

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
National Clinical Programmes	▪ Surgery – Achieve the efficiency targets set out by the NSAP by reducing length of stay for surgical admissions through increased use of pre operative assessment, day of surgery admission and day case surgery where appropriate - Review potential for other avenues for pre assessment screening i.e. telephone triage - Continuation of the Productive Operating Theatre Project - Introduction of team working module including briefing/debriefing sessions and safe surgery checklist - Scheduling – implementation of IPMS Theatre Module - Introduction of process modules including session start-up, patient preparation and patient turnaround - Introduction of well organised theatre module (Lean 5S)	Q2 – Q3
	▪ Emergency Medicine – Implement recommendations of Emergency Medicine Programme - Strengthen clinical governance in ED with increased consultant presence and through participation in Emergency Care Network. - Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1 – Q4 Q1 – Q4
	▪ Stroke – Continue to participate in the National Acute Stroke Programme. - Development of Stroke Care Education Programme for MUH Staff - Continuing update and review of HIPE Database and liaison with National Stroke Programme	 Q2 Q1 – Q4
	▪ COPD – Extension of the COPD Outreach Programme - Maintain 20% reduction in admissions - Reduce ALOS by 2 days - Maintain 30-40% readmission rates	 Q2 Q2 Q1 – Q4
	▪ Acute Medicine Programme – Reduce length of stay through the effective operation of the Acute Medical Assessment Unit and the ongoing implementation of the programme. ▪ With the support of the SDU and targeted additional funding in 2013 MUH will complete the implementation of 10 additional inpatient beds for Acute Medical admissions to provide the required capacity as identified by the Acute Medicine Programme	Q2 – Q3 Q2
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner. ▪ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GP's in the Cork and Kerry area.	Q1-Q4
	▪ Introduce electronic GP referral in conjunction with the National Electronic General GP Referral Pilot Project in January, 2013 for three specialties – Cardiology, Vascular and Respiratory involving 14 GP practices.	Q1
	▪ Extend the pilot to further specialties in the MUH and increase the number of GP's who can avail of the system	Q2 – Q4
	▪ Initiate Project Team for the transfer of some OPD Activity to St. Mary's Health Campus.	Q1
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Small Hospital Framework	▪ Fully implement the requirements of the Small Hospital Framework	Q2-Q4
	- Accept the transfer of inpatient surgery from MGH.	Q2
Other Service Improvements / Developments	▪ Continued participation in the Healthcare Innovation Hub ▪ Implementation of Clinical Directorates Model and associated governance arrangements	Q1 – Q4 Q2
National Cancer	▪ Complete the transfer of prostate, rectal and upper GI cancer from Mercy University Hospital to CUH in conjunction with the transfer of benign non complex surgery from CUH to MUH	Q1 – Q4

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
Control Programme		
Service Re-organisation	▪ *General Surgery:* Complete the reorganisation of general surgical services through transfer of emergency surgery from MUH to CUH and acceptance of all suitable benign elective general surgery from SIVUH and CUH. MUH will become the centre for elective general surgery in Cork.	Q3
	▪ Pain: Prepare implementation plan and timescale for the transfer of pain medicine from MUH to SIVUH.	Q2
	▪ Gynaecology: Complete the transfer of gynaecology services from MUH to SIVUH.	Q2
	▪ Ophthalmology: Progress the transfer of ophthalmology services from MUH to SIVUH.	Q4
	▪ Paediatrics: Progress the transfer of paediatrics including oncology services from MUH to CUH.	Q1-Q4
	▪ Progress the development of the Regional Gastroenterological centre at MUH	Q1-Q4
	▪ HSE South in collaboration with Acute hospitals in Cork & Kerry, UCC & the Cork Cancer Research Centre will establish a Chair in Cancer research to be known as the 'Gerald O'Sullivan Chair'	Q4
	▪ Progress the implementation plan for the re-organisation of Laboratory Services	Q2

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
MUH	▪ Progress Minor Capital Works and Equipment Replacement	Q1-Q4
	▪ Final commissioning of two new CT Scanners	Q2
	▪ Complete Electrical Power Upgrade	Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	10,152
	▪ Number of Day Case Discharges	20,436
Unscheduled Activity	▪ Number of Emergency Presentations (total including ED)	33,632
	▪ Number of Emergency Admissions	7,029

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completions Quarter
MUH	▪ Income generation through increased utilisation of private beds/internal re-designation of beds;	Q1-Q4
	▪ Savings from changes in consultant rosters and historic rest day payments.	Q1-Q4
	▪ Review of NCHD Rosters and Staffing Levels to allow savings in overtime;	Q1-Q4
	▪ Non-Pay Reduction: - Reduce Medical & Surgical Appliance costs through brand conversion; - Reduction in costs of leases and local authority rates.	Q1-Q4
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in MUH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

South Infirmary Victoria University Hospital (SIVUH)

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
National Clinical Programmes	▪ Surgery – Achieve the efficiency targets set out by the National Surgery and Anaesthetic Programme (NSAP) leading to reduction in length of stay for surgical admissions through increased use of pre-operative assessment, day of surgery admission, day-case surgery, etc.	Q1-Q4
	▪ Medicine – Diabetes – Establish diabetes foot care team and regional referral pathways.	Q1-Q4
	▪ Dermatology & Rheumatology – In line with the OPD improvement programme achieve the maximum waiting time guarantee to reduce waiting times to a maximum of 12 months	Q4
	▪ Dermatology – Development of a MOHS (Micrographic Surgery for Skin Cancer) service in SIVUH	Q3
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at	Q1-Q4

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
	the right time. The programme of change will be implemented in a phased manner. ▪ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GP's in the Cork and Kerry area.	
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Small Hospital Framework	▪ Fully implement the requirements of the Small Hospital Framework	
	- Accept the transfer of in-patient surgery from MGH as an interim measure until all elective general surgery is consolidated at MUH	Q2
National Cancer Programme	▪ Transfer of Gynaecological Cancer Service from SIVUH to CUMH and the reciprocal transfer of benign non-complex surgery from CUH to SIVUH	Q2
Service Reorganisation	▪ Plastic Surgery: Complete the transfer of all non-complex benign plastic surgery from CUH to SIVUH.	Q1
	▪ Ophthalmology: Progress the transfer of ophthalmology inpatient surgery from CUH to SIVUH.	Q3
	▪ Pain Medicine: Prepare implementation plan and timescale for the transfer of pain medicine services from MUH to SIVUH.	Q2
	▪ Progress the implementation plan for the re-organisation of Laboratory Services	Q2
Other Developments	▪ Implementation of Clinical Directorates Model and associated governance arrangements	Q2
	▪ Implementation of the National Information and Digital Imaging Radiology IT System 'NIMIS'	Q3

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
SIVUH	▪ Progress Minor Capital Works and Equipment Replacement	Q1 – Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	8,548
	▪ Number of Day Case Discharges	19,404

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
SIVUH	▪ Savings through revised consultant rosters	Q1-Q4
	▪ Reduction in NCHD overtime	Q1-Q4
	▪ Savings in non pay expenditure including maintenance, equipment, insurance and energy.	Q1-Q4
	▪ Increased income from car park.	Q1-Q4
	▪ Reduction in absenteeism level with associated staffing savings	Q1-Q4
	▪ Re-organisation of staffing rosters to reduce maternity cover and overtime	Q1-Q4
	▪ Implement revised Nursing Rosters in Theatres	Q1-Q4
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in SIVUH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

Kerry General Hospital (KGH)

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
National Clinical Programmes	▪ AMP: Increase bed capacity in AMAU, streamlining of medical beds to create a cohort of short stay.	Q2
	▪ Surgery: Improve day of admission rates and improve ALOS. - Commence process of ring fencing of surgical beds on a phased basis - Improve ALOS in the Orthopaedic Dept	Q1
	▪ Stroke: Reconfiguration of medical beds to create a 4 bed stroke unit	Q1
	▪ Emergency Medicine: Continue to develop & implement programmes in line with the Cost Containment Plan (CCP). Relocate current AMAU to create dedicated minor injuries unit supported by ANP's ▪ Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1 Q1-Q4

Performance Improvement – *Actions to achieve national and local priorities*		Completion Quarter
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner. ▪ Support implementation of National Electronic GP Referral Pilot Project involving a rollout of the programme to an increased number of hospitals, specialties and GP's in the Cork and Kerry area.	Ongoing
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Other Service Improvements / Developments	▪ Development of Paediatric Assessment Unit	Q1
	▪ Advance the process of achieving JAG/GRS screening and secure candidature for bowel cancer screening. Complete refurbishment and progress the accreditation of the endoscopy screening service.	Q4
	▪ Develop local education for undergrad and post grad training in conjunction with UCC	Q4
	▪ Implementation of Clinical Directorates Model & associated governance arrangements	Q2
	▪ Transfer of governance arrangements of Tralee CNU from KGH to Kerry PCCC in line with all other community hospitals	Q2
Service Reorganisation	▪ Align bed & theatre capacity with the requirements of service provision supported by the clinical programmes	Q1-2
	▪ Streamline theatre throughput to improve efficiency including day of admission rates	Q2
	▪ HSE South in collaboration with Acute hospitals in Cork & Kerry, UCC & the Cork Cancer Research Centre will establish a Chair in Cancer research to be known as the 'Gerald O'Sullivan Chair'	Q1-Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
KGH	▪ IT Infrastructure: - Implementation of NIMIS in Radiology - Implementation of ORMIS theatre management system	 Q3 Q2
	▪ ED phase 2 fully operational to include cardiology suite & AMAU	Q1
	▪ Progress Minor capital Works and Equipment Replacement	Q1-Q4
	▪ Installation of Integrated Fire Alarm System	Q2

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	14,326
	▪ Number of Day Case Discharges	10,812
Unscheduled Activity	▪ Number of Emergency Presentations (total including ED)	37,078
	▪ Number of Emergency Admissions	11,017

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		2013 Target
KGH	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in KGH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

SOUTH EAST HOSPITAL NETWORK

Acute Hospital services are provided to a population of over 497,000 (2011 census) in Waterford, Wexford, Carlow/Kilkenny and South Tipperary area. These services are delivered in four acute hospital settings:

- Waterford Regional Hospital, Waterford
- Wexford General Hospital, Wexford
- St. Luke's General Hospital, Kilkenny
  - incorporating Kilcreene Orthopaedic Hospital
- South Tipperary General Hospital

Resources

South East Hospitals Network	FINANCE			WTE Ceiling		
Hospital	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Waterford Regional Hospital	132.599	132.939	4.265	1,645.90	1,606.62	(39.28)
Wexford General Hospital	45.820	47.792	1.815	786.56	767.60	(18.96)
St. Luke's General Hospital (incl. Kilcreene Hospital)	52.809	54.875	1.554	841.51	820.60	(20.91)
South Tipperary Hospital	43.013	45.532	1.289	665.23	649.30	(15.93)
Total	**274.241**	**281.138**	**8.923**	**3,939.20**	**3,844.12**	**(95.08)**

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within the acute services, including a programme to support Clinical Directors to achieve maximum effectiveness in their roles. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all primary care services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Support roll out of "Safer Better Healthcare Standards" in our services
  - Engage with services regarding the implementation of the HIQA standards to ensure all services have completed a self assessment and developed an action plan
- Improve Hand Hygiene by healthcare staff and public accessing our Acute Hospitals.
  - Continue to rollout hand hygiene training in our acute hospitals
- Develop a strong system of integrated corporate and clinical governance
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas
- Work with the HIQA Tallaght National Group and continue to progress implementation of the HIQA Tallaght Report".

Waterford Regional Hospital (WRH)

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
National Clinical Programmes	▪ *Emergency Medicine* - Complete the appointment of 2 Consultants in Emergency Medicine approved in 2012 to commence in June & October, 2013	Q2 – Q4
	▪ Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1-Q4
	▪ *Acute Medicine Programme* - Complete the appointment of Consultant in Acute Medicine with a special interest in care of the elderly approved in 2012 to commence in May, 2013	Q2
	▪ *ACS* - Complete the appointment of Consultant Physician with a special interest in interventional cardiology approved in 2012 to commence in April, 2013	Q2
	▪ Dermatology - Complete the appointment of 2 Consultant Dermatologists approved in 2012 to commence in May & October, 2013	Q2 – Q4
	▪ *Neurology* - Complete the appointment of Consultant with a special interest in Neurology approved in 2012 to commence in December, 2013	Q4
	▪ *Diabetes* - Complete the appointment of Consultant Endocrinologist approved in 2012 to commence in September, 2013	Q3
	▪ *Renal Programme* - Complete the appointment of Consultant Nephrologist approved in 2012 to commence in December, 2013 – 4th Post	Q4
	▪ *Heart Failure* - Complete the appointment of a Clinical Nurse Specialist in Heart Failure approved in 2012 to commence in September, 2013	Q3

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
	▪ MSK - Impact on Outpatient waiting list for Regional Orthopaedics and Regional Rheumatology Services to be escalated in line with MSK targets and OPWL targets September, 2013	Q3
	▪ *Surgical Clinical Programme* - Commence implementation of surgical programme in 2013	Q1 – Q4
	▪ *Anaesthesia* - Progress implementation of The Productive Operating Theatre programme - Implement the pathway for critically ill pregnant women in line with the national Clinical Programme priorities	Q1 – Q4
	▪ *Obstetrics & Gynaecology* - Transfer existing service into expanded floor space in line into new delivery suite and Neonatal Unit - Facilitate the NCCP Gynae Cancer Strategy by planning for the centralisation of Gynae Cancer Surgery for the South East into WRH	Q2 Q4
	▪ *Orthopaedics* - Facilitate rollout of national databases/National Joint Register when available - Improve access for Long waiters in line with OPWL SDU Technical Guidance	Q4
	▪ *Productive Ward Initiative* - Continue implementation of this initiative on Surgical 7 Ward	Q1-Q4
	▪ *Other Service Developments* - Proceed with the appointment of a CNM2 in Endoscopy in line with NCSS - Consultant Urologist – 2 posts (1 new post and 1 replacement of an existing General Surgeon) - Consultant Histopathologist – 5th Post is to assist in the roll out of the NCSS Colorectal screening programme - Proceed with the appointment of replacement posts in the following specialties: Gastroenterology, Ophthalmology x 2, Breast Surgery, Elderly Medicine, Orthopaedic Surgery, Paediatric Radiology, Nephrology, Lung & Prostate Radiology, CNS in palliative care and CNS Endocrinology	Q2 Q3 Q2 Q2 Q1-Q4
Palliative Medicine Services	▪ Progress in collaboration with Waterford Hospice the development of the Regional Specialist Inpatient Unit & Day Service in Palliative medicine as part of an integrated development in Waterford Regional Hospital.	Q1-Q4
National Diabetes Screening Retinopathy Programme	▪ The screening programme for people with diabetes will be rolled out over 2013/2014 with a full national system in place in 2015. The screening programme is community based, but with six initial treatment sites identified nationally for those identified as requiring follow up following screening. WRH is identified as a treatment site and screening will commence in Q2.	Q2
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner.	Q1-Q4
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
National Cancer Programme	▪ Develop a plan for centralisation of Gynae Cancer surgery for the South East in WRH	Q3
	▪ Recruit permanent replacement Breast Surgeon	Q3
	▪ Review the Service Delivery Arrangements for Rectal Surgery	Q1
	▪ Participate in National Review of Medical Oncology service from a QA and Safety perspective.	Q1-Q4
	▪ Review outreach radiation oncology clinics in conjunction with Dermatology service and the implementation of best practice model of service.	Q1
	▪ NCCP & NCSS Standards and rollout of National Colorectal Screening Programme. This includes provision of diagnostics service to accredited NCSS screening sites in the South East	
Other Service Improvements / Developments	▪ Implement National Integrated Patient Management System (IPMS) in line with National Policy.	Q3
	▪ Implement Quality Information Management System	Q2

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
	▪ Transfer Emergency Services to New Capital Development	Q2
	▪ Transfer Regional Neo Natal Intensive Care Unit to New Capital Development	Q2
	▪ Transfer Delivery Suite and auxiliary accommodation to New Capital Development	Q2

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
	▪ Continue Replacement Programme in line with Age Profile of Medical Equipment	Q1-Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	22,688
	▪ Number of Day Case Discharges	20,564
Unscheduled Activity	▪ Number of Emergency Presentations	57,779
	▪ Number of Emergency Admissions	17,405

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
WRH	▪ Savings through revised consultant rosters	Q1-Q4
	▪ Reduction in NCHD overtime	Q1-Q4
	▪ Savings in non pay expenditure including maintenance, equipment, insurance and energy.	Q1-Q4
	▪ Increased income from retail units.	Q1-Q4
	▪ Reduction in absenteeism level with associated staffing savings	Q1-Q4
	▪ Re-organisation of staffing rosters to reduce maternity cover and overtime	Q1-Q4
	▪ Implement revised Rosters in Theatres	Q1-Q4
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in WRH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

Wexford General Hospital (WGH)

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
National Clinical Programmes	▪ With the support of the SDU and targeted additional funding in 2013 WGH will complete the implementation of 10 additional inpatient beds, these beds will assist the hospital to achieve its targets in elective surgery and acute medicine.	Q2
	▪ Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1-Q4
	▪ Reopening of AMAU at extended hours over the weekend.	Q1
	▪ AMAU will have an AMU (Short stay, <72 hrs) with overall governance of pathway of care led by the Consultant in AMAU.	Q2
	▪ Increase same day diagnostics and reporting	Q3
	▪ Introduction of new Admission and Discharge policy for Stroke Unit to meet the target of 50% admission.	Q1/Q4
	▪ Implementation of MEWS (Maternity Early Warning Score)	Q1/Q4
	▪ Proceed to next phase of development of The Productive Operating Theatre (TPOT) Programme and Elective Surgery Programme	Q1/Q4
	▪ Implementation of Clinical Directorate Model and associated governance arrangements	Q1/Q4
	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner.	Q1/4
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Other Service Improvements / Developments	▪ Lean project patient pathway diagnostics with SDU	Q2
	▪ Meet HIPE targets (100% month end up to date)	Q3
	▪ Colorectal Screening to commence January, 2013	Q1
	▪ Recruitment of CNS for Endoscopy	Q1
	▪ Maintain Day of Surgery Admission rates	Q1/Q4
	▪ Maintain access targets for urgent colonoscopies and for routine colonoscopies/ OGD.	Q1/Q4

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
	▪ Development of surgical assessment unit	Q1/Q4
	▪ The construction of Emergency Department, Delivery Suite and Operating Theatre WGH will continue and is on target for planned opening in 2014.	Q1/Q4
	▪ Reorganise medical rosters in response to clinical demands.	Q1/Q4
	▪ Working with the National Renal Office to progress development of satellite dialysis unit in Wexford	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
WGH	▪ Progress Minor Capital works and Equipment Replacement	Q1-Q4
	▪ Installation of Integrated Fire Alarm System	Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	17,199
	▪ Number of Day Case Discharges	8,956
Unscheduled Activity	▪ Number of Emergency Presentations	38,685
	▪ Number of Emergency Admissions	14,162

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
WGH	▪ Savings through revised consultant rosters	Q1-Q4
	▪ Reduction in NCHD overtime	Q1-Q4
	▪ Savings in non pay expenditure including efficiencies from contract renewals	Q1-Q4
	▪ Reduction in absenteeism level with associated staffing savings	Q1-Q4
	▪ Re-organisation of staffing rosters to reduce maternity cover and overtime	Q1-Q4
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in WGH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

St. Luke's General Hospital (SLGH) incl. Kilcreene Orthopaedic Hospital (KOH)

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
National Clinical Programmes	▪ Acute Medicine Programme - With the support of the SDU and targeted additional funding in 2013 SLGH will complete the implementation of 11 additional inpatient beds for Acute Medical admissions to provide the required capacity as identified by the Acute Medicine Programme - Implementation of programme targets with the focus on same day/early discharge	Q1 Q1-Q4
	▪ Stroke programme- Decrease in median length of stay	Q1-Q4
	▪ Emergency Medicine Programme- - Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1-Q4 Q1-Q4
	▪ Asthma Programme - Continue programme of education & Implementation of Guidelines. - Recruitment of the permanent Consultant Physician Respiratory Physician	Q1-Q4 Q4
	▪ Acute Coronary Syndrome Programme - Complete the implementation of Optimum Reperfusion Service Protocol	Q1
	▪ Diabetes - Recruitment of the basic grade Podiatrist for the foot care programme	Q4
	▪ Surgical Programme - Proceed to next phase of development of TPOT and Elective Surgery Programme	Q1-Q4

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
Outpatient Services	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner.	Q1 to Q4
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Other Service Improvements / Developments	▪ IPMS rollout 2013 at SLGH & KOH	Q4
	▪ Rollout of implementation of HIQA Standards SLGH & KOH	Q3
	▪ In association with the SDU improve the PTL targets for patients on elective lists for 2013	Q4
	▪ Complete implementation of Obstetric Assessment Unit at SLGH	Q1
	▪ SLGH Pilot site for rollout of Nursing KPI's	Q3
	▪ Continue implementation of Prospective Funding at KOH	Q1 to Q4
	▪ Cooperate with national roll out of the National Joint Register at KOH	Q4
	▪ The construction of Emergency Department Day Services Unit and Medical Assessment Unit in St. Luke's Hospital, Kilkenny will continue and is on target for planned opening in 2014	Q4
Service Reorganisation	▪ Reconfiguration and review of support service areas	Q1 to Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
SLGH	▪ Progress Minor Capital Works and Equipment Replacement	Q1-Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	SLGH	
	▪ Number of Inpatient Discharges	12,462
	▪ Number of Day Case Discharges	12,961
	Kilcreene	
	▪ Number of Inpatient Discharges	941
	▪ Number of Daycase Discharges	924
Unscheduled Activity	SLGH	
	▪ Number of Emergency Presentations	40,978
	▪ Number of Emergency Admissions	9,987

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
SLGH	▪ Savings through revised consultant rosters	Q1-Q4
	▪ Reduction in NCHD overtime	Q1-Q4
	▪ Savings in non pay expenditure including maintenance, equipment, insurance and energy.	Q1-Q4
	▪ Increased income from car park.	Q1-Q4
	▪ Reduction in absenteeism level with associated staffing savings	Q1-Q4
	▪ Re-organisation of staffing rosters to reduce maternity cover and overtime	Q1-Q4
	▪ Implement revised Nursing Rosters in Theatres	Q1-Q4
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in SLGH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

South Tipperary General Hospital (STGH)

Performance Improvement – *Actions to achieve national and local priorities are summarised below*		Completion Quarter
National Clinical Programmes	▪ Acute Medical Programme - With the support of the SDU and targeted additional funding in 2013 STGH will complete the implementation of 5 additional inpatient beds for Acute Medical admissions to provide the required capacity in 2013 as identified by the Acute Medicine Programme. - Establish Unscheduled Care Governance Group including GP's and Emergency Medicine - Dedicated nursing hours for case manager role.	Q1
	▪ Emergency Medicine Programme - Improved compliance with the 6hour ED time standard; - Elimination of avoidable ED patient delays through improved 'real-time' management of ED flow; - Implement Key recommendations of the HIQA Tallaght Report 2012; - Planning for Modifications to ED infrastructure to improve children's experiences of care; - Implement the ED improvement programme focussing on improving ED throughput so that 90% of all ED patients (admitted and not admitted) leave the Department within 6 hours	Q1 –Q4 Q3 Q1 Q1-Q4 Q1-Q4
	▪ Stroke Programme - Decrease in median length of stay, early supported discharge - Development of a new Stroke Review Clinic on Hospital Campus site - Upgrade beds in the ASU to recommended profiling beds (4 in total).	Q1 – Q4 Q4 Q4
	▪ Surgical Programme - Allocation of 4 dedicated surgery beds for scheduled surgery procedures from within the current bed compliment. - Ring fenced surgery beds but may be utilised for medical patients at times of escalation. - Achievement of Elective Waiting Time PTL Target of zero for 2013. - Implement recommendations of SDU site visit – October, 2012 - Increase Basket of Day Cases ▪ Reduce ALOS of surgical patients admitted not requiring a surgical procedure	Q1 Q2 Q1 Q1 – Q4 Q1 – Q4
	▪ Care of the Elderly Programme - Provision of Comprehensive Geriatric Assessment Team with PCCC - Reconfiguration of existing beds so as to designate 34 beds as a dedicated specialist geriatric ward in line with the recommendations of the programme - Provision of an Elderly Care Day Hospital - Planning for development of Specialist Geriatric services for the frail elderly patient	Q1-Q2 Q4 Q1 –Q4 Q4
	▪ COPD, Asthma - COPD Bundle of Care to be implemented in 2013	Q1 –Q4
	Acute Coronary Syndrome Programme - Continue with implementation of protocol for STEMIs	Q1 – Q4
	▪ Paediatric and Obstetrics & Gynaecology - Implement National Recommendations as provided.	Q1 – Q4
Outpatient Services	▪ Provision of Rapid Access weekly clinic	Q1
	▪ Diabetes rapid access clinics, Type II diabetes monitoring programme	In Place
	▪ Implement OPD Improvement Programme. The Outpatient Service Performance Improvement Programme is a programme that will be implemented nationally over the period 2013 to 2015, to remodel the provision of outpatient (OP) services to patients in acute hospitals. The overall aim of the programme is to ensure timely, appropriate access to OP services in line with the target maximum waiting times, so that the right patient is seen by the most appropriate member of the clinical team at the right time. The programme of change will be implemented in a phased manner.	Q1-Q4
Inpatient & Day Case Services	▪ Implement the national waiting list management policy - a standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures to achieve the 8 month Adult and 20 week Paediatric maximum waiting time target in 2013, with a specific focus on the chronological management of the Patient Treatment List (PTL)	Q4
Other Service Improvements / Developments	▪ Full implementation of the NIMIS project	Q3
	▪ Continued planning towards implementation of IPMS.	Q4
	▪ Implementation of ENDORAD IT system for Endoscopy scheduling and reporting	Q1

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
STGH	▪ Progress Minor Capital Works and Equipment Replacement	Q1 – Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	12,692

2013 Planned Discharge Activity		2013 Target
	▪ Number of Day Case Discharges	5,781
Unscheduled Activity	▪ Number of Emergency Presentations	39,466
	▪ Number of Emergency Admissions	9,231

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
STGH	▪ Savings through revised consultant rosters	Q1-Q4
	▪ Reduction in NCHD overtime	Q1-Q4
	▪ Savings in non pay expenditure including maintenance, equipment, insurance and energy.	Q1-Q4
	▪ Income from NCCP in relation to Colonoscopy Screening	Q1-Q4
	▪ Reduction in absenteeism level with associated staffing savings	Q1-Q4
	▪ Re-organisation of staffing rosters to reduce maternity cover and overtime	Q1-Q4
	▪ A range of measures relating to appropriate rostering of nursing staff, the graduate nurse job initiative, changes to consultant rest day arrangements, and the rostering of NCHD's in compliance with the EWTD will be implemented to achieve the cost reduction required in STGH	Q1-Q4
	▪ A range of initiatives are being implemented to ensure compliance with the ECF, involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix.	Q1-Q4

HSE South Scorecard 2013

Acute Care (including Clinical Programmes) Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Day of Procedure Admission % of elective inpatients who had principal procedure conducted on day of admission	75%	Quality, Access and Activity	ALOS Medical patient average length of stay	5.8
			Surgical patient average length of stay	4.5% reduction
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%		ALOS for all inpatient discharges and deaths	5.6
Re-Admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%		ALOS for all inpatient discharges and deaths excluding LOS over 30 days	4.5
% of surgical re-admissions to the same hospital within 30 days of discharge	< 3%		Colonoscopy / Gastrointestinal Service No. of people waiting more than four weeks for an urgent colonoscopy	0
Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%		No. of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	0
			Delayed Discharges Reduction in bed days lost through delayed discharges	10% reduction
Stroke Care % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	9%		Activity Expected no. of inpatient discharges	151,321
			Expected no. of day case discharges	165,512
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%		Expected no. of emergency presentations	316,291
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%		Expected no. of emergency admissions	95,161
			Expected no. of births	17,929
Emergency Care Waiting Time % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%		Finance Variance against Budget: Income and Expenditure	≤ 0%
			Variance against Budget: Income Collection	≤ 0%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%		Variance against Budget: Pay	≤ 0%
Acute Medicine Programme Percentage of all new medical patients attending the acute medical	95%		Variance against Budget: Non Pay	≤ 0%

Acute Care (including Clinical Programmes) Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
			Variance against Budget: Revenue and Capital Vote	≤ 0%
Elective Waiting Time No. of adults waiting more than 8 months for an elective procedure	0		Human Resources Absenteeism rates	3.5%
No. of children waiting more than 20 weeks for an elective procedure	0		Variance from approved WTE ceiling	≤ 0%
Outpatients No. of people waiting longer than 52 weeks for OPD appointment	0			

* National Target

NATIONAL CANCER CONTROL PROGRAMME

2013 Key National Priorities

The key priority for HSE South is to work with the NCCP during 2013 to deliver on the following objectives:

- Continue to deliver two population-based screening programmes BreastCheck and CervicalCheck and support the delivery of the new two population-based screening programmes:
  - Colorectal screening programme to be delivered initially at the two accredited sites within HSE South (Wexford General Hospital and the Mercy University Hospital) Kerry General and South Tipperary General Hospitals are both candidate sites for the programme and will work with the NCSS towards achieving JAG accreditation in 2013.
  - National Diabetic Retinopathy Screening Programme – The screening programme for people with diabetes will be rolled out over 2013/ 2014 with a full national system in place in 2015. The screening programme is community based, with six initial treatment sites, for those identified as requiring follow up following screening, having been identified nationally. Two treatment sites have been identified in the South, CUH and Waterford and it is anticipated that screening will commence in HSE South in Q2.
- Continue to develop the designated cancer centres to deliver rapid access diagnostic clinics and cancer surgical services, within multidisciplinary diagnostic and therapeutic environments, inclusive of medical and radiation oncology services.
- Continue to support the cancer centres and address service pressures and support volume growth in cancer presentations.
- Continue the transfer of major cancer surgeries into designated cancer centres. This includes the transfer of rectal, prostate and upper GI and gynaecology surgeries to Cork University Hospital in the context of reconfiguration of surgical services in Cork. This includes planning for the centralisation of gyane cance surgery into WRH for the South East.
- Progress the appointment of oncoplastics post in Cork
- Support the establishment of a cancer genetic service in CUH
- Support the NCCP In the development of a national plan for the distribution of cancer molecular diagnostic services
- Establish a national register and monitoring service of Trophoblastic disease in CUH
- Support the new national medical oncology programme,
  - Participate in the national review of oncology and haematology services.
  - Work with NCCP on the introduction of a national oncology drug budget system.
- Expand and renew radiotherapy facilities and equipment in CUH to accommodate growth in demand and the introduction of new technologies including the expansion of national brachytherapy services.

Performance Monitoring

HSE South will liaise with the Cancer Network Manger in relation to Cancer Services and developments throughout 2013. Monthly yearly meetings will be scheduled within the region involving Regional Management, NCCP and Cancer Hospitals to monitor progress and performance throughout the year.

2013 Actions

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Development of Eight Cancer Centres	⌐ Continue to address service pressures and support volume growth in cancer presentations.	Ongoing
	Familial Cancer Surveillance ⌐ Work with the NCCP to implement expanded access to cancer genetic services in Cork	Q2
	Skin Cancers ⌐ Recruit the oncoplastics surgeon for CUH.	Q3
	Prostate Cancer Surgery ⌐ Work with the NCCP to complete transfer of prostate cancer surgery into six centres: South: Transfer prostate surgery from the Mercy University Hospital into Cork University Hospital (CUH)	Q4
	Rectal Cancer Surgery Work with the NCCP to complete transfer of rectal cancer surgery into eight cancer centres and continue to monitor implementation and impacts on other surgical services in the centres. Specifically in HSE South transfer rectal cancer surgery into CUH	Q4
	Pancreatic Surgery ⌐ Complete establishment of pancreatic satellite unit in CUH linking into St. Vincent's National Centre.	Q2
	Upper GI ⌐ Work with the NCCP on implementing the national upper gastrointestinal (GI) Service in the national centre (St. James's Hospitals and three satellite centres) HSE South: Transfer upper GI cancer surgical centre to CUH	Q2

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	Other Cancers ⌐ Work with the NCCP on completing transfer of cancer surgery in line with the cancer strategy, as appropriate, for specific complex cancers including urological cancers, head and neck cancers and sarcomas.	Q4
	⌐ Establish a national register and monitoring service of Trophoblastic disease in CUH	Q2
	Diagnostic Services ⌐ Work with the NCCP on developing a plan for the distribution of cancer molecular diagnostic services in Ireland.	Q3
	Rapid Access Lung and Prostate Clinics ⌐ Monitor activity and KPI's across rapid access clinics	Ongoing
	Establishment of Chair in Cancer Research ⌐ HSE South in collaboration with Acute hospitals in Cork & Kerry, UCC & the Cork Cancer Research Centre will establish a Chair in Cancer research to be known as the 'Gerald O'Sullivan Chair'	
National Medical Oncology Programme	⌐ Work with the NCCP on review of medical oncology services from a quality assurance (QA) and safety perspective	Q3
	⌐ Work with the NCCP in assisting in the development of the national medical oncology programme and the introduction of a cancer budget.	Q2
Radiation Oncology Services	⌐ Work with the NCCP on progressing the expansion of radiation facilities as set out in the National Plan for Radiation Oncology (NPRO) Phase 2, within a single clinical framework. ⌐ Plan for interim capacity pending completion of Phase 2	Ongoing
	⌐ Work with the NCCP on the continued development of the National Radiation Oncology Network by: – Implementation of national clinical guidelines and standards – Implementation of the national performance management and monitoring system established to drive quality and service improvement. ⌐ Expand national programmes for prostate brachytherapy.	Q4

National Scorecard 2013

National Cancer Control Programme Scorecard				
Performance Indicator / Activity	Target 2013		Performance Indicator / Activity	Target 2013
Symptomatic Breast Cancer Services No. of urgent attendances	13,900*	Quality, Access and Activity	Rectal Cancers No. of centres providing services for rectal cancers	8*
No. of non urgent attendances	25,200*			
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(No. and % offered an appointment that falls within 2 weeks)*	13,200* 95%		Radiotherapy No. of patients who completed radical radiotherapy treatment in the preceding quarter (palliative care patients not included)	To be deter-mined
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals *(No. and % offered an appointment that falls within 12 weeks)*	23,940* 95%		No. and % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	To be deter-mined
Breast Cancer Screening No. of women who attend for breast screening	140,000*		Finance Variance against Budget: Income and Expenditure	≤ 0%
Lung Cancers No. of attendances at rapid access lung clinic	2,700*		Variance against Budget: Income Collection	≤ 0%
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	2,565* 95%		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
Prostate Cancers No. of centres providing surgical services for prostate cancers	7*		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of attendances at rapid access prostate clinics	2,970*		Human Resources Absenteeism rates	3.5%
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	2,600* 90%		Variance from approved WTE ceiling	≤ 0%

* National Targets

PALLIATIVE CARE SERVICES

Palliative Care

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	5.194	5.194	(0.089)	*	*	*
Kerry	0.846	0.831	0.015	11.14	10.70	(0.44)
Waterford & Wexford	0.854	0.852	0.002	2.39	2.31	(0.08)
Carlow / Kilkenny & South Tipperary	0.487	0.487	-	0.00	0.00	0.00
Total	**7.381**	**7.364**	**(0.072)**	**13.53**	**13.01**	**(0.52)**

** Services provided by voluntary agencies in Cork ISA*

Introduction

Palliative care is an approach that improves the quality of life of patients and their families who are facing the challenges associated with life-limiting illness.

This is achieved by:

- the prevention and relief of suffering
- means of early identification,
- high quality assessment and,
- treatment of pain and other physical, psychosocial, and spiritual problems.

Palliative Care services are provided directly by the HSE and in partnership with voluntary agencies in the HSE South. In recent years the scope of palliative care has broadened to providing palliative care at an earlier stage in the disease trajectory. This emphasis on the early provision of palliative care concurrently with disease modifying treatment has been shown to ease the transition towards an eventual sole focus on palliation and to offer improved quality and efficiency of care in the earlier stages of chronic disease management.

The strategic direction for palliative care services is provided by a number of national documents including:

- *Report of the National Advisory Committee on Palliative Care* (2001, DoH)
- *Palliative Care for Children with Life-limiting Conditions* (2009, DoH)
- *Palliative Care Services – Five Year Medium Term Development Framework* (2009, HSE)
- *Palliative Care for All – Integrating Palliative Care into Disease Management Frameworks* (2009, HSE and IHF).

In 2012 HSE South contributed to the phased implementation of the Department of Health (2009) National Policy for Palliative Care for Children with Life-Limiting Conditions with the appointment of a Children's Outreach Nurse at Waterford Regional Hospital. The recruitment of a Children's Outreach Nurse will be progressed at Cork University Hospital in 2013.

Our vision for the future is that palliative care will be a gradual and natural increasing component of care from diagnosis to death. Palliative Care will ensure that patients with a life-limiting condition, and their families, can easily access a level of high quality care that is appropriate to their needs, regardless of age, care setting, or diagnosis.

Under the Health Reform Programme palliative care will continue the drive to achieving access to high quality healthcare services. Work will continue with the roll out of the Minimum Dataset to the acute hospital services to collect quality palliative care data informing service management and development. The development of palliative care services is supported by the palliative care programme within the Clinical Strategy and Programme Directorates. In particular, the development and implementation of the best practice model of palliative care will apply a set of service principles across identified clinical streams and patient flow continuums in order to enable people get the right care, at the right time, by the right team and in the right place.

The important role played by the Hospice movement, voluntary service providers and support groups as key partners with the HSE in supporting the effective delivery of services is fully recognised and appreciated and HSE South has fostered a partnership approach with the voluntary sector in Palliative care medicine in the region. Significant work has been underway across the south east and south west over the past number of years to develop a number of key projects which, when implemented, will significantly improve the range and quality of services in the field of Palliative medicine in the region. The HSE South, in collaboration with our voluntary partners will in 2013 progress a number of these significant initiatives.

Service Quantum

In 2013 HSE South will provide:

- 26 Specialist Palliative Care inpatient beds
- 10 Community based Specialist Palliative Care teams
- Specialist palliative care day care services
- Specialist palliative care services provided in 9 acute hospitals
- Specialist palliative care outpatient service provided at the 9 acute hospitals and at Marymount Hospice, Cork
- 55 palliative care support beds

2013 Key National Priorities

- Improve resource utilisation of palliative care services including systematic assessment of need, and streamline processes of access and referral to specialist palliative care services.
- Support the delivery, and improve the quality of, generalist and specialist palliative care services in line with our strategic policy direction.
- Improve the integration and governance of services in generalist and specialist palliative care settings.
- Strengthen the quality, efficiency, and effectiveness of existing service provision through the development and collection of evidence based performance measures that support the quality improvement cycle.
- Progress the development of paediatric palliative care services.

2013 Local Priorities

The HSE South, in collaboration with our voluntary partners will in 2013 progress a number of these significant initiatives.

- HSE South, in collaboration with Waterford Hospice Movement Ltd. and Waterford Regional Hospital will progress a planned development of the Regional Specialist Inpatient Unit & Day Service in Palliative Medicine as part of an integrated development in Waterford Regional Hospital. The revenue cost for the palliative development, on completion, will be provided by the HSE South. Waterford Hospice Movement Ltd. are significantly supporting the capital cost of the development and have collected €2.5m to date.
-
- HSE South in collaboration with Kerry Hospice Foundation will progress the development of the satellite Inpatient Unit in Palliative Medicine at Kerry General Hospital. The capital cost of the development will be fully funded by Kerry Hospice and the project will take 2 years to construct with a target date for opening in early 2015. The revenue cost will be provided by HSE South from existing resources with a commitment for significant financial support from Kerry Hospice Foundation for a period of 5 years until services are fully configured.
- HSE South in collaboration with Marymount Hospice, will open on a phased basis in 2013, 20 additional specialised inpatient beds in the newly constructed unit at Marymount. The addition of these 20 beds sees the total completion of the Marymount Hospice development.
- Progress the recruitment of a Children's Outreach Nurse, Clinical Nurse Specialist at Cork University Hospital.

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within the palliative care services. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all palliative care services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Support roll out of "Safer Better Healthcare Standards" in our services
- Improve Hand Hygiene by healthcare staff and public accessing our Services.
  - Continue to rollout hand hygiene training in our palliative care services
- Develop a strong system of integrated corporate and clinical governance
  - Develop a strong system of integrated corporate and clinical governance, through the establishment of QPS Committees within our Services.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas

2013 Actions

HSE South will support and implement the relevant Palliative Care national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISAs in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Actions across each ISA in HSE South		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Improving the delivery and quality of Generalist and Specialist Palliative Care provision	⌐ Support the national work in partnership with the Irish Hospice Foundation to implement the recommendations within the *Palliative Care for All* report through: - Supporting existing and new demonstration projects focused on providing best practice models of palliative care for people with non-malignant disease - Undertaking a review of the 2011/12 demonstration projects and integrating the learning into the clinical care programmes that focus on chronic disease management	Q4
	⌐ Implement the Palliative Care Competence Framework whose aim is to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting	Q1-Q4
	⌐ Progress Specialist Palliative Care Inpatient Unit at Waterford Regional Hospital	Q4
	⌐ Progress Specialist Palliative Care satellite Inpatient Unit at Kerry General Hospital	Q4
	⌐ Continue to support the collaboration with the All-Ireland Institute of Hospice and Palliative Care, the Irish Hospice Foundation, Education Centres in Specialist Palliative Care Units, professional bodies, and universities, to develop and provide programmes that ensure health and social care staff have the necessary training to improve the quality of palliative care	Q1-Q4
	⌐ Continue to work with the Irish Hospice Foundation on the Design of the Dignity Grants Scheme in order to progress projects designed to enhance the dignity of people who die in hospitals	Q1-Q4
	⌐ Open on a phased basis 20 additional specialist inpatient beds in Marymount Hospice, Cork	Q4
Develop Evidence-based Performance Measures	⌐ Participate in expanding the collection of data on specialist palliative care activity to include: - Acute hospital services	Q2
	⌐ Support the scoping of the development of palliative care minimum datasets for use in: - Outpatient services - Primary care settings	Q4 Q4
Involving Patients and their Families	⌐ Promote the importance of involving families and carers in decisions about care through supporting the advance care planning and needs assessment processes	Q4
	⌐ Provide organisations with readily available information on local palliative care services	Q2
Developing Paediatric Palliative Care	⌐ Progress the recruitment of a Children's Outreach Nurse, Clinical Nurse Specialist at Cork University Hospital	Q1-Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ There will be some reduction in voluntary agency and HSE service funding. In some organisations the reduction will be absorbed through efficiencies in non-pay budgets. Where these options have been exhausted, agencies - in conjunction with HSE South - have prioritised services, clearly setting out the priorities for the region and identifying areas of cost reductions which minimise impact on the delivery of services.	Q1-Q4

HSE South Scorecard 2013

Palliative Care Services Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Inpatient Units Waiting Times i) Specialist palliative care inpatient bed within 7 days	100%	Quality, Access and Activity	Day Care No. of patients in receipt of specialist palliative day care services	98
ii) Specialist palliative care inpatient bed within 1 month	100%		No. of new patients in receipt of specialist palliative day care services	245
No. of patients in receipt of treatment in specialist palliative care inpatient units	64		Community Hospitals No. of patients in receipt of care in designated palliative care support beds	61
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile)	37		Finance Variance against Budget: Income and Expenditure	≤ 0%

Palliative Care Services Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
No. of admissions to specialist palliative care inpatient units	536		Variance against Budget: Income Collection	≤ 0%
Community Home Care i) Specialist palliative care services in the community provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital)	100%		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
ii) Specialist palliative care services in the community provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital)	99%		Variance against Budget: Revenue and Capital Vote	≤ 0%
			Human Resources Absenteeism rates	3.5%
No. of patients in receipt of specialist palliative care in the community	834		Variance from approved WTE ceiling	≤ 0%
No. of new patients seen or admitted to specialist palliative care services in the community (reported by age profile)	180			

* National Target

MENTAL HEALTH SERVICES

Mental Health Services

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	71.716	74.139	3.948	995.47	949.81	(45.66)
Kerry	20.722	21.039	0.309	304.15	291.21	(12.94)
Waterford & Wexford	34.936	36.343	2.492	478.45	454.68	(23.77)
Carlow / Kilkenny & South Tipperary	48.571	48.525	0.794	767.01	734.09	(32.92)
Total	**175.945**	**180.046**	**7.543**	**2,545.08**	**2,429.79**	**(115.29)**

Introduction

Mental health services include a broad range of primary and community services as well as specialised secondary care services for children and adolescents, adults, older persons, forensics, and suicide prevention initiatives. Services are provided by the HSE and voluntary sector partners in a number of different settings including the service users' own home, acute inpatient facilities, acute day services (day hospitals), community mental health centres, day centres, and supported community residences.
In addition to the completion of the mental health investment programme of 2012, HSE South will be provided with an appropriate allocation from the additional 2013 €35m national funding. This will be prioritised and utilised in 2013 to enhance Community Mental Health Team capacity in General Adult and Child and Adolescent Mental Health Services and to support the development of services for older people with a mental illness, those with an intellectual disability and mental illness and forensic services. Further investment will also be made in implementing the recommendations of the suicide prevention strategy *Reach Out.*

In HSE South significant progress has been made with the implementation of *A Vision for Change.* The South East has been the main focus of development over the past few years given the historical dependency on old models of institutional care delivered from antiquated Victorian buildings. Staff and their representative associations have worked with service users, local communities and public representatives in transforming the mental health services across Carlow / Kilkenny & South Tipperary and Waterford / Wexford areas into the modern, community based mental health services appropriate to the needs of the service users in these catchment areas. The focus in 2013 will be to consolidate the developments which have been implemented across the south east while moving to implement the next phase of the change programme across the Cork and Kerry areas.

This change programme is about ensuring that people who use mental health services have easy access to appropriate care in the most appropriate setting and involves a system wide approach by mental health professionals, service users and their families, primary care teams, GP's and voluntary and community groups.

The move away from institutional care, allows a shift in resources towards community settings, which can deliver enhanced user outcomes. This approach aims to support people to live as independently as possible and avoid admission to hospital if possible.

Fundamentally, in line with the ethos of A Vision for Change, there has been a move towards a service that facilitates recovery. This recovery ethos ensures that individuals take responsibility for their own recovery with the necessary levels of support from the mental health services.

Delivering on "A Vision for Change" – Progress in 2012

Given the scale of the change programme which has been successfully implemented across HSE South during 2012 it is important to record the specific initiatives implemented during the past year:

Carlow / Kilkenny / South Tipperary

In Carlow / Kilkenny / South Tipperary the key element of this change programme has been the enhancement and development of a wide range of community mental health services with a focus on enabling the service user to remain in the community to the greatest extent possible. The key developments in Carlow / Kilkenny / South Tipperary mental health services in 2012 were:

- Acute mental health inpatient services were transferred from St. Michael's Unit (SMU), South Tipperary General Hospital to the Acute Inpatient Unit of the Department of Psychiatry at St. Luke's General Hospital, Kilkenny on 5th June, 2012 (admissions to SMU ceased on 5th June, 2012, acute inpatient services transferred officially on 16th July, 2012).
- The South Tipperary Community Mental Health Team (CMHT), Home Based Treatment Team and Acute Day Services (Day Hospital) relocated to the newly purpose built permanent location at South Tipperary Community Mental Health Centre which became operational on 24th September, 2012.

- Three new Home Based Treatment Teams (HBTTs) across the extended catchment commenced and are operational since 31st October, 2011 and were further enhanced in 2012.
- Two new Acute Day Services (Day Hospitals) were established in both Clonmel and Cashel. The existing Acute Day Services (Day Hospitals) within Carlow and Kilkenny were enhanced and are now providing additional hours of service.
- Haywood Lodge a new purpose built residential 40 bed community nursing unit in Clonmel opened in April, 2012.
- Garryshane House - a twelve bed High Support Hostel opened in South Tipperary in July, 2012.
- Glenville House a crisis/respite facility opened in a temporary location in South Tipperary in June, 2012 while the permanent facility is being developed. Respite accommodation services for Carlow / Kilkenny continues to be provided in a 12 bed unit at Greenbanks Hostel, Carlow.
- In Carlow and Kilkenny new bases were developed for the amalgamation and co location of the Community Mental Health Teams, Home Based Treatment Teams and Acute Day Services (Day Hospitals).
- Additional Staffing to support Vision for Change – following the transfer of the North Tipperary Acute Inpatients services to HSE West, the resource allocation and the associated 10 WTE additional nursing posts were maintained in South Tipperary Mental Health services and re-deployed to enhance Community based Mental Health services to support the implementation of the change programme. Six additional Allied Health Professionals have been appointed from May, 2012.
- In addition as part of the €35m additional allocation nationally, 14 staff were approved for Carlow / Kilkenny / South Tipperary catchment area of which 4 have been appointed and the remaining 10 will be appointed before the end of Q2, 2013.
- In 2011 South Tipperary had the highest admission rate in the country as a result of the enhancement and development of community mental health services in the area the inpatient admission rate has reduced significantly. The admission rate since June, 2012 would in its full year effect be 50% lower than the 2011 levels and brings the admission rate in South Tipperary to one of the lowest in the country. Similar reductions in inpatient admission rates were also seen in both Carlow and Kilkenny. In addition, there has been a reduction in the average length of stay to 20 days.

Waterford / Wexford

The Waterford / Wexford area merged their Mental Health Services in March 2011 and a comprehensive change programme has been successfully implemented since that time to key developments in 2012 as follows:
In line with A Vision for Change, a comprehensive change programme has been undertaken in Waterford & Wexford Mental Health Services. Key developments include:

- A total refurbishment of the Department of Psychiatry in Waterford Regional Hospital was completed in 2012 providing a new Tribunal Suite and a Seclusion Suite as well as the addition of a visitor room/relaxation room for the Acute Unit.
- Brook House in Waterford the main centre for day services for Waterford City was refurbished and reopened in February 2012.
- Summerhill the Sector Headquarters for Wexford Town was refurbished and reopened in May, 2012.
- Tús Nua High Support Rehabilitation Hostel - this 12 bedded unit was officially opened in March, 2012 and provides a recovery based care and treatment programme to assist people to move back to their own communities.
- Tara House, Gorey, County Wexford - a newly built Mental Health Day Hospital was officially opened in March, 2012 and is the centre for the North Wexford Gorey community mental health team.
- A new purpose built 50 bed Community Nursing Unit at Farnogue, Wexford will open in Q1, 2013 on the campus of Wexford General Hospital. This is a joint project between mental health services and services for older people which will provide accommodation for 20 mental health service residents currently in St. Senan's Hospital and accommodation for 21 services for older people residents currently in Ely hospital.
- A consultant provided mental health outpatient service commenced for Waterford County based in the new Primary Care Centre in Tramore and the sector headquarters for Waterford County East is now located in the Primary Care Centre.
- A Liaison Nurse commenced in the Emergency Department in Waterford Regional Hospital replicating the model in Wexford General Hospital.
- SHIP - the Self Harm Intervention Programme was expanded to cover both Waterford and Wexford Mental Health Services.
- In addition as part of the €35m additional allocation nationally, 24 staff were approved for Waterford /Wexford catchment area of which 11 have been appointed and the remaining 13 will be appointed before the end of Q2, 2013.

Kerry

As part of the ongoing reconfiguration of mental health services and in line with the Vision for Change framework, a comprehensive review of clients in residential care commenced in 2011 across all aspects of the mental health service in Co. Kerry. Following this review, a comprehensive plan was put in place, which initially saw the closure of a long stay ward in St. Finan's Hospital in 2012. The second and final ward in St. Finan's was subsequently closed in September 2012. Each resident of these two wards were transferred to appropriate accommodation to suit their needs following consultation with residents and their families as appropriate. The remaining residents on the campus of St. Finan's currently reside in the O'Connor Unit. A new residential unit is currently being planned, and will

be constructed at St. Margaret's Road, Killarney to allow for the transfer of all remaining residents. The reconfiguration of the service is in line with the requirements and timeframes of the Mental Health commission.

In 2012, following negotiation and cooperation with the unions concerned, the introduction of Health Care Assistants in residential care mental health services commenced in Kerry. The target areas were high support hostels and long stay facilities. The appropriate use of staffing in these areas allows for the better use of the available resource, particularly at a time of reduction in nursing staff.

Progressing our Change Programme in 2013

In 2013 the focus of HSE South will be on consolidating the change programme undertaken in the South East across Carlow / Kilkenny / South Tipperary and Waterford / Wexford areas while in the South West we will move to the next phase of implementation of the change programme in Cork and Kerry which will reduce our reliance on institutional settings and in-patient beds in excess of the Vision for Change recommended levels, while at the same time expanding and developing a range of community based teams and services. Additional funding of €35m was provided nationally by Government in 2012 of which €6m was provided to HSE South to support the implementation of our change programme which has seen the appointment of 61 additional staff and the remaining 43 will be appointed by end of Q2. Similarly, an additional €35m has been provided nationally in 2013 and a national allocation process is currently ongoing. It is anticipated that HSE South will be provided with resources in the order of €8.5m to support the next phase of our programme, including the appointment in the order of 120 additional staff. This resource will be utilised to implement the 2013 key national priorities which will involve significant enhancement of services across all 4 areas in HSE South, and to maintain the significant change programme already undertaken in HSE South, particularly in the Carlow/Kilkenny & South Tipperary and Waterford/Wexford areas. (See Appendix 3)

Cork & Kerry

In terms of implementing the Vision for Change the priority in Cork & Kerry will be to:

- Further develop the general adult community mental health teams and the child and adolescent community teams
- Reconfigure our acute in-patient services in line with the recommendations of a Vision for Change, deploying staff resources away from old institutional settings or over provision of acute in-patient beds towards modern community based services such as acute day services (day hospitals), etc.
- A new Acute Inpatient Unit for Mental Health services to replace the existing South Lee Acute Inpatient Unit will be developed on the campus of Cork University Hospital with construction to commence in Q1, 2013.
- Develop plans for the reconfiguration of long stay and hostel accommodation to more appropriate modern based residential support services for the Cork area.
- Develop revised governance arrangements in line with the new model and structure for mental health service management teams at area level with appropriate service user involvement.

As part of the change programme in Cork there will be a comprehensive consultation process with all key stakeholders in relation to the planned developments of the Mental Health services including service users, staff and staff associations, voluntary partners and community representatives. Consultation and engagement will commence in the first quarter and will be ongoing in 2013 and will continue to be a critical element in the development and roll out of plans. In line with the recommendations of A Vision for Change, acute bed numbers in Cork will reduce from 140 Acute beds to 115 Acute beds, a reduction of 25.

In Kerry, in 2013, a key priority is to reconfigure acute inpatient services in line with the recommendations of A Vision for Change. The approach involves deploying staff resources away from old institutional settings or overprovision of acute inpatient beds towards community based services such as Acute Day Services (Day Hospitals), Home Based Treatment Teams, Crisis / Respite Accommodation Services and enhanced CMHT's. In line with the recommendations of A Vision for Change, acute bed numbers in Kerry General Hospital will reduce from 44 acute beds to 34 acute beds. The development of a 4 bed high observation area in the acute unit will be completed by year-end.

The change programme in Cork and Kerry is about ensuring that people who use mental health services have easy access to appropriate care in the most appropriate setting and will involve a system wide approach by mental health professionals, service users and their families, primary care teams, GP's and voluntary and community groups. The key element of this change programme is the enhancement and development of a wide range of community mental health services in Cork and Kerry with a focus on enabling the service user to remain in the community to the greatest extent possible. The change programme will see a continued move away from the old model of institutional care to a wide range of modern community based mental health services. This allows a shift in focus of the resources available which can deliver enhanced user outcomes. This approach aims to support people to live as independently as possible and avoid admission to hospital if possible.

Service Quantum

In 2013 HSE South will provide:

- 237 acute inpatient beds – reducing acute inpatient capacity in line with A Vision for Change norms through the reduction of 35 acute inpatient beds

- 20 inpatient Child and Adolescent Mental Health beds (an increase of 8)
- 250 long stay/Psychiatry of Later Life beds (and an additional 28 rehab beds and 16 low secure beds) representing a reduction of 110 beds
- 648 residential places in low/medium/high support community residences representing a net decrease of 61 places
- 322 day hospital places representing an increase of 55 places due to developments in Cork, Wexford and Waterford areas
- 523 day centre/resource places
- 273 Activation & Supported Training Workshop places
- 12 Crisis/Respite Beds
- 30 General Adult Community Mental Health Teams
- 14 Child and Adolescent Mental Health Teams,1 Liaison Psychiatry Team (CUH), 6 Community Rehabilitation Teams,5 Psychiatry of Later Life Teams
- Accommodate clients in more appropriate care settings. Staff released by the reorganisation will be redeployed to support the development of the community service including the filling of vacancies to agreed levels. This will place increased pressure on acute services which will have to be addressed by an investment in community based services through the additional resource now being provided.

2013 Key National Priorities

- Promote positive mental health and implement the outstanding actions in *Reach Out – National Strategy for Action on Suicide Prevention*.
- Enhance the *capacity at primary care and acute hospitals* to respond to suicidal behaviour.
- Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012 and provide additional capacity in 2013.
- Enhance mental health services for children and adolescents in both community and inpatient environments to:
  - Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012
  - Maintain and increase child and adolescent acute inpatient capacity.
- Continue to rationalise adult acute inpatient and continuing care bed provision in line with *A Vision for Change* recommendations.
- Develop the service user and carer partnership by ensuring service user representation on Area Mental Health Management Teams.
- Provide access to quality psychotherapy and counselling services for patients eligible under the general medical services within primary care, commenced in 2012.
- Progress the project plan to relocate Central Mental Hospital to St. Ita's, Portrane and progress associated national forensic infrastructure to include Forensic CAMHS Unit, Forensic Mental Health Intellectual Disability (MHID) Unit and provision of four Intensive Care Rehabilitation Units (ICRUs).
- Implement agreed clinical care programmes in mental health across primary and secondary care
  - Early intervention in first episode psychosis
  - Early intervention in eating disorders
  - Management of self harm presentations amongst service users to Emergency Departments.
- Develop phase two of the clinical care programmes in mental health across primary and secondary care to extend psychosis interventions to a wider relevant service user population, develop interventions for complex psychological conditions and develop a programme for depression.
- Improve the quality of mental health services in line with the requirements of the Mental Health Commission.
- Enhance specialist community mental health services for Older People with a Mental Illness, those with an Intellectual Disability and Mental Illness (MHID) and forensic mental health services.

Quality and Patient Safety

We will continue to improve the quality of mental health services in line with the requirements of the Mental Health Commission. Our services will continue to promote positive mental health and implement the outstanding actions in Reach Out – National Strategy for Action on Suicide Prevention along with developing service user and carer partnership by ensuring service user representation on Area Mental Health Management Teams.

- Promote quality and patient safety through:
  - Adherence to Mental Health Commission (MHC) Regulations for Approved Centres and the suite of Rules and Codes of Practice of the MHC on various aspects of mental health service delivery
  - Full co-operation with the Inspector of Mental Health Services during annual inspection and responsiveness to Inspectors Reports
  - Commitment to full realization of the Quality Framework, Mental Health Services in Ireland (MHC)
  - Commission National Quality and Patient Safety Internal Audits as required
- Develop a strong system of integrated corporate and clinical governance
  - Develop a strong system of integrated corporate and clinical governance, through the establishment of QPS Committees within all HSE Mental Health Services

- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents
  - Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents
  - Ensure compilation and regular review of risk registers for all services/service areas

2013 Actions

HSE South will support and implement the relevant Mental Health national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISAs in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Cork ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
General Adult Community Mental Health Teams	▪ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012 to include the realignment/ reconfiguration of existing teams to 50,000 catchment areas (LRC Agreement 17th September, 2012) ▪ Complete recruitment of remaining 14 posts from the 35 allocated posts. ▪ Provide additional capacity through further investment in General Adult Teams in 2013.	Q2 Q1/Q2 Q3/Q4
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Service: ▪ Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012, recruit remaining 2 posts from the 20 allocated ▪ Provide additional capacity through further investment in Child & Adolescent Teams in 2013. ▪ Transfer Brothers of Charity CAMHS services to HSE South	Q1 Q3/Q4 Q2
	Child and Adolescent Acute Inpatient Capacity: ▪ Complete recruitment to bring CAMHS unit in Cork from 12 to 20 bed capacity ▪ To ensure that the optimum service and efficiency levels are being delivered by the Eist Linn regional inpatient unit, a review of the operation of the service, and its linkages with the CAMHS services in the region will be undertaken	Q2 Q4
Continue to rationalise adult acute in-patient and continuing care bed provision in line with Vision recommendations and sustain acute inpatient bed numbers at Vision levels	▪ A key priority for the HSE has been to reconfigure acute inpatient services in line with the recommendations of A Vision for Change. The approach involves deploying staff resources away from old institutional settings or overprovision of acute inpatient beds towards community based services such as Acute Day Services (Day Hospitals), Home Based Treatment Teams, Crisis / Respite Accommodation Services and enhanced CMHT's. This approach is central to the delivery of modern, quality and responsive mental health services, is supported by service users, and delivers value for money. ▪ As community mental health services are further developed in Cork those with mental health needs will be able to avail of more appropriate services in the community with fewer people requiring admission to acute inpatient beds. In line with the recommendation of a Vision for Change, this will facilitate a reduction in acute inpatient bed numbers in Cork from 140 to 115 acute beds, a reduction of 25 ▪ Transition of Continuing Care and High Dependency service users to *A Vision for Change Models of Service*	Q4 Q2
Service User and Carer Partnership	▪ Ensure service user representation on Area Mental Health Management Teams	Q3
Strengthen Area Mental Health Services Management	▪ Complete the multidisciplinary Area Mental Health Services Management Teams in all operational areas through reconfiguration of existing management roles	Q3
Mental Health in Primary Care and Access to Psychotherapy Services	▪ Continue to provide access to psychotherapy and counselling for patients eligible under the general medical services - Rollout model to all Primary Care Teams	Q2
Clinical Care Programmes in Mental Health	Early Intervention in First Episode Psychosis: ▪ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams	Q1
	▪ Named lead person(s) on each CMHT/CAMHS Teams to participate in agreed training programme.	Q1-2
	▪ Introduce clinical care pathway in each CMHT/CAMHS when agreed nationally.	Q3
	Early Intervention in Eating Disorders: ▪ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams	Q1
	▪ Named lead persons on each CMHT/CAMHS Teams to participate in agreed training programme	Q1-2
	▪ Commence clinical care pathway in each CMHT/CAMHS	Q3
	Management of self harm presentations amongst service users in Emergency Departments (ED's):	

Cork ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	⌐ Deliver an agreed training programme to Mental Health Staff working in ED's	Q1-2
	⌐ Train identified Mental Health Staff as trainers to deliver an education programme on self harm to ED staff	Q1-2
	⌐ Introduce agreed clinical care pathway in ED's	Q1-Q2
Reconfiguration of Services	⌐ Complete reconfiguration of mental health service to allow for 7/7 day services ⌐ Develop and agree referral pathways and single point of access ⌐ Shift acute service provision to the greatest extent possible to the community by having fully functioning day services and access to 7/7 acute day services. ⌐ A new Acute Inpatient Unit for Mental Health services to replace the existing South Lee Acute Inpatient Unit will be developed on the campus of Cork University Hospital with construction to commence in Q1, 2013	Q2-Q3
Older People with a Mental Health Illness/Intellectual Disability and Mental Illness (MHID)	⌐ Enhance and develop community mental health service provision for Older People with a Mental Illness ⌐ Enhance community service provision for those with an intellectual Disability and Mental illness	Q3 / Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1-Q4
	⌐ Relocation of clients from Carrig Mor Long Stay Residential Unit to more appropriate continuing care setting in Cork ISA will contribute towards Cork MHS cost management and employment control requirements as well as facilitating reconfiguration of Mental Health Services in Cork.	Q2
	⌐ A range of procurement measures are being implemented to reduce costs	Q1-Q4

Kerry ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
General Adult Community Mental Health Teams	⌐ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012 to include the realignment/ reconfiguration of existing teams to 50,000 population catchment areas ⌐ Complete recruitment of remaining 4 posts from the 10 allocated posts in 2012. ⌐ Provide additional capacity through further investment in General Adult Teams in 2013.	Q1 Q3 / Q4
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Teams: ⌐ Provide additional capacity through further investment in Child & Adolescent Teams in 2013. ⌐ Transfer Brothers of Charity CAMHS services to HSE South	Q3 / Q4 Q2
Continue to rationalise adult acute in-patient and continuing care bed provision in line with Vision recommendations and sustain acute inpatient bed numbers at Vision levels	⌐ A key priority for the HSE has been to reconfigure acute inpatient services in line with the recommendations of A Vision for Change. The approach involves deploying staff resources away from old institutional settings or overprovision of acute inpatient beds towards community based services such as Acute Day Services (Day Hospitals), Home Based Treatment Teams, Crisis / Respite Accommodation Services and enhanced CMHT's. This approach is central to the delivery of modern, quality and responsive mental health services, is supported by service users, and delivers value for money. In line with the recommendations in VFC, acute bed numbers in KGH will reduce from 44 acute beds to 34 acute beds (including 4 High Observation Beds).	Q4
	Transition of Continuing Care and High Dependency service users to Vision models of service: ⌐ Develop plans for the phased discontinuation of low and medium support hostels provision including for the provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the National Housing Strategy. – Liaise with existing voluntary providers (Cluid & Kerry Mental Health Association) in respect of medium support hostels	Q4
	⌐ Review High Support Hostel and continuing care bed capacity to provide for population needs in line with Vision recommended levels and plan to reconfigure over-capacity to provide crisis resources and for those with difficult to manage behaviours.	Q4
Service User and Carer	⌐ Ensure service user representation on Area Mental Health Management Teams	Q4

Kerry ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Partnership		
Strengthen Area Mental Health Services Management	⌐ Complete the multidisciplinary Area Mental Health Services Management Teams in all operational areas through reconfiguration of existing management roles	On going
Mental Health in Primary Care and Access to Psychotherapy Services	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the general medical services. ⌐ Rollout agreed model to PCT's	Q2
Clinical Care Programmes in Mental Health	Early Intervention in First Episode Psychosis: ⌐ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams	Q1
	⌐ Named lead person(s) on each CMHT/CAMHS Teams to participate in an agreed training programme.	Q1-2
	⌐ Introduce clinical care pathway in each CMHT/CAMHS when agreed nationally.	Q3
	Early Intervention in Eating Disorders: ⌐ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams	Q1
	⌐ Named lead persons on each CMHT/CAMHS Teams to participate in agreed training programme.	Q1-2
	⌐ Commence clinical care pathway in each CMHT/CAMHS	Q3
	Management of self harm presentations amongst service users in Emergency Departments (ED's): ⌐ Deliver an agreed training programme to Mental Health Staff working in ED's	Q1-2
	⌐ Train identified Mental Health Staff as trainers to deliver an education programme on self harm to ED staff	Q1-2
	⌐ Introduce agreed clinical care pathway in ED's	Q3
Older People with a Mental Health Illness/Intellectual Disability and Mental Illness (MHID)	⌐ Enhance and develop community mental health service provision for Older People with a Mental Illness ⌐ Enhance community service provision for those with an intellectual Disability and Mental illness	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
Kerry General Hospital	⌐ Complete the construction of the High Observation Unit Kerry General Hospital	Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1-Q4
	⌐ A range of procurement measures are being implemented to reduce costs	Q1-Q4

Waterford & Wexford ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
General Adult Community Mental Health Teams	⌐ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012 by recruiting the remaining 5 posts from the 16 allocated posts in 2012. ⌐ Provide additional capacity through further investment in General Adult Teams in 2013.	Q 2 Q3 / Q4
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Teams: ⌐ Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity by recruiting the 8 posts approved in 2012 ⌐ Provide additional capacity through further investment in Child & Adolescent Teams in 2013.	Q2 Q3 / Q4
Continue to rationalise adult acute in-patient and continuing care bed provision in line with Vision recommendations and sustain acute inpatient bed numbers at Vision levels	Transition of Continuing Care and High Dependency service users to Vision models of service: ⌐ Develop plans for the phased discontinuation of low and medium support hostels provision including for the provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the National Housing Strategy.	Q4
Service User and Carer Partnership	⌐ Ensure service user representation on Area Mental Health Management Teams	Q4

Waterford & Wexford ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Strengthen Area Mental Health Services Management	⌐ Complete the multidisciplinary Area Mental Health Services Management Teams in all operational areas through reconfiguration of existing management roles	Q3
	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the General Medical Services ⌐ Rollout agreed model ⌐ *LINK UP* will develop a directory of services aimed at all stakeholders including GPs, carers, staff and service users across Waterford/Wexford and will be launched in the second quarter of 2013..	Q2 Q4
Clinical Care Programmes in Mental Health	Early Intervention in First Episode Psychosis: ⌐ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams	Q1
	⌐ Named lead person(s) on each CMHT/CAMHS Teams to participate in an agreed training programme.	Q1-2
	⌐ Introduce clinical care pathway in each CMHT/CAMHS when agreed nationally.	Q3
	Early Intervention in Eating Disorders: ⌐ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams	Q1
	⌐ Named lead persons on each CMHT/CAMHS Teams to participate in agreed training programme.	Q1-2
	⌐ Commence clinical care pathway in each CMHT/CAMHS	Q3
	Management of self harm presentations amongst service users in Emergency Departments (ED's): ⌐ Deliver an agreed training programme to Mental Health Staff working in ED's	Q1-2
	⌐ Train identified Mental Health Staff as trainers to deliver an education programme on self harm to ED staff	Q1-Q2
	⌐ The *SCAN (Suicide Crises Assessment Nurse)* project, having developed and rolled out the Co. Wexford will be expanded to Waterford in Q3	Q4
	⌐ Introduce agreed clinical care pathway in ED's	Q1-Q2
Older People with a Mental Health Illness/Intellectual Disability and Mental Illness (MHID)	⌐ Enhance and develop community mental health service provision for Older People with a Mental Illness ⌐ Enhance community service provision for those with an intellectual Disability and Mental illness	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
St John's, Enniscorthy	⌐ Mill View is a newly developed High Support House on the grounds of St. John's Hospital, Enniscothy. This unit will accommodate long stay residents from St. Senan's hospital	Q2
St. John's Enniscorthy	⌐ Havenview is a newly developed 14 bed unit and will accommodate clients with Intellectual Disabilities from St. Christopher's ward in St. Senan's hospital	Q2
Wexford	⌐ A new purpose built 50 bed Community Nursing Unit at Farnogue, Wexford will open in Q1 2013 on the campus of Wexford General Hospital. This is a joint project between mental health services and services for older people which will provide accommodation for 20 mental health service residents currently in St. Senan's Hospital and accommodation for 21 services for older people residents currently in Ely hospital.	Q1-Q2

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1-Q4
	⌐ A range of procurement measures are being implemented to reduce costs	Q1-Q4

Carlow / Kilkenny & South Tipperary ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
General Adult Community Mental Health Teams	⌐ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity. This initiative commenced in 2012 to include the realignment/ reconfiguration of existing teams to 50,000 catchment areas. ⌐ Complete recruitment of remaining 2 posts from the 4 approved in 2012. ⌐ Provide additional capacity through further investment in General Adult Teams in 2013.	Q1 Q3 Q3 / Q4
Enhance mental health services for children and	Child and Adolescent Community Mental Health Teams: ⌐ Complete the strengthening of the Child and Adolescent Community Mental Health Team	Q1

Carlow / Kilkenny & South Tipperary ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
adolescents in both the community and inpatient environments	(CAMHT) capacity. This initiative commenced in 2012 with the recruitment of the remaining 8 posts from the 10 approved in 2012. ⌐ Provide additional capacity through further investment in Child & Adolescent Teams in 2013.	Q3 / Q4
Continue to rationalise adult acute inpatient and continuing care bed provision in line with A Vision for Change recommendations and sustain acute inpatient bed numbers at A Vision for Change level	Transition of Continuing Care and High Dependency service users to Vision for Change models of service: ⌐ Develop plans for the phased discontinuation of low and medium support hostel provision including for the provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the National Housing Strategy.	Q4
	⌐ Continue review of High Support Hostels and the continuing care bed capacity to provide for population needs in line with Vision fro Change recommendations. ⌐ Develop plan to reconfigure capacity to provide crisis resources and for those with difficult to manage behaviours.	Q4 Q4
Service User and Carer Partnership	⌐ Ensure service user representation on Area Mental Health Management Team	Q2
Strengthen Area Mental Health Services Management	⌐ Complete the multidisciplinary Area Mental Health Services Management Team across the Carlow / Kilkenny / South Tipperary Area ⌐ Develop Strategy document for the next 3-5 years.	Q3/Q4 Q4
Mental Health in Primary Care and Access to Psychotherapy Services	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the General Medical Services ⌐ Rollout agreed model	Q4
Clinical Care Programmes in Mental Health	Early Intervention in First Episode Psychosis: ⌐ Through each ECD identify lead person(s) on each CMHT/CAMHS Teams in both Carlow Kilkenny & South Tipperary	Q1
	⌐ Named lead person(s) on each CMHT/CAMHS Teams to participate in an agreed training programme.	Q1-Q2
	⌐ Introduce clinical care pathway in each CMHT/CAMHS when agreed nationally.	Q3
	Early Intervention in Eating Disorders: ⌐ Through ECD identify lead person(s) for Carlow Kilkenny & South Tipperary mental health services.	Q1
	⌐ Named lead persons to participate in agreed training programme.	Q1-Q2
	⌐ Commence implementation of clinical care pathway	Q3
	Management of self harm presentations amongst service users in Emergency Departments (ED's): ⌐ Deliver an agreed training programme to Mental Health Staff working in ED's	Q1-Q2
	⌐ Train identified Mental Health Staff as trainers to deliver an education programme on self harm to ED staff	Q1-Q2
	⌐ Introduce agreed clinical care pathway in ED's	Q3
Older People with a Mental Health Illness / Intellectual Disability and Mental Illness (MHID)	⌐ Enhance and develop community mental health service provision for Older People with a mental illness ⌐ Enhance community service provision for those with an intellectual Disability and Mental Illness	Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1-Q4
	⌐ A range of procurement measures are being implemented to reduce costs	Q1-Q4

HSE South Scorecard 2013

Mental Health Services Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Adult Inpatient Services No. of admissions to adult acute inpatient units	3,980	Quality, Access and Activity	No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	32
Median length of stay	9		No. of children / adolescents admitted to adult HSE mental health inpatient units	< 50*
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	87.8		i). < 16 years ii). < 17 years	0* 15*

Mental Health Services Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	28			
Acute re-admissions as % of admissions	68%		No. and % of involuntary admissions of children and adolescents	16* 5%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	59.7		No. of child / adolescent referrals (including re-referred) received by mental health services	2,804
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	26.5		No. of child / adolescent referrals (including re-referred) accepted by mental health services	2,243
No. of adult involuntary admissions	456		Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen	2,076
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	10.1		No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	70%
General Adult Community Mental Health Teams (CMHT) No. of General Adult CMHT	New PI		No. and % of cases closed / discharged by CAMHS service	1,795 80%
No. of referrals (including re-referred) received by General Adult CMHT	New PI		Total no. on waiting list for first appointment at end of each quarter (reduce no. waiting by > 5%)	411
No. of referrals (including re-referred) accepted by General Adult CMHT	New PI		No. and % on waiting list for first appointment at end of each quarter by wait time i). < 3 months	142, 35%
No. of new (including re-referred) General Adult CMHT cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI		ii). 3-6 months	81, 20%
No. of cases closed / discharged by General Adult CMHT	New PI		iii). 6-9 months	60, 15%
Psychiatry of Old Age Community Mental Health Teams (CMHT) No. of Psychiatry of Old Age CMHT	New PI		iv). 9-12 months	128, 31%
No. of referrals (including re-referred) received by Psychiatry of Old Age CMHT	New PI		v). > 12 months	0
No. of referrals (including re-referred) accepted by Psychiatry of Old Age CMHT	New PI		Finance Variance against Budget: Income and Expenditure	≤ 0%
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI		Variance against Budget: Income Collection	≤ 0%
			Variance against Budget: Pay	≤ 0%
No. of cases closed / discharged by Old Age Psychiatry CMHT	New PI		Variance against Budget: Non Pay	≤ 0%
Child and Adolescent No. of child and adolescent Community Mental Health Teams	14		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of child and adolescent Day Hospital Teams	0		Human Resources Absenteeism rates	3.5%
No. of Paediatric Liaison Teams	0		Variance from approved WTE ceiling	≤ 0%

*National target

OLDER PEOPLE SERVICES

Older People Services	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	93.186	98.228	3.251	1,508.91	1,453.53	(55.38)
Kerry	38.438	45.455	0.257	456.51	439.24	(17.27)
Waterford & Wexford	36.708	37.045	0.414	652.71	629.59	(23.12)
Carlow / Kilkenny & South Tipperary	43.303	45.800	0.535	673.09	649.29	(23.80)
Total	**211.635**	**226.528**	**4.457**	**3,291.22**	**3,171.65**	**(119.57)**

Introduction

The majority of people in Ireland over 65 years are well and live healthy active lives, with the vast majority remaining independent into old age in their homes or in their own community, receiving support only as and when required.

Demographic Trends and Expectations

In line with trends in most western countries, people are living longer and healthier lives. This is a cause for celebration, as society can benefit greatly from older peoples' experiences and advice. However the challenges of an ageing population, particularly for those aged 75 years and older, is increasingly more complex care needs, at a greater cost. The 2011 Census reports that in the HSE South catchment area there are 125,389 persons over 65 years and, of these, 53,719 are aged 75 years and older. These figures are expected to rise significantly in the years ahead.

Model of Care - Supporting Older People's Independence

In the ongoing development of integrated care processes across hospital and community there is a need to ensure that older people with complex care needs are targeted and supported appropriately through the developing Primary Care Team services and with appropriate access to specialist care by way of Consultant Geriatrician input along the continuum of care. The HSE South has over the past number of years adopted and implemented this model and has successfully demonstrated the value of the provision of specialist clinical care to support people's independence and the provision of that care across hospital and community services in an integrated manner.

While there will always be a need for older people to access acute hospital care it is vital that once the acute episode has been addressed, they can access the appropriate service at home or by way of rehabilitation, convalescence etc to ensure that they can maintain or improve their level of independence.

Helping Older People To Live In Their Own Homes and Communities

Our goal is to help people remain in their home environment rather than entering long term residential care, except in exceptional circumstances when their care needs become so great that those needs cannot be catered for in the community or primary care setting. The HSE South will continue to support this goal through the provision of a range of services designed for the older persons needs and based on 2012 levels of service including community-based support such as home help services, home care packages, respite care, day care, meals on wheels, health promotion initiatives / programmes, etc.

In 2013, the HSE-South aims to provide 3.6m home help hours and over 2,400 home care packages consistent with 2012 levels of service provision. The deployment of the home help resource in particular in 2013 will be managed so as to ensure that the provision can be increased in line with the predicted rise in demand for such services later in the year facing the winter period.

We will also work with primary care, clinical care programmes and hospitals to address recommendations from the *Strategy to Prevent Falls and Fractures in Ireland's Ageing Population.* Building on a variety of service reviews and audits undertaken in 2012, we will continue to work with all stakeholders to find a sustainable solution for the future, ensuring that older people's needs and preferences remain central to decision-making and are at the centre of policy and practice development.

Public Residential Care - Sustainability into the future

The HSE-South has a significant resource provision engaged in providing residential care including long stay, rehabilitation, convalescence and respite. The network of community hospitals and associated facilities provide a significant support to older people when such care is determined to be required. In 2012, all public residential care units requiring registration in the HSE South were

registered under the HIQA Residential Care Standards for Older People and associated care and welfare regulations. This was the result of a culmination of three years work in relation to ensuring that all policies and procedures as well as necessary environmental upgrades complied with the required standards.
A further renewal process has commenced in order to achieve the registration process required for 2015 and in particular the challenges faced by residential care units to comply with the specific environmental standards that will apply at that time.

The HSE-South is currently developing a sustainability programme for public residential facilities in preparation for 2015 and identifying the key issues that need to be addressed. While the HSE South has seen many new capital developments, particularly in Cork, Kerry and Wexford, there continues to be a deficit in some of the available accommodation specifically to meet the standards. The HSE South will strive to continue to improve all aspects of residential care building on the substantial work already undertaken to date.

Strengthening Community Hospital Governance

The HSE South intends to strengthen the governance arrangements that exist across the community hospitals in the region. This will mean that over 2013 the management of community hospitals will transform from the current single hospital management structure to a new arrangement. In future community hospitals will be amalgamated on a geographic basis and a director of nursing will have the responsibility to manage the hospitals across each cluster.
This initiative will support the ongoing requirement to maximise the use of resources and reduce the costs of providing the care across the hospitals. This includes maximising the use and occupancy levels of the available beds, as well as the staffing requirements including rostering arrangements and skill mix to eliminate the use of the more expensive option of agency staffing. The revised structure will support a more economic use of resource through a delayering of tiers of nurse management as well as maximising the flexibility and deployment of the available staffing complement. By taking such measures the HSE South will underpin the long term sustainability of public residential care, support the reality of the Money Follows the Patient initiative and ensure the best use of the available resources while meeting the needs of older people.

Short Stay Bed Availability

There may be a requirement for seasonal closures of short stay beds similar to previous years. In order to reduce the impact of any closures on those availing of the service, a review of the demand for short stay services will be undertaken at a local level. Demand for services such as respite will be reviewed to ensure that bed closures will not be implemented when demand is high. Rosters will be reviewed to determine when planned annual leave can be taken and every effort will be made to match the leave requirements to when the demand for services is reduced so that seasonal closures will have the minimum impact. Offers of alternative short stay services may be made to clients in neighbouring units where this is possible and where there is availability of the service. Beds will not be closed when it is likely that such closures would have a detrimental effect on discharges from the acute sector.

Service Quantum

In 2013, the HSE South will continue to deploy a significant resource to support the requirements of dependant older people. This includes:

- The provision of 3.6m hours of home help to a target of 15,000 people
- Supporting complex care needs through 2,400 home care packages
- Accessing for those in need of residential care, the Nursing Home Support Scheme, Fair Deal, which currently provides funding support to 23,000 people nationally
- Maintaining over 2,200 public residential care beds in 39 community hospitals and facilities across the region.
- Maintaining over 7,500 day care places as a local network of service provision either directly or in partnership with voluntary agencies

2013 Key National Priorities

- Provide quality long stay residential care for older persons who can no longer be maintained at home, with the assistance of an appropriate, equitable, and accessible funding scheme.
- Provide comprehensive home and community supports such as home help, home care packages, Community Intervention Teams, day / respite care, etc. for older persons to live independently, in their own homes, for as long as possible. This will include:
    - Encourage and support older people to keep healthy, remain at home and stay out of hospital.
    - Progress the Single Assessment Tool (SAT) for older people to ensure a robust equitable standardised care needs assessment nationally. Begin implementation of the SAT in 2013 addressing key areas such as funding, governance, ICT and procurement, resource utilisation groups / case mix, education and dissemination, and early adopter sites for implementation.

2013 Local Priorities

- Continue to provide home help and home care package levels at 2012 levels. The HSE South will continue to provide a flexible and responsive home help service for clients with the highest degree of need. Services will be prioritised to meet the personal care requirement of clients and only essential household duties will be provided.
- Continue to progress the implementation of revised staffing rosters and skill mix models to eliminate unsustainable levels of agency and overtime and to maximise occupancy levels in public residential care. As part of this process short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.
- On a geographical basis, organise management structures and operations of community hospitals and facilities into clusters to maximise efficiencies and strengthen governance arrangements including flexibility of service provision.
- Open the 40 bed Kenmare Community Nursing Unit and the 50 bed Wexford Community Nursing Unit.
- Continue to work towards achieving registration by HIQA of residential units post 2015 through a programme of environmental improvement works in Community Hospitals throughout the region.
- Implement the national home care quality guidelines and home help guidelines when published.
- Progress plans to establish a regional Nursing Home Support Office for the HSE South.
- HSE South will participate in the national phased implementation of SAT in 2013 in line with the national guidance.

Quality and Patient Safety

We are committed to supporting the development of a strong system of integrated corporate and clinical governance within Older People services. We will continue to support services through the implementation of the National Standards for Safer Better Healthcare, promote risk management as everyday practice across all primary care services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Residential Care Settings for Older People.
  - Preparation for and implementing national HIQA standards for Residential Care Settings for Older People.
  - Develop and implement action plans to address deficits in HSE residential and residential respite services identified through self-assessment process
- Improve Hand Hygiene by healthcare staff and public accessing our residential and day facilities for Older People.
  - Continue to rollout hand hygiene training in our Older People services
- Develop a strong system of integrated corporate and clinical governance
  - Develop a strong system of integrated corporate and clinical governance, through the establishment of QPS Committees within all HSE Older People Services.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas
  - Strengthen SLA review and management of Part 2 Schedule 2 & 8 for all agencies, through structured Service Agreement meetings with providers.

2013 Actions

HSE South will support and implement the relevant Older People national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISA's in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Cork ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Quality Long Stay Residential Care	Public Residential Care Settings for Older People ⌐ Maintain all public residential care units in the area for 2013 ⌐ Maintain and maximise the number of long stay NHSS beds where there is a demand for this type of bed. Where the demand for long stay beds is less than the capacity there will be a need to review the service provision and consolidate bed numbers within the environment of the particular unit. ⌐ Short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q1-4
	Efficiency - Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs and eliminate the use of unsustainable levels of agency and overtime.	Q4
	⌐ Explore and examine alternative more cost effective models of skill mix and rostering	Q2

Cork ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	with a view to reducing cost of care and increasing efficiencies	
	Reconfiguration of Public Residential Facilities ⌐ Review and reconfigure public long stay facilities in Cork City to maximise bed availability and support the discharge planning process of the acute hospitals in particular to Farranlee Road and Heather House.	Q3
	⌐ On a geographical basis, organise management structures and operations of community hospitals into four clusters across Cork to maximise efficiencies and strengthen governance arrangements including flexibility of service provision. This will see the development of 4 community hospital clusters in Cork: Cork North West, Cork West, Cork North East and Cork City.	Q4
	⌐ Continue to implement our End of Life Care Development Plans for this year in trying to ensure that all patients who die, will do so, with dignity and respect in a setting of their choice.	Q4
	Service Model ⌐ Work with the clinical programmes and consultant geriatricians to develop a geriatric service model. This work is already under way across Cork City and County	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Implement a standardised approach to charges for residential care in accordance with the legislation.	Q1
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis	Q4
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis	Q4
	⌐ Refine the home help delivery model including contractual arrangements, ensuring effective and efficient delivery, and service improvement	Q1-Q4
	Home Care Packages ⌐ Ensure regional governance of implementation of Approved Provider Panel	Q4
	⌐ Liaise with the primary care service to ensure the identified needs of older people are met through the PCT's, Primary Care Networks and Community Intervention Teams	Ongoing
Keep Older People Healthy and Out of Hospital	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures	Q4
	⌐ Review all referrals of abuse at least on a six month basis	Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Cork Area will reorganise the operation of residential facilities to eliminate unsustainable levels of agency and and to maximise occupancy levels. As part of this process short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q1-Q4
	⌐ Agency use to be significantly reduced through the re-deployment of staff and changing skill mix and rostering arrangements at individual community hospital level.	Q1-4
	⌐ Efficiencies to be achieved in non pay through further control mechanisms in community based Public Health Nursing	Q1-2
	⌐ An average reduction of 2.6% will be applied to specified voluntary organisations	Q1
	⌐ Elimination of the use of agency in day care services	Q1
	⌐ Non replacement of retiring staff	Q1-4
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q1-Q4

Kerry ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Quality Long Stay Residential Care	Public Residential Care Settings for Older People ⌐ Maintain all public residential care units in the area for 2013 ⌐ Maintain and maximise the number of long stay NHSS beds and enhance the environment of the units within available resources.	Q1-Q4

Kerry ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	⌐ Transfer existing service to the new hospital in Kenmare ⌐ Short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q2
	Efficiency - Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs	Q4
	⌐ Explore and examine alternative more cost effective models of skill mix and rostering with a view to reducing cost of care and increasing efficiencies	Q1-2
	Reconfiguration of Public Residential Facilities ⌐ On a geographical basis, organise management structures and operations of community hospitals into a cluster across Kerry to maximise efficiencies and strengthen governance arrangements including flexibility of service provision.	Q4
	⌐ Transfer of governance arrangements of Tralee CNU from Kerry General Hospital, to Kerry PCCC in line with all other community hospitals	Q2
	⌐ Continue to implement our End of Life Care Development Plans for this year in trying to ensure that all patients who die, will do so, with dignity and respect in a setting of their choice.	Q4
	Service Model ⌐ Continue to develop the current model of service delivery which is supported by the provision of geriatric services across hospital and community settings.	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Implement a standardised approach to charges for residential care in accordance with the legislation	Q1
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis	Q1-Q4
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis	Q4
	⌐ Refine the home help delivery model including contractual arrangements, ensuring effective and efficient delivery, and service improvement	Q1-Q4
	Home Care Packages ⌐ Ensure regional governance of implementation of Approved Provider Panel	Q4
	⌐ Liaise with the primary care service to ensure the identified needs of older people are met through the PCTs, Primary Care Networks and Community Intervention Teams	Ongoing
Keep Older People Healthy and Out of Hospital	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures	Q4
	⌐ Review all referrals of abuse at least on a six month basis	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
Kenmare	⌐ Opening of the new purpose built Kenmare Community Nursing Unit	Q2

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Kerry Area will maintain the position having eliminated the use of agency and overtime in staffing of community hospitals. Short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q1-4
	⌐ Review of all support services to maximise efficiency and utilisation of staffing resource	Q4
	⌐ Efficiencies to be achieved in non pay through further control mechanisms in community based Public Health Nursing	Q1-2
	⌐ Phasing out of Curam cash grants through the provision of home care packages	Q1-4
	⌐ Reductions in costs associated with cleaning services in community hospitals	Q1-3
	⌐ Non replacement of retiring staff	Q1-4

Waterford and Wexford ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Quality Long Stay Residential Care	Public Residential Care Settings for Older People ⌐ Maintain all public residential care units in the area for 2013 ⌐ Maintain and maximise the number of long stay NHSS beds where there is a demand for this type of bed. Transfer of 21 patients from Ely Hospital to the new purpose built 50 bed Community Nursing Unit at Farnogue, Wexford on the campus of WGH. This is a joint project between mental health services and services for older people which will provide accommodation for 20 mental health service residents currently in St. Senan's Hospital and accommodation for 21 services for older people residents currently in Ely hospital. ⌐ Short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q4
	Efficiency - Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs	Q4
	⌐ Explore and examine alternative more cost effective models of skill mix and rostering with a view to reducing cost of care and increasing efficiencies	Q2
	Reconfiguration Public Residential Facilities ⌐ On a geographical basis, organise management structures and operations of community hospitals into clusters to reflect geographical proximity to maximise efficiencies and strengthen governance arrangements including flexibility of service provision. This will see the provision of 2 clusters, one for Wexford and one for Waterford.	Q4
	⌐ Continue to implement our End of Life Care Development Plans for this year in trying to ensure that all patients who die, will do so, with dignity and respect in a setting of their choice.	Q4
	Service Model ⌐ Work with the clinical programmes and consultant geriatricians to develop a geriatric service model	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Implement a standardised approach to charges for residential care in accordance with the legislation	Q1
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis	Q1-Q4
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis	Q4
	⌐ Refine the home help delivery model including contractual arrangements, ensuring effective and efficient delivery, and service improvement	Q1-Q4
	Home Care Packages ⌐ Ensure regional governance of implementation of Approved Provider Panel	Q4
	⌐ Liaise with the primary care service to ensure the identified needs of older people are met through the PCT's, Primary Care Networks and Community Intervention Teams	Ongoing
Keep Older People Healthy and Out of Hospital	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures	Q4
	⌐ Review all referrals of abuse at least on a six month basis	Q4
	⌐ Formal Engagement with Waterford City Age Friendly Alliance to develop a strategy to provide assurances that the planning and delivery of all statutory services is age friendly with active participation of members	Q1-Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
Wexford	⌐ A new purpose built 50 bed Community Nursing Unit at Farnogue, Wexford will open in Q1 2013 on the campus of Wexford General Hospital. This is a joint project between mental health services and services for older people which will provide accommodation for 20 mental health service residents currently in St. Senan's Hospital and accommodation for 21 services for older people residents currently in Ely hospital.	Q1-Q2

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Waterford / Wexford Area will maintain its position having eliminated agency and overtime in residential care. As part of this process short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q1-4
	⌐ Reduction in costs associated with provision of respite care	Q1-Q4
	⌐ Full year value of the reduction of use of agency staff in community hospitals.	Q1-Q4
	⌐ A range of initiatives are being implemented involving the reconfiguration and integration of	Q1-Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	

Carlow / Kilkenny & South Tipperary ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Quality Long Stay Residential Care	Public Residential Care Settings for Older People ⌐ Maintain all public residential care units in the area for 2013 ⌐ Reorganisation of the provision of respite and rehabilitation services from St. Patrick's Hospital Cashel to Our Lady's Hospital, Cashel. Following this reorganisation, services will be delivered in modern facilities in line with client needs and HIQA requirements ⌐ Maintain and maximise the number of long stay NHSS beds where there is a demand for this type of bed. ⌐ Short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q4 Q4 Q4 Q4
	Efficiency – Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs	Q4
	⌐ Explore and examine alternative more cost effective models of skill mix and rostering with a view to reducing cost of care and increasing efficiencies	Q2
	Reconfiguration of Hospital and Public Residential Facilities ⌐ On a geographical basis, organise management structures and operations of community hospitals into clusters to reflect geographical proximity to maximise efficiencies and strengthen governance arrangements including flexibility of service provision. This will see the provision of 2 clusters, 1 for Carlow/Kilkenny and 1 for South Tipperary.	Q4
	⌐ Continue to implement our End of Life Care Development Plans for this year with the aim of ensuring that all patients who die will do so, with dignity and respect in a setting of their choice.	Q4
	Service Model ⌐ Work with the clinical programmes and consultant geriatricians to develop a geriatric service model	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Implement a standardised approach to charges for residential care in accordance with the legislation	Q1
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis	Q1-Q4
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis	Q4
	⌐ Refine the home help delivery model including contractual arrangements, ensuring effective and efficient delivery, and service improvement	Q1-Q4
	Home Care Packages ⌐ Ensure regional governance in implementation of Approved Provider Panel	Q4
	⌐ Liaise with the primary care service to ensure the identified needs of older people are met through the PCT's, Primary Care Networks and Community Intervention Teams	Ongoing
	⌐ Enhancement of day care services at St. Columba's Hospital, Thomastown, Kilkenny with the reorganisation of the provision of day care services four days a week, and a the provision memory clinic on the fifth day.	Q1 – Q4
Keep Older People Healthy and Out of Hospital	Elder Abuse – Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures	Q4
	⌐ Review all referrals of abuse at least on a six month basis	Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ CKST Area will reorganise the operation of residential facilities to eliminate unsustainable levels of agency and to maximise occupancy levels. As part of this process short stay bed numbers will be retained but seasonal closures may be required to maintain overall service.	Q1-Q4
	⌐ Non replacement of retiring staff	Q1-4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*	Completion Quarter
⌐ A range of initiatives are being implemented involving the reconfiguration and integration of services, reorganisation of existing work, re-deployment of staff and reorganisation of rosters and skillmix, which will eliminate the current unsustainable levels of agency and overtime.	Q4

HSE South Scorecard 2013

Services for Older People Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Home Care Packages Total no. of persons in receipt of a HCP	2,425	Quality, Access and Activity	No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct, 2009 (saver cases)	2,200*
i). No. and % direct provision	1,795 74%		Public Beds No. of NHSS Beds in Public Long Stay Units	Subject to viability plan*
ii). No. and % indirect provision	631, 26%		No. of Short Stay Beds in Public Long Stay Units	Subject to viability plan*
iii). No. and % cash grants	203, 8.4%		Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	New PI
iv). No. and % respite	33, 1.4%		% of population over 65 years in NHSS / Saver Beds (based on 2011 Census figures)	New PI
v). No. and % multiple types	292, 12%			
No. of HCP's provided	1,304		Elder Abuse No. of new referrals by region	1,079
No. of new HCP clients, annually	1,100			
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	3.62m		No. and % of new referrals broken down by abuse type: i). Physical	---
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	15,053		ii). Psychological	---
			iii). Financial	---
Day Care No. of day care places for older people	7,560		iv). Neglect	---
			No. of active cases	---
NHSS No. of people being funded under NHSS in long term residential care at end of reporting month	22,761*		% of referrals receiving first response from senior case workers within four weeks	100%
No. and proportion of those who qualify for ancillary state support who chose to avail of it	Demand-led		Finance Variance against Budget: Income and Expenditure	≤ 0%
% of complete applications processed within four weeks	100%*		Variance against Budget: Income Collection	≤ 0%
Subvention and Contract Beds No. in receipt of subvention	150		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
No. in receipt of enhanced subvention	160		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of people in long term residential care who are in contract beds	150		Human Resources Absenteeism rates	3.5%
			Variance from approved WTE ceiling	≤ 0%

*National target

DISABILITY SERVICES

Disability Services

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	Dec 2012	Projected Dec 2013	Indicative 2013 WTE Reduction
Cork	180.819	176.738	2.858	2,088.45	1,991.09	(97.36)
Kerry	1.854	1.833	0.021	12.03	11.43	(0.60)
Waterford & Wexford	70.298	68.352	1.046	747.63	711.81	(35.82)
Carlow / Kilkenny & South Tipperary	55.529	54.857	0.532	294.49	280.98	(13.51)
Total	**308.500**	**301.780**	**4.457**	**3,142.60**	**2,995.31**	**(147.29)**

Introduction

The publication, in July 2012, of the *Report of the Value for Money and Policy Review of the Disability Services Programme* (VFM) provides the framework within which significant change will be implemented in Disability Services. This includes changes to the governance, funding and focus of provision, positively impacting on the way in which people with disabilities are supported to live the lives of their choice. This requires significant realignment and reconfiguration of existing resources with a decreasing budget and staff complement. The report emphasises:

- Migration from an approach which is predominantly organised around group-based service delivery towards a model of person-centred individually chosen supports.
- Implementation of a more effective method of assessing need, allocating resources and monitoring resource use.

The *VFM and Policy Review* provides the vision and parameters within which the HSE will take action to implement agreed policy. The report lays the foundation for a system of individualised budgeting whereby a monetary value is placed on the supports required by the individual and they have more control over how that resource is allocated. This must be underpinned by a fair, transparent and standardised assessment of need and an assessment tool is being developed in collaboration with DoH and the National Disability Authority (NDA). It points the way towards the achievement of optimal effectiveness and efficiency within the existing substantial resources expended on health and personal services for people with a disability.

While it is recognised that this comprehensive change programme will take a number of years to fully implement the focus across HSE South in 2013 will be to significantly progress a number of key elements underpinning the programme:

- Ensure service user representatives & providers are centrally involved in decision making around planning, organisation and delivery of services through the regional and local consultative fora established during 2012.
- Strengthening the management of the Service Arrangement process with funded agencies and the collection of verifiable data, linked to activity and service delivery outputs.
- These processes will be used to maximise opportunities for collaboration between services providers to deliver efficiencies through amalgamation of shared services, elimination of duplication and delayering of unnecessary management layers across services.
- An early examination will be commenced of the VFM findings in regard to rosters, skills mix, the unit cost base and average costs across the HSE-funded agencies in the sector.
- Ensure service providers respond to emerging priority need for day, respite & residential services through prioritisation of existing resources while also ensuring that contingency arrangements are in place to address service pressures.
- In addition, the HSE South recognises that during the course of 2012, 308 young people leaving school and rehabilitative training courses, and those requiring emergency placements, were accommodated within existing resources. We can expect similar, additional demand in 2013 which must be taken into account when planning services. HSE South will receive an allocation from the €4m additional funding provided nationally specifically targeted at the needs of school leavers – this is estimated to be in the region of €1m. In addition contingency arrangements are being made at area level with service providers to ensure arrangements are in place to deal with emergency cases and other service pressures in a timely and responsive manner.
- In respect of children with disabilities, a key priority for 2013 is the continued roll out of the 0-18s Programme which envisages the establishment of integrated, geographically based Early Intervention and School-Age Teams. Across the region the rate of progress and reconfiguration is varied, with West Cork and Kerry on target to complete the reconfiguration in 2013 and significant progress being made with the drafting and agreement of implementation plans in all other areas, for completion by year end. Waterford ISA will be a demonstration site in 2013 for the roll out of the National Access Criteria for the programme.
- The HSE South, in partnership with Genio and the voluntary sector, will implement a number of key projects to lead out the migration towards a person-centred model of services and supports, through demonstration projects initiated by service

providers as proof of concept, these projects will run in parallel with current services. Their suitability for wider application will then be evaluated and shared.

- In addition as part of our implementation of the new policy on congregated settings, provision has been made for the relocation of the first ten residents from Grove House to more appropriate community based services.

Service Quantum

In 2013 HSE South will provide:

- 361,203 Personal assistant / home support hours
- 2,145 residential places (number of recorded places under current KPI definitions will reduce as service users move from congregated to community settings and resources are reconfigured into independent living supports)
- 54,073 respite nights for 1,646 service users *(number of recorded nights under current KPI definitions will decrease as services develop more cost efficient alternative models of respite care – no. of service users will be maintained)*
- Day place provision for 5,789 service users
- Therapy services and therapeutic support
- Community support services for clients with specific conditions by specialised services i.e. Muscular Dystrophy Ireland
- Home support (Children)
- Outreach support services for adults with specific disabilities i.e. Aspergers Syndrome

2013 Key National Priorities

- Implementation of the *Value for Money and Policy Review of Disability Services* is the over-arching priority for 2013. We will develop an implementation plan for VFM, strengthen the National Disability function in order to put the plan into effect, and commence associated actions, including an early examination of critical rostering, skill mix and costing variables across the sector. The following items will also be addressed:
  - Further develop a national assessment and resource allocation model.
  - Improve efficiency in the delivery of services.
  - Develop a commissioning and procurement framework.
  - Reconfigure the following areas in accordance with agreed policies:
    - Services for children and young people
    - Residential services
    - Day services
    - Respite services
    - Neuro-rehabilitation services.
- Improve the quality of disability services, which will include:
  - Preparing for and implementing national HIQA standards for residential services for children and adults.
  - Implementing phase 2 of the audit of client protection.
  - Preparing for the *Children First Guidelines* being put on a legislative footing.
- Improve information systems for disability services, which will include:
  - Further developing the Service Agreement process as a source of data.
  - Under the auspices of the DoH, reviewing the strategic information requirements needed for the effective management of the Disability Services Programme, having regard to existing information sources and datasets.
  - Further review and development of the PI set especially in respect of the incorporation of outcome-based PI's.

2013 Local Priorities

- To implement the new congregated setting policy, *A Time to Move On* the HSE South will in collaboration with COPE Foundation, Complete "assessment of needs" plans for all residents in Grove House and begin the transition of the first group of ten clients from Grove House into alternative appropriate community based services in partnership with COPE Foundation. The time frame for this transition is that the clients will be in there community based settings prior to the end of 2013.
- 11 key demonstration projects will be put in place in collaboration with the Genio programme to commence migration towards a person centred model of services and supports which will act as proof of concept, and run in parallel with current services. Their suitability for wider application will be evaluated and shared.
  - HSE Service, Grove House, Cork City – the project will support four clients to move to community settings more appropriate to their individual needs
  - HSE Service, St. Raphael's Centre, Youghal, Co. Cork the project supports seven clients to move to community settings more appropriate to their individual needs

- Brothers of Charity, Cork – the project will work to identify alternative models of respite i.e. host families to provide respite services, and family support services within a community context, to families of children and adults with an intellectual disability.
- COPE Foundation, Cork – the project will work to provide a community based day service for eighteen school leavers in line with the recommendations of New Directions Policy.
- Irish Autism Action, Cork – Development of the Home Gift programme to help maintain children in the most appropriate setting (in their home).
- Inclusion Ireland, Cork – the project will support the training of nine individuals with an Intellectual Disability to deliver training and information to people with an intellectual disability regarding implementation of the HIQA Standards and what they mean for them.
- Headway Ireland, Cork - the project will support the establishment of a programme to build self and peer advocacy and leadership skills in adults with Acquired Brain Injury (ABI).
- Cheshire Ireland, Tullow, Co. Carlow - the project will support three clients in Cheshire Congregated Settings to move to community settings more appropriate to their individual needs
- St Patrick's, Kilkenny – Development of a personalised day services programme for five adults, in line with New Directions Policy.
- St Aidan's, Gorey Co Wexford – the programme will support two individuals in supported independent living accommodation in a home of their choice.
- Wexford Community Workshop, Newross – Cumas will provide an individualised alternative day service to sixty-two individuals through the provision of work/training/recreation services within the individuals rural or urban based community in line with New Directions Policy.

- Open 8 bedded specialised unit for adults with behaviour that challenges which will provide a significant support to all agencies across the Cork & Kerry area
- Maintain core service provision to the greatest possible extent within reduced budgets and ensure services are quality assured, safe and appropriate to meet priority needs
- Contingency arrangements will be put in place to address the service pressures during the year around emergency cases and historical deficits in the voluntary sector.
- Ensure the new demography funding for school leavers in 2013 is targeted to meet the needs of those with assessed high-priority needs and invested in new models of service in line with National policy.
- Support and work with all services to ensure continued focus on achieving compliance with HIQA standards
- Manage ongoing service reorganisation according to key policy documents and in line with national implementation plans.
- Collate development plans from all service providers with congregated settings to agree ISA level priorities at consultative fora. Maintain accurate quarterly data on congregated settings.

Quality and Patient Safety

We will continue to support and strengthen a system of integrated corporate and clinical governance to support the delivery of our services. We will support the roll out of the National Standards for *Safer Better Healthcare* & *Healthcare Acquired Infections* within our services, continue to promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.

- Support implementation of the National Standards for Safer Better Healthcare.
  - Support the implementation of the national HIQA standards within the disability services.
  - Develop and implement action plans to address deficits in HSE residential and residential respite services identified through self-assessment process
  - Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure all services have completed self assessment and developed action plans
- Develop a strong system of integrated corporate and clinical governance.
  - Develop a strong system of integrated corporate and clinical governance, through the establishment of QPS Committees within all HSE Disability Services.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
  - Ensure compilation and regular review of risk registers for all services/service areas
  - Strengthen SLA review and management of Part 2 Schedule 2 & 8 for all agencies, through structured Service Agreement meetings with providers.

2013 Actions

HSE South will support and implement the relevant Disability Services national actions identified in the National Operational Plan 2013. In addition, actions which are specific to each of the four ISAs in HSE South are outlined below. The implementation status of these ISA actions will be monitored by HSE South throughout 2013.

Cork ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Implementation of the Value for Money and Policy Review of Disability Services	Improving efficiency in the delivery of services: ⌐ Review staffing in ISA to ensure adequate and optimal supports to Service Level Agreement (SLA) process ⌐ Review, monitor and progress improvements in skill mix and rostering of services etc through SLA process in identified voluntary and for profit sectors.	Q1 Commence Q1
	Services for children and young people ⌐ Develop plan for reconfiguration of services in line with 0-18 programme for special schools in Cork City ⌐ Identify and develop plans to address cross over of catchment areas at area borders in relation to national access criteria encompassing: - Primary Care. - Children's network disability teams. - Children's specialist disability services ⌐ Develop a plan to position specialist South West ASD services in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs. ⌐ Complete reorganisation at identified "accelerated" sites in West Cork and Kerry ⌐ Irish Autism Action Cork – Development of the Home Gift programme to help maintain children in the most appropriate setting (in their home).	Q4 Q2-Q4 Q2 Q4
	Residential Services ⌐ To implement the new congregated setting policy, the HSE South will in collaboration with COPE Foundation, complete "assessment of needs" plans for all residents in Grove House and begin transitioning of the first group of 10 clients from Grove House into alternative appropriate community based services in partnership with COPE Foundation ⌐ 2 key demonstration projects will be put in place in collaboration with the Genio programme to commence migration towards a person centred model of services and supports which will act as proof of concept, and run in parallel with current services. Their suitability for wider application will be evaluated and shared. - Transfer 4 clients from Grove House, Cork City to more appropriate community based settings - Supporting the move of 7 clients from St. Raphael's Centre, Youghal to more appropriate community based settings ⌐ Open 8 bedded specialised unit for adults with behaviour that challenge in COPE Foundation Cork which will provide a significant support to all agencies across the Cork & Kerry area	Q4
	Day Services ⌐ Allocate 2013 demography funding for new day places in line with regional criteria to address priority cases	Q3
	Respite Services ⌐ Brothers of Charity, Cork – to identify alternative models of respite i.e. host families to provide families of children and adults with an intellectual disability respite and family support services within a community context ⌐ COPE Foundation, Cork – To provide a community based day service for 18 school leavers in line with the recommendations of *New Directions Policy*	Q1-Q4
Improving the Quality of Services	HIQA Standards ⌐ Develop and implement action plans to address deficits in HSE residential and residential respite services identified through self-audit process ⌐ Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure all services have completed self audit and developed action plans ⌐ Inclusion Ireland, Cork – HIQA Standards train 9 individuals with an intellectual disability to deliver training and information to people with an intellectual disability regarding implementation of the HIQA Standards and what they mean for people with an intellectual disability ⌐ Headway Ireland, Cork – build self and peer advocacy and leadership skills in adults with ABI	Q2 Q2
	Preparation for the Children First Guidelines being put on a legislative footing:	

Cork ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	⌐ Identify training needs across sector at ISA level and engage with national structures to progress the roll-out of Train-the-Trainers programme for revised Children First.	Q1
Improvement of Information Systems	Further development of the Service Agreement (SA) process as a source of data ⌐ Develop and streamline standardised reporting templates with Service providers at local level to support SA process and information requirements	Q1

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
St. Raphael's Centre	⌐ Opening of the fifth 6 bed Unit in Oakvale development St. Raphael's Centre	Q1

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Implementation of the recommendations of this review will involve a review of rostering, skillmix and costing variables across the system. It will be necessary to implement these and other measures to limit impact on frontline services.	Q4
	⌐ It will be necessary for smaller agencies that carry fixed overheads to examine options for amalgamation / sharing of services	Q1-Q4
	⌐ Reconfiguration of rosters and staffing models in Grove House and St. Raphael's.	Q3

Kerry ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Implementation of the Value for Money and Policy Review of Disability Services	Improving efficiency in the delivery of services: ⌐ Review staffing in ISA to ensure adequate and optimal supports to SA process ⌐ Review, monitor and progress improvements in skill mix and rostering of services etc through SA process in identified voluntary and for profit sectors.	Q1 Commence Q1
	Services for children and young people ⌐ Identify and develop plans to address "pinch points" at area borders in relation to national access criteria encompassing: o Children's network disability teams. o Children's specialist disability services ⌐ Develop a plan to position specialist complex ASD services in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs. ⌐ Complete reorganisation at identified "accelerated" site in Kerry	Q4 Q2 Q4
	Day Services ⌐ Allocate 2013 demography funding for new day places in line with regional criteria to address priority cases	Q3
	Respite Services ⌐ Agree and establish demonstration site/project aimed at moving people from traditional models of respite care to alternative models such as Host Family Support	Q3
	Neuro Rehabilitation Strategy ⌐ Review of the Acquired Brain Injury Forum (Kerry) with purpose of developing/ enhancing same in line with the Neuro Rehab Strategy	Q4
Improving the Quality of Services	HIQA Standards ⌐ Commence implementation of the recommendations of service review completed in Cluain Fhionnain (Intellectual Disability Unit managed by Mental Health Services) against the Standards ⌐ Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure all services have completed self audit and developed action	Q2 Q2
	Preparation for the Children First Guidelines being put on a legislative footing: ⌐ Identify training needs across sector at ISA level and engage with national structures to progress the roll-out of Train-the-Trainers programme for revised Children First.	Q1
Improvement of Information Systems	Further development of the Service Agreement (SA) process as a source of data ⌐ Develop and streamline standardised reporting templates with Service providers at local level to support SA process and information requirements	Q1

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*	Completion Quarter

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
Value for Money and Policy Review of Disability Services	⌐ Implementation of the recommendations of this review will involve a review of rostering, skillmix and costing variables across the system. It will be necessary to implement these and other measures to limit impact on frontline services.	Q1-Q4
	⌐ It will be necessary for smaller agencies that carry fixed overheads to examine options for amalgamation / sharing of services	Q1-Q4

Waterford and Wexford ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Implementation of the Value for Money and Policy Review of Disability Services	Improving efficiency in the delivery of services: ⌐ Review staffing in ISA to ensure adequate and optimal supports to SA process ⌐ Review, monitor and progress improvements in skill mix and rostering of services etc through SA process in identified voluntary and for profit sectors. ⌐ Waterford – explore innovative ways of service delivery ensuring value for money e.g. group activities with a special focus	Q1 Commence Q1 Q2
	⌐ Waiting list initiatives for improved access to assessments for Autism Spectrum Disorder and clients requiring Paediatric Occupational Therapy	Q2-Q4
	Services for children and young people ⌐ Develop plan for reconfiguration of services in line with 0-18 programme for special schools in Waterford city ⌐ Identify and develop plans to address "pinch points" at area borders in relation to national access criteria encompassing: - Primary Care. - Children's network disability teams. - Children's specialist disability services ⌐ Waterford selected as demonstration site for Draft National Access criteria Policy with evaluation and review by September 2013 ⌐ Agree provision and position of specialist services (Central Remedial Clinic) delivered under SA in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and expertise	Q4 Q2-Q4 Q3 Q2
	Residential Services ⌐ Waterford- - Development of high support community house for up to 5 clients - Dungarvan - Relocation of 4 service users from campus to community settings – Waterford city - Development of further semi independent living for 2 clients – Waterford city - Development of individualised placement in partnership with CFSA for 1 client currently in community group home - Waterford city - St. Aidan's, Gorey, Co. Wexford to support 2 individuals in supported independent living accommodation in a home of their choice	Q4
	Day Services ⌐ Allocate 2013 demography funding for new day places in line with regional criteria to address priority cases ⌐ Waterford- implement pilot proposal for Day Service Admissions 2013 in line with New Directions ⌐ NLN, Waterford - in conjunction with UCC will deliver Autism and Aspergers Learning and living courses ⌐ Waterford city and county- information /support evenings for clients and parents ⌐ Wexford Community Workshop, New Ross – Cumas will provide an individualised alternative day service to 62 individuals through the provision of work/training/recreational services within the individuals rural or urban-based community – *New Directions Policy*	Q3 Q3 Q3
	Respite Services ⌐ Agree and establish demonstration site/project aimed at moving people from traditional models of respite care to alternative models such as Host Family Support	Q4
Improving the Quality of Services	HIQA Standards ⌐ Develop and implement action plans to address deficits in HSE residential and residential respite services in Wexford identified through self-audit process ⌐ Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure all services have completed self audit and developed action	Q2 Q2
	Preparation for the Children First Guidelines being put on a legislative footing:	

Waterford and Wexford ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
	⌐ Identify training needs across sector at ISA level and engage with national structures to progress the roll-out of Train-the-Trainers programme for revised Children First.	Q1
Improvement of Information Systems	Further development of the Service Agreement (SA) process as a source of data ⌐ Develop and streamline standardised reporting templates with Service providers at local level to support SA process and information requirements	Q1

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
	⌐ Implementation of the recommendations of this review will involve a review of rostering, skillmix and costing variables across the system. It will be necessary to implement these and other measures to limit impact on frontline services.	Q1-Q4
	⌐ It will be necessary for smaller agencies that carry fixed overheads to examine options for amalgamation / sharing of services	Q1-Q4

Carlow / Kilkenny & South Tipperary ISA		
Performance Improvement – *Actions to Achieve national and local priorities are summarised below*		Completion Quarter
Implementation of the Value for Money and Policy Review of Disability Services	Improving efficiency in the delivery of services: ⌐ Review staffing in ISA to ensure adequate and optimal supports to SA process ⌐ Review, monitor and progress improvements in skill mix and rostering of services etc through SA process in identified voluntary and for profit sectors.	Q1 Commence Q1
	Services for children and young people ⌐ Identify and develop plans to address "pinch points" at area borders in relation to national access criteria encompassing: - Primary Care. - Children's network disability teams. - Children's specialist disability services ⌐ Develop a plan to position specialist services (such as those for complex ASD, individualised seating etc) in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs.	Q4 Q2
	Residential Services ⌐ Reconfigure staffing / resources from the Transitional Living Unit in Clonmel to maintain appropriate supports for Damien House residential service and develop enhanced community rehabilitation services, in partnership with the voluntary sector, for people with an ABI. ⌐ The Acquired Brain Injury (ABI) voluntary agency will now provide services to clients who previously would have attended the TLU in Clonmel. Services will cease in the TLU ⌐ Cheshire Ireland, Tullow, Co. Carlow – supporting 3 individuals living in Cheshire Congregated settings to move to new individualised services in the community.	Q2
	Day Services ⌐ Allocate 2013 demography funding for new day places in line with regional criteria to address priority cases ⌐ St. Patrick's, Kilkenny – development of a personalised day services programme for 5 adults in line with *New Directions Policy*	Q3
	Respite Services ⌐ Agree and establish demonstration site/project aimed at moving people from traditional models of respite care to alternative models such as Host Family Support	Q4
Improving the Quality of Services	HIQA Standards ⌐ Develop and implement action plans to address deficits in HSE residential and residential respite services identified through self-audit process ⌐ Engage with the voluntary providers regarding the implementation of the HIQA standards prior to the Regulations being issued, to ensure-services have used self assessment tools to complete self audit and developed action	Q2 Q2
	Preparation for the Children First Guidelines being put on a legislative footing: ⌐ Identify training needs across sector at ISA level and engage with national structures to progress the roll-out of Train-the-Trainers programme for revised Children First.	Q1
Improvement of Information Systems	Further development of the Service Agreement (SA) process as a source of data ⌐ Develop and streamline standardised reporting templates with Service providers at local level to support SA process and information requirements	Q1

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*	Completion Quarter
⌐ Implementation of the recommendations of this review will involve a review of rostering, skillmix and costing variables across the system. It will be necessary to implement these and other measures to limit impact on frontline services.	Q1-Q4
⌐ It will be necessary for smaller agencies that carry fixed overheads to examine options for amalgamation / sharing of services	Q1-Q4

HSE South Scorecard 2013

Disability Services Scorecard HSE South				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	608	Quality, Access and Activity	No. of home support hours delivered to adults and children with physical and / or sensory disability	New subset
No. of persons with ID and / or autism benefiting from work / work-like activity services	1,274		No. of adults and children with an intellectual disability and / or autism in receipt of home support hours	New PI
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	19		No. of home support hours delivered to adults and children with an intellectual disability and / or autism	New PI
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	35		Disability Act Compliance No. of requests for assessments received	1,254
No. of Rehabilitative Training places provided (all disabilities)	653		No. of assessments commenced as provided for in the regulations	1,180
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	736		No. of assessments commenced within the timelines as provided for in the regulations	1,180
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	3,153		No. of assessments completed as provided for in the regulations	1,180
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	591		No. of assessments completed within the timelines as provided for in the regulations	1,180
Residential Services No. of persons with ID and / or autism benefiting from residential services	2,025		No. of service statements completed	991
No. of persons with physical and / or sensory disability benefiting from residential services	120		No. of service statements completed within the timelines as provided for in the regulations	991
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	46,207		Services for Children and Young People % of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people	100%*
No. of persons with ID and / or autism benefiting from residential centre based respite services	1,414		No. of established geographically based teams having current individualised plans for each child	New PI
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	7,866		% of established geographically based teams having current individualised plans for each child	New PI
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	232		Finance Variance against Budget: Income and Expenditure	≤ 0%
Personal Assistant (PA) / Home Support Hours Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	361,203		Variance against Budget: Income Collection	≤ 0%
			Variance against Budget: Pay	≤ 0%
Total no. of adults and children with physical and / or sensory disability benefiting from home support hours (incl. PA)	1,129		Variance against Budget: Non Pay	≤ 0%
No. of adults with a physical and / or sensory disability in receipt of PA hours	New subset		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of PA hours delivered to adults with a physical and / or sensory disability	New subset		Human Resources Absenteeism rates	3.5%
No. of adults and children with physical and / or sensory disability benefiting from home support hours	New subset		Variance from approved WTE ceiling	≤ 0%

*National Target

APPENDICES

APPENDIX 1

Proposed Schedule of Areas of Budget ***(National Level)***

Provision 2013 (€90m-Demographic Funding)

	Demographic	WTE
Community		
Diabetic Retinopathy Screening	1.10	
Diabetic Retinopathy Treatment	1.80	
Diabetes Programme	1.80	17.0
Audiology	1.90	5.0
GP Training scheme	13.00	
Immunisation	6.50	
Mother and Infant Scheme	4.94	
Enzyme Replacement therapy	0.25	
Disability- School leavers	4.00	
Fluoridation	0.70	
Renal - Haemo / HD	3.35	
Pre-Hospital Emergency Care / Retrieval		
Ambulance control centre (1/2 year)	4.44	55
Ambulance services (1/2 year)	4.95	106
Aero medical service	0.80	2.3
Paediatric Retrieval	2.00	7.0
Hospitals		
Critical care block (MWRH)	3.00	30.0
Midland Regional CT	0.54	4.5
Hospital pressures	10.54	
Child sexual abuse services	0.24	2.0
Metabolic drugs	2.00	
Renal living donor	3.50	30.0
Narcolepsy	0.80	
Other		
Oxygen blenders	0.01	
Quality improvement- all clinical programmes	1.00	
Radiology referral management	0.06	
Colorectal screening	4.30	
Oncology drugs	10.00	
Other pressures	2.50	25.0
	90.00	283.8

APPENDIX 2

Primary Care Additional Expenditure €20m* ***(National Level)***

Key Result Area	Deliverable 2013	Funding €m	WTE
Primary Care			
Primary Care Posts	DNE	4.0m	58
	DML	7.5m	104
	South	3.3m	48
	West	2.8m	41
	Sub Total:	17.6m	251
Community Intervention Teams	Investment to support the further development of Community Intervention teams	1.475m	
	Sub Total:	1.475m	
Primary Care Posts	Available centrally - Business Cases to be submitted to National Primary Care Office for funding which is being held to address any anomalies with the Resources Allocation Model or for other posts that are identified as critical.	0.925m	13.5
	Sub Total:	0.925m	13.5
Total		20.0m	264.5

**The final determination of how the €20m will be allocated is still under discussion with the DoH

APPENDIX 3

Mental Health Additional Expenditure €35m* ***(National Level)***

Key Result Area	€m	WTE
Mental Health		
Community Mental Health Teams (CMHTs) (Clinical Programme)	13.50	180
Responding to Self Harm in the Emergency Departments (ED) and suicide crisis assessment nurse (SCAN) (Clinical Programme)	3.15	45
Suicide Prevention (National Office of Suicide Prevention)	1.00	0
Counselling in Primary Care (CIPC)	2.50	0
Mental Health Services for Older People (MHSOP)	4.60	100
Child and Adolescent Mental Health Services (CAMHS) and CMHTs	3.60	80
Forensics	2.40	28
Mental Health and Intellectual Disability (MHID)	3.75	40
Mental Health ICT System	0.50	4
Total	35.00	477

*The final determination of how the €35m will be allocated is still under discussion with the DoH

APPENDIX 4

Service Activity Volume - National Suite 2013

(Further metrics will be published separately)

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
Health and Wellbeing			
Tobacco Control % hospital campuses with tobacco-free policy	35%	39%	100%
No. of smokers who received intensive cessation support from a cessation counsellor	New PI 2013	New PI 2013	9,000
No. of frontline healthcare staff trained in brief intervention smoking cessation	3,521	933	1,350
No. of sales to minors test purchases carried out	216	282	320
Cosmetic Product Safety No. of scheduled chemical samples taken	533	533	540
Health Inequalities No. of PCTs who have completed, at a minimum, Step 1 of a Community Health Needs Assessment (CHNA)	New PI 2013	New PI 2013	21
Social inclusion			
Methadone Treatment No. of clients in methadone treatment (outside prisons) (monthly target)	8,640	8,855	8,650
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment.	1,260	1,025	1,260
Needle Exchange No. of pharmacies recruited to provide Needle Exchange Programme	45 in Q1 65 in Q3	65	130
No. of unique individuals attending pharmacy needle exchange	New PI 2013	New PI 2013	200 Q1, 250 Q2, 300 Q3, 400 Q4
Traveller Health Screening No. of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects	1,650	3,539	2,580
Primary Care			
Primary Care No. of PCTs implementing the National Integrated Care Package for Diabetes (dependent on the appointment of the ICDNs)	Reporting to commence 2013	New PI 2013	51
No. of Health and Social Care Networks in development (dependent on agreed governance model)	79	0	126
GP Out of Hours No. of contacts with GP out of hours	957,126	975,609	975,609
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	169,006	172,385	172,387
Physiotherapy Assessments Total no. of Primary Care Physiotherapy patients seen for a first time Assessment	New PI 2013	New PI 2013	139,102
Physiotherapy Contacts Total no. of Primary Care Physiotherapy face to face contacts / visits / appointments that took place	New PI 2013	New PI 2013	720,026
Occupational Therapy No. of clients who received a direct service in the reporting month (monthly target)	New PI 2013	New PI 2013	12,254
Occupational Therapy Referrals No. of clients for whom a primary care occupational therapy referral was received in the reporting month	New PI 2013	New PI 2013	70,752
Orthodontics No. of patients receiving active treatment during reporting period	13,777	14,316	13,600
Community (Demand led) Schemes			
Medical Cards No. persons covered by Medical Cards	1,838,126	1,861,245	1,921,245
(Incl. no. persons covered by discretionary Medical Cards)	85,000	63,311	55,328
GP Visit Cards No. persons covered by GP Visit Cards	204,482	135,257	265,257
(Incl. no. persons covered by discretionary GP Visit Cards)	20,000	15,586	15,836
Long Term Illness No. of claims	844,241	898,173	923,794

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
No. of items	2,794,437	2,937,026	3,020,807
Drug Payment Scheme			
No. of claims	2,726,939	3,031,501	2,834,189
No. of items	8,453,510	9,488,598	8,871,012
GMS			
No. prescriptions	22,154,661	19,641,468	20,864,890
No. of items	61,589,957	61,477,794	65,307,106
No. of claims – Special items of Service	859,123	875,047	883,796
No. of claims – Special Type Consultations	1,074,340	1,205,938	1,217,992
Hi-Tech			
No. of claims	452,267	452,616	461,668
DTSS			
No. of treatments (above the line)	1,164,805	1,131,182	1,127,410
No. of treatments (below the line)	50,867	54,538	54,357
No. of patients who have received treatment (above the line)	521,142	521,142	519,707
No. of patients who have received treatment (above the line)	56,479	56,479	56,323
Community Ophthalmic Scheme			
No. of treatments	739,579	782,738	798,393
i). Adult	677,007	716,322	730,649
ii). Children	62,572	66,416	67,744
Acute Hospitals including Clinical Programmes			
Discharges Activity			
Inpatient	562,133	600,887	600,887
Day Case	787,557	830,165	830,165
Elective	---	198,506	198,506
Non Elective / Emergency	---	402,381	402,381
Emergency Care			
No. of emergency presentations	1,195,700	1,174,061	1,174,061
No. of emergency admissions	357,600	380,090	380,090
Births			
Total no. of births	73,216	71,096	71,096
Dialysis Modality			
Haemodialysis	1,760 – 1,870	1,624	1,699 – 1,714
Home Therapies	280 – 290	233	251 – 260
Blood Policy	21,500	21,500	21,500
No. of units of platelets ordered in the reporting period	(3% reduction)		
COPD			
No. of acute hospitals with COPD outreach programme	15 programmes	11	15
National Cancer Control Programme			
Symptomatic Breast Cancer Services			
No. of urgent attendances	13,000	13,890	13,900
No. of non urgent attendances	25,000	25,176	25,200
Breast Cancer Screening			
No. of women who attend for breast screening	140,000	118,000	140,000
Lung Cancers			
No. of attendances at rapid access lung clinic	New PI 2012	2,705	2,700
No. of attendances at rapid access prostate clinics	New PI 2012	2,700	2,970
Palliative Care			
Inpatient Units			
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	349	340	340
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile) (during the reporting month)	174	173	173
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	2,865	2,892	2,892
Community Home Care			
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	3,026	2,948	2,948
No. of new patients seen or admitted to specialist palliative care services in the community (reported by age profile) (during the reporting month)	645	664	664

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
Day Care			
No. of patients in receipt of specialist palliative day care services (during the reporting month)	320	331	331
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	---	848	848
Community Hospitals			
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	154	149	149
Mental Health			
Adult Inpatient Services			
No. of admissions to adult acute inpatient units	14,163	14,044	14,044
No. of adult involuntary admissions	1,388	1,642	1,642
General Adult Community Mental Health Teams (CMHT)			
No. of referrals (including re-referred) accepted by General Adult CMHT	New PI 2013	New PI 2013	New PI 2013
No. of new (including re-referred) General Adult CMHT cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI 2013	New PI 2013	New PI 2013
Psychiatry of Old Age Community Mental Health Teams (CMHT)			
No. of referrals (including re-referred) accepted by Psychiatry of Old Age CMHT	New PI 2013	New PI 2013	New PI 2013
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI 2013	New PI 2013	New PI 2013
Child and Adolescent			
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	140	165	165
No. of child / adolescent referrals (including re-referred) received by mental health services	12,493	13,089	13,089
No. of child / adolescent referrals (including re-referred) accepted by mental health services	8,461	10,285	10,471
Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen	7,824	8,727	10,025
No. and % of cases closed / discharged by CAMHS service	7,740 80%	8,499 82%	8,377 80%
Older People			
Home Care Packages			
Total no. of persons in receipt of a HCP (Monthly target)	10,870	10,942	10,870
No. of new HCP clients	4,800	5,300	4,800
Home Help Hours			
No. of home help hours provided for all care groups (excluding provision of hours from HCPs) Following a review of DNE data and direction from ISD there has been a technical adjustment to the HH target from 10.7m in NSP2012 to 10.3m hours	10.30m	10.10m	10.30m
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	50,002	48,013	50,002
Day Care			
No. of day care places for older people	New PI 2012	18,919	21,460
NHSS No. of people being funded under NHSS in long term residential care at end of reporting month	23,611	22,188 (Oct number in payment)	22,761
Subvention and Contract Beds			
No. in receipt of subvention	760	900	700
No. in receipt of enhanced subvention	540	480	380
No. of people in long-term residential care who are in contract beds	Baseline recast in 2012	1,460	1,250
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)	Baseline recast in 2012	2,800	2,200
Elder Abuse			
No. of new referrals by region	2,000	2,467	2,640
Disability Services			
Day Services			
No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	1,578	1,557	1,557
No. of persons with ID and / or autism benefiting from work / work-like activity services	3,084	3,123	3,123
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	71	72	72
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	138	144	144
No. of Rehabilitative Training places provided (all disabilities)	2,627	2,627	2,627
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	2,991	2,948	2,948
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	12,430	13,382	13,382
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	2,581	2,793	2,793

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
Residential Services No. of persons with ID and / or autism benefiting from residential services	8,416	8,172	8,172
No. of persons with physical and / or sensory disability benefiting from residential services	708	847	847
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	Baseline recast in 2012	213,346	213,346
No. of persons with ID and / or autism benefiting from residential centre based respite services	5,115	5,087	5,087
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	Baseline recast in 2012	32,917	32,917
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	1,220	2,571	2,571
Personal Assistant (PA) / Home Support Hours Total no. adults and children with physical and / or sensory disability benefiting from Home Support hours (incl. PA)	4,038	4,166	4,166
Total no of Home Support hours (incl. PA) delivered to adults and children with physical and / or sensory disability.	1.68m	2.11m	1.68m
Disability Act Compliance No. of requests for assessments received	3,636	3,365	3,501
Children and Family Services			
After Care No. of young adults aged 18 to 20 (inclusive) in receipt of an aftercare service on the last day of the reporting period	New PI 2012	1,341	1,363
No. of young adults aged 18 to 20 (inclusive) in receipt of an aftercare service who are in full time education on the last day of the reporting period	New PI 2012	683	703
Child Protection – Child Abuse i). No. of referrals of child abuse	Demand-led	Under review	Demand-led
Child Protection – Child Welfare i). No. of referrals of child welfare concerns	Demand-led	Under review	Demand-led
Residential and Foster Care No. and % of children in care by care type on the last day of the reporting period	6,526	6,249	6,560
Private Residential Care No. and % of children in private residential care: Special Care	---	6	6
No. and % of children in private residential care: High Support	---	2	2
No. and % of children in private residential care: residential General	---	128	134
No. and % of children in foster care private: Foster care General 1%		205	215
No. and % of children in other care placements in private care	---	13	14
No. of children in single care residential placements	0	7	7
No. of children in residential care age 12 or under	0	30	32
Children in Care in Education i). No. of children in care aged 6 to 16 inclusive	4,365	4,326	4,544
ii). No. and % of children in care between 6 and 16 years, in full time education	100%	4,190	4,399
Foster Carer Total no. of foster carers	4,263	4,225	4,658
Out of Hours No. of referrals made to the Emergency Out of Hours Place of Safety Service (YTD at end of Q3 2012)	395	494	518
No. of children placed with the Emergency Out of Hours Placement Service (YTD at end of Q3 2012)	270	408	427
No. of nights accommodation supplied by the Emergency Out of Hours Placement Service (YTD at end of Q3 2012)	549	2,294	2,408
Early Years Services No. of notified early years service in operational areas at Q3	4,841	4,481	4,705
No. of notified full day early years services at Q3	1,569	1,534	1,611

APPENDIX 5

Performance Indicators / Activity Measures 2013

*National target, not broken down by region

Health and Wellbeing					
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Immunisations and Vaccines % children aged 12 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	95%	95%	95%	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV_2)	95%	95%	95%	95%	95%
% children at 12 months of age who have received two doses of the Meningococcal group C vaccine ($MenC_2$)	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Meningococcal C ($MenC_3$) vaccine	95%	95%	95%	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine	95%	95%	95%	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%
% children aged 4-5 years who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%	95%	95%	95%	95%
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Accelular Pertussis (Tdap) vaccine	95%	95%	95%	95%	95%
No. and % of first year girls who have received third dose of HPV vaccine by August 2013	80%	80%	80%	80%	80%
No. and % of sixth year girls who have received third dose of HPV vaccine by August 2013	80%	80%	80%	80%	80%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	100%	100%	100%	100%	100%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%	95%	95%	95%	95%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%	100%	100%	100%	100%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	95%	95%	95%	95%	95%
Tobacco Control % hospital campuses with tobacco-free policy	100%	100%	100%	100%	100%
No. and % of smokers on cessation programme who were quit at one month	Baseline to be established	Baseline to be established	Baseline to be established	Baseline to be established	Baseline to be established
No. of smokers who received intensive cessation support from a cessation counsellor	-	-	-	-	9,000 *National target*
No. of frontline healthcare staff trained in brief intervention smoking cessation	120	23	55	42	250
No. of sales to minors test purchases carried out	-	-	-	-	320 *National target*
Food Safety % of Category 1, 2 and 3 food businesses receiving minimum inspection frequency as per FSAI Guidance Note Number 1	100%	100%	100%	100%	100%
Cosmetic Product Safety	-	-	-	-	540

Health and Wellbeing

Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
No. of scheduled chemical samples taken					*National target*
International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the IHR 2005	-	-	-	-	8 *National target*
Health Inequalities No. of PCTs who have completed, at a minimum, Step 1 of a Community Health Needs Assessment (CHNA)	-	-	-	-	5 Regional target
No. of hospitals who have completed, at a minimum, Stage 1 of the 6 stage Health Equity Audit (HEA)	-	-	-	-	6 *National target*

Social Inclusion

Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Methadone Treatment No. of clients in methadone treatment (outside prisons) (monthly target)	200	40	110	100	450
No. of clients in methadone treatment (prisons) (monthly target)	-	-	-	-	*500 National target*
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	150	150	150	100	550 (New PI 2013*)
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	150	150	150	100	550
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	20	5	10	10	40 (New PI 2013*)
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	20	5	10	10	40
Homeless Services No. and % of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards (quarterly target)	377	66	150	100	693
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week (quarterly target)	413	73	120	80	686
No. and % of service users admitted to homeless emergency accommodation hostels / facilities who have a written care plan in place within two weeks (quarterly target)	402	71	130	90	693
Needle Exchange No. of pharmacies recruited to provide Needle Exchange Programme	-	-	-		130* National Target
No. of unique individuals attending pharmacy needle exchange	-	-	-		400* Q4 National Target
No. of pharmacy needle exchange packs provided	-	-	-		1950* National Target
Average no. of needle / syringe packs per person	-	-	-	-	90* National Target
No. and % of needle / syringe packs returned	-	-	-	-	780* Q4 National Target
Traveller Health Screening No. of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects	120	120	120	120	480

Primary Care					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Primary Care No. of PCTs implementing the National Integrated Care Package for Diabetes (dependent on the appointment of the ICDNs)	3	3	3	3	12
No. of Health and Social Care Networks in development (dependent on agreed governance model)	16	5	9	6	36
% of Operational Areas with community representation for PCT and Network Development	100%	100%	100%	100%	4 100%
GP Out of Hours No. of contacts with GP out of hours	-	-	-	-	414,160 Regional target
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	17,264	9,564	11,129	12,253	50,211
Physiotherapy Assessments Total no. of Primary Care Physiotherapy patients seen for a first time Assessment	13,481	7,777	9,739	10,256	41,253
Physiotherapy Contacts Total no. of Primary Care Physiotherapy face to face contacts / visits / appointments that took place	86,317	33,283	46,119	55,238	220,957
Occupational Therapy No. of clients who received a direct service in the reporting month (monthly target)	1056	244	711	749	2,760
Occupational Therapy Referrals No. of clients for whom a primary care occupational therapy referral was received in the reporting month	5,470	1,704	4,056	4,698	15,364
Orthodontics No. of patients on the assessment waiting list during reporting period	-	-	-	-	New PI 2013
Waiting time from referral to assessment during reporting period: i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting over 2 years	-	-	-	-	New PI 2013
No. of patients on the treatment waiting list – grade 4 – during reporting period	-	-	-	-	New PI 2013
Waiting time from assessment to commencement of treatment during reporting period (Grade 4): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	-	-	-	-	New PI 2013
No. of patients on the treatment waiting list – grade 5 – during reporting period	-	-	-	-	New PI 2013
Waiting time from assessment to commencement of treatment during reporting period (Grade 5): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	-	-	-	-	New PI 2013
No. of patients receiving active treatment during reporting period	-	-	-	-	1,135 New PI - Regional target

Acute Hospitals including Clinical Programmes

Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013								
	South West Hospital Network				South East Hospital Network				South
	CUHG (inc. CUH, CUMH, MGH & BGH)	MUH	SIVUH	KGH	WRH	WGH	SLGH inc KOH	STGH	
Discharges Activity Inpatient	52,315	10,152	8,548	14,326	22,688	17,199	13,403	12,692	151,321
Inpatient same day discharge from AMUs*	-	-	-	-	-	-	-	-	To be established
Day Case	65,675	20,436	19,404	10,812	20,564	8,956	13,885	5,781	165,512
Elective	22,437	3,834	7,341	3,316	5,426	3,690	5,483	4,551	56,077
Non Elective / Emergency	29,878	6,319	1,207	11,010	17,263	13,510	7,920	8,141	95,245
Emergency Care No. of emergency presentations*	68,673	33,632	-	37,078	57,779	38,685	40,978	39,466	316,291
No. of emergency admissions*	26,332	7,029	-	11,017	17,405	14,162	9,987	9,231	95,161

Acute Hospitals including Clinical Programmes

Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013								
	South West Hospital Network				South East Hospital Network				South
	CUHG (inc. CUH, CUMH, MGH & BGH)	MUH	SIVUH	KGH	WRH	WGH	SLGH inc KOH	STGH	
% Discharges which are Public Inpatient	80%	80%	80%	80%	80%	80%	80%	80%	80%
Day Case	80%	80%	80%	80%	80%	80%	80%	80%	80%
Inpatient Elective	80%	80%	80%	80%	80%	80%	80%	80%	80%
Inpatient Non Elective / Emergency	80%	80%	80%	80%	80%	80%	80%	80%	80%
HIPE % cases entered into HIPE	100%	100%	100%	100%	100%	100%	100%	100%	100%
Average Length of Stay Overall ALOS for all inpatient discharges and deaths	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5
Inpatient % of elective inpatients who had principal procedure conducted on day of admission	75%	75%	75%	75%	75%	75%	75%	75%	75%
Inpatient and Day Case Waiting Times No. of adults waiting > 8 months for an elective procedure (inpatient)	0	0	0	0	0	0	0	0	0
No. of adults waiting > 8 months for an elective procedure (day case)	0	0	0	0	0	0	0	0	0
No. of children waiting > 20 weeks for an elective procedure (inpatient)	0	0	0	0	0	0	0	0	0
No. of children waiting > 20 weeks for an elective procedure (day case)	0	0	0	0	0	0	0	0	0
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0	0	0	0	0	0	0	0	0
No of people waiting >13 weeks	0	0	0	0	0	0	0	0	0

Acute Hospitals including Clinical Programmes									
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013								
	South West Hospital Network				South East Hospital Network				South
	CUHG (inc. CUH, CUMH, MGH & BGH)	MUH	SIVUH	KGH	WRH	WGH	SLGH inc KOH	STGH	
following a referral for routine colonoscopy or OGD									
Emergency Care % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%	9.6%
% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%	95%	95%	95%	95%	95%	95%	95%	95%
Delayed Discharges Reduction in bed days lost through delayed discharges	12,487	2,520	1,455	755	7,666	6,107	4,034	2,523	37,547 (10% reduction taken from 2012 outturn) 10% reduction
Reduction in no. of people subject to delayed discharges	33	6	0	2	15	16	8	10	90 (10% reduction taken from 2012 outturn) 10% reduction
Births Total no. of births	8,558			1,676	2,258	2,173	1,907	1,170	17,929 71,096
Outpatients (OPD) No. of people waiting longer than 52 weeks for OPD appointment	0	0	0	0	0	0	0	0	0
New attendance DNA rates	12%	12%	12%	12%	12%	12%	12%	12%	12%
Dialysis Modality Haemodialysis	-	-	-	-	-	-	-	-	1,699 – 1,714
Home Therapies	-	-	-	-	-	-	-	-	251 – 260
Total	-	-	-	-	-	-	-	-	1,920 – 1,974
Blood Policy No. of units of platelets ordered in the reporting period	-	-	-	-	-	-	-	-	**21,178
% of units of platelets outdated in the reporting period	-	-	-	-	-	-	-	-	< 8%
% usage of O Rhesus negative red blood cells	-	-	-	-	-	-	-	-	< 11%
% of red blood cell units rerouted to hub hospital	-	-	-	-	-	-	-	-	< 5%
% of red blood cell units returned out of total red blood cell units ordered	-	-	-	-	-	-	-	-	< 1%
Acute Medicine % of all new medical patients attending the acute medical assessment unit (AMAU) who spend less than 6 hours from ED registration to AMAU departure (TMAT)	95%	95%	95%	95%	95%	95%	95%	95%	95%
Medical patient average length of stay	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8	5.8
Surgery % of elective surgical inpatients who had principal procedure conducted on day of admission	85%	85%	85%	85%	85%	85%	85%	85%	85%

Acute Hospitals including Clinical Programmes									
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013								
	South West Hospital Network				South East Hospital Network				South
	CUHG (inc. CUH, CUMH, MGH & BGH)	MUH	SIVUH	KGH	WRH	WGH	SLGH inc KOH	STGH	
% of surgical re-admissions to the same hospital within 30 days of discharge	-	-	-	-	-	-	-	-	< 3%
Surgical patient average length of stay	-	-	-	-	-	-	-	-	4.5% reduction by end 2013
ED % of all patients arriving by ambulance wait < 20 mins for handover to doctor / nurse	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of ED patients who leave before completion of treatment	-	-	-	-	-	-	-	-	< 5% of new patient attendances
% of patients spending less than 24 hours in Clinical Decision Unit	95%	95%	95%	95%	95%	95%	95%	95%	95%
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	50%	50%	50%	50%	50%	50%	50%	50%	50%
% of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	9%	9%	9%	9%	9%	9%	9%	9%	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	50%	50%	50%	50%	50%	50%	50%	50%	50%
Heart Failure Rate (%) re-admission for heart failure within 3 months following discharge from hospital	25%	25%	25%	25%	25%	25%	25%	25%	25%
Median LOS and bed days for patients admitted with principal diagnosis of acute decompensated heart failure	7	7	7	7	7	7	7	7	7 days
% patients with acute decompensated heart failure who are seen by HF programme during their hospital stay	70%	70%	70%	70%	70%	70%	70%	70%	70%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%	70%	70%	70%	70%	70%	70%	70%	70%
% reperfused STEMI patients (or LBBB) who get timely a) PPCI or b) thrombolysis	70% 70%	70% 70%	70% 70%	70% 70%	70% 70%	70% 70%	70% 70%	70% 70%	70% 70%
Medial LOS and bed days for a) STEMI b) Non-STEMI pts	4 6	4 6	4 6	4 6	4 6	4 6	4 6	4 6	4 6
COPD Mean and median LOS (and bed days) for patients with COPD	7.8 5	7.8 5	7.8 5	7.8 5	7.8 5	7.8 5	7.8 5	7.8 5	7.8 5
% re-admission to same acute hospitals of patients with COPD within 90 days	24%	24%	24%	24%	24%	24%	24%	24%	24%
No. of acute hospitals with COPD outreach programme	-	-	-	-	-	-	-	-	15
Access to structured Pulmonary Rehabilitation Programme in Local Health Area	-	-	-	-	-	-	-	-	20 / 32 (63%)

Acute Hospitals including Clinical Programmes									
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013								
	South West Hospital Network				South East Hospital Network				South
	CUHG (inc. CUH, CUMH, MGH & BGH)	MUH	SIVUH	KGH	WRH	WGH	SLGH inc KOH	STGH	
Access to structured Pulmonary Rehabilitation Programme in acute hospital services	-	-	-	-	-	-	-	-	25 sites
Asthma % nurses in primary and secondary care who are trained by national asthma programme	90%	90%	90%	90%	90%	90%	90%	90%	90%
No. of asthma bed days prevented annually	-	-	-	-	-	-	-	-	1,164 (10% Reduction)
No. of deaths caused by asthma annually	-	-	-	-	-	-	-	-	10% reduction (<56)
Diabetes % reduction in lower limb amputation from Diabetes	40%	40%	40%	40%	40%	40%	40%	40%	40%
% reduction in hospital discharges for lower limb amputation and foot ulcers in diabetics	40%	40%	40%	40%	40%	40%	40%	40%	40%
% of registered Diabetics invited for retinopathy screening	90%	90%	90%	90%	90%	90%	90%	90%	90%
Epilepsy % reduction in median LOS for epilepsy inpatient discharges	10%	10%	10%	10%	10%	10%	10%	10%	10%
% reduction in no. of bed days for epilepsy inpatient discharges	10%	10%	10%	10%	10%	10%	10%	10%	10%

Palliative Care					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Inpatient Units Waiting Times i) Specialist palliative care inpatient bed within 7 days (during the reporting month)	100%	100%	100%	100%	100%
ii) Specialist palliative care inpatient bed within 1 month (during the reporting month)	100%	100%	100%	100%	100%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	58	0	5	1	64
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile) (during the reporting month)	37	0	0	0	37
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	468	4	4	60	536
Community Home Care Waiting Times i) Specialist palliative care services in the community provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	82%	82%	82%	82%	82%
ii) Specialist palliative care services in the community provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital) (during the reporting month)	99%	99%	99%	99%	99%
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	266	97	203	268	834
No. of new patients seen or admitted to specialist palliative care services in the community (reported by age profile) (during the reporting month)	79	20	22	59	180
Day Care No. of patients in receipt of specialist palliative day care services (during the reporting month)	38	60	0	0	98

Palliative Care

Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	82	163	0	0	245
Community Hospitals No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	22	10	16	13	61

Mental Health

Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Adult Inpatient Services No. of admissions to adult acute inpatient units	-	-	-	-	3,980
Median length of stay	-	-	-	-	9
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	-	-	-	-	87.8
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	-	-	-	-	28
Acute re-admissions as % of admissions	-	-	-	-	68%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	-	-	-	-	59.7
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	-	-	-	-	26.5
No. of adult involuntary admissions	-	-	-	-	456
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	-	-	-	-	10.1
General Adult Community Mental Health Teams (CMHT) – new metric so no targets No. of General Adult CMHT	15	5	5	6	31 (New PI 2013*)
No. of referrals (including re-referred) received by General Adult CMHT	New PI 2013	-	-	-	-
No. of referrals (including re-referred) accepted by General Adult CMHT	New PI 2013	-	-	-	-
No. of new (including re-referred) General Adult CMHT cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI 2013	-	-	-	-
No. of cases closed / discharged by General Adult CMHT	New PI 2013	-	-	-	-
Psychiatry of Old Age Community Mental Health Teams (CMHT) new metric so no targets No. of Psychiatry of Old Age CMHT	1	0	2	2	5 (New PI 2013*)
No. of referrals (including re-referred) received by Psychiatry of Old Age CMHT	New PI 2013	-	-	-	-
No. of referrals (including re-referred) accepted by Psychiatry of Old Age CMHT	New PI 2013	-	-	-	-
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI 2013	-	-	-	-
No. of cases closed / discharged by Old Age Psychiatry CMHT	New PI 2013	-	-	-	-
Child and Adolescent No. of child and adolescent Community Mental Health Teams*	7	1	3	3	14
No. of child and adolescent Day Hospital Teams	0	0	0	0	0
No. of Paediatric Liaison Teams	0	0	0	0	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units - Note this is a Regional + National Service – total	-	-	-	-	32
No. of children / adolescents admitted to adult HSE mental health inpatient units- Note - this is for National collection only through MHC i). < 16 years ii). < 17 years	-	-	-	-	*National target* < 50 0 15

Mental Health					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
iii). < 18 years					35
No. and % of involuntary admissions of children and adolescents – Note - this is for National collection only through MHC	-	-	-	-	*National target* 16 5%
No. of child / adolescent referrals (including re-referred) received by mental health services	1092	275	903	535	2,804
No. of child / adolescent referrals (including re-referred) accepted by mental health services	874	220	723	428	2,243
Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen	1034	270	416	356	2,076
No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	70%	70%	70%	70%	70%
No. and % of cases closed / discharged by CAMHS service	699	176	577	342	1,795
Total no. on waiting list for first appointment at end of each quarter (reduce no. waiting by > 5%)	273	28	58	53	411
No. and % on waiting list for first appointment at end of each quarter by wait time i). < 3 months	87	11	23	22	142 35%
ii). 3-6 months	49	6	13	12	81
iii). 6-9 months	39	4	11	7	60
iv). 9-12 months	98	7	11	12	128
v). > 12 months	0	0	0	0	0

* 3 additional teams to commence in Q4 2013

Older People					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Home Care Packages Total no. of persons in receipt of a HCP (Monthly target)	1,220	465	390	350	2,425
i). No. and % direct provision	-	-	-	-	1,795** 74%
ii). No. and % indirect provision	-	-	-	-	631** 26%
iii). No. and % cash grants	-	-	-	-	203** 8.4%
iv). No. and % respite	-	-	-	-	33** 1.4%
v). No. and % multiple types	-	-	-	-	292** 12%
No. of HCPs provided	-	-	-	-	1,304**
No. of new HCP clients, annually	636	119	192	153	1,100
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs) Following a review of DNE data and direction from ISD there has been a technical adjustment to the HH target from 10.7m in NSP2012 to 10.3m hours	1,544,832	713,388	636,156	725,628	3.620M
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	6035	2694	3337	2987	15,053
Day Care No. of day care places for older people	-	-	-	-	7,560
NHSS No. of people being funded under NHSS in long term residential care at	National scheme –	National	National scheme	National	22,761*

Older People					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
end of reporting month (The HSE-South) will continue to process NHSS applications as received to ensure the full utilisation of NHSS – A Fair Deal within the funding allocated under Subhead B12	figure based on national waiting list	scheme – figure based on national waiting list	– figure based on national waiting list	scheme – figure based on national waiting list	
No. and proportion of those who qualify for ancillary state support who chose to avail of it	Demand led	Demand led	Demand led	Demand led	Demand led
% of complete applications processed within four weeks	100%	100%	100%	100%	100%
Subvention and Contract Beds No. in receipt of subvention	-	-	-	-	150**
No. in receipt of enhanced subvention	-	-	-	-	160**
No. of people in long-term residential care who are in contract beds	-	-	-	-	150**
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)	-	-	-	-	2200*
Public Beds No. of NHSS Beds in Public Long Stay Units	-	-	-	-	(Subject to viability plan*)
No. of Short Stay Beds in Public Long Stay Units	-	-	-	-	(Subject to viability plan*)
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	New PI for 2013	New PI for 2013	New PI for 2013	New PI for 2013	New PI for 2013
% of population over 65 years in NHSS / Saver Beds (based on 2011 Census figures)	New PI for 2013	New PI for 2013	New PI for 2013	New PI for 2013	New PI for 2013
Elder Abuse No. of new referrals by region	-	-	-	-	1,079**
No. and % of new referrals broken down by abuse type: i). Physical	-	-	-	-	(Demand-led*)
ii). Psychological	-	-	-	-	(Demand-led*)
iii). Financial	-	-	-	-	(Demand-led*)
iv). Neglect	-	-	-	-	(Demand-led*)
No. of active cases	-	-	-	-	(Demand-led*)
% of referrals receiving first response from senior case workers within four weeks	100%	100%	100%	100%	100%

* National Targets
** ISA targets are being finalised

Disability Services					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	241	21	171	175	608
No. of persons with ID and / or autism benefiting from work / work-like activity services	581	92	341	260	1,274
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	5	0 (Less than 1 WTE)	1	13	19
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	11	1	3	20	35
No. of Rehabilitative Training places provided (all disabilities)	-	-	-	-	653
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	314	85	155	182	736
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	1,576	396	683	498	3,153
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	275	34	85	197	591

Disability Services					
Performance Activity / Key Performance Indicator	Expected Activity Targets 2013				
	Cork ISA	Kerry ISA	Wd & Wx ISA	CKST ISA	SOUTH
Residential Services No. of persons with ID and / or autism benefiting from residential services	967	227	395	436	2,025
No. of persons with physical and / or sensory disability benefiting from residential services	44	11	28	37	120
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	27,166	5,805	7,224	6,012	46,207
No. of persons with ID and / or autism benefiting from residential centre based respite services	600	137	356	321	1,414
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	3808	727	1193	2139	7,867
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	150	6	25	51	232
Personal Assistant (PA) / Home Support Hours Total no. adults and children with physical and / or sensory disability benefiting from Home Support hours (incl. PA)	480	216	190	243	1,129
Total no of Home Support hours (incl. PA) delivered to adults and children with physical and / or sensory disability.	165,171	46,668	83,354	66,009	361,202
No. of adults with a physical and / or sensory disability in receipt of personal assistant (PA) hours	Subset of above	Subset of above	Subset of above	Subset of above	Subset of above
No. of Personal Assistant (PA) hours delivered to adults with physical and / or sensory disability	Subset of above	Subset of above	Subset of above	Subset of above	Subset of above
No. of adults and children with physical and / or sensory disability benefiting from Home Support hours	Subset of above	Subset of above	Subset of above	Subset of above	Subset of above
No. of Home Support hours delivered to adults and children with physical and / or sensory disability	Subset of above	Subset of above	Subset of above	Subset of above	Subset of above
No. of adults and children with an intellectual disability and / or autism in receipt of Home Support hours	-	-	-	-	New KPI-Baseline to be established in 2013*
No. of Home Support hours delivered to adults and children with an intellectual disability and / or autism	-	-	-	-	New KPI-Baseline to be established in 2013*
Disability Act Compliance No. of requests for assessments received	743	123	164	224	1,254
No. of assessments commenced as provided for in the regulations	672	118	166	226	1,182
No. of assessments commenced within the timelines as provided for in the regulationss	672	118	166	226	1,182
No. of assesments completed as provided for in the regulations	553	127	238	263	1,181
No. of assessments completed within the timelines as provided for in the regulations	553	127	238	263	1,181
No. of service statements completed	537	114	190	149	990
No. of service statements completed within the timelines as provided for in the regulations	525	136	161	169	991
Services for Children and Young People % of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people	100%	100%	100%	100%	100%
No. of established geographically based teams having current individualised plans for each child	-	-	-	-	New KPI for 2013*
% of established geographically based teams having current individualised plans for each child	-	-	-	-	New KPI for 2013*

Notes to Performance Indicators / Activity Measures: During 2012, the Disability Services PI suite was the subject of a major review and validation exercise which has resulted in amendments being made to the "Expected Activity/Target 2012" data contained in the National Service Plan 2012. Furthermore, refinements made to the definitions attaching to the service types has resulted, in some cases, in the "Projected Outturn 2012" data differing significantly from original expectations.

APPENDIX 6

Public Service Agreement (PSA) Initiatives

Summary description of HSE South Health Service Initiatives

The Public Service Agreement 2010-2014 will ensure that the Irish Public Service continues its contribution to the return of economic growth and economic prosperity to Ireland. This will be done by working together to build an increasingly integrated Public Service which is leaner and more effective, and focused more on the needs of the citizen. The Parties to this Agreement recognise that to achieve this, in the context of reduced resources and numbers, the Public Service will need to be re-organised and public bodies and individual public servants will have to increase their flexibility and mobility to work together across sectoral, organisational and professional boundaries.

Public Service Agreement: Summary list of initiatives

This document sets out a summary list of the agreed Public Service Agreement initiatives for the Health Sector at two levels;

- National: National priorities that will be delivered in a standardised way across the country (in accordance with principles agreed in the PSA)
- Regional: Initiatives specific to each region/ locality (in accordance with national priorities)

The list of initiatives provides summary information including;

- PSA reference number.
- A one line summary of the change proposed.
- The PSA measure the initiative addresses. The list of 15 measures is set out in the next column.
- The sponsor for each initiative (National Director/Assistant National Director/ RDO).
- The timeframes associated with implementation
- The impact on staff in terms of type of staff, numbers redeployed or reduced etc.
- The impact on services and the targeted benefits

*Targeted benefits would include both qualitative and quantitative measurements, e.g. reduction in head count, monetary savings, productivity improvements, safeguarding quality of service, clinical performance, service delivery timeframes – faster access to services, better health outcomes, more cost efficient services, expansion of roles and direct referral pathways for all professionals.

Public Service Agreement: Measures

1. Redeployment/ reassignment
2. Integrated Patient Centred Care
3. Changes to Organisational Structures
4. Multi-disciplinary working and reporting (to extend beyond professional boundaries particularly in community services)
5. Non Pay cost reductions - via partnership
6. Revised cross cover and on-call tier reductions for example with NCHD grades in achieving compliance with EWTD.
7. Risk/Quality/Safety - better management (protocols, audit, care pathways, etc)
8. Evidence based performance measurement- drive continuous improvement efficiency / effectiveness
9. Merit based and competitive promotion policies
10. Strengthening individual, professional and statutory accountability for senior managers and clinicians
11. Centralisation of functional, transactional, support services and other services
12. Extended Working Day (8am-8pm) – where identified to meet service requirements
13. Extended working arrangements up to and including 24/7 emergency services – where identified to meet service requirements
14. Rostering arrangements including skill mix – to achieve the optimal match between staff levels, service activity levels and patient dependency levels across the working day/ week/ year
15. Medical Laboratory Service Modernisation

Cork Area

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
CORK PCSS					
Primary Care	South Lee and West Cork LHO SLT	Community Speech and Language Therapy - Development of multidisciplinary network disability teams in West Cork, to provide service to children 0-18 with disability delay and complex needs. This is a joint operation between HSE community therapy services and Co-Action Voluntary body.	to commence on 7/1/13	1,3 & 4	Improved service to target clients.
Primary Care	South Lee and West Cork LHO SLT	Community Speech and Language Therapy - reassignment of staff to cross cover vacancy arising from unfilled maternity leave	to commence Jan 2013	1	To maintain existing service.
Primary Care	North Cork	Your Good Self - this project is an initiative of the North Cork Community Psychology team working in partnership with Cork County Council libraries to provide the public with quality information on how to look after their emotional well-being as part of their overall health.	Q2	2	Multiagency working / partnership initiatives to enhance supports available to clients e.g. access to tools to look after mental well-being
Primary Care	North Cork	Appointment of continence advisors: The appointment of continence advisors will ensure the that the national contract is effective in delivering increased efficiency, improved governance and substantial cost savings.	Q2	1,2,5,7,8	Better service to clients, improved efficiency, governance and cost savings.
Primary Care	Cork PCC	Re-configuration of administrative staff roles, including centralisation of schemes, payroll and other functions in 3 locations throughout Cork. Initiative commenced in summer 2012 and is at advanced stage of completion.	Q2	1,2,3,5,11	All schemes now delivered centrally ensuring consistency in application. Centralisation of payroll function, while still experiencing challenges, has shown potential to deliver a more efficient service.
Primary Care	North Cork	Infant Mental Health/Emotional Well-being Project: This initiative responds to the emotional well-being and needs of babies and infants.	Q2	2.9.2,4,7	This initiative is part of a holistic Primary Care Project which trains Primary Care Team members including GPs, Nursing and Allied Health Professionals to look for signs and address same in pregnant women and mothers who may have difficulties with bonding and building relationships with their new born infants.
Mental Health	Cork ISA	Standardising roster requirements in acute in-patient centres in Cork ISA	Q2	1,14	Implementation of a standardised roster model in Cork ISA. All acute in-patient unit's staffing needs to be reviewed to effect the maximum skills mix potential using the mechanisms now available under the Public Service Agreement
Mental Health	Cork ISA	Carrig Mor - phased closure of first floor area.	Q3	2.9.1,2,3, 14	Planned relocation of clients to more appropriate settings within the service - with the associated redeployment and reassignment of staff.

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Mental Health	Cork ISA	Implement a reorganisation of mental health services in Cork. This will involve a comprehensive engagement and consultation process with all stakeholders. This will commence in Q1	Q2	2.9.1, 2, 3, 4, 6, 12, 14	In line with the plan to consolidate acute beds in Cork ISA . Vision for Change provides for investment and development in community based services, with a corresponding reduction in inpatient beds and the associated redeployment and reassignment of staff.
Mental Health	Cork ISA	Implement new management and governance structures in Cork Mental health Services in line with the measures proposed by the LRC on 27/09/2012. involving integrated on-call leave system for all CAMHS and BOC. Achieve reduction in NCHD hours to further comply with EWTD. Introduction of a county wide rota.	Q2	2.9.1, 2, 3, 4, 6, 12, 14	To facilitate the delivery of the maximum level of safe services for the public, within reduced funding and employment levels, while at the same time implementing a wide-ranging reform in Cork Mental Health Services
Mental Health	Cork ISA	Implementation of national directive on CAMHS protocol for 17 year olds as of 01.01.2013	Q1	2.9.2	Compliance with this directive by all concerned relevant parties Develop shared care protocols for up to 17 years requiring admission to adult approved centre between adult and community teams. Develop and introduce CAMHS liaison service in A/E and adult services
Older People	Cork PCC	Reorganisation of Home Support Services in the community	Q4		Ensuring that the most appropriate mix of Home Help and Home Care Package service is provided to each client, taking into account the resources available and delivery of services within approved service plan levels
Older People	Cork PCC	Further reduction in cost of respite care grants through the introduction of central booking system	Q1		The booking system is a new centralised way of booking respite and has just commenced operation so that optimum use of available HSE respite beds can be achieved. This facility will also manage cancellations more efficiently
Older People	Cork PCC	PHN supplies - implementation of report recommendations regarding list - tighter control of stock and ordering etc.	Q2	2.9.5	A new ordering process for community services will be implemented with appropriate controls implemented. New approval processes are being introduced and close liaison with Procurement will ensure compliance with current contracts / frameworks and allow for streamlined ordering processes with associated benefits from bulk ordering.
Older People	Cork PCC	Reduce agency costs in line with service plan requirements	Q1		Reassignment of nursing staff to day care centre services
Older People	North Cork	Emergency Admission Likelihood Index (EARLI). This initiative assesses the risk of emergency admission among the over 70 years population.	Q2	2.9.2,4,7 ,8	It is a multi-disciplinary/primary care approach which identifies clients at high risk of hospitalisation and undertakes various interventions which have proven very successful in North Cork (50% reduction in hospitalisation among very high risk clients and 30% reduction in high risk clients). Plans underway to roll the project out in 3 North Lee PC teams during first half of 2013.
Older People	Cork North	Wound Care Clinics: Majority of clients now attend wound care clinics in local primary care centres. The initiative is being rolled out throughout the area during 2013.	Q2	2.9.5, 7,11	More efficient service and appropriate management of available resources and better service for clients.
Older People	Heather House CNU	Opening of 12 remaining beds Redeployment of staff from other facilities	Q2 2013	2.9.1	Increase bed capacity for older persons in Cork city.
Older People	Clonakilty Community Hospital	Consolidation of vacant beds, redeployment of staff to other community hospitals, to eliminate agency and open new beds	Q2 2013	2.9.1	Redeployment of staff to other locations to eliminate agency usage.

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Older People	Midleton Community Hospital	Implementation of RIQA model of staffing to allow for redeployment of staff to eliminate agency, open new beds	Q1 2013	Redeploy -ment	Redeployment of staff to other units to eliminate agency and to allow the opening of further beds in Cork city.
Older People	Fermoy Community Hospital	Apply RIQA model staffing, and revision of rosters to eliminate agency.	Q2 2013	Redeploy -ment	Redeployment of staff to other units to eliminate agency and to allow the opening of further beds in Cork city.
Older People	Farranlea Road CNU	Redeployment of staff from other facilities	Q3 2013	2.9.2.	Redeployment of staff from other facilities to Farranlea Lee Road to increase bed capacity in Cork city.
Older Persons	Cork PCC	Consistent with the approach across the HSE South region, management structures across the Community Hospitals in Cork will move to a single governance arrangement.	Q2	1, 7, 10, 14	Strengthening of governance arrangements through the developing of a unified nurse management structure across the cluster of Cork Community Hospitals. Unified approach to the standardisation of rostering arrangements, development of standard processes to maximise efficiencies, flexibility in staffing arrangements.
Primary Care / Older People / Disability Services	Cork PCC	Initiative to address waiting list for prosthetics and orthotics involving the implementation of the recommendations of the Prosthetic and Orthotics Review Group and establishment of the multidisciplinary working arrangements to give effect to the recommendations	Q2-Q4	2,3,4,7,	Improved and more appropriate service for clients and optimal utilisation of available resources
Disability Services	Grove House	Reconfiguration of staff resources and designated roles within Grove House under PSA to support integration of service internally and service development issues	Q1 2012	2.9.1,2,3 ,7,10,11, 13	Reconfiguration of service into an integrated unit, with staffing realigned based on care needs rather than basis of “male” and “female” units.
Disability Services	Grove House	Securing staff volunteers/guides to support and drive Genio project to deliver transition programme to support clients moving into the community	Commenc ed Q1-	2.2.(d), 2.9.2	Development will enhance and support integration of internal, external and voluntary agencies during the Genio project and promote long term sustainability of community integration for the clients This development will enable the long term viability of the project that will facilitate clients to move to more appropriate community based services, with reduced staffing inputs in the long term.
Disability Services	St Raphael Centre	Reconfiguration of staff resources across service under PSA to respond to service demands	Q2 2013	1,3,6,7, 10,11,14	Impact will be positive with more appropriate staff rostering to meet service demand
All Care Groups	Cork ISA	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7 ,8,10,14	Enhanced patient care for all clients
CORK UNIVERSITY HOSPITAL					
Acute Services	CUH	Pathology Services Reorganisation (regional): Implementation of the PSIG Pathology Services Implementation Group recommendations.	Q2	1,2,4,5, 6,7,11,1 2,15	Efficiencies. Extended working hours, removal of duplication in testing, Lean processes.
Acute Services	CUH	Pathology Paperless: Introduction of paperless diagnostic results providing scope to reassign clerical staff resulting from efficiencies.	Q4	1 ,2, 5	Efficiencies in terms of process, staffing and supplies.

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Acute Services	CUH	Radiology Services: Continuation of Managed Service Solution. Merging of PET CT and MRI to coincide with purchase of a publicly funded MRI scanner.	Q4	5	Value for money and enhanced access to service.
Acute Services	CUH	Clinical Skill Mix: Expansion of existing care assistant profession, from within existing resources, throughout clinical support service areas within the hospital with particular focus on theatres	Q3	3, 14	More effective and efficient use of staffing resources. Associated training and induction programme for those non clinical support staff becoming care assistants.
Acute Services	CUH	Theatre Staffing and Skills Mix: Implement an improved staffing model based on the principles of patient safety and the most efficient use of staffing resources and skills mix. It will involve work processes and practices of nursing, health care assistants, portering and housekeeping.	Q3	1,3,4,14	More effective and efficient use of staffing resources allowing for theatres to operate to capacity.
Acute Services	CUH	OPD Improvements: Piloting of extended day rostering in Migraine clinic. Researching possibilities for self-registration. Delivery of staff training in line with National Healthcare Charter and National Complaints Policy.	Q1-Q4	2,12,14	Improved efficiencies and patient centred care. Continued implementation of National Outpatient Service Improvement Programme.
Acute Services	CUH	Medical Roster Revision: Review all NCHD out-of-hours rosters with the objective of introducing a tiering system.	Q1	4, 6	Improved efficiencies.
Acute Services	CUH	Clinical Directorate: Implement the directorate model for the CUH group.	Q1	1,2,3,4, 7,10	Active involvement of clinicians in all aspects of the management of the services which they provide. Enhanced teamworking between hospital/service managers, nursing managers and clinicians involved in management.
Acute Services	CUH	Physiotherapy: Incorporation of patients with heart failure in cardiac rehabilitation classes. The development of a MDT Oxygen Clinic to monitor and assess home/portable oxygen to respiratory patients.	Q1 - Q4	1, 2, 5, 7	Proactive integrated patient centred care. Potential cost savings in wards estimated at 4,680 euro per ward per year.
Acute Services	CUH	Nursing and Midwifery Rosters: Extension of the ED Computerised Nurse Rostering System to allow improved utilisation of the nursing resource. Pre-Operative Assessment to facilitate same day admission for surgery and increase bed management efficiencies.	Q4	14	Improved efficiencies and patient centred care.
Acute Services	CUH	Review of all support services to maximise efficiency and utilisation of staffing resource	Q4	1,2,3,8, 14	In the context of staff retirements, an overall review of all support services will be undertaken to maximise service hours available to match service demands
Acute Services	CUH	Mallow General Hospital: Implementation of Small Hospital Framework deliverables.	Q4	1,2,3,7, 10,14	Realignment of services on both campuses
Acute Services	CUH	HIPE Completeness: Increase percentage of	Q4	1, 3	Completeness of data to support patient level costing. Target 100% by end of following month. This will involve detailed

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
		cases on the hospital PAS which are eligible for coding on HIPE - which have actually been entered on HIPE.			analysis of the complete work process around HIPE.
Acute Services	CUH	Radiotherapy Service Improvements: This will involve additional workload planned within existing staffing resources.	Q1-Q4	2	Enhanced treatment and clinical outcomes for patients within existing staffing resources.
Acute Services	CUH	Clinical Haematology: Relocation of Warfarin Service to an off-site location with the development of a point of care model of care. To commence in 2013.	Q4	1, 2	Enhanced model of patient care.
Acute Services	CUH	Medical Oncology: Introduction of electronic quality of life survey for patients with brain tumours to assess treatment benefits. This will be delivered within existing staffing resources.	Q4	2	Enhanced patient centred care.
Acute Services	CUH	CUMH Clerical/Administration Efficiencies: Introduction of charging for relevant category of Gynaecology patients attending CUMH ED – delivered within existing staffing resources	Q1	1, 3	Increased income for CUMH and more efficient use of staffing resources.
Acute Services	CUH	National Cancer Control Programme: Continued implementation of NCCP involving the following transfer of services from MUH to CUH; (1) Prostate (2) Rectal Cancer Surgery	Q4	1,2,3	Enhanced treatment and clinical outcomes for patients and increased efficiencies.
Acute Services	CUH	On-going roll out of National Clinical Care Programmes: Implementation of the following programmes: COPD, Critical Care, Epilepsy, Heart Failure, Acute Coronary Syndrome.	Q4	2	Reduced outpatient waiting lists, improved standards of care.
Acute Services	CUH	Reconfiguration of Acute Services Cork and Kerry: Reconfiguration within existing resources will utilise the redeployment protocols of the PSA	Q4	1,2,3 also 6.1.12	Enhanced treatment and clinical outcomes for patients and increased efficiencies.
Acute Services	CUH	CUH Capital Projects: Implementation of the following projects: Orthopaedic Trauma/Emergency Theatres, MRI installation project, AMU-Phase 3, SAU and Surgical Ward, Cystic Fibrosis-Adult Respiratory Ward, Mental Health Unit, NPRO.	Q4	2	Enhanced patient care.
Acute Services	CUH	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4, 7,8,10,1 4	Enhanced patient care for all clients

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
MALLOW GENERAL HOSPITAL					
Acute Services	MGH	Pathology Services Reorganisation (regional): Implementation of the PSIG pathology services implementation group recommendations.	Q2	1,2,4,5, 6,7,11,12,15	Efficiencies. Extended working hours, removal of duplication in testing, Lean processes.
Acute Services	MGH	Medical Roster Revision: Review all NCHD out-of-hours rosters with the objective of introducing a tiering system.	Q1	4, 6	Improved efficiencies.
Acute Services	MGH	Mallow General Hospital: Implementation of Small Hospital Framework deliverables.	Q4	1,2,3,7, 10,14	
Acute Services	MGH	HIPE Completeness: Increase percentage of cases on the hospital PAS which are eligible for coding on HIPE - which have actually been entered on HIPE.	Q4	1, 3	Completeness of data to support patient level costing.
Acute Services	MGH	Reduce Does Not Attend (DNA) Rate: introduce a system where patients will receive reminder letters 1 to 2 weeks prior to their admission. This will reduce DNA rate and maximise utilisation of beds and theatres.	Q 1	2,7	Reduce rate of DNAs and maximise utilisation of current resources
Acute Services	MGH	Implement NTPF OPD Programme	Q 1	1,2,7	Centralised Office to manage referrals and outpatient appointments to ensure that national targets are met. This will enable us reach targets set down to improve patient care
Acute Services	MGH	Introduce Electronic Discharge Summary	Q2	2,7	Introduce a system of electronic discharge summary from our patient administration system. This will improve patient care, with GPs being updated on the treatment of their patients in a timely manner which should improve patient care and reduce rate of readmission.
Acute Services	MGH	Introduce testing of Troponin in labs	Q1	5	A machine will be installed and validated in the laboratory to carry out troponin testing which is increasing. This will reduce costs of POCT
Acute Services	MGH	Clinical Nurse Specialist - Respiratory	Q2	1,6, 7, also 6.1.12	A nurse will be redeployed to train as a clinical nurse specialist in respiratory to complement the services planned for 2013 when the 4th consultant physician will be appointed to Mallow which will improve services delivered to patients.
Acute Services	MGH	4th Consultant Post - This post will have a special interest in respiratory which will enhance services delivered to patients. This consultant will enable us to revisit the consultant roster to implement a 1: 4 roster, with cross cover being provided by the consultants	Q2	6,7	Patient care will be improved and agency costs will be eliminated.
Acute Services	MGH	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4, 7,8,10,14	Enhanced patient care for all clients
BANTRY GENERAL HOSPITAL					
Acute Services	BGH	Nursing - Review staff rosters across the hospital to ensure on-going service delivery and maximum efficiencies.	Q1	14	Maintaining service provision
Acute Services	BGH	Non-nursing – review staff	Q1	14	Maintaining service provision

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
		rosters across the hospital to ensure on-going service delivery and maximum efficiencies.			
Acute Services	BGH	Administration staff - review staffing levels and where appropriate review flexible working arrangements.	Q1	14	Planning to extend clerical hours which will enhance the overall service provision for the hospital
Acute Services	BGH	Laboratory Modernisation Programme - continue to review implementation	Q2	12 13	Service available 8am. - 8pm maximising resources and services
Acute Services	BGH	Radiography - continue to review implementation of LCR	Q1	12 13	Service available 8am. - 8pm maximising resources and services
Acute Services	BGH	Clinical Programmes: Acute Medicine Programme: Review and management of Average Length of Stay (AVLOS) in line with national targets.	Q1	2.9.7 2.9.8	Enhancement of medical services available in the hospital
Acute Services	BGH	Clinical Programmes: Acute Coronary Syndrome: Continue to ensure appropriate management of these patients in line with the national programme.	Q1	2.9.7 2.9.8	Compliance with national programmes
Acute Services	BGH	SDU Targets: Compliance with the In-patient, GI and OPD national targets and policy.	Q1	2.9.7 2.9.8	Ensure patients are managed in accordance with appropriate timeframe
Acute Services	BGH	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7 ,8,10,14	Enhanced patient care for all clients
MERCY UNIVERSITY HOSPITAL					
Acute Services	MUH	Implementation of the Acute Medicine Programme in accordance with the National AMP Recommendations, in addition to the final outcome of the GIM Working Group and the opening of Acute Medical Unit. Full implementation of the COPD Outreach Programme.	ongoing	2	Benefits in relation to the patient pathway in the ED. Overall reduction in length of stay to align to the national target with a primary focus on targeted efficiencies for patients with length of stay of under 2 days.
Acute Services	MUH	Review of nursing rosters in the Mercy Urgent Care Centre - focus on skill mix of teams/matching demand to staff roster	Q1	14	Reduction in nurses available to roster
Acute Services	MUH	Co-operation with the introduction and implementation of the Gastroenterology Project in the Southern Region to include skill mix opportunities such as the role of nurse endoscopist etc	Q4 and ongoing	2	Enhanced patient care for all clients
Acute Services	MUH	Ongoing review of NCHD rosters.	Q1	6	Further efficiencies to be achieved through the revision of rostering and on-call arrangements.
Acute Services	MUH	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7, 8,10,14	Enhanced patient care for all clients

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
SOUTH INFIRMARY VICTORIA UNIVERSITY HOSPITAL					
Acute Services	SIVUH	Review of Radiography Services; to include rosters, on-call arrangements and possible introduction of the extended working day	Q2	12, 13, 14	Possible reduction in on-call costs, with better service provision
Acute Services	SIVUH	Theatre Roster Review for Nursing	Q1	13, 14	Possible introduction of a revised roster leading to better overall allocation of resources to match service needs and less requirement for on-call payments.
Acute Services	SIVUH	Roster Review for CSSD operatives to enhance support to Theatre	Q1	13, 14	Better skill mix to be provided allowing more efficient use of nursing allocation
Acute Services	SIVUH	Roster Review for Nursing - this follows an introduction of a revised roster in sample areas in April 2012 - the trial was successful and a Review Group will now examine if there is further scope to implement this, or similar type rostering in additional nursing areas	Q1-Q2	13, 14	Enhanced patient for all clients
Acute Services	SIVUH	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7, 8,10,14	Enhanced patient care for all clients

Kerry Area

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Mental Health	Kerry PCSS	Closure of 10 beds in the acute MH unit (6 Q1 and 4 Q2) will allow the redeployment of 5 wte nursing staff from the acute unit to community services to develop crisis intervention service and support the reduction of overtime.	Q1 and Q4	1, 2, 9	Kerry will advance further with Vision For Change (VFC) in 2013 by developing CMHTs.
Mental Health	Kerry PCSS	The centralisation of catering in Killarney will allow 5 wte attendants to be reassigned to HCA roles and subsequently the release of 5wte nursing staff to meet service demands	Q1	1 & 11 & 14	The centralisation of catering which commenced in Dec 12 is now fully implemented in Q1 2013 and has resulted in reconfiguration of staff to enhance the skill mix staffing levels in High Support Hostels (HSHs) and other units.
Mental Health	Kerry PCSS	Introduction of skill mix in the Cherryfield HSH will yield 5 wte nursing and help in the reduction of overtime and potential redeployment to community settings.	Q1	14	Ongoing engagement and consultation with all stakeholders to insure maximum utilisation of available skill mix to meet service demands over the 24hr continuum of care.
Mental Health	Kerry PCSS	Introduction of skill mix in Tralee and Listowel HSH will yield 5 wte nursing in each unit, 10 in total and will help in the reduction of overtime and potential redeployment to community settings.	Q1	14	Ongoing engagement and consultation with all stakeholders to insure maximum utilisation of available skill mix to meet service demands over the 24hr continuum of care.
Mental Health	Kerry PCSS	Recruitment of 2 graduate nurses to offset overtime	Q1		Proposed recruitment of 2 wte Graduate Nurses to assist in the reduction of overtime which is subject to HR application approval.
Mental Health	Kerry PCSS	Transfer of CAMHS service from Brothers of Charity (BOC) to HSE to ensure full	Q1	3	Enhanced patient for all clients

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
		integration of MH service provision.			
Primary Care	Kerry PCSS	Reconfiguration of Children's Therapy services.	Q4	1, 2, 3	In line with national framework the children's disability services in Kerry will be reconfigured to a geographical model. The proposal is that there will be four network based disability teams aligned with the existing primary care networks and will serve the 0-18yrs population.
Older People	Kerry PCSS	Support Services in Kenmare	Q2	1	The physical layout of the unit will require additional supports and the proposal to introduce new models of care in cleaning will allow all staff currently employed in the unit as multi-task attendants to reassign (with appropriate up-skilling) to direct care roles.
Older Persons	Kerry PCSS	Consistent with the approach across the HSE South region, management structures across the Community Hospitals in Kerry will move to a single governance arrangement.	Q2	1, 7, 10, 14	Strengthening of governance arrangements through the developing of a unified nurse management structure across the cluster of Kerry Community Hospitals. Unified approach to the standardisation of rostering arrangements, development of standard processes to maximise efficiencies and flexibility in staffing arrangements.
Primary Care / Older People / Disability Services	Kerry PCSS	Initiative to address waiting list for prosthetics and orthotics involving the implementation of the recommendations of the Prosthetic and Orthotics Review Group and establishment of the multidisciplinary working arrangements to give effect to the recommendations	Q2-Q4	2,3,4,7,	Improved and more appropriate service for clients and optimal utilisation of available resources
Kerry Health Area	Kerry Health Area	Transfer of governance arrangement of Tralee CNU from KGH to Kerry PCCC in line with all other community hospitals	Q1	1,7,10	Consistent governance arrangements & sustainability of community hospitals Shared approach to service developments
All Care Groups	Kerry PCSS	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7, 8,10,14	Enhanced patient care for all clients
KERRY GENERAL HOSPITAL					
Acute Services	KGH	Review of all support services to maximise efficiency and utilisation of staffing resource	Q4	1,2,3,8,14	In the context of staff retirements, an overall review of all support services will be undertaken to maximise service hours available to match service demands
Acute Services	KGH	Support agency staff elimination-HCA agency	Q2	1	Reconfiguration of current work practices for existing staff and eliminating agency use.
Acute Services	KGH	Support agency staff elimination-catering agency	Q2	1	Reconfiguration of current work practices for existing staff and eliminating agency use.
Acute Services	KGH	Support agency staff elimination- Cardiac Technician	Q1	1	Reconfiguration of current work practices for existing staff and eliminating agency use.
Acute Services	KGH	Review of Radiology on-call services	Q1	12	Ongoing review of existing roster arrangements and current work practices to ensure optimal service delivery. KGH is compliant with the National Agreement
Acute Services	KGH	Implementation of Compensatory Leave for Consultants working a 1:3 and 1:4 rota	Q1	6	Management will ensure compliance with national agreement in respect of consultant rest days.
Acute Services	KGH	Reduction in the cost of NCHD rostering	Q3	6	Review of existing rostering arrangement to ensure compliance with EWTD.
Acute Services	KGH	Managed service Agreement for Laboratory Services	Q3	15	Increased utilisation of technology in service delivery to delivery efficiencies and cost savings.
Acute Services	KGH	Full utilisation of existing resources to reduce reliance on overtime and agency	Q1	14	Full utilisation of existing resources to reduce reliance on overtime and agency
Acute Services	KGH	Internal and regional reconfiguration of the medical laboratory services	Q4	15	Internal restructuring to reduce current 6 departments Pathology to 2 departments with shared resources. Working with tertiary hospital to repatriate expensive isoteric tests

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
					from private lab to regional reference centre-CUH
Acute Services	KGH	Portering services review to improve match between staffing and service activity levels across the working day/week/year	Q2	14	Ensure all areas receive support allocation in a fair and equitable way proportional to activity
Acute Services	KGH	House keeping services review to improve match between staffing and service activity levels across the working day/week/year	Q3	14	Ensure all areas receive support allocation in a fair and equitable way proportional to activity
Acute Services	KGH	Introduction of 48 hour unit	Q3	2	AMP- reduce Average Length of Stay (ALOS) in medicine
Acute Services	KGH	Introduction of stroke unit	Q3	2	AMP - Implementation of clinical care programme
Acute Services	KGH	Review of OPD structure and processes with view of increasing outpatient capacity in line with SDU technical guidelines	Q2	2	More effective use of resource allocation.
Acute Services	KGH	Tender for automation in Pathology to facilitate increases in diagnostic capacity	Q4	15	Current limitations on capacity and TAT due to age of equipment and manual processes employed that need to be automated.
Acute Services	KGH	Implement clinical divisions and the clinical directorate model	Q2	3 & 5	Reorganisation of management structure to improve communications and efficiencies
Acute Services	KGH	Commence programme within KGH to work with departments to implement evidence-based performance measurement	Q4	8	Activity reports to be generated -diagnostics to be targeted initially to tie in with demand management protocols.
Acute Services	KGH	Explore possibility of development and implementation of additional protocols for demand management of radiology and pathology tests,	Q2	8	Reduction in unnecessary and repeat testing.
Acute Services	KGH	Develop clinical audit programme	Q1-Q4	7	Safety and quality improvement
Acute Services	KGH	Risk, safety and quality within the health sector, through adherence to disease programmes, protocols, audit, information management systems	Q1-Q4	7	Full implementation of renal system - roll out of NIMIS project
Acute Services	KGH	Examine payment of unsocial allowance in medical records for cover of extended working day	Q3	13	Elimination of allowance and standardisation of terms across all staff
Acute Services	KGH	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7, 8,10,14	Enhanced patient care for all clients

Waterford & Wexford Area

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
WATERFORD & WEXFORD PCCC SERVICES					
Primary Care	Waterford LHO	Integrated Occupational Therapy management structure across acute and PCCC services	Q1 2013	1,3	Enhanced management and governance arrangements will facilitate the prioritisation of services for clients.

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Primary Care	Waterford LHO	Continue to direct resources through redeployment / reassignment to pressure service areas	Q4 2013	1,3	Ensure resources are prioritised
Primary Care	Waterford LHO	As a result of the 2012 introduced integrated management structure across community hospitals, continue to redeploy/reassign community hospital resources across both sites on a needs basis	Q4.2013	1,3	More efficient use of resources across community hospitals
Disability Services	Waterford LHO	Reorganise Disability resources in Waterford LHO to ensure effective delivery of services with reduced management resources	Q1 2013	1,3	Maximise service delivery through the streamlining of management resources
Primary Care	Wexford LHO	Enhanced ICT provision through provision of software and training towards evidence based performance measurement	ongoing	7, 8	Evidence based performance measurement
Primary Care	Wexford LHO	Developing Community Engagement Programme	ongoing	2	Better health outcomes
Primary Care	Wexford LHO - PRC Physiotherapy:	Basic grade rotations across acute and PCCC services	Q4	1,2,3	Maximise the allocation of resources
Primary Care	Wexford LHO - PRC Physiotherapy:	Transition to new physiotherapy management arrangements i.e. physiotherapy manager & deputy physiotherapy manager across Wexford physiotherapy services	Q4	1,2,3	Maximise the allocation of resources
Primary Care	Wexford LHO - Public Health Nursing	Backfilling of geriatric liaison nurse post which will involve role clarification, key components of post to be filled through redeployment	Q2	1,2	Maintaining service delivery
Primary Care	Wexford LHO - Public Health Nursing	Workforce planning - ongoing review of available resources and redeployment/ reassignment to high demand areas and cross covering vacancies due to extended leave	ongoing	1,2	Maintaining service delivery
Older People	Wexford Community Services	Home help co-ordinators to take line management responsibility for home support workers in addition to home help and home care attendant staff	Q2	2,3,11	Integrated Patient Centred Care
Older Persons	Waterford & Wexford Community Services	Consistent with the approach across the HSE South region, management structures across the Community Hospitals in Waterford and Wexford will move to a single governance arrangement.	Q2	1, 7, 10, 14	Strengthening of governance arrangements through the developing of a unified nurse management structure across the clusters of Waterford and Wexford Community Hospitals. Unified approach to the standardisation of rostering arrangements, development of standard processes to maximise efficiencies and flexibility in staffing arrangements.
Older People	St Johns Ward Ely	Relocation of St Johns Ward Ely to Abbeygale Ward in the CNU	Q2	1,5,7	Saving on night duty of 3 staff members which will reduce to 2 staff members

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Disability Services	Wexford LHO - Wexford Residential Intellectual Disability Service	Weekend and evening on-call provided by CNM 2	Q1	13 & 7	Enhanced management arrangements will ensure that services are prioritised for clients
Disability Services	Wexford LHO - Wexford Residential Intellectual Disability Service	Internal audit schedules will be set up in Health and Safety; Infection Control; Maintenance of the Home; Holistic Life planning; Nursing Documentation.	Q2	7	With HIQA inspections commencing from July 2013, this initiative will attempt to identify any shortfalls pre-inspection.
Disability Services	Wexford LHO - Wexford Residential Intellectual Disability Service	Restructuring of CNM2 roster for this service	Q1	14	Appropriate management structure to ensure delivery of services for patients.
Disability Services	Wexford LHO - Residential Intellectual Disability Service	Centralisation of ordering of office supplies, photocopying, faxing and other small office management arrangements.	Q1	11	Maximise efficient use of resources
Mental Health	Wexford	Expansion of skill mix into psychiatry of later life ward through the introduction of more HCAs in order to replace retired nursing posts	Q3	14	Saving by changing the ratio of nursing staff : HCA on the ward
Mental Health	Wexford	Introduction of better multi disciplinary working in the community teams through the introduction of additional allied health professionals	Q1	2,4	Integrated Patient Centred Care and Multidisciplinary working
Mental Health	Waterford	Expansion of Waterford Regional Hospital Nurse led liaison service from 5 day to 7 day service	Q3	8,13	Provision of a 7 day liaison service for the Emergency Department in WRH
Mental Health	Waterford	Expansion of skill mix into psychiatry of later life ward through the introduction of more HCAs in order to replace retired nursing posts	Q3	14	Saving by changing the ratio of nursing staff : HCA on the ward
Mental Health	Waterford	Introduction of better multi disciplinary working in the community teams through the introduction of additional allied health professionals	Q1	2,4	Community Adult Mental Health Teams will increase the multi disciplinary working
Mental Health	Waterford/ Wexford	Redeployment of DON to Risk and Quality Role	Q1	1,7	Following the appointment of the Area Director of Nursing a reassignment of the second DON post
Mental Health	Waterford /Wexford	In line with the NSP 2013 to bed down the five sectors in Adult Mental Health Services in line with VfC	Q1	1,2,4	Further enhancment of the 5 General Adult Sector Teams based on 50,000 population
Mental Health	Waterford/ Wexford	Introduction of the care programmes for Early Detection and Intervention , Eating Disorder and Deliberate Self Harm through the identification of leads for each of the three programmes	Q1	2,4,8	National Care Programmes are all being rolled out for each sector in line with NSP 2013
Mental Health	Waterford/ Wexford	Expansion from a 5 day service to a 7 Brook House day Hospital in Waterford City	Q3	1,4,13	Expansion of the Day Hospital to a 7 day service
Mental Health	Waterford/ Wexford	Expansion of the Suicide Crises Assessment Nurse (SCAN) established in	Q3	1,2,13	Expansion of a 5 day service to a 7 day service

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
		Wexford to Waterford			
Mental Health	Wexford	Resettlement of an intellectual disability ward from St Senans to Havenview on the St Johns Hospital Campus	Q2	1,2,5	Reduction in non pay costs through the provision of a new building
Mental Health	Wexford	Resettlement of a ward from St Senans Hospital Enniscorthy to Millivew on the St Johns Hospital Campus	Q2	1,2,5	Reduction in non pay costs through the provision of a community house rather than an inpatient hospital ward
Mental Health	Wexford	Transfer of patients from St Elizabeths Ward in St Senans to Selskar Ward in Farnogue CNU in Wexford Town	Q2	1,2,5	Improved patient experience through the provision of a new purpose built building for psychiatry of later life
Mental Health	Waterford/ Wexford	Development and launch of a Directory of Services for Mental Health Services	Q2	7	Will provide information for people in the community
Mental Health	Waterford/ Wexford	Development of shared policies, procedures and guidelines across the services	Q4	9	This will lead to a consistent service user experience
All Care Groups	Waterford & Wexford ISA	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7 ,8,10,14	Enhanced patient care for all clients
WEXFORD GENERAL HOSPITAL					
Acute Services	Wexford General Hospital - Catering	Review of Catering Services including meal times for patients	Q1, 2013	2, 8, 14	Efficiencies in staff rosters, elimination of cost of waste foods. Improved patient service.
Acute Services	Wexford General Hospital - Radiology	NIMIS (digital radiology system) go live 29th January 2013	Q1, 2013	2,5	Anticipated staff efficiencies and subsequent re-assignment from department.
Acute Services	Wexford General Hospital - Nursing	Revision of Nurse Management Rosters.	Q1, 2013	3, 14	Increased presence of senior nurse managers out of hours and weekends.
Acute Services	Wexford General Hospital - Clinical Governance	Clinical Governance -further development of clinical governance at WGH.	Q1-Q4	3,7	Improved clinical governance
Acute Services	Wexford General Hospital - Corporate Governance	Greater focus on performance management	Q1-Q4	8	Improved corporate governance and accountability
Acute Services	Wexford General Hospital - OPD	Implementation of SDU OPD Improvement Programme – Reorganisation of work practices in line with requirements of guidelines	Q1-Q4		Reduction in patient waiting times, efficiencies in management of lists
Acute Services	Wexford General Hospital - OPD	Introduction of 8.00 a.m. start for clerical staff to ensure smooth operation of morning clinics.	Q1	2, 8, 12, 14	Increased patient access to early appointments. Reduction in clinic delays.
Acute Services	Wexford General Hospital - ICT	IPMS - implementation of system	Q3		To allow for the more efficient processing of patient administration systems
Acute Services	Wexford General Hospital - Finance	Patient Income Maximisation - a strong focus on maximising the income for the hospital to offset the reduction in operating budget for 2013	Q1-Q4	9	To assist in the retention of all hospital services.

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Acute Services	Wexford General Hospital - Medical	Implementation of LCR 20403	Q1-Q4	6, 12, 13	Elimination of costs of rest days.
Acute Services	Wexford General Hospital - Admin	Review of Rosters/Duties	Q1-Q4	1,12,14	Maximise allocation of available resources
Acute Services	Wexford General Hospital	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4, 7,8,10,1 4	Enhanced patient care for all clients
WATERFORD REGIONAL HOSPITAL					
Acute Services	Waterford Regional Hospital	Revised rostering arrangements, introduction of skill mix and comprehensive structured annual leave.	Ongoing	1, 2, 3,14	To realign services in line with SDU targets and ensure continuity of services.
Acute Services	Waterford Regional Hospital	Implementation of the Acute Medical Programme (AMP) / EM Programme and other relevant clinical programmes. This will contribute to reduction in Average Length of Stay (ALOS) for Acute Medicine in line with NSP 2013 / SDU targets	Q2	1,2,4,5, 6,7,8, 14	Ensure compliance with the AMP, SDU targets in scheduled and unscheduled care.
Acute Services	Waterford Regional Hospital	Medical Pay Budget – Minimisation of agency, locum cover limited to 1:3 rotas – restructuring of replacement consultant posts	Q1/Q2 - 2012	1, 2, 4,6,7,8, 14	Reduced expenditure on locum cover.
Acute Services	Waterford Regional Hospital	Clerical / Admin - Reorganisation of clerical/administration staff to maximise support to frontline clinical areas and to other priority areas such as income collection and HIPE and HCR.	Q2/Q3-2012	1, 3, 6,7,8,10 , 14	This plan has been revised in light of priority areas in the hospital i.e. income collection, HIPE, commencement of new consultants, SDU requirements particularly in area of requirement for Centralised Referral area for OPD and PTR requirement.
Acute Services	Waterford Regional Hospital	Support Services - Review of portering / household support services to maximise efficiency and utilisation of staffing resource and eliminate rostered overtime.	Q1 - 2013 (ongoing)	1, 2, 3, 8, 14	The purpose of the new rosters will be to reduce/eliminate overtime and to maximise service hours available to ensure hours available to match service demands. In addition the loss of staff due to retirements has been covered by the remaining portering/household staff.
Acute Services	Waterford Regional Hospital	Support Services - Review of current theatre porter service to ensure that theatres are fully supported and in line with requirements of Theatre Governance Group. This will also include other staff grades assigned to theatres.	Ongoing Q4 - 2013	1, 2, 3, 8, 14	Realignment of staffing resource to meet theatre requirements.
Acute Services	Waterford Regional Hospital	Realignment of staff all grades & disciplines to support rollout of national clinical Programmes (NDQCC) – Acute Medicine Programme, and all clinical programmes including new corporate and clinical governance structures and reporting arrangements as set out in NSP 2011/2012/2013	Ongoing	1,2, 3, 4, 6, 7, 8,10, 11, 12, 14	Maximise delivery of national clinical programmes within available resources

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Acute Services	Waterford Regional Hospital	Increased staff flexibility across all areas and grades due to changes in work practices, reduction in WTEs.	on-going	1, 3, 5, 7, 11, 12, 13, 14	Due to impact of exit packages, retirements/resignations and moratorium, necessity for staff to be redeployed and for roles and responsibilities to be extended and changed to ensure that service levels are maintained and the assignment of available resources are maximised
Acute Services	Waterford Regional Hospital	Reorganise catering service delivery model to support service level needs.	Q1/Q2	1,3, 7, 11	Ensuring maximum efficiencies are achieved through changes in rostering to support service delivery
Acute Services	Waterford Regional Hospital	Realignment of HCA staff with service requirements and assign HCAs to specific wards.	Q1 - 2013 (ongoing)	1, 2, 14	Increased skill mix
Acute Services	Waterford Regional Hospital	Redeploy staff for short periods to assist in maintaining portering services when shortfalls occur. Increased flexibility of laundry staff in particularly has facilitated this.	Q1 - 2013 (ongoing)	1, 2	Maximise the assignment of available resources
Acute Services	Waterford Regional Hospital	Introduction of digital dictation and voice recognition in targeted areas.	Q2 - 2013	2, 7, 11, 14	Efficient use of resources.
Acute Services	Waterford Regional Hospital	Review underway in relation to CSSD attendants rosters	Q2 - 2013	2, 3, 14	Maximise resources in light of reduction in wte due to resignations/retirements.
Acute Services	Waterford Regional Hospital	Implementation of IPMS which will mean significant change for all staff across the hospital	Q3	1, 3, 4,	This project will have a significant positive impact on administrative service delivery.
Acute Services	Waterford Regional Hospital	Extending of DART order comms - to all clinical areas	Q4	1, 3, 4, 7	Assist in risk mitigation, assist in maintain activity with staffing reductions. Improve quality, safety and traceability.
Acute Services	Waterford Regional Hospital	Implementation of QPULSE document management system	Q2	1, 3, 4, 7	Enhancement of document control and audit and assist with compliance with HIQA/HSE/NCCP standards etc.
Acute Services	Waterford Regional Hospital	Implementation of Endo RAAD clinical information system	Q4	1, 3, 4, 7	Revised work practices, improved quality, traceability and audit in line with national standards.
Acute Services	Waterford Regional Hospital	Opening of Phase II ED - new ways of working (nursing)	Q2	2, 3, 4, 8,	Change in work practices and increased flexibility due to increased floor space and physical size of the new ED.
Acute Services	Waterford Regional Hospital	Opening of new Neonatal Unit	Q2	2, 3, 4, 8,	Amalgamation of special care and neo-natal staff
Acute Services	Waterford Regional Hospital	Opening of new Delivery Suite	Q2	2, 3, 4, 8,	New working practices to open new delivery suite
Acute Services	Waterford Regional Hospital	Review of theatre nursing out of hours and on-call rota	Q2/Q3	1, 3, 7, 14	Due to high number of maternity leave in theatre review required in order to maintain services.
Acute Services	Waterford Regional Hospital	Revised working practice in Endoscopy to meet decontamination standards and JAG standards	Q2/Q3	2, 3, 4, 8,	Ensure compliance with national standards.
Acute Services	Waterford Regional Hospital	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4, 7,8,10,14	Enhanced patient care for all clients

Carlow / Kilkenny & South Tipperary Area

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
CARLOW / KILKENNY & SOUTH TIPPERARY PCSS					
Mental Health	Carlow Kilkenny & South Tipp LHOs	Reorganisation of Carlow/KK/ST Mental Health Services, including a review of High Support Hostel and the continuing care bed capacity	Q4	1	Implement the recommendations of *A Vision for Change*
Mental Health	Carlow Kilkenny & South Tipp LHOs	Rotations of basic grade occupational therapists in Carlow/Kilkenny to provide opportunities for staff to gain diverse experience and facilitate cross-cover arrangements	Q1-Q4	1	Opportunity to improve staff training and experience while facilitating cross-cover arrangements.
Mental Health	Carlow Kilkenny & South Tipp LHOs	Social work staff provide cross cover across sectors on a temporary basis e.g. Maternity Leave cover	Q1-Q4	14	Facilitate cross-cover arrangements
Mental Health	Carlow Kilkenny & South Tipp LHOs LHO	Full implementation of the Area Management Team across the CKST area	Q2	3	Improve governance arrangements in line with national guidelines
Mental Health	Carlow Kilkenny & South Tipp LHOs	OT Manager and PSW will provide line management and supervision of social care staff associated with CAMHS and provide line management arrangements for staff within the CAMHS services	Q1 – Q4	4	Provide line management arrangements for staff within the CAMHS service
Mental Health	Carlow Kilkenny & South Tipp LHOs	PSW also providing line management for staff working in disability services	Q1-Q4	4	Staff will have a professional reporting relationship to relevant head of discipline
Mental Health	Carlow Kilkenny & South Tipp LHOs	Risk Register Working Group and protocol being implemented in KK with plan to roll out for the extended catchment area of CKST	Q2	7	Improvied governance arrangements in line with national guidelines
Older People	Carlow/ Kilkenny LHO	Sacred Heart Hospital – Impact of Moratorium	Q1	1, 14	Enhanced rostering arrangements and improved skill mix
Older People	Carlow/ Kilkenny LHO	Non replacement of rehired retired staff in Sacred Heart Hospital & St Columba's Hospital – Impact of Moratorium	Q1	1, 14	Enhanced rostering arrangements and improved skill mix.
Older Persons	Carlow / Kilkenny & South Tipperary LHOs	Consistent with the approach across the HSE South region, management structures across the Community Hospitals in CKST will move to a single governance arrangement.	Q2	1, 7, 10, 14	Strengthening of governance arrangements through the developing of a unified nurse management structure across the cluster of CKST Community Hospitals. There will be unified approach to the standardisation of rostering arrangements, along with the development of standard processes to maximise efficiencies, with greater flexibility in staffing arrangements.
Disability Services	South Tipperary LHO	Reorganisation of the provision of Disability Services in South Tipperary i.e. Transitional Living Unit (Sli Eile - Acquired Brain Injury Services) and Damien House Services - residential service for people with Intellectual Disability	Q3	1 & 14	Consolidation of staffing in Damien House for the provision of long term care and provision of services to those with acquired brain injury through ABI Ireland in more appropriate settings i.e. their own homes
All Care Groups	Carlow / Kilkenny & South Tipperary LHOs	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7,8 ,10,14	Enhanced patient care for all clients
ST LUKE'S GENERAL HOSPITAL					
Acute Services	St Luke's Hospital Kilkenny	Reorganisation of nursing rosters to facilitate service needs	Q3	1,14	More efficient staffing Levels at peak times to maximise the level of care provided and maintain services in times of high demand.
Acute Services	St Luke's Hospital Kilkenny	Consultant changes to current rest day entitlement	Q3	6,14	No service implications but will require revised consultant work schedule.

Area of Modernisation	Location	Brief description of PSA initiative	Time-frame	PSA Measure No. (1-15)	Targeted benefits
Acute Services	St Luke's Hospital Kilkenny	Reorganisation of the Porter / Security Service to take into account planned redeployment of staff	Q4	1,14	Maximisation of roster efficiencies
Acute Services	St Luke's Hospital Kilkenny	Review of staffing levels in administration, workload re-organisation and staff redeployed to sustain these key frontline services.	Q1	1	Maximisation of roster efficiencies
Acute Services	St Luke's Hospital Kilkenny	Reorganisation of Waste Management Service to take account of 1 WTE retirement	Q1	1,14	Maximisation of roster efficiencies
Acute Services	St. Luke's Hospital, Kilkenny	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7,8 ,10,14	Enhanced patient care for all clients
SOUTH TIPPERARY GENERAL HOSPITAL					
Acute Services	South Tipperary General Hospital	Management / administrative functions - In the context of the moratorium on recruitment and anticipated retirements in 2013. Re-configuration of the Medical Secretarial service to provide change in practice required to achieve cross cover and equitable and more efficient distribution of workload	Q2	1	Protect continuity of service provision. Full service cover with more efficient working arrangements. .
Acute Services	South Tipperary General Hospital	Risk/Quality/Safety - better management of patient flow processes from ED to discharge, reorganisation of work processes at inpatient ward level to provide required capacity. Reassignment of 1 wte A/DON without replacement to project manager role to manage patient flows through hospital.	Q1	8, 10, 14	Development of care pathways to improve patient flows through the hospital and to achieve efficient discharge practices and reduced length of stay.
Acute Services	South Tipperary General Hospital	Redeployment / Reassignment of Staff. Further development of AMAU to reduce inpatient admissions. Internal redeployment of staff from the ED,	Q1	8, 10, 14	Development of more effective patient assessment by a senior decision maker with a view to increasing the appropriateness of admission and reducing overall admission levels. Provision of appropriate alternatives to admission for patient care. Provision of care pathways aligned to the requirements of the Acute Medicine Programme.
Acute Services	South Tipperary General Hospital	Rostering Arrangements: Reduction in NCHD agency cover requiring additional roster efficiencies in all specialties.	Q1	6,14	More efficient rostering for all NCHDs .
Acute Services	South Tipperary General Hospital	Reduced Locum Cover for Consultant annual leave	Q1	6,14	Reduced expenditure on medial agency
Acute Services	South Tipperary General Hospital	Redeployment of administration staff to vacant posts in HSE following implementation of the NIMIS Radiology System in November 2013.	Q4	1	Maximise resources to improve service delivery
Acute Services	South Tipperary General Hospital	Implementation of new rest day arrangements for consultants on 1:3 and 1:4 rotas	Q1	6,14	Implementation of national guidelines
Acute Services	South Tipperary General Hospital	Implementation of models of care, patient pathways and treatment protocols in line with the recommendations of all national clinical programmes	Q1-Q4	1,2,3,4,7,8 ,10,14	Enhanced patient care for all clients

APPENDIX 7

Reforming the Health Services: Responding to *Future Health*

In November, 2012, the Minister for Health launched *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015.* This new framework, based on Government commitments in its *Programme for Government*, outlines the main healthcare reforms that will be introduced in the coming years as key building blocks for the introduction of Universal Health Insurance in 2016.

Key to success will be to deliver conjoint working with the DoH to address the four pillars of reform:

- Health and Wellbeing - a renewed focus on keeping people healthy, not just treating people when they are ill.
- Service Reform - moving away from the current situation where many people are treated in hospitals when they could have been treated in the community and focusing on 'integrated care' so that services are well co-ordinated around the needs of the patient.
- Structural Reform - to promote good governance, avoid duplication and ensure a strong regional focus in managing performance and delivering value for money.
- Financial Reform - to ensure that the financing system is based on incentives that promote fairness and efficiency, while also reducing costs, improving control and improving quality.

The NSP2013 will be the HSE's response to the first full year's implementation of the reform programme therefore particular areas of focus in 2013 for the HSE will be:

Area	Action	Summary DoH Actions Impacting 2013
Governance Arrangements	Actions 2 - 4	▪ Establish robust overseeing governance structures by Q1, 2013 to drive, co-ordinate and monitor the reform process. ▪ Develop a communications and consultation plan by Q4, 2012.
Patient Safety and Quality	Actions 5 - 8	▪ Establish a new Patient Safety Authority on an administrative basis in 2013. ▪ Develop a risk based approach to provision of indemnity to services and professionals by end of 2013. ▪ Establish a National Task Force on Prescribing and Dispensing Practice by end Q4, 2012.
Health and Wellbeing	Actions 9 -13	▪ Produce a comprehensive Health and Wellbeing Policy Framework by end of 2012. ▪ Extend age range for BreastCheck screening commencing 2014. ▪ Complete first round of colorectal screening by end 2015. ▪ Deliver on targets for routine and urgent endoscopy procedures by end Q4, 2012.
Structural Reform	Actions 14 - 17	▪ Recommend composition and criteria for hospital groups by Q4, 2012 and establish first wave immediately after. ▪ Review ISAs in Q2, 2013. ▪ Develop Sectoral Plans for Shared Services and External Service Delivery by Q4, 2012. ▪ Review of corporate functions and resources within HSE in 2013.
Financial Reform	Actions 18 - 25	▪ Vote to be provided through the Office of the Minister for Health from Q1, 2014. ▪ Develop Programme Based Budgeting (PBB) in 2013. ▪ Implement recommendations from the review of financial management systems commencing Q4, 2012. ▪ Develop and roll out a comprehensive financial management system as a matter of priority. ▪ Develop time bound plans for the implementation of Money Follows the Patient by end 2012.
Reforming Primary Care	Actions 26 - 29	▪ Extend GP care without fees on a phased basis. ▪ Introduce chronic disease management programmes commencing 2013. ▪ Increase number of healthcare professionals working in primary care from 2013. ▪ Implement programme of investment in primary care centres commencing 2012.
Reforming Our Hospitals	Actions 30 - 33	▪ Reduce waiting time for scheduled and emergency care in hospitals. ▪ Establish hospital groups on administrative basis during Q1 2013 (Linked to Action 14). ▪ Publish framework to develop smaller hospitals in Q4, 2012. ▪ Reconfigure Ambulance Service by Q1, 2014.

Area	Action	Summary DoH Actions Impacting 2013
Reforming Social and Continuing Care	Actions 34 - 41	⌐ Support the HSE on the roll out of a Single Assessment Tool (SAT) for older people services in 2013. ⌐ Commence work on a national standard assessment tool for people with disabilities in 2013. ⌐ Extend HIQA regulatory regime to residential services for people with disabilities in 2013. ⌐ Review the Fair Deal scheme by Q4, 2012 and applicability to disability and mental health services by Q4, 2013. ⌐ Develop implementation plan for *Value for Money and Policy Review of Disability Services* by Q4, 2012. ⌐ Complete a prospective funding model for palliative Care in 2013.
Tackling the Capacity Deficit	Actions 42 - 48	⌐ Develop an eHealth Strategy by Q1, 2013. ⌐ Publish the *Health Information Bill* by end Q2, 2013. ⌐ Establish an Information and ICT Strategy Unit in Q1, 2013. ⌐ Continue to maximise use of the Public Service Agreement (PSA) between 2012 – 2014. ⌐ Implement an approach to workforce planning and development from 2012. ⌐ Develop a series of leadership and learning sets for governance, quality and safety of healthcare delivery. ⌐ Address short and long term succession requirements at senior management team level from 2012.

APPENDIX 8

Capital Projects by Care Group / Programme 2013

This appendix outlines capital projects that were completed in 2011/2012 but not operational, due to be completed and operational in 2013 and also projects due to be completed in 2013 but not operational until 2014. The full HSE Capital Plan for 2013 is available on www.hse.ie

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2013 Implications	
							2013	Total	WTEs	Rev Costs €m
PRIMARY CARE										
South										
Primary Care	Schull, Co. Cork	Primary Care Centre, by lease agreement	Q3	Q4	0	0	0	0	0	0
Primary Care	Carrigtwohill, Co. Cork	Primary Care Centre, by lease agreement	Q4	Q4	0	0	0	0	0	0
ACUTE and PRE-HOSPITAL EMERGENCY CARE										
South										
Acute	Cork University Hospital	Upgrade and refurbishment of existing cardiac theatres to create new trauma and one emergency theatre	Q1	Q1	0	0	0.40	1.20	0	0
Acute	Cork University Hospital	Refurbishment of an existing ward area to provide a surgical assessment unit	Q4 2012	Q1	0	30	0.02	0.70	0	0
Acute	Cork University Hospital	Install MRI in area above existing PET scanner	Q3	Q4	0	0	1.52	2.50	0	0
Acute	Cork University Hospital	Final phase of the acute medical assessment unit	Q4	Q4 / Q1 2014	0	0	2.50	3.50	0	0
Acute	Waterford Regional Hospital	ED extension including neonatal unit	Q4 2012	Q1	0	6	1.00	12.87	0	0
Acute	Mallow General Hospital, Co. Cork	Day procedures unit – endoscopy suite	Q2	Q3	0	2	0.30	1.50	0	0
Acute	South Infirmary / Victoria University Hospital, Cork	Relocation of the ophthalmology out-patients department to SIVUH. Provision of a modular facility.	Q4	Q1 2014	0	0	1.50	2.00	0	0
Acute	Mercy University Hospital, Cork	Upgrade of the electrical supply and distribution system to comply with current standards	Q3	Q3	0	0	0.80	1.08	0	0

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2013 Implications	
							2013	Total	WTEs	Rev Costs €m
Acute	Mercy University Hospital, Cork	Extension to the existing radiology department to house one replacement CT scanner and one additional CT scanner (funded by the MUH Hospital Foundation)	Q2	Q2/Q3	1	1	0.40	0.90	0	0
OLDER PEOPLE										
South										
Older People	CNU, Kenmare, Co. Kerry	Kenmare Community Hospital replacement	Q2	Q2	20	0	2.22	8.00	0	0
Older People / Mental Health	CNU, Wexford	A new purpose built 50 bed Community Nursing Unit at Farnogue, Wexford will open in Q1 2013 on the campus of Wexford General Hospital. This is a joint project between mental health services and services for older people which will provide accommodation for 20 mental health service residents currently in St. Senan's Hospital and accommodation for 21 services for older people residents currently in Ely hospital.	Q4 2012	Q1	9	21	0	0	0	0
					See Mental Health					Funding source not yet confirmed
MENTAL HEALTH										
South										
Mental Health	St. John's Hospital, Enniscorthy, Co. Wexford	Havenview, 14 place residence to provide accommodation to re-house residents from St. Senan's Hospital	Q4 2012	Q1	0	14	2.00	2.40	0	0
Mental Health	St. John's Hospital, Enniscorthy, Co. Wexford	Mill View, 13 place high support house on the grounds of St. John's Hospital to re-house residents from St. Senan's Hospital	Q4 2012	Q1	0	13	1.40	1.75	0	0
Mental Health	Waterford Regional Hospital	Upgrade acute mental health unit	Q1	Q1	0	0	0.25	1.50	0	0
Mental Health / Older People	CNU, Wexford	A new purpose built 50 bed Community Nursing Unit at Farnogue, Wexford will open in Q1 2013 on the campus of Wexford General Hospital. This is a joint project between mental health services and services for older people which will provide accommodation for 20 mental health service residents currently in St. Senan's Hospital and	Q4 2012	Q1	0	20	1.05	7.90	0	0
					(See Older People)					

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2013 Implications	
							2013	Total	WTEs	Rev Costs €m
		accommodation for 21 services for older people residents currently in Ely hospital.								
Mental Health	Kerry General Hospital, Tralee, Co. Kerry	High observation unit	Q4 2012	Q4	0	4	1.40	2.00	0	0
DISABILITY SERVICES										
South										
Disability	Cope Foundation Montenotte, Cork	Open 8 bed residential specialist unit for adults with major challenging behaviour (WTE including therapy nursing and support staff).	2010	Q2	8	000	0	4.13	40.71	2.76
									Funding not currently available to open additional beds	