



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE SOUTH

IMPLEMENTING THE NATIONAL
SERVICE PLAN

Easy Access

Public Confidence

Staff Pride

Contents

Foreword.....	i
Introduction	1
Quality and Clinical Care	7
Service Delivery	9
Primary Care	9
Children and Families.....	13
Mental Health	16
Disability	20
Older People	23
Palliative Care	28
Social Inclusion	30
Acute Services and Pre-Hospital Emergency Care	33
National Cancer Control Programme	46
Appendix 1 Finance Information.....	49
Appendix 2 New Developments and Demographic Funding.....	50
Appendix 3 HR Information	52

Foreword from the Regional Director of Operations

The HSE National Service Plan 2010 was published on the 8th February 2010. The HSE South has commenced the process of implementing the National Service Plan, the detail of which is outlined in this document **HSE South: Implementing the National Service Plan**. This outlines the type and volume of services, key priorities and actions at regional and local level across hospitals and Local Health Offices to be implemented in HSE South in 2010.

In 2010, there will be, for the first time, a Performance Contract which will be a more formalised agreement between the HSE South and the HSE Corporate on the implementation of key national targets. This will ensure that the Regional Director and HSE South are accountable for the delivery of the Service Plan within the resource allocation and approved employment ceiling while meeting the agreed targets on service delivery and improvements, value for money and cost management, clinical quality, safety and efficiency.

In 2009, as part of our work on integrating services within and between hospital and community based services, new regional structures were established under the Integrated Services Directorate (ISD). This involved the establishment of the Regional Director post supported by the HSE South Regional Management Team, which has allowed for devolved decision making and accountability within nationally agreed parameters and which will enable us to make decisions closer to the people who are affected by those decisions.

I am supported in the role of Regional Director of Operations by a Regional Management Team (RMT) which includes the South East Hospital Network Manager, the Interim Network Manager Southern Hospitals Group, Interim Assistant National Director for Primary, Community and Continuing Care, the Assistant National Director for Finance, the Assistant National Director for Human Resources, Clinical Director, Area Communications Manager, and the HSE South Business Manager.

The HSE South faced significant challenges in 2009 and responded accordingly. The HSE South has delivered fully on the Service Plan targets for 2009 in delivering high quality services to the communities it serves while also securing efficiency savings and overall cost reductions. This is a reflection of the high calibre, and exceptional commitment, of the individual staff and teams and I wish to thank staff at all levels for their contribution in meeting our targets in 2009.

We will continue to face challenges in 2010. The Government moratorium on the recruitment of particular staff grades and ongoing financial challenges will continue to present risks to our overall capacity to sustain our health services. However, despite these challenges we need to stay focussed on making it easier for patients and clients to access quality services where and when needed. We have made huge progress in recent years and tremendous energy has gone into putting our patients and clients first; while living within our budget and employment ceiling.

The decisions which the Regional Management Team has taken, in the allocation of resources and the prioritisation of services and cost measures, were carefully considered so that we would be in a position to continue to support the most vulnerable, while implementing key government priorities and delivering high quality responsive services.

In 2010, HSE South will concentrate on a number of key areas in order to transform the effectiveness of the way services are delivered to make it easier for people to access the care or service they need in the most appropriate setting.

Firstly, ensuring that primary care teams and social care networks are the cornerstone of the integrated healthcare system we are developing. This is responding to the needs of local communities for health and social care services, with particular attention being paid to our social inclusion services, childcare, disability and mental health services.

Secondly, the overall transformation of the health and social care services with an increased effort at integrating the various strands across hospital and community. Significant progress is being made on the reconfiguration programme of

the acute hospital services across HSE South under the clinical leadership of Prof. John Higgins in the South West and Dr. Colm Quigley in the South East, working with Ger Reaney, Interim Network Manager and Richard Dooley, Network Manager respectively, together with RMT and a wide range of management and clinical staff. The finalised reconfiguration plans for the South West and the South East will be concluded after the first quarter of 2010 and will determine the overall direction of hospital services.

Thirdly, a Quality and Clinical Care Directorate was established nationally in 2009, led by Dr Barry White. In 2010, a key priority for the Regional Management Team, senior managers and clinicians will be to work closely with Dr Barry White and his team to implement the hospital avoidance measures and other key service improvements through concentrating initially on diabetes, heart failure, acute coronary syndrome, stroke, asthma and COPD. We will also prioritise resolving issues around emergency departments and acute medicine generally.

Over the past number of years the health service team has responded very well in delivering on our service plan and has brought forward innovative and practical solutions to the challenges of the day. I am confident that we will do so again in 2010. These are challenging times and your ongoing commitment and professionalism in continuing to provide such an excellent service for our clients and patients is acknowledged and appreciated.

Pat Healy
Regional Director of Operations
HSE South

Introduction

The HSE National Service Plan (NSP), having been adopted by the Board, was approved by the Minister for Health and Children and published on Monday 8th February, 2010. Under the legislative framework of the Health Act 2004, Section 31, the primary purpose of the annual HSE National Service Plan (NSP) is to set out how the vote (budget) allocated to the HSE will be spent in the given year on the type and volume of health and personal social services delivered to the people of Ireland, within the approved employment levels set out by Government. It is guided by the vision, mission and objectives of the organisation as set out in the three year HSE Corporate Plan 2008-2011.

This document sets out how the HSE South will implement the Service Plan at regional and local level across the hospitals and Local Health Offices over the coming year. It is complementary to the new performance contract which will be a more formalised agreement between the HSE South and Corporate.

National Context

The National Service Plan in its introduction at pages 1-3 outlines the key parameters within which it was framed. It outlines the key demographic and economic background including: changing population, economic constraint, changing health technology, as well as consumer experience and expectations. It specifically sets out the key policy background and documents which have been taken into account including the HSE Corporate, Capital and ICT Plans; the statement of revenue requirements 2010 (Estimates) and the HSE vote (including 2009 Financial outturn) as well as the introduction of the Integrated Services Programme and the continuation of the Transformation Programme. It also takes account of key government priorities and the various national strategic and policy documents. The NSP in particular highlights the key requirement of delivering the Service Plan within the vote. It goes on to highlight the risks for the organisation which may impact on the delivery of the plan in 2010. The implementation of the Service Plan at regional and local level across HSE South as outlined in this document has been framed within these National Service Plan parameters.

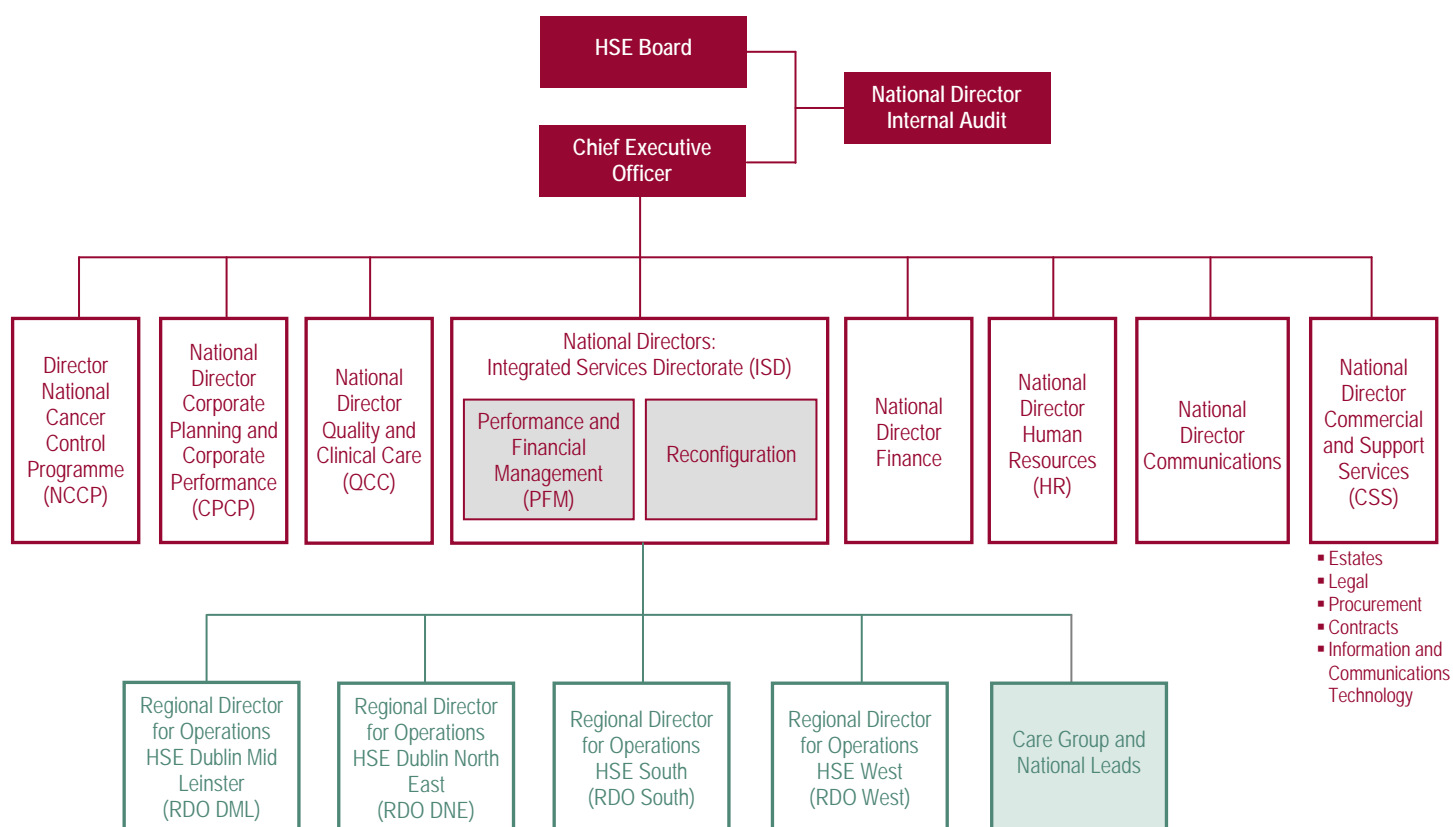
Integrated Services Directorate and New Regional Structure

In October 2009, the operational structure that existed since the establishment of the HSE, (National Directorates for Hospitals (NHO) and Primary Community and Continuing Care (PCCC)) ceased to exist and a single national Integrated Services Directorate (ISD) was established. This directorate has responsibility for the delivery, reconfiguration, performance and financial management of all health and personal social services.

Whilst maintaining national direction for the organisation, and in order to deliver a uniform approach across the country, operational and certain support services are now organised within four regions, HSE Dublin Mid Leinster, HSE Dublin North East, HSE South, HSE West and responsibility for the delivery and management of services at a regional level rests with Regional Directors of Operations (RDOs). These regions operate within nationally determined priorities and parameters. In relation to care groups, priorities and parameters are determined by the Care Group Leads.

In addition a Quality and Clinical Care Directorate has been established. This Directorate further strengthens clinical leadership and improves clinical performance, as well as supporting the working relationship between clinicians and managers right across the organisation. The new leaner organisation structure is shown in figure 1 overleaf

Fig.1 Organisational Structure of the Health Service Executive



The organisational model has at its core a move to regional management of health services, based on the need to deliver effective local services, centered on the needs of patients and clients.

HSE South – Regional Management Team

The immediate impact of this new organisational structure is that the Regional Director of Operations (RDO) supported by the Regional Management Team (RMT) will be fully responsible for all service delivery and reconfiguration of all hospital and community services within the region. The Regional Director of Operations is responsible for ensuring that all the resources available to the HSE in this region will be used in the best manner possible to meet the needs of people living in this region for health and personal social services.

The Regional Director of Operations and Management Team has the authority to make decisions locally, consistent with nationally defined policy, frameworks, performance targets, standards and resources. This will speed up decision making and simplify management processes. The regional Management Team is comprised of Pat Healy, Regional Director of Operations, Ritchie Dooley, Hospital Network Manager South East, Dr. Colm Quigley, Clinical Director, Ger Reaney, Interim Network Manager Southern Hospitals Group, Annamarie Lanigan, Interim Assistant National Director PCCC, Raymonde O'Sullivan, Assistant National Director Finance, Barry O'Brien Assistant National Director HR, Christine Eckersley, Area Communications Manager, and Geraldine Crowley Business Manager. The design of the structure below management team level is currently being developed and the design work to date has included engagement with a broad range of staff, other healthcare systems, professional bodies, staff associations and other key stakeholders. The design when completed will inform the final membership of the RMT from the perspective of service management and also the involvement of clinical leadership.

Approach to delivering 2010 Service Plan across HSE South

Our overall objective is to deliver the National Service Plan in terms of the targeted quantum of service and deliverables assigned for HSE South, within the budgeted allocation and employment ceiling, while meeting appropriate quality and safety standards.

From a service perspective we will continue to reorient services away from bringing people into hospitals, towards care they should get on a day case basis and in community facilities.

From a service or user perspective, we will need to ensure that patients and clients are involved to a greater extent in decision making around their own healthcare.

From a financial perspective we will need to deliver greater efficiencies, productivity and reduced costs if we are to achieve our objectives.

Acute Hospital Services

The focus for 2010 in Acute Hospitals is to continue to provide for emergency admissions and priority service workload, including elective surgery, while controlling the overall level of acute work within the context of a reduced resource. People will be treated in a more effective way with no reduction in access to appropriate services. This approach is in keeping with our overall strategic direction as set out in the HSE Corporate Plan and include;

- Conversion of Inpatient work to day case work.
- A focus on minimising patient length of stay in acute hospitals with a particular focus on reducing the current variance across different hospitals for similar procedures.
- Increasing same day admission for surgery.
- The implementation of hospital avoidance strategies.
- The provision of more services in community settings thus reducing the dependency on inpatient beds.
- Building on the work undertaken on Discharge Planning and integrating our approach across hospital and community services

A priority area for HSE South in 2010 will be to reduce Emergency Department (ED) admissions as well as continuing to manage service pressures on the hospital system. A significant number of people who visit Emergency Departments do so for treatment associated with their chronic illness which requires interventions such as intravenous antibiotics or simply monitoring and observation. With more active chronic illness management at primary care level, supported by Fast Track and direct access to a Consultant opinion when it is needed, these ED visits, which often lead to admission can be avoided. Planned shifts from inpatient to day case service and a focused programmatic approach to managing key chronic illnesses will lead to a reduced reliance on inpatient hospital care whilst both improving quality and managing the delivery of planned service level with a reduced budget base.

During the year the Regional Management Team and senior managers and clinicians across hospitals and community services will be working closely with the National Director of Quality and Clinical Care, Dr. Barry White and his team to develop these and other alternatives. The initial concentration will include diabetes, heart failure, acute coronary syndrome, stroke, asthma and COPD. The aim will be to provide an effective bridge between community and hospital care which will reduce the inconvenience for patients and take the needless pressure off ED's.

Critical to the overall success of this initiative in 2010 will be the development of a far greater level of integrated working across hospital and community services to ensure that patients are supported to a far greater extent at home within their own community or within appropriate community based services. In particular the development of the Primary Care Teams and Primary Care Centres will support this approach as will the completion of high quality residential beds for older people together with additional Home Care Packages.

Community Based Services and Care Groups

Community based services will be supported and developed, building on ongoing work to ensure that services are delivered in the most appropriate setting from both a quality and cost point of view. In the South an integrated approach is being taken with the strengthening of non-acute services and the building of linkages between hospitals and community so that services work together and support each other. This approach together with acute initiatives focusing on average length of stay and reduced emergency admissions ensures that hospital avoidance strategies are optimised and community services are used to ensure appropriate use of acute hospital resources. Similar to the acute hospital services similar work has been undertaken to reconfigure community based health and social care services. This work will continue during 2010 to ensure that the impact of key community initiatives across community health and social care which commenced in late 2009 will be fully operational in 2010 and these combined with service expansions in 2010 will significantly assist in progressing this approach, these include

- Primary Care Teams
 - 74 additional social care and paramedical staff working with Primary Care Teams
 - Primary Care Teams delivering hospital avoidance programmes i.e. COPD Rehabilitation Programmes, Falls Prevention Programmes, Healthy Options Projects, Asthma Management Programmes
- Child and Adolescent Teams Mental Health Services
 - 3 additional Consultant led teams were employed in Wexford, Carlow/Kilkenny and South Lee/West Cork, as the 3 new teams came on stream later in the year and the additional teams will be operating in early 2010 in Waterford and Kerry, it is anticipated that the increase in staffing in the service will increase the number of children who receive a service.
 - Inpatient Unit - 2009 saw the opening of Eist Linn, the 8 bed interim inpatient unit in St Stephens Hospital. In 2010 the 20 bed unit at Bessboro will be completed and commissioned.

Disability Services

- The National Service Plan makes provision for additional funding of €19.5m allocated nationally to meet 2010 growth in demand for disability services; part of this funding is being targeted at meeting the needs of individuals with emergency needs for residential services. The indicative allocation for HSE South will provide
 - 25 emergency residential places
 - 100 day places
 - 35,000 Personal Assistant (PA) hours
- Older People Services
 - 299 replacement beds and 304 new beds in 2010 which will impact on delayed discharges
 - Home Care Packages €2m
- Drug and Alcohol Addiction Services
 - In response to the increase in heroin use in the HSE South, at the end of 2009 HSE South allocated €3m for the development of 8 additional methadone clinics to bring the total number of clinics in the HSE South to 11. This includes two additional methadone clinics in Cork city and a further 6 additional methadone clinics in 2010 in Tralee, Cork, Waterford, Gorey, Wexford town and Kilkenny. This will address the waiting list for methadone and will provide an additional 125 places which will achieve a reduction in waiting lists to under one month across the region.

Finance

HSE South 2010 Financial Allocation	Budget 2010 €m
Hospital Group South East	295,582
Southern Hospitals Group	<u>479,466</u>
Acute Sub Total	775,048
Primary Community & Continuing Care	1,178.851
HSE South Total	1,953,899

The total allocation provided this year for delivering health and personal social services across HSE South is in the order of €2bn. There is also a dependency on increased income collection of €22m in respect of 2010. In addition, a specific 2010 Value For Money (VFM) target of €22m has been set for HSE South while further efficiencies and cost measures in the order of €50m will be required to enable the HSE South deliver the level of services determined in the National Service Plan. HSE South will also be taking account of the impact of the retraction of funding in respect of the government moratorium on recruitment for 2009 and 2010.

Notwithstanding these challenging targets additional funding has been provided in the National Service Plan to support the implementation of new initiatives and service expansion during 2010. In particular, additional funding has been provided in the NSP to cover the cost associated with the H1N1. A figure of €97m has been provided to implement the Fair Deal Nursing Home Support Scheme; €20m for the further development of the National Cancer Control Programme (NCCP), €10m for the expansion of Home Care Packages as well as €230m for the Community Drugs Scheme through Primary Care Reimbursement Scheme. In addition €70m has been made available to meet service pressures arising from demographic change which will support the implementation of a range of initiatives in respect of foster care, disability, mental health and addiction services across the community services while also improving a range of specific acute hospital services including haemodialysis, transplant services, critical care, paediatric neurosurgery, paediatric immunology services. A further allocation of €14m has been made by the DOHC to support the implementation of the Ryan Commission Report. This nationally held funding will be allocated to regional level over the coming period in line with the details outlined in the NSP.

Over the past number of years the HSE has focused on the key service expansion areas to meet government priorities around primary care teams, mental health and disability services as well as cancer and other key acute hospital services. In conjunction with this prioritisation, a programme of service reconfiguration, operational improvements and cost management has been implemented to deliver on the VFM and service efficiency targets set, so as to ensure that the South delivers services within the parameters of its budget allocation. We have achieved significant success in 2008 and 2009 in HSE South, with efficiencies and cost containment measures in the order of €150m being delivered. We will have to maintain this approach in 2010 to deliver on the challenging targets which have been set

It is important to acknowledge that these economies will be challenging not only because of the requirement to maintain VFM from previous years and to continue to manage cost growth, but also, and very significantly, in the context of managing areas of increasing spend and delivering on our broader service reconfiguration and improvement priorities.

These cost reductions will be achieved through a range of measures involving service reconfiguration, operational improvements and cost management including

- Rationalisation of administrative processes and services
- Cost saving from National procurement initiatives
- Management of Absenteeism
- Management of Travel and Subsistence
- Efficiency targets being assigned to all Local Health Offices, Hospitals and Voluntary Sector providers to ensure the cost base is brought to more sustainable levels
- Services for Older People – Reconfiguration of long stay facilities in line with the identified capacity requirements and to meet HIQA standards
- Children and Family Services – Rationalisation of special arrangements with private for profit providers
- Mental Health
 - reconfiguration of long stay beds to achieve Vision For Change (VFC) targets with transfer of patients to more appropriate community based settings
- Acute Hospital Services
 - Increased level of day case procedures and associated reduction in inpatient activity
 - Reduction of average lengths of stay
 - Hospital avoidance measures
 - Review of expenditure of pharmacy and laboratory
 - Improve efficiencies in expenditure on medical and surgical appliances

Human Resource Management (HR)

Employment Control Framework and 2009 Approved Employment Ceiling

The revised employment control framework for the service arising from changes announced during 2009 in Government policy on public service numbers and costs has been particularly challenging and has had a significant impact on recruitment policy, activity, and employment monitoring and controls. The greatest impact of the framework in 2009 arising from the general moratorium on recruitment and promotion, in conjunction with our implemented cost containment measures, was to reduce the overall WTEs being employed across the health services and has allowed the HSE to operate well within its allocated approved employment ceiling.

The key risk to delivering the planned service levels in 2010 is the impact the recruitment moratorium will have on the number and type of staff who will be available to provide services. The moratorium is effectively a process of unstructured downsizing, resulting in an inability to replace some key staff needed to maintain safe continuity of services. At the end of 2009 over 400 HSE South staff who retired can not be replaced.

In addition, the retirement arrangements announced in the December 2010 Budget, which means that public servants who retire in 2010 will not be affected by the recently introduced public sector salary reductions, significantly increases the likelihood that more staff than normal will retire. It is not possible to accurately predict the number who will retire, however over 1,500 or 6% of all employees in the HSE South are over 55 years of age and it is reasonable to consider them in the 'at risk of leaving' category. The ongoing assessment and management through reconfiguring and redeployment of staff on a site by site basis is a priority for the HSE South during 2010.

The indicative ceiling for the HSE South for 2010 in the NSP is 24,894, however this is subject to confirmation in the context of recruitments which are at an advanced stage in respect of 2008 / 2009 new service developments, as well as grades with delegated sanction and other approvals to recruit.

The Regional Management Team & senior staff across HSE South are strongly committed to engaging with the staff, their unions and staff associations as an integral part of the information and consultative process in dealing with the implementation of the service plan and bringing about change to the benefit of the public we serve. Ongoing engagement is required in the current challenging environment if we are to maximise sustainable employment without adversely affecting our capacity to deliver our services. Amongst the key challenges currently facing HSE South are;

- the current financial allocation,
- the maintenance of sustainable levels of employment,
- the elimination of inefficiencies and
- the management of our existing cost base.

All of these challenges are interlinked and must be addressed together. It is essential that management, staff and their representative associations engage and work together in an efficient and cohesive manner to deliver services in 2010. This process of engagement has already commenced with staff and a consultation process is also being offered to the Unions.

The employment ceiling for 2010 has not been confirmed at the time of completion of this service plan and it will be reviewed in light of any amendments to the ceiling that could impact upon service provision. As outlined earlier the NSP sets out the risks and associated measures which may need to be taken as we progress during the year to ensure the delivery of safe and effective services. The HSE South will be monitoring the situation through out the year to ensure corrective action is take to respond to the circumstances and risks that may arise.

Quality and Clinical Care

Introduction

The HSE is committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. This is done through constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan.

While quality is implicit and embedded in the delivery of all our services and is reflected in the deliverables we have set ourselves throughout NSP2010, this section focuses on some key organisational structural programmes or areas against which we will measure our progress in 2010.

In our Corporate Plan 2008 – 2011 we outlined how we will build Trust and Confidence and address the issue of improving the Quality and Safety of health and personal social services and how we will strive to minimize risks of all kinds. In 2010, quality and safety continues to be a key priority for the HSE.

A Quality and Clinical Care Directorate was established in late 2009 whose role is to further strengthen clinical leadership and improve clinical performance, as well as supporting the working relationship between clinicians and managers right across the organisation. A key driver of service development at national, regional and local level is the participation of clinicians in the management process. Responsibility for implementation of this process lies with the Integrated Services Directorate (ISD).

Having clinicians and social care practitioners directly involved in leading and managing the delivery of high quality care is central to our ongoing programme to modernise all aspects of our service in order to deliver quality care, in a safe environment and, at the same time, reducing the cost of care wherever possible.

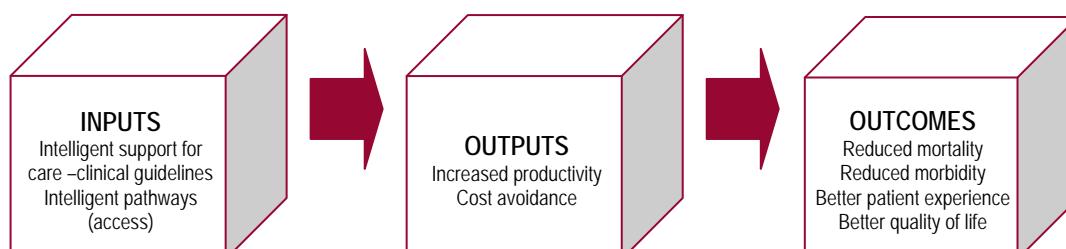
The Quality and Clinical Care Directorate has a central role in:

- The development of a range of care programmes across health and personal social services which will improve care and reduce costs
- Implementing a system where funding will follow the services being provided to patients and clients, rather than generalised allocations to institutions
- Building on the existing work on quality and risk standards
- Ensuring the implementation of *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance, 2008* and building on implementation of *Quality, Safety and Risk Management Framework* which commenced in 2009 by driving national programmes to support key elements of the framework
- Supporting the organisation in implementing the HIQA recommendations arising from inspections, and
- In conjunction with all stakeholders, supporting the implementation of the *Action Plan for Health Research 2009-2013*.

Programmatic Approach to Improving Care and Reducing Costs

A programmatic approach aimed at improving care particularly in areas associated with high volume, focussing on key service deliverables within main cost drivers will drive specific programmes of work in 2010. As a long term strategy for the reconfiguration and transformation of our operational services, it is acknowledged that this approach will not necessarily impact on budgets immediately but it will enable significant improvements in access to services in the short term, with sustainable and more affordable health care in the longer term.

Programmatic Framework



A number of additional projects are planned which collectively will develop avoidance strategies for emergency department attendances as well as the development of strategies to improve patient experience of these services. Within each of these programmes projects for specific areas will be established. Projects that have tangible deliverables in 2010 are included in Key Result Areas below. New programmes will not have an Output 09

2010 Priorities

Programmatic Approach

Develop and implement a programme for

- Respiratory diseases
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Asthma
- Cardiovascular diseases
 - Stroke
 - Acute Coronary Syndrome
 - Heart Failure
- Diabetes
- Optimisation of ED functionality
 - Access to diagnostic imaging.
 - Pathways for acute medically ill patients
 - Utilisation of surgical resources.
 - Management of delayed discharges.
- Development of metrics to support programmes for patient and quality initiatives
- Programmatic Approach
- Colonoscopy Services
- Neuro-Rehabilitation Strategy
- Corporate and Clinical Governance Structure
- Quality and Risk Framework
- Healthcare Acquired Infection (HCAI)
- Health Care Audit
- Mediation and Disclosure Policies
- Action Plan for Health Research 2009-2013
- Service User Involvement
- Emergency Management
- Pandemic Vaccine

During the year the Regional Management Team and Senior Managers and Clinicians across hospitals and community services will be working closely with the National Director of Quality and Clinical Care, Dr. Barry White and his team to develop these and other alternatives. The initial concentration will include diabetes, heart failure, acute coronary syndrome, stroke, asthma and COPD. The aim will be to provide an effective bridge between community and hospital care which will reduce the inconvenience for patients and take the needless pressure off ED's.

Additionally, the RMT will drive the implementation at regional and local level of the national approaches emerging from the service improvement groups across a range of areas including mental health, childcare, disabilities etc

Primary Care

Introduction

Primary Care services aim to support and promote the health and wellbeing of the population by providing locally based accessible services. The HSE is currently making significant organisational changes to enable it to deliver hospital and community services in an integrated manner. This will result in a less hospital-oriented system and will see hospital resources reallocated in favour of expanding community based services. The focus on simplifying service delivery will be supported by robust management control systems.

The development of primary care services is informed by the *Primary Care Strategy- A New Direction, 2001* and is a key priority and a cornerstone of our Transformation Programme. The strategy outlines the framework for the future delivery of primary care services through Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs). The establishment of PCTs creates a supportive environment to facilitate structured approaches to chronic disease management, enhanced multi-disciplinary working and integration between primary, secondary and tertiary services. The HSE is on target to have 530 teams in operation by the end of 2011 - everyone in the country should ultimately be able to access up to 95% of the care they need within their local community.

Members of the PCT include General Practitioners (GPs), nurses / midwives, home helps, physiotherapists, occupational therapists and administrative personnel. A wider health and social care network of other primary care professionals such as speech and language therapists, social workers, community pharmacists, dieticians, community welfare officers, mental health services, disability services, dentists, chiropodists and psychologists also provide services for the population of each PCT. The assignment of social workers to PCTs and HSCNs provides additional resources in relation to meeting the HSE's statutory obligations on child protection matters; the primary role of these social workers is to ensure that these critical organisational priorities are met.

Current Service Deliverables and Quantum

Primary Care Teams

The financial allocation for Primary Care and related services in HSE South is in the region of €250m (excluding DLS which is managed nationally)

Primary Care Teams (PCTs)

- In 2009, the HSE South was successful in meeting its target of 63 fully functioning PCT's.
- Currently there are 246 GPs involved in Clinical Team Meetings, and an additional 74 posts were put in place to work directly with PCT's.
- A total of 344 HSE staff are working directly with PCT's.
- A local reconfiguration exercise was carried out in each LHO to review core staffing requirements for Teams, and Primary Care Local Implementation Groups in each LHO were engaged to ensure staffing priorities were addressed in this process. In 2010, the full year impact of this development will be achieved.

Formal launches of the teams were undertaken in the following locations with further planned for 2010:

- Dean Street PCT, Kilkenny City in Carlow / Kilkenny LHO
- 4 Tralee PCTs in Kerry LHO
- Riverstown / Glanmire PCT, Mayfield / Montenotte PCT, and Dillons Cross / St Luke's PCT in North Lee LHO
- 2 Ballyphehane / Togher PCTs in South Lee LHO

HSE South Primary Care Teams in Operation at 31 st December 2009				
LHO	No. PCTs	Pop.	No. GPs attending or represented	HSE Staff working to PCT
Carlow / Kilkenny	7	61,309	33	41
Kerry	6	55,829	34	49
North Cork	8	54,812	37	44
North Lee	9	66,260	52	47
South Lee	10	66,786	39	50
South Tipperary	7	60,918	21	36
Waterford	4	46,647	6	23
West Cork	5	37,324	18	31
Wexford	7	52,702	28	23
TOTAL	63	502,587	268	344

The fully functioning Primary Care Teams in the HSE South has resulted in an upsurge of innovative new programmes and services to the benefits of patients. These developments include Chronic Disease Management, as well as Continuing Care, Mental Health Services, and Health Promotion, have proven to support and maintain people in their local communities for as long as possible. Programmes run by Primary Care Teams throughout the HSE South include:

- Older Persons Assessment and Surveillance Programme with St Luke's Hospital, Kilkenny
- Wound Assessment Clinics
- Nurse-led Mental Health Counselling Services
- Integrated discharge Planning with CUH
- COPD Rehabilitation Programmes
- Falls Prevention Programmes
- Healthy Options Projects
- Asthma Management Programmes
- Antenatal and Parenting Programmes
- Suicide Prevention "SCAN" Project in Wexford
- X-pert Structured Diabetes Management Programmes
- Oral Nutritional Supplement Management Programmes
- Community Participation in Primary Care with Community Development Projects and UCC

GP Training Schemes

Currently, there is an annual intake of 26 GP trainees to the three training schemes in the HSE South region. There is a proposal under consideration to increase the intake in each HSE region from July 2010.

GP Out of Hours Cooperatives

There are two out-of-hours GP co-operatives in the HSE South Caredoc and Southdoc. Caredoc covers a population of 410,000 in Carlow, Kilkenny, South Tipperary, Wexford, and Waterford. Southdoc covers a population of approximately 610,000 people in Cork and Kerry. Both Caredoc and Southdoc are fully funded by the HSE through service level agreements with the HSE South for the provision of services.

Improving our Infrastructure

A national project to procure integrated HSE and GP resourced Primary Care Centres was initiated by the HSE in 2007. The project was based on the principle that the GP Primary Care infrastructure elements in these centres are funded by the GPs, that the HSE fund the public healthcare infrastructure elements, and that the shared common infrastructure elements are funded jointly on an agreed proportional basis.

In respect of the HSE South, and in accordance with government strategy, valid bids have been received for over 40 locations. A significant number of Primary Care Centres across the country are expected to be operational in 2010; the majority by lease agreement in accordance with our strategy, in the South the following centres are scheduled to become operational

- Kinsale, Co Cork
- Macroom, Co. Cork
- Bandon, Co. Cork
- Mayfield, Cork
- Tipperary Town, Tipperary
- Passage West, Co Cork
- Bishopstown, Cork
- Ballincollig, Co. Cork
- Kilkenny City, Kilkenny
- Clonmel, Tipperary
- Mitchelstown, Cork
- Mallow, Co. Cork
- Callan, Co. Kilkenny
- Carlow,
- Gorey, Co. Wexford.

Community Demand Led Schemes

Current Service Level / Deliverables

- Demand-Led Schemes
 - Medical Card / GP Visit Cards (as at 1st January 2010, HSE South)
 - 444,233 eligible persons in receipt of Medical Cards
 - 14,103 eligible persons in receipt of a GP Visit Cards
 - Representing 40% of the total population – over 1 in 3 people – 3.5% increase on 2009
 - Drug Payment Scheme cards (DPS)
 - 417,210 clients with DPS Cards (HSE South)
 - Representing 36.4% of the population

Demand-Led Schemes

Community Schemes or Demand-Led Schemes (DLS) are the State funded GP, Pharmacy, Dental, Ophthalmic, Addiction Drugs and other special payments which account for 20% of the HSE's overall budget. The provision of Community DLS are categorised under the following headings:

- General Medical Services (GMS) (i.e. Medical Cards / GP Visit cards)
- Community Schemes (i.e. Drugs Payment, Long Term Illness, High Tech, Dental, Ophthalmic)
- Primary Care Schemes (i.e. Maternity and Infant Scheme).

The overarching factors which have influenced, and continue to influence, growth include:

- The population is ageing and has more chronic illness
- New and more expensive therapies are being developed
- Increased number of patients being treated
- Treatable life expectancy has increased
- Medicines being used in preference to invasive surgery, and
- Sector specific strategies, such as cancer and cardiovascular.

In summary there are three components which give rise to increased activity and costs under the DLS:

- The number of persons eligible for services under the various schemes
- The services, drugs, medicines and appliances reimbursed under the schemes, and
- The volume of these services, drugs, medicines and appliances provided to clients.

The sustained deterioration in the Irish economy during 2009 coupled with increasing numbers on the Live Register and associated uptake of DLS, presents an unprecedented challenge for services in 2010.

The HSE will transfer the processing of all medical card and GP visit card applications/reviews from all LHOs to the Primary Care Reimbursement Service (PCRS) in April 2010. Any applications/reviews received before the date of transfer will be dealt with by the relevant LHO.

When fully implemented, this initiative will deliver:

- Improved turnaround times for processing of applications. Under the new arrangements, the HSE will aim for a turnaround time of 15 working days or less, with provision for emergency applications to be dealt with immediately;
- Consistent and equitable application of eligibility and service provision;
- Clearer governance and accountability, as well as improved management information; and
- A reduction in the overall number of staff required to process medical/GP visit card applications, thus freeing up staff for other service needs.

In 2009, the PCRS processed over 72,000 applications including nearly 42,000 reviews. In the case of the reviews, 85% of cases where the required information was supplied were completed within 20 days and 95% within 30 days. The PCRS launched a secure website for the public (<http://www.medicalcard.ie>) where individuals can view the status of their medical/GP visit card application or review online. The PCRS is also finalising a facility for processing online applications.

Primary Care Contracts

In the HSE South, there are over 1,700 contracts with General Practice and other Primary Care professional providers.

Primary Care Contracts in HSE South, 2009

CONTRACT	NUMBER OF CONTRACTS
GP GENERAL MEDICAL SERVICE CONTRACTS	624
MOTHER AND INFANT CONTRACTS	596 (521 GMS AND 75 PRIVATE)
PRIMARY CHILDHOOD IMMUNISATION SCHEME	649 (583 AND 66 PRIVATE)
METHADONE CONTRACTS	29
DENTAL TREATMENT SUBSIDY SCHEME	456
COMMUNITY PHARMACY CONTRACTS	428
COMMUNITY OPTOMETRISTS / OPHTHALMOLOGIST	168
TOTAL	1,676

2010 Priorities

The 2010 national priorities for Primary Care are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- The HSE South has targeted 40 additional Primary Care Teams that will be operational by the end of 2010, resulting in a total of 103 Primary Care Teams in Operation in the HSE South. In addition 35 additional Primary Care Teams will be in development by the end of 2010. These represent the balance of Primary Care Teams to be developed across the HSE South.
- Increased use of Information Technology in PCT's - In 2009, work was undertaken at a national level to develop a prototype for a web-based Primary Care Team referral system. In 2010, HSE South will support the development of this as appropriate and progress the electronic patient management system
- National and regional reviews of the Primary Care Units and the GP Out-of-Hours Cooperatives have been undertaken, and implementation of recommendations from these reviews will commence in 2010. The HSE South will implement recommendations of these reviews, and it is anticipated that savings from efficiencies generated will be achievable from 2011.
- Service User Involvement - HSE South will implement National Service User Involvement programme as required in each Primary Care Team.
- Immunisations Programme - In 2010 HSE South will support and progress the regional rollout of these programmes, including the prioritisation of H1N1 vaccine for which Development Funding of €55m has been provided nationally for the costs associated with the pandemic. Priority is now emerging in relation to the measles programme, and every effort will be made to deliver on all result areas in respect of immunisations. The HSE South has also commenced planning for the HPV programme.
- In 2010 HSE South will continue to implement and support Environmental Health activity for the protection of public health through the effective enforcement of the environmental health legislation.
- In 2010 HSE South will continue to implement and support the Health Promotion Strategic Framework for the HSE.
- GP Training - There is a proposal under consideration to increase the intake of Trainees in each HSE region. This would be an increase of 14 trainees per annum for HSE South. These 14 additional places represent a 54% increase in the numbers being taken on for training.
- The HSE South will implement new metrics to monitor progress in PCT development, performance and activity, such as the total number of patients / clients with a care plan.

Children and Families

Introduction

Our services aim to promote and protect the health and well being of children and families, particularly those who are at risk of abuse and neglect. In this regard, we are responsible under the *Child Care Act, 1991* and other legislation to promote the welfare of children who are not receiving adequate care and protection. Child protection and welfare services are also provided in accordance with the *Children Act, 2001* and the *UN Convention on the Rights of the Child, ratified in 1992*.

A wide range of services are provided, including early years services, family support services, child protection services, alternative care, services for homeless youth, adoption assessment and placement, and search and reunion (post adoption) services, psychological services, child and adolescent psychiatric services, staff training and development, registration and inspection of children's residential centres in the voluntary sector and monitoring of children's residential centres in the voluntary and statutory sectors. These services are provided directly by us, or indirectly on our behalf under *Section 38 of the Health Act, 2004*, or by agencies grant aided to provide similar or ancillary services under *Section 39 of the Health Act, 2004*.

The focus for children and family services in 2010 is to build on the significant work done by the National Task Force on Children and Families to standardise and enhance our services for children and families. We will also focus on implementing the recommendations of both the *Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009* and *The Agenda for Children's Services, 2007*. We will continue working to improve quality in foster and residential care, including care planning, standardisation of child protection assessments, provision of effective community-based services for children with 'additional needs' and separated children seeking asylum, the rationalisation of special arrangements and maximising occupancy rates of residential units.

Current Service Deliverables and Quantum

The majority of specialist services for Children and Families are provided directly by the HSE. The care group delivers a range of services as follows:

- the statutory Child Protection / Social Work services in the nine LHO areas in HSE South;
- the adoption services, which are delivered on a regional basis;
- alternative services in children's residential centres, foster care placements, placements with relatives, supported lodgings and aftercare placements and youth homelessness services;
- two hospital based assessment units for children who are believed to have been sexually abused (one in Cork and one in Waterford);
- community based psychology services;
- family support services;
- services for victims of domestic and sexual violence;
- monitoring and inspection services for pre-schools and children's residential centres in conjunction with HIQA;
- training for professional children's services practitioners of a variety of disciplines; and
- court-related child protection and family law work.

The financial allocation for Children and Family Services in HSE South is in the region of €110m which supports the provision of the following services:

- 76 Children in Residential care
- 1,051 Children in Foster care
- 446 Children in placements with relatives
- 65 Children in other care settings

Improving our Infrastructure

- St. Bernard Group Homes, High Support Unit, Fethard, Co. Tipperary: This capital development provides four regional high support places for young people aged between 8 and 12 years of age, both boys and girls in the HSE South. The facility opened in April 2009.
- Mayfield Family Resource Centre, Old Youghal Road, Mayfield, Co. Cork: This capital investment provided for the provision of a Day Care Centre for older people, a Community HSE facility and a Family Resource Centre for Children and Family Services. The Family Resource Centre will provide a range of Children and Family Services including pre-school, parental support, intensive family therapy/support and a range of community health activities that aim to improve the health and well-being of children and families.
- Gleann Alainn Special Care Unit for Girls, St. Stephen's Hospital Complex, Glanmire, Co. Cork: Gleann Alainn is a special care residential unit providing up to 6 places for girls aged between 12 and 17 years of age. This capital project which was completed in December 2009 provided for the upgrading and securing of Glenn Alainn Unit, Glanmire, Co. Cork in order to comply with the recommendations contained in a recent SSI report. The capital works are complete.

Service Reconfiguration, Organisational Improvements and Cost Management.

As we reorganise our model for delivering of childcare services in 2010 increased efficiencies and savings will be achieved to facilitate progression.

HSE South will achieve savings and efficiencies in Children and Families services in 2010 in the following areas:

- Reduction in legal costs - new guidelines for HSE South professional staff on the use of legal services are being developed.
- Reduction in Special Arrangements- HSE South will reduce expenditure on private placements for children in residential care through a reduction in the number of placements maximising the use of our existing facilities
- Reduction in grant aid to the Voluntary and Community Sector with a particular emphasis on cost reductions in management and administration, and in travel and subsistence.
- Transfer of two residential units to modern rented accommodation. To meet best practice standards including health and safety practice standards Children's Residential services will be rationalised in the greater Cork City area. This requires the closure of 2 existing children's residential centres in Passage and Cobh that have been deemed by HIQA to no longer be suitable; the provision of a new facility; and a targeted Family Support initiative aimed at reducing demand on residential places.

2010 Priorities

The 2010 national priorities for Children and Families are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009 - In the context of the additional resources of €14m being provided in 2010 by DOHC for implementation of the recommendations of the Ryan Report, the priority for HSE South in 2010 will be to ensure that children in care will have a written care plan and an allocated social worker. A regional task group has been established to examine and identify measures to address the support needs of children in care in line with the statutory requirements set out below:
 - It is a statutory requirement under the Child Care Act 1991 to ensure that all children in HSE care have a written care plan and that there are regular scheduled reviews of these care plans. The target set in the Ryan Report Implementation Plan for the percentage of children in care with a written care plan is 100% by the end of 2010.
 - In line with the resources provided, HSE South will progressively increase the number of children in care with an allocated social worker during 2010, with the intention of full compliance by the end of the year.
- Child Protection Services -The first phase of the new HSE standardised child protection referral and assessment processes will be implemented across all LHO areas, in line with HSE National Task Force

outputs. €6m has been provided nationally to meet the increasing demand of foster care services and in addition €0.5m has been allocated to the piloting of an Out of Hours service.

- Out-of-Hours Services - Emergency Place of Safety Services will be augmented to provide a more timely responsive service with ongoing monitoring of performance.
- "Children First" National Guidelines for the Protection and Welfare of Children - The revised Children First Guidelines will be implemented in HSE South.
- In line with work ongoing on the strategy and implementation plan for an integrated model of care for children and young people in high support and special care, a task group has been established for the strengthening and rationalisation of residential services across the HSE South.
- Alternative Care, Care Planning - A standardised care planning template will be rolled out across all LHO areas in 2010.
- National Child Care Information System (NCCIS) –HSE South will support the implementation of NCCIS as appropriate.
- Family Support Agenda for Children - HSE South will support the implementation of the Agenda for Children Strategy as appropriate.
- Improved Quality and Safety processes - The National HSE Task Force recommendations on quality and safety processes will be implemented in HSE South as required.

Mental Health

Introduction

Mental Health services span all life stages and include a broad range of primary and community based services as well as specialised services for children and adolescents, adults and older persons. In recent years we have seen increasing specialisation including rehabilitation and recovery, liaison, forensic psychiatric services and mental health and intellectual disability. Services are provided in a number of different settings including from home, inpatient facilities, outpatient clinics / departments, day hospitals and day centres, low support and high support community accommodation. We continue to pursue the strategic objectives set out in the national mental health policy framework, Vision For Change which is underpinned by principles, values, service ethos and a recovery approach and which places service users at the centre of decision making, seeking to involve them and their families at all levels of service provision.

Mental Health services aim to foster positive mental health promotion and services are provided in partnership with service users, their families, carers, statutory, non-statutory, voluntary and locally based community groups with the aim of achieving the best quality of life for each individual through the provision of seamless, high quality person-centred services. Active service user participation in ongoing service developments is also promoted.

We continue to effect considerable changes in the context of developing Executive Clinical Directorates, the closure and reconfiguration of existing long stay mental health facilities, developing multidisciplinary Community Mental Health Teams (CMHTs) and the provision of mental health services within primary care. The *Mental Health Act, 2001* and the *Health (Miscellaneous Provisions) Act, 2009* have also significant implications for the manner in which mental health services are planned and delivered.

NSP 2010 includes a mixture of measures aimed at improving service user health, independence and experience and, at the same time, continuing to reconfigure service delivery to ensure increased efficiency. This, in combination with the Capital Investment in mental health announced in the recent Budget, will progress the modernisation of the mental health services in line with the recommendations of a VFC.

Current Service Deliverables and Quantum

In the HSE South, Mental Health provides a service for people of all ages who need specialist assessment, care and treatment for mental illness. This entails a continued shift to community based services to support people living as independently as possible. In doing so, our strategic objectives are to:

- Support recovery from mental illness so that they can gain as much independence as possible
- Continue to develop community-based services
- Provide access to appropriate primary / community and secondary care services in a timely manner
- Work in partnership with service users, carers, primary care and colleagues, both statutory and voluntary
- Advance the national and local governance arrangements
- Develop the workforce, buildings and information systems to support improved, cost-effective care and treatment.

The financial allocation for mental health services in HSE South is in the order of €200m which supports the provision of the following services:

- 352 Acute inpatient beds
- 509 Long stay beds - This decrease of 204 beds from last year is in line with the recommendations of VFC and the placement of older clients from institutional care to more appropriate continuing care settings.
- 709 Community Residential Places: 456 High Support, 137 Medium, 116 Low – which represents an increase of 71 places during 2009. The increase in provision reflects recommendations in VFC in providing supported accommodation for people with enduring mental ill-health in their communities.
- 208 Day Hospital places
- 639 Day Centre places

Improving our Infrastructure

In line with the recommendation of VFC HSE South will continue to improve community infrastructure by developing community residential and day hospital places and reducing long stay bed capacity by transferring patients to more appropriate settings. Capital projects that are to be completed and / or due to become operational in 2010 include:

- 40-Bed Residential Unit, St Luke's, Tipperary.
- 20-bed Child and Adolescent Inpatient Unit, Cork

Service Reconfiguration, Operational Improvements and Cost Management

Executive Clinical Directorate Model

In line with VFC recommendations four Executive Clinical Directors (ECD's) have been appointed in the HSE South. They have been selected to lead on the development of executive clinical directorates in mental health based on revised catchment areas serving populations of approximately 300,000 as recommended in VFC. This is one of the most significant changes to occur in Irish Healthcare for many years. Within the Mental Health Service, the development role of Executive Clinical Directors and the related clinical directorate will provide a pivotal point to drive service quality and the implementation of the recommendations of VFC. The ECD will provide leadership and shape the direction of Mental Health Services within the expanded catchment areas of:

- Carlow/Kilkenny and South Tipperary
- Waterford and Wexford
- South Lee/West Cork/Kerry
- North Lee/North Cork

HSE South will accelerate the implementation of the Executive Clinical Directorate Model across the four extended catchment areas with appropriate integrated management and service delivery arrangements being implemented.

Reconfiguration of Mental Health Services in line with VFC

In line with the modernisation and reconfiguration of services envisaged in VFC, the national VFM report on long-stay beds and implementation of the Mental Health Act, the HSE South will in 2010 further accelerate the programme of closure of old long-stay institutions, reduce dependency on inpatient beds and prioritise the development of community based Mental Health Services across the four extended Catchment Areas.

Carlow/Kilkenny and South Tipperary Extended Catchment Area

HSE South will advance the development of South Tipperary Community based Mental Health Services with full implementation of the €20m Capital Investment Programme and development of community teams. In 2008, the HSE South announced the closure of the old inappropriate long-stay facilities at St. Luke's campus over a two year period and the relocation of over 90 residents to more appropriate modern community based settings and this is progressing. This Capital Infrastructure to be developed to facilitate reconfiguration of the service includes:

- 40 bed adapted Community Nursing Unit on the campus of South Tipperary Mental Health Services.
- Day Hospital and Sector Headquarters on the campus of South Tipperary Mental Health Services. This will be an outpatient facility that will offer an alternative to inpatient admission for a proportion of service users. The Service Headquarters will provide a location for staff to deliver services in the community.
- Crisis House - This is an 8-10 bed staffed facility that will be used for crisis intervention and acute respite purposes. It will offer alternatives to inpatient care for a proportion of those who would otherwise be admitted to hospital.
- High Support Hostel – 10-12 bed facility supporting the delivery of a community orientated service. This will also facilitate the transfer of a number of long stay clients to more appropriate accommodation. A site has been identified.

St. Michael's Acute Unit - The HSE South is moving ahead with closing outdated mental health institutions and developing modern community-based mental health services for people suffering from mental illness, in line with a VFC. Alternatives to acute inpatient admission will be implemented in the community and will include a home-based

treatment service team that will operate on a 24/7 basis with on-call facility at night; expanded Community Mental Health Teams to meet the increased demand placed on community services and a community based Crisis house as above. This will involve transfer of responsibility for Acute Inpatient services in respect of North Tipperary clients to HSE West in line with national process for implementation of VFC.

As this programme is implemented the acute inpatient beds in St. Michaels will no longer be required and it is intended that acute inpatient services will be provided in St. Luke's Hospital Kilkenny which is a 44 bed purpose built acute psychiatric unit. The detailed implementation of these arrangements will include close consultation with all stake holders across South Tipperary and Carlow/Kilkenny.

Community Mental Health Team- the relocation of acute inpatient services to Kilkenny will result in resources being freed up to provide an effective community based service which will offer multi-disciplinary home based treatment and assertive outreach and a comprehensive range of medical, psychological and social therapies relevant to the needs of service users and their families.

Reconfiguration of beds in St. Dymphna's and St. Canice's in Carlow / Kilkenny - In line with VFC principles HSE South will reduce 42 inpatient beds in St Dymphna's Hospital, Carlow and St Canice's Hospital, Kilkenny through multidisciplinary team assessment of residents who may be more appropriately cared for in nursing homes or rehabilitation training units. This will also involve consultation with service users and family members. These assessments are currently being carried out by the Rehabilitation Psychiatry Team.

Child and Adolescent Services - In 2010 the full year impact of the appointment in 2009 of an additional Child and Adolescent Consultant led team for Carlow/Kilkenny will reduce waiting lists in the area.

Waterford and Wexford Extended Catchment Area

HSE South will advance the development of capital projects to allow for further development of community based Mental Health Services in Waterford and Wexford including:

- Waterford - Reconfiguration of Waterford Mental Health Services on the site of St. Otterans. This has reduced the inpatient population from 132 to 46 over the last two years and will continue with a number of wards closing and patients transferring to more appropriate accommodation within the community on a phased basis following appropriate multi-disciplinary assessment and in line with the recommendations of VFC. The long-stay element of St. Otteran's Hospital Waterford building will be decommissioned for inpatient services. To facilitate the completion of reconfiguration a number of facilities are included in the Capital Plan including: Community Nursing Unit, Day Hospital, Crisis House, Day Hospital and Sector Headquarters, High Support Hostel.
- Gorey, Co. Wexford - New mental health day hospital and base for multi-disciplinary sector team will open in 2010. The services provided will include outpatient Psychiatrist, Psychology, Social Work, Occupational Therapy, Counselling and Nursing Services.
- Child and Adolescent Services. The full year impact of the 2 additional Child and Adolescent Consultant led teams appointed last year for Waterford and Wexford will reduce waiting lists in the area.
- The location of acute inpatient care for Waterford and Wexford in being considered in line with VFC recommendations and the use of finite staffing resource

South Lee, West Cork and Kerry Extended Catchment Area

HSE South will advance the VFC agenda to allow for further development of Mental Health Services in South Lee, West Cork and Kerry including:

- Closure of St Paul's Ward (St. Finan's Mental Hospital), Kerry. In line with VFC principles the closure of St Paul's Ward – 12 bedded has been ongoing for a considerable period of time. The development of community based services has coincided with the gradual decline in the number of beds. Closure will be affected over a 6 month period, expected to be complete by end of Q2 2010. The process of assessment of patients commenced in October 2009. Closure of St. Paul's ward will yield additional staff to allow for further enhancement of Community Mental Health Teams
- Child and Adolescent Services- Full year impact of additional Child and Adolescent Consultant led teams in Cork and Kerry will reduce waiting lists in the area.
- In line with key deliverables NSP 2010, Headstrong will support the development of a new youth mental health initiative in Kerry called Jigsaw. The project is a partnership between HSE and Headstrong and is a community initiative to enhance supports for young people's mental health.

North Lee and North Cork Extended Catchment Area

HSE South will advance the VFC agenda to allow for further development of Mental Health Services in North Lee and North Cork including:

- St Stephens Hospital site provides facilities for a number of services including Mental Health. It will continue to provide residential care to a variety of care groups for the greater Cork area. The requirement for the provision of residential accommodation to the current cohort of mental health patients will reduce over time as the HSE South continues to reconfigure mental health services on the site to more appropriate accommodation. However, it should be noted that some Mental Health services will be retained on the site. Long stay Mental Health Units currently operating on site include high dependency units/high dependency psychogeriatric units. In recent years a number of new housing projects have opened in Fermoy and Kanturk and have facilitated the transfer of patients from St. Stephens. In addition a number of patients were discharged to community residences.
- Child and Adolescent Mental Health Services
- Development of inpatient services - A new interim regional 8 bedded inpatient unit opened in St. Stephen's Hospital in November 2009, the full year impact of which will be experienced in 2010. In addition a new 20 bedded inpatient unit in Bessboro will be completed in 2010 and the interim unit at St Stephen's will transfer to this facility.

2010 Priorities

The 2010 national priorities for Mental Health Services are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- HSE South will continue to progress implementation of recommendations in Vision for Change.
- VFM report on Long Stay Beds-Closure and Reconfiguration of Existing Long Stay Mental Health Facilities-HSE South has developed an implementation plan to action recommendations of the VFM report.
- Reconfiguration of mental health services to community based settings- HSE South will continue with the reconfiguration of mental health services to community based settings with a reduction in inpatient capacity in line with 2010 available resources.
- Child and Adolescent Mental Health Teams- HSE South will continue the development of additional CAMHs in line with VFC with a particular focus on the benefit of the full year impact of the 4 addition Consultant led teams. All child and adolescent teams will focus on implementation of the new National standardised approach to target setting, outcomes and waiting times.
- Child and Adolescent Mental Health Units - In HSE South in 2010 the 20 bed unit at Bessboro will be completed and commissioned.
- Implementation of Mental Health Act: Involuntary Admissions, Assisted Admissions- HSE will engage as required.
- Role out and implement Quality Framework for Mental Health Services – a National Mental Health Collaborative that will focus on service user participation and aims to progress the continued implementation of individual care and treatment plans within the mental health service to support the recovery of service users . HSE South will support and participate as required in 2010.
- National Office for Suicide Prevention - Implementation of Reach Out, the National Strategy for Suicide Prevention in Ireland 2005-2014. Currently awaiting outcome of evaluation of the first 4 years of implementation of Reach Out, HSE South will engage as required in next phase.
- Responding to Deliberate Self Harm (DSH) – HSE South will engage as required with national initiatives and implement as appropriate.
- Resource Utilisation and Access - A national group has been established to devise a population based methodology to guide resource allocation and to address inequity in service access. HSE South will participate as required.

Disability Services

Introduction

A range of health and personal social services are provided to children and adults with disabilities with the aim of enabling each individual to achieve their full potential and participate to the maximum level in community activities. These services include interdisciplinary supports, rehabilitative training, day services, home supports, personal assistant, residential centre based respite, residential and supported accommodation services.

Recent years have seen an increasing trend towards the provision of services in community settings rather than institutional campuses. In 2010, this trend will be supported and further developed by HSE strategy documents on adult day services and congregated settings, along with the review of statutory policy direction under the DOHC VFM and policy review, covering both the statutory and non statutory sector.

The development of services for persons with disability is informed by the *National Disability Strategy, 2004* which includes *Part 2 of the Disability Act, 2005* and *Sectoral Plans* in six Government Departments. The strategy emphasises the rights of people with disabilities to access mainstream public services. The strategy also included a multi-annual investment programme between 2005 and 2008 which significantly increased capacity in the areas of residential, respite, day and home support and personal assistant services along with increased levels of multidisciplinary supports.

Current Service Deliverables and Quantum

The total budget for disability services in HSE South is in the order of €300m. The year 2009 presented increased challenges to the HSE and to non-statutory providers to respond to the requirement for additional services without significant levels of development funding. Cooperation between HSE South and non-statutory providers enabled a response to the majority of priority needs. A similar level of cooperation between HSE and non-statutory providers will be required in 2010 to meet these challenges. Significant progress was made in 2009 to ensure a Service Arrangement or Grant Agreement, was completed for each agency in the Disability sector.

The needs of people with disabilities are identified and planned for through the National Intellectual Disability Database (NIDD) and the National Physical and Sensory Disability Database (NPSDD). These databases detail the existing level of specialised health service provision and an assessment of need for the upcoming five year period. In relation to Intellectual Disability the number registered in the HSE South (December 2008) represents 28.4% of the individuals registered nationally. Of the persons registered, 98% of the population registered in the HSE South were receiving services. The 2009 figures will be available when the audit at 31st December 2009 is completed and the NIDD report is published in 2010. In relation to Physical and Sensory Disability 8,180 individuals were registered in the HSE South representing 30% of the national total under 65.

The financial allocation for Disability Services in HSE South is in the region of €290m which supports the provision of the following services:

- 2,300 Residential Places
- 5,200 clients availed of Respite Services
- 5,060 people attended Day Services
- 10,000 hours per week of home support and assisted living services are provided to people with disabilities.

Additional services provided include:

- Day Services
 - Additional funding allocated in 2009 to the HSE South to develop 51 new places to allow for provision for school leavers and 13 residential emergency places.
 - In 2008 and 2009 the HSE undertook a National Review of HSE Funded Adult Day Service the results of which are contained in *New Directions*, the Report of the National Working Group for the Review of HSE Funded Adult Day Services with a plan for Implementation 2009-2013. This is presently being circulated to all service providers and recommends the way forward for the development of a person centred service.

- Therapy Services
 - Therapy/ Multidisciplinary services are provided to children and adults with a disability via the HSE or Voluntary sector services. A significant cohort of children present with more complex developmental concerns requiring more intensive and ongoing support, often involving multiple therapeutic inputs and cross sectoral responses. This group of children require to be supported by dedicated child development service, i.e. Early Intervention Teams for children with disabilities in the 0-5 year age group.
- Implementation of the Disability Act 2004 - Assessment of Need (AON)
 - The Disability Act 2004 establishes the right of people with disabilities to an independent assessment of need (AON) that will identify the health and educational needs occasioned by their disability and the services required to meet the identified needs. Since the Disability Act was enacted in June 2007, the HSE South has received 60 WTEs for multi-disciplinary posts to implement and support the roll out of the assessment of need process.
 - In 2009 1,945 applications have been received in the HSE South since the commencement of the AON in July 2007. At the end of 2009, 218 assessments were awaiting completion and these will be completed in early 2010.

Service Reconfiguration, Operational Improvements and Cost Management

Recent years have seen an increasing trend towards the provision of services in community settings rather than institutional campuses. In 2010 this trend will be supported and further developed by HSE strategic documents on adult day services and congregated settings along with the review of statutory policy direction under the DoHC VFM and Policy Review. The HSE South will deliver agreed level of services, including capacity to respond to critical needs for emergency residential, day or PA / Home Support services through increasing efficiencies and maximising effective use of available resources.

The HSE, working in partnership with non-statutory providers, will continue to pursue measures designed to increase value for money and efficiencies to ensure a more sustainable cost base into the future.

2010 Priorities

The 2010 national priorities for Disability Services are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- The National Service Plan makes provision for additional funding of €19.5m allocated nationally to meet 2010 growth in demand for disability services; part of this funding is being targeted at meeting the needs of individuals with emergency needs for residential services. The indicative allocation for HSE South will provide
 - 25 emergency residential places
 - 100 day places
 - 35,000 Personal Assistant (PA) hours
- HSE South will progress reconfiguration of existing services to introduce more effective and sustainable models of service delivery through implementation of recommendations from "New Directions" (Review of Adult Day Services), the report of working group on congregated settings and implementation plan for multi disciplinary services for children with disabilities.
- The HSE will progress the relocation of 16 Intellectual Disability clients from St Lukes Psychiatric Hospital, Clonmel: 6 to enhanced residential and day care facilities at ReNua in Cashel and 10 to alternative services at the Brothers Of Charity. This model of care addresses the inappropriate placement of these clients in services delivered previously under mental health services.
- In 2010 capital projects that are to be completed and / or to become operational in HSE South in 2010, include:
 - The intention is to commence the phased opening of the 30 bed Residential Unit, St. Raphael's Residential Unit, Co. Cork

- Escalate the relocation programme to transfer people to more appropriate community based service in Wexford
- Phase 1 of the Regional Children's Assessment and day Treatment Centre, in cooperation with CRC , Waterford opened in 2009 and the second phased will be completed in 2010
- Complete 8 bed challenging behaviour unit, Cope Foundation, Cork
- HSE South will maximise compliance with legislative and quality and safety standards.

Older People

Introduction

Government policy on Services for Older People recognises the implications of the demographic changes facing Ireland, and in particular the projected 140% increase in the over 65 population (1.2m) by 2036, with 234% increase in the over 85 population (0.156m). Health and personal social services for older people are being developed in a coordinated way to support the projected demand.

The key principles for health service provision for older people are:

- Support the older person to live at home by providing appropriate community based services on an assessed needs basis.
- Provide, in an accessible manner, acute hospital care including inpatient services to support the older person to return home or to an appropriate setting preserving and supporting their independence in as far as possible. Where necessary, all patients should be admitted under the care of a Consultant Geriatrician.
- Access to comprehensive geriatric assessments in a timely manner and the resultant diagnosis, guidance, and management of the clinical needs of the older person will provide primary care teams with the specialist input required and, facilitate such cases to live in the community and delay / negate their requirement for residential care.
- Providing transitional care facilities through rehabilitation, convalescence and respite to minimise the need and avoid unnecessary acute hospital care as well as providing such requirements when acute care is no longer required.
- Provide person centered residential care in accordance with the Nursing Home Support Scheme 2009 (NHSS) and the requirements of the National Residential Care Standards, as inspected by HIQA since July 2009, when it is no longer feasible for the person to live at home.

Current Service Deliverables and Quantum

The financial allocation for services for older people in HSE South is in the order of €300m which supports the provision of the following services:

- Home Help
 - Budget €70m
 - 3,914,000 hours
 - The average number of people in receipt of Home Help per month is in excess of 14,000
- Home Care Packages
 - Budget €30m (over 30m invested in HCPs from 2006-2009)
 - Total number of clients in receipt of HCP was 1970
 - Total number of people benefiting from a home care package in 2009 was 2,470
- Day Care Places
 - 6,400
- Residential Care
 - Over 3,000 Public Residential care beds
 - Of which approximately 700 are community support beds, (including respite, convalescent, palliative care etc) and 2370 approximately provide for long stay care.
 - Over 2,600 people benefiting from nursing home subvention in private nursing homes
 - 480 contracted beds in private Nursing Homes
 - 114 Replacement beds were opened in 2009, (30 in Fermoy, 60 in Enniscorthy, 24 in Dungarvan)
 - €97m additional funding nationally allocated to Fair Deal in 2010.

Improving our Infrastructure

A number of capital projects that are to be completed and / or to become operational in 2010, include:

- St. Mary's Cork
- An Daingean, Dingle
- St. Vincent's Dungarvan, Waterford
- St. John's, Enniscorthy
- Tralee, Kerry
- Ballincollig, Cork
- Farranlea Rd., Cork

An integrated model of care for older people is being developed across HSE South, which will provide for appropriate care in appropriate settings along a continuum from home and community based services through acute intervention to long term residential care with older persons needs and preferences being central to the decision making that is required throughout the process. In 2010, 299 replacement beds and 304 new beds (154 public + 150 contract) will be provided in the HSE South.

Model of Care

In tandem with the investment provided over the last number of years to increase Home Support services, there is now an increasing demand for Convalescent and Rehabilitation care to be provided, which will further facilitate older people to return home in a timely manner preserving their independence and delay or negate their need for continuing care.

With the development of integrated care processes across hospital and community there is a need to ensure that older people with complex care needs are supported appropriately through the developing PCTs and with appropriate access to specialist care by way of Consultant Geriatrician input. The increase levels of dependency of older people living at home and receiving significant service levels is evidenced in the analysis undertaken in the recently published PA report on the Evaluation of HCPs (DOHandC 2009). This is leading to an increase in shared care arrangements across hospital and community and such a model of integrated care requires that all components are well coordinated and provide the older person in need of such care with an appropriate pathway to support their choices and needs.

The recent initiatives relating to the reconfiguration of services on St. Finbarr's campus, which commenced in 2009 and which will be complete in 2010, support this model of service delivery and will provide for:-

- Improved patient accommodation in 4 wards.
- A new Day Hospital facility, which will be completed in Quarter 1 2010, providing scope for a range of services including consultant led outpatient clinics, warfarin clinics, continence services, dental services, physiotherapy, occupational therapy, speech and language therapy amongst others.
- The centralisation of the Community Rehabilitation Support Team (CReST) and the Community Intervention Team (CIT) functions, which will be within the Day Hospital to maximise integrated care pathways and support early discharge
- The development of rapid access clinics in the expanded Day Hospital

The development of the integrated model of care will also ensure that the various options within residential care, particularly in relation to rehabilitation and convalescence will be best utilised, to ensure that they provide value for money and that those in need of such services receive them as a matter of priority.

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 that they can access the appropriate service at home or by way of rehabilitation etc to ensure that they can maintain or improve their level of independence.

In 2010 such a model of care will be progressed in Kerry LHO for example where 2 additional consultant geriatricians will be recruited, additional rehabilitation beds will be put in place utilising both the new Tralee CNU and Killarney Community Hospital and supporting the developing 16 PCTs. Similarly the additional consultant and clinical positions in Cork city allows the continuation of the reconfiguration of services across the city.

Kerry

- *Tralee Community Nursing Unit*
 - This unit will open on a phased basis in Q1 2010. Following an analysis of provision of services for older people in Kerry including rehabilitation requirements across hospital and community. The new Tralee Community Nursing Unit and Killarney Community Hospital will be specifically utilised as a shared resource across the five health and social care networks. This will be achieved through the reconfiguration of service provision and will lead to an increased efficiency in bed use in both Kerry General Hospital (KGH) and in the community hospitals. The reconfiguration process will see the current 13 bed rehabilitation unit at KGH transfer to the new Tralee Community Nursing Unit to support this process, and an additional 11 beds will become available to increase the overall capacity for rehabilitation from 13 to 24 beds. This will also see the transfer of experienced staff in the area of rehabilitation and an enhancement of service provision through the recruitment of additional key professional service providers such as physiotherapists, occupational therapists and speech and language therapists.
 - Some of the existing continuing care beds, which are currently located in the top floor in KGH, will relocate to the new unit, which will also provide for 10 additional continuing care beds.
 - This new unit will operate a person-centred model of care, which is in keeping with older people's wishes and the requirements of the HIQA Residential Care Standards.
 - Provision will be available for admissions directly from primary care services, under the direction of Consultant Geriatrician.
 - The unit will also provide for a limited number of beds for patients whose clinical needs, rather than age profile, requires the input of a comprehensive multidisciplinary rehab team. Currently this is not available in the county and as a result most patients do not receive the service locally.
 - Two additional Consultant Geriatrician posts will be appointed for Kerry to compliment the current post. This is being achieved through the reconfiguration of revenue funding across acute hospital and community services, reflecting the priority need to develop specialist services for older people.
 - The additional consultant geriatrician input will allow a seamless service with full integration of the department of geriatric medicine across acute, community hospital and community services.
 - Staffing of the unit will be achieved through a combination of reconfiguration and redeployment of existing staff across KGH and Kerry Community Services. There will be an additional requirement for recruitment of 22.WTEs. Of these 15 are grades involved in the recruitment moratorium, and will need to be sourced through redeployment outside of Kerry or exemption from the moratorium.
- *Dingle CNU*
 - The development in Dingle comprises of 43 replacement beds and 25 additional beds and will require opening on a phased basis. In phase 1, 46 beds will open, 43 replacement and 3 additional. The current staffing levels are insufficient to provide the same level of service in the new unit, which has a new environmental lay out of predominantly single rooms, and initially an additional 10WTE will be required to open the 46 beds in phase 1. These posts are unavailable from local reconfiguration or redeployment and require redeployment from outside of Kerry or through exemption of the moratorium.

Cork North and South Lee LHOS

- Maintain existing arrangements for the provision of 100 new contracted beds in private nursing homes in the Cork City area secured in 2009.
- *St. Mary's Orthopaedic CNU*
 - The client base for Heatherside Hospital is the South Lee catchment area and an opportunity now presents to transfer the 33 residents to the CNU in St. Mary's Orthopaedic Hospital. In 2009 the Heatherside facility was planned for closure, due to the considerable concerns regarding Health and Safety and other standards which needed to be met. We will now be in a position to meet these standards with the transfer of the residents and the remaining beds in the Community Nursing Unit will open on a phased basis. The current staffing complement will transfer to the new facility and continue to provide care to the existing clients. Immediate engagement will now take with all the stakeholders including the individuals their families. A detailed HR process will be required to ensure a smooth transition of this service to the new facility. Full consultation and engagement will take place with staff and their representative unions immediately.
- *Ballincollig Community Nursing Unit*
 - This unit will open as 100 additional beds for the city. A process is underway to consider various options to bring this to fruition including options in relation to contracting some or all of the services required.

- *Farranlea Rd* Community Nursing Unit
 - This unit will open on a phased basis in 2010, commencing with the transfer of young adult patients from St Finbarr's Hospital to more appropriate patient care environment.
 - In line with the approach to the development of a new model of care referred to above the intention is that the Farranlea Road CNU will be aligned closely to the existing St. Finbarr's campus with the intention of maximising the development of rehabilitation beds, step down and complex care as well as shared care arrangements to support the delivery of the most appropriate services to older people.
 - A task group is being established to bring forward proposals for the implementation of this approach before the end of the first quarter implementation will involve full consultation with stake holders

Waterford

- *St. Vincent's, Dungarvan:*
 - This 32 bed development in St. Vincent's Hospital, Dungarvan, is now complete and 24 of the existing beds were replaced in more appropriate accommodation in 2009, the 8 additional beds will be operational in January 2010. The day hospital will open on a phased basis during 2010.

Wexford

- St. John's Enniscorthy
 - The 12 remaining replacement beds will be open early Quarter 1, in 2010

South Tipperary

- St. Patricks Hospital Cashel
 - Replacement of 65 beds, completion Q4 2010.

Service Reconfiguration, Operational Improvements and Cost Management

Review of utilisation of long stay, rehabilitation and step down beds and related support services across HSE South. Residential Care for older people is provided through a range of public and private facilities throughout the country. There are 122 private nursing homes (5,040 beds approximately) in HSE South. In addition, there is a combination of 58 public and voluntary facilities in HSE South providing 3,081 beds in total, of which 2,366 are designated for long term care with the others providing care related to convalescence, palliative, respite, etc. The analysis of long stay bed capacity at end of 2009 supports a revision of service provision across HSE South, as in 2009, to address critical Health and Safety issues and to provide a patient care environment, compliant with HIQA Residential Care Standards, specific units are prioritised based on their need for refurbishment, which may result in a reduction of beds. The HSE is currently reviewing its requirements for public Residential Care provision and will conclude on its reconfiguration proposals during Quarter 1 2010.

2010 Priorities

The 2010 national priorities for Older People Services are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- Nursing Homes Support Scheme – Implementation of 'A Fair Deal' Nursing Home Support Scheme and components. €97m additional funding has been allocated nationally to the implementation of Fair Deal
- In 2010 the HSE will review its requirements for public residential care provision and will conclude on its reconfiguration proposals during the first quarter
- Geriatricians in Community – In 2010, two additional Consultant Geriatricians will be appointed in HSE South. This will enhance capacity to meet the more complex needs of older people and to support implementation of 'A Fair Deal'.
- Capital Infrastructure developments to support the provision of extended care, rehabilitation and respite to older people.
- Ongoing development and reconfiguration of Residential Care Services.
- Home Care Packages (HCP) - targeting those at risk of admission to long term care, inappropriate admission to acute hospital or requiring discharge to home from acute hospital. €10m additional development funding has been allocated nationally for Home Care Packages and approximately €2million of this will be allocated to HSE South in 2010.
- Home Help Services – In 2010 the HSE South will continue the implementation of a standardised approach for the allocation of Home Help hours.

- Elder Abuse – HSE South will support the national implementation of Elder Abuse Programmes and Services.
- Influenza Vaccine- HSE South will support the national campaign on influenza campaign.

Palliative Care

Introduction

We strive to achieve the best possible quality of life for our patients and their families, when their disease is no longer responsive to treatment. In conjunction with the voluntary sector, we provide services across a broad range of settings: acute hospitals, specialist palliative care inpatient units, day care, and community based supports including intermediate level of inpatient care in community / district hospitals and bereavement supports.

Palliative care is defined as "the active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provisions of psychological, social and spiritual support is paramount. The goal of palliative care is the achievement of the best quality of life for patients and their families facing the problems associated with life-threatening illnesses through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments." (*World Health Organisation, 2002*).

Specifically, palliative care is concerned with the following:

- Providing relief from pain and other distressing symptoms
- Affirming life and regarding dying as a normal process
- Integrating the psychological and spiritual aspects of patient care
- Offering a support system to help patients live as actively as possible until death
- Offering a support system to help the families cope during the patient's illness and in their own bereavement
- Using a team-based approach to address the needs of patients and their families, including bereavement counselling
- Enhancing quality of life and positively influencing the course of illness.

During 2010 our focus will be on the implementation of agreed national priorities to develop specialist palliative care services in a structured and equitable way, building on the work done to date and in conjunction with our stakeholders. Nationally work will continue on the roll out of the Minimum Data Set (MDS) to ensure quality data to inform service management and development. In addition, HSE South will continue to support the development of the Paediatric Palliative Care policy.

Current Service Deliverables and Quantum

The financial allocation for Palliative Care in HSE South is in the region of €2.5m which supports the provision of the following services:

- Palliative Care Beds:
 - there are 26 Specialist Palliative Care beds in HSE South; 24 beds in Marymount Hospice and 2 beds in Waterford Regional Hospital.
 - A total of 41 intermediate palliative care beds are provided in the HSE South. These intermediate care beds are located in residential care units, with 2 provided in a nursing home in the HSE South. Specialist Palliative Care patients are cared for in these intermediate care beds in each LHO area.
- Specialist Palliative Day Care services : Specialist Palliative Day Care services are provided at Marymount Hospice, Cork and at the Specialist Palliative Day Care Centre, Tralee.
- Outpatient Service: An out-patient service is provided at the acute general hospitals and at Marymount Hospice, Cork.

Specialist Palliative Care Services are provided at Cork University Hospital, Mercy University Hospital, South Infirmity Victoria University Hospital, Bantry General Hospital, Kerry General Hospital, Waterford Regional Hospital, Wexford General Hospital, South Tipperary General Hospital and St Luke's Hospital, Kilkenny.

Specialist Palliative Care community services are provided in the home, residential care units and nursing homes by the Specialist Palliative Care community teams. There are teams in each county in HSE South, these are consultant led

teams and all teams have Clinical Nurse Specialists in Palliative Care, some with allied health professionals e.g. Social Worker, Occupational therapist, Physiotherapist.

The HSE South Performance Activity figures for Palliative Care are:

SPECIALIST PALLIATIVE CARE SERVICES	PERSONS
NO. PATIENTS TREATED IN SPECIALIST INPATIENT UNITS	57
NO. OF PATIENTS IN RECEIPT OF DOMICILIARY BASED SPECIALIST PALLIATIVE CARE	768
NO. PATIENTS IN RECEIPT OF INTERMEDIATE CARE IN COMMUNITY HOSPITALS	31
NO. PATIENTS IN RECEIPT OF DAY CARE	69

Note: the above is an average monthly figure for the HSE South

2010 Priorities

The 2010 national priorities for Palliative Care Services are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- Progress the implementation of recommendations in the Report of the National Advisory Committee on Palliative Care 2001 – Implementation plan on agreed national priorities developed in conjunction with all stakeholders based on new integrated services
- Implement Minimum Data Set – HSE South will support the implementation of the Minimum Data Set as appropriate.
- Paediatric Palliative Care Policy – HSE South will support the phased implementation of the Paediatric Palliative Care Policy as appropriate.
- St. Patrick's Hospital Marymount Hospice - Construction commenced in May 2009 on a 44 bed Specialist Palliative Care Inpatient Unit at Curraheen, Cork. The Specialist Palliative Care Community services for North Lee and South Lee will be delivered from this new unit together with a Specialist Palliative Care Day Care Unit and Out Patients Department. It is anticipated that the Specialist Inpatient Unit at Curraheen will be ready for occupancy in mid 2011.
- Waterford: A project group has been established in Waterford to progress planning for the inpatient Specialist Unit on the grounds of Waterford Regional Hospital and a satellite unit in Kilkenny. This is a local initiative involving the Hospital staff, Specialist Palliative Care Staff and the Waterford Hospice movement who are partners in the project.

Social Inclusion

Introduction

The HSE South Social Inclusion Services improve access to mainstream services, target services to marginalized groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services.

Current Service Deliverables and Quantum

The HSE South will in 2010 maintain existing levels of service to the following areas of work which are provided under social inclusion services:

- Drug and Alcohol Services
- Homeless Services
- Services for Minority Ethnic Communities
- Traveller Health Services
- Services for Lesbian, Gay, Bisexual, Transsexual/Transgender Communities
- Community Development
- HSE RAPID and CLAR Programmes
- HIV/STI Services

The HSE South Social Inclusion budget for 2009 was in the order of €30m. The majority of Social Inclusion services are provided by non statutory agencies funded by HSE. Service provision in 2009 included:

Drug and Alcohol Services

- 513 treatments for substance misuse (260 methadone)
- 83 addiction residential rehabilitation beds
- 28 step down beds

Homeless Services

- 761 beds/units in 40 Homeless facilities in HSE South including:
- 7 Women's facilities/Refuges
- 8 Emergency Men's Hostels
- 17 transitional /supported living facilities
- 8 long term residential facilities.

Traveller Services

- Traveller Health Units.
- 12 Traveller Primary Healthcare projects

The HSE Community Welfare Services also come within the remit of Social Inclusion. As a consequence of the recession the HSE South Community Welfare services experienced a significant increase in demand in 2009. This was further increased with the serious flooding problems experienced in Cork city at the end of the year. The service has responded very well to the increased service pressure. In 2010 HSE South will work with the Dept. of Social Family Affairs on the transfer of Community Welfare services.

Drug and Alcohol Services

In 2009 HSE South provided 513 treatments for substance misuse. The provision of methadone has been increased year on year from 44 clients in 2006 to 108 in 2008 and up to 260 clients at the end of 2009. In HSE South detoxification services are provided by mainstream acute and mental health services as well as community based detoxification through GPs. There are 83 addiction residential rehabilitation beds and 28 step down beds in the region.

The HSE South provided substantial investment in Drug and Alcohol Services in 2009 and the full year impact of this will be seen in 2010.

- In 2009, HSE and Cara Lodge worked together to develop integrated services for Under 18s using existing resources. In 2010 HSE South will provide 1,000 additional Addiction Counselling hours to eliminate waiting lists for counselling by the end of the year and 5 additional detoxification beds which will also be provided.
- Funding was provided to the voluntary sector to recruit 2 Rehabilitation workers and this will facilitate the roll out of the Rehabilitation Strategy in 2010. This also supported the Cork/Kerry, the South East Regional Drugs Task Forces and the Cork Local Drugs Task Force.
- In response to the increase in heroin use in the HSE South, at the end of 2009 HSE South allocated €3m for the development of 8 additional methadone clinics to bring the total number of clinics in the region to 11. This includes two additional methadone clinics in Cork city and a further 6 additional methadone clinics will be opened in 2010, in Tralee, Cork, Waterford, Gorey, Wexford town and Kilkenny. This will address the waiting list for methadone and will provide an additional 125 places which will achieve a reduction in waiting lists to under one month across the region.
- In 2010, for the first time, the HSE South will provide needle exchange services in 21 targeted locations across the HSE South where heroin injecting occurs. This is a discreet service and Community Pharmacists who will provide the service will not be identified in these towns to those other than Addiction Services and heroin users. Needle exchange services will be provided in each county. The HSE South will recruit a National Liaison Pharmacist to oversee this national programme. This is dependent on PCRS agreeing fees with Community Pharmacists [national issue].
- In response to the growing need for detoxification as a first step in accessing treatment, especially arising from the increase in heroin usage, HSE South will fund 4 Adult detoxification beds in Cork city and an adolescent detoxification programme in Aislinn Kilkenny in 2010. The provision of these dedicated detoxification facilities will greatly improve access to residential rehabilitation for those requiring detoxification.

Traveller Services

In the HSE South there are two regional Traveller Health Units and Regional Coordinators, for the South East and Cork/Kerry. There are 12 Traveller Primary Healthcare projects from which 147 Traveller women graduated with Fetac accreditation in health awareness, personal development and literacy skills. These graduates will help spread the health awareness message in their families and communities across the region. HSE South provides designated Traveller Public Health Nurses and Traveller peer workers to ensure that best access and uptake of health services as well as health awareness in the community. HSE South also provides funding for Traveller Community Worker posts in the community sector. In 2009 HSE South provided an additional €125,000 for the employment of Traveller peer workers in the community sector, which led to the employment of a further 24 Traveller women in the region. This brings the total number of graduates employed as peer workers to 37.

Homeless Services

There are 40 Homeless facilities in HSE South spread across the region, including 7 Women's facilities/Refuges, 8 Emergency Men's Hostels, 17 transitional /supported living facilities and 8 long term residential facilities. The capacity of these is 761 beds/units, which has increased year on year from 544 in 2007. HSE South is satisfied that there is now sufficient capacity in emergency facilities [334 beds]

Following the launch of 'The Way Home' the National Homeless Strategy [2008-2013] in 2008, HSE South has been working with the Local Authorities and the voluntary Homeless services to implement the key recommendations in the strategy. In 2009 the Management team was established in Cork city and the Homeless Forum at Waterford was reconfigured. These will provide important models for the region. Following on from the comprehensive Homeless Integrated Resettlement Strategy for the South East [2006] which reconfigured Homeless services there, a similar strategy was completed for Cork/Kerry in 2009 and will be implemented in 2010.

Homeless services in 2010 will be targeted at supporting clients to develop the skills and supports to be able to move into independent and supported social housing. In 2009 HSE South piloted the national Homeless Discharge Protocol for Acute Hospitals in Waterford Regional Hospital and this will be implemented in all HSE South Acute hospitals in 2010 alongside this the national protocol for Discharge of Homeless from Mental Health services will also be implemented in the region.

Other Services

- In 2009, the HSE completed a mapping exercise on LGBT services and in 2010 a strategy for developing these services will be developed to consolidate work at a local level.
- In 2009 HSE South continued to support the RAPID and CLAR programmes.
- The HSE South provides designated health services such as health screening to the Ethnic Minority /Asylum seekers as well as mainstream health services. HSE will continue to implement the national Intercultural Strategy, which focuses on interpretative and other services. HSE South will support the implementation of the National Intercultural Strategy Action Plan in 2010.
- The HSE South has a highly developed Community Work Service which has been identified as a model of good practice nationally.

Service Reconfiguration, Operational Improvements and Cost Management

The majority of Social Inclusion services are provided by non statutory agencies funded by HSE. Some efficiencies will be required from non statutory agencies in 2010 with particular emphasis on reduction in management and administration, travel and subsistence costs etc

2010 Priorities

The 2010 national priorities for Social Inclusion Services are detailed in the National Service Plan. The HSE South will work to implement the HSE South elements of the National Service Plan and will support national service developments as required. These include:

- Implementation of the National Drugs Strategy (NDS) 2009 – 2013 - In response to the increase in heroin use in the region, at the end of 2009 HSE South allocated €3m for the development of 8 additional methadone clinics to bring the total number of clinics in HSE South to 11. This includes two additional methadone clinics in Cork city and a further 6 additional methadone clinics in Tralee, Cork, Waterford, Gorey, Wexford town and Kilkenny. This will address the waiting list for methadone and will provide an additional 125 places which will achieve a reduction in waiting lists to under one month across the region.
- The National Service Plan makes provision for additional funding of €3m allocated nationally to meet the growing demand in addiction services through reduction in waiting lists for treatment services and development of clinical teams in addiction services. The indicative allocation for HSE South will support the development of specialist Addiction multi-disciplinary team to support frontline services.
- Traveller Health :
 - The HSE South will further develop the Traveller Health Peer Worker programme in 2010 with the completion of Traveller Primary Healthcare Projects in Wexford, Dungarvan and West Cork.
 - In 2010 the HSE South will open a dedicated Traveller Health Unit office in Cork city.
 - HSE South will continue to participate in the All Ireland Traveller Health Study as required.
- A key focus in 2010 will be to integrate the recommendations in the *National Drugs and Homeless Strategies* into the provision of mainstream health services. In addition Homeless Services in 2010 will be targeted at supporting clients to develop the skills and supports to be able to move into independent and supported social housing. In 2009 HSE South piloted the national Homeless Discharge Protocol for Acute Hospitals in Waterford Regional Hospital and this will be implemented in all HSE South Acute Hospitals in 2010. In addition the national protocol for Discharge of Homeless from Mental Health services will also be implemented in the region.
- In 2009, the HSE completed a mapping exercise on LGBT services and in 2010 a strategy for developing these services will be developed to consolidate work at a local level. HSE South will participate in this process.
- In 2010 HSE South will continue to support the RAPID and CLAR programmes.
- National Intercultural Strategy - HSE South will support the implementation of the National Intercultural Strategy Action Plan in 2010.

Acute Services and Pre-Hospital Emergency Care

National Context

Fifty acute hospitals, grouped into eight hospital networks within the four HSE regions, deliver a wide range of services to our population including assessment, diagnosis, treatment and acute rehabilitation. While there has been significant progress in key service areas, there is recognition of the need for further ongoing reconfiguration of hospital services to meet the needs of the service in order to provide optimal quality care for our patients.

A number of key national reports in recent years have highlighted the need for reform and reconfiguration of the profile of acute services, taking into account issues of accessibility, patient safety, clinical standards and quality of services. There is a significant body of international and national evidence which indicates that acute complex healthcare, particularly for emergency medicine, complex surgical services and critical care services should be provided in hospitals with high volume activity. Better clinical outcomes and safe, high quality 'round the clock' services for people needing this complex acute care are best achieved by bringing together a critical mass of expert workforce with a matching critical mass of clinical workload. However, the majority of patients, those who require only a routine / straightforward level of urgent or planned care, can be safely managed locally, with treatment being delivered at home or as close to home as possible by local community and hospital services. Local and regional services need to work in a more integrated way with defined roles and clarity regarding the catchment populations that they serve. The development of a comprehensive pre-hospital emergency service and enhanced primary and community services is central to this model of care.

These principles will continue to drive the ongoing hospital reconfiguration work in 2010. The acute programme is focusing on improving hospital performance and reconfiguration of hospital services to provide the full range of secondary, tertiary and quaternary services and national specialties that fit appropriately into the integrated care model and are evidence-based, efficiently run and quality-assured. This service reconfiguration is also a critical component in the delivery of the European Working Time Directive (EWTD) compliance for doctors in 2010.

2010 Focus for Acute Hospital Services

Against this backdrop, the focus for 2010 is to continue to provide for emergency admissions and priority service workload, including elective surgery, while controlling the overall level of acute work within the context of a reduced resource. People will be treated in a more effective way with no reduction in access to appropriate services. There will be a continued shift to care on a day case basis, with plans to deliver an increase of 4% over the day case target set in NSP 2009. This plan is based on a reduction in inpatient bed capacity in line with the strategy outlined in the HSE Corporate Plan; that is to reduce the dependency on inpatient hospital beds and provide more appropriate care in alternative settings. This will be specifically targeted at the 29% of annual emergency admissions who are admitted for less than 48 hours. This not only saves on acute hospital resources but also has been proven to provide improved care and a better patient experience. As a result, the focus will be on managing inpatient care activity levels with individual hospitals delivering more efficient and effective use of beds and actively introducing improved hospital avoidance strategies. This will include:

- A reduction in emergency admissions targeted at those who are admitted for very short periods of time. This will be achieved through increasing access to the specialist skills and senior clinical decision making available in Medical Assessment Units, diagnostics and other ambulatory care services.
- Increasing access to diagnostics for at least 10,000 of those who, on an annual basis, are admitted only for that purpose
- Minimising length of stay with a particular focus on reducing the current variance across different hospitals for similar procedures
- Increasing same day of surgery admission
- Optimising hospital avoidance strategies and using community services to ensure appropriate use of the acute hospital resource
- Building on the work undertaken on discharge planning

- Protection of inpatient beds for elective surgery in order to continue to reduce waiting times
- Focus on the quality and safety of services as we prepare for the licensing of hospitals and the implementation of Building a Culture of Patient Safety: Report of the Commission of Patient Safety and Quality Assurance, and
- Advancing the range and breadth of clinical leadership throughout the acute services as the appointment and the induction of Clinical Directors is rolled out across the system.

HSE South

Hospital services in the South are provided by 13 hospitals grouped into 2 hospital networks providing a range of inpatient, outpatient and day case services to a population in excess of 1.14m and a broader population in respect of certain specialist services

Target Activity 2010	Inpatient Discharges	Day Cases	Emergency Presentations	Emergency Admissions	Outpatient Attendances	Births
HSE South	135,824	144,847	311,609	80,710	686,696	19,674

In the South, in line with the National Service Plan 2010 and the reconfiguration programmes ongoing in the hospital networks, the key activity targets are set out below. A key focus will be on continuing to provide for emergency admissions while controlling the overall level of acute work within the context of a reduced resource.

- 4% increase in day cases - increase of 5,400 day cases. The overall activity levels planned for 2010 reflect the continued shift from inpatient to day case activity. There may be a number of internal adjustments between hospitals in relation to this target
- 10% reduction in Emergency Admissions – 2010 Targets are based on 8,900 fewer Emergency Admissions while emergency presentations in 2010 are expected to be in line with actual 2009 levels. The objective is to provide for the projected number of emergency attendances and a reducing profile of emergency admissions within an environment of overall activity management.
- 7% reduction in inpatient discharges – the 2010 target is 135,825 – a reduction of 10,400 discharges. Focus will be on managing inpatient care activity levels and continuing to shift to care on a day case basis where appropriate. Hospitals also will focus on improved use of beds and strategies that improve hospital avoidance. These strategies include same day surgery admission, minimizing length of stay, providing alternative care settings outside of Emergency Departments, focusing on discharge planning and hospital avoidance, and advancing clinical leadership.

Outlined below are some of the key service improvement priorities identified for the hospital system in 2010

- Reduction in waiting times for emergency departments
- Focus on the improvement in the rates of day case surgeries
- Increased rate of elective surgical patient admission on the day of surgery,
- Reduction in waiting times for inpatients and day-case treatments
- Reduction in Out Patient waiting times and increased efficiencies in OPD
- Ensuring urgent colonoscopy waiters are treated within the 4 week timeframe
- Ongoing implementation of the terms of the new Consultant's Contract
- Reduction in terms of births by Caesarean Section

Critical to achieving improvement in these areas is the development of acute medical units and improvements in bed utilisation efficiencies through minimising overall length of stay, proactive discharge planning, senior clinical decision making, timely access to assessment / diagnostics and ongoing review of care pathways and clinical protocols. In addition the implementation of best practice protocols on the management of certain chronic disease conditions in co-operation with Quality and Clinical Care Directorate with contribute over time to reduction in inpatient and emergency activity.

Clinical Directors

The Consultant Contract 2008 provided for the introduction of Clinical Directors. The primary role of a Clinical Director is to deploy and manage Consultants and other resources, plan how services are delivered, contribute to the process of strategic planning and influence and respond to organisational priorities. Clinical Directors were appointed on an interim 2 year basis in all major hospitals. It is intended that the role of Clinical Directors will develop in the context of the ongoing work of the Quality and Clinical Care Directorate and its programmatic approach to improving care & reducing costs, local and national service priorities and the reconfiguration plans for the future of acute hospitals in HSE South.

Integrated Discharge Planning

Integrated Discharge Planning is about implementing a system-wide approach to Discharge Planning so that bed capacity is used in a more efficient and effective way as part of an overall approach to integrated care.

Its main objectives include:

- reducing average length of stay
- delivering more effective and efficient bed utilisation
- improving communication between teams, services and clients
- fostering integration of services and better value for money
- expanding roles and services.

Quality & Risk - Quality Assurance Programme 2010

A number of standards have been developed and applied to all Acute Hospitals through the Quality, Safety and Risk Management Framework. These are as follows:

- HSE Integrated Framework for Quality, Safety and Risk Management;
- HIOA National standards for Hygiene Services;
- HIOA national standards for PCHCAI (Infection Control)
- HSE Integrated Discharge Planning;
- NHO Healthcare Records Management;
- NHO Decontamination of reusable Invasive Medical Devices (RIMD) Training on the processes for self assessment was undertaken, whereby Hospitals measure its conformance against the Framework;

As well as Hospitals reviewing their own compliance a second stage to advance the quality assurance agenda has been developed, namely 'Peer Review'. Multidisciplinary teams have been established with a senior member in the Hospital as Chairperson. Each Hospital team will visit a Hospital of similar activity to validate the quantitative data submitted through the self-assessment process. The Chair of the review team will submit a report on the assessments which is expected to be completed in Q1.

Colonoscopy

The Minister for Health and Children issued a specific instruction to the HSE that any patient who requires an urgent colonoscopy would receive it within four weeks of referral. The first audit of colonoscopy waiting times was carried out in June 2009. A second audit was carried out in October 2009 and a programme of regular weekly audits has since been established.

Measure to address compliance within maximum waiting times include

- Senior manager appointed in each hospital to be responsible for ensuring maximum waiting times and adhered to.
- Identified clinician in place to lead on this matter to ensure that there is robust clinical engagement on monitoring of access to colonoscopy in line with the Minister's instruction.
- Procedures in place in each hospital for efficient scheduling of appointments
- Sourcing additional capacity where required

European Working Time Directive (EWTB)

The European Working Time Directive (E.W.T.D.) requires the HSE to devise compliant work patterns, rotas, rosters and on-call arrangements for all NCHDs. Identification of measures to increase compliance with the E.W.T.D. for NCHDs is an on-going process in all Acute Hospitals in HSE South, service reconfiguration of acute hospitals will also be a key enabler to allow compliance.

Hospital Group South East

Current Service Deliverables & Quantum

Hospital Group South East (HGSE) consists of Waterford Regional Hospital, St. Luke's Hospital Kilkenny, Wexford General Hospital, South Tipperary General Hospital & Kilcreene Orthopaedic Hospital. The South East has a population of 460,000. General medicine, general surgery, obstetrics, gynaecology and paediatrics are delivered from all acute hospitals. In addition, regional services are delivered from Waterford Regional Hospital. Such services include medical oncology (with outreach services to local hospitals) nephrology, orthopaedics (elective unit in Kilcreene Hospital, Kilkenny), rheumatology and dermatology. Waterford Regional Hospital is the designated Cancer Centre for South East and public radiotherapy is available through a service local agreement in place with University of Pittsburgh Medical Centre Radiotherapy Unit which is located at Whitfield Clinic in Waterford.

In achieving the 2009 service plan targets there has been a significant shift from inpatient to day care and this is evidenced with significant increase in day case rates in all hospitals which will be continued in 2010.

In 2009 activity associated with the Hospital Group South East was in excess of

- 67,000 inpatients Discharges
- 41,800 day cases
- 168,000 emergency presentations
- 48,000 emergency admissions
- 284,000 outpatient attendances
- 8,300 births
-

Improving our Infrastructure

A number of capital projects that are to be completed and / or to become operational in 2010, include:

- Waterford Regional Development Control Plan is planned for completion in 2010.
- The Emergency Department expansion project and the Neonatal Intensive Care Unit at Waterford Regional will be re-tendered and commence construction prior to the end of 2010
- Stage 2 design of the Accident and Emergency, Medical Assessment Unit, Community Day Hospital, Day Services Unit, Laboratory, Pharmacy and other supporting services at St. Luke's General Hospital will complete in 2010.
- Stage 2 design of the Emergency Department and Maternity Services Project at Wexford General Hospital will complete in 2010.
- Stage 2 roll out of the NIMIS will be operational in Waterford Regional in 2010.
- The Co-located Private Hospital at Waterford Regional Hospital design to be completed in 2010.

During 2010 Hospital Group South East will focus on achieving significant improvement in key performance areas Progress will be monitored in each of these areas on a monthly basis with corrective actions taken where required

The significant service enhancements and reconfigurations in 2009 and 2010 for each hospital are set out below:

Waterford Regional Hospital

- The automated recording of total waiting times in the ED went fully operational in Waterford Regional Hospital in Q2 2009. This will be further rolled out to all acute hospital in Q3 2010.
- A 2nd permanent Specialist Vascular Consultant Post will be appointed in 2010.
- A Consultant Urologist Post will be appointed in 2010.
- The Emergency Department expansion project and the Neonatal Intensive Care Unit at Waterford Regional will commence construction in 2010.

St. Luke's General Hospital Carlow Kilkenny

- The opening of the newly constructed Outpatient Department was completed in Q2 in St. Luke's General Hospital. This has provided purpose built improved OPD facilities with an increase in capacity and improved access to Outpatient Appointments.
- A new Consultant led falls clinic will commence in Q1 2010.
- The ANP in diabetes is participating in the roll out of the joint Renal Impairment service in conjunction with Waterford Regional for diabetic patients.
- The plan for the provision of a Hospice/palliative Care Unit in Kilkenny will progress in collaboration with the Susie Long Hospice Group.
- In line with the Hospice Friendly Hospitals Programme a Family Bereavement Room and facilities will be provided in collaboration with the Ger Devane Fund Committee.

South Tipperary General Hospital

- The hospital was the pilot site for the implementation of the PMU OPD Lean Project. Currently the DNA rate protocol is standardised and operational in the 4 acute hospitals. The key priority for Q1 2010 is to progress the implementation of the OPD management template. A proactive change management process is at an advanced stage requiring the inclusion and agreement of all stakeholders to effect this change.
- Completion of ancillary works will be undertaken including fitting out of the 23 Bedded Unit, Emergency Department works and other service support areas.
- The established and operational Medical Assessment Unit will extend the opening to 5 days per week.

Wexford General Hospital

- Stage 2 design of the Emergency Department and Maternity Services Project at Wexford General Hospital will be completed in 2010.
- Site preparation in the ED will be undertaken to progress the appointment of an Advanced Nurse Practitioner. The appointment of this post will greatly enhance the management of emergency admissions.
- The hospital will progress the onsite development of the Pre assessment Unit for early pregnancy.

Operational Improvements and Cost Management Programme

The delivery of planned activity in 2010 requires a renewed focus on ensuring the appropriate use of acute resources and control of costs across the pay & non – pay areas. The overall treatment capacity, including acute beds open and available in the system, will be managed throughout the year in line with the following activity targets.

Inpatient/Day Case: Overall activity levels planned for 2010 reflect the continued shift from inpatient to day case activity.

	Inpatient Discharges		Day Cases	
	Target 2009	Expected Activity 2010	Target 2009	Expected Activity 2010
Orthopaedic Hospital, Kilcreene	990	914	280	616
South Tipperary General Hospital, Clonmel	12,440	11,628	4,570	6,843
St. Luke's Hospital, Kilkenny	15,200	14,350	9,970	9,508
Waterford Regional Hospital, Ardkeen	22,550	21,046	19,190	19,179
Wexford General Hospital	15,400	13,040	6,650	6,750
Hospital Group South East Totals	66,580	60,978	40,660	42,896

Emergency Presentations / Admissions: Emergency presentations in 2010 are expected to be in line with actual 2009 levels. The objective is to provide for the projected number of emergency attendances and a reducing profile of emergency admissions within an environment of overall activity control. Key to this in 2010 will be the targeting of a significant reduction 8,900 emergency admission demand, whilst providing for the treatment needs of patients.

	Emergency Presentations		Emergency Admissions	
	Target 2009	Expected Activity 2010	Target 2009	Expected Activity 2010
Orthopaedic Hospital, Kilcreene	-	-	-	-
South Tipperary General Hospital, Clonmel	32,900	35,388	9,150	7,976
St. Luke's Hospital, Kilkenny	36,730	37,046	11,160	10,876
Waterford Regional Hospital, Ardkeen	67,860	61,588	16,360	15,349
Wexford General Hospital	39,760	36,607	12,720	9,898
Hospital Group South East Totals	177,250	170,629	49,390	44,099

Outpatient: The target for OPD attendances for 2010 is in line with the expected outturn for 2009. However, all hospitals will be proactively increasing the number of new attendees within the overall attendance numbers. This shift will be achieved by proactive management of appointments and more appropriate discharge of frequent attendees back to primary care services. The work underway on the national OPD service improvement project is key to assisting hospitals in this area.

	Outpatient Attendances		Births
	Target 2009	Target Activity 2010	Expected Activity 2010
Orthopaedic Hospital, Kilcreene	5,060	4,415	0
South Tipperary General Hospital, Clonmel	45,370	48,025	1,393
St. Luke's Hospital, Kilkenny	52,160	49,072	2,222
Waterford Regional Hospital, Ardkeen	121,700	131,287	2,578
Wexford General Hospital	56,730	57,915	2,355
Hospital Group South East Totals	281,020	290,714	8,548

In addition to work underway on increasing efficiency within hospitals to improve access to beds, factors outside of hospitals such as admission avoidance measures, access to post-acute care to manage the delayed discharges and the provision of alternative community-based services are to be addressed in 2010.

In order to give effect to the rebalancing of activity requirements and the service impact of the moratorium the following is the range of measures which will be implemented across the SEHG in order to deliver performance targets. In addition a number of service developments/enhancements took place in 2009 in the HGSE that will continue to impact positively on the hospitals' performance in 2010 and progress the move in activity from inpatient to day case and the reduction in ED admissions.

An extensive cost containment program has been planned. The program has been framed within:

- available resources,
- with a view to achieving agreed activity levels,
- maintaining access to services,
- sustaining all critical care and emergency services
- within sustainable levels of employment.

Waterford Regional Hospital

- In 2009 a 35 bedded Acute Medical Unit was developed which assists in reducing Length of Stay and a ED waiting times, in 2010 the full year effect of this service development will be seen. The Acute Medical Unit incorporates the 6 bedded Medical Assessment Unit. This service development will also contribute to a reduction in ED Waiting times and streamlines medical patients presenting. These services are both Consultant led ensuring senior clinical decisions are arrived at early in the patient care pathway.
- A Central Referrals Office was established in Waterford Regional in Q4 2009. The functions of the office include, management of all OPD appointments for hospitals for the specialties including Orthopaedics, ENT, Ophthalmology. This centralised function will contribute to the overall efficiency of the management of waiting lists and assist in increasing the number of new attendees within the overall attendance numbers.
- In 2010 the Cardiac Cat lab will open 5 days per week and the throughput in activity will increase from 70 patients to 170 patients per month this improving greater regional access to cardiac diagnostics and Intervention procedures.
- In collaboration with the IBTS the Waterford Regional Blood Bank will oversee the development of a Computer Blood Supply Management System
- Kilcreene Orthopaedic Hospital Kilkenny - An increase in the elective orthopaedic day case procedures in line with activity targets

St. Luke's General Hospital Carlow Kilkenny

- The advanced nurse practitioner in diabetes is participating in the roll out of the joint Renal Impairment service in conjunction with Waterford Regional for diabetic patients.
- Reconfiguration /closure of beds to day case beds will increase the number of day case beds in 2010 to 12

South Tipperary General Hospital

- The established and operational Medical Assessment Unit will extend the opening to 5 days per week this will support the reconfiguration/closure of 12 inpatient beds, with a total of 25 day beds

Wexford General Hospital

- In 2010 the full year impact of the reconfiguration of inpatient beds to 12 day beds will be experienced with a total of 39 day beds in Wexford

Additional cost saving measures will be applied in the following areas across all hospitals

Pay

- Consultant Cross cover of leave
- Reduction in the use of locum cover
- Revised systems of rostering
- Management of absenteeism
- EWTD Compliance where appropriate
- Overtime and agency reduction

Non Pay

- Contracts for the purchase of Biomedical equipment
- Laboratory efficiencies
- Pharmacy efficiencies
- Energy efficiencies
- Contract Savings
- Increased collection of income owed
- Increased use of day care
- Reduced average length of stay

Reconfiguration Programme

The HGSE reconfiguration programme will continue to progress in 2010. In April 2009 the Project Group for the future developments of Acute Hospital Services in the South East was formally put in place and comprises of:

- Clinical Directors
- Population Health
- General Practitioners
- And HSE management.

The project is supported by specialty advisory groups including PCCC and ambulance reference groups.

A project Manager was appointed and the development of the project plan was progressed. The priorities for 2010 will be to:

- Complete the reconfiguration framework by April end 2010.
- In May 2010 the implementation phase of the program will commence.

Southern Hospitals Group

Current Service Deliverables & Quantum

The role of the Southern Hospitals Group is to manage and co-ordinate the delivery of acute hospital services in 7 acute hospitals & one maternity hospital, and to provide within available resources, a comprehensive range of inpatient, outpatient and day case services to the people of Cork and Kerry and the wider Munster region for certain specialist services. Services are delivered in partnership with all key stakeholders and in accordance with the principles of equity, people-centredness, quality and accountability espoused in the National Health Strategy, Quality & Fairness -A Health System for You (2001). The Southern Hospitals Group provides Acute Hospital services on an inpatient, outpatient, 5-day and day care basis, as appropriate, in the following locations:

Kerry General Hospital (KGH), Bantry General Hospital (BGH) and the Cork University Hospital Group, comprising Cork University Hospital (CUH) and Cork University Maternity Hospital (CUMH), St. Mary's Orthopaedic Hospital (SMOH), and Mallow General Hospital (MGH). Public acute hospital services are also provided in two voluntary hospitals in Cork city, namely Mercy University Hospital (MUH) and South Infirmar/Victoria University Hospital (SIVUH).

In achieving the 2009 service plan targets there has been a significant shift from inpatient to day care and this is evidenced with significant increase in day case rates in all hospitals which will be continued in 2010.

In 2009 activity associated with Southern Hospital Group was in excess of

- 82,000 inpatients Discharges
- 99,000 day cases (including radiotherapy)

- 139,000 emergency presentations
- 39,000 emergency admissions
- 387,000 outpatient attendances
- 10,900 births

During 2010 the Southern Hospital Group will focus on achieving significant improvement in key performance areas. Progress will be monitored in each of these areas on a monthly basis with corrective actions taken where required.

The significant service enhancements and reconfigurations in 2009 and 2010 for each hospital are set out below:

Cork University Hospital

- The Amalgamation of the Symptomatic Breast Service to the Regional Cancer Centre South at CUH in Q4 2009
- The equipping of the Cardiac Renal Centre commenced and will be operational on a phased basis in 2010
- A 64 Slice CT – Capital funding of €1.431m approved for the purchasing and commissioning of a new 64 slice CT for CUH. The installation and commissioning was completed in Q3 2009.
- CUH was designation by the European Society for Medical Oncology (ESMO) as a designated centre for Integrated Oncology and Palliative Care. The designation was received following an inspection of the service by an ESMO delegation in November 2008.
- Commencement of PET Scanner service in Q4 2010.
- Phased centralisation of colorectal, lung and prostate cancer services throughout 2010 in regional cancer centre in co-operation with National Cancer Control Programme

Mallow General Hospital

- The implementation of the 'Regional Laboratory Computerised System' in Mallow General Hospital commenced in 2009.
- A 'Computerised Pharmacy System' was also put in place in 2009.

Bantry General Hospital (BGH)

- Outreach Laparoscopic Surgery commenced in BGH July 2009
- BreastCheck Unit situated on the BGH Campus since November 2009
- Computerized Radiography equipment was purchased December 2009 with commencement expected early 2010.
- Advanced Paramedics have been deployed in West Cork since November 2009. This service compliments the existing ambulance service.
- Medical Assessment and Admissions Unit has been developed and opened in January 2010 within existing staffing levels

Kerry General Hospital

- National Cervical Screening: KGH has been identified as a designated referral centre for the National Cervical Screening Programme (Cervical Check) to provide sustainable quality assurance as well as scalable capacity. Upgrading of physical facilities in connection with same is now complete.
- Consultant Obstetrician/Gynaecologist 4th Post - The Consultant Obstetrician/Gynaecologist will have a special interest in Fetal Medicine so that the current services shortfall for antenatal scanning in Kerry can be addressed. He /she will have minority sessions in Cork University Maternity Hospital to contribute to the development of a regional service delivery approach.
- It is anticipated that the Community Nursing Unit (CNU Tralee) will open during 2010 and will be supported by two Consultant Geriatrician posts to compliment the existing single post at KGH. Both posts will be joint appointments PCCC & Acute Hospital.
- A Consultant Rheumatologist Post will be appointed to KGH in 2010.

Mercy University Hospital:

- 2009 has seen the establishment of a Blood Transfusion Laboratory which will undertake blood transfusion services previously provided by the Irish Blood Transfusion Services (IBTS) and it is expected that the laboratory will be fully operational by early March 2010.

- Improvement in out-patient waiting times and numbers through review of work practices and closer integration with Primary Care services.

South Infirmary Victoria Hospital

- Completion of the transfer of symptomatic breast cancer service to the Regional Cancer Centre.

Improving our Infrastructure

A number of capital projects that are to be completed and / or to become operational in 2010 are referenced on the wider document. In addition, a number of priority other areas have been identified for consideration.

- The Emergency Department Kerry General Hospital will be re-tendered and it is planned to commence construction at the end of 2010
- CUH Cardiac Renal Unit – The unit is being commissioned on a phased basis with dialysis projected Q2, non-intervention Q4 and fully operational in 2011.
- Provision of dedicated unit for treatment of patients with haemophilia
- Development of Patient Information System (iPIMS) in Mercy University Hospital and South Infirmary University Hospital

Operational Improvements and Cost Management Programme

The delivery of planned activity in 2010 requires a renewed focus on ensuring the appropriate use of acute resources and control of costs across the pay & non – pay areas. The overall treatment capacity, including acute beds open and available in the system, will be managed throughout the year in line with the following activity targets. The actual level of service delivered in 2010 is subject to our capacity to maintain minimum staffing levels in the context of the government moratorium on recruitment.

Hospital activity targets for 2010 were presented by the HSE to the Department of Health in the recognition of the need to manage demand -led emergency and specialist acute care in areas such as critical care, maternity, dialysis and oncology/radiotherapy (where applicable) and taking cognisance of certain performance metrics in relation to a shift to day-case activity and reducing length of stay. It was also recognised that activity will need to be assessed in the context of hospital reconfiguration within the Network.

Inpatient/Day Case: The overall activity levels planned for 2010 reflect the continued shift from inpatient to day case activity.

	Inpatient Discharges		Day Cases	
	Target 2009	Expected Activity 2010	Target 2009	Expected Activity 2010
Bantry General Hospital	2,760	2,467	1,310	1,207
Cork University Hospital	24,220	23,328	45,880	49,163
Cork University Maternity Hospital	14,215	14,895	3,860	4,785
Kerry General Hospital	14,190	12,722	6,970	7,417
Mallow General Hospital	4,360	3,873	2,470	2,320
Mercy University Hospital, Cork	9,220	8,027	16,530	17,862
South Infirmary/Victoria Hspitl. Ltd.	8,520	7,733	20,410	17,609
St. Mary's Hospital, Gurranebraher	2,235	1,803	1,290	1,587
Southern Hospitals Group	79,720	74,848	98,720	101,950

Emergency Presentations / Admissions: Emergency presentations in 2010 are expected to be in line with actual 2009 levels. The objective is to provide for the projected number of emergency attendances and a reducing profile of emergency admissions within an environment of overall activity control. Key to this in 2010 will be the targeting of a significant reduction (3,678) emergency admission demand, whilst providing for the treatment needs of patients.

	Emergency Presentations		Emergency Admissions	
	Target 2009	Expected Activity 2010	Target 2009	Expected Activity 2010
Cork University Hospital	58,960	57,377	18,440	17,544
Kerry General Hospital	35,200	33,461	10,120	8,865
Mercy University Hospital, Cork	24,080	24,926	7,240	6,194
South Infirmary/Victoria Hsptl. Ltd.	22,550	25,216	4,490	4,009
Southern Hospitals Group	140,790	140,980	40,290	36,612

A key focus in 2010 would be to reduce waiting times in Emergency Departments. Actions being taken to address this area include the implementation of hospital-wide escalation policies, the development of a city-wide hospital escalation policy along with the implementation of national policies on discharge planning and on the management of emergency department activity.

Outpatient: The target for OPD attendances for 2010 is in line with the expected outturn for 2009. However, all hospitals will be proactively increasing the number of new attendees within the overall attendance numbers. This shift will be achieved by proactive management of appointments and more appropriate discharge of frequent attenders back to primary care services. The work underway on the national OPD service improvement project is key to assisting hospitals in this area. A number of hospitals are implementing targeted actions to achieve improvements.

	Outpatient Attendances		Births
	Target 2009	Target Activity 2010	Expected Activity 2010
Bantry General Hospital	11,630	10,901	-
Cork University Hospital	135,860	143,349	-
Cork University Maternity Hospital	60,740	64,813	9,131
Kerry General Hospital	57,000	54,793	1,994
Mallow General Hospital	10,690	11,015	-
Mercy University Hospital, Cork	34,580	40,972	-
South Infirmary/Victoria Hsptl. Ltd.	55,300	54,087	-
St. Finbarr's Hospital	3,370	2,697	-
St. Mary's Hospital, Gurranebraher	11,520	13,355	-
Southern Hospitals Group	369,170	385,324	11,125

Cost Management

Value for Money Initiatives (VFM)

Budget reductions for 2010 will be addressed in part through the maintenance and continuation of cost management strategies in 2009. Financial controls, which were put in place in 2009, will be maintained for 2010. A key focus is on the deliverability of value for money with a strong focus on non-pay areas. Every effort is made to protect direct patient services where possible.

Specific actions to achieve objectives include:

- Cost savings from new national procurement contracts in a range of areas which include energy costs, patient transport costs and renal dialysis supplies.
- Review Pharmaceutical utilisation and patterns of drug utilisation.
- The introduction of new clinical referral protocols for pathology services
- Identify and implement Income Generation opportunities.
- Reduction in absenteeism and sick leave costs
- Ongoing review of all non front -line pay expenditure
- Improved efficiencies in expenditure on medical and surgical appliances and equipment through a range of material management efficiencies including improved stock control

In addition to the above, the ongoing review of the appropriate utilization of individual hospitals treatment capacity will be continued in the context of delivering best practice, including the transfer of activity from inpatient to day-case, reducing length of stay and hospital avoidance strategies with a reduction in emergency admissions. Specific measures for each individual hospital includes

Bantry General Hospital

- Increased direct access for GP's for medical consults through the reconfiguration of inpatient beds to facilitate the opening of a Medical Assessment and Admissions Unit (Monday -Friday 8.30am to 6.00pm)

Cork University Hospital

- A reduction of surgical in-patient capacity by 35 beds with the complimentary transfer of appropriate surgical activity to day case which will lead to higher rates of surgical day case activity and reduced inpatient activity.
- Reconfiguration of a 35 bedded medical ward to an acute medical unit comprising of both day and inpatient beds to address emergency admissions and reduce length of stay.
- Extended seasonal closures to coincide with staff leave periods.

Kerry General Hospital

- The reconfiguration of 15 beds from 5 day inpatient beds to daybeds to facilitate an increase in day surgical activity.
- Extended seasonal closures to coincide with staff leave

Mercy University Hospital

- Comprehensive review of a range of cost containment measures is ongoing including the review of cost savings from procurement contracts, increased income generation opportunities, reduction in absenteeism and sick leave costs and service reconfiguration focused on a shift from in-patient activity to decrease procedures.

SIVUH

- Reduced locum cover
- Further reduction of in-patient activity within current bed complement.

Reconfiguration of Acute Hospital Services

Professor John Higgins was appointed in March 2009 to lead the preparation of a comprehensive reconfiguration plan for Cork and Kerry to be grounded by the principles set out in the Horwath / Teamwork report titled "Securing clinically safe and sustainable acute hospital services: A review of acute services in HSE South and a five year action plan for Cork and Kerry, Horwath and Teamwork 15 May, 2008.

In line with the HSE National Service Plan the key deliverables for HSE South in the reconfiguration of hospital services in 2010 is

- completion by the end of March 2010 of the plan for reconfiguration of acute hospital services in Cork and Kerry.
- Commencement immediately on an implementation plan for reconfiguration of services in line with the plan
- Commencement of implementation of reconfiguration of services

The plan for the reconfiguration of acute hospital services will propose fundamental changes over the coming years in the way services are delivered and organised. An extensive analysis and review of each specialty has taken place under the direction of Prof. Higgins, involving over 40 subgroups with broadly based representation Consultants will work in regional specialist teams responsible for ensuring that safe and high quality care is delivered throughout both counties with as much as possible being delivered as close to peoples' homes as possible.

The reconfiguration plan will include a rehabilitation medicine strategy for the region which will be compatible with the National Strategy and Action Plan for Rehabilitation services currently being prepared by the DoHC and HSE. (The National Strategy and Action Plan will address National, Regional and Local requirements to provide access to comprehensive and integrated Rehabilitation services)

The future provision of quality and safe hospital care will require the development of clinical pathways across all hospitals in Cork and Kerry as a single hospital system which will improve efficiency and quality of care, along with clinical networks across the region for hospitals and community services. This will be in the context of the national, regional and local governance frameworks within HSE including the introduction of Integrated Service Areas to co-ordinate the integration of acute hospital, primary and community care services at local level and the ongoing development of the role of Clinical Directors.

Reconfiguration sits firmly within national policies for health service reform. The overarching goal of reconfiguration is that the people of Cork and Kerry will benefit from having a unified acute healthcare system, integrated with all other elements of the health services, which will:

- Achieve the best possible health outcomes for the people it serves
- Realise for the people of the region the economic and other benefits that flow from leading edge health research, technology and innovation
- Deliver value for money.

Key priorities for acute hospital services flowing from the reconfiguration plan will include.

- In the context of the emerging direction of the reconfiguration programme and the ongoing transfer of cancer services, the Regional Management Team is reviewing the potential to relocate elective and rehabilitation orthopaedic services to the SIVUH before the end of 2010. A detailed analysis of the feasibility and dependencies of this move will be completed over the next number of weeks.
- Planning will also commence in 2010 for the development of the MUH as a regional centre for gastroenterology services for Cork.
- In 2009 as part of the transfer of breast services to the Regional Cancer Centre an element of the histopathology service transferred to CUH from the MUH. The remaining histopathology services in the MUH will relocate to the CUH in June 2010 when the upgrading of the structure of the histopathology laboratories is complete. This will be supported by the commencement of three additional Consultant posts in 2010.

A number of key enablers which must be progressed to support the implementation of the wider reconfiguration programme include

- Implement iPIMS (Patient Management IT systems) in MUH and SIVUH to allow sharing of patient records across hospitals.
- Bring the MUH and SIVUH within the APEX laboratory management system.
- Commence the process of gathering patient information currently available in electronic form – e.g. radiology reports, laboratory reports and discharge letters – saved and available in a single database under a single patient identifier that can be accessed by authorised personnel in the HSE hospitals, the MUH and the SIVUH.
- Development of capacity to transfer radiology images between hospitals.
- Continue provision of training programmes in Lean, Project Management etc

Review of A&E Services

In the context of the Reconfiguration of Acute Hospital Services programme in the Southern Hospitals Group area and, as outlined in the HSE's National Service plan, the HSE carried out a review of the provision of Emergency Department services within the Cork and Kerry region. The review benchmarked the existing service against international best practice and made recommendations on the provision of emergency services in the region going forward. Due account was taken of current and projected activity levels, as well as population and health demographics at both regional and national level.

The Emergency Services subgroup report was published on November 18th, 2009. The Implementation of some of its recommendations had already commenced in West Cork where a 24/7 team of six advanced paramedics (APs) and a fully equipped rapid response vehicle based in Bantry commenced duty on 12th October, 2009. Prior to the launch of this service, two members of the team engaged in raising awareness for the new service by visiting local schools, voluntary groups, local politicians and public gatherings in West Cork.

Advanced Paramedics respond to emergency calls in rapid response vehicles and support the existing ambulance based paramedics in the service. These Advanced Paramedics have undertaken high level paramedic training which enables them to perform an additional range of complex procedures such as:

- Intubation (gold standard airway); during advanced cardiac life support procedures the patient may be intubated (placing a sterile tube into the trachea or throat).
- Cardiac resuscitation including CPR, defibrillation and drug administration.
- I.V. fluid resuscitation; administration of fluids to support critically ill patients.
- Pain management; administration of drugs to relieve pain.
- Chest decompression; placement of a needle/tube in the chest to relieve pressure due to a collapsed lung

- I.V. and I.M. medications; I.V. (intravenous) are drugs or fluids introduced directly into a vein. I.M. refers to drugs injected into a muscle.
- Stabilisation of cardiac dysrhythmias; drugs may be administered to regulate the patient's heart rate when required

Work has commenced on the detailed planning for implementation of the remaining recommendations of the review report which will include the development of Acute Medical Units (AMUs) and Urgent Care Centres (UCCs) and the reorganisation of the current configuration of Emergency departments into Emergency departments in CUH and KGH.

Acute Medical Units (AMUs)

Work has commenced on the introduction of Medical Assessment and Admissions Units in the following hospitals; Bantry General Hospital, Cork University Hospital, Kerry General Hospital, Mallow General Hospital and Mercy University Hospital. Dr Jennifer Carroll, who has successfully participated in the introduction of a similar unit in St Luke's Hospital Kilkenny, will oversee this development providing regional quality standards and operating protocols and integrating these units into existing hospital systems.

Urgent Care Centres (UCCs)

Urgent Care Centres will be established according to common standards adapted to meet the particular functions and attendance patterns of each hospital, in particular hospitals where there will be no Emergency Department. Urgent Care Centres cater for the ambulant ill with localised injury or minor illness.

It is also intended to appoint Advanced Nurse Practitioners to lead development of specific training programmes to support above developments in MAAUs and UCCs.

National Cancer Control Programme (NCCP)

Introduction

In response to the publication of the *Strategy for Cancer Control in Ireland, 2006* the HSE established a National Cancer Control Programme (NCCP) with the aim of providing the necessary governance, integration, leadership, operational framework and core support services to create the essential structure for cancer control in Ireland. The NCCP is responsible for all the components of cancer control with the exception of palliative care services. In April 2010, the NCCP will welcome the planned subsuming of the National Cancer Screening Service (NCSS) into the NCCP. In July 2010, NCCP will also welcome the planned integration of St. Luke's Hospital, Dublin into the programme. The majority of the cancer programme is being delivered through 8 regional cancer centres and 4 cancer control networks while another number of components (e.g. cervical screening and community oncology) are provided in a distributed manner through community health centres and in the primary care setting. Objectives of the programme include ensuring that designated cancer centres for individual tumour types have adequate case volumes, expertise and a concentration of multi-disciplinary specialist skills.

Centralising breast cancer diagnosis and surgery was the highest priority to address over the past two years. Symptomatic breast diagnosis and surgery has now transferred into the 8 cancer centres (reduced from 33 hospitals in 2006) with the final transfer, the amalgamation of services in Cork and Kerry into a new dedicated symptomatic breast unit on the site of Cork University Hospital (CUH), on 1st December 2009. In monitoring breast services, in conjunction with HIQA, twenty three Key Performance Indicators (KPIs) were agreed to be collected; five of these will be reported monthly in 2010. Standard Operating Procedures (SOPs) were also developed for the clinical delivery of the symptomatic breast service in 2009. A set of performance indicators around quality and access for the new rapid access clinics will be developed during 2010.

In 2009 a national neurosurgical service was established across Beaumont Hospital, Dublin and CUH; a national lead neurosurgical appointment is expected to be in place during 2010. St. Vincent's Hospital was designated the national centre for complex pancreatic cancers. A planning process commenced in 2009 to realign radical pancreatic cancer surgery into this centre which will continue in 2010. Rapid access lung and prostate clinics opened in some of the centres with the remaining centres due to open in 2010. Telemedicine systems are now in place in all 8 cancer centres and Letterkenny; this system will facilitate internal and multi centre Multi Disciplinary Team Meetings (MDM).

The proposed work programme for 2010 includes additional consultant medical oncology appointments in inpatient units where consultants are working single-handedly, reduction in the number of hospitals carrying out rectal cancer surgery and repatriation of ocular cancers from the UK. The community oncology programme will develop referral guidelines and standard referral forms for GPs which will be integrated with GP electronic systems. Centralised cancer offices will be established in the 8 centres to manage all cancer referrals and GP / patient communication.

National Plan for Radiation Oncology

The National Plan for Radiation Oncology (NPRO) which forms part of the NCCP will continue with the capital development of radiation oncology facilities throughout the country. The network plan for services across the eastern region is expected to be operational in Q4 2010 with the completion of Phase 1 facilities in Beaumont and St. James's, together with the first phase of the transfer of radiotherapy services from St. Lukes Hospital, Dublin.

HSE South West/South East

The development funding figures are national and this nationally held funding will be allocated to the regions over the coming period in line with the details outlined in the NSP

Key Result Area	Output 09	Deliverable 10	Target Timescale
CP15 National Cancer Control Programme Lung cancer services	Improved patient access to diagnostics and treatment of lung cancers.	Develop and deliver rapid access diagnostic clinics at CUH and WRH. CUH WRH	Q1 Q2

Key Result Area	Output 09	Deliverable 10	Target Timescale
		Lung cancer surgery will be centralised at 4 of the 8 centres including CUH.	
Prostate cancer services	Improve patient access to diagnostics and treatment for prostate cancer.	Develop and deliver rapid access diagnostic clinics at:- CUH WRH Transfer prostate surgery to CUH from MUH.	End of Q2 Q4 Q3
National centre for pancreatic cancer	Planning for the establishment of a national pancreatic unit in St. Vincent's Hospital, Dublin .	Plans in place to accept service from MUH	Q1-Q4
Radiotherapy Waterford and Limerick Private Units	Discussions with private clinics (Whitfield) on costs and activity	New SLA for public patients in South East. Full year cost of 2009 Development Funding for lung prostate and pancreatic developments and any additional costs of private radiotherapy facilities	End of Q1
		2010€	WTE
		€8.6m	0
Rectal cancer services	Transition commenced in 2009 to centralise rectal surgery in 8 cancer centres.	Transfer from smaller hospitals e.g. BGH, MGH, KGH. Transfer from larger hospitals e.g. MUH, SIVUH.	End of Q2 End of Q4
Community oncology	Ongoing consultation with community services and GPs re preparation of referral guidelines/referral forms for breast, lung and prostate services. Community Oncology Group set up in HSE South.	Referral guidelines /forms:- Breast in place X both WRH and CUH Lung Prostate Further guidelines being prepared	Completed End of Q1 End of Q2 Q1-Q4
		New Development Funding	
		2010€	WTE
		€4m	0
Dermatology/Skin cancer services	Assessment of current services commenced.	Completion of assessment in CUH, SIVUH and WRH and designation of centres for the treatment of complex skin cancers. New Development Funding	Q4
		2010 €	WTE
		€0.5m	3
Ocular cancer services	Service available in the South at CUH.	New Development Funding	
		2010 €	WTE
		€0.4m	2
Medical oncology	Assessment of consultant medical oncologists staffing levels	SLA to be set up with	

Key Result Area	Output 09	Deliverable 10	Target Timescale						
	completed for the South.	(a) SIVUH, MUH and KGH (b) WRH, Clonmel, Wexford and Kilkenny Regional Service. New Development Funding <table border="1"> <tr> <td>2010 €</td> <td>WTE</td> </tr> <tr> <td>€1.4m</td> <td>6</td> </tr> <tr> <td></td> <td></td> </tr> </table>	2010 €	WTE	€1.4m	6			Q1-Q4 Q1-Q4
2010 €	WTE								
€1.4m	6								
Cancer Office in 8 specialised centres	Cancer office successfully established in CUH.	Establish office at WRH. Completed in Q1.	Q1						
Additional theatre capacity to support cancer programme centres	Theatre supports provided for breast, lung and prostate	Ongoing as services move. New Development Funding <table border="1"> <tr> <td>2010 €</td> <td>WTE</td> </tr> <tr> <td>€1m</td> <td>14</td> </tr> <tr> <td></td> <td></td> </tr> </table>	2010 €	WTE	€1m	14			Q1-Q4
2010 €	WTE								
€1m	14								
Finance	Identification of cancer expenditure pay and non pay and separate financial reporting commenced.	IMR meetings set up for WRH and CUH.	Q1						
Telesynergy	Telesynergy facilities installed in CUH and WRH.	NCCP to take ownership of national system and assume responsibility for support and maintenance. New Development Funding <table border="1"> <tr> <td>2010€</td> <td>WTE</td> </tr> <tr> <td>€0.1m</td> <td>0</td> </tr> <tr> <td></td> <td></td> </tr> </table>	2010€	WTE	€0.1m	0			Q1
2010€	WTE								
€0.1m	0								
NPRO - Phase 2 development	Ongoing work on Radiotherapy development and expansion in South. Secured accreditation for the Physicist training programme	(a) Further work will take place on the development of CUH service. (b) New Development in WRH to commence (PPP) CUH to become part of the Physicist training programme (in conjunction with TCD)	Q1-Q4 Q1-Q4 Q2						

Appendix 1 Financial Information

	Budget 2010 €m
Network 1	
Waterford Regional Hospital	135,584
St. Luke's Hospital	51,712
Wexford General Hospital	50,242
South Tipperary General Hospital	47,565
Kilcreene Hospital	5,904
Ely Hospital	570
Regional Services	2,315
Network Manager	1,690
NETWORK 1 SUB TOTAL	295,582
Network 2	
Cork University Hosp/SMOH	259,630
Kerry General Hosp	70,778
Bantry General Hosp	17,834
Mallow General Hosp	15,390
Regional Services	2,906
Network Mgr	9,476
Mercy University Hosp	58,730
South Inf. Vict. University Hosp	44,722
NETWORK 2 SUB TOTAL	479,466
Acute Sub Total	775,048
Local Health Offices South	
North Lee	101,760
South Lee	126,907
North Cork	92,334
West Cork	224,463
Kerry	127,789
Office of AND	29,743
CDH	2,042
National	0,015
South Tipp	104,656
Waterford	123,173
Wexford	103,583
Carlow Kilkenny	141,133
Regional PCCC	1,268
Local Health Office Sub Total	1,178,851
HSE South Total	1,953,899

Appendix 2 Summary of New Service Developments

Key Result Area	Deliverable 09	Funding	WTE	Timescale
Quality and Clinical Care				
H1N1 pandemic	Costs associated with H1N1 pandemic.	€55m	0	Q1–Q4
Totals		€55m	0	
Children and Families				
Ryan Report	Implementation of recommendations progressed (dependent upon allocation arriving in the REV)	€14.27m	200 (all moratorium exempt)	Q1–Q4
Totals		€14.27m	200	
Older People				
A Fair Deal	To support the growth in the number of people qualifying for the scheme in line with demographic need.	€97m	0	Q1–Q4
Home Care Support	To support the increase in demand for Home Care Packages.	€10m	0	Q1–Q4
Totals		€107m	0	
Demand Led Schemes				
DLS	To support the growth in the number of people qualifying for medical cards, GP Visit cards and other demand led schemes.	€230m	0	Q1–Q4
Totals		€230m	0	
National Cancer Control Programme				
Cancer Services	Support the further development of cancers services nationally, including services for National Programme for Radiation Oncology.	€20m	79 (all moratorium exempt)	Q4
Totals		€20m	79	
Innovation				
Innovation Funding	Delivery of suitable projects that demonstrate innovation in service delivery:			Q1–Q4
	Disability and Mental Health services	€3m		
	Child Welfare Information System	€1m		
	Community Interventions Teams	€3m		
	Quality and Clinical Care Programmes	€10m	80	
Totals		€17m	80	
All Services				
Demographic related for service pressures	Supporting a range of demographic and services pressures in 2010 (details outlined in Appendix 2b.)	€50m	Itemised on next page	Q1–Q4
Totals		€70m (inc. €20m 2009 funding)		
TOTAL		€513.27m	359	

Demographic Service Pressures

Key Result Area	Deliverable 09	Funding	WTE	Timescale
Supporting a range of demographic and services pressures demand led / risk related:				
Acute Services				
Haemodialysis	Provision for estimated net additional 85 -170 new patients requiring dialysis during 2010. Support national renal transplant programme. Extension of home haemodialysis programme to 20 patients.	€5.75m	14	Q1-Q4
Transplant Services	Extension of living donor programme . Support further development of the national liver transplant programme . Support Cochlear Implant Programme .	€2m	20	Q1-Q4
Paediatric Transport / Model of Care Implementation	Support development of neonatal / paediatric retrieval service. Development of an integrated programmatic approach to paediatric healthcare services as part of the new Model of Care.	€1.5m	20	Q1-Q4
Adult Critical Care	Commencement of implementation of recommendations of the national external review of Adult Critical Care.	€3m	32	Q1-Q4
Paediatric Neurosurgery / Critical Care	Continue development of this service in line with the Report on Paediatric Neurosurgery Services (2008). Continue implementation of the review of paediatric critical care services through the Irish Paediatric Critical Care Network. Put in place measures to deal with waiting list for children requiring cardiac surgery.	€1.25m	20	Q1-Q4
Immunology	Support the development of Immunology / Allergy Services.	€1m	5	Q1-Q4
Acute Sub Totals		€14.5m	111	
Non Acute Services				
Neonatal Hearing Screening	Develop neonatal hearing screening programme.	€0.5m	6	Q1-Q4
Childcare and Fostering	To meet increasing demands of foster care services.	€6m	0	Q1-Q4
Out of Hours Childcare	Piloting of out of hours services in two sites.	€0.5m	0	Q4
Disability Services	Additional funding to meet 2010 growth in demand for 100 residential places, 400 day places and 140,000 personal assistant home support hours. A proportion of this will be met through agencies which are not part of the HSE headcount.	€19.5m	215	Q1-Q4
Mental Health	Additional revenue costs to fully commission two 20 bedded acute units in Cork and Galway which will be ready for commissioning in 2010. (Child and adolescence inpatient beds).	€6m	60 (10 moratorium exempt)	Q1-Q4
Addiction Services	To meet the growing demand in addiction services through reduction in waiting lists for treatment services and development of clinical teams in addiction services.	€3m	18 (6 moratorium exempt)	Q1-Q4
Non Acute Sub Totals		€35.5m	299	
Sub Total		€50.0m	410	
TOTAL		€70.0m (inc. €20m 2009 funding)	410	

Note: Further discussions are required between HSE and DoHC as to WTE implications for the above areas. A considerable number of WTE posts are not moratorium exempt.

Appendix 3 HR Information

Pre-Approved Projected Break-down of Employment Ceiling South 24,894 Start 2010

Function/ Regions	Ceiling Nov 2009	Actual WTE Nov 2009	Outstanding PN posts +/-	November Ceiling realigned for outstanding PN posts	Government Decision (500 Reduction)	Projected Ceiling Start 2010
Acute Hospital Services	11,339	11,179	17	11,356	47	11,132
Primary and Community Services	12,577	12,287	39	12,616	38	12,367
Ambulance Services	349	394		349	0	342
Total ISD South	24,265	23,860	56	24,321	86	23,841
Corporate South	793	730		793	15	777
Population Health South	282	279		282	2	276
Total	25,340	24,869	56	25,396	103	24,894

Notes:

1. The table is based on a projected approved employment ceiling of 109,600.
2. Changes to ceiling allocations arising from the new structures are yet to be fully determined by National Directors and again are likely to impact on current / projected sub-allocations.
3. Transfer of resources and staff across functions and regions will further amend the sub-allocation of the overall approved employment ceiling.

Health Service Personnel Census, HSE South November 2009

Grade	Nov-09
Medical Dental	1,746
Nursing	9,047
Health & Social Care Professionals	3,342
Management/Admin	3,620
General Support Services	3,434
Other Patient and Client Care	3,680
HSE South	24,869