Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE SOUTH

REGIONAL SERVICE PLAN

2011

Contents

Introduction

The CEO Mr Cathal McGee, published the HSE National Service Plan 2011 (NSP) on Wednesday 22nd December, 2010, having been approved by the Minister for Health & Children. This HSE South Regional Service Plan has been prepared consistent with these national policies, frameworks, performance targets, standards & resources. The Regional Service Plan sets out the type and volume of service the HSE South will provide directly or through a range of agencies funded by us during 2011.

The decisions which the Regional Management Team has taken, in the allocation of resources and the prioritisation of services & cost measures were carefully considered so that we would be in a position to continue to deliver high quality responsive services at 2010 level; continue to support the most vulnerable while implementing the following key HSE national priorities for 2011:

- Maintain the levels of service provided in 2010
- Deliver the cost reduction and restructuring programmes to enable the maintenance of these service levels on a total reduced budget basis of €962m (€683m net)
- Seek to ensure the delivery of high quality and safe services
- Accelerate the HSE reform programme to reconfigure core services and in line with HSE strategy, deliver an appropriate balance between hospital and community services as well as best care models in childcare, disability, mental health and older person's services
- Implement the national clinical change programmes and new service developments

Resources for 2011

It is important to acknowledge that a significant effort has been made this year at national level to ensure that cost reduction measures are implemented in a way which minimises the impact on front line services at regional & local level. The focus of our efforts will be to reduce costs without reducing services. In all the total budget reduction for HSE South amounts to €63.5m or 3.25% of the 2010 base budget. This excludes the reduction associated with the exit schemes which is yet to be finalised.

Apart from this overall net reduction in budget, a significant challenge for HSE South in 2011 will be managing the reduction in levels of staff employed arising from the impact of the moratorium on recruitment and the voluntary early retirement and voluntary redundancy scheme for administrative and support staff grades. The reduction in numbers in 2010, arising from the moratorium on recruitment, was 344 WTEs while, a further reduction of 350 WTE are estimated for 2011. In addition, over 400 staff departed through the voluntary early retirement and voluntary redundancy schemes in 2010. Our challenge will be to maintain existing levels of service and deliver on challenging performance & activity targets with over 1,000 staff less by year end across HSE South than at the beginning of 2010.

In order to do this in a sustainable way within the overall budget and staff resource outlined, we need to change, reconfigure and develop many of our services to meet best practice both nationally and internationally.

Implementing our Change Programmes

A major theme of the HSE South Regional Service Plan 2011 is to commence the implementation of our national clinical programmes across our hospital system. A highly ambitious plan of work has been outlined for 2011 in this regard. The focus will be on standardising care and implementing proven solutions to save lives, prevent complications, remove waiting lists and maximize use of resources. While the full benefits of this work will take time to be fully realised, 2011 will be a very important year in embedding many of these solutions within our clinical services. The areas that will commence implementation include:

- Acute Medicine Programme
- Emergency Medicine Programme
- Elective Surgery Programme
- Diabetes Programme
- Heart Failure Programme
- Stroke Programme
- Epilepsy Programme
- Chronic Obstruction Pulmonary Disease (COPD) Programme
- A range of initiatives to address outpatient waiting lists including neurology, dermatology and rheumatology.

The quality agenda for cancer services will continue through the National Cancer Control Programme (NCCP) working with the cancer centres in Cork University Hospital (CUH) and Waterford Regional Hospital (WRH) to implement agreed national priorities.

In addition to these national programmes, our own reconfiguration plans for the acute hospital services will continue as core elements of the change programme in the region. Work on the reconfiguration plan in the South East Network is continuing and proposals will be brought forward in the second quarter of 2011. The successful launch of the Reconfiguration Road Map for Cork & Kerry under the clinical leadership of Prof. John Higgins has enabled the inclusion of a wide range of priorities in the Regional Service Plan this year. While these priority projects are being implemented this year, work will continue through the reconfiguration programme on preparing the next phase of projects to be progressed.

As we move towards the development of Integrated Service Areas and an Integrated University Hospital Network in Cork and Kerry an important priority for 2011 will be to develop a memorandum of understanding with University College Cork in a collaborative partnership.

Similarly, a range of innovative change programmes will be implemented across our social care services and care groups. In the Children and Families Services Area Mr Dermot Halpin, Local Health Manager has been assigned to lead the Regional Steering Group on Children and Families Services and to support the change programme being led by the new National Director for Children and Families Services.

Public Sector Agreement

The Public Service Agreement provides the framework for delivering on this significant change programme across the health sector during the course of 2011. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing costs and improving quality. We have worked closely with staff and their staff associations to build on the work undertaken in 2010 and to bring forward a challenging but deliverable programme of change through the Public Service Agreement in 2011 across all areas of HSE South. An outline of the range of planned changes is set out in Appendix 4. This appendix is not an exhaustive list of initiatives underway but serves as an illustration of some of the key change initiatives being undertaken across HSE South. I wish to acknowledge the active participation by staff and the staff associations in engaging in this process. Regional and local meetings have been taking place through which the initiatives are being discussed and progressed. This is a dynamic process and will continue to develop and evolve as the year progresses and as we monitor and evaluate progress in collaboration with staff and their representative bodies.

Integrated Care

In order to develop a more integrated approach to our service delivery and to support the implementation of our change programmes we are streamlining our structure at local level with the introduction of the Integrated Service Areas. In reorganising our structure the HSE aims to provide people with the type and quality of care they need, when they need it in the most appropriate setting and from the most appropriate health professional or team of health professionals. The implementation of the change programmes highlighted above, will support the reconfiguration and development of service across primary, community & hospital services to focus on the complete needs of the patient or client, while also prioritising effective working relationships across services and providing a more responsive and accountable service. As we progress the implementation of this model we will work closely with staff at all levels, as well as the staff associations and the wider community to ensure effective implementation.

Quality, Risk & Clinical Care

The HSE South is committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. An important task for us all is to ensure that our services are safe, this is achieved through the implementation of a comprehensive quality & risk frame work and by mitigating risk in the operational health system. We must also make sure that where serious incidents do arise that we manage our response effectively and implement appropriate measures in order to improve our systems. Ensuring compliance with national standards in relation to quality & risk will be an increasing focus for our services in 2011. Significant progress is already being made across hospitals & community services at local level and to support this work we are putting in place in 2011 a more comprehensive regional Quality, Risk and Clinical Care Programme the detail of which is outlined on page 12 of this plan.

This Regional Service Plan can only be delivered through the collective efforts of the Health & Social Care professionals from all of our care disciplines and services. Our services are now more than ever dependent on our staff to continue to make the extra effort for all our patients and clients. HSE South has a strong tradition in delivering fully on our service plan targets. This is a reflection of the high calibre and the exceptional commitment of the individual staff and teams and

I wish to thank all staff for their contribution to date and look forward to the continuation of this commitment in 2011.

Pat Healy
Regional Director of Operations
HSE South

Resource Framework

National Context

The HSE National Service Plan 2011 sets out the type and volume of service the Health Service Executive (HSE) will provide directly, and through a range of funded agencies during 2011, within the funding provided by Government (€13.456 billion) and within the stipulated employment levels.

In developing this plan, the HSE's priorities for 2011 are to:

- Maintain the levels of service provided in 2010
- Deliver the cost reduction and restructuring programmes to enable the maintenance of these service levels on a total reduced budget basis of €962m (€683m net)
- Seek to ensure the delivery of high quality and safe services
- Accelerate the HSE reform programme to reconfigure core services and in line with HSE strategy, deliver an appropriate balance between hospital and community services as well as best care models in childcare, disability, mental health and older person's services
- Implement the national clinical change programmes and new service developments

National Resource Framework

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 Estimate (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, values and objectives of the organisation as set out in the *HSE Corporate Plan*.

The National Funding Position

The gross current Estimate for the HSE is **€13.456bn** as set out in the published *Estimates for the Public Services 2011*. This reflects a net reduction of **€683m** (4.8%). The total reduction to the HSE is **€962m** (6.7%) which is being offset by the return of €279m for additional expenditure relating primarily to medical cards, new services, pensions costs and the Clinical Indemnity Scheme. The table below sets out the budget reduction framework for 2011:

Budget Reduction Framework 2011

	€m
2010 Gross Current Estimate	**14,139,64**
Additional Medical Cards	90.0
Reductions Community (Demand led) Schemes	-424.0
Pay	
Recruitment Moratorium	-90.0
Exit Programme	-152.0
Additional pension costs due to exit package	29.0
4% levy on pensioners	-21.5
Non Pay	
Procurement	-200.0
Other Adjustments	
National Cancer Screening Service- transfer	10.5
Superannuation	57.0
Clinical Indemnity Scheme (States Claims Agency)	36.0
Long-Stay Repayments Scheme	-17.0
Pandemic	-55.0
Dormant Accounts	-2.3
Funding for priority areas	56.4
Total	**13,456.7**

Total Reductions €962m
Total Increases €279m
Net adjustment €683m

At national level adjustments have been made in respect of the long stay repayment scheme, state claims, pandemic, pensions as well as a number of other areas including once off expenditures in 2010 – these will not impact on the HSE South budget for 2011.

Over €334m (net) of the cost measures for the HSE are provided for within the community (demand led) schemes at national level, which will not directly impact on front line service provision in HSE South.

Resource Framework – HSE South

It is important to acknowledge, as outlined in the table above, that a significant effort has been made this year at national level to ensure that cost reduction measures are implemented in a way which minimises the impact on front line services at regional & local level. The focus of our efforts this year is to reduce costs without reducing services.

A particular focus has been placed this year on the management and delivery of our procurement & logistics and estates cost as well as a national approach to managing discretionary expenditure. These initiatives will be led nationally but will require signification input at regional and local level to ensure that the cost reduction programme is achieved.

In addition, there are a range of service led non pay & efficiency measures locally where moving to a more appropriate model of care will also lead to reduced costs without impacting on the level of service. Service delivery, organisation improvement & cost management initiatives enabled by the Public Service Agreement are included throughout each section of the plan. Appendix 4 identifies a comprehensive range of initiatives being implemented under the public sector agreement which will support our cost reduction programme and the delivery of 2011 service targets within the level of resources provided.

- At national level adjustments have been made in respect of the long stay repayment scheme, state claims, pandemic, pensions as well as a number of other areas including once off expenditures in 2010 – these will not impact on the HSE South budget for 2011.
- A particular focus has been placed this year on the management and delivery of our procurement & logistics and estates cost as well as a national approach to managing discretionary expenditure. In addition, there are a range of service-led non-pay & efficiency measures, being implemented locally together with a movement to a more appropriate model of care which will also lead to reduced costs without impacting on the level of service. Nationally these cost measures amount to €200m of which €42.500m is assigned to HSE South.
- The impact of the moratorium on the recruitment of staff nationally equates to €90m of which €25.810m is assigned to HSE South.

In all, the total budget reduction for HSE South amounts to €63.5m or 3.25% of the 2010 base budget. This excludes the reduction associated with the exit schemes which is yet to be finalised.

A summary of the financial position for HSE South is outlined in the table below

Budget 2011	**€m**	
2010 Base Budget		1,969.77
Technical adjustments		4.432
Moratorium		(25.810)
Procurement (non service impacting)	*(27.406)*	
Non pay & other efficiencies target	*(10.866)*	
Internal resource re-alignment : strategic priorities	*(4.255)*	(42.527)
2011 Budget		**1,905.867**
Total reduction in budget		63.905 (3.4%)

NOTE: The above table does not include the reduction associated with the exit schemes which is yet to be finalised.

Development funding of €56m has been provided nationally and in addition, internal resource realignment in the order of €68m will be available to support the implementation of strategic priorities and change programmes. HSE South will be in a position to secure an appropriate allocation of these resources during the year which will be subject to the submission of business cases and a consultative process between local regional and national level.

As outlined by the CEO in the NSP the HSE response to the overall budget reduction is to seek to maintain services at or close to current levels and target significant reductions in purchasing and stock costs while growing income. The plan is an aggressive attempt to preserve services while meeting the budgetary targets and is reliant upon the co-operation of the supplier base of the HSE to deliver significant savings to support healthcare delivery. The plan is targeted at driving productivity while reducing cost and capacity.

The HSE will also seek to ensure more efficient use of health resources through active pursuit of the actions set out in the integrated services delivery section of the plan. These will be key to supporting the maintenance of services in a resource constrained environment.

The key risk in this approach is the organisation's capacity to realise the necessary savings from 1st January 2011. This is a major challenge for the whole organisation, and at regional level across HSE South there will be a key focus on delivering the cost reduction programme throughout 2011.

Human Resource Management (HR)

Apart from the overall net reduction in budget a significant challenge for HSE South in 2011 will be managing the reduction in head count arising from the moratorium and exit schemes. The moratorium reduction in numbers in 2010 was 344 while, a further reduction of 350 WTE are estimated for 2011. In addition, over 400 staff departed through the exit schemes in 2010. By the end of 2011 there will be over 1,000 staff less working across HSE South than at the start of 2010. In this context our challenge is to maintain existing levels of service and deliver on the challenging performance and activity targets included in this plan.

In order to do this in a sustainable way within the overall budget and staff resource outlined, we need to change, reconfigure and develop many of our services to meet best practice both nationally and internationally.

Maximising the role of staff to deliver on the objectives of the 2011 Service Plan will require a strong focus. The Public Service Agreement (PSA) 2010- 2014 provides the framework to further transform and modernise the health services against the backdrop of reducing budgets and staffing resources.

To continue to deliver quality services on a more cost effective basis, major organisational changes will be required.

The HSE South Regional Management Team is strongly committed to engaging with staff, their unions and staff associations as an integral part of the information and consultative process in implementing change. By working together in the current challenging environment we will be in a position to maximise sustainable employment without adversely affecting our capacity to deliver our services.

It is important to acknowledge the contribution that all staff have already made and will continue to make to develop new ways of working which will deliver a more effective and efficient service, and at the same time, strive to deliver savings as set out in the Croke Park Agreement.

The impact of the Voluntary Early Retirement/Voluntary Redundancy Schemes for management/administration grades and support staff will require redeployment/reassignment of remaining staff in order to minimise the effect on frontline services. All options for the most effective and efficient service delivery model must be considered. The PSA provides us with a clear framework for flexibility within our services which will deliver major and significant change.

The general moratorium on recruitment and promotion will continue throughout 2011 and there will be a requirement for HSE South to operate within the approved reducing employment ceiling.

Every area of service delivery must be considered if we are to maximise the level of services which we can deliver in 2011.

Existing staffing levels / ratios may need to be reduced having regard for planned activity levels. The current level of agency / overtime is unsustainable and the management of this will require new ways of working. Major opportunities

for the introduction of skill-mix in many of our services must inform our thinking and overall approach as we plan our services.

With a permanent reduction in the overall levels employed in the public sector, management will be required to prioritise services to ensure that the impact on frontline services is kept to a minimum. Such an approach will require re-deployment and re-assignment of staff right across all of our functional areas.

The potential to further develop a shared service approach across HSE South to deliver services on a consistent basis must be considered. The use of scarce resources, e.g. clerical/administration must be prioritised to the areas of greatest need. Opportunities exist to further develop this approach in a number of corporate services.

Notwithstanding the degree of flexibility to which Croke Park commits all of the stakeholders to, it will be necessary to give detailed consideration to other options for service provision. In this regard, the use of external providers will be considered by the HSE South Regional Management Team, consistent with the Croke Park Agreement.

The landscape in 2011 will see a re-shaping and re-orientation of resources to ensure we provide essential services to meet the greatest needs. There will be fundamental changes in the workplace with a focus on staff agreeing to maximise flexibility in their role and scope of work.

The Service Plan 2011 sets out in detail the services to be delivered and the challenges to be addressed. The HSE South Regional Management Team is committed to working with all staff and their representatives in delivering on the Service Plan.

In addition to employment control and related matters, a number of HR areas will remain under focus in 2011:

- **HR actions to support organisational priorities**: In addition to the implementation of the PSA, HR support for the planning, roll-out and implementation of key organisational priorities in 2011 include: Acute Medicine Programme, Integrated Services Programme and restructuring following the Voluntary Early Retirement (VER) and Voluntary Redundancy Schemes (VRS).
- **Performance Management**: The implementation of a health sector wide performance management system, in 2011 and beyond, as set out in the PSA.

Details of WTE / Moratorium / Exit Schemes / Public Service Agreement are included in Appendix 3 and 4 of this document.

Monitoring and Measuring NSP 2011

During 2010 in the HSE South work commenced on developing a regional performance managment framework, building on the existing perforamnce management proceees, to support the business of the HSE and to respond to the requirement to establish an integrated reporting process at RDO & ISA level. The development of regional performance review reports focused on providing greater support on an integrated basis to the RDO & the RMT in delivering upon their accountabilities. The work in the South has been applied nationally for 2011. In this context the regional performance review process will be rolled out to ISA and OA level, this will involve the key functions of finance, HR and business/activity management.

Performance management in the region will be led by the RDO and the Regional Management Team, who will monitor the ISA specific workplans. These workplans will set out clear outcomes, time lines and responsibility for delivery will be assigned to named individuals.

As can be seen from the Regional Service plan a wide range of innovative change programmes are being implemented across all our services, including the National Clinical Programmes, NCCCP initiatives, reconfiguration, as well as improvement programmes in child care, mental health, disability and services for older people. To support the implementation of these change programmes across all services within the region we will establish a project support function at regional and local level to support the performance management of implementation. This will work with the system to provide the connectivity between local, regional & national level.

Funding will be provided to our hospitals & community services on the basis of delivery of these key priorities as set out in this plan and that a failure to delivery would result in a review of the funding being provided.

Improving our Infrastructure

Ensuring that our infrastructure supports us in delivering quality and safe services is essential to achieving all our objectives. The HSE Capital Programme and ICT Capital Plan define the priorities for 2011 and the period 2011 - 2015. The capital funding for 2011 is €372m down from €444m in 2010. A €15m additional spend on Mental Health is to be included in the Revised Estimates Volume to be funded from asset disposals.

Appendix 4 of the NSP provides a table of capital projects by programme which includes those projects completed in 2010 but did not become operational in 2010, those projects that are due to be built and/or complete in 2011 and also those projects that are projected to become operational in 2011. Information is given on the facility, project details, additional and replacement beds, expected completion and operational dates, capital cost 2011 and total capital cost, revenue cost 2011 and WTE 2011, where appropriate. Wherever possible, capital projects will become operational as soon as the capital build has been complete. The Regional Service Plan includes the detail of these projects under each care group throughout the plan.

Organisational Structure Development

The HSE organisational structure, implemented in 2005, comprised of a hospital pillar and community pillar. While initially providing a focus on acute hospitals and community services it did not enable sufficient integration between hospital and community services to improve our health and social care system. As a result in 2009 the HSE took the first steps towards a more integrated organisation when it established four HSE regions, including HSE South. The rationale for the change was to:

- To drive and support safe, quality care for patients and clients
- To bring decision making close to where services are delivered
- To allow clinicians to shape and assure the services they work in
- To get the best health outcomes for the money spent
- To plan and organise around what we know people need and what we know works to give the best results
- To organise to meet increasingly complex patient and client needs
- To remove barriers to integrated care

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.

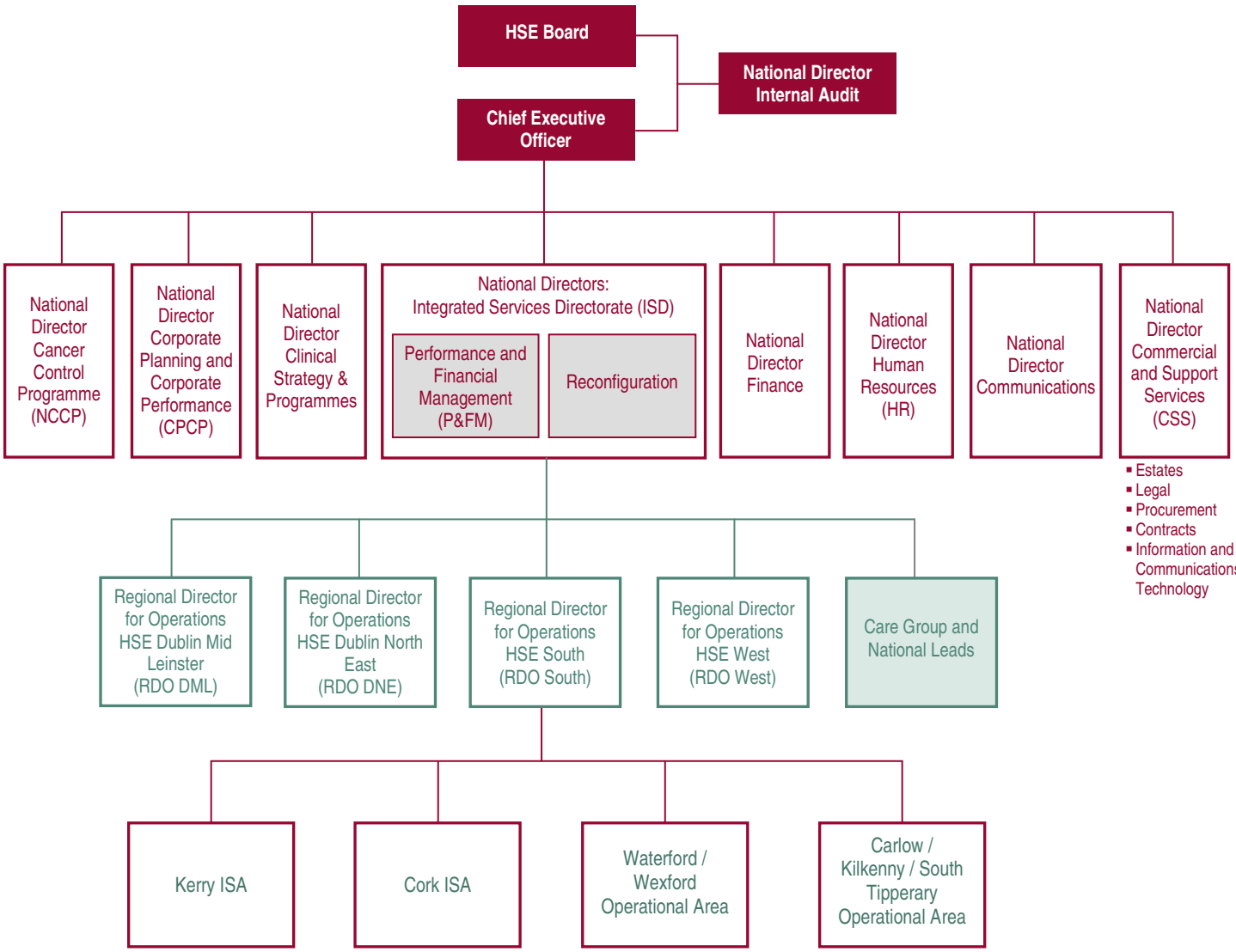
Dr. Philip Crowley has recently been appointed National Director of Quality, Risk and Clinical Care as a result of a strategic decision by the Health Service Executive to provide a greater leadership focus for two critical and complementary challenges. These challenges are:

- the development and implementation of national clinical programmes and
- the strategic management of risk and quality in clinical care.

Dr. Barry White will continue to lead the development of a series of National Clinical Programmes as part of the strategy to improve the quality, access and cost of clinical services in Ireland. Given the strategic importance of these national clinical programmes and the scale and scope of the implementation challenge associated with them, the Health Service Executive has assigned Dr. Barry White full-time to lead the implementation phase in his new role as National Director of Clinical Strategy and Programmes.

Mr. Gordan Jeyes, has been appointed as National Director Children and Families Social Services, which will ensure the acceleration of the change process in Children and Families Services. In the South Mr. Dermot Halpin has been assigned to a full-time role as local health manager with lead responsibility for Children and Families Services in HSE South. Mr Halpin will have a key role in the coordination and integration of services across the South and in providing leadership and direction for the effective implementation of the NSP requirements in relation to Children and Families Services across HSE South.

Fig.1 **Organisational Structure of the Health Service Executive**



Note : Mr. Gordan Jeyes, National Director for Children & Families Services, & Dr. Philip Crowley National Director of Quality, Risk and Clinical Care have been recently appointed to the National Management Team

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

HSE South – Regional Management Team

The Regional Director of Operations (RDO) supported by the Regional Management Team (RMT) is 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 Regional Management Team has the authority to make decisions locally, consistent with nationally defined policy, frameworks, performance targets, standards and resources. The Regional Management Team is comprised of Pat Healy, Regional Director of Operations, Richie Dooley, Operational Manager – Waterford/Wexford, Anna Marie Lanigan, Operational Manager – Carlow/Kilkenny and South Tipperary, Ger Reaney, ISA Manager - Cork, Michael Fitzgerald, ISA Manager – Kerry, Raymonde O'Sullivan, Assistant National Director Finance, Barry O'Brien Assistant National Director HR, Prof. John Higgins, Director of Reconfiguration of Acute Hospital

Services –South West Acute Hospital Network (Cork & Kerry), Angie O'Brien, Area Communications Manager, and Geraldine Crowley Business Manager. Arrangements are being made to provide for appropriate clinical involvement in the South East.

Integrated Service Areas

In 2010 the priority was to design the structure below regional management team level. This has now been finalised and the implementation of Integrated Service Areas is now proceeding The intention is that, within the national & regional governance framework to devolve decision to the next level of organisational management and delivery to be called Integrated Service Areas, which will continue to operate within national standards and frameworks for services i.e. best practice for specific service settings. These areas are based on primary care team and acute hospital catchment areas. In HSE South Integrated Service Areas were established for Cork and Kerry while work is continuing on determining the appropriate catchment areas for the south east. Mr Ger Reaney has been appointed ISA Manager for Cork and Michael Fitzgerald has been appointed ISA Manager for Kerry

The Integrated Services Area Manager is responsible for the safe and effective operation of all services at local level. Moving to the area management model has resulted in a significant reduction in senior management numbers, many of whom have left under the recent exit schemes.

The ISA provides a new organisation structure for governance and accountability and supports the implementation of significant change in the overall delivery of integrated services for the public. Key elements of the new model are:

- The ISA Manager is the single accountable person for all health & social care services in the Integrated Service Area.
- Executive Clinical Directors will be developed over time in acute hospital & hospital groups to strengthen clinical leadership.
- Continuing care services for older persons will be managed by the Acute & Continuing Care Group with agreed protocols for access from Primary Care. Community services for older people will be delivered and managed through Primary Care.
- Each Acute & Continuing Care group will have a strong management team of Executive Clinical Director, Operations Director & Director of Nursing.
- There will be a single point of accountability for each Acute & Continuing Care group. Initially this will be the Operations Manager with the intention to transfer to the Executive Clinical Director in time.
- An Executive Clinical Director for Mental Health to be a member of the ISA Management Team.
- Some services will be managed at national level, integrating locally to support service delivery, e.g. the ambulance service and the environmental health service.

A small group is currently finalising the arrangements for the establishment of ISAs in the South East. This group includes participation by senior staff from Hospitals and Community including Clinical directors, Nursing and allied Health professional representatives in the South East. As we progress the implementation of this model across the HSE South we will work closely with staff at all levels, as well as the staff associations and the wider community to ensure effective implementation.

While the ISA structure is being worked through, it is critical that we ensure that the existing arrangements are organised to deliver appropriate governance, accountability & quality assurance as we proceed to implement the Service Plan for 2011 across HSE South. In this context Mr Richard Dooley has being assigned as Operational Manager for the Waterford / Wexford and Ms Anna Marie Lanigan has being assigned as Operational Manager for the Carlow / Kilkenny & South Tipperary

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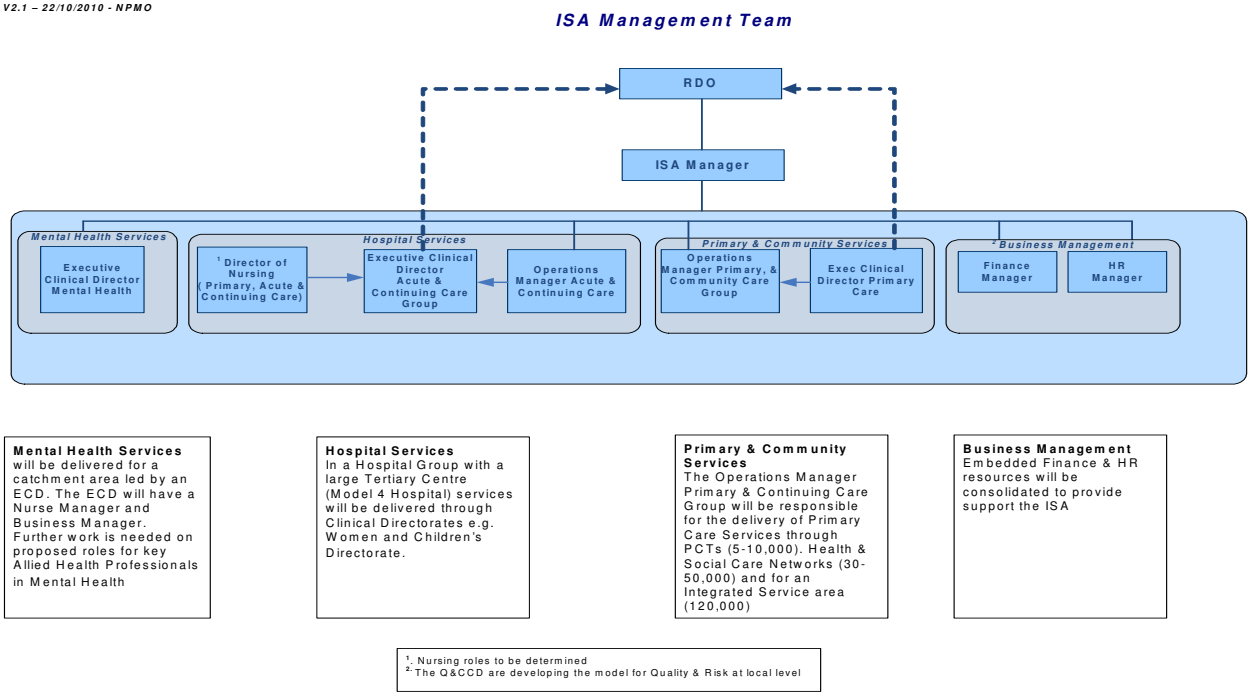


Implementation Approach

The model will be implemented in a phased manner. The HSE is committed to implementation of these changes using the recent public services agreement.

Each ISA area will develop its own implementation plan for the national model influenced by geography, population size, existing and future configuration, but adhering to the principles of this management model. A single nominated project manager will be appointed who will be responsible for implementation in each ISA. This will be supported by the Integrated Services Programme team and led by each Regional Director of Operations.

Developing Clinical Leadership in the ISA

The ISA management model is based on a strong management team approach of Clinical Leadership, Operational Management and Nursing Leadership.

A number of ISAs will be identified for early implementation of Executive Clinical Directors in Acute and Continuing Care for a defined period to enable full evaluation of the role and to identify any adjustments that are needed.

It is recognised that as the existing Clinical Director role has only been in place for less than two years that it may take some time for Clinicians to develop the necessary skills and experience to take on the Executive Clinical Director role in some hospitals. Indeed in some hospitals clinicians may prefer to assume or continue in the Clinical Director role. The ECD role should only be put in place when a clinical leader emerges in a hospital or hospital group combined with a strong CEO, Director of Nursing and the necessary supports to ensure the role is a success.

As we progress the implementation of this model we will work closely with staff at all levels, as well as the staff associations and the wider community to ensure effective implementation, for example work is ongoing on aligning our nurse management structures with the model.

Quality, Risk 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 the NSP 2011, this section focuses on some key organisational structural programmes or areas against which we will measure our progress in 2011. Delivering high quality services and minimising risk is a priority for the HSE. The quality of service provision is a key aspect of the clinical programmes now underway. Quality performance indicators (P.I.s) are being developed and introduced incrementally as part of this process. A multi-agency approach is being taken under the auspices of the *Patient Safety First* initiative to ensure the provision of high-quality care to all service users. Learning from incidents which occur is applied and reflected in how we plan and deliver our services generally. Work will continue with our external stakeholders to develop a knowledge base of effective health care interventions which can support the implementation of the programmes and other specific quality and safety initiatives.

Dr. Philip Crowley has been appointed National Director of Quality, Risk and Clinical Care as a result of a strategic decision by the Health Service Executive to provide a greater leadership focus for two critical and complementary challenges. These challenges are:

- the development and implementation of national clinical programmes and
- the strategic management of risk and quality in clinical care.

In his role as National Director of Risk, Quality and Clinical Care, Dr. Crowley's principal task will be to ensure that our services are safe through the implementation of a comprehensive quality and risk framework and mitigating risk in the operational health system. Where serious incidents do arise, he will manage our response and implement appropriate measures in order to improve our systems. He will also be responsible for ensuring compliance with national standards in relation to Quality and Risk. Dr. Crowley has recently led the development of the National Clinical Effectiveness Framework and chaired the project group tasked with implementing the recommendations of the Commission on Patient Safety and Quality Assurance.

Dr. Barry White will continue to lead the development of a series of National Clinical Programmes as part of the strategy to improve the quality, access and cost of clinical services in Ireland. Given the strategic importance of these national clinical programmes and the scale and scope of the implementation challenge associated with them, the Health Service Executive has assigned Dr. Barry White full-time to lead the implementation phase in his new role as National Director of Clinical Strategy and Programmes.

A major theme of the National Service Plan 2011 is the implementation of these National Clinical Programmes. This is a highly ambitious plan of work reflecting fundamental change in how we are going to deliver services throughout the country. National Clinical Programmes are at the forefront of driving how clinical services will be delivered in the future and are being developed in conjunction with representative bodies for frontline Doctors, Nurses, Allied Health Professionals, General Practitioners and Pharmacists.

Our **priorities for 2011** are to:

- Strengthen accountability arrangements
- Increase service user input into planning and delivery of services
- Strengthen our healthcare audit, progress clinical audit, strengthen clinical effectiveness and develop health technology assessment capacity
- Comply with Health Information and Quality Authority (HIQA) report recommendations
- Enhance our management of serious incidents and complaints
- Improve preparedness for major emergencies
- Strengthen research and development, and
- Enforcement of statutory functions in relation to environmental health services.

Regional Quality, Risk and Clinical Care Programme

Purpose

The purpose of the programme relates to conformance with, and performance of the quality, risk and clinical care system in place in the region as follows;

1. Conformance – to provide assurance to the RDO and Regional Management Team in relation to the systems and processes that are required to manage issues relating to quality, risk and clinical care. This includes compliance with relevant standards (Mental Health Commission (MHC)), Health Information Quality Authority (HIQA) standards, the HSE's Integrated Risk Management Policy - the systems for the reporting and management of incidents (to include serious incidents), the HSE Medical Device and Equipment Management Policy, the HSE Procedure for the Development of Policies, Procedures, Protocols and Guidelines etc.
2. Performance - to place an emphasis on incremental improvement and increasing safety for those who work in and access services in the region. This will be achieved through monitoring for trends that may indicate underperformance and the identification and exploitation of best practice models to improve performance in these areas.

The programme recognizes that quality and risk management is a line management responsibility and seeks to support, enable and advise line management. In order to provide organisational assurance surveillance and monitoring will be a key aspect of the programme.

Objectives

- To outline the accountability arrangements for quality and risk management within the Region and to have in place a structure for Quality, Risk and Clinical Care that ensures clear lines of accountability for quality and risk management leading up to the Regional Director of Operations (RDO).
- To ensure that the core processes for quality and risk management are defined, communicated and implemented in a consistent manner in all areas within the Region e.g. risk registers, incident management (including the management of serious incidents), serious incident escalation, compliance with relevant standards, quality improvement programmes etc.
- To support the development of capacity and capability of staff in the region with respect to the requirements of the quality, risk and clinical care programme.
- To provide mechanisms to support the professional development and networking of quality and risk staff within the region.
- To support the development of mechanisms to promote best practice and share learning to improve quality and safety
- To collaborate with the National and other three Regional HSE Quality, Risk and Clinical Care functions to ensure alignment with National Quality, Risk and Clinical Care Programme.
- To monitor the outcomes of the Quality, Risk and Clinical Care Programme by way of measuring Healthcare Quality Indicators.
- To provide the RDO and Regional Management Team with assurance in relation to the progress and performance of the regional quality, risk and clinical care programme

Scope

Accepting that quality, risk and clinical care is a line management function, the scope of this programme is one of establishing and monitoring consistent frameworks and providing advice and support to enable their implementation.

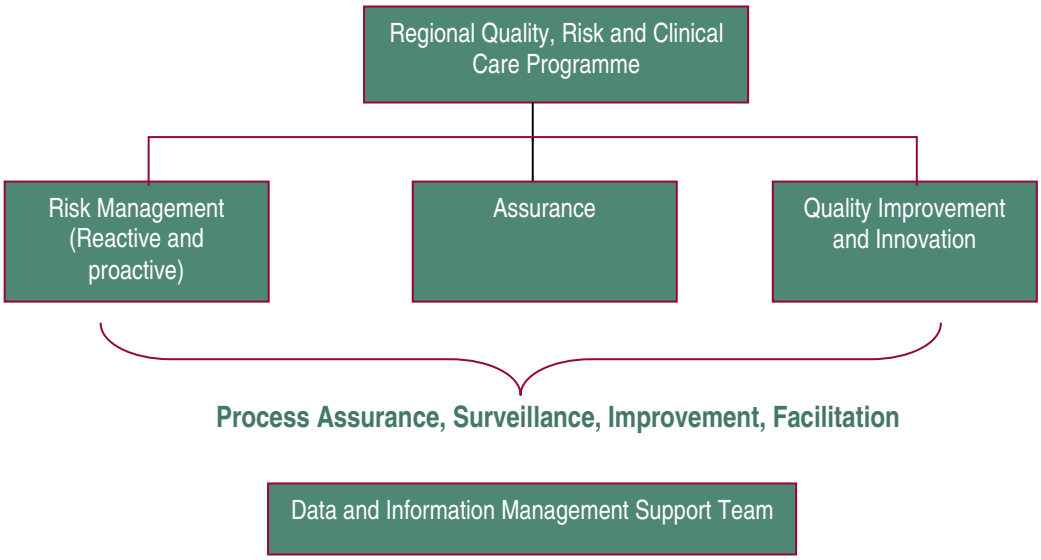
Organisational Arrangements

This programme is predicated on the basis of a Quality, Risk and Clinical Care Department which will oversee the programmes of work and a related governance structure which will ensure embedment at all levels in the services.

The organisational arrangements for the operation of the quality and risk department and regional quality and risk governance structure are outlined below.

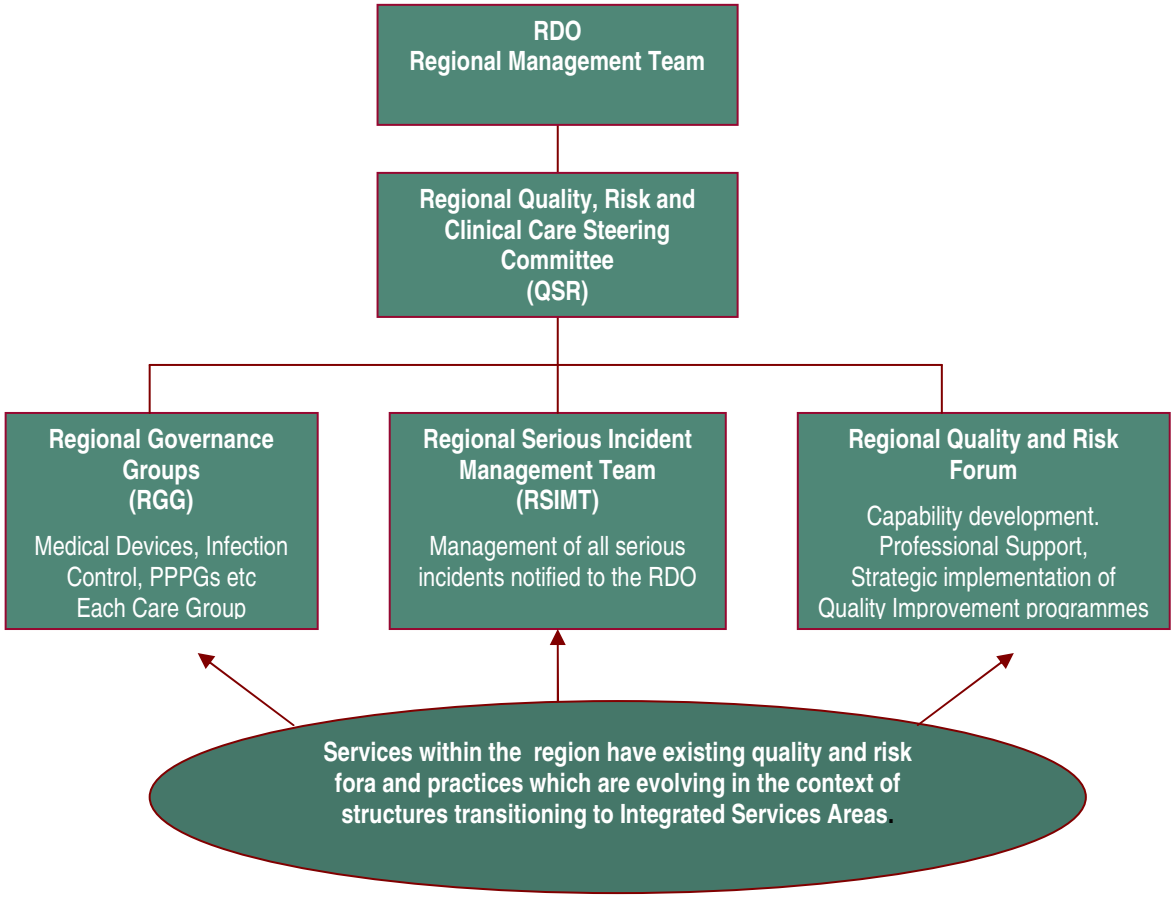
Regional Quality, Risk and Clinical Care Department

Figure 1



Regional Quality, Risk and Clinical Care Governance Structure

Figure 2



1.0 Regional Quality, Risk and Clinical Care Department

Programmes of Work

There are three key areas of initial focus:

1.0 Risk Management – proactive and reactive.

Proactive - This will include facilitating the establishment of relevant risk registers at a regional and service level and advising on the systems required to manage and maintain these.

Reactive – The development of a consistent process for the reporting, management and learning from incidents identified at all levels in the region. The development of a procedure for escalating serious incidents to the RDO.

2011 Work Programmes:

Proactive –

- Risk Register training will be given at local service area in Q1 2011.
- Each Integrated Service Area (ISA)/Operational Area (OA) will have a Risk Register utilising the National Template by end of Q2.

Reactive –

- Training will be given to all Senior Managers in the Region in Q1 2011 on the HSE South Procedure for escalating Serious Incidents to the RDO's office.
- All serious incidents will be managed according to the regional and national serious incident management policies by Q2 2011.

2.0 Assurance

To develop a management system that will be capable of providing the RDO with assurance with regard to compliance with the standards/regulatory requirements that pertain to services within the region through the development of a process that will ensure optimal implementation and monitoring of the standards of practice required by all of the relevant regulatory bodies.

2011 Work Programmes:

HSE Framework-

- Ensure that all self-assessments against the HSE framework are conducted within the timeframes and submit to national office of Quality, Risk and Clinical Care by Q2.
- Analyse self-assessments conducted at local service area against the HSE framework for trends, areas of excellence and areas in need of improvement by Q3.

HIQA Standards -

- Develop a gap analysis tool and conduct a gap analysis with each ISA/OA against the HIQA National Standards for Better Safer Healthcare by Q3.

3.0 Quality Improvement and Innovation

To act as a central resource to enable the sharing of good practice and quality improvement throughout the Region. Many of the priorities for this aspect of the programme will be identified either nationally, via HSE recognition programmes (e.g. HSE Achievement Awards) or as an outcome of the Risk Management and Assurance areas of the programme. The focus of the quality improvement programme will be the fostering of integration and cooperation between all areas in the Region (delivery and support).

2011 Work Programmes:

Measurement of OECD Healthcare Quality Indicators (HCQIs) – Patient Safety

Collect yearly data on the following HCQIs using the OECD Technical Manual 2009:

Domain 1 – Hospital-acquired infections

- Quality Indicator – No. of Catheter-related bloodstream infections (PSI 7)

Domain 2 – Operative and Post-operative complications

- Quality Indicator – No. of Post-operative Pulmonary Emboli (PE) and Deep Vein Thrombosis (DVT) (PSI 12)
- Quality Indicator – No. of Post-Operative Sepsis (PSI 13)
- Quality Indicator – No. of Accidental Punctures or Lacerations (PSI 15)

Domain 3 – Sentinel Events (never events)

- Quality Indicator – No. of Foreign Bodies left in during Procedure (PSI 5)

Domain 4 – Obstetrics

- Quality Indicator – No. of Obstetric Traumas – vaginal delivery with instrument (PSI 18)

- Quality Indicator – No. of Obstetric Traumas – vaginal deliver without instrument (PSI 19)

Regional Quality Improvement Programmes (QIPs)–

- Identify and prioritise areas in need of improvement regionally from trend analysis of risk registers/incident investigations (1 above) and self-assessments/gap analysis (2 above) by Q2.
- Develop Regional QIPs in response to identified needs from 1 and 2 above Q1, 2, 3, and 4.

Mainstreaming areas of excellence across the Region –

- Identify programmes of excellence in the region (projects which applied for HSE Achievement Awards for example) by Q1.
- Develop project teams to mainstream the programmes of excellence in order of prioritization as identified by 1 and 2 above across the Region in Q1, 2, 3, and 4.

Standardising Policies, Procedures, Protocols and Guidelines (PPPGs)-

- Develop an ICT programme (with HSEland) for storage and document control of all regional PPPGs to allow access for all staff to evidence based PPPGs by Q1.
- Continue to update national database for PPPGs – ongoing.
- Identify and prioritise PPPGs which need to be developed regionally beginning in Q2.
- Develop specialist project groups to develop the prioritised PPPGs beginning in Q2.

Implementing international Quality Improvement Programmes-

- Identify an agreed Early Warning Score (EWS) for use with the Acute Medical Units (AMUs)
- Introduce, train and implement Institute for Healthcare Improvement (IHI) Care Bundles as prioritised by 1 and 2 above.

There will be an emphasis on the identification of opportunities for improvement programmes which span the delivery system and are service user centred and the development of organisational readiness for initiatives developed nationally based on international best practice and evidence.

2.0 Quality, Risk and Clinical Care Governance Structure

Regional Quality, Risk and Clinical Care Steering Committee

The Committee is responsible for overseeing and coordinating quality and risk management initiatives in the Region by ensuring that systems are in place to identify, evaluate and control the risks that threaten the achievement of the Region's objectives and to provide assurance to the Regional Director of Operations with regard to the management of Quality, Risk and Clinical Care in the Region. The Committee has a paramount role in the promotion of quality improvement in seeking to improve service user care and outcomes. It is chaired by the Regional General Manager for Quality, Risk and Clinical Care and its membership includes the Integrated Service Area (ISA)/ Operational Area (OA) Managers, Clinical Directors (2), and a Director of Public Health Medicine.

Terms of Reference

- To monitor the compliance of services in the region in relation to legal and regulatory standards
- To monitor the results of data collection on the Quality Indicators.
- To monitor regional performance against the HSE Quality, Safety and Risk Management Programme
- To identify regional trends which may indicate a requirement for a regional response
- To assist in the provision of assurance to the RDO in respect of the effectiveness of the regional quality and risk programme.
- Ensure linkage and two-way communication between the Regional Quality, Risk and Clinical Care Group and the National ISD and the Quality, Risk and Clinical Care Directorate.
- Support the development of sub regional structures for quality and clinical care
- Agree work programme and priority areas for action including performance targets in line with the Corporate Plan and Service Plan
- Support and drive the development of service improvement, including any service improvement collaborative

Regional Serious Incident Management Team (RSIMT)

This group oversees the management of all incidents escalated to the RDO. This team determines whether an issue that is escalated to the Office of the RDO can be managed by the RSIMT or whether it is of national significance and needs to be escalated to the National Incident Management Team in line with the HSE South Serious Incident Escalation Procedure and the HSE National Serious Incident Management Procedure. The Lead of this team is the Regional General Manager for Quality, Risk and Clinical Care and Chair of the Regional Quality, Risk and Clinical Care Steering Committee

Regional Governance Groups

Each Care and Clinical specialist area is required to have in place a Regional Governance Group. This also includes groups with a particular interest, for example, Medical Devices, PPPGs, and Infection Control etc. The purpose of these governance groups will be to:

- Monitor compliance regionally with standards and other regulatory requirements relevant to the clinical/care group/specialist area.
- Review and quality assure reports arising from the review of serious incidents occurring in the clinical/care group/specialist area in the region and to identify learning that can be shared from these incidents.
- To assist in the process of ensuring the best use of resources and the use of standardised processes relevant to the care/clinical group/specialist area.
- Promote the use of a consistent approach to audit and other relevant quality tools within their care/clinical group/specialist area
- To report to the Regional Quality, Risk and Clinical Care Steering Committee in an agreed manner

Regional Quality and Risk Forum

Membership of this forum is made up of Quality and Risk practitioners from all service areas within the region. Its key purpose is to improve the capability of its members and to address the quality and risk agenda in a consistent manner across the region. It is therefore a forum for learning and development and also for planning a strategic approach to implementation of key quality and risk programmes, such as the implementation of the IHI Care Bundles.

Terms of Reference

- Develop a forum for supporting risk management personnel within the area
- Distribute and share information on best practice to each other and, where relevant, to staff within community & hospitals
- Contribute to development of a coordinated national approach to risk management, incident investigation and serious incident management
- Explore possibilities for joint working on QIPs arising from recommendations following investigations
- Set up and share a database for Risk Management and Quality documentation and policies
- Be aware of all issues that are escalated/are to be escalated to the RDO's office and/or SIMT
- Identify professional development training needs
- Provide regular update reports to the HSE Regional Quality and Risk Steering Group
- Meet on a monthly basis
- Carry out an annual review/evaluation of the group

Key Linkages for the Quality, Risk and Clinical Care Programme

To facilitate a whole systems approach to the programme it will develop linkages with regional supports i.e. Performance and Development, Organisational Development and Design, Occupational Health and Safety and local specialist posts e.g. quality and risk, infection control, clinical engineering.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011:

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
KRA: Quality, Safety and Risk Management Framework - *Building on existing work on quality and risk standards*	
Quality, Safety and Risk Management Framework: ▪ Quality, Safety and Risk Management Framework further implemented (taking into consideration the National Standards for Safer Better Healthcare). ▪ Implementation ongoing. **HSE South** **HSE Framework-** ▪ Ensure that all self-assessments against the HSE framework are conducted within the timeframes and submit to national office of Quality and Risk. ▪ Analyse self-assessments conducted at local service area against the HSE framework for trends, areas of excellence and areas in need of improvement.	Q1 Monthly Q2 Q3

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
National Standards for Better Safer Healthcare - ▪ Develop a gap analysis tool and conduct a gap analysis with each ISA/OA against the HIQA National Standards for Better Safer Healthcare ▪ Develop Quality Improvement Plans to improve the areas where gaps are identified in meeting the National Standards for Better Safer Healthcare. ▪ Each ISA/OA reports (monthly) to HSE South Regional Office of Quality & Risk on the status of Quality Improvement Plans developed following the gap analysis.	Q3 Q4 Q4 - ongoing
KRA: Clear Accountability Arrangements	
Strengthen accountability arrangements: ▪ National guidance on clear accountability arrangements implemented.	Q4
▪ HSE Code of Governance review completed, submitted to Board and Minister for Health and Children for approval. ▪ Implementation commenced.	Q2 Q2
KRA: Person Centred Care - *Service User Involvement*	
Increase service user input into planning and delivery of services: ▪ Strengthening of service user input in planning and delivery of services through implementation of key actions from *Strategy for Service User Involvement*.	Monthly
KRA: Person Centred Care - *Complaints [Your Service Your Say]*	
▪ Appropriate management of complaints and reviews.	Monthly
KRA: Person Centred Care - *Advocacy*	
▪ National Advocacy Programme for older people in residential and community settings.	Q4
KRA: Effective Care - *Assurance and Monitoring*	
Strengthen our healthcare audit: ▪ Health Audit Level II* Plan agreed and implemented. ▪ Implementation of continuous quality improvement (CQI) programme enabled (which will include all HSE and National Standards). ▪ Supporting guidance for monitoring and review system, including clinical and surgical audit, drafted and specified, following consultation. **HSE South** ▪ Health Audit Level II* Plan for HSE South facilities agreed and implemented	Q4 Monthly Q4 Q4
KRA: Effective Care – *Documentation*	
Comply with HIQA report recommendations: ▪ Implementation of recommendations of internal and external reports monitored. **HSE South** ▪ Each ISA/OA reports (monthly) to HSE South Regional Office of Quality & Risk on the status of implementation of recommendations arising from internal and external reports.	Q4 Q1-Ongoing
KRA: Effective Care - *Clinical Effectiveness*	
Clinical effectiveness: ▪ National Clinical Effectiveness Committee supported to ensure national guidelines and audit are implemented across the HSE. **HSE South** ▪ Standardising Policies, Procedures, Protocols and Guidelines (PPPGs)- ▪ Develop and ICT programme (with HSEland) for storage and document control of all regional PPPGs to allow access for all staff to evidence based PPPGs ▪ Continue to update national database for PPPGs ▪ Identify and prioritise PPPGs which need to be developed regionally ▪ Develop specialist project groups to develop the prioritised PPPGs	Monthly Q1 Monthly Q2-ongoing Q2-ongoing
KRA: Effective Care - *Health Technology Assessment*	

*The healthcare audit function provides internal independent level II assurance. This function reports to the National Director of Quality and Clinical Care but its staff are independent of and have no executive input to services or systems audited.

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
Health Technology Assessment: ▪ Health Technology Assessment capacity developed through working with HIQA.	Q4
KRA: Effective Care - *Healthcare Records Management Programme*	
▪ Healthcare Records Management Code of Practice, general healthcare record and e-learning programme reviewed and adapted for non-acute services. ▪ Version 1.0 of National Nursing Healthcare Record, acute services, specified following consultation. ▪ National standard maternity record in use in all centres. ▪ National ED dataset in use in all centres. ▪ National HSE Consent Policy drafted and specified following consultation.	Q4
KRA: Safe Care - *Serious Incident Management*	
Enhance our management of serious incidents and complaints: ▪ Serious Incident Management training programme delivered to key staff. **HSE South** ▪ **Proactive** – a. Risk Register training will be given at local service area b. Each ISA/QA will have a Risk Register in place utilizing the National Template ▪ **Reactive** – c. Training will be given to all Senior Managers in the Region on the HSE South Procedure for escalating Serious Incidents to the RDO's office. d. All serious incidents will be managed according to the regional and national serious incident management policies ▪ Each ISA/OA reports (monthly) to HSE South Regional Office of Quality & Risk on incidents that have been escalated to the Regional Monitoring Log (RML), National Incident Management Team (NIMT) and Serious Incident Management Team (SIMT)	Q3 Q1 Q2 Q1 Q2 Monthly
KRA: Safe Care - *Medication Safety*	
▪ Standardisation of hospital drug prescription and administration records (DPAR project).	Q3
KRA: Safe Care - *Preparedness for major emergencies*	
Improve preparedness for major emergencies: ▪ Major emergency responses planned, maintained and tested. ▪ Public crowd procedure established.	Q4 Q1
KRA: Research and Development	
▪ Database of research activity established. ▪ Metrics for research performance in place. ▪ Health Innovation Centre established through partnership with enterprise agencies and industry.	Q2 Q4 Q2
KRA: Environmental Health Services	
▪ Enforcement of statutory function continued in relation to food safety, tobacco control, preschool services, cosmetic products, drinking water and fluoridation, international health, poison and pest control.	Monthly
KRA: Treating Tobacco Addiction as a Care Issue	
▪ All cancer centres of excellence will have designated their campuses as smoke free by end of 2011 ▪ All hospitals will have drafted plans by the end of Q2 to make their campuses smoke free by 2015. ▪ Hospitals will treat tobacco addiction as a care issue by offering smoking cessation services.	Q4 Q2 Monthly

Key Performance Activity and Performance Indicators

The following Key Performance Indicators will be monitored and reported to the RDO on a monthly basis:

1. Each Integrated Service Area (ISA) / Operational Area (OA) has a Quality, Risk and Safety committee which meets monthly.
2. Gap analysis against the HIQA standards is conducted and Quality Improvement Plans developed.
3. Each ISA / Operational Area reports on the status of implementation of Quality Improvement Plans.
4. Each ISA / Operational Area (including hospitals and local health offices) has an up-to-date risk register in place
5. Each ISA / Operational Area reports on the number of incidents reported per quarter.

6. Each ISA / Operational Area reports on the status of implementation of recommendations arising from incident and investigations.
7. Each ISA / Operational Area has an up to date Safety Statement in accordance with requirements.
8. Each ISA / Operational Area reports on the status of local Quality Improvement Initiatives.

The following table details the National Key Performance Activity Indicators included in the National Service Plan 2011:

Performance Activity / Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	National	National	National
Health Care Assurance			
% of national audits, as specified in audit plan, commenced	---	---	100% New PI for 2011
% of audits completed within the timelines in audit plan	---	---	75% New PI for 2011
Service Level Agreements			
Agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place: i). % of agencies ii). % of funding	---	100% 100%	100% 100%
Service User Involvement and Advocacy			
% of primary care Local Implementation Groups with at least 2 community representatives in each LHO	---	---	75% New PI for 2011
No. of volunteer advocates trained	---	---	200 New PI for 2011
Parliamentary Questions			
% of Parliamentary Questions dealt with within 15 working days	---	---	75% New PI for 2011
Complaints			
% of complaints investigated within legislative timeframe	---	---	75% New PI for 2011
% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)	---	---	75 New PI for 2011%
Environmental Health			
Tobacco Control No. of sales to minors and test purchases carried out	---	---	80 For reporting in 2011
Food Safety % of the total number of high risk food premises which receive one full programmed inspection	---	---	100% New PI for 2011
Import Control % of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation	---	---	100% New PI for 2011
International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the International Health Regulations 2005	---	---	8 New PI for 2011
Cosmetics and Food Product Safety % achievement with the cosmetic plan	---	---	100% New PI for 2011
% achievement with the food sampling plan	---	---	100% New PI for 2011
Blood Policy			
No. of units of platelets ordered in the reporting period	---	22,750	22,000
%. of units of platelets outdated in the reporting period	---	---	< 10% New PI for 2011
% usage of O Rhesus negative red blood cells per hospital	---	---	< 11% New PI for 2011
% of red blood cell units rerouted to hub hospital	---	---	< 5% New PI for 2011
% of red blood cell units returned out of total red blood cell units ordered.	3%	1.73%	< 2%

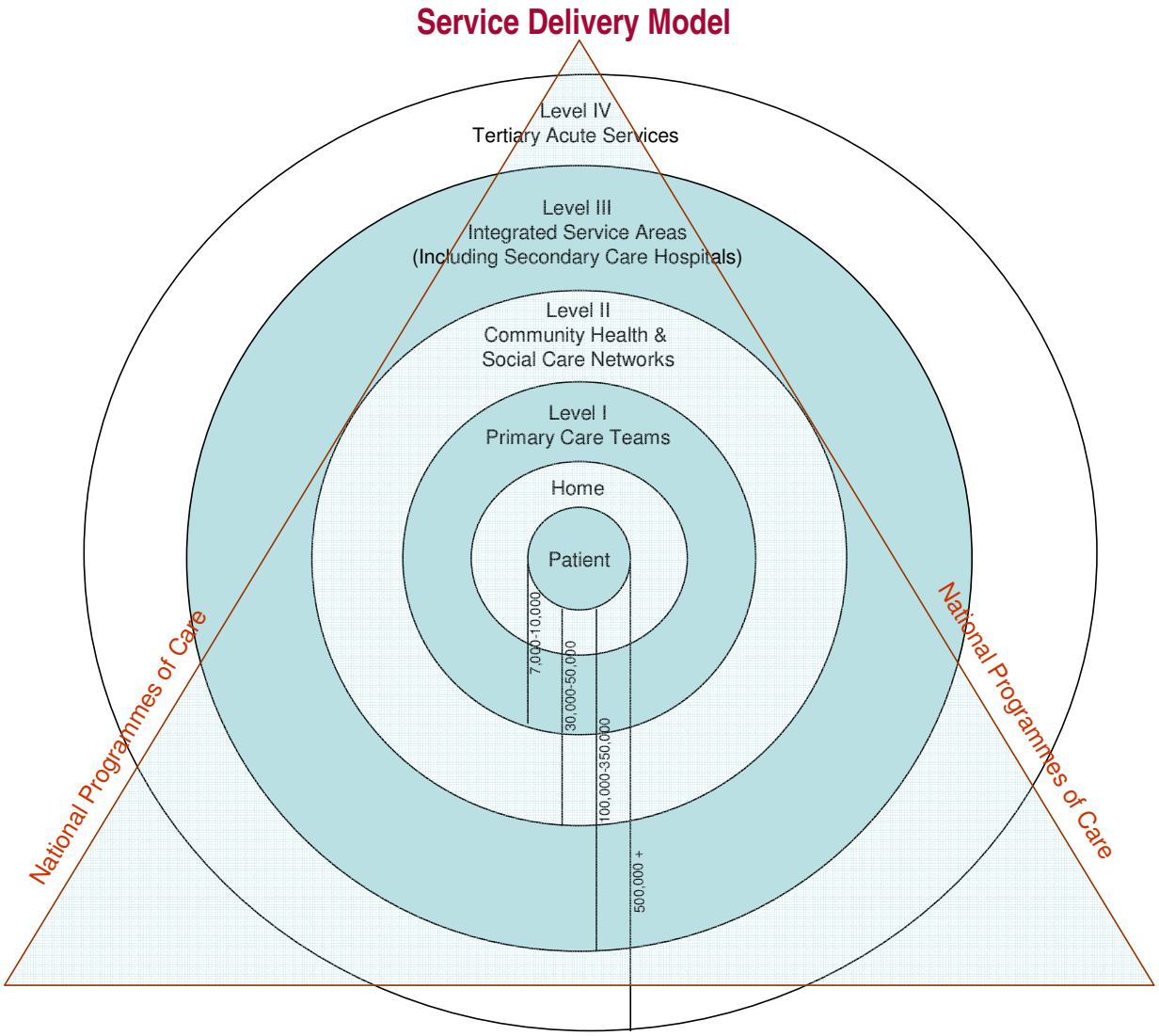
Delivering Integrated Services (Primary, Community and Hospital Care)

Introduction

The HSE aims to provide people with the type and quality of care they need, when they need it, in the most appropriate setting and from the most appropriate health professional or team of health professionals.

Delivery of services crosses between primary, community and hospitals. Services are being reconfigured to focus on the complete needs of the patient and / or client, while also prioritising effective working relationships across services, providing a more responsive and accountable service.

During 2011 we will continue to strive for the maximum provision of integrated clinical services across acute hospitals, ambulatory and primary care settings.



Primary Care Services in the Community

Introduction

Primary Care services aim to support and promote the health and wellbeing of the population by making people's first point of contact with our health services easily accessible, integrated and locally based. The development of Primary Care Services is a key priority for HSE South. Our objective is to ensure that people can easily access a broad spectrum of health and personal social services through their local Primary Care Team (PCT). PCTs provide an easy access point and can meet or arrange the vast majority of the health care needs of the public whether this is GP services, Physiotherapy services, Public Health Nurse services, Social Work Services, Psychological services or indeed all of these. The greater efficiency and coordination provided by these teams and better information technology will significantly improve the health and well-being of the population. Improved health promotion and a better integration of health professionals may improve health overall and reduce the need for secondary care by treating illness before it becomes serious enough to warrant hospital care. The availability of chronic diseases programmes and diagnostic services in primary care, where appropriate, would mean that patients do not need to attend hospitals for these services. It is envisaged the programmes developed through the Quality and Clinical Care Directorate relevant to Primary Care will delivered through the Primary Care Team structure.

The PCTs continue to be implemented across the HSE South according to National Policy, various services are being developed in parallel and are planned for delivery through the Primary Care Teams Structure. Primary Care opens opportunities for various initiatives in the community such as disease prevention and health promotion as well as early detection of disease. New services include, for example, Chronic Disease Management, Falls Prevention Programmes etc. There has been an increased emphasis on Chronic Disease Management. The Quality and Clinical Care Directorate of the HSE is initially focussing on five chronic diseases – Asthma, COPD, Diabetes, Heart Failure and Stroke- which account for 70% of healthcare spends. National Programmes (similar to the Cancer Control Programme) have been established for each of the five chronic diseases which will produce guidelines and best practice protocols for the delivery of care to these patients and thus have an impact on primary care provision.

At the end of 2010, there were 90 Primary Care Teams in operation in HSE South. The remaining 48 teams will be implemented in 2011.

The National Service Plan has identified the following **priorities for 2011**:

- Continue developing Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs)
- Improve disease management in both primary and ambulatory care services
- Implement Audiology Report recommendations
- Improve prescribing patterns
- Implement recommendations from the General Practice (GP) Co-Op review
- Implement the *Independent Strategic Review of the Delivery and Management of HSE Dental Services* and DoHC's *Oral Health Policy*, and
- Deliver the Human Papilloma Virus (HPV) vaccine to the specified cohort of young women.

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 €100m (excluding Demand Led Schemes which is managed nationally)

Nationally, the HSE is on target to have 527 Primary Care Teams in operation by the end of 2011. In the HSE South, there will be a total of 138 Teams. There are 90 Primary Care Teams in place at the end of 2010 representing 65% of the total required. The remaining 48 will be implemented during 2011.

HSE South Primary Care Teams							
LHO	Actual No. of PCTs in operation Y/E 2010	Target No. PCTs in Operation *Y/E 2010*	% of 2010 target achieved	Target No. PCTs full rollout *Y/E 2011*	Pop.	No. GPs attending or represented	HSE Staff working to PCT
Carlow / Kilkenny	11	12	92%	16	61,309	44	54
Kerry	8	10	80%	16	55,829	54	95
North Cork	8	11	73%	12	54,812	37	62
North Lee	15	15	100%	21	66,260	77	86
South Lee	16	16	100%	24	66,786	51	96
South Tipperary	7	10	70%	10	60,918	31	53
Waterford	8	12	58%	14	46,647	42	54
West Cork	8	8	100%	8	37,324	33	46
Wexford	9	9	100%	17	52,702	45	54
TOTAL	**90**	**103**	**87%**	**138**	**502,587**	**414**	**599**

The fully functioning Primary Care Teams in the HSE South have resulted in an upsurge of innovative new programmes and services to the benefit of patients. These developments include Chronic Disease Management, as well as Continuing Care, Mental Health Services, and Health Promotion and 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

During 2010, the annual intake of each of the three training schemes in the HSE South Region was increased by six trainees (two in each scheme).

Table 2010 Intake of GP Trainees in HSE South programmes:

GP Trainee Scheme	Current (2010) annual intake GP Trainees
Waterford	12
Cork	12
Kerry	8
Total	**32**

Each training scheme provides a 4-year training programme with trainees spending two years in hospital-based rotations and two years in the community.

GP Out of Hours Cooperatives

There are 2 GP Out of Hours Co-ops operating in HSE South: Caredoc caters to people living in counties Carlow, Kilkenny, South Tipperary, Wexford and Waterford and Southdoc caters to people living in Cork and Kerry. These two GP Co-ops jointly cater to a total population of over 1million people and have a budget of over €14m.

Both Caredoc and Southdoc are fully funded by the HSE through service level agreements with the HSE South for the provision of services. Between both co-ops there is approximately 98% coverage of the HSE South region. The balance is covered by GPs who are not members of either co-op.

Table: Data in relation to Caredoc and Southdoc in HSE South

GP Co-op.	Population covered	2010 Contacts
Caredoc	461,000*	202,521
Southdoc	610,000	190,963

**Population for Caredoc is in relation to patients in the South East only. An additional approx. 40,000 patients avail of service from Wicklow LHO.*

During 2010 a working group was established to examine if collaborative working arrangements could be developed by and between both co-ops. The work of this group is ongoing and it is expected that further efficiencies can be identified in 2011.

Integration of Hospital and Community Services

There will be further integration of services between hospitals and the community in 2011 with particular focus on the following key areas:

- Improved access to diagnostics for Primary Care teams, targeting areas where delays in diagnostics may lead to the need for emergency presentations, admissions or extended length of stay;
- Continued management of bed capacity with a view to maximising the use of community support beds.
- Development of Community Intervention Teams with the aim of providing intensive supports in-home for short periods and thereby avoiding hospital admission or facilitating early discharge.
- Provision of additional diagnostic capacity on a short term basis to facilitate early discharge from Acute Medical Unit or other hospital facilities and avoid patients being kept in hospital beds while awaiting diagnostics

Health Promotion

The primary objective of Health Promotion services in HSE South is the implementation of the HSE Health Promotion Strategic Framework and associated actions regarding national health promotion policy in key settings. The following are the key actions being undertaken to achieve this objective:

Education Setting

- Establish Health Promoting School (HPS) Network in Carlow / Kilkenny, Waterford, Wexford, and South Tipperary.
- Review existing HPS Network in Cork / Kerry to ensure consistency with national HPS model agreed with Department of Education.

Community Setting

- Support Cork and Waterford cities in meeting standards of WHO Healthy City Network
- Work in partnership with Community Development, Social Inclusion, and Primary Care Teams in relation to community engagement.

Health Service Setting

- Expand Health Promoting Health Service model to incorporate model for Health Promoting Health Services
- Support development of Health Promotion capacity for Health and Social Care staff
- Support implementation of HSE Health Inequalities Framework, Tobacco Framework, Framework for Action on Obesity

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 are expected to be operational in 2011, the majority by lease agreement in accordance with our strategy. The following are expected to be operational in 2011:

Table: Status of Primary Care Centres via PPP, HSE South
The following Primary Care Centres, via PPP Projects will be brought into operation in 2011

Facility	Project Details	No. of PCTs	Project Completion	Fully operational
Macroom	Lease agreement close to completion	1	Q4	Q4
Mahon	Lease agreement close to completion	2	Q3	Q4
Dungarvan	Layout plans being finalised	2	Q4	Q4
Ballincollig	Primary Care Centre on two adjacent sites – layouts agreed for phase 1 and awaiting plans for phase 2	3	Q4	Q4
Tramore	Layout plans being finalised	1	Q3	Q4
Carigtwohill	Layout plans being finalised	1	Q4	Q4
Kilkenny City	Building under construction	1	Q2	Q3
Callan	Lease signed – fit out ongoing	1	Q2	Q3
Carlow	Lease singed – currently adapting building to suit HSE requirements	3	Q1	Q2
Kenmare	Layout plans agreed – lease agreement close to completion	1	Q4	Q4

N.B. Ideally, all members of a Team are based in a single Primary Care Team building. Alternatively, Team members may be based in separate locations using ICT to facilitate team working. Co-location is not a pre-requisite for Team operation, and indeed may not be practical in certain situations where Teams span a large geographic area; however, meetings should be arranged in a suitable facility to allow all team members to attend.

The following is a list of Primary Care Centres being developed through the PPP that are at various stages of development and will be progressed during 2011/2012

Location	No. of PCT's	Current Status
Cork		
Kinsale	2	Site identified and plans being prepared
Cobh	1	New draft plan awaited for Cobh – final decision to follow
Newmarket	1	Site location agreed – plans to be developed
Clonakilty	1	Potential site identified
Togher inc.Greenmount /The Lough	1	Potential site identified
Fermoy	2	Negotiations ongoing
Mayfield	1	Discussions ongoing
Bishopstown	3	Site location to be determined
Charleville	1	Layout plans being drafted
Schull	1	Planning permission being sought
Caherciveen	1	Progressing
Togher	3	Site to be determined
Glanmire	2	Progressing
Castletownbere	1	Letter of intent issued – negotiations ongoing
Ballineen	1	Negotiations Underway
Carrigaline	2-3	Going to HSE Board February 2011 for approval on rental details.
Kerry		
Listowel	2	Layouts being finalised
Killorglin	1	Awaiting layout plans
Killarney	2	Negotiations ongoing

Location	No. of PCT's	Current Status
Carlow/Kilkenny Sth. Tipperary		
Tipperary Town	1	Layout plans being reviewed
Clonmel	3	Negotiations ongoing
Cahir	1	Layouts being finalised
Kilkenny City	1	Negotiations ongoing
Graiguenamanagh	1	Negotiations ongoing
Thomastown	1	Layouts being finalised
Waterford/Wexford		
Waterford (City Centre)	1	Requirements being finalised
Waterford (West County)	1	Requirements being finalised
Enniscorthy	1	Layouts being finalised
New Ross	1	Negotiations ongoing

Quality and Risk

The following are the Quality and Risk priorities for Primary Care Services in HSE South.

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- All recommendations arising from incidents or investigations are implemented.
- All action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011:

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
KRA: Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs) - *Progress the establishment of PCTs and HSCNs*	
Development of PCTs and HSCNs by: Increased access to primary care services through 527 PCTs by: ▪ Continued realignment of existing staff to new and existing teams ▪ Clinical leadership developed, and ▪ Clinical governance and service management implemented for teams in operation. **HSE South** ▪ In 2010 **HSE South** achieved 90 Primary Care Teams in Operation. In 2011, the remaining **48 Teams will be implemented**, resulting in a total of 138 Teams covering 100% of the population of the HSE South	Q4 Q4
Enhanced service integration through the development of 134 HSCNs achieved: ▪ Specialist and care group services aligned, and ▪ General principles of referral and shared care arrangements implemented with secondary care, care group and specialist services. **HSE South** ▪ All existing community based services will be realigned into **36 Health and Social Care Networks** across the region as a core building block for integrated service delivery. This will enhance the integration between PCSS and Acute services with the objective of providing better service delivery to the client / patient.	Q4
▪ Evidence based research on PCTs progressed with Departments of General Practice in 3rd Level Universities and the Health Research Board.	Q3
▪ Electronic referrals systems from primary care to acute sector developed.	Q4
KRA: Chronic Disease Management - *Cross directorate planning in delivering integrated chronic disease programmes*	
Improved disease management in primary and ambulatory care settings: Commencement of plans for the management of chronic disease in primary care supported by guidelines with a focus on: ▪ Stroke ▪ Heart Failure ▪ Asthma ▪ Diabetes	Ongoing

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Dermatology / Rheumatology, and ▪ Care of the Elderly. **HSE South** ▪ A range of chronic disease programmes will be delivered through Primary Care Teams based on advice and direction provided by the National Clinical Programmes.	
KRA: Enhancement of Primary Care Services	
▪ Planning for delivery of IV therapy services in community settings undertaken. **HSE South** ▪ Expansion of services provided by Community Intervention Teams to provide nurse-led services, including the delivery of IV therapy in the Community	Q4
KRA: Promoting Health	
Implementation of the *Health Promotion Strategic Framework* commenced and associated actions regarding national health promotion policy in the key settings.	Q1
Enhanced services for targeted groups by implementing the following programmes through PCTs: ▪ Falls prevention ▪ Team based approaches to mental health, including the consultation liaison model as described in Vision for Change ▪ Smoking cessation, and ▪ Breast feeding. **HSE South** ▪ A range of programmes/initiatives such as Falls Prevention, Positive Mental health and Health Promotion initiatives will be delivered through linkages with other Care Groups in HSE South, further to national advice and direction.	Q3
▪ Specific priority measures from Framework for Tobacco Control implemented (with a particular focus on acute campuses in 2011).	Q4
KRA: Delivering integrated cancer programmes	
Initiatives for implementation in a primary care setting developed with the National Cancer Control Programme including: ▪ Cancer prevention information developed for the public on the NCCP web ▪ Training for practice nurses in cancer prevention and care rolled out ▪ Community nurse education programme further developed and evaluated ▪ Follow-up care programmes developed in the community for patients who have had cancer ▪ Information / training sessions for General Practitioners (GPs) delivered through Irish College of General Practititioners (ICGP) and Continuing Medical Education (CME) tutor groups around the country, and ▪ Electronic referral cancer systems developed within the GP software packages.	Q3
KRA: Audiology Services	
Implementation of Audiology Report recommendations ▪ Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations (upon adoption of report).	Q4
▪ Newborn hearing screening further rolled out in line with national model. **HSE South** ▪ Full roll-out of Universal Newborn Hearing Screening Programme will be delivered across HSE South, in line with national model, to be achieved over 3 years. First phase of implementation in 2011 to include Waterford, Wexford, Kerry	Q3
KRA: Prescribing	
Improved prescribing through: ▪ Working with GPs to deliver more cost effective prescribing choices. **HSE South** ▪ Quality and cost efficient prescribing will be rolled out across primary and secondary care in place, in line with national direction on same.	Q3
KRA: Out Of Hours	
Implementation of recommendations from GP Co-Op Review: ▪ Streamlining of services through implementation of recommendations of GP Co-Op Review. **HSE South**	Ongoing

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
▪ In 2010, A GP Out of Hours Co-operatives Review Group was established in **HSE South**, comprising of members of the existing Liaison Committees for the Southdoc and Caredoc services. The Group's purpose is to enable integrated work, leading to the consolidation of the out-of-hours services in this region, with joint working arrangements and a governance structure that will be robust and efficient which will protect the integrity of the service into the future. ▪ New **models of care** have been proposed which will **increase access** to primary care services out of hours and **extend access** to frequently required diagnostics. This group will implement and streamline working across the HSE South in 2011	
KRA: Oral Health Policy	
▪ Independent Strategic Review of the Delivery and Management of HSE Dental Services implemented in partnership with Regions. ▪ Planning for the implementation of the DoHC's Oral Health Policy (when published) commenced in conjunction with the Regions.	Ongoing Q1
KRA: Immunisation	
▪ HPV delivered to cohort of young women as specified in policy.	Q4

Performance Activity and Performance Indicators

The following Performance Activity and Indicators have been included in the National Service Plan for delivery in 2011:

Performance Activity /Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Primary Care Teams (PCTs)			
No. PCTs holding clinical team meetings	103	103	138
No. of PCTs in development	35	35	0
No. of patients / clients discussed at a clinical Team Meeting for the reported month	---	---	21,480 (New PI)
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	100%	278 100%	278 100%
No. of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	---	2	16 For reporting in 2011
No. of PCTs implementing a structured education programme for diabetes patients separate from a structured integrated care programme.	---	---	25 New PI
No. of patients / clients formally partaking in structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	---	---	480 For reporting in 2011
No. of PCTs that are continuing to implement structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines, 2008)	---	6	6 For reporting in 2011
No. of patients / clients continuing to partake in formal structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines 2008)	---	174	174 For reporting in 2011
GP Out of Hours			
No. of contacts with GP out of hours	397,760	397,760	437,537
Immunisations			
% of children 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio$_3$),hepatitis B (HepB3) (6 in 1 vaccine).	---	---	For reporting in 2011 95%
% of children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV$_2$)	---	---	New PI for 2011 95%
% of children at 12 months of age who have received two doses of	95%	89% (Q2 data)	New PI

Performance Activity /Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
the Meningococcal group C vaccine ($MenC_2$)			95%
% of children 24 months of age who have received three doses of vaccine against Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3), Haemophilus influenza type b (Hib_3), Polio ($Polio_3$) and hepatitis B (HepB3) (6 in 1 vaccine)	---	---	For reporting in 2011 95%
% of children at 24 months of age who have received one dose of the Meningococcal C vaccine (MenCb) between 12 months and 24 months of age.	95%	91.5% (National)	New PI 95%
% of children 24 months of age who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	92% (Q2 data)	95%
HPV – no and % of first and second year girls to have received the third dose of HPV vaccine in 2011	---	---	New PI for 2011 46,400 (National) 80% (National)
Child Health / Developmental Screening			
% newborn babies visited by a PHN within 48 hours of hospital discharge	100%	88% (Q3 data)	95%
% newborn babies visited by a PHN within 72 hours of hospital discharge	---	---	New PI for 2011 100%
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	90%	Oct data 91%	90%
Orthodontics			
Total no. of patients receiving treatment during reporting period	22,130 (National)	18,000 (National)	18,000 (National)
Total no. of patients in retention during reporting period	Included in above	Included in above	To be disaggregated in 2011
Total no. of patients who have been discharged with completed treatments during reporting period	2,000 (National)	5,000 (National)	2,000 (National)
Waiting time for Orthodontic Assessment : i). % assessed within 6 months	---	---	New PI for 2011 75%
ii). % assessed within 9 months	---	---	New PI for 2011 90%
Waiting time for Orthodontic Treatment : i). % of Grade 5 (surgically dependant patients with impacted canines) treated within 9 mths	---	---	New PI for 2011 75%
ii). % of Grade 5 (surgically dependant patients with impacted canines) treated within 12 mths	---	---	New PI for 2011 90%
iii). % of Grade 5a (functional case) treated within 3 months	---	---	New PI for 2011 90%
iv).% of Grade 4 treated within 2 years (excluding Grade 4d, crowding)	---	---	New PI for 2011 75%
v). % of grade 4d treated within 3 years	---	---	New PI for 2011 75%

*Increased target 2011 reflects

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 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. The majority of patients 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 2011. Acute hospitals will continue to focus in 2011 on changes in the way services are delivered in order to ensure patients received the appropriate care in an appropriate setting in a timely and safe manner. This process will be supported by programmes of care being developed by the Quality and Clinical Care Directorate and by the process of reconfiguration of acute hospital services in the South West and South East. This will ensure where appropriate that the networks will be best placed 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.

2011 Focus for Acute Hospital Services

NSP 2011 refers to significant focus across both hospitals and the primary care sector in relation to the development of the delivery platforms (at hospital level) for each of the national clinical programmes. Introduction of the national clinical programmes will require commitment to changes in service organisation and delivery and aim ultimately to ensure the best quality outcome for patients and the best value for money for the health service. The acute sector will need during 2011, to maintain current service levels in a difficult operating environment. The services will need to manage potential shortfalls in NCHDs and the impact of the recent retirement and redundancy arrangements at local hospitals level.

A number of challenges for the hospital sector have been identified in the National Service Plan 2011. These include:

- The current practice of delivering both acute and non acute healthcare in hospitals;
- The international evidence that acute complex healthcare, particularly for emergency medicine, complex surgery services and critical care services should be provided in hospitals with high volume activity by a critical mass of expert workforce of expert work;
- Evidence from the Acute Hospital programme of the need and benefits of smaller hospitals in the provision of key growth areas in healthcare including day surgery, ambulatory care, outpatients, rehabilitation and palliative care;
- Access pressures in Outpatient Departments, (OPDs) Emergency Departments (EDs), diagnostic and inpatient services despite providing more services year on year;
- The shortage of NCHDs in the country and
- Maximising the leadership of Clinical Directors

The National Service Plan has identified the following **priorities for 2011**:

- Implement the **Acute Medicine Programme** (AMP):
  - Medical patients will be cared for based on their needs and acuity in an increasing number of Acute Medical Units (AMUs) in accordance with agreed pathways of care set out by the AMP. These will prevent admission in many cases and direct patients into more convenient avenues of care, such as rapid access clinics and day service units. Senior decision makers will be put in place at weekends
- Implement the **Emergency Medicine Programme** (EMP):

- Emergency care will be improved by reducing waiting times for admission, better patient experience, early access to senior clinical decision making and ED avoidance

- Implement the **Elective Surgery Programme** (ESP):
  - The patient's elective surgical journey will be improved through better access, increased day case activity, the use of defined pathways, better processes and monitoring of clinical outcomes through the ESP. In 2011 actual performance for selected medical and surgical procedures will be monitored as part of the implementation of the acute medicine and surgical programmes. This will facilitate the development of appropriate performance indicators and targets in 2011, in particular on Average Length of Stay (ALOS) for elective and emergency surgical and medical procedures. Waiting times for elective surgery will also be measured.
- Implement the OPD Data Quality Programme in the following Hospitals:
  - Cork University Hospital;
  - South Infirmary Victoria University Hospital;
  - Waterford Regional Hospital;
  - Wexford Regional Hospital.
- Specifically target outpatient waiting times in **outpatient services**
- Commence **chronic disease programmes** in acute settings, and
- Continue taking into account issues of accessibility, clinical standards and quality of care in the **reconfiguration** and reform of our services;
- In addition, shortage of NCHDs will be addressed by expediting registration and recruitment processes.
- Reduction of waiting times in Emergency Departments
  - Implementation of Acute Medicine Programme
  - Reduction in lengths of stay through implementation of National Clinical Programmes
  - Maximising integration of Acute Hospital and Community Services
  - Improved access to diagnostics for Primary Care teams, targeting areas where delays in diagnostics may lead to the need for emergency presentations, admissions or extended length of stay;
  - Continued management of bed capacity with a view to maximising the use of community support beds.
  - Development of Community Intervention Teams with the aim of providing intensive supports in-home for short periods and thereby avoiding hospital admission or facilitating early discharge.
  - Provision of additional diagnostic capacity on a short term basis to facilitate early discharge from Acute Medical Unit or other hospital facilities and avoid patients being kept in hospital beds while awaiting diagnostics

The national programmes have identified indicative services and hospitals where the national clinical programmes can be implemented in the first phase of implementation. This list is not exhaustive and all hospitals will be involved int eh roll out of the programmes as they apply to them over time. The priority initiatives proceeding across HSE South hospitals have been included on an indicative basis at this point and will be subject to formal business case submission and engagement with the regional clinical leads, clinical directors and hospital management prior to finalisation.

HSE South Acute Services

Hospital services in the South are provided by 13 hospitals 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.The delivery of acute hospital services in 12 acute hospitals & one maternity hospital aim to provide within available resources, a comprehensive range of inpatient, outpatient and day case services to the people of Cork, Kerry, Waterford, Wexford, Carlow, Kilkenny, South Tipperary 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. The acute hospitals services are delivered across a number of sites including:

South West Acute Hospitals Network:

- Kerry General Hospital (KGH),
- Bantry General Hospital (BGH),
- 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).
- 2 Voluntary Hospitals in Cork City also provide Public Acute Hospital Services, namely:
  - Mercy University Hospital (MUH);
  - South Infirmary/Victoria University Hospital (SIVUH).

South East Acute Hospitals Network:

- Kilcreene Orthopaedic Hospital (KOH),
- South Tipperary General Hospital (STGH),
- St. Luke's General Hospital Kilkenny (SLGH),
- Waterford Regional Hospital (WRH)
- Wexford General Hospital (WGH)

2010 Service Developments

The HSE South 2010 Service Plan outlined a number of service enhancements and developments that were completed by the hospitals in 2010.

Location	2010 Service Developments
Cork University Hospital	▪ Following on from the transfer of the KGH Service, the SIVUH Symptomatic Breast Disease Service transferred to CUH on 1st December, 2009. The amalgamation of the Symptomatic Breast Service to the Regional Cancer Centre South at CUH has now been completed. ▪ Development control plan completed. ▪ The equipping of the Cardiac Renal Centre commenced and the CRC officially opened in November, 2010 which centralises the Cardiac and Renal Services on site at Cork University Hospital. The following additional cardiac and renal services transferred to the new Centre: ▪ Level 3: An 8 bed Coronary Care Unit; 10 bed Cardiology Step-down Unit, and a 9 bed Cardiology Specialist Monitoring Unit opened at Level 3 CRC. ▪ Level 4: A 24 bed Cardiothoracic Surgical Ward (Ward 4D) and a 29 bed Renal Ward (Ward 4C) also open at Level 4 CRC ▪ Level 3C**:** Cardiology, Cardiothoracic and Renal Outpatients commenced at Level 3C CRC in November, 2010 ▪ Level 5: Two Cardiac Theatres, 10 bed Cardiac ICU Unit and 12 bed Cardiac High Dependency Unit will be located at Level 5 CRC in early January 2011 ▪ Services opened through the transfer of existing services from existing wards and within current resources. ▪ CUH was selected by the European Society for Medical Oncology (ESMO) as a designated centre for Integrated Oncology and Palliative Care in November 2008. Following a review in July, 2010 by the EMO Palliative Care Working Group (PCWG) the CUH Centre was re-accredited as an ESMO designated centre of Integrated Oncology and Palliative Care for a further 3 year period; ▪ The phased centralisation of colorectal, lung and prostate cancer services throughout 2010 in regional cancer centre in co-operation with the National Cancer Control Programme; - **Lung Cancer Service -** the rapid access lung service commenced in December 2010 with the establishment of the rapid access clinic service. All surgical diagnostic and surgical procedures will be carried out in CUH following the integration of existing services at MUH in Q1. - **Rectal Cancer Service**- this provides for the centralization of all rectal surgery in the designated CUH Cancer Centre. A project sub-group was established in 2010 to prepare detailed pathway and implementation plans for centralisation of rectal surgery and the commencement of a rapid access colorectal clinic. Existing CUH rapid access scoping service transferred to the new area in June, 2010. The rectal surgery service in Mallow General Hospital and in SIVUH transferred in September, 2010. A provisional date for the transfer of surgical services from Mercy University Hospital has been set to take place in the 1st Quarter 2011; - **Prostate Cancer Service** – A Project Group with representation from both Cork University Hospital and the Mercy University Hospital was established to oversee the transfer of the prostate surgical service from the Mercy University Hospital to Cork University Hospital. As part of the work of this group, equipment requirements have already been identified and a joint Cork University Hospital/Waterford Regional Hospital post has been advertised and the interview process has been completed. The planned transfer date is the 2nd quarter of 2011.
Mallow General Hospital	▪ Restructuring of the Management Team in Mallow General Hospital in 2010 ▪ Enhanced Radiology services with the appointment of a new Radiologist; ▪ Further strengthening of the Quality, Safety and Risk Governance Structure ▪ The implementation of the 'Regional Laboratory Computerised System' in Mallow General Hospital commenced in 2009 and is being carried out on a phased basis. The Hematology and Biochemistry implementation will be completed by mid-March 2011 and then work will commence on the Blood

Location	2010 Service Developments
	Transfusion component. The full laboratory service will be 'APEX validated' by end of year.
Bantry General Hospital (BGH)	▪ The Medical Assessment and Admissions Unit commenced in BGH in January 2010 within existing staffing levels; ▪ Endoscopy Group established to put in place the necessary G.I. Endoscopy Standards; ▪ HSE Achievement Award received by Bantry General Hospital for the 'FALLS Strategy Prevention Programme' which was a project led by the Consultant Geriatrician as part of Bantry General Hospital's work in relation to Risk Management. ▪ Refurbishment of theatre commenced.
Kerry General Hospital	▪ *National Cancer Screening* (Colonoscopy) KGH has submitted its proposal & has been audited for consideration as a designated referral centre for the National Cervical Screening Programme (Colonoscopy screening) to provide sustainable quality assurance in this area as well as scalable capacity. While the outcome of this process will not be known until early 2011, KGH are optimistic that the hospital will be in a position to meet the standards required by the NCSS. ▪ Work commenced on construction of new ED facility. ▪ The Acute Medical Unit (AMU) successfully opened in Kerry General Hospital in August 2010.
Mercy University Hospital	▪ AMU opened in MUH on a pilot basis in October, 2010; ▪ Establishment of a Blood Transfusion Laboratory which will undertake blood transfusion services previously provided by the IBTS. This became fully operational in March, 2010; ▪ There was further improvement in out-patient waiting times and numbers through review of work practices and closer integration with Primary Care Services.
South Infirmary Victoria Hospital	▪ Transfer of the rectal cancer service to the Regional Cancer Centre in 2010; ▪ Design work completed and submission for planning permission in respect of theatre development to accommodate elective orthopaedics
Waterford Regional Hospital	▪ The automated recording of total waiting times in the ED went fully operational in Waterford Regional Hospital. This was further rolled out to all acute hospitals in Q4 2010. ▪ A 2nd permanent Specialist Vascular Consultant Post was appointed in 2010. ▪ Waterford Regional Blood Bank progressed the implementation of Automation in the Blood Bank. ▪ The Development Control Plan for the Site was approved. A Project Team to progress Phase 1 which includes the South East Cancer Centre, Hospice –Specialist Palliative care Centre and Critical Care Services is established to progress the development onto the National Capital Programme by Year end. ▪ Stage 2 roll out of the NIMIS project progressed in Waterford Regional in 2010. ▪ **Breast Cancer Services** – The Breast Cancer team led by Mr. E Tadros received a highly complimentary report by HIQA in September. ▪ **Rectal Cancer Services** – centralisation of rectal cancer surgery for the south east region is now complete. ▪ **Lung Cancer Services** – rapid access lung cancer diagnostic clinic is now fully established. ▪ **Prostate Cancer Services** – radiology suite for rapid access prostate cancer clinic is completed and consultant urologist appointment in progress. ▪ **Skin Cancer/Melanoma** – second and third dermatologist appointments in progress and regional melanoma MDT established. ▪ **Medical Oncology** – Building the new chemotherapy compounding unit has commenced and 2 Consultant permanent medical oncologists appointed during the year. ▪ **Head and Neck Cancer** – regional head and neck cancer MDT established. ▪ **Regional Cardiology and Cardiac Cath Services** ▪ Full 5 day service established with 3rd interventional cardiologist post in progress and second cath lab to be build as part of ED Developments. ▪ **Emergency Department, M.A.U/A.M.A.U** ▪ The ED capital build commenced in November 2010 and is a significant advancement in the development of our Emergency Department infrastructure and capacity. ▪ **Stroke Unit/Neurology** ▪ The medical 5 Stroke Unit was completed in 2010. A second neurologist appointment is in progress through the NDQCC.
St. Luke's General Hospital Kilkenny	▪ A new Consultant led falls clinic commenced in Q1 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 is completed in 2010. ▪ The ANP in diabetes participated in the roll out of the joint Renal Impairment service in conjunction will Waterford Regional for diabetic patients. ▪ In line with the Hospice Friendly Hospitals Programme a Family Bereavement Room and facilities have been provided in collaboration with the Ger Devane Fund Committee.

Location	2010 Service Developments
South Tipperary General Hospital Wexford General Hospital	▪ The plan for the provision of a Hospice/palliative Care Unit in Kilkenny progressed in collaboration with the Susie Long Hospice Group. ▪ The established and operational Medical Assessment Unit extended opening from 3 to 5 days per week. ▪ Stage 2 design of the Emergency Department and Maternity Services Project at Wexford General Hospital completed in 2010. ▪ An Advanced Nurse Practitioner was appointed in the Emergency Department ▪ In 2010 the full year impact of the reconfiguration of inpatient beds to 12 day beds was experienced in 2010 with an increase in day case rates.

Key Result Areas

These are the Programmes of Care identified in the National Service Plan 2011 – a process is underway to identify how the National KRAs below will apply to HSE South.

KEY RESULT AREA DELIVERABLE OUTPUT 2011	Target Completion
KRA: Medicine - *Acute Medicine Programme (AMP)*	
Implementation plan for AMP finalised and implementation commenced with an initial focus on: ▪ Acute Medical Units (AMUs) functioning in 12 sites: - Functioning in 6 sites by Q2, and - Functioning in additional 6 sites by Q4.	Q4
KRA: Critical Care Programme	
▪ Audit process for critical care.	Q3
KRA: Emergency Care - *Emergency Medicine Programme*	
▪ Emergency Medicine Programme introduced. ▪ Completion of Patient Experience Time (PET) data set as follows: - 21 hospitals Q1 Increasing to: - 22 hospitals Q2 - 23 hospitals Q3, and - 33 hospitals Q4.	Q3 Q4
KRA: Surgical Care - *Elective Surgery Programme*	
▪ Rates of day surgery increased. ▪ Length of patient stay shortened for selected common elective inpatient surgical procedures. ▪ Standardised care pathway guidelines developed. ▪ Audit programme introduced to monitor outcomes of process and to audit surgical mortality.	Q4
KRA: Outpatient Programme - *Outpatient data*	
Reformed data set adopted and reported in hospitals with 75% of OPD footfall nationally, including reformed referral management. ▪ System and process modifications implemented. ▪ Reporting commenced. ▪ Standardised adherence to Reformed Data Set monitored and maintained.	Q4 Q4 Q1 Q4
KRA: Outpatient Programme - *OPD service improvement*	
To improve access to services, 15 hospitals with longest waiting times identified and policies implemented on: ▪ Waiting list validation ▪ DNA, and ▪ Improving new to return ratios.	Q4
KRA: Outpatient Programme - *Epilepsy*	
▪ Regional Epilepsy Centres defined.	Q1
KRA: Outpatient Programme - *Dermatology*	
▪ Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	Q4
KRA: Outpatient Programme - *Neurology*	
▪ Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	Q4
KRA: Outpatient Programme - *Rheumatology and Orthopaedic*	

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
▪ 12 musculo-skeletal physiotherapy led clinics in place.	Q2
KRA: Chronic Disease Interventions - *Stroke*	
▪ Stroke Units meeting defined criteria in 9 new sites.	Q4
KRA: Chronic Disease Interventions - *Acute Coronary Syndrome*	
▪ Protocol for management of acute STEMI agreed. ▪ Primary PCI centres identified and 4 centres functioning.	Q1 Q3
KRA: Chronic Disease Interventions - *Heart Failure*	
▪ Structured Heart Failure Programmes available in 12 acute hospitals.	Q4
KRA: Chronic Disease Interventions - *Diabetes*	
▪ Retinopathy Screening Programme initiated with IT systems in place. ▪ National foot care programme introduced.	Ongoing Ongoing
KRA: Chronic Disease Interventions - *COPD*	
▪ Structured programmes operational in 12 acute hospitals.	Q3
KRA: Chronic Disease Interventions - *Asthma*	
▪ Asthma Education Programmes initiated.	Q2
KRA: Ambulance Services - *Re-configure **ambulance services** to respond to changing models of service.*	
Response times improved for life threatening emergencies: ▪ Performance data collected to maximum extent possible to inform setting of performance targets for remaining 4 clinically appropriate response time standards to 112 (999) emergency calls in line with HIQA recommendations. ▪ Existing resources refocused from non urgent patient transport services to improving response times to life threatening 999 emergency calls, in line with HIQA targets. ▪ National Command and Control project delivered (enabled through ICT/Estates/HR): - Digital Radio system rolled out - CAD in place - National Integrated Command and Control (ICCS) - Automatic Vehicle Location System - National mapping solution - Mobile data solution - Satellite navigation solution - HR/Staffing engagement, and - Procurement and fit out of building. ▪ Medical Director appointed. ▪ Ambulance management structures reconfigured to address new priorities and staffing gaps.	 Q4 Q4 Q3 Q1 Q2
KRA: Other service development areas - *Reconfiguration of our acute hospital system*	
▪ Progression of our reconfiguration programme in line with agreed plans taking into account issues of accessibility, clinical standards and quality of care.	Monthly
KRA: Other service development areas - *Obstetrics and Gynaecology*	
▪ Early Pregnancy Assessment Units operating in compliance with national guidelines.	Q2
KRA: Other service development areas - *Paediatric services*	
▪ Paediatric Clinical Programme established with a clinical lead appointed, to drive implementation of National Integrated Paediatric Model of Care to include orthopaedics, general paediatric surgery regionally. ▪ National retrieval service for neonates and paediatrics developed.	Q1 Q3
KRA: Other service development areas - *Cystic Fibrosis*	
▪ Governance structure for National Newborn Bloodspot Screening Programme established. ▪ Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening Programme.	Q1 Q2
KRA: Other service development areas - *Renal services*	
▪ Maintain / increase number of renal transplants performed by National Renal Transplant Programme [target to exceed 175 procedures]. ▪ Home haemodialysis programme implemented nationally [target: 30 patients by year end]. ▪ Increased local haemodialysis capacity to cater for an additional 90-135 patients [achieved by continued development of Satellite Renal Dialysis Units and Parent Renal Dialysis Units]. ▪ Reduced / eliminated need for patients to travel for dialysis treatment between 12 midnight and 6am.	Q4
KRA: Other service development areas - *Management of NCHD posts within integrated clinical networks*	
▪ Restructured filling of training and non-training posts as they arise to ensure rotation between a regional centre / major teaching hospital and local hospitals in a network (in line with regional service delivery and reconfiguration requirements of each hospital within the network).	Q3
KRA: Other service development areas - *Consultant Work practices*	
▪ Implementation of Consultant Contract progressed with further development of clinical directors and clinical led	Q3

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
service development through accelerated and expanded work on clinical care programmes and their integration with regional hospital reconfigurations.	
▪ Full benefits of extended working days realised with parallel implementation of Croke Park agreement	Q2
▪ Full compliance with public/private mix provisions	Q2
▪ Complete contract audit rolled out from initial 2010 sites to all hospitals sites	Q3
KRA: Other service development areas - *National Integrated Management Information System*	
▪ Implementation of system completed in designated areas.	Q3
KRA: Other service development areas - *Value for Money and Policy Review*	
▪ VFM Review recommendations of economic cost and charges associated with private and semi-private treatment services in public hospitals implemented, following adoption by Government.	Q3
KRA: Other service development areas - *Funding of selected elective orthopaedic procedures in public hospitals*	
▪ Preparation commenced to fund selected hospitals on a prospective cost per procedure basis for certain orthopaedic procedures	Q1
▪ Funding commenced on amended basis	Q2

National Cancer Control Programme (NCCP)

Introduction

The National Cancer Control Programme (NCCP) is responsible for all components of cancer control with the exception of palliative care services. In 2010 the NCCP welcomed the planned integration of the National Cancer Screening Service (NCSS) and St. Luke's Hospital, Rathgar into the HSE.

In line with its objectives, the programme is working to ensure that designated cancer centres for individual tumour types have adequate case volumes, expertise and a concentration of multi-disciplinary specialist skills. Symptomatic breast diagnosis and surgery which transferred into the 8 cancer centres in 2009 will continue to be monitored through the collection of monthly key performance indicators. St. Vincent's University Hospital is the national centre for pancreatic surgery; it is planned to link a satellite unit in Cork University Hospital (CUH) into the national centre in 2011. Rapid access lung and prostate clinics are now opened in almost all of the centres. Lung surgery has been centralised into 4 regional centres (St. James, Mater, Galway and Cork University hospitals). In 2011 development of specialist cancer centres will continue with the centralisation of prostate cancer surgery, rectal surgery and upper gastro intestinal (GI) surgery. Essential support services will be delivered within the specialist centres. The quality agenda will continue to be pursued through further development of anatomical site specific expert groups and the implementation of clinical governance arrangements for treatments.

The National Service Plan has identified the following **priorities for 2011**:

- Initiate measures to support optimal management of cancer drugs
- Enhance theatre and ICU services to support cancer surgical throughput in the designated cancer centres
- The new radiation oncology units (Phase 1) in Beaumont and St. James Hospitals, Dublin will be operational whilst planning for Phase 2 continues
- The National Cancer Screening work programme includes completion of round 1 breast screening in South and West, continued provision of cervical screening and preparation for the launch of the colorectal screening programme in 2012, and
- The 2011 community oncology work programme, including building on its existing partnership with Irish College of General Practitioners (ICGP), increasing the proportion of electronic referrals and delivering a community nurse training programme for medical oncology patients.

South West Acute Hospitals Network

The following are the key NCCP developments achieved in hospitals throughout Cork and Kerry in 2010:

2010 Developments	
Lung Cancer Services	▪ Rapid Access Diagnostic clinic established in CUH
Urology Cancer Services	▪ Recruitment process for additional Radiology, Pathology and Surgical staff to support the

2010 Developments	
	development of the Prostate Cancer Service at CUH commenced
Upper GI	▪ Predesignation of CUH as upper GI cancer centre
Pancreatic Surgery	▪ Agreement reached on the development of a satellite centre of the National centre of pancreatic surgery at SVUH at CUH
Rectal cancer services	▪ Rectal cancer surgery discontinued in MGH and SIVUH
Brain Tumour service	▪ Recruitment process for joint appointed consultant neurosurgeon with Beaumont Hospital CUH in process ▪ Neuropathology laboratory refurbished and in process of seeking accreditation
Skin cancer services	▪ Draft pigmented lesion guidelines agreed. ▪ National pilot site agreed for SIVH
Theatre/ICU/ Support	▪ Allocated funding towards theatre /ICU/support in Cancer centre
Medical Oncology	▪ Additional medical oncology post approved. Recruitment process commenced
Radiation Oncology	▪ National network management team established ▪ Procurement for enabling works underway and approval to proceed from HSE Estates agreed.
Quality Assurance through establishment of formal national quality clinical governance arrangements for common cancers	▪ National quality clinical governance arrangements established for breast. Leads Group established for breast cancer. ▪ Breast parameters monitored
Breast Cancer Services	▪ SBD service established in CUH ▪ Mammography service for follow up patients at KGH
Community Oncology Programme	▪ Referral guidelines and standardised referral forms for common cancers distributed to GP practices and integrated into GP systems
Governance Arrangements	▪ Governance arrangements with Cancer Centre formalised ▪ HLSG TOR and membership reviewed and implemented

South East Acute Hospitals Network

The following are the key NCCP developments achieved in hospitals throughout Carlow/Kilkenny/South Tipperary, Waterford and Wexford in 2010:

2010 Developments	
Lung Cancer Services	▪ Rapid Access Diagnostic clinic established at WRH
Prostate/ Urology Cancer Services	▪ Recruitment process for additional Radiology, Pathology and Surgical staff to support the development of the Prostate Cancer Service at WRH commenced ▪ Treatment area for prostrate service developed
Rectal cancer services	▪ Rectal cancer surgery centralised at WRH
Skin cancer services	▪ Additional consultant dermatologist approved and advertised
Radiation Oncology	▪ Contract with UPMC agreed for 2010 ▪ Contact monitoring arrangements agreed and implemented ▪ Proceeding with enabling works for Radiation Oncology.
Quality Assurance through establishment of formal national quality clinical governance arrangements for common cancers	▪ National quality clinical governance arrangements established for breast. ▪ NCCP Leads Group established for breast cancer. ▪ Breast parameters monitored
Breast Cancer Services	▪ SBD service established in WRH ▪ Clinical Lead appointed for SBD service
Community Oncology Programme	▪ Referral guidelines and standardised referral forms for common cancers distributed to GP practices and integrated into GP systems
Governance Arrangements	▪ Governance arrangements with Cancer Centre formulised ▪ HLSG TOR and membership reviewed and implemented

Key Result Areas

The following NCCP Key Result Areas have been identified in the National Service Plan for delivery in 2011

South West Acute Hospitals Network

Key Result Area 2011	Deliverable Output 2011	Target Q Timescale
Lung Cancer Services	▪ Rapid Access Clinic for lung cancers in CUH fully operational ▪ Integration of existing service at MUH ▪ Resection rate improvements continued ▪ Provide surgical service to patients from HSE South East	Q1 – Q4 Q1 Q1 – Q4 Q4
Urology Cancer Services	▪ Rapid Access Clinics for prostate cancers in CUH established. ▪ Integration of existing service at MUH ▪ Outreach RAC service established at WRH	Q3 Q4 Q4
	▪ Prostate cancer surgery consolidated at CUH for all of HSE South	Q3
Upper GI	▪ Centralisation of upper GI Cancer Surgery into CUH	Q2
Pancreatic Cancer	▪ Satellite centre of the national centre for pancreatic surgery established at CUH, fulfilling all the requirements of the Service agreement for the service	Q1
Rectal Cancer Services	▪ All rectal cancer surgery centralised in the cancer centre at CUH	Q1
Brain Tumour Service	▪ Lead consultant neurosurgeon appointed ▪ Joint processes for the operation of service across two sites agreed and implemented ▪ KPIs agreed and monitoring and review process in place	Q1 Q2 Q2
Skin Cancer Services	▪ Pilot of national guidelines completed	Q1
Theatre / ICU / Support	▪ Additional theatre, ICU and support staff pprovided to enable cancer surgical throughput in designated centre	Q1
Medical Oncology	▪ Agreement reached on the provision of Medical Oncology Services across the region ▪ Plan for the centralisation of Medical Oncology Services developed and approved	January 201 Q1
Radiation Oncology	▪ Participation in the National performance management and monitoring system to drive quality and service improvement ▪ Implementation of review recommendations completed ▪ Commence the process of the transfer of the service on the CUH campus to NRON	Q1-Q4
	▪ Funding mechanism agreed and approved for Phase 2 of the NPRO ▪ Enabling works programme commenced ▪ Plan to develop Radiation Oncology services with the creation of a national network of radiotherapy facilities on 6 sites by end of 2014 continued ▪ Development of tender documentation continued	Q1-Q4
Quality Assurance through establishment of formal national quality clinical governance arrangements for common cancers	▪ Lead clinicians to participate in the cohesive national specialist clinical network for the purposes of clinical audit, sharing of good practice and problem solving for common cancers established ▪ Local representation on the expert groups that are established to advise on best evidence based practice for common cancers ▪ Implementation of the appropriate parameters defined to devise and monitor quality domains across lung and prostate	Q2
Gynae-oncology	▪ Centralise gynae-oncology surgical service at CUH	Q2
Breast Cancer Services	▪ Recommendations from HIQA audit Implemented ▪ Participate in national referral and triage audit ▪ Implement national protocols for family risk	Q1 Q1 Q2
Community Oncology Programme	▪ Proportion of electric GP Referrals increased ▪ Community nurse training programme for medical oncology patients	Q1-Q4

Key Result Area 2011	Deliverable Output 2011	Target Q Timescale
	delivered ▪ Brief interventions with smoking cessations with primary care teams developed	
Governance Arrangements	▪ Performance management arrangements with cancer centre agreed and implemented. ▪ Implementation processes established for each tumour group ▪ Mechanism agreed for the migration of resources (HR & Financial) to support cancer moves to the cancer centre	Jan 11 Q1-Q3 Jan 11
PET Scanner CUH	▪ Recruit Consultant Radiologist and Physicist to support the commissioning of the service	Q2

South East Acute Hospitals Network

Key Result Area 2011	Deliverable Output 2011	Target Q Timescale
Lung Cancer Services	○ Rapid Access Clinic fully operational ○ EBUS is operational ○ Resection rate improvements continued ○ Explore the provision of surgical service to patients from HSE South East with CUH ○ Monitoring of KPI's on a monthly basis	Q1 – Q4 Q1 – Q4 Q1
Prostate/ Urology Cancer Services	○ Rapid Access Clinics for prostate cancers in WRH established. ○ Establishment of a Prostate/Urology MDT ○ Monitoring of KPI's on a monthly basis. ○ Consultant General Urologist appointed to support service	Q2
	○ Prostate cancer surgery consolidated at CUH for all of HSE South ○ Pathways for patients for assessment, diagnosis and treatment options established. ○ Diagnostic treatment area for prostate service operational.	Q3
Rectal cancer services	○ Agree and implement monitoring mechanisms for the Rectal Cancer Surgical service.	Q1
Skin cancer services	○ Consultant Dermatologist appointed ○ Service configuration and model agreed ○ Establish a pathway for the Implementation of the NCCP referral forms for Melanoma and BCC	Q2 Q3
Theatre/ICU/ Support	○ Additional theatre, ICU/HDU and support staff provided to enable cancer surgical throughput in designated centre	Q1
Medical Oncology	○ 3rd permanent Medical Oncologist to be appointed. ○ Medical Oncology IT system in place. ○ Participate in NCCP national review of Medical Oncology drugs and resources. (as required) ○ The business case for the new build cancer centre is reviewed nationally.	Q1-Q4
Radiation Oncology	○ Agree SLA/contact for 2011 ○ Contact monitoring arrangements agreed and implemented ○ Monthly review process in place ○ Funding mechanism agreed and approved for Phase 2 of the NPRO ○ Plan to develop Radiation Oncology services with the creation of a national network of radiotherapy facilities on 6 sites by end of 2014 continued ○ Development of tender documentation continued	Jan 2011 Jan 2011 Q1 – Q4 Q1-Q4
Quality Assurance through establishment of formal national quality clinical governance arrangements for common	○ Lead clinicians to participate in the cohesive national specialist clinical network for the purposes of clinical audit, sharing of good practice and problem solving for common cancers established ○ Local representation on the expert groups that are established to advise on best evidence based practice for common cancers	Q2

Key Result Area 2011	Deliverable Output 2011	Target Q Timescale
cancers	○ Implementation and monitoring of the appropriate parameters defined to devise and monitor quality domains across lung and prostate and other cancers	
Gynae –oncology	○ Commence the process for the centralization of gynae-oncology surgical service at WRH.	Q2
Breast Cancer Services	○ Recommendations from HIQA audit Implemented. ○ Monitoring process in place for the HIQA standards ○ Participate in national referral and triage audit ○ Implement national protocols for family risk. ○ Monitoring of the KPI's on a monthly and quarterly basis.	Q1 Q1 Q2
Community Oncology Programme	○ Proportion of electronic GP referrals increased ○ Community nurse training Programme for medical oncology patients delivered. (when rolled out nationally) ○ Brief interventions with smoking cessations with primary care teams developed.	Q1-Q4
Governance Arrangements	○ Performance management arrangements with Cancer centre agreed and implemented ○ Implementation processes established for each tumor group ○ Mechanism agreed for the migration of resources to support cancer moves to the cancer centre	Jan 11 Q1 – Q3 Jan 11

Reconfiguration of Acute Hospital Services South West

The 'Reconfiguration Roadmap to develop an integrated university hospital network' in Cork and Kerry was published in November 2010. This roadmap sets out a plan agreed by all six acute hospitals on how hospital services in Cork and Kerry are to be reorganised.

The Roadmap recommends that Bantry General Hospital (BGH), Cork University Hospital (CUH), Kerry General Hospital (KGH), Mallow General Hospital (MGH), Mercy University Hospital (MUH) and South Infirmary Victoria University Hospital (SIVUH) operate as an integrated university hospital network. In order to create this integrated network, Consultants in all specialities will work in regional teams and each hospital will fundamentally change the services they deliver and how they are delivered:

- Complex, Trauma and cancer care will be concentrated at Cork University Hospital;
- The Mercy University Hospital will be the regional centre for elective surgical services, medical specialist services and the regional rehabilitation and amputee services.
- The South Infirmary Victoria University Hospital will become a specialist elective hospital for orthopaedics, plastics, otorhinolaryngology (ENT), ophthalmology, pain medicine, and benign gynaecology surgery and will also provide ambulatory and day services the medical specialities of rheumatology, dermatology and endocrinology.
- Bantry General Hospital and Mallow General Hospital will continue to provide acute care to their populations in addition to new outreach specialist services from the larger hospitals; and
- Kerry General Hospital will continue to provide the full range of acute services to the people of Kerry.

Key priorities to progress the reconfiguration programme for 2011 are:

- Signing of a Memorandum of Understanding between the HSE, the Voluntary hospitals and University College Cork on an agreed approach to developing an integrated university hospital network. Q2
- Development of an Electronic GP Referral system for the management of GP referrals Q4
- Carry out a review of NCHD positions and the implication of reconfiguration on training programmes Q2
- Transfer orthopaedic services from St Mary's Orthopaedic Hospital to SIVUH;Q2
- Submit planning for MUH regional gastroenterology centre Q4
- Open an Acute Medical Unit at CUH Q1 and at MGH and MUH Q4
- Establish Urgent care centres at MUH,BGH, MGH, CUH and KGH commencing in Q3.
- Develop a surgical assessment unit at CUH Q4
- Transfer ophthalmology services from CUH to SIVUH Q4
- Introduce advanced paramedics to North Cork;Q2
- Expansion of day surgery in BGH and MGH;
- Commencement outreach specialist clinics at Primary Care Centres in the region;Q3
- National electronic generic GP referral system, pilot project.
- Continue to embed 'LEAN' ways of working in all hospitals.Q1 – Q4

The 'Reconfiguration Roadmap' for acute hospital services in Cork and Kerry once implemented will:

- Provide a healthcare system that works for the people of Cork and Kerry;
- Provide an agreed shared vision on how to provide healthcare in the region; and
- Eliminate wasteful duplication and maximise use of resources so that frontline services are prioritised

Reconfiguration of Acute Hospital Services South East

The Hospital Group South East reconfiguration programme progressed in 2010 with the completion of detailed activity analysis to support the next phase of the project. The next phase commencing in early 2011, involves engagement with the National Clinical Programmes so that draft service reconfiguration proposals when agreed will be consistent with the advice and overall direction of travel of the National Programmes.

The implementation of the Acute Medicine Programme (AMP)and the planned development of Integrated Service Areas (ISA) will allow for greater development of integrated care pathways at local level. These pathways will extend from pre-hospital and primary care through the acute phase and into the post acute and rehabilitative part of the care continuum. This will involve the active engagement of the primary care sector, including Caredoc for the out of hours care provision. The successful launch of the AMP and realising the full potential of ISAs will be significant foundation work for progressing the acute hospitals reconfiguration. It is planned that draft proposals will be agreed in early Q2 after which the proposals will be the subject of a public consultation including staff and public representatives. The consultation phase will be completed before the end of Q2 and the final report to issue in Q3.

2011 Acute Hospital Service Levels

The activity targets as set out reflect the priorities of the National Service Plan 2011 including providing quality patient care in an appropriate setting, ensuring efficient use of available resources and overall controlling costs.

Target Activity 2011	Inpatient Discharges	Day Cases	Emergency Presentations	Emergency Admissions	Outpatient Attendances	Births
HSE South	144,033	163,055	307,462	87,912	714,720	19,084

Inpatient/Day Case: Day Cases will increase by average of 3%. Inpatient discharges will decrease by an average of 2%. The overall activity levels planned for 2011 reflect the continued shift from inpatient to day case activity.

	Inpatient Discharges			Day Cases		
	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
South Region	**135,824**	**146,972**	**144,033**	**144,847**	**158,306**	**163,055**
South Tipperary General Hospital	11,628	12,406	12,158	6,843	7,055	7,266
St Luke's Hospital – Kilkenny	14,350	14,633	14,341	9,508	11,098	11,431
Orthopaedic Hospital – Kilcreene	914	827	810	616	855	880
Waterford Regional Hospital	21,046	23,537	23,066	19,179	18,968	19,537
Wexford General Hospital	13,040	14,920	14,622	6,750	7,701	7,932
South East Acute Hospital Network	**60,978**	**66,323**	**64,997**	**42,896**	**45,677**	**47,046**
Cork University Hospital	23,328	26,371	25,843	49,163	57,828	59,562
Cork University Maternity Hospital	14,895	13,621	13,349	4,785	6,269	6,457
Mallow General Hospital	3,873	4,169	4,085	2,320	2,494	2,569
Bantry General Hospital	2,467	2,383	2,336	1,207	1,395	1,437
St. Marys Hospital - Gurranebraher	1,803	2,261	2,216	1,587	1,660	1,710
Mercy Hospital	8027	9,032	8,851	17,862	18,703	19,264
South Infirmary - Victoria Hospital	7,733	8,540	8,370	17,609	15,742	16,214
Kerry General	12,722	14,272	13,987	7,417	8,538	8,794
South West Acute Hospital Network	**74,848**	**80,649**	**79,037**	**101,950**	**112,629**	**116,007**

Emergency Presentations / Admissions: Hospital services in the HSE are required in 2011 to deal with emergency presentations in line with actual 2010 levels. The objective is to provide for the projected number of emergency attendances and a reducing profile of emergency admissions targeted at those who are admitted for very short periods

of time. Key to this in 2011 will be the implementation of a range of clinical initiatives aimed at avoidance of emergency admission avoidance. Improvements in EDs will be achieved through the proactive implementation of the Acute Medicine Programme in all hospitals delivering medical services. This will lead to faster access to senior decision making, diagnostics, community intervention teams and other ambulatory care services. Hospitals also will focus on improved use of beds. There will be continued focus on:

- Same day surgery admission, minimizing length of stay, enabled by the implementation of the Elective Surgery Programme.
- Providing alternative care settings outside of Emergency Departments enabled by the Acute Medicine Programme and the development of additional Acute Medical and Surgical Assessment Units.
- Advancing clinical leadership and availability of senior clinical decision making.
- Improved patient throughput/flow and Emergency Department Performance enabled by the Admission and Discharge Escalation Framework. The Discharge planning processes will be further improved by work undertaken by the Joint Implementation Groups (JIGs) ensuring compliance with the HSE Integrated Discharge Planning standards;
- Minimising length of stay with a particular focus on reducing the current variance across different hospitals for similar procedures;
- Optimising hospital avoidance strategies and using community services to ensure appropriate use of the acute hospital resource;
- Focus on the quality and safety of services as we prepare for the implementation of HIQA Standards, licensing of hospitals and the implementation of Building a Culture of Patient Safety: Report of the Commission of Patient Safety and Quality Assurance.

	Emergency Presentations			Emergency Admissions			
	Target 2010	Projected Outturn 2010	Expected Activity 2011	Target 2010	Projected Outturn 2010	1% of Projected Outturn 2010	Expected Activity 2011
South Region	**311,609**	**307,462**	**307,462**	**80,710**	**88,800**	**888**	**87,912**
South Tipperary General Hospital	35,388	32,127	32,127	8,001	8,579	86	8,494
St Lukes Hospital - Kilkenny	37,046	37,972	37,972	10,849	11,208	112	11,096
Waterford Regional Hospital	61,588	60,284	60,284	15,348	17,092	171	16,921
Wexford General Hospital	36,607	38,425	38,425	9,952	11,293	113	11,180
South East Acute Hospital Network	**170,629**	**168,808**	**168,808**	**44,150**	**48,172**	**482**	**47,691**
Cork University Hospital	57,377	57,866	57,866	17,466	19,255	193	19,063
Mercy Hospital	24,926	25,818	25,818	6,213	7,053	71	6,982
South Infirmary – Victoria Hospital	25,216	23,226	23,226	3,998	4,024	40	3,984
Kerry General	33,461	31,745	31,745	8,883	10,295	103	10,192
South West Acute Hospital Network	**140,980**	**138,655**	**138,655**	**36,560**	**40,627**	**407**	**40,221**

Outpatient: The target for OPD attendances for 2011 is in line with the expected outturn for 2010. 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 hospitals will fully participate in the OPD Data Quality Programme in 2011 and this will enable better management of OPD in respect of both demand and access to OPD services. Appointments of additional consultants will be in place targeted at areas including dermatology and neurology and this will increase access to these services. A number of quality improvements initiatives will also be implemented contributing to overall improvements in the OPD service.

	Outpatient Attendances			Ratio of New:Return		
	Target 2010	Projected Outturn 2010	Expected Activity 2011	Target 2010	Projected Outturn 2010	Expected Activity 2011
South Region	**686,696**	**711,913**	**714,720**	**2.0**	**2.3**	**2.0**
South Tipperary General Hospital	48,025	43,180	43,350	2.0	1.9	2.0
St Lukes Hospital - Kilkenny	49,072	46,420	46,603	2.0	1.5	2.0
Orthopaedic Hospital - Kilcreene	4,415	3,353	3,366	2.0	1.1	2.0
Waterford Regional Hospital	131,287	148,741	149,327	2.0	2.9	2.0
Wexford General Hospital	57,915	54,648	54,864	2.0	2.5	2.0

	Outpatient Attendances				Ratio of New:Return		
	Target 2010	Projected Outturn 2010	Expected Activity 2011		Target 2010	Projected Outturn 2010	Expected Activity 2011
South East Acute Hospital Network	**290,714**	**296,342**	**297,510**				
Cork University Hospital	143,349	156,873	157,493		2.0	3.2	2.0
CUMH for Cork University Maternity Hospital	64,813	68,572	68,843		2.0	1.3	2.0
Mallow General Hospital	11,015	11,000	11,044		2.0	2.0	2.0
Bantry General Hospital	10,901	10,873	10,916		2.0	3.0	2.0
St. Marys Hospital - Gurranebraher	13,355	13,540	13,593		2.0	4.8	2.0
Mercy Hospital	40,972	45,241	45,420		2.0	4.4	2.0
South Infirmary – Victoria Hospital	54,087	52,099	52,304		2.0	1.5	2.0
Kerry General	54,793	57,372	57,598		2.0	3.2	2.0
South West Acute Hospital Network	**393,285**	**415,570**	**417,211**				

Service Delivery, Organisational Improvements and Cost Management enabled by the Public Service Agreement (PSA).

South West Acute Hospitals Network:

The following sections outlines the key service improvement priorities identified for 2011 within the South West Acute Hospitals Network:

South West Acute Hospitals Network Priorities

'Memorandum of Understanding' (MoU) to develop an integrated University Hospital Network for Cork and Kerry:

As identified in the Roadmap for Reconfiguration Acute Hospital Services in Cork and Kerry, will be agreed between the HSE, MUH, SIVUH and UCC. This will formalise a collaborative and dynamic partnership to optimise the benefits to patients of research, ensure academic and healthcare facilities are well positioned to maximise research opportunities and that clinical education is optimised. It is expected that this will be completed by Q2, 2011.

Continued Development of Clinical Leadership:

Appoint of Executive Clinical Director for network, based in CUH. Network Clinical Directors will be appointed to the following Directorates across the hospital network:

- Perioperative
- Medical
- Diagnostics
- Women and Children

KGH will retain a Clinical Director role for the hospital, who will work with the Kerry ISA management structure but will work with Executive Clinical Director and Network Clinical Directors on clinical governance, service planning, implementation of QCCD programmes of care, etc.

Streamline Administration of GP Referrals

Progress GP referral project under Reconfiguration Programme as part of national pilot.

ICT

Completion of IPMS software in MUH and SIVUH. This will enable use of unique patient identifier across all Cork hospitals.

OPD Waiting Lists and Times

Cork University Hospital and the South Infirmary Victoria University Hospital have been nominated as the two hospitals from the South West Acute Hospitals Network to participate in the initial phase of the National Outpatients Department (OPD) Performance Improvement programme. The purpose of this Project is to standardise all aspects of OPD including waiting lists validation, management of DNAs', improvement in new to return ratios and improved triaging processes.

Cork University Hospital has already commenced a process to validate their OPD waiting lists and it is expected that their validation process will be completed by the end of January 2011. The South Infirmary Victoria University hospital has only recently been nominated as one of the participating hospitals for phase 1 and plans are to be put in place early in 2011 to validate their OPD waiting lists.

Quality, Safety and Risk Priorities:

- A requirement to keep Risk Registers updated and to proactively identify, reduce, mitigate and manage risks;
- To complete the HSE Quality, Safety and Risk self assessment frameworks including Performance Targets (PTs);
- To complete GAP analysis with HIQA standards and formulate Quality Improvement Plans to address same.

Integration of Hospital and Community Services

This will encourage a combined approach to services between hospitals with a specific focus on identifying areas of the hospitals in both patient services and support services which can be managed or delivered across hospitals. A number of initiatives for a shared services model across hospitals have already been identified and work will be ongoing in relation to this throughout 2011.

Cork University Hospital:

National Clinical Programmes:

- Implementation of the national clinical programmes on an integrated basis in CUH group, which will maximise the overall impact within the hospital and across Cork ISA
- Secure formal approval from the acute medicine programme nationally (Q1)
- Establish Acute Medical Unit in keeping with QCCD AMP Programme which will result in a reduction in length of stay in CUH for medical patients and improved discharge processes – (Q1)
- Work on Phase 2 of the development of the Acute Medical Unit will commence in April and will extend the Acute Medical Unit capacity to include 10 to 12 assessment trolley spaces.
- Emergency medicine programme introduced including completion of patient experience time (PET Dataset) (Q3 / Q4)
- National Surgical Care programme introduced with particular focus on elective surgery with rates of day surgery increased, length of patient stay shortened
- Productive theatre project implemented
- National Epilepsy programme priorities implemented
- National Neurology programme commenced with the appointment of 3 additional consultants and increase of 30% in new neurology out patients as well as other targets set by the programme
- Development of a stroke unit in line with the national stroke programme and linked in an integrated way with MUH and the city-wide divisions of neurology and old age medicine
- The development of a structured heart failure programme with appropriate links to the city wide hospitals and primary care teams and community services.
- Implementation of outreach programmes as part of COPD national programme
- Implementation of a footcare programme in conjunction with SIVUH as part of the national diabetes programme.

National Cancer Control Programme:

- Transfer of Rectal Surgery from KGH and MUH to CUH in order to centralise rectal service will take place in Q1;
- Transfer of non complex, non cancer colorectal surgery from CUH to MUH and day surgery procedures to MGH;
- Transfer of Gynaecology Cancer from SIVUH – (Q3);
- Transfer of Pancreatic surgery from the MUH to CUH in March, 2011;
- Transfer of Upper GI / Hepatobillary to CUH – (Q3);
- Transfer of Prostate Cancer Surgery to CUH – (Q4);

Capital Programme:

- Cardiac Renal Unit – The Unit is being commissioned on a phased basis and will be fully operational in 2011 – (Q4);
- Haemophelia Day Unit – Capital Programme (Q1).
- Building works to commence before end of 2011 which will increase the capacity of the AMU from a 23 to a 30 bedded short stay unit with all beds in single rooms to meet HIQA requirements;
- Commence infrastructural work to progress the consolidation of Paediatric Hospital Services at CUH – (Q4 11–Q4 12).

Reconfiguration Programme:

- Pre assessment clinics to be introduced in all elective surgical specialities in CUH to increase significantly surgery on day of admission – Q1 11 – Q2 12;
- Establish Acute Medical Unit in keeping with QCCD AMP Programme which will result in a reduction in length of stay in CUH for medical patients and improved discharge processes – (Q1);
- Transfer of Cardiac Services from SIVUH & MUH to Cardiac Renal Centre –(Q2);
- Neurology OPD to be relocated to a site that optimises accessibility for patients – (Q4);
- Development of emergency surgical theatre – (Q3);
- Development of surgical assessment unit – (Q3);
- Open 6 ICU / HDU beds to enable transfer of cancer services in CUH – (Q2);
- Development of second trauma theatre at CUH –(Q3);
- Endovascular laboratory to be developed at Cardiac Renal Centre –Q4 11 – Q3 12);
- Emergency Gynae and Gynae Oncology to be consolidated at CUMH — (Q4);

Service Priorities:

- Carry out a review of Infection Control Nurse Staffing levels within overall existing nursing resources;
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4
- The commencement of the PET Scanner service in Q4 2010. The scanner was installed and commissioned in Quarter 3 2009. Sanction has been received to recruit a Consultant Radiologist and it is intended that this post will be filled in a temporary capacity in order to commence the service as soon as possible. In addition, the recruitment process for a number of support staff, e.g. Principal Physicist, Clinical Specialist Radiographer, Senior Radiographers and Staff Nurse will commence in Jan 11;

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Cork University Hospital (Contd.)

Service Priorities (Contd.)

- Transfer of Cardio-thoracic ITU to Cardiac Renal Centre in Q2 2011;
- CUH Maternity Services are one of the nationally appointed sites for the provision of Neo-natal audiology screening service. This service will become operational in Q1 2011;
- As part of the commissioning process for the Cardiac Renal Centre work is currently being completed on 4 Cardiac CATH labs with an interim plan to open 2 CATH Labs in Q2 2011;

Cost Containment Measures (Examples of the Hospital's Cost Containment Measures for 2011):

- Initiatives around Drug Expenditure;
- Radiology Initiative;
- Pathology Laboratory Initiative.

Consultant Posts Summary:

- Consultant Radiologist (PET)
- Additional Consultant Histopathologist with a special interest in Perinatal Pathology;
- 2 Consultant Orthopaedic Surgeons with special interest in Paediatrics to be appointed in 2011;
- Consultant in Obstetrics & Gynaecology with special interest in Maternal Fetal Medicine – Shared Post between CUH & KGH;
- Consultant Physician in Acute Medicine;
- Consultant Paediatric Neurologist and 1 Consultant Neurologist as part of QCCD Programme;
- 1 Consultant Medical Oncologist – joined up post with CUH & KGH;
- Consultant Radiologist with a special interest in PET CT.

Cork University Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	23,328	26,371	25,843
Day Cases	49,163	57,828	59,562
Emergency Presentations	57,377	57,866	57,866
Emergency Admissions	17,466	19,255	19,063
Outpatient Attendances	143,349	156,873	157,493
Ratio of New:Return	2.0	3.2	2.0

St. Mary's Orthopaedic Hospital:

National Clinical Programmes:

- As part of the national orthopaedic programme musculo-skeletal physiotherapy – led clinics will be developed and will transfer to the SIUVH in due course in line with the reconfiguration programme

Service Priorities

- Conversion of inpatient beds to day beds in SMOH to increase day surgery rate;
- Transfer of switchboard from SMOH to CUH;
- Reconfiguration of Block 2 into day surgery beds and additional single rooms to maximise income ;
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4;

St. Mary's Orthopaedic Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	1,803	2,261	2,216
Day Cases	1,587	1,660	1,710
Outpatient Attendances	13,355	13,540	13,593
Ratio of New:Return	2.0	4.8	2.0

Mallow General Hospital:

National Clinical Programmes:

- Participation in initiatives as part of the QCCD Programmes of Care in particular implementation of the acute medicine programme including an AMU

National Cancer Control Programme:

- Transfer of non complex, non cancer colorectal surgery from CUH to MUH and day surgery procedures to MGH;

Capital Programme:

- Development of Infrastructure for Medical Assessment Unit
- Upgrading of facilities for Endoscopy

Reconfiguration Programme:

- Outreach day surgery to be implemented in MGH –(Q4);
- Out of hours ED services to be discontinued – (Q2);
- Establish a Dermatology out-reach clinic – (Q4);
- Establish Advanced Paramedics in North Cork (Q2)
- Provision of intermediate care vehicle for transport of patients to and from Cork city hospitals –(Q2)
- Cessation of Inpatient Surgery (Q2)

Service Priorities:

- Cessation of inpatient surgery, June 2011;
- The conversion of a number of inpatient beds to day beds in MGH by restructuring the existing 22 bedded 24/7 inpatient surgical ward to a 22 bedded Short Stay Surgery Unit (SSSU) consisting of 10 day beds and 12 five day beds.
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4;

Mallow General Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	3,873	4,169	4,085
Day Cases	2,320	2,494	2,569
Outpatient Attendances	11,015	11,000	11,044
Ratio of New:Return	2.0	2.0	2.0

Bantry General Hospital:

National Clinical Programmes:

- Participation in initiatives as part of the QCCD Programmes of Care in particular implementation of the acute medicine programme including an AMU , Acute Stroke Unit

Reconfiguration:

- Reconfiguration of Emergency Department and surgery services to take place in Q2, 2011;
- Outreach day surgery to be implemented in BGH – (Q4);
- Provision of intermediate care vehicle for transport of patients to and from Cork city hospitals.
- Urgent Care Centre

Service Priorities:

- Appointment of an additional Consultant Physician Post at BGH in 2011, this will be the 4th Consultant Physician Post at BGH;
- Urgent care centre;
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4;
- HSE hospitals in Cork will be consolidated in 2011. BGH will be incorporated into the CUH Group, strengthening corporate and clinical governance.

Bantry General Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	2,467	2,383	2,336
Day Cases	1,207	1,395	1,437
Outpatient Attendances	10,901	10,873	10,916
Ratio of New:Return	2.0	3.0	2.0

South Infirmary Victoria Hospital:

National Clinical Programmes:

- 2 Additional Consultant Dermatologists to be appointed in 2011 as part of QCCD Programme; with resultant increase of 30% in new dermatology outpatients as well as other targets set by the national programmes
- Implementation of a foot care programme in conjunction with CUH as part of the national diabetes programme.

Capital Programme

- Construction of new theatre development for elective orthopaedic services and upgrading of ward
- Refurbishment of surgery facilities to accommodate transfer of ophthalmology

Reconfiguration:

- Completion of relocation of orthopaedic services from SMOH to SIVUH (Q3)
- Transfer of Cardiac Services from SIVUH to Cardiac Renal Centre, CUH – (Q2);
- Transfer of In-patient Ophthalmology Service from CUH to SIVUH – (Q3);
- Transfer of OPD Ophthalmology Service to SIVUH – (Q4);
- Out of hours ED services to be discontinued – (Q2);
- Elective Plastic Surgery to be transferred to SIVUH – (Q3);
- Elective Gynae to be consolidated at SIVUH – (Q4);
- A regional pain management service to be established at SIVUH – (Q3);

Service Priorities:

- Continue to deliver medical oncology to Breast Cancer patients at 2010 levels of service in the context of standard operating procedures agreed with Cancer Centre for patient pathways;
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4;
- 2 Additional Consultant Dermatologists to be appointed in 2011 as part of QCCD Programme;
- 1 Consultant Rheumatologist joined up post between SIVUH and KGH as part of QCCD Programme.

South Infirmary Victoria Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	7,733	8,540	8,370
Day Cases	17,609	15,742	16,214
Emergency Presentations	25,216	23,226	23,226
Emergency Admissions	3,998	4,024	3,984
Outpatient Attendances	54,087	52,099	52,304
Ratio of New:Return	2.0	1.5	2.0

Mercy University Hospital:

National Clinical Programmes:

- Development of a stroke unit in line with the national stroke programme and linked in an integrated way with CUH and the citywide division of neurology and old age medicine
- Development of Outreach programmes for COPD as part of the overall national programme

National Cancer Control Programme:

- Facilitate the transfer of Cancer Services to Cancer Centre Cork University Hospital in line with NCCP, as follows
- In March, 2011 the transfer of pancreatic surgery from the MUH to CUH;
    - The transfer of Prostate Cancer Surgery to CUH;
    - The transfer of non complex, non cancer colorectal surgery from CUH to MUH;
    - Transfer of Rectal Surgery from MUH to CUH in order to centralise rectal service will take place in Q1;
    - Transfer of Upper GI to CUH – (Q3);

Capital Programme

- Construction of Acute Medical Unit
- Infrastructural development to ensure sufficient bed capacity to absorb medical services from SIVUH
- Upgrading of facilities at SMOH to provide outpatients department and Urgent Care Centre, under governance of MUH
- Commence design of regional Gastro-enterology Centre with specific proposals submitted

Reconfiguration:

- Establish Regional Gastroenterology Elective Centre under MUH governance and planning permission to be submitted – (Q4)
- Establish Acute Medical Unit in keeping with QCCD AMP Programme – (Q4);
- Transfer of Cardiac Services from MUH to Cardiac Renal Centre, CUH – (Q2);
- Opening of Urgent Care Centre in MUH and SMOH
- Transfer of outpatients to SMOH
- Ensure the recruitment of a Consultant with a special interest in Rehabilitation – (Q3);
- Diagnostic Outpatients – ambulatory & elective urology to be carried out at MUH – (Q4 11 - Q3 12);

Service Priorities:

- Ensure the recruitment of a Consultant with a special interest in rehabillitation
- Work with Cork University Hospital on the use of additional Critical Care Capacity;
- Opening of Urgent Care Centre in MUH and SMOH
- Transfer of Outpatients to SMOH
- Additional Consultant in Gastroenterologist Post to be appointed
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4
- Continue to deliver medical oncology services, in particular in relation to pancreatic, upper GI, prostate and rectal cancer patients.
- POLAR Clinic for rehabilitation of amputees to commence, led by Consultant in Rehabilitative Medicine (Q2)

Cost Containment Measures - Examples of the Hospital's Cost Containment Measures for 2011:

- Energy Savings Initiative;
- Initiative in relation to Pharmacy Costs and Stock Control;
- Additional income through varicose vein laser technology and new gynaecology service.

Mercy University Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	8027	9,032	8,851
Day Cases	17,862	18,703	19,264
Emergency Presentations	24,926	25,818	25,818
Emergency Admissions	6,213	7,053	6,982
Outpatient Attendances	40,972	45,241	45,420
Ratio of New:Return	2.0	4.4	2.0

Kerry General Hospital:

National Clinical Programmes:

- 1 additional Consultant Rheumatologist post will be appointed in 2011, with an increase of 30% in new rheumatology patients and to meet other targets which may be set by the national programme (links to SIVUH will form part of this new appointment
- Foot care programme will be introduced as part of the national diabetes programme
- Establishment of acute stroke unit
- Ongoing implementation of Acute Medicine Programme – reduction in inpatient medical admissions and length of stay;

National Cancer Control Programme:

- Under the Cancer programme, in Q1 of 2011 the transfer of rectal surgery from KGH to CUH will take place;

Capital Programme:

- New Emergency Department – (Q3 11 – Q1 12);

Service Priorities:

- Streamline and increase day procedure activity through the conversion of inpatient surgical beds to create 7 day procedure beds;
- Consultant in Obstetrics & Gynaecology with special interest in Maternal Fetal Medicine . This is a shared post between CUH & KGH;
- 1 Consultant Medical Oncologist – Shared Post between CUH & KGH;
- 2 Emergency Department Consultant Posts (1 Replacement and 1 Additional);
- 2 additional Consultant Geriatrician Posts - The opening of the CNU facility in Kerry will coincide with the appointment of 2 additional Consultant Geriatrician post, which will be shared posts with Community Services;
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4;

Cost Containment Measures - Examples of the Hospital's Cost Containment Measures for 2011:

- Greater efficiencies in collection of private income;
- Increase use of skill mix in rostering arrangements
- Review of cross cover arrangements for consultant locum cover
- Reduce reliance on agency staff in nursing and medical services
- Efficiencies in catering staffing at night

Kerry General Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	12,722	14,272	13,987
Day Cases	7,417	8,538	8,794
Emergency Presentations	33,461	31,745	31,745
Emergency Admissions	8,883	10,295	10,192
Outpatient Attendances	54,793	57,372	57,598
Ratio of New: Return	2.0	3.2	2.0

South East Acute Hospitals Network

The following sections outlines the key service improvement priorities identified for 2011 within the South East Hospitals Acute Hospitals Network.

Wexford General Hospital

National Clinical Programmes:

- Establishment of Stroke Unit in Q1 in line with National Acute Medical Programme.
- In line with National Elective Surgery Programme the development of a Rapid Access Minor Surgery Facility.
- In line with national clinical programmes implement out reach programmes for COPD
- Implement a structured heart failure programme

Capital Programme

- Progress Wexford General Hospital - ED and Maternity services projects from planning to tender and completion.
- CT scanner project to completion.
- Completion of upgrade of Decontamination facilities within Endoscopy Service to conform with National Cancer Surveillance Service.
- Work with HFH/Dignity and Design Process for the roll out of family counselling/bereavement room in Hospital.
- Upgrade of Mortuary in conjunction with Friends of Wexford General Hospital.

Service Priorities

- Introduction of early warning scoring system (EWS) in ED/Wards to improve quality access and triage.
- Introduction of LEAN principles to ED and Diagnostics to enhance PET.
- Development of enhanced patient pathways to accommodate the acute medical programme/development of MAU/ED systems.
- Rollout of surgical site infection surveillance to acute hospitals within the south east.
- Completion of discharge lounge facilities to enhance PET.
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4
- In line with the National Service Plan OPD Programme/PSA, the provision of extended working day facilities to expand patient access.
- To maintain our INAB Accreditation Standards in 2011.
- To implement the best practice findings from Wexford General Hospital Radiology and OPD Projects.
- Seek approval as required for additional consultant posts in line with roll out of Acute Medicine Programme.
- Roll out of HSE/HIQA National Standards for Safer Better Healthcare.
- Delivery of NIMIS Solution in Q3 2011.
- Introduction of VRT Reporting to facilitate timely reporting to GPs in line with Integration Programme
- Roll out of Individual Patient Dispensing of Medicine Pilot Project in extended care and residential facilities in Wexford PCSS in accordance with HIQA and PSI Standards (project commenced December 2010).
- Extend the working day in Theatre and the provision of elective surgery on Saturdays.
- Integration of Urodynamics Service with GPs.
- Integration of Physiotherapy Services with PCSS to enhance GP access.
- Reorganisation of surgical activity to facilitate the introduction of the Integrated Service Area objectives.
- Enhancement of integrated discharge planning by establishment of formal links with Gorey District Hospital.
- To maximise all facilitates available to WGH to improve day of surgery access and activity.
- The further development of an outreach programme for patients with Parkinson's Disease through the Day Hospital for Elderly Facility.

Cost Containment Measures

- Laboratory efficiencies, Pharmacy efficiencies, Energy efficiencies ,Equipment Efficiencies, Radiology Efficiencies
- Transport, Contract Savings
- Increased collection of income owed, Increased use of day care, Reduced average length of stay
- Improved stock control
- Consultant Cross cover of leave, Reduction in the use of locum cover ,
- Reduction in on call arrangements, Skill mix review, Revised systems of rostering
- Reduction in premium pay, management of absenteeism in line with National Targets, EWTD Compliance where appropriate
- Overtime and agency reduction

Wexford General Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	13,040	14,920	14,622
Day Cases	6,750	7,701	7,932
Emergency Presentations	36,607	38,425	38,425
Emergency Admissions	9,952	11,293	11,180
Outpatient Attendances	57,915	54,648	54,864
Ratio of New: Return	2.0	2.5	2.0

Waterford Regional Hospital

National Clinical Programme:

- Establish Acute Medical Unit in keeping with QCCD AMP Programme which will result in a reduction in length of stay in Waterford for medical patients and improved discharge processes – (Q1)
- Appointment of 2 additional consultants as part of the emergency medicine programme, including completion of patient experience time (PET Dataset) (Q3 / Q4)
- Implement national epilepsy programme priorities with a satellite service in Waterford Regional
- 2nd and 3rd Consultant Dermatologist –to be appointed as part of the national OPD programme with an increase of 30% in new outpatients as well as other targets set by the programme
- 2nd Post Consultant Neurologist – to be appointed in line with the national programme and increase of 30% in new neurology outpatients as well as other targets set by the programme
- As part of the national orthopaedic programme musculo-skeletal physio therapy – led clinics will be developed
- A stroke unit will be established in line with targets set by the national clinical programmes
- A structured heart failure programme will be implemented
  - Foot care programme will be introduced as part of the national diabetes programme

National Cancer Control Programme

- **Lung Cancer Services:**
  - Explore the provision of surgical service to patients from HSE South East with CUH.
  - Monitoring of KPI's on a monthly basis.
- **Prostate/ Urology Cancer Services:**
  - Establishment of a Prostate/Urology MDT.
  - Monitoring of KPI's on a monthly basis.
  - Consultant General Urologist to be appointed to support service
- **Rectal cancer services**
  - Agree and implement monitoring mechanisms for the Rectal Cancer Surgical service.
- **Skin cancer services**
  - Progress Consultant Dermatologist appointments.
  - Establish a pathway for the Implementation of the NCCP referral forms for Melanoma and BCC.
- **Medical Oncology**
  - 3rd permanent Medical Oncologist to be appointed.
  - Participate in NCCP national review of Medical Oncology drugs and resources.
  - The business case for the new build cancer centre is for review nationally.
- **Radiation Oncology**
  - Agree SLA/contract for 2011
  - Contract monitoring arrangements to continue.
  - Progress agreed enabling works.
  - Funding mechanism agreed and approved for Phase 2 of the NPRO.
  - Plan to develop Radiation Oncology services with the creation of a national network of radiotherapy facilities on 6 sites by end of 2014 continued.
  - Development of tender documentation continued.
- **Quality Assurance**
  - Lead clinicians to participate in the cohesive national specialist clinical network for the purposes of clinical audit, sharing of good practice and problem solving for common cancers established.
  - Local representation on the expert groups that are established to advise on best evidence based practice for common cancers.
  - Implementation and monitoring of the appropriate parameters defined to devise and monitor quality domains across lung and prostate and other cancers
- **Gynae –oncology**
  - Commence the process for the centralization of gynae-oncology surgical service at WRH.
- **Breast Cancer Services**
  - Recommendations from HIQA audit Implemented.
  - Monitoring process in place for the HIQA standards.
  - Participate in national referral and triage audit.
  - Implement national protocols for family risk.
  - Monitoring of the KPI's on a monthly and quarterly basis.
- **Community Oncology Programme**
  - Proportion of electronic GP referrals increased
  - Community nurse training Programme for medical oncology patients delivered. (when rolled out nationally).
  - Brief interventions with smoking cessations with primary care teams developed.
  - Referral guidelines and standardised referral forms for common cancers distributed to GP practices and integrated into GP systems.

Waterford Regional Hospital (contd.)

Capital Developments

- Progress construction Phase of the ED and NICU New Build commenced in November 2010 for completion in November 2012.
- Completion of Upgrade works in Endoscopy and Decontamination facilitates in line with the recommendations of the National Cancer Surveillance Service.
- The Rapid Access Lung & Prostate Unit will be commissioned in January 2011.
- The upgraded Chemotherapy Compounding Unit will be completed in April 2011
- Replacement of priority equipment based on Age Profile.

Service Priorities:

- Acute Medicine – Model 4 & Emergency Medicine NDQCC Programmes resource priorities pending NDQCC clarification will require additional Consultant Physician Appointments x2.
- The Stroke Unit and Stroke Team were established in 2010– additional staffing to be progressed in 2011 including 3rd Medicine for the Elderly and 2nd Consultant Neurology Posts, plus CNS Stroke Care and Health and Social care Professionals.
- Progress 3rd Consultant Cardiologist s.i Interventional Cardiology to support the PCI service.
- Role out of NDQCC Clinical Programmes for Heart Failure, COPD, Asthma Epilepsy, and Diabetes will require resource adjustment/realignment in line with NDQCC Standards.
- 2nd and 3rd Consultant Dermatologist –to be appointed
- Additional Physiotherapy Appointments to support the commencement of Musculo-Skeletal clinics to improve access and reduce waiting times for Regional Orthopaedic and Regional Rheumatology Clinics
- Complete OPD Performance Improvement Project commenced in 2010 with Research Lead NDQCC
- Complete MRI Access Project with Research Lead enabling improvement access to MRI services for the Region.
- Review Anaestetic Services in collaboration with South East Network Hospitals
- Adjust Theatre and Critical Care Staffing Levels in line with patient acuity as WRH Regional role and Cancer services evolves.
- Regional Self sufficiency for Adult Cystic Fibrosis Services
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4
- Delivery of NIMIS solution in Q3 2011.
- Participation in Phase 2 of the Hospice Friendly Hospitals Programme
- Progress Strategic Plan for ENT including Audiology Services-hospital and community.
- Progress recruitment of 3rd Interventional Radiologist Post.
- 3rd Consultant Breast Surgeon starting January 2011
- 3rd Consultant Vascular surgeon Post approved and EVAR Service to commence in line with national standards for Vascular Surgery by replacement of existing General Surgeon Post
- Consultant urologist starting mid 2011.

Cost Management Measures

- Laboratory efficiencies, Pharmacy efficiencies, Energy efficiencies ,Equipment Efficiencies, Radiology Efficiencies
- Transport, Contract Savings
- Increased collection of income owed, Increased use of day care, Reduced average length of stay
- Improved stock control
- Consultant Cross cover of leave, Reduction in the use of locum cover ,
- Reduction in on call arrangements, Skill mix review, Revised systems of rostering
- Reduction in premium pay, management of absenteeism in line with National Targets, EWTD Compliance where appropriate
- Overtime and agency reduction

Waterford Regional Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	21,046	23,537	23,066
Day Cases	19,179	18,968	19,537
Emergency Presentations	61,588	60,284	60,284
Emergency Admissions	15,348	17,092	16,921
Outpatient Attendances	131,287	148,741	149,327
Ratio of New: Return	2.0	2.9	2.0

St. Luke's General Hospital Kilkenny

National Clinical Programmes:

- Establish Acute Medical Unit in keeping with QCCD AMP Programme which will result in a reduction in length of stay in St Luke's for medical patients and improved discharge processes – (Q1)

Capital Programme

- Complete preparation work for the installation of NIMIS.
- Progress Phase 1 of Development Plan to tender stage (A/E/MAU, Day Services Unit etc)-Capital Programme
- Developement of centralised admissions area through modification of OLD OPD area- (minor capital)
- Reconfiguration of the Paediatric Unit /Minor Capital and Friends of St. Luke's Carlow/Kilkenny
- Develop plan for Admissions/Discharge Lounge (minor capital) in tandem with bed capacity reorganisation
- Upgrade of Mortuary facilities with Ger Devane Fund
- Provision of new Education Facility for Medical Students (UL/RCSI funded)

Reconfiguration

- Participate with the development of the Reconfiguration Programme

Service Priorities

- Rollout of the HSE/HIQA National Standards for Safer Better Healthcare
- Participate in the rollout of the Acute Medicine Programme and other national Clinical Programmes
- Implement Health Care Records Management Programme
- Rollout of Individual Patient Dispensing of Medicines pilot project in Long Stay Residential units in Kilkenny in accordance with HIQA and PSI standards
- Rollout of Pilot Nursing Metrics Project to Ward Areas
- Participate in Age Friendly Communities Initiative
- Rollout of EWS to Maternity and Paediatric Units
- Implement TPOT project at St. Luke's (pilot site) with the National ESP in conjunction Theatre Governance Group
- Work with HFH/Dignity and Design process and the Ger Devane Fund on the rollout of further family counselling/bereavement room on each floor of the Hospital
- Streamlining of Admissions and Waiting Lists functions .
- Hospice Friendly Hospitals Phase 2 - programme planned for rollout during 2011
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix 4
- Progress required additional Consultant Posts

Cost Management Measures

- Laboratory efficiencies, Pharmacy efficiencies, Energy efficiencies ,Equipment Efficiencies, Radiology Efficiencies
- Transport, Contract Savings
- Increased collection of income owed, Increased use of day care, Reduced average length of stay
- Improved stock control
- Consultant Cross cover of leave, Reduction in the use of locum cover ,
- Reduction in on call arrangements, Skill mix review, Revised systems of rostering
- Reduction in premium pay, management of absenteeism in line with National Targets, EWTD Compliance where appropriate
- Overtime and agency reduction.

St. Luke's General Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	14,350	14,633	14,341
Day Cases	9,508	11,098	11,431
Emergency Presentations	37,046	37,972	37,972
Emergency Admissions	10,849	11,208	11,096
Outpatient Attendances	49,072	46,420	46,603
Ratio of New: Return	2.0	1.5	2.0

South Tipperary General Hospital

National Clinical Programmes:

- Development of Outreach programmes for COPD as part of the overall national programme
- Foot care programme will be introduced as part of the national diabetes programme

Capital Programme

- Reinstate original phase 2 capital works for the acute Hospital infrastructure to include extension of ED/Day ward, relocation of MAU adjacent to ED, relocation of CT suite adjacent to CT.

Service Priorities

- Development of Psychiatric assessment room in ED
- Expansion of Day Ward service to provide a 12 hour day, 5 days per week
- Provision of Elderly Care Day service with 1wte Clinical Nurse Specialist post for Elderly care, general nursing, admin and therapy Support.
- Working with National Procurement Team continued roll out of Lean inventory management system to include Paediatrics, Theatre suite, ED and general support stores,
- Continuing links with UL and UCC for post grad medical training, physio and midwifery training, inclusion in UL Hospital Optimisation programme (UL currently working with Limerick Regional Hospital).
- Inclusion in IPMS/NIMIS/endoscopy system roll out for South.
- Appointment of 3rd Consultant Radiologist.
- Progress appointment for 1 additional ANP for ED.
- Increased Pre-operative assessment to facilitate theatre service modernisation.
- Progress service enhancement and change initiatives through the Public Service Agreement: Ref Appendix
- Development of Acute Medical assessment unit for over 65's as part of wider AMU project
- Development of Surgical assessment and admission prevention protocols for abdominal pain.
- Further development of STGH Stroke Unit

Cost Management Measures

- Laboratory efficiencies, Pharmacy efficiencies, Energy efficiencies ,Equipment Efficiencies, Radiology Efficiencies
- Transport, Contract Savings
- Increased collection of income owed, Increased use of day care, Reduced average length of stay
- Improved stock control
- Consultant Cross cover of leave, Reduction in the use of locum cover ,
- Reduction in on call arrangements, Skill mix review, Revised systems of rostering
- Reduction in premium pay, management of absenteeism in line with National Targets, EWTD Compliance where appropriate
- Overtime and agency reduction

South Tipperary General Hospital	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Inpatient Discharges	11,628	12,406	12,158
Day Cases	6,843	7,055	7,266
Emergency Presentations	35,388	32,127	32,127
Emergency Admissions	8,001	8,579	8,494
Outpatient Attendances	48,025	43,180	43,350
Ratio of New: Return	2.0	1.9	2.0

Quality, Risk and Clinical Care

The HSE South acute hospitals will continue to fully participate in the National Quality Assurance Programme. This will involve improving compliance and continuous quality improvement across a range of Quality programmes including:

- HSE Integrated Framework for Quality, Safety and Risk Management;
- HIQA National standards for Hygiene Services;
- HIQA national standards for PCHCAI (Infection Control)
- HSE Integrated Discharge Planning;
- NHO Healthcare Records Management;
- NHO Decontamination of reusable Invasive Medical Devices (RIMD)

The hospitals have established quality safety and risk management structures and processes to effectively manage and mitigate against risks. This has been achieved through the development of hospital risk registers and improved escalation and management procedures.

In line with the QA programme all hospitals have developed quality improvement plans specifically targeting areas that require improvement. In 2011 the hospitals will participate in the self assessment process, peer review, and conduct a gap analysis to prepare for the HIQA National Standards for Better Safer Healthcare.

The acute hospitals also have representation on the HSE South Regional Medical Device/Equipment Management Committee (RMDEMC) and will be participating in a baseline assessment in Q1 of 2011 with regards to the HSE Policy and Procedure for the Management of Medical Devices and Equipment. The RMDEMC reports in to the Regional Quality, Risk and Clinical Care Steering Group.

In addition the hospitals will progress submission for participation in the National Quality Assurance Programme in Radiology. The programme enables each participating hospitals to monitor and evaluate their own performance and maintain standards of quality ensuring enhancement of patient care.

In 2010 the acute hospitals completed submissions to the NCSS Colorectal Screening Program and were successful in participating in baseline assessment for selection as a screening endoscopy site. The priority for 2011 will be implementation of the recommendations to ensure selected hospitals provide a quality assured endoscopy service.

Cost Management

In order to deliver the agreed level of service quantum for 2011 the HSE South will continue with cost management strategies. An extensive cost containment program will be implemented in 2011.

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.

A key focus is on the deliverability of value for money with a strong focus on pay and non-pay areas. Every effort is made to protect direct patient services where possible.

The key cost containment priorities for Hospitals are contained under the Hospital headings and include.

Pay	Non Pay
▪ Consultant Cross cover of leave ▪ Reduction in the use of locum cover ▪ Revised systems of rostering ▪ Reduction in on call arrangements ▪ Skill mix review ▪ Reduction in premium pay ▪ Management of absenteeism in line with National Targets ▪ EWTD Compliance where appropriate ▪ Overtime and agency reduction ▪ Ongoing review of all pay and non pay expenditure across all categories: ○ Medical	▪ Laboratory efficiencies ▪ Pharmacy efficiencies ▪ Energy efficiencies ▪ Contract Savings ▪ Equipment Efficiencies ▪ Radiology Efficiencies ▪ Maximisation of income generation and income collection ▪ Increased use of day care ▪ Reduced average length of stay ▪ Improved stock control ▪ Telecommunications/ICT ▪ Education and Training

Pay	Non Pay
○ Nursing ○ Paramed ○ Non nursing ○ Maintenance ○ Administration	▪ Office Expenses ▪ Catering Efficiencies ▪ Travel and Subsistence ▪ Administration ▪ Transport

Implementing the Public Service Agreement

The HSE South are committed to transforming and modernising health services with a reduced staff resource utilising the Public Service Agreement to increase efficiency and productivity, reduce cost and improve quality. The priority initiatives for the hospitals are set out in 'Appendix 4' of this document.

Pre-Hospital Emergency Care

HSE South Ambulance Services

The key objectives of the Ambulance Service are focused on the delivery of commitments in two specific areas.

1. Ensuring trajectory improvement focused on the national response time standard (HIQA) 2011
2. The opening of the National Ambulance Control Centre, that will support the delivery of the national response time standard in the first instance.

The standard requires the delivery of a resource (minimum of "*a first responder")* to the side of a patient or to the scene of an incident (life-threatening calls only) in 7 Minutes 59 seconds. The standards require that a transporting ambulance, staffed by either a Paramedic or an Advanced Paramedic is at the side of the patient or to the scene of an incident (life-threatening calls only) within 18 minutes 59 seconds.

A key aim is trajectory improvement to show that these response time targets are achieved in 75% of all of the applicable (life-threatening) calls.

South West Acute Hospitals Network Priorities:

There are a number of key focuses in 2011 in relation to Ambulance Services for Cork and Kerry, for example;

- It is the intention to pursue the development of an Advanced Paramedic Pod in Mallow with the National Ambulance Service;
- There will be a review of Advanced paramedic Services in West Cork.

Performance Activity and Performance Indicators

The following NCCP Performance Activity / Indicators are included in the National Service Plan for delivery in 2011

Performance Activity / Indicators	Expected National Activity/Target 2010	Projected National Outturn 2010	Expected National Activity/Target 2011
Symptomatic Breast Cancer Services			
Total no. of urgent attendances	10,000	12,700	13,000
Total no. of non urgent attendances	22,000	25,600	26,000
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(No and % offered an appointment that falls within 2weeks)*	9,500 95%	12,000 95%	12,350 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for urgent referrals *(No and % offered an appointment that falls within 12weeks)*	20,900 95%	25,000 95%	25,000 95%
No. and % of newly diagnosed breast cancers discussed at MDT	2,500 100%	2,100 100%	2,100 100%
Lung Cancers			
Attendances at rapid access lung clinic	---	---	New PI for 2011
% of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	---	---	New PI for 2011 95%
No. of Rapid Access Diagnostics centres providing services for lung cancers	8	6	8
Prostate Cancers			
No. of centres providing services for prostate			
i). Rapid Access Diagnostics	8	5	8
ii). Surgery	5	7	5
Rectal Cancers			
No. of centres providing services for rectal cancers	8	13	8

The following Acute Services Performance Activity has been identified in the National Service Plan for delivery in 2011.

Performance Activity	Expected National Activity 2010	Projected National Outturn 2010	Expected National Activity 2011
Discharges Activity			
No. of patients discharged			
i). Inpatient	540,993	586,102	574,400
ii). Day Case	689,310	733,131	755,100
iii). Elective	---	---	---
iv). Non Elective/Emergency	---	---	---
% of discharges which are public:			
i). Inpatient	80%	77.2%	80%
ii). Day Case	80%	82.6%	80%
iii). Elective	---	---	---
iv). Non Elective/Emergency	---	---	---
Emergency Activity			
i). No. of emergency presentations	1,190,435	1,199,863	1,199,900
ii). No. of ED attendances	---	---	---
iii). No. of emergency admissions	330,298	365,061	361,400
Outpatients (OPD) Activity			
i). No. of outpatient attendances	3,394,882	3,577,560	*3,591,700
ii). No. of outpatient attendances (new)	---	---	---
iii). No. of outpatient attendances (return)	---	---	---

Performance Activity	Expected National Activity 2010	Projected National Outturn 2010	Expected National Activity 2011
iv). % of total appointments that are DNA	10%	14%	10%
v). % DNA (new appointments)	10%	14%	10%
vi). % DNA (return appointments)	10%	14%	10%
vii). No. of referrals to Consultant OPD clinics	---	---	New PI for 2011
viii). No. of clinics held	---	---	New PI for 2011
ix). No. of clinics postponed / cancelled	---	---	New PI for 2011
Births Activity			
Total no. of births	74,996	74,279	74,200

The following Acute Services Performance Indicators have been identified in the National Service Plan for delivery in 2011.

Performance Indicators	National Target 2010	Projected National Outturn 2010	National Target 2011
Average Length of Stay (ALOS):			
Overall ALOS for all inpatient discharges and deaths	5.6	6.16	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	---	---	New PI for 2011 5
Median LOS for patients admitted with STEMI	---	---	New PI for 2011 7.5
Median LOS for patients admitted with heart failure	---	---	New PI for 2011 Baseline to be established
Readmission			
Rate of readmission for heart failure following discharge from hospital	---	---	New PI for 2011 < 20%
Day Cases			
+	75%	69%	75%
Day of Procedure			
Overall % of elective inpatients who had principal procedure conducted on day of admission	75%	49%	75%
Emergency Department			
Average time from registration to discharge from ED for: i). all patients ii). patients who require admission iii). patients who are not admitted and are discharged	6 hours	Under review; baseline to be established	< 6 hours
% of patients admitted to hospital within 6 hours of ED registration	100%	Under review; baseline to be established	100%
% of patients discharged within 6 hours of ED registration	100%	Under review; baseline to be established	100%
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration	100%	60% Oct data	100%
Outpatients (OPD)			
New: Return ratio	1 : 2	1 : 2.6	1 : 2
Public Inpatient, Day Case and OPD Waiting Lists			
Adults			
% of adults waiting < 6 months (inpatient)	100%	75.3%	100%
% of adults waiting < 6 months (day case)	100%	86.9%	100%
% of adults waiting < 6 months (OPD)	100%	---	100%
Children			
% of children waiting < 3 months (inpatient)	100%	43.4%	100%
% of children waiting < 3 months (day case)	100%	46.3%	100%
% of children waiting < 3 months (OPD)	100%	---	100%
Births			
% delivered by Caesarean Section	20%	26%	20%
Colonoscopy Service			
% of urgent referrals waiting less than 4 weeks for colonoscopy	100%	99.2%	100%

Performance Indicators	National Target 2010	Projected National Outturn 2010	National Target 2011
Health Care Associated Infection (HCAI)			
MRSA bacteraemia notification rate per 1,000 beds days used	5% reduction	0.088 Q3 data	Reduce to 0.085 per 1,000 bed days
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	4% reduction	75.18 Q3 data	76 DDD per 100 bed days
Alcohol Hand Rub consumption per 1,000 bed days used	---	---	23 litres per 1,000 bed days used
Consultant Public: Private mix			
Casemix adjusted public private mix by hospital for inpatients	80:20	---	80:20
Casemix adjusted public private mix by hospital for daycase	80:20	---	80:20
Consultant Contract Compliance			
% of consultants compliant with contract levels (Type B / B*)	95%	---	100%
Pre-Hospital / Ambulance Response Times:			
First responder response times to potential or actual 112 (999) life threatening emergency calls i). % of Clinical Status 1 ECHO incidents responded to by a first responder in 7 minutes and 59 seconds or less.	---	---	New PI for 2011 Baseline to be established
ii). % of Clinical Status 1 DELTA incidents responded to by a first responder in 7 minutes and 59 seconds or less.	---	---	New PI for 2011 Baseline to be established

*Due to clarified OPD data definitions, 2011 OPD activity may not be directly comparable with previous years. Close month on month monitoring will take place during 2011, beginning Quarter 1 when new metrics begin to be reported

Community (Demand Led) Schemes

Introduction

The Primary Care Reimbursement Service (PCRS) supports the delivery of primary health care by managing the operation of the Schemes and providing reimbursement services to Primary Care Contractors. It accounts for more than 18% of the overall HSE budget.

As of 31 December 2011, the total number of eligible persons on medical cards nationally is estimated to be 1,779,585, representing almost 40% of the total population and a growth of 9.5% population coverage since December 2008. This is a 31.6% increase in numbers in receipt of medical cards since 2008 and a 46% increase since 2006. There are estimated to be 138,816 GP Visit Cards issued by the end of 2011, an increase of 62% since 2008.

In 2011, the key aim is to modernise the community schemes administered by the HSE. The HSE will continue to extract efficiencies out of the system, standardise process and decision making and achieve economies of scale. The continuing contraction of state revenue stream coupled with increasing numbers on the Live Register and comensurate uptake of Schemes, presents an unprecedented challenge for services in the future.

During the year, the cost savings of €424m in schemes will deliver nearly half of the overall annual cost savings for the HSE. There are considerable challenges to the delivery of this level of cost reduction and we recognise that the targets are aggressive. Should any shortfall arise, further action will be taken to deliver savings at the required level. The HSE is dependent on actions of the DoHC in regard to early implementation of key decisions to achieve these savings.

The National Service Plan has identified the following **priorities for 2011**:

- The timely provision of Medical Cards and Primary Care Schemes through centralisation
- Rationalisation of all licensed drugs/medicines reimbursed based on need
- Review of all non drug items reimbursed under the Schemes for their appropriateness, and
- Delivery of €424m in cost savings.

Current Service Level / Deliverables

- **Demand-Led Schemes**
  - Medical Card / GP Visit Cards (as at 1st January 2011, HSE South)
    - 441,994 eligible persons in receipt of Medical Cards
    - 39,100 eligible persons in receipt of GP Visit Cards
    - Representing 44.46% of the total population
  - Drug Payment Scheme cards (DPS)
    - 403,732 clients with DPS Cards (HSE South)
    - Representing 37.31% of the population

In 2010, the PCRS processed over 23,000 HSE South applications and over 9,200 reviews. The PCRS operates 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 3,130 contracts with General Practice and other Primary Care professional providers. All of these provide services to approximately 1.082 million people in the HSE South region

Table Primary Care Contracts in HSE South, 2010

Contract	Number of Contracts
GP General Medical Service Contracts	652
Mother & Infant Contracts	748
Primary Childhood Immunisation Scheme	577
Methadone Contracts	35
Dental Treatment Subsidy Scheme	539
Community Pharmacy contracts	443
Community Optometrists / Ophthalmologist	136
Total	**3,130**

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011:

KEY RESULT AREAS DELIVERABLES 2011	Target Completion
KRA: Modernisation of Community Schemes - *Centralisation of medical cards*	
▪ Centralisation of Medical Cards.	Q2
▪ Efficiencies delivered through centralisation of Medical Cards and Schemes.	Monthly
▪ Medical Card backlog addressed, if arises.	Q3
▪ Database of applications established (including cards issued and refused).	Q3
KRA: Modernisation of Community Schemes - *Licensed drugs / medicines*	
▪ Clinical focus applied to all licensed drugs/medicines reimbursed for appropriateness.	Q3
▪ Rationalisation of all licensed drugs/medicines reimbursed based on need.	Q4
▪ Continuing the review of all non drug items reimbursed under the Schemes for their appropriateness.	Q4
KRA: Modernisation of Community Schemes - *Probity*	
▪ Work Programme for Pharmacy and Dental established and commenced.	Q2

Performance Activity

The following is the Performance Activity which has been identified in the National Service Plan for delivery in 2011.

Performance Activity	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
	National	National	National
Medical and GP Visit Cards			
No. persons covered by GP Visit Cards	114,436	116,824	138,816
No. persons covered by discretionary GP Visit Cards	---	17,423	17,423 New PI
No. persons covered by Medical Cards	1,622,560	1,628,536	1,779,585
No. persons covered by discretionary Medical Cards	---	80,502	80,502 New PI
Long Term Illness			
No. of Claims	1,084,656	908,031	978,111
No. of Items	3,449,205	2,951,206	3,178,861
Drug Payment Scheme			
No. of Claims	5,030,180	3,867,176	3,836,264
No. of Items	13,631,788	11,446,841	11,355,342
GMS			
No. prescriptions	18,445,234	18,631,988	20,364,442
No. of Items	57,364,678	54,661,446	63,076,913
No. of claims – Special items of Service	714,293	736,361	740,274
No. of claims – Special Type Consultations	1,084,945	1,056,679	1,098,668
HiTech			
No. of Claims	383,324	390,900	435,345
DTSS			
No. of treatments (above the line)	1,084,517	1,352,702	968,784
No. of treatments (below the line)	111,428	112,499	53,916
No. of patients who have received treatment (above the line)	---	---	New PI for 2011
No. of patients who have received treatment (below the line)	---	---	New PI for 2011
Community Ophthalmic Scheme			
No. of treatments	679,310	671,978	715,455
i). Adult	617,170	612,554	652,186
ii). Children	62,140	59,424	63,269

Performance Indicators

The following are the Performance Indicators which have been identified in the National Service Plan for delivery in 2011.

Performance Indicators	Target 2010	Projected Outturn 2010	Target 2011
	National	National	National
% of Medical Cards processed centrally	---	---	Baseline to be set in 2011
% of Medical Cards processed centrally which are issued within 15 working days of complete application	---	---	Baseline to be set in 2011
Median time between date of complete application and issuing of Medical Card	---	---	15 days
% of GP Visit cards processed centrally	---	---	Baseline to be set in 2011
% of GP Visit cards processed centrally which are issued within 15 working days of complete application	---	---	Baseline to be set in 2011
Median time between date of complete application and issuing of GP Visit Card	---	---	15 days

Children and Families

Introduction

Children and Families 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, the HSE South is 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. The key reforms needed in 2011 are to improve the quality and consistency of services, and establish clear governance arrangements that strengthen accountability.

A wide range of services are provided, including early years services, family support services, child protection services, alternative care, services for homeless youth, search and reunion (post adoption) services, psychological services, staff training and development, registration and inspection of children's residential centres in the private and voluntary sector and monitoring of children's residential centres in the non 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 National Service Plan has identified the following **priorities for 2011** in order to meet all statutory requirements as per legislation, regulations and standards:

- Delivering all statutory services for child protection, children in care, special care, after care, youth homelessness, and adoption
- Implementing the actions of the Commission to Inquire into Child Abuse (Ryan Report)
- Implementing recommendations of internal and external audits of services e.g. HIQA's recommendations for children in care and child protection, and the HSE's National Audit of Foster Care
- Implementing the Task Force Report and the Strategic Review of the Delivery and Management of Children and Families Services
- Implementing the Revised Children First guidelines when formally launched by the OMYCA
- Maintaining and developing family support services and ensuring the provision of aftercare services are strengthened
- Further development of the National Child Care Information System (NCCIS) to ensure the implementation of standardised business processes with regard to assessment and care planning, and
- Progressing the work of the Crisis Pregnancy Programme.
- Undertake an audit of resources (financial and staff) across HSE and funded agencies;

Current Service Deliverables and Quantum

The majority of specialist services for Children & Families are provided directly by the HSE. The total budget for Children & Families Services in HSE South is in the region of €115m which supports the provision of the following services:

- 106 Children in Residential care
- 1,120 Children in Foster care
- 454 Children in placements with relatives
- 56 Children in other care settings

This funding provides:

- the statutory social work services across HSE South;
- the regional adoption services;
- alternative out-of-home care services in children's residential centres, foster care placements, placements with relatives, supported lodgings and aftercare placements and youth homelessness services;
- two 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;
- training for professional children's services practitioners of a variety of disciplines; and
- costs associated with court-related child protection and family law work.

The significant HSE South funding allocation of over €5m to voluntary and community agencies is included in this budget.

The HSE South reports annually on the services that it delivers using this budget, both through the statutory Section 8 Report on the Adequacy of Services, and through the national Interim Data Set and Performance Indicators.

Service Delivery, Organisational Improvements and Cost Management enabled by the PSA

- In Q1 2011 HSE South will complete the establishment of a Regional Office for Children and Families Services. In January 2011 a Lead Local Health Manager for Children and Families Services across HSE South was assigned. The commencement of this role will enhance and further develop HSE South Children and Families Services. A Regional Steering Group was established in 2010 to progress a range of actions under a number of headings – Integration, Service Rationalisation and Improvement, Performance, Foster Care Action Plan, Linkage with National Agenda/Groups, Policy Implementation and Communication. Where relevant the work of the Group is being progressed through sub-groups to drive change and improvement – Foster Care, Child Protection/Children First, Training and Education, Duty System Policy, Residential Care, Organisational Integration (PA Report)
- In Q1 2011 HSE South will review progress on Regional Action Plan Children & Families Services including Foster Care Service.
- In 2011 HSE South will continue the roll out of local service model in the test site - Kerry ISA and will prepare for full implementation of the revised management structure across HSE South.
- Pilot Out of Hours Project in Cork city and the development of an out of hours option in Wexford.
- In line with the recommendation of the Ryan Implementation Plan HSE South will participate in the review to be undertaken of working hours of HSE social work staff and those of funded agencies. Changes to working patterns / flexible working introduced where appropriate.

Quality and Risk

The following are the Quality and Risk priorities for Children and Families Services in HSE South.

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- Recommendations arising from incidents or investigations are implemented.
- Action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas have been identified in the National Service Plan for delivery in 2011:

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
KRA: Delivery of Statutory Services	
Children in Care and Aftercare: ▪ Each child in care has a care plan and an allocated social worker.	Q2
▪ Dedicated Children in Care Teams established in each area, in accordance with the strategic review of the delivery and management of Children and Families Services implementation. **HSE South** ▪ Development of Children in Care Teams will be progressed in line with the strategic direction of the delivery and management of Children and Families Services	Q4 Q4
▪ Audit of compliance of standardised alternative care planning template commissioned and completed.	Q4
▪ Compliance with Section 45 of Child Care Act 1991 and 2010 policy directive from Minister for Children and Youth Affairs, in relation to Aftercare services.	Q1
▪ National Policy on Aftercare implemented.	Q4

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
Special Care:	
▪ Capacity review of Special Care and High Support Services concluded.	Q2
▪ Development programme to increase capacity continued to be progressed.	Q4
▪ Placements of children in special care facilitated as required.	Q4
Youth Homelessness:	
▪ Care needs of children under 18 years who are homeless met by the HSE services.	Q4
▪ In accordance with Ryan Implementation Plan, review undertaken of practice in relation to Part 2, Section 5 of the Child Care Act where homeless children can be placed in accommodation and not received into the care of the HSE.	Q4
Child Protection and Implementing the Revised Children First Guidelines:	
▪ Compliance with provisions of Child Care Act, 1991 and Children First National Guidelines.	Monthly
▪ Cross-Sectoral Implementation Plan developed with supplementary HSE implementation plans across all four regions.	Q3
▪ Dedicated national and regional units to implement and monitor compliance with *Children First*.	Q2-Q4
▪ National audit of child protection policies, practices and procedures in Catholic Church Dioceses completed and report submitted to Minister.	Q2
▪ National audit of child protection policies, practices and procedures in Religious Orders completed and report submitted to Minister.	Q4
Adoption:	
▪ Arrangements are in place to ensure the full implementation of the provisions of Adoption Act, 2010 as it relates to the HSE.	Monthly
HSE South is implementing the provisions of the Adoption Act 2010 through the two dedicated Adoption Services in the region	
KRA: Implementing strategies to support service delivery - *Task Force on Children and Families*	
Implementing the Task Force Report : **Further development of the National Child Care Information System:**	
▪ Standardised business processes implemented [through NCCIS] in the remaining 22 LHOs for referral, initial assessment and further assessment processes.	Q2
▪ Child Protection, Child Welfare and Children in Care, Family Welfare Conferences processes commenced.	Q3
▪ Project to go to tendering process once agreed by the peer review group.	Q2
▪ National Child Care Information System (NCCIS) tendering evaluation and selection.	Q4
Children's Services Committees:	
▪ A further 8 Children Services Committees in place.	Q4
KRA: Implementing strategies to support service delivery - *Implementation of PA Consulting Report - Strategic Review of the Delivery and Management of Children and Families Services*	
▪ Implementation of PA Consulting Report on restructuring of Children and Families Services commenced and including completion of initial testing in selected regions and expansion of rollout beyond these areas.	Q4
HSE South	
▪ Establishment of Regional Office, Children & Families Services HSE South. In Q1 2011 HSE South will complete the establishment of a Regional Office for Children & Families Services. A Lead Local Health Manager for Children and Families Services across HSE South has been assigned. A Regional Steering Group was established in 2010 to progress a range of actions under a number of headings – Integration, Service Rationalisation and Improvement, Performance, Foster Care Action Plan, Linkage with National Agenda/Groups, Policy Implementation and Communication.	Q1 Monthly
▪ Continue roll out of local service model in test site - Kerry ISA	
▪ Prepare for full implementation of PA Consulting Report across South	Q4
▪ In line with the recommendation of the Ryan Implementation Plan review undertaken of working hours of HSE social work staff and those of funded agencies. Changes to working patterns / flexible working introduced where appropriate.	Q4
KRA: Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009	
Implementing the actions of the Commission to Inquire into Child Abuse:	
▪ Research on social work staff retention issues commissioned and completed.	Q3

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
▪ Maintain full 2010 complement of social work and related staff subject to the moratorium exemption and funding and output from research on social work staff retention issues. **HSE South** will monitor staff levels on a monthly basis.	Q4
▪ Nationally an additional 60 Social Workers appointed of which HSE South will receive an appropriate allocation	Q3
▪ Mandatory year of limited caseload, supervision and support for newly qualified social workers in place. **HSE South** will support newly qualified social workers through induction, supervision and protected caseloads. ▪ Rotation of social workers across children in care, child protection and child welfare teams implemented where appropriate.	Q1 Q4
▪ Multidisciplinary team for children in care and detention established	Q2
▪ Enhanced services for young people leaving care in line in line with statutory commitments and aligned with implementation of the *Strategic Review of the Delivery and Management of Children and Families Services.* **HSE South** will take a proactive approach to care planning for children leaving care and in line with national policy on Aftercare	Q4
▪ Provision of additional counselling services to victims of child abuse.	Q1
▪ Analysis of addiction services for children nationwide based on best practice undertaken.	Q4
▪ Scoping exercise on data collection regarding children from ethnic minority backgrounds to ensure that their cultural identity is respected and their needs met.	Q2
▪ Audit of resources (financial and staff) carried out across HSE and funded agencies in delivering the children and families programme.	Q2
▪ Practice placements supports for social work students enhanced.	Q2
▪ Project plan for archiving records of all children in care completed.	Q4
▪ Recommendations of the 2007 Report on Treatment Services for Persons who Have Exhibited Sexually Harmful Behaviour implemented.	Q2
▪ Exit interviews conducted with children leaving or changing care placements.	Q4
▪ Planned implementation of key findings and recommendations of independent reviews / serious case reviews and other relevant reports / inquiries. This includes HIQA reports and HSE's national audit on foster care.	Q3
Out of Hours: ▪ Pilot sites in South and West fully operational and evaluated. Expansion of services progressed in line with findings of evaluation. **HSE South:** ▪ Pilot site in Cork to be established and evaluated and out of hours option in Wexford developed	Q2 Q2
▪ *'Working with Children and Young People: A Quick Guide for Frontline Staff'* and young peoples version of *'Your Service, Your Say'* implemented.	Q4
KRA: Crisis Pregnancy Programme - *Addressing the issue of crisis pregnancy through education, advice, counselling, medical and contraception services*	
Progressing the work of the Crisis Pregnancy Programme: ▪ Implementation of the recommendations in the national strategy continued, with further projects identified and implemented.	Ongoing

Performance Activity and Performance Indicators

The following Performance Activity and Performance Indicators have been identified in the National Service Plan for delivery in 2011.

Performance Activity and Indicator	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Child Abuse			
No. of referrals of child abuse (abuse includes neglect as one of the 4 definitions)	---	---	For reporting in 2011
i). % of referrals of child abuse and neglect where a preliminary	---	---	New PI for 2011

Performance Activity and Indicator	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
enquiry took place within 24 hours			100%
ii). % of these initial assessments which took place within 20 days of the referral.	---	---	New PI for 2011 100%
iii). No. of first child protection conferences requested	---	---	New PI for 2011
Family Support Services			
No. of families in receipt of a family support service (see metadata for list of relevant services)	---	---	New PI for 2011
Residential and Foster Care			
No. and % of children in care by care type	1,638	1,723	1,748
i). Children's Residential Centre (Note: Include Special Arrangements)	73	93 5.4%	< 7%
ii).Foster care(not including day fostering)	1,053	1,108 64.3%	60%
iii).Foster care with relatives	409	469 27.2%	30%
iv).Other care placements	103	53 3.1%	3%
No. of children in single care residential placements	---	---	New PI for 2011 0
No. of children in residential care age 12 or under	---	---	New PI for 2011 0
No. of children in care in third placement within 12 months	---	---	New PI for 2011 0
Allocated Social Workers			
No. and % of children in care, by care type, who have an allocated social worker at the end of the reporting period:	100%	95%	100%
i). No. and % of children in residential care	100%	94%	100%
ii). No. and % of children in foster care	100%	96%	100%
iii). No. and % of children in foster care with relatives	100%	95%	100%
iv). No. and % of children in other care placement	100%	86%	100%
Care Planning			
% of children in care who currently have a written care plan as defined by Child Care Regulations 1995, by care type at the end of the reporting period.	100%	86%	100%
i). % of children in residential care	100%	92%	100%
ii). % of children in foster care	100%	87%	100%
iii). % of children in foster care with relatives	100%	83%	100%
iv). % of children in other care placement	100%	82%	100%
% of children (by care type) for whom a statutory care plan review was due during the reporting period and the review took place:	---	---	New PI for 2011 100%
i). % of children in residential care	---	---	New PI for 2011 100%
ii). % of children in foster care	---	---	New PI for 2011 100%
iii). % of children in foster care with relatives	---	---	New PI for 2011 100%
iv). % of children in other care placement	---	---	New PI for 2011 100%
Foster Carer			
Total number of foster carers	---	---	New PI for 2011
No. and % of foster carers approved and on the foster care panel, Part III of Regulations	---	---	New PI for 2011
No. and % of relative foster carers where children have been placed for longer than 12 weeks who are not approved and on the foster care panel, Part III of Regulations	---	---	New PI for 2011 0%
No. and % of approved foster carers with an allocated social worker.	100%	87%	100%
Children in Care in Education			
i). No. of children in care aged 6 to 16 inclusive.	---	---	New PI for 2011
ii). No. and & of children in care aged between 6 and 16 years in full time education	---	---	New PI for 2011 100%
After Care			

Performance Activity and Indicator	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
No. of young adults aged 18-21 in receipt of an aftercare service	---	---	New PI for 2011 100%
Children and Homelessness			
No. of children placed in youth homeless centres/units for more than 4 consecutive nights (or more than 10 separate nights over a year)	---	---	New PI for 2011
No. and % of children in care placed in a specified youth homeless centre / unit	---	---	New PI for 2011
No. of referrals made to the Emergency Out of Hours Place of Safety Service	---	---	New PI for 2011
No. of children placed with the Emergency Out of Hours Placement Service	---	---	New PI for 2011
Total number of nights accommodation supplied by the Emergency Out of Hours Placement Service	---	---	New PI for 2011
Pre-School			
No. of notified pre-school services in LHO area.	5,000 (National)	4,461 (National)	4,461 (National)
% pre-school services which received an inspection	2,147 (National	---	New PI for 2011 100%
No. and % of pre-schools that are fully compliant.	---	---	New PI for 2011
No. of notified full day pre-school services.	---	---	New PI for 2011
% of full day services which received an annual inspection	---	---	New PI for 2011 100%
No. of pre-school services in the LHO that have closed during the quarter	---	---	New PI for 2011
No. of pre-school complaints received	---	---	New PI for 2011
% of complaints investigated	---	---	New PI for 2011 100%
No. of prosecutions taken on foot of inspections in the quarter	---	---	New PI for 2011

Mental Health

Introduction

The promotion of positive mental health spans all life stages, and in conjunction with early intervention and treatment can facilitate improved outcomes. HSE South Mental Health Services include a broad range of acute, community and specialised inpatient services for children and adolescents, adults and older people The HSE South Mental Health Services plan for 2011 includes a range 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.

The *'Vision for Change' National Policy document on Mental Health* details a comprehensive model of mental health service provision for Ireland and in line with this policy direction, the HSE South Regional Service Plan 2011 includes a range 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 will entail a continued shift to community-based services to support people living as independently as possible. Our purpose is to provide a service for people of all ages who need specialist assessment, care and treatment for mental illness. In doing so, our strategic objectives are to:

- Support people's 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 and cost-effective care and treatment.

The National Service Plan has identified the following **priorities for 2011**:

- Continue to implement elements of a *Vision for Change,* particularly reconfiguration of services from a model of care predicated on inpatient provision to a community based recovery model, reconfiguration of community mental health teams, development of clinical pathways and progressing the capital infrastructure
- Implement measures to reduce suicide rates
- Enhance the provision of Child and Adolescent Mental Health Services, and
- Progress provision of National Forensic Services.

The promotion of positive mental health spans all life stages and in conjunction with early intervention and treatment, can facilitate improved outcomes. In recent years there has been a move towards increased specialisation including rehabilitation and recovery, liaison, forensic, mental health services for people with an intellectual disability and suicide prevention initiatives. Services are provided by the HSE and voluntary sector partners in a number of different settings including the service users' own home, acute inpatient facilities, community mental health centres, day hospitals, day centres and supported community residences.

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.

The guiding principle for the HSE South development of Mental Health services is the implementation of 'Vision for Change' the National Policy document on Mental Health.

The key themes in the Vision for Change include:

- Involvement of service users in service development;
- Importance of mental health promotion;
- Further development of community based Multi-Disciplinary Teams;
- Recovery orientation to inform all aspects of service delivery;
- Catchment areas to be realigned;
- Equitable access to service and new service developments;
- Plan and deliver a more appropriate range of treatment options through the closure of old mental health hospitals and reinvestment of the resources released;
- Development of Mental Health Information Systems;
- Manpower planning, education and training of key Mental Health Professionals to be further strengthened;
- Implementation Review Committee established to oversee implementation of policy;
- Additional funding required in addition to re-orienting existing service delivery.

A key priority identified in the implementation plan of Vision for Change is "Catchment Area Definition and Clarification" and Management and Organisation of Mental Health Services (MHS). In this regard reorganisation of services to the larger catchment areas has happened. Thirteen expanded mental health catchment areas were identified nationally with four in the South.

In addition, another key priority for the HSE has been to reconfigure acute inpatient services. In respect of HSE South, Vision for Change recommendations indicates a requirement of 180 acute inpatient beds for the population of the South that is 50 beds per 300,000 population, we currently have 352 (172 above the recommended numbers). An important priority here is to reconfigure this service and associated resources in line with Vision for Change to support the delivery of community based services.

Current Service Deliverables and Quantum

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
- 379 Long Stay beds – this is a decrease of 104 long stay beds from last year in line with the recommendations of VFC and the placement of older clients from institutional care to more appropriate continuing care settings.
- 668 Community Residential Places -decrease of 59 places. The decrease in high and medium support places and the increase in low support places reflects the move of clients through the stages of rehabilitation from high to medium to low.
    - 407 High Support
    - 105 Medium Support
    - 156 Low Support
- 183 Day Hospital Places
- 638 Day Centre Places
- Expansion of Community Mental Teams (CMHT) - Vision for Change recommends one multidisciplinary CMHT per 50,000 population with two consultants psychiatrist per team. For the South this would equate to approximately 22 teams. The table below shows 32 teams, however it should be noted that the majority of these teams operate with one consultant and provide a service to sectors of approximately 30,000 population. In line with Vision for Change and the development of the expanded catchment area these teams will be reconfigured to serve populations of 50,000 and with the reconfiguration of our long stay mental health facilities the multidisciplinary membership of some teams will increase in 2011.

Local Health Office / Expanded Catchment Area	Population	Number of General Adult Community Mental Health Teams
Waterford	123,844	4
Wexford	131,749	2
Total	**255,593**	**6**
South Tipperary	84,614	3
Carlow/Kilkenny	120,631	5
Total	**205,245**	**8**
North Lee	167,701	4
North Cork	80,769	3
Total	**248,470**	**7**
South Lee	179,260	5
West Cork	53,565	1
Kerry	139,835	5
Total	**372,660**	**11**
SOUTH	**1,081,968**	**32**

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 2011 include:

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

In the development of Primary Care Centres, facilities for community mental health services will be included in the briefs. Plans for the development of Community Nursing Units to facilitate the closure of the old psychiatric hospitals are currently underway.

Capital projects that are to be completed and / or to become operational in 2011 to facilitate the completion of reconfiguration of Mental Health Services in a number of areas and in line with development of Child & Adolescent Inpatient Services are included in the Capital Plan for 2011 as follows:

- Bessboro, Cork – Child and Adolescent inpatient unit
- Tipperary South –
  - provision of residential unit,
  - high support hostel
  - day hospital
- St. John's, Enniscorthy – rehabilitation and Mill View / Haven – high support hostels
- Gorey – day hospital
- Wexford – day hospital extension
- Waterford City – day hospital
- Dungarvan – day hospital
- Waterford – day centre; refurbishment of regional hospital
- Wexford - Commence Construction of 50 bed Community Nursing Unit to facilitate the transfer of patients from existing mental health facilities

Service Delivery, Organisational Improvements and Cost Management enabled by the PSA

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
- Cork
- Kerry

With the development of Integrated Service Areas (ISAs) in both Cork and Kerry there will be a transition of the current management structures to reflect the new arrangements. Therefore Cork and Kerry Mental Health services will be managed separately by end of 2011.

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.

- The ECD's and management teams will be implemented in South Tipperary/Carlow Kilkenny and Waterford/Wexford in Q1 2011 where significant progress has been made in leading the reconfiguration of

services, particularly the reduction in acute beds and the development of appropriate community and alternative facilities in line with *Vision for Change.*

- The process for implementation in Cork and Kerry ISAs will be developed in Q1 and implemented in Q2.

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 2011 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.

HSE South is committed to ongoing consultation and engagement with all key stakeholders in relation to the development of Mental Health Services including service users and representatives, staff, and local representatives. Consultation and engagement will continue in 2011 and will continue to be a critical element in the development and roll out of plans.

Carlow/Kilkenny and South Tipperary Extended Catchment Area

A Steering Group and a Project Group are in place to oversee the reconfiguration of Mental Health Service in Carlow/ Kilkenny and South Tipperary (CKST) and a" Governance Framework Document" has been published which sets out the specific governance arrangements to apply for the development of integrated community based Mental Health Services and Acute Services in the expanded catchment area of CKST in line with the recommendations of Vision for Change.

In 2011, HSE South will continue 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 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 with only 55 long stay beds remaining on campus. With the completion of a number of the new facilities in 2011 these beds will close.

Acute Inpatient facilities for South Tipperary will be provided in St. Luke's Hospital Kilkenny which is a 44 bed purpose built acute psychiatric unit. To facilitate this reconfiguration of services, 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. This will also involve transfer of responsibility for Acute Inpatient services in respect of North Tipperary clients to HSE West. This is in line with the national process for implementation of VFC.

The Capital Infrastructure underway to facilitate reconfiguration of the service includes:

- 40 bed adapted Community Nursing Unit on the campus of South Tipperary Mental Health Services. Construction has started and target completion date is November 2011.
- 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 tender has been awarded and construction due to start February 2011. The target completion date is December 2011. The Service Headquarters will provide a location for staff to deliver services in the community.
- The Crisis House 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. Alternative facilities to provide services on an interim basis pending the opening of Crisis House are currently under consideration.
- 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. Construction commenced January 2011 with completion date of December 2011.
- Provision of 2 Community Residences for inappropriately placed Intellectual Disability clients is progressing with a voluntary provider

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 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. Dympna's and St. Canice's in Carlow / Kilkenny continues with 42 beds closed to date. In line with VFC principles HSE South will reduce 15 inpatient beds in St Dympna's Hospital, Carlow in 2011 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.

Waterford and Wexford Extended Catchment Area

The HSE has outlined a comprehensive plan, based on the national mental health strategy Vision for Change, for the further development of mental health services in Wexford and Waterford. This plan includes a significant capital investment of €18.68m to develop community and acute facilities in Wexford and Waterford.

This plan will see the vast majority of patients and clients being treated in the community by building on existing community mental health teams, outpatient clinics, hostels and day services with only a small number requiring care in an acute inpatient setting. To facilitate this, community services in Gorey, Wexford town and Enniscorthy are being enhanced to be available 7 days a week. For the small number of people who require inpatient treatment, this will be available in Waterford and in Newcastle Hospital, Co Wicklow (for north Wexford patients) in acute units approved by the Mental Health Commission.

During 2011/2012, HSE South will complete the process for the total closure of the long stay accommodation at St Senan's Hospital with the implementation of approximately €16m capital investment programme and a number of community based services developments including;

Community Developments:

Day Hospitals

Developing Day Hospitals will be a key factor in the provision of acute services. A number of these day services already exist in Enniscorthy and Wexford town providing services 7 days a week and since their introduction, there has been a 20% reduction in the need for acute admissions in the county.

- ***Day Hospitals are being developed in:***
  - Gorey - €80,000 - constructed and being fully commissioned
  - Wexford Town - €300,000 - being developed adjacent to existing mental health centre
  - Waterford City x 2 - €600,000 - new developments in conjunction with primary care
  - Dungarvan - €200,000 - new development in conjunction with primary care
- ***Tús Nua High Support/Rehab Hostel***
  A purpose built 12 bedded High Support/Rehab Hostel, named Tús Nua, is under construction at an investment of €3.2m. The facility is being built at St. Johns, Enniscorthy. Due to fire damage there will be a three month delay but construction should be completed in September 2011 and it should be available for occupation in December 2011. The unit will function as a High Support Hostel including three crisis beds for the Rehabilitation Team.
- ***Three High Support Residences***
  Funding has been secured to allow the development of three High Support Residences at St. Johns, Enniscorthy at an investment of €4.6m. It is anticipated that the three units will be available for occupation in November 2011.
- ***Community Nursing Unit***
  A Community Nursing Unit is to be developed on the grounds of Wexford General Hospital at an investment of €8m. It is anticipated that it will be available for occupation in April 2012.

Acute Services:

The decision by the Mental Health Commission that the Approved Centre Registration of St. Senan's Hospital will expire on 28th February 2011 has necessitated the acceleration of planned acute service developments across the Wexford / Waterford extended catchment area. Acute services will be provided as follows;

- Acute bed capacity, for the region, will be provided for in the Department of Psychiatry, Waterford Regional Hospital, where there are 44 beds. The acute unit in Waterford is a purpose built acute psychiatric unit and an investment of €1.5m has been approved to improve the infrastructure of this Department to meet international best practice standards. These essential works are being progressed immediately without impacting on the operation of the 44 beds
- A dedicated inpatient service (5 acute beds) has been secured at Newcastle Hospital, Co. Wicklow to facilitate acute admissions from Gorey and the North Wexford area from January 2011
- Under Vision for Change, 43 acute beds are required for the Wexford / Waterford extended catchment area (population of 255,593). The Wexford/Waterford catchment area has a total of 49 beds; 44 beds in Waterford and, from January 2011, an additional 5 beds in Newcastle Hospital, Co. Wicklow to cater for patients in North Wexford).
- The appointment of two Consultant Psychiatrists has been approved in order to facilitate this re-organisation of in-patient services and to provide consultant cover for the newly established day hospitals across the region
- A respite facility (formerly termed crisis house) will be developed in Enniscorthy. This facility will provide respite of up to 72 hours for service users who are known to the services and will ensure that an immediate local placement is available. The first step in the development of this service will be the establishment of six beds in St. Senan's on a non acute ward; these beds will then transfer to a high support residence.

It is recognised that Vision for Change norms are not achievable in the short term due to current economic conditions. The plan for Reconfiguration of Acute Adult MHS in Waterford and Wexford identifies a number of key developments to facilitate the closure of St. Senan's Hospital and to support a community based model of service delivery in line with HSE and Government Policy. This plan is primarily based on reconfiguration of existing services.

South Lee & West Cork Extended Catchment Area

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

- Planning ongoing for new acute unit to replace GF on site of CUH
- Development of Sector HQ at Mahon/Blackrock Primary Care Centre
- Development of day centre at Kilmoney Carrigaline
- Planning for 3 short stay apartments at Oaklodge in conjunction with Cork Mental Health Association
- West Cork MHS operation as one Community Mental Health Team per 50,000 as per Vision for Change
- Purpose built extension and refurbishment of Perrott House
- Roll out of the successful Recovery Genio Proposal entitled 'The Enhancement of Recovery Orientation Values, Attitudes & Practices in WCMHS' which will involve: Trialogues through-out the year, the development of a recovery resource and a West Cork Mental Health Forum community event.
- Development of the Primary Care Liaison Service – recent appointment of an Advanced Nurse Practitioner will progress this service.
- The continued development of the Co operative leadership programme with DCU

North Lee and North Cork Extended Catchment Area

HSE South will advance the Vision For Change 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 psycho geriatric 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.
- In line with VFC a Rehabilitation Team has been put in place which includes a consultant psychiatrist with special interest in rehabilitation.

- Mallow Primary Care Centre opened in 2010. This includes a day hospital for Mental Health Services which will open in April 2011 and a Sector HQ which will transfer by end of March 2011. Mental Health Services will transfer in early in 2011
- Further examination of current long stay and hostel facilities underway to identify resources to transfer to community.
- Introduction of HBTT in 2010 in North Lee which continues to increase / expand its caseload, with team staffing increasing also.
- Triage Nurse commenced at St. Michael's Unit on 24/7 basis in May 2010. This nurse does an initial assessment on all patients arriving at the unit and identifies the appropriate care pathway which can include referrals to outpatient clinics or community mental health teams or admission
- Service User Involvement - An expanded group programme at Inniscarrig Day Centre is meeting the needs of service users by incorporating such programmes as, Healthy living, Woman's support group, Community Integration Group. (NLMHS)

Kerry Extended Catchment Area

HSE South will advance the Vision For Change agenda to allow for further development of Mental Health Services in Kerry including:

- The complete closure of St Paul's Ward (St. Finan's Mental Hospital), Kerry. The closure of St Paul's Ward which originally had12 beds and now has 7 has been ongoing since 2010. The development of community based services has coincided with the gradual decline in the number of clients. The complete closure will be affected in Q2, 2011. The closure of St. Paul's ward will yield some additional staff to allow for further enhancement of Community Mental Health Teams and maintain existing levels of service.
- An overall assessment of residential needs for secure and enduring mental illness clients is being conducted in the Extended Catchment Area.
- Plans are being progressed and briefs prepared for residential healthcare units including, 24 place continuing care for older people/challenging behaviour, 10 place Intensive Care Unit, 15 Place community residence.
- Architect appointed to commence design of a new close observation unit attached to the acute psychiatric unit in Kerry General Hospital.
- Headstrong is supporting 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.

Child & Adolescent Services

Services for Children & Adolescents are provided through multidisciplinary teams consisting of consultants, psychologists, social workers, speech & language therapists, occupational therapists and nurse specialists.

Child & Adolescent Mental Health Inpatient Units

- The new 20 bed unit at Bessboro will initially open in February 2011 with 12 beds and the remaining beds will open in March / April 2011 following the appointment of the additional staff including a second consultant psychiatrist.

Child & Adolescent Teams

- In 2009, 3 additional Consultant led teams were employed in Wexford, Carlow/Kilkenny and South Lee/West Cork. In 2010 an additional team was created in Kerry and Waterford's existing team was enhanced by 5 posts. This increase in staffing in the Child & Adolescent Teams will help achieve the targets set in the National Service Plan for reduction in waiting time and waiting lists. 2011 will see the full year impact of CAMHS teams employed in 2010.

Existing CAMHS Teams

Local Health Office / Expanded Catchment Area	Population	Number of Teams
Waterford	123,844	1
Wexford	131,749	2
Total	**255,593**	**3**
South Tipp	84,614	1
Carlow/KK	120,631	1
Total	**205,245**	**2**
North Lee	167,701	2
North Cork	80,769	1
Total	**248,470**	**3**

Local Health Office / Expanded Catchment Area	Population	Number of Teams
South Lee	179,260	2
West Cork	53,565	1
Kerry	139,835	1
Total	**372,660**	**4**
SOUTH	**1,081,968**	**12**

Quality and Risk

The following are the Quality and Risk priorities for Mental Health Services in HSE South.

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- All recommendations arising from incidents or investigations are implemented.
- All action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011:

KEY RESULT AREAS	
DELIVERABLE OUTPUT 2011	**Target Completion**
KRA: Enhancing Service Provision through Structural Changes / Changes in procedures and practices	
Completion of Executive Clinical Director (ECD) teams by:	
▪ Staff reconfigured to complete multidisciplinary ECD Management Teams.	Q4
HSE South:	
▪ Each extended Catchment Area across HSE South will work with National Lead and Assistant National Director in rolling out national programmes during 2011. This will be a key result area for the Regional Management Team in 2011	Monthly
▪ Integrated clinical care pathways developed.	Q4
HSE South:	
▪ Each extended Catchment Area will participate, as appropriate, in the development of integrated clinical care pathways being overseen nationally by the Quality and Clinical Care Directorate.	Q4
▪ Integrated clinical care pathways introduced in accordance with nationally agreed implementation plan.	Q4
ICT:	
▪ External review conducted on the performance and functioning of WISDOM.	Q2
▪ National ICT business requirements established.	Q4
HSE South:	
▪ HSE South MHS ICT requirements to be identified and included in the national business case.	Q4
Service user participation:	
▪ Increased participation in planning and delivering better mental health services with service users through existing partnership.	Monthly
HSE South:	
▪ Mental health service users and carers to be included when planning and developing services.	Monthly
Care planning:	
▪ Collaborate on care planning with Mental Health Commission (MHC) in 8 HSE pilot sites completed and evaluated.	Q3
HSE South:	
▪ Participation by South Mental Health Services' (Wexford & Eist Linn) in the National Mental Health Services Collaborative (NMHSC) on Care Planning concluded.	Q3
▪ Following publication, NMHSC project evaluation disseminated to all Mental Health Services in South	Q4
Mental Health in Primary Care:	
▪ A third cohort of PCTs will participate in the Team Based Approaches to Mental Health in Primary Care Accredited Programme.	Q3

KEY RESULT AREAS	
DELIVERABLE OUTPUT 2011	**Target Completion**
HSE South: ▪ Each ISAM / OAM to link with PCT's to identify staff to participate in Team Based Approaches to Mental Health in Primary Care Accredited Programme	Q2
KRA: Service reconfiguration - *Reconfiguring services from a model of care predicated on inpatient provision to a community based recovery model*	
Reductions in inpatient beds: ▪ Further reduction of inpatient beds to 1,051 acute inpatient beds for adults apportioned by population served (including St Michael's in South Tipperary, St Senan's, Wexford and St Ita's North Dublin). **HSE South:** ▪ Reconfiguration of Acute Services in Wexford/Waterford including closure of 26 Acute Beds, St Senan's Wexford. ▪ Inpatient capacity reconfigured from South Tipperary to Mid-West. **HSE South:** ▪ Agree and transfer appropriate resource to Mid-West to allow for acute inpatient admissions for North Tipperary.	Q4 Q2 Q2 Q2 Q2
Community Mental Health Teams (CMHTs): ▪ CMHTs resourced from reconfiguration of inpatient capacity. **HSE South:** ▪ South Tipperary & Carlow Kilkenny - CMHTs and HBTT to be developed and existing teams enhanced following reconfiguration of services. ▪ Wexford & Waterford - CMHT to be enhanced following reconfiguration of existing inpatient capacity. ▪ Gaps in other CMHTs resourced, as appropriate, from reconfiguration of inpatient capacity.	Monthly Q4 Q2 - Q4 Q2 - Q4
▪ CMHT capacity strengthened (through effective multidisciplinary team working, up-skilling etc). **HSE South:** ▪ Discussions with Regional Education Centres / Centres of Nurse Education on scheduling and Provision of suitable programmes for MHS staff in accordance with identified needs concluded. ▪ Staff from South Mental Health Services released to attend / undertake training programmes as appropriate	Monthly Q2 Q3-Q4
Discontinue direct management of medium and low support provision: ▪ Discussions with external providers to manage low and medium support infrastructure concluded and direct management and staffing of low and medium support accommodation discontinued. **HSE South:** ▪ ISA/OAM to review management and staffing of medium and low support hostels and arrange where appropriate for external providers to manage them.	Q3 Q1
KRA: Service reconfiguration - *Reinvestment of exchequer funding*	
▪ Funding returned from the Exchequer (from closure and sale of old psychiatric hospitals and other assets) reinvested in mental health infrastructure. **HSE South:** ▪ ISA / OAM to complete and progress Capital Projects identified for HSE South.(Sth Tipp, Wexford, Waterford)	Monthly Q1-Q4
KRA: Suicide Prevention and Stigma Reduction	
Implement measures to reduce suicide rates: ▪ All action areas in Reach Out progressed, maximising efficiencies and utilising available resources in both statutory and voluntary sectors. ▪ National See Change Campaign supported. **HSE South:** ▪ HSE South to support the national campaign and facilitate local campaigns. ▪ Number and range of training and awareness programmes developed. **HSE South:** ▪ Programmes ongoing in HSE South, through Suicide Resource Officers in South East and South West ▪ Response to deliberate self harm presentations improved and standardised. **HSE South:** ▪ HSE South will support through Liaison Teams, Crisis Nurses in A/E Depts etc. ▪ Primary care capacity developed to respond to suicidal behaviour and consider new models of response considered. **HSE South:** ▪ Ongoing in HSE South, through Suicide Resource Officers in South West and South Eat ▪ Helpline supports for those in emotional distress coordinated and widely publicised.	Q4 Q1 – Q4

KEY RESULT AREAS	
DELIVERABLE OUTPUT 2011	**Target Completion**
HSE South: ▪ HSE South has 2 helplines ongoing through Suicide Resource Officers in South West	
KRA: Continuous Service Development through Statutory and Regulatory Measures **Enhancing the Provision of Child and Adolescent Mental Health services**	
Implement measures to increase residential capacity: ▪ Child and adolescent inpatient unit open to full capacity in Bessboro, Cork and Merlin Park, Galway. **HSE South** ▪ The new 20 bed unit at Bessboro will initially open in February 2011 with 12 beds and the remaining beds will open in March / April 2011 following the appointment of the additional staff including a second consultant psychiatrist.	Q1 Q1/Q2
KRA: National Forensic Services	
Progress the National Forensic Hospital (CMH), the four Intensive Care Rehabilitation Units (ICRUs), Child and Adolescent and Mental Health and Intellectual Disability Forensic Services through: ▪ Sites for Intensive Care Rehabilitation Units identified.	 Q2

Performance Activity and Performance Indicators

The following Performance Activity and Performance Indicators have been identified in the National Service Plan for delivery in 2011.

Performance Activity / Indicator	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Adult Mental Health Services			
Total number of admissions to adult acute inpatient units	4,650	4,712	4,712
Median length of stay in adult inpatient facilities	11.0	11.6	11.0
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter	90.1 (National)	108.9	108.9
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment per quarter	26.38 (National)	33.5	33.5
Readmissions as a % of total adult admissions	70%	69%	69%
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment per quarter	58.95 (National)	75.4	75.4
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area per quarter	26.6 (National)	30.8	26.4
Total no. of adult involuntary admissions	388	384	384
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	11.1	8.85	8.85
Child and Adolescent Mental Health			
Vision for Change recommended no. of Community Child and Adolescent Mental Health Teams	12	12	13
Vision for Change recommended no. of Child and Adolescent Day Hospital Teams	---	---	---
Vision for Change recommended no. of Paediatric Liaison Teams	---	---	---
No. of child/adolescent admissions to HSE Child and Adolescent mental health inpatient units	---	150 (National)	New PI for 2011 220 (National)
No. of children / adolescents admitted to adult HSE mental health inpatient units (reported annually) i). <16 years ii). <17 years iii). <18 years	---	140 (National)	New PI for 2011 <100 (National) Admission of children to adult mental health inpatient units to cease except in exceptional circumstances by December 1st 2011
Total no. of involuntary admissions of children and adolescents (annually)	---	---	New PI for 2011 16 (National)
% of involuntary admissions of children and adolescents (annually)	---	---	New PI for 2011

Performance Activity / Indicator	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
			5% (National)
No. of child / adolescent referrals (including re-referred) received by Mental Health Services	---	2,795	2,795
No. of child / adolescent referrals (including re-referred) accepted by Mental Health Services	---	1,734	1,734
Total no. of new (including re-referred) child/adolescent cases offered first appointment and seen	---	1,729	1,729
% of new (including re-referred) cases offered first appointment and seen	70% of new cases seen within 3months (National)	---	70% of new cases seen within 3 months (National)
i). <3 months	---	1,134	1,134
ii). >12 months	---	283	283
No. of cases closed/discharged by CAMHS service	---	1,537	New PI for 2011
% of cases closed/discharged by CAMHS service		75% (National)	New PI 80% of accepted referrals (National)
Total no. on waiting list for first appointment at end of each quarter by wait time:	Reduce numbers waiting > 5%	700	666 (reduce no. waiting by >5%)
i). <3 months	---	181	208
ii). 3-6 months	---	143	136
iii). 6-12 months	--	181	172
iv). >12 months	--	195	150
% on waiting list for first appointment at end of each quarter by wait time	---	---	New PI for 2011
i). <3 months	---	---	---
ii). 3-6 months	---	---	---
iii). 6-12 months	---	---	---
iv). >12 months	---	---	---
Self Harm			
No. of repeat deliberate self harm presentations in ED Activity based on 2009 data	Reduce by 1%	227	274
No. of suicides In arrears per CSO Year of Occurrence	---	---	New PI for 2011

Disability Services

Introduction

A range of health and personal social services are provided to children and adults with disabilities intended to enable each individual to participate at optimal level in activities as equal citizens.

Services are provided in partnership with non-statutory sector service providers and in collaboration with service users and their families. In line with best practice in service delivery, and national and European policy, the trend has been to provide team based, mainstream personal social services in local communities including in the person's home, based on a plan that meets the needs of the individual. Services in general are organised on the basis of disability groupings (Intellectual Disability or Physical and Sensory Disability), while certain day services integrate different disability groupings and cross care groups.

Government policy, legislation and service delivery models for people with disabilities in Ireland are developing in line with the values enshrined in the *UN Convention on the Rights of Persons with Disabilities, 2009* (equality, respect and inclusion) to which Ireland is a signatory. Ireland's commitment to the convention is reflected in the *National Disability Strategy, 2004* which provides the overarching framework for legislative and policy development. The strategy was endorsed in the Renewed programme for Government published in October 2009 in which the Government committed to actively advancing the implementation of the NDS throughout the current economic climate.

The key elements of the strategy include the provisions of: *The Disability Act 2005, the Education for Persons with Special Educational Needs Act 2004, The Health Act (HIQA) 2007 and the Citizens' Information Act 2007.*

The elements of the National Disability Strategy which have been implemented to date include the commencement of the Disability Act for children born after 1st June 2002 and the delivery of a Multi-Annual Investment Programme between 2005 and 2008 which significantly increased capacity in the areas of residential, respite, day care and home support/ PA services along with increased levels of multi-disciplinary supports.

The strategic direction for services is to move away from institutionalised and isolated service settings and to promote full and equal engagement with the community and society. We will continue this strategic policy direction in 2011 and over the next three years.

The *DoHC Value for Money and Policy Review* will be finalised in 2011. It will require HSE Disability Services to be aligned to the policy direction. The report recommendations will guide allocation of resources in disability services and be critical to identifying HSE core business and opportunities for mainstreaming of non-core activity.

The National Service Plan has identified the following **priorities for 2011**:

- Contribute to the completion of the *DoHC Value for Money (VFM) and Policy Review*
- Comply with legislation and national quality standards, including the *Disability Act, 2005*
- Re-configure services according to developed plans
- Implement the *National Neuro-Rehabilitation Strategy*
- Development of integrated information and data system, and
- Address demographic pressures in the provision of day, residential, respite, personal assistant and home support services utilising additional funding provided in 2011. This will be allocated based on emerging need during the year.

Current Service Deliverables and Quantum

The total budget for Disability Services in HSE South is €321 million, of which €249 million (90.3%) is paid out in capitation to voluntary organisations. The year 2010 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 2011 to meet these challenges. Significant progress was made in 2010 to ensure a Service Arrangement or Grant Aid Agreement, was completed for each agency in the Disability sector.

Day, Residential, Respite and Personal Support services

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 there are 7,321 people registered in the HSE South representing 28.1% of the individuals registered nationally (NIDD Database Committee report 2009, published in December 2010). Of the persons registered, over 98% of the population registered in the HSE South were receiving services. In relation to Physical and Sensory Disability 7,545 individuals were registered in the HSE South representing 28.8% of the national total.

The financial allocation for Disability Services in HSE South supported the provision of the following services (ref NIDD and NSPDD Database Committee reports 2009):

- 2,357 people were receiving Residential Care
- 1,914 clients availed of Respite Services
- 5,551 people attended Day Services (exc school based day services)
- 2,298 people received home support and assisted living services

The new Demography Funding allocated in 2010 to the HSE South delivered an additional 104 day places for the provision of services to school leavers and 25 residential emergency places.

Therapy Services

Therapy/ Multidisciplinary services are provided to children and adults with a disability via the HSE or Voluntary sector services. People presenting with complex needs may be supported by multiple therapeutic inputs and cross sectoral responses where this is appropriate to their needs. In the case of children in the 0-5 year age group these needs are met by the dedicated Early Intervention Teams for children with disabilities.

Implementation of the Disability Act 2004 - Assessment of Need (AON)

The Disability Act 2004 established 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.

By December 2010, 3,090 applications had been received in the HSE South since the commencement of the AON in July 2007 and at the end of December 2010, 144 assessments remained overdue for completion

In order to achieve compliance with the legislation, Local implementation Groups were established in each LHO to identify the difficulties arising in the management of the AON process and develop local Action Plans to overcome the issues. Across the HSE South all LHO's were advised that as part of their Action Plan unspent multi-disciplinary revenue budget, from unfilled posts etc was to be utilized to purchase private assessments where these are causing the delays. Other common themes across the LHO's were the filling of vacated delegated posts, the necessity of all disciplines and staff, HSE or voluntary sector to adhere to the statutory timeframes and manage their AON and non-AON caseloads accordingly.

Improving our Infrastructure

As part of the Multi-Annual Investment Programme 2005 -2009, a significant number of Capital Projects for Disability Services were developed between 2005 and 2008 to ensure that infrastructure allowing for the increased development of day, respite, therapeutic and residential services was built or enhanced. The following developments due for completion in 2009/2010 are still due for commissioning:

Cope Foundation (Cork) The construction of a regional 8 bedded major challenging behaviour facility has been completed. The facility will be utilised for emergency places in 2011 commencing in Q3.

St Raphaels (Youghal) This facility has been developed as part of the relocation programme for 30 residents from an old institutional building to six five-bedroom bungalows. Construction is completed. Two of the firve bed units will open in Q4 2011, the detailed arrangements will be agreed with COPE foundation in Q1.

Millbrook Day Centre (Enniscorthy) This facility will provide services for adults with severe/profound intellectual disability. The building has been completed and the service has been re-tendered following a previously unsuccessful tender

Other capital projects which are at various stages of progress are as follows:

- **Enniscorthy, Children's Assessment and Treatment Centre**; The tender report has been submitted and is awaiting approval.

- **Clonmel, Children's Assessment and Treatment Centre** This project was ready to go to tender and waiting to be progressed with the Mental Health Community Day Service Development on the same site, but has not proceeded due to no capital funding being available in 2010. A vacated unit is presently being refurbished to met the accommodation need of the service and reduce rent costs.
- **Cork North Lee Early Intervention Service Centre**. The service is currently located in the Erinville Hospital on an interim basis, as only partial funding was secured for the development of a site in Hollyhill, Cork. At the end of 2010 a revision of the project costs was undertaken to determine whether in 2011 the original funding will be sufficient to proceed based on reduced building costs.
- **Cork South Lee Early Intervention Service Centre.** Development of the service on St Finbarr's Hospital Campus is awaiting additional capital funding. In the interim, the service which is currently located in the Erinville Hospital will be temporarily relocated in 2011 to more appropriate accommodation in Mahon Primary Care Centre.
- **Phase 3 of Moorehaven Day Services, South Tipperary**. This project is awaiting capital funding.

Service Delivery, Organisational Improvements and Cost Management enabled by the PSA

The HSE South Disability Services are involved in the following disability specific initiatives to improve the quality of service provisions to all clients availing of services.

- Ongoing support to agencies providing residential services to prepare for the implementation of national standards for Disabilities developed by HIQA.
- The report, "Time to move on the congregated settings" was completed in 2010 and once it is signed off by the HSE an implementation plan will be progressed in 2011
- Ongoing work with agencies regarding the implementation of the recommendations of the review of HSE funded day services.
- The report by the HSE South working group on the Implementation of Vision For Change in the Disability Sector was completed in 2010 and is under consideration.
- Ongoing support and involvement in the Value for money and policy review exercise being conducted nationally by the DoHC and DoF in consultation with the National Disability Unit and due to report in 2011
- The implementation of the national project on the progression of disability services for children 0-18 years, to realign the model of service delivery on a population/geographical basis
- Continued emphasis on compliance with the Disability Act 2005, to meet the statutory timelines and implement Part 2 of the Act
- Ongoing work on the Implementation of the Neuro-Rehabilitation Strategy.
- Ongoing work with the statutory and non-statutory services on Infrastructural bids/resources to achieve compliance with HIQA residential standards.

Cost Management Initiatives

The following cost management initiatives are to be implemented in HSE South.

HSE South - Cost Management Initiatives

- ***Economies to be achieved in Voluntary Agencies*** All Disability agencies across HSE South will be required to achieve a reduction in spending (1.8%) in targeted agreed areas across their services. The HSE South, in line with the recommendations from the National Disability Care Group, is actively engaging with the voluntary agencies to ensure that there is a consistent approach to how these savings are achieved. In accordance with the National Care Group position, core services of residential, respite, day, PA and home support hours will be protected wherever possible.
- ***HSE Directly Provided Disability Services*** will also be required to achieve savings of a similar level without service impact.

Quality and Risk

The following are the Quality and Risk priorities for Disability Services in HSE South.

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- All recommendations arising from incidents or investigations are implemented.

- All action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011

KEY RESULT AREA DELIVERABLE OUTPUT 2011	Target Completion
KRA - VFM and Policy Review provision	
Contribute to the completion of the DoHC VFM and Policy Review: ▪ VFM review concluded and areas of efficiency highlighted. **HSE South:** ▪ Validated unit cost data to be completed for all statutory and non- statutory services	Q3
Service provision for residential, day, respite, personal assistant and home support services: ▪ VFM efficiency savings targeted to meet emergency needs in Residential, Day, Respite (including Personal Assistant and Home Support services). **HSE South:** ▪ Capture data on all transfers, change in service level, exits of clients in funded places within voluntary and statutory services on a monthly basis. ▪ Conduct performance monitoring and review meetings with voluntary service providers (schedules identified in SLA)	Q4 Monthly
Resource Allocation Model: ▪ Implementation of Resource Allocation Model based on development of SLAs and Assessment of Need process commenced. **HSE South:** ▪ National guidance on home support services and high cost client services to be implemented on a pilot basis for new and review cases. ▪ Stakeholder engagement undertaken. **HSE South:** ▪ Guidance documents on home support and high cost clients to be reviewed in consultation with service providers	Monthly Q1 Q4
Interagency collaboration: ▪ Implementation plan developed for interagency collaboration including new models of service provision in individual sectors, including respite care. **HSE South** ▪ Establishment of consultative fora in line with National HSE Proposals on Disability Consultative Fora and emerging regional structures. ▪ Consultative Fora to develop work plans to prioritise the examination of models of service provision ▪ Framework implemented and monitored. ▪ Additional opportunities for collaboration identified.	Q1 Q1 Q3 Q4 Q4
KRA - Compliance with Legislation and Quality Standards	
Disability Act 2005: ▪ Part 2 of the Disability Act 2005 implemented in accordance with High Court ruling. ▪ Assessments and service statements provided within statutory timelines and in line with available resources. **HSE South** ▪ Ongoing development of cross- LHO/ ISA management of workloads by Assessment Officers, Case Managers and support staff ▪ Revision and ongoing development of Action Plans to address issues that impede the timely completion of statutory reports.	Q2 Monthly Q1
National Quality Standards (NQS): Action plans developed to: ▪ Progress implementation of critical elements of the NQS: Residential Standards for People with Disabilities on an administrative basis. **HSE South:** ▪ All services to review/ conduct self audit assessment against the NQS ▪ Compile report and action plan on critical areas of concern and recommendations	Q2 Q2 Q4

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
KRA - VFM and Policy Review provision	
▪ Address forthcoming statutory frameworks relating to residential and residential respite services for children with disabilities.	Q4
HSE South:	
▪ Completion of National Minimum Dataset on children's Residential and Respite services in conjunction with National Disability Unit	Q1
▪ Develop and introduce self audit assessment tool for all services against the standards	Q4
KRA - Reconfiguration of Services	
Children's disability therapy services:	
▪ Reconfiguration of existing therapy resources to geographic based teams progressed and monitored (0-18 Yrs).	Q3
HSE South:	
▪ Establish Regional Co-ordinating Group with identified local leads to develop regional project work plan	Q1
▪ Complete communication process with all local stakeholders in region	Q3
▪ Complete mapping of existing services, resources and structures	Q3
▪ Each LHO/ISA to establish local implementation group to commence process of reconfiguration	Q4
Adult Residential Services:	
▪ Engagement with service providers and cross-sectoral agencies on reconfiguration objectives.	Q2
HSE South:	
▪ Establish working group with disability, housing and community agencies to draft proposals on development of future residential services in line with NQS and person-centred care.	
▪ Development of outline implementation plan in line with VFM and Policy Review.	Q4
Adult Day Services:	
▪ Engagement with service providers and cross-sectoral agencies on reconfiguration objectives.	Q2
HSE South:	
▪ Conduct briefings within HSE Regional and Local Management teams on implementation plan for New Directions report	
▪ Implement Nationally agreed communication plan at a regional level to support the publication and launch of New Directions report	Q4
▪ Development of outline implementation plan in line with VFM and Policy Review.	
HSE South:	
▪ Review implementation plan to identify deliverables without resource dependencies and develop an action plan	
KRA - Neuro-Rehabilitation Strategy	
Implementing the national Neuro-Rehabilitation Strategy:	
▪ Implementation plan developed, implementation structure established and national clinical lead appointed.	Q1
HSE South:	
▪ National Clinical Lead appointment with CAU	Q4
KRA - Development of Information and Data System	
▪ Scoping exercise completed and research commenced for an integrated ICT system for disability services across the country.	Q4
HSE South:	
▪ Nominated representative(s) for the region will link with National Disability Unit to provide support and information for this exercise and participate in the review	

Older People

Introduction

The HSE's strategic priority for 2011 and beyond is to maintain older people in their own home for as long as possible and where this is not possible, to provide high quality residential care, appropriate intermediate step up / step down and respite beds.

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 centred 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.

The National Service Plan has identified the following **priorities for 2011**:

- Provide equitable community based services and home supports
- Provide high quality residential care for older persons who cannot be maintained at home
- Implement the falls prevention guidelines, and
- Increase awareness of elder abuse.

Additional National funding has been identified as follows to support development in 2011:

- €6m has been allocated for Fair Deal
- €8m has been allocated for the continued roll-out of Home Care Packages – HSE South will receive an appropriate allocation during the year.

Current Service Deliverables and Quantum

The financial allocation for services for older people in HSE South is in the order of €340m which supports the provision of the following services:

- Home Help
  - Budget €70m
  - 3.9m hours
  - The average number of people in receipt of Home Help per month is in excess of 14,700
- Home Care Packages
  - Budget of over €30m
  - Total number of clients in receipt of HCP was 2,400 at any point in time
  - Total number of people who benefitted from a home care package in 2010 was 3,100
  - For 2011 in the order of €2m additional funding will be allocated to HSE South to support the roll out of HCP's.
- Day Care Places
  - 6,400 (approximately 2200 actual day care places per day, additional places provided through social care centres)
- Residential Care
  - 2,835 Public Residential care beds
  - Of which 711 are community support beds, (including respite, convalescent, palliative care etc) and over 2000 approximately provide for long stay care.
  - 659 people benefiting from nursing home subvention in private nursing homes

- 315 contracted beds in private Nursing Homes
- 55 Replacement beds were opened in 2010, (43 in Dingle, 12 in Dungarvan)
- 11 additional beds opened (8, Enniscorthy, 3 Dingle)
- €117m additional funding nationally allocated to Fair Deal in 2010 with €6m allocated in 2011.

Improving our Infrastructure

Capital projects that are to be completed and / or become operational in 2011

- Tralee – 50 bed Community Nursing Unit (24 acute rehabilitation beds (11 additional) and 26 continuing care beds
- Kenmare – replacement of community hospital – 40 beds (14 additional and 26 replacement beds). Building works are set to commence in Q2 2011with the opening planned for 2012.
- Ballincollig – 100 bed Community Nursing Unit (100 additional beds)
- Farranlea Road, Cork – 100 bed Community Nursing Unit (100 replacement beds)
- St. Mary's Orthopaedic, Cork – 50 bed Community Nursing Unit (30 replacement, 20 additional)

NOTE: The planned opening and number of beds is dependent on successful completion of and compliance with the HIQA registration process.

An integrated model of care for older people continues to be 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 2011, 149 replacement beds and 151 additional beds 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 increased levels of dependency of older people living at home and receiving significant service levels is evidenced in the analysis undertaken in the PA report on the Evaluation of HCPs (DOH&C 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 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.

The requirement for access on referral to specialist medical services including consultant geriatricians or consultants in the psychiatry of old age is crucial to supporting older people to stay at home in their community for as long as possible and also for supporting the decision making process in relation to the need for the older person to access residential care. The developing primary care teams will need access to such specialist services to provide diagnosis and guidance with treatment for the older person. In addition, specialist input is provided both in the community and in the acute hospital setting as required. An additional consultant geriatrician was recruited for Cork city in 2010. Two additional consultants were recruited for Kerry. Two temporary post holders are currently in place and interviews for permanent positions will be held in the near future. Permanent post holders are expected to be appointed in Q1 2011.

Kerry

Tralee Community Nursing Unit

- In 2010 the registration process with HIQA commenced for the opening of the new CNU. The plan for the unit is that the existing rehabilitation unit in Kerry General Hospital will be re-located to the new Tralee Community Nursing Unit. This will increase the capacity of the existing unit from 13 to 24 with the creation of an additional 11 rehabilitation beds. The remainder of the unit will be subject to the HIQA registration process. The intention initially is to replace some of the existing continuing care beds in Kerry General Hospital and overtime the provision of continuing care beds will be phased out in Kerry General Hospital as alternative more appropriate accommodation becomes available. Opening of the Tralee Community Nursing Unit is planned for Q2, 2011.

Kenmare Community Hospital

- Kenmare Community Hospital is a 24 bed residential care unit which currently provides 21 community support beds and 3 continuing care beds within the Kerry Integrated Services area. The centre currently does not comply with the standards and regulations set down under the HIQA Residential Care Standards for Older People, therefore the unit will be replaced in 2011. The building works will commence in Q2 2011 and will become operational in 2012.

Cork

St. Mary's Orthopaedic CNU

- In Q2, 2011, the current service in Heatherside will transfer to the new Community Nursing Unit in St Mary's. The opening of the new unit is subject to successful completion of and compliance with the HIQA registration process.

Ballincollig Community Nursing Unit

- Ballincollig Community Nursing unit will operate a totally managed service of 100 additional beds and opening is planned for Q2 2011. The procurement process and the award to the successful tender to operate as a total managed service, is at an advanced stage. The opening of the new unit is subject to successful completion of and compliance with the HIQA registration process.

Farranlea Rd Community Nursing Unit

- This unit will open on a phased basis in 2011, commencing with the transfer of young adult patients from St Finbarr's Hospital to a 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.

Service Delivery, Operational Improvements and Cost Management enabled by the PSA

Residential Care for older people is provided through a range of public and private facilities throughout the region. There are 122 private nursing homes (5,040 beds approximately) in HSE South. In addition, there is a combination of 56 public and voluntary facilities in HSE South providing 2,835 beds in total, of which 2124 are designated for long term care with the others providing care related to convalescence, palliative, respite, etc.

In 2010 census of residential care for older people was coordinated by the national Older Persons Care Group in conjunction with Services for Older People personnel in HSE South. The purpose of this exercise was to inform a national planning process in respect of the configuration of residential care beds, and to ensure that there is adequate capacity to support anticipated increases in the older person population. This exercise also sought to identify any current proposals for the reconfiguration of residential care services in the public sector which are being proposed in line with the strategic intent to support older people to remain at home as long as possible.

Current Capacity:

- 2835 public beds in HSE South (2124 long stay + 711 intermediate/short stay)

Key outcomes of the review:

- There was no evidence of a decreased demand for continuing care beds in public units
- 90.4% of total bed capacity occupied in line with expected norms
- Significant challenges were identified in the provision of care:

- Deficits in the environment
- Lack of compliance with the HIQA National Residential Care Standards for Older People
- Temporary bed closures primarily due to health and safety concerns
- Local staffing issues due to the effects of the moratorium on staff recruitment

- 161 beds closed temporarily (5.6% of overall capacity)
- There is an increased need to re-designate a number of long stay beds to short term/intermediate care beds in order to maximise their use and continue to assist in facilitating the discharge of patients from acute hospitals.
- In 2011 it is planned to continue the reconfiguration with a target of reconfiguring an additional 100 beds

A review of skill mix is an essential element to achieve the model of care planned for residential care. A review of skill mix across all areas will be undertaken to ensure that care staff who have undertaken or who are due to undertake the relevant training are introduced in the provision of care appropriately. Such support staff will undertake roles such as healthcare assistant, rehabilitation assistant or therapy assistant. This will allow registered nursing staff to focus on the specific clinical care needs of patients in a more structured manner.

Cost Management Initiatives

The following cost management initiatives are to be implemented in HSE South. The type of cost containment initiatives set out below is indicative of a move towards the model of care outlined above. Area specific initiatives are listed under the relevant ISA / Operational Area heading:

HSE South - Cost Management Initiatives

- ***Economies to be achieved in Voluntary Agencies*** Voluntary agencies who provide services through an SLA will be required to seek economies within their overall budget so as to achieve VFM. There will be no reduction in service as a result of this economy in any of the voluntary agencies.
- ***Review of Skill Mix in Public Residential Services*** A consistent approach towards the provision of service using an appropriate skill mix in nursing/health care assistants across the community hospitals in HSE South will be achieved.
- ***Efficiencies in Aids & Appliances (General and Medical / Surgical):*** A review of aids and appliance expenditure will be undertaken. This will ensure that rental costs of equipment, prioritisation of purchasing etc. will be maximised. It is the intention to continue to provide the current level of service in this area.

Carlow/Kilkenny and South Tipperary - Operational Area Cost Management Initiatives

- ***Review of Catering Services:*** Review the organisation of catering services in residential Older Persons Services. This review will ensure that an appropriate level of staffing will continue to provide this service into the future.

Cork Integrated Services Area - Cost Management Initiatives

- ***Efficiencies in Community Hospitals*** Efficiencies will be achieved in non-pay costs across community hospitals and in particular at St Finbarr's Hospital, without a reduction in service.
- ***Reconfiguration of provision of Long Stay Residential Care:*** In accordance with the requirement to provide residential care in appropriate settings 16 beds will be closed at Clonakilty Community Hospital on a phased basis in 2011. The implementation of the plan will enable the service to achieve compliance with HIQA residential care standards and also eliminate the necessity to use agency staff and overtime to fill rosters.

Quality and Risk

The following are the Quality and Risk priorities for Older People Services in HSE South:

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- All recommendations arising from incidents or investigations are implemented.
- All action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011

KEY RESULT AREA DELIVERABLE OUTPUT 2011	Target Completion
KRA: Community Services: - *Maintain a strong focus on the provision of equitable community based services and home supports*	
Provision of equitable community based services and home supports by:	
Development of a model of care for maximising community provision of services for vulnerable older people to include:	
▪ Procurement process for home care service providers for Home Care Packages (HCPs) to be finalised, and implemented in all LHO areas.	Q3
HSE South:	
▪ Regional procurement team established	Q2
▪ Approved Provider List drawn up	Q2
▪ National Quality Guidelines for Home Care Services developed and agreed with DoHC.	Q2
▪ Home Help guidelines implemented, and	Q2
▪ HCP review implemented.	Q3
HSE South:	
▪ Establishment of HCP/HH steering group to oversee implementation of new guidelines across ISA's and Operational Areas	Q2
▪ Review of existing processes to benchmark against new guidelines.	Q2
▪ Preparation of areas for continued implementation of standard referral pathways and use of standardised documentation.	Q1-Q4
▪ Agree standard procedures for categorisation of care hours for home help or home care package service and ensure accurate reporting of same in line with dataset requirements.	Q4
▪ National Single Assessment Tool (SAT) to determine access to a range of services for older persons, selected and rolled out nationally.	Q4
▪ Geriatrician Led Community Outreach Teams targeted at vulnerable older people developed.	Q4
HSE South:	
▪ In line with the integrated service area management proposals, progress the alignment of continuing care services with acute hospital services to support an integrated model of care to meet the needs of older people	Q4
▪ Work with the DoHC on legislative proposals for Community Care Services	Monthly
KRA: Residential Care: - *Provide high quality public residential care for older persons who cannot be maintained at home*	
Provision of high quality residential care for older persons who cannot be maintained at home by:	
▪ Continued implementation of the Nursing Home Support Scheme (NHSS).	Monthly
HSE South:	
▪ Complete the development of a Regional Nursing Home Support Office.	Q3
▪ Identify staffing requirement to include re-deployment options	
▪ Audit of functioning of LPF's and use of CSAR	
▪ Strive to optimise the provision of short and long term residential care in both public and private settings by the development of local plans for residential care, to meet local need.	Monthly
HSE South:	
▪ Each area to review current provision of residential care to include both long stay and short stay provision.	
▪ Formulate plan to respond efficiently to demand for services to include supports for discharge of patients from acute sector.	Monthly
▪ Identify and put in place where possible, additional services/supports to meet the needs of patients with complex care needs that may stop or delay their admission to acute services or facilitate their earlier discharge.	
▪ Maximise efficiencies in publicly provided residential care to ensure best value for money by reviewing staffing types and levels.	Monthly
HSE South:	
▪ Set up regional steering committee to progress a review of existing skill mix	
▪ Establish the current skill mix, changes required to achieve a move towards a 50:50 nursing to non nursing ratios to include the requirement for up skilling of existing staff and mechanisms to achieve it.	Monthly

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
Agree skill mix and implement recommendations across all sites as appropriate	
KRA: *Falls prevention guidelines*	
▪ Implementation commenced on the recommendations of the Falls Prevention Strategy in all appropriate older people services	Q4
KRA: Elder Abuse	
Increase awareness of Elder Abuse: ▪ Elder Abuse Awareness campaigns/Elder Abuse Awareness Day undertaken ▪ Funding provided for the National Centre for the Protection of Older People (UCD) ▪ Senior Case Workers for Elder Abuse employed in each Local Health Office ▪ Monthly and annual statistical returns published on reports of Elder Abuse received by the HSE. ▪ Elder Abuse awareness training provided for HSE and other care staff/organisations, Gardai, financial institutions and other appropriate organisations.	Q2 Q2 Q2 Q4 Q4

Performance Activity and Performance Indicators

The following Performance Activity and Performance Indicators have been identified in the National Service Plan for delivery in 2011.

Performance Activity / Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Home Help Hours and HCPs (as per 2010 guidelines)			
Total no of Home Help Hours provided for all care groups (excluding provision of hours from HCPs) :	3.91m	3.9m	3.9m
Total number of people in receipt of home help hours (excluding provision of hours from HCPs) :	14,700	14,700	14,700
Total number of people in receipt of HCPs i). No. and % direct provision ii). No. and % indirect provision iii). No. and % cash grant iv). No. and % respite v). No. and % multiple types	2,086	2,200	2,345
Total no. of HCPs provided	1,254	1,254	1,304
Total no. of new HCP clients per month	806	900	1,000
Day Care			
Total no. of day care places for older people	21,300 (National)	21,300 (National) Under review, to estimate baseline for 2011	Baseline to be set
No. of clients benefiting from day care places	---	Under review, to estimate baseline for 2011	Baseline to be set
Subvention			
Total no. in receipt of subvention	---	800	Dependent on uptake of Nursing Home Support Scheme
Total no. in receipt of enhanced subvention		529	
Nursing Home Support Scheme (NHSS, 'A Fair Deal')			
No. of people in long-term residential care availing of **NHSS**	---	Not reported	Baseline to be set in 2011
No. and proportion of those who qualify for ancillary state support who chose to avail of it.	---	Not reported	Baseline to be set in 2011
% of complete applications processed within four weeks	---	Not reported	100%
Public Beds			
No. of beds in public residential care settings for Older People	3,195	***2,400	2,300

Performance Activity / Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Elder Abuse			
No. of new referrals by region	---	1,800 (National)	Demand led
No. and % of new referrals broken down by abuse type: i). physical, ii). psychological, iii). financial iv). neglect	---	 298 (12%) (National) 668 (26%) (National) 456 (18%) (National) 455 (18%) (National)	Baseline to be set in 2011
Total number of active cases	---	---	New PI for 2011
No. of referrals receiving first response from Senior Caseworkers within 4 weeks	---	100%	100%

**** In 2010 as part of the re-designation of centres under the Nursing Home Support Scheme and the HSE National Bed register, voluntary providers of residential care and units not providing 24 hour nursing care were removed from the register. This has resulted in a reduction in projected outturn in this category for 2010.

Palliative Care

Introduction

Palliative care provides the best possible quality of life for patients and their families when their disease is no longer responsive to treatment. Services are provided directly by the HSE and in partnership with voluntary agencies.

In 2010 the HSE South collected the full year agreed metrics for Specialist Palliative Care Inpatient Units and Specialist Palliative Care in the Community contributing to the roll-out of the updated Minimum Dataset. The HSE South contributed to the phased implementation of the National Policy for Palliative Care for Children with Life-Limiting Conditions in Ireland by progressing the appointment of a Children's Outreach Nurse at Cork University Hospital and Waterford Regional Hospital.

The Ethical Framework on End of Life Care was launched in Cork in October 2010. Through this document and together with the participation by staff from a number of disciplines in the scoping day on end of life care, the HSE South will continue to support and progress end of life care in 2011.

During 2011, the focus will be to continue to progress 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. Work will continue on the roll out of the Minimum Data Set to ensure quality data to inform service management and development. The development of palliative care services will be supported by the palliative care programme within Quality and Clinical Care, while continuing to drive efficiencies to ensure that services are maximised.

The National Service Plan has identified the following **priorities for 2011**:

- Progress the recommendations in the *Report of the National Advisory Committee on Palliative Care, 2001*
- Implement Care at End of Life projects
- Progress the recommendations from the *National Children's Palliative Care Policy*, and
- Implement the minimum data set for palliative care.

Current Service Deliverables and Quantum

The financial allocation for Palliative Care in HSE South is in the region of €13m which supports the provision of the following services:

- Specialist 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.
- Specialist Palliative Care Services in the Community:
  - Community based Specialist Palliative Care teams or Home Care Teams operate throughout the HSE South. This is delivered to Specialist Palliative Care patients in their own homes, community hospitals, nursing homes or place of care in the community. These are consultant led community based multidisciplinary teams and all teams have Clinical Nurse Specialists in Palliative Care, some with allied health professionals e.g. Social Worker, Occupational therapist, Physiotherapist..
  - Marymount Home Care team provides a service 7 days week and out of hour telephone service to North Lee, South Lee, North Cork and West Cork.
  - North and South Kerry Home Care teams provide a 9-5pm, Monday to Friday service with planned essential duties at the weekend.
  - A Home Care Team is operational in Carlow/ Kilkenny, Wexford, Waterford and South Tipperary providing a 24/7 availability.
- Specialist Palliative Day Care services: A Specialist Palliative Care Day Care service is provided by Marymount Hospice in Cork and its surrounding area. Kerry Specialist Palliative Day Care Service provides a service to county Kerry.
- Specialist Palliative Care Services – Acute General hospitals: are provided in Cork University Hospital, Mercy University Hospital, South Infirmary Victoria University Hospital, Kerry General Hospital, Bantry General Hospital, Waterford Regional Hospital, Wexford General Hospital, St Luke's General Hospital, Kilkenny and South Tipperary General Hospital. These are consultant led hospital based teams.
- Specialist Palliative Care Outpatient Service: An outpatient service is provided at the acute general hospitals and at Marymount Hospice, Cork

The voluntary agencies involved in the provision of Specialist Palliative Care Services together with the HSE South include St Patrick's Hospital, Marymount Hospice, Cork, Waterford Home Care Committee, Wexford Home Care Committee, South Tipperary Home Care Committee and Carlow/Kilkenny Home Care committee through Service Level Agreement (Section 39 and Grant aid agreement) with each voluntary agency.

Intermediate Palliative Care Support Beds

- There are a total of 43 Intermediate Care Palliative Care beds in the HSE South. These beds for palliative care patients are provided in a number of community hospitals around the region. Community hospitals also provide respite for patients and carers, when patients are being cared for at home.

The HSE South Performance Activity figures for Palliative Care are:

Specialist Palliative Care Services	Persons
No. patients treated in specialist inpatient units	58
No. of patients in receipt of domiciliary based specialist palliative care	749
No. patients in receipt of intermediate care in community hospitals	32
No. patients in receipt of day care	67

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

Improving our Infrastructure

Curaheen Hospital Development, (Marymount), Cork

Construction began on this project in 2009 and is due for completion in early 2011. 24 Replacement and 20 additional beds are to be provided. Patients to be transferred to specialist palliative care beds and Day Care, Out-patient and community services to be delivered from new unit by Q3 2011.

Proposed Capital Developments in Palliative Care

The "Palliative Care Services – Five Year Development Framework 2009-2013 (HSE 2009)" Identifies 3 capital projects for the HSE South.

- Development of 20 Bed in-patient Unit in Waterford LHO (Waterford Regional Hospital) Project Group (to include key stakeholders) to be set up at Waterford Regional Hospital by Q3 2011.

Quality and Risk

The following are the Quality and Risk priorities for Palliative Care Services in HSE South.

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- All recommendations arising from incidents or investigations are implemented.
- All action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011

KEY RESULT AREA DELIVERABLE OUTPUT 2011	Target Completion
KRA: Report of the National Advisory Committee on Palliative Care, 2001	
Report of the National Advisory Committee: ▪ Identified priorities progressed on a cost neutral basis. **HSE South:** ▪ Continue to progress identified priorities of the Report of the National Advisory Committee in Palliative Care in conjunction with stakeholders	Q4
KRA: *Access to Specialist services*	
▪ Agreed referral criteria and assessment of need for specialist services developed. **HSE South:**	Q4

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
▪ Support and work with National Clinical Care Programme for Palliative Care in development of criteria for access to specialist services ▪ Service Level Agreements developed to reflect further efficiencies	
KRA: *Treatment in location of choice where this can be achieved safely, effectively and efficiently*	
▪ Care pathways, governance arrangements and clinical guidelines developed to support treatment in location of choice. **HSE South:** ▪ Support and work with National Clinical Care for Palliative Care to deliver treatment in location of choice	Q4
KRA: Care at End of Life	
Care at End of Life: ▪ Care at end of life within both acute and long stay hospitals progressed through the implementation of projects through the Dignity and Design process. **HSE South:** ▪ Support implementation of projects on care at end of life in all locations i.e. acute, long stay and community	Q4
KRA: Children's Palliative Care	
Continued implementation of national policy on Children's Palliative Care: ▪ Consultant and key nursing positions in post. **HSE South:** ▪ Progress the recruitment of Children's Outreach Nurse CNS at Cork University Hospital ▪ Progress the appointment of Children's Outreach Nurse CNS at Waterford Regional Hospital ▪ Review of respite services for children with life limiting illnesses undertaken. **HSE South:** ▪ Participate in National Development Committee for Children's Palliative Care and support the phased implementation of the National Policy - Palliative Care for Children with Life-Limiting Conditions in Ireland	Q3 Q3
KRA: Minimum Data Set	
Minimum Data Set progressed through: ▪ First phase of the pilot of MDS completed. **HSE South:** ▪ Collect and complete the first phase of National MDS ▪ Day care services and acute hospitals data piloted and collected. **HSE South:** ▪ Collect MDS for Day Care and participate in pilot Acute hospital data as required ▪ Review process concluded for intermediate/palliative care support beds. **HSE South:** ▪ Contribute to national review of intermediate/ palliative support beds	Q2 Q4 Q4

Other HSE South Priorities 2011

Intermediate Palliative Care Support Beds

- Development of 6 additional Intermediate Palliative Care Support Beds for Cork City at St. Patrick's Hospital Cork – for completion by Q2 2011.

Palliative Care Governance

- Pilot of "Towards Excellence in Governance in Palliative Care" in the HSE South. The pilot will be conducted in three locations in the HSE South i.e. Specialist Palliative Care Inpatient Unit, Specialist Palliative Care in the Acute General Hospital and Specialist Palliative Care service in the Community through the completion of a self assessment tool. This will be followed by an evaluation of the self-assessment tool – for completion Q3 2011.

Performance Activity and Performance Indicators

The following Performance Activity / Indicators have been included in the National Service Plan for delivery in 2011

Performance Activity / Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Specialist Palliative Care			
Wait times for specialist inpatient bed *(patients seen within)*			
i). 0 – 7 days	---	---	92%
ii). 0 - < 1 month	---	100%	100%
Wait times for home, non-acute hospital, long-term residential care delivered by community teams*(patients seen within)*			
i). 0 – 7 days	---	78% (National)	78% (National)
ii). 0 - < 1 month	---	99%	99%
Specialist Palliative Care (monthly averages)			
No. patients treated in specialist inpatient units	58	62	62
No. patients in receipt of community based specialist palliative care	749	816	816
No. patients in receipt of day care	37	73	73
No. patients in receipt of intermediate palliative care in community hospitals	32	27	27
No. of admissions to specialist inpatient units	---	480	480 New PI
No. of discharges, transfers and deaths from specialist inpatient units			New PI in 2011
i). Discharges	---	71	71
ii). Transfers	---	305	305
iii). Deaths	---	95	---
No. new patients to the service by age			For reporting in 2011
i). Specialist inpatient bed	---	30	30
ii). Home care	---	171	171

Social Inclusion

Introduction

Poverty and social exclusion have a direct impact on the health and well being of the population. Vulnerable and/ or people at risk may be unable to access and utilise health services in a fair manner. In response to the needs of this diverse population services are provided either directly or through funding to the non-governmental organisation, community and voluntary sector.

The HSE 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. The following come within the remit of the HSE Social Inclusion services in the HSE South:

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

The National Service Plan has identified the following **priorities for 2011**:

- Continue to address the health impacts of addiction and/or substance misuse
- Implement actions arising from the Strategy to Address Adult Homelessness in Ireland 2008-2013
- Address the outputs from the All-Ireland Traveller Health Study, 2010
- Support staff in helping ethnic minorities access services, and
- Support Lesbian, Gay, Bisexual and Transgender (LGBT) communities in equitable access and use of health services.

Current Service Deliverables and Quantum

The HSE South will in 2011 maintain existing levels of service to the areas of work which are provided under social inclusion services. The HSE South Social Inclusion budget for 2010 was in the order of €30m. The majority of Social Inclusion Services are provided by non statutory agencies funded by HSE. Service provision in 2010 included:

Drug and Alcohol Services

- 1,697 treatments for substance misuse
- 91 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

- 2 Traveller Health Units.
- 12 Traveller Primary Healthcare projects

Community Welfare Services

In 2011, the transfer of Community Welfare Services (CWS) and associated resources to Department of Social Protection (DSP) will be further achieved in HSE South. CWS staff are seconded to DSP from January 2011 until September 2011. By way of a Memorandum of Understanding between the HSE and DSP, CWS staff will continue to provide the services on behalf of the HSE until 30th June. (Note: For example the centralisation of Medical Cards to PCRS is expected to take place by 1st July 2011)

HSE South would like to formally acknowledge the continued support provided by CWS staff in the process and to acknowledge the significant contribution which the staff in the Community Welfare Services have made over many years. HSE will continue to work with Community Welfare Services staff and the Department of Social Protection to ensure a smooth transition. CWS staff will transfer fully to the Department of Social Protection on 1st Oct 2011

Drug and Alcohol Services

In 2010 HSE South provided 1,697 treatments for substance misuse. The provision of methadone has been increased year on year from 44 clients in 2006 to108 in 2008 and up to 296 clients at the end of 2010. In HSE South detoxification services are provided by mainstream acute and mental health services as well as community based detoxification through GPs. There are 91 addiction residential rehabilitation beds and 28 step down beds in the region.

HSE South and Cara Lodge continue to work together to develop integrated services for Under 18s using existing resources. In 2010, Waiting Lists for Addiction Counselling services were addressed with the provision of additional counselling hours through the Voluntary sector. The additional counselling hours have been significantly important in addressing a number of problem areas for Drug and Alcohol Services notably in the area of opiate misuse and developing additional supports for those clients not wanting to be initiated on a methadone programme.

In 2010 HSE South addressed the critical shortage of Detox beds by procuring 4 Adult Detox beds through arrangements with Cuan Mhuire. In 2011, an additional two beds will be operational through St Francis Farm Treatment Centre in Carlow. The shortage of Adolescent Detox beds will be addressed through the provision of a number of beds in Aislinn, Kilkenny.

HSE South is supporting the roll out of the National Rehabilitation Strategy as the integrated care framework for substance misusers, with regional pilots and with the provision through the voluntary sector of 2 Addiction Rehabilitation Coordinators, one in the South East and one in the South West. In 2010 the South West Rehabilitation Coordinator was recruited and a significant amount of work has been conducted in implementing the recommendations of the Rehabilitation Strategy. In 2011, the South East Rehabilitation Coordinator will be recruited. This initiative is also supported the Southern Regional Drugs Task Force, the South East Regional Drugs Task Forces and the Cork Local Drugs Task Force.

The HSE South provided substantial investment in Drug and Alcohol Services in 2009 and the full year impact of this was seen in 2010. 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 services and for additional methadone clinics across the South. Key developments in 2009 and 2010 through efficiencies were the provision of additional methadone clinics in Cork, Tralee, Kilkenny, Wexford, and a second clinic in Waterford, to complement the existing clinics in Cork, Carlow and Waterford. Further clinics at Gorey and Cork North Lee will complete this programme in 2011 and these new clinics will address waiting lists when fully operational, providing an additional 125 places. An example of this is that the new clinics in Cork and Kerry became operational in 2010 and a reduction in the waiting list to less than one month has been achieved in this area.

In 2011 the HSE South will provide needle exchange services across the HSE South where heroin injecting occurs. HSE South identified the lack of Methadone Clinics and Needle Exchange services in the region as an obstacle to developing a harm reduction response. While these services were not essential in the past, the recent considerable increase in heroin consumption outside Dublin necessitates their provision. In 2009, the HSE in conjunction with the IPU and the Elton John AIDS Foundation developed a programme to roll out needle exchange services through Community Pharmacies where there are no services at present. In 2010 the HSE South progressed the recruitment of a National Liaison Pharmacist to oversee this national programme and this post will be filled in early 2011. In 2011 in accordance with the National Drug Strategy HSE South will roll out the needle exchange programme in 21 targeted locations with the Community based Pharmacists under the guidance of National Liaison Pharmacist. 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 training of participating Pharmacists was completed at the end of 2010.

Traveller Services

In the HSE South there are two Traveller Health Units and two Traveller Health Unit Coordinators; one for the South East and one for Cork/Kerry. The SETHU and the SWTHU were both evaluated have their regional strategies in place arising from the evaluation recommendations. In 2010 HSE South opened a dedicated Traveller Health Unit office in Cork city.

There are 12 Traveller Primary Healthcare projects in HSE South and in 2010 6 Traveller women graduated with Fetac accreditation in health awareness, personal development and literacy skills. These graduates will help promote 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.

In 2010 the Traveller Primary Healthcare Project in Dungarvan was completed and 3 Traveller Community Health Workers are now employed by Dungarvan CDP. The Wexford Primary Healthcare Project was completed and 4 Traveller Community Health Workers are now employed by Wexford Local Development. The West Cork Traveller Primary Healthcare Project was also completed. In addition a new Traveller Primary Healthcare Project was established in North Cork.

HSE South also provides funding for Traveller Community Worker posts in the community sector. In 2010 funding provided by HSE South for the employment of Traveller peer workers in the community sector, led to the employment of a further 7 Traveller women in the region. This brings the total number of graduates employed as peer workers to 47.

In 2010 HSE South participated in the implementation of the All Ireland Traveller Health Study which was completed and launched.

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.

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. These include the development of integrated care plans to assist clients to move out of homelessness, the reconfiguration of Local Homeless Fora, and the establishment of local Management Teams comprised of HSE and Local Authorities in each county. In 2009 the Management Team was established in Cork City and the Homeless Forum in Waterford was reconfigured. These 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 was implemented in 2010 with the development of Regional Homeless Joint Consultative Fora in the South West and South East. These Fora advise HSE/Lead Local Authority Management Committees in both sub regions and are now responsible for integrated planning and development of Homeless Services in line with the national strategy. The Fora support the two Regional Management Teams who are responsible for developing regional plans for Homeless Services in the South East and in Cork/Kerry. The Management Committees completed their 3 Year Regional Plans in 2010 [Blueprints] and these involve strategic reconfiguration of the existing services to meet move on targets and health and social care requirements for those who will now be living independently. These Plans focus on moving homeless people from emergency facilities towards independent living.

A key focus for HSE in 2010 was to integrate the recommendations in the *National Drugs and Homeless Strategies* into the provision of mainstream health services. In 2011 HSE South Homeless Services will continue to 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 was extended to other HSE South Acute hospitals in 2010. Alongside this the national protocol for Discharge of Homeless from Mental Health services. This is ongoing in 2011 and the National Integrated Discharge Plan addresses all discharges including Homeless.

Other Services

- Following the completion of the HSE mapping exercise on LGBT services, in 2010 the HSE South commenced the development of a plan for developing LGBT services in the south east.
- In 2010 HSE South continued to support the RAPID and CLAR programmes and concluded the capital projects in the HSE South CLAR Programme.
- National Intercultural Strategy: The HSE South provides designated health services such as health screening to the Minority Ethnic Groups & Asylum Seekers as well as mainstream health services. HSE will continue to implement the National Intercultural Strategy, which focuses on interpretative and other services. In 2010 HSE South continued to support the implementation of the National Intercultural Strategy Action Plan and participated in the development of the HSE National Intercultural Working Group that was convened in Q4 and which is putting in place an implementation plan for 2011.
- The HSE South has a highly developed Community Work Service which has been identified as a model of good practice nationally.
- Rapid Programme:
  - HSE South will continue to engage with the RAPID programme in all RAPID areas.

Service Delivery, Organisational Improvements and Cost Management enabled by the PSA

The majority of Social Inclusion Services are provided by non statutory agencies funded by the HSE. 1n 2011 some efficiencies will be achieved in the HSE South regional coordination budgets. In addition some efficiencies will be required from non statutory agencies in 2011 with particular emphasis on reduction in management and administration, travel and subsistence costs etc

- Community Development:

In 2011 HSE South will complete the transfer of six Community Development Projects from the Dept. of Community, Equality and Gaeltacht Affairs to HSE South.

- Community Welfare Services:

In 2011, the transfer of Community Welfare Services (CWS) and associated resources to Department of Social Protection (DSP) will be further achieved in HSE South. CWS staff are seconded to DSP from January 2011 until September 2011. By way of a Memorandum of Understanding between the HSE and DSP, CWS staff will continue to provide the services on behalf of the HSE until 30th June. (Note: For example the centralisation of Medical Cards to PCRS is expected to take place by 1st July 2011)

Quality and Risk

The following are the Quality and Risk priorities for Social Inclusion Services in HSE South:

- A Risk Register to be in place and updated on a quarterly basis.
- Quality Improvement Plans to be developed to address issues of high risk on the Risk Register.
- All incidents to be reported via the HSE South Serious Incident Escalation Procedure.
- All recommendations arising from incidents or investigations are implemented.
- All action plans that are being implemented arising from incidents or investigations to be reported to the Regional Office of Quality and Risk on a monthly basis.

Key Result Areas

The following Key Result Areas (KRAs) have been identified in the National Service Plan for delivery in 2011:

KEY RESULT AREA DELIVERABLE OUTPUT 2011	Target Completion
KRA: National Drugs Strategy and National Substance Misuse Strategy	
Tackle the health impacts of addiction and / or substance misuse through: ▪ Recruitment of Clinical Directors of Addiction Services completed in each of the 4 regions. **HSE South:** ▪ HSE South will complete recruitment of Clinical Director.	Q3

KEY RESULT AREA	
DELIVERABLE OUTPUT 2011	**Target Completion**
▪ Implementation of Phase 1 of Interagency rehabilitation programmes in each of the 4 Regions. **HSE South:** ▪ HSE South will implement the Rehabilitation Pilot Projects in 2011 and will complete the recruitment of the Rehabilitation Coordinator in the South East.	Q3 Q2
▪ Learning from reports implemented including Hepatitis C and Intravenous Drug Users and methadone protocol. **HSE South:** ▪ HSE South will implement the needle exchange programme under the guidance of the National Liaison Pharmacist. ▪ The National Addiction Training Programme will be expanded to include brief intervention training in relation to Hepatitis C.	Q3 Q1-Q4
▪ Pharmacy located harm reduction/needle exchange services implemented throughout the country in each of the 4 regions. **HSE South:** ▪ In accordance with National Drug Strategy HSE South will roll out the needle exchange programme with the Community based Pharmacists under the guidance of National Liaison Pharmacist.	Q3 Q1-Q4
▪ Alcohol Public Education/Awareness Campaign developed and launched. **HSE South:** ▪ HSE South will support the National Campaign as required.	Q2
▪ Screening and brief interventions available in ED's and Primary Care Services (Phase 1). **HSE South:** ▪ HSE South will roll out the pilot that was developed at Waterford Regional Hospital in a hospital in Cork City.	Q4 Q1-Q4
▪ National Addiction Training Framework in place for staff (Phase 1). **HSE South:** ▪ HSE South will support the National Addiction Training Framework as required.	Q3 Q1-Q4
KRA: National Homelessness Strategy	
Implement actions arising from National Homelessness Strategy: ▪ Protocols signposting referral pathways developed between specialist addiction/homeless/traveller services to Mental Health and Primary Care Services. **HSE South:** ▪ HSE South will undertake consultation with local stakeholders to enable the development of the required protocols.	Q4 Q1-Q4
KRA: All-Ireland Traveller Health Study	
Address the outputs from the All-Ireland Traveller Health Study, 2010: ▪ Screening programmes targeting vulnerable groups devised and implemented. **HSE South:** ▪ HSE South will support the implementation of screening programmes as required. In 2011 HSE South 14 additional Traveller Women will be employed as peer workers.	Q4 Q1-Q4
KRA: National Intercultural Health Strategy	
Support staff in helping ethnic minorities access services: ▪ Emergency Multilingual Aid toolkits for staff and Intercultural Health Guide implemented (Phase 3). **HSE South:** ▪ HSE South will support the implementation of the Emergency Multilingual Aid toolkits as required.	Q3 Q1-Q4
▪ Translation/Interpreting toolkit for staff in line with Patient Charter implemented (Phase1). **HSE South:** ▪ HSE South will support the implementation of the Translation/Interpreting toolkits as required.	Q2 Q1-Q4
▪ Use of Ethnic identifier field in health core data sets expanded. **HSE South:** ▪ HSE South will support the implementation of the ethnic identifier as required.	Q2 Q1-Q4
KRA: LGBT Framework	
Support LGBT communities: ▪ Good practice guiding principles developed to support LGBT communities in equitable access and use of health services. **HSE South:** ▪ HSE South will support national guidelines as required. A pilot LGBT programme will be developed in the South East.	Q4 Q1-Q4

Performance Activity and Performance Indicators

The following Performance Activity / Indicators are included in the National Service Plan for delivery in 2011

Performance Activity / Indicators	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	South	South	South
Methadone Treatment (monthly in arrears)			
Total no. of clients in methadone treatment (outside prisons)	187	275	275
Total no. of clients in methadone treatment (prisons)	497 (National)	500 (National)	500 (National)
Substance Misuse (quarterly in arrears)			
Total no. of substance misusers (over 18 years) for whom treatment has commenced following assessment	260	544	500
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	98.5%	100%
Total no. of substance misusers (under 18 years) for whom treatment has commenced following assessment	50	37	35
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	100%	91.9%	100%
Homeless Services (quarterly in arrears)			
No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	---	---	75% New PI for 2011

Appendix 1 Financial Information

INTEGRATED SERVICES/ OPERATIONAL AREA	2011 Budget €
Cork Integrated Services Area	
Cork University Hosp/SMOH	253.190
Bantry General Hospital	17.120
Mallow General Hospital	14.842
Ancillary Services	2.259
STD Clinic	0.783
Nurse Training Non-HSE	0.598
Network Mgr	7.505
Reconfiguration	3.000
Mercy University Hospital	56.513
South Infirmary Vict. Hosp	42.350
North Lee	103.436
South Lee	122.724
North Cork	89.949
West Cork	228.115
Cork Dental Hospital	1.937
Cork ISA Total	**944.320**
Waterford / Wexford Operational Area	
Waterford Regional Hospital	130.502
Wexford General Hospital	47.462
Ely Hospital	0.419
Regional Acutes	1.278
Reconfiguration	1.000
Network Manager	2.558
Wexford	102.443
Waterford	120.433
Waterford / Wexford OA Total	**406.095**
Carlow / Kilkenny / South Tipperary Operational Area	
St. Lukes Hospital	50.285
South Tipp General Hosp	45.525
Our Lady's Hospital	(0.034)
Kilcreene Hospital	5.473
South Tipperary	99.548
Carlow /Kilkenny	136.222
ISA Manager	1.011
SE Reg PCSS Serv	0.446
Carlow / Kilkenny / South Tipperary OA Total	**338.475**
Kerry Integrated Services Area	
Kerry General Hospital	71.072
Kerry	120.400
Kerry ISA Total	**191.471**
Unallocated	
PCSS Nat Dir/Contracts	0.000
PCSS Held Funds	16.756
Unallocated total	**16.756**
RDO	
RDO Total	**8.750**
Total	**1,905.867**

Appendix 2

a) Additional DoHC Funding Allocation for Priority Services

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
National Cancer Care Programme				
Radiation Oncology	Full year cost of opening new radiation units in Beaumont and St. James.	€8m	0	Q4
Theatre/ICU/ Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres	€1.5m	28	Q1
National Screening Service	20 candidate ANPs appointed in colonoscopy with a view to 15 graduations in 2013. (*See also section below outlining €0.9m gap to support this action)*	€0.5m	*20	Q2
	Sub Total	**€10m**	**48**	
Children and Families				
Ryan Report	Continue to support the full implementation of the recommendations outlined in the Ryan Report	€7m	0	Q4
Social Work Service	Appointment of additional Social Workers (*See also section below outlining €1.8m gap to support this action)*	€2m	*60	Q3
	Sub Total	**€9m**	**60**	
Mental Health				
Suicide Prevention	Focus on increasing the number and range of training programmes, improve our response to deliberate self harm presentations, develop our ability to respond in primary care and coordinate and improve our helpline availability	€1m	0	Q4
	Sub Total	**€1m**	**0**	
Disability				
Day, Residential, Respite, Personal Assistance and Home Support Services	Address demographic pressures in the provision of Day, Residential, Respite, Personal Assistance and Home Support Services. This funding will be distributed equitably across the HSE Regions, based on emerging need during 2011	€10m	0	Q4
	Sub Total	**€10m**	**0**	
Older Persons				
Fair Deal	Deliver additional residential care placements	€6m	0	Q4
Home care packages	Enhance home care through additional care packages	€8m	0	
Long Stay repayments	Address outstanding claims and close off scheme in 2011	€12m	0	
	Sub Total	**€26m**	**0**	
	Total	**€56m**	**108**	

b) HSE Strategic Priorities Funded: Internal Resource Realignment

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
Primary Care				
Enhancement of Primary Care Services	Planning for delivery of IV therapy services in community settings undertaken.	€4m	0	Q4
Primary Care Teams and Networks	Electronic referrals systems from primary care to acute sector developed.	€0.35m	0	Q4
Audiology Services	Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations.	€1.8m	5	Q4
	Newborn Hearing Screening further rolled out in line with national model	€1.9m	0	Q3
	Sub Total	**€8.05m**	**5**	
Acute Services				
Programmes: ▪ *Acute Medicine Programme (AMP)*	Implementation plan for AMP finalised and implementation commenced with an initial focus on Acute Medical Units (AMUs) functioning in 12 sites.	€8.5m	34	Q4
▪ *Critical Care*	Audit process for critical care.	€1.4m	15	Q3

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
Programme				
▪ *Emergency Medicine Programme*	Emergency Medicine Programme introduced	€3.5m	14	Q3
▪ *Elective Surgery Programme*	Audit programme introduced to monitor outcomes of process and to audit surgical mortality.	€1.34m	6	Q4
Outpatient programmes:				
▪ *Epilepsy*	Regional Epilepsy Centres defined – see 2c) below also.	€0.6m	6	Q1
▪ *Dermatology*	Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	€7.5m	30	Q4
▪ *Neurology*	Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.			
▪ *Rheumatology and Orthopaedic*	12 musculo-skeletal physiotherapy led clinics in place.	€1.75m	19	Q2
Chronic Disease Interventions:				
▪ *Stroke*	Stroke Units meeting defined criteria in 9 new sites.	€4.2m	45	Q4
▪ *Acute Coronary Syndrome*	Primary PCI centres identified and 4 centres functioning.	€1.5m	6	Q3
▪ *Diabetes*	Retinopathy Screening Programme initiated with IT systems in place. National foot care programme introduced.	€4m €1m	11.5 16	Q4
▪ *COPD*	Structured programmes operational in 12 acute hospitals - see 2c) below also.	€0.75m	10	Q3
▪ *Asthma*	Asthma Education Programmes initiated.	€0.3m	0	Q2
Ambulance services	To support the reconfiguration of hospital services	€3m	60	Q4
Other Services: ▪ *Paediatric services*	Critical care additional capacity opened in Our Lady's Children's Hospital.	€2.25m	25.5	Q3
▪ *Cystic Fibrosis*	Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening Programme	0	7	Q2
▪ *Renal services*	Maintain / increase number of renal transplants performed by National Renal Transplant Programme National Programme - €0.6m, 2 WTE / Home haemodialysis programme implemented nationally - €0.7m / Increased local haemodialysis capacity achieved by continued development of Satellite Renal Dialysis Units and Parent Renal Dialysis Units - €3.2m	€4.5m	2	Q4
	Sub Total	**€46.09m**	**307**	
National Cancer Care Programme				
National Screening Service	To support full year costs of screening programme *WTE requirements addressed in DoHC funded priorities	€0.9m	*	Q4
	Sub Total	**€0.9m**	**0**	
Children and Families				
Social Work Service	Support the costs for appointment of 60 additional Social Workers – See above *WTE requirements addressed in DoHC funded priorities	€1.8m	*	Q3
	Sub Total	**€1.8m**	**0**	
Mental Health				
Child and Adolescent Mental Health Services	DNE: St Vincent's Fairview capital project DML: Development of 11 bed interim Child and Adolescent Inpatient Unit	€0.8m €3m	10 30	Q3 Q4
National Forensic Services *Compliance with the Criminal Law (Insanity) Act*	DML: Provide a 10-12 bed high support hostel for people granted conditional discharge by the courts under Criminal Law Insanity Act DML: Provision of barricade/siege support to the Gardai in line with Barr recommendations	€1.2m	0	Q3 Q3
	Sub Total	**€5m**	**40**	
Palliative Care				
Specialist Palliative Care	Ambulatory and day care in Milford	€1.3m	1.5	Q4
	Sub Total	**€1.3m**	**1.5**	
	Total	**€63.14m**	**353.5**	

c) HSE Strategic Priorities: Internal Reconfiguration through Existing WTEs and Funding

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
Acute Services				
▪ *Epilepsy*	Regional Epilepsy Centres defined – see 2b) above also	€1.8m	35	Q1
Chronic Disease Interventions:				
▪ *Heart failure*	Structured heart failure programme available in 12 acute hospitals	€1.6m	24	Q4
▪ *COPD*	Outreach programmes operational in 12 acute hospitals - see 2b) above also	€1.4m	19	Q3
	Total	**€4.8m**	**78**	

Note: The allocation of funding outlined in appendices b) and c) is subject to approved business cases and evidence of implementation of change management programmes for each KRA.

Appendix 3 HR Information

WTE Ceiling vs Actual No. of WTEs in HSE South at end of December 2010 – by Service

HSE South WTE - Service Plan 2011	Ceiling End December 2010	Actual End December 2010	Variance
Acute Hospital Services	10,877	10,872	(5)
Ambulance Services	406	398	(8)
Primary and Community Services	12,247	12,185	(62)
Portion of Ceiling to be allocated	205		(205)
ISD	**23,735**	**23,455**	**(280)**
Corporate	274	267	(7)
QCC/Population Health	723	708	(15)
HSE South	**24,732**	**24,430**	**(302)**

No. of WTEs in HSE South at end of December 2010 – by Grade

HSE South Grade Category	Actual End December 2010
Medical/ Dental	1,742
Nursing	8,714
Health & Social Care Professionals	3,508
Management/ Admin	3,543
General Support Staff	3,123
Other Patient & Client Care	3,800
Total	**24,430**

Impact of Moratorium and Exit Schemes in HSE South – by ISA / Service / Grade

ISA Area / Grade	Retirement / Resignations		VER/VRS	
	WTE	Headcount	WTE	Headcount
Cork ISA				
Medical/Dental	10.2	13		
Nursing	91.54	113		
Health and Social Care Professionals	27.14	33		
Management/Admin	18.2	22	68.55	114
General Support Staff	16.05	19	53.62	89
Other Patient and Client Care	15.2	19		
Cork ISA Total	**178.33**	**219**	**122.17**	**203**
Kerry ISA				
Medical/Dental	2.17	3		
Nursing	43.77	51		
Health and Social Care Professionals	2.56	3		
Management/Admin	9.71	11	15.4	26
General Support Staff	4.85	6	10.62	20
Other Patient and Client Care	7.28	8		
Kerry ISA Total	**70.34**	**82**	**26.02**	**46**
Waterford / Wexford Operational Area				
Medical/Dental	9.2	10		
Nursing	51.39	66		
Health and Social Care Professionals	10.1	12		
Management/Admin	9.57	11	33.93	50
General Support Staff	17.16	22	36.83	58
Other Patient and Client Care	3.95	8		
Waterford / Wexford Operational Area Total	**101.37**	**129**	**70.76**	**108**
Carlow/Kikenny/South Tipperary Operational Area				
Medical/Dental	1.1	2		
Nursing	43.63	57		
Health and Social Care Professionals	16.25	20		
Management/Admin	9.67	11	38	46
General Support Staff	21.06	27	39.61	54
Other Patient and Client Care	6.31	9		
Carlow/Kilkenny/South Tipperary Operational Area Total	**98.02**	**126**	**77.61**	**100**
Corporate and QCC / Population Health				
Corporate	30.16	34	34.08	46
QCC / Population Health	6.3	8	2.1	4
TOTAL HSE SOUTH	**484.52**	**598**	**332.74**	**507**

Impact of Moratorium and Exit Schemes in HSE South – by ISA / Service / Grade

ISA Area / Grade	Retirement / Resignations		VER/VRS	
	WTE	Headcount	WTE	Headcount
HSE South Medical / Dental	10.12	15	0	0
HSE South Nursing	157.41	208	0	0
HSE South Nursing (Mental Health)	75.92	82	0	0
HSE South Health and Social Care Professionals	23.56	30	0	0
HSE South Management/jAdmin	62.85	72	186.56	278
HSE South General support Staff	66.87	82	146.18	229
HSE South Other Patient and Client Care	31.95	43	0	0
Total All Grades - HSE South	428.68	532	332.74	507

Appendix 4

Health Sector PSA Implementation Plan

Summary description of HSE South Health Service Initiatives

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

Public Service Agreement: Summary list of initiatives

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

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

The list of initiatives provides summary information including;

- PSA reference number.
- A one line summary of the change proposed.
- The PSA measure the initiative addresses. The list of 15 measures is set out in the next column.
- The sponsor for each initiative (National Director/Assistant National Director/ RDO).
- 2The timeframes associated with implementation
- The impact on staff in terms of type of staff, numbers redeployed or reduced etc.
- The impact on services and the targeted benefits

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

Public Service Agreement: Measures

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

National Initiatives

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010	National implementation of the act with regard to the taking of notification and the solemnisation of civil partnerships by Registrars within the state from January 1st 2011			2011 onwards

Regional Initiatives

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Orthopaedic Services	Relocation of Orthopaedic Services from St. Mary's Orthopaedic Hospital to South Infirmary Victoria University Hospital	1,2,3,4,6,7	Orthopaedic Services	
Services for older persons	Development of integrated model of care for services for older people – opening of new community units in St. Mary's, Cork An Daingean, Tralee Kerry Ballincollig Farranlea Road Cork	1,2,3,4,7	Older persons	

Cork ISA

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Cork University Hospital Group				
Clinical Administration Support Services (CASS)	• Centralised Transcription • Centralised Medical Records • Centralised Appointments • Directorate Administrative Co-ordinators	2,3,11		Q1 Q1 Q1 Q1
External Provided Solutions	• Review alternative service delivery options in the area of: ➢ Housekeeping ➢ Pharmacy Compounding ➢ Radiology	3,8,11		Q1 – Q2
Cardiac Renal Centre	• CVIS Cardiology Information System • Cardiac Theatres • Cardiac ITU • Cardiothoracic HDU • Cardiac Cathlab	4		Q1 – Q4
Day Case Surgery	• MGH to specialise in the provision of Day Case Surgery	3		Q1
PET CT Service	• Commencement of this service in CUH	3		Q1
Clinical Governance	• Further implementation of the clinical governance review recommendations including expansion of directorate responsibility for clinical governance incorporating incident management	3,7		Q1 – Q4

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	• HSE Quality, Safety and Risk Standards - devolution of self assessment and quality improvement planning and implementation process to Quality Improvement and Risk Review Teams • Integration of CUH Group under single clinical governance structure • Improved service user involvement • Open Disclosure Pilot Project • Promotion of audit activity to provide assurance on clinical effectiveness and patient outcomes • Further implementation of the Q-Pulse Module with the Corrective and Preventative Action Module and planning for implementation of the Audit Module • Continued Accreditation programme including the scoping of the HIQA Safer, Better Healthcare Standards • Organisational Risk Register monitoring and editing			
Corporate Governance	• Greater focus on the Performance Management function and links to the National Corporate Planning and Corporate Performance unit • Clinical Directorate Model introduction in place of current divisional structure • Continued strong focus on the Managing Attendance Policy across the organisation with an emphasis on the Review of Attendance elements	8,9		Q2 Q1 Q1-Q4
Information Communication Technology (ICT)	• Facilitate the electronic requesting and access of results of diagnostic and other service i.e. Radiology, Pathology, Cardiology etc.	11		Q1-Q4
Finance Support Functions	• National initiative through the FSS (Financial Shared Services) in Killkenny. CUH to explore the practicality of developing this concept with the Hospitals within its group	119		Q2
Laboratory Modernisation	• National Initiative in line with the Public Sector Agreement documentation focusing on: ➢ Standard Hours of Operation ➢ Out of Hours service provision ➢ Skill Mix ➢ ICT Developments ➢ Point of Care Testing	12,13,15		Q1-Q2
Mallow General Hospital Initiatives	• Reorganisation of existing 24/7 Surgical Inpatient Beds and Day Trollies • Medical Registrar rota review	3,14		Q1 Q1
Nursing & Midwifery	• Focus on Nursing Agency reduction strategies • Development of a Surgical High Dependency Unit (HDU) • Skill Mix focus with the development of additional Health Care Assistants • Development of Pre-Operative Assessment Clinics • National initiative regarding e-rostering	2,3,4,		Q1 Q1 Q1-Q2 Q1 TBC Q1-Q4

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	arrangements to achieve an optimal match between staff levels and service activity levels • Further expansion of Midwifery led ante-natal clinics • HR service restructuring to amalgamate the Nursing & Midwifery requirements • Implementation of a midwifery led congenital heart disease screening programme for newborn babies • Changes in the discharge planning process to improve bed utilisation			Q1 Q1 Q1
NCHD Rosters	• A review of the current structure of NCHD rosters with a particular focus on the tiering structures	14		Q1
OPD Process Initiative	• Creation of an Improvement Plan with a focus on the following areas: ➢ Governance ➢ Key Performance Indicators ➢ Standardised Referral process ➢ Appointment scheduling ➢ Cancellation management ➢ OPD Staffing and Manpower ➢ Clinic Scheduling profiles ➢ Waiting List Management Protocols ➢ Clinical Consultation ➢ Patient Discharge and Community Service Links ➢ Managing Patient experience	2,3,4,8		Ongoing
Patient Income Maximisation	• A strong focus on maximising the income for the Hospital to offset the reduction in received operating budget for 2011	9		Q1-Q4
Out of hours support services	• To explore the practical implementation of the specific elements of the Public Sector Agreement, namely sections 2.9.12 & 2.9.13 Extended Working Day & Extended Working Week in the following service areas: ➢ Radiology ➢ Pathology ➢ Radiation Oncology ➢ Pharmacy This list is not exhaustive and will include other departments if and when necessary	12, 13		
Radiology Services	• National Initiative, similar to Pathology, in line with the Public Sector Agreement documentation focusing on ➢ Standard Hours of Operation ➢ Out of Hours service provision ➢ Skill Mix initiative with care assistants • Waiting list management • Replacement Equipment contingencies	12,13		Q1 Q1-Q4 Q1-Q4
St. Marys Orthopaedic Hospital	• Inpatient bed restructuring of block 2 from 24/7 inpatient to 10/3 day case and associated redeployment of staff • Pre-Operative assessment clinic expansion	2,3,12		Q1

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Clinical Skill Mix	• Expansion of the existing care assistant profession, from within existing resources, throughout the clinical support service areas within the Hospital with a particular focus in the following areas: ➢ Ward Areas ➢ Theatres ➢ Radiology ➢ Health & Social Care departments • Associated training and induction programme for those non-clinical support staff becoming care assistants	3,4		Q1-Q2
Surgery	• Establish a dedicated Emergency Theatre for the region • Establish a second trauma theatre for the region • Productive Operating Theatre Group – CUH chosen as 1 of 5 national pilot sites working on this strand of the National Surgical programme	2,3,4,		Q2 Q2 Q1-Q4

1.1 Service Enhancements / Key Priorities for the coming year:
Below is a summary list of the Key Priorities for the CUH group which can be linked to the Service Enhancements

Bantry General Hospital				
Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Laboratory Modernisation	In line with the National Laboratory Modernisation, extended working day will be implemented.	12/13		Q1 2011
Staff Ratio	Nursing – Staff will be redeployed across departments and wards depending on activity levels.	14		Q2/Q3 2011
Staff Ratio	Non-Nursing – Staff will be redeployed across departments and wards depending on activity levels.	14		Q2/Q3 2011
Staff Ratio	Secretarial Services – Review present activities for the secretarial services in order to manage present reduction of staff and to identify different ways of managing workload.	14		Q1/Q2 2011
Mercy University Hospital				
Laboratory	Establishing extended working day rosters from the 1st of February to cover Monday to Friday 8 am to 8 p.m. in four Laboratories.	12,13,14,15	Laboratory	Q1
Skills Programme	Establish the Mercy University Hospital as a critical mass site for SKILL – 40 employees are currently attending the SKILL programme onsite in the hospital.	4,8		Q1 – Q3
Reception Area to support Pre-assessment Clinic at the Mercy University Hospital	A reception area has been established in Theatre to support the pre-assessment clinic for Urology and other specialities. Patients are admitted from 7.30 in the morning to facilitate the smooth and efficient running of Theatre. This admission function is supported by clerical staff commencing duty at 7.30am.	3,12		Q1
Histology Laboratory	The Histology Laboratory has moved in its entirety to Cork University Hospital, involving	1,3,11,15		Q1

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	the co-operation of all categories of staff concerned.			
Pilot AMU	A pilot AMU has been established with the co-operation of all staff in the Emergency Department. The job description for the Clinical Lead post has been established and is awaiting submission for approval for filling, with temporary appointment in post at the moment.	2,3,4,		Q1-Q2
Staffing Resources	Contingency planning following the exit schemes is on-going with unions involved.	1,3,		Q1-Q2
NCHDs Training	PACs training to be provided to each NCHD in MUH	2,7		Q1
Record Storage	Ongoing review of off-site storage of records, and movement of 2010 in-house records to be completed.	8		Q2
Review of Finance Function	Following exit schemes, reassignment of staff from procurement and other areas into Creditors. Ongoing review of other vacant posts in the department.	1,3,		Q2
Restructuring of Catering Management Function	Review of catering function following recent vacancy of 2 catering manager posts in the department.	1,3,8		Q2
South Infirmary Victoria University Hospital				
Outpatients Department at South Infirmary Victoria University Hospital	Medical Records Management Reallocation of staff member from Ward Clerking Department. This entailed a change in the make up of the staff members' working hours, i.e. start and finish times were adjusted to align with the Outpatients department	1,12	Outpatients Dept.	Q1
H.R. Departments SIVUH & Mercy University Hospital	Cross cooperation of HR Departments HR Departments regularly link with each other in an advisory capacity over a range of issues.	4	H.R. Depts.	Q1 – Q4
Records Storage	Review of off-site records storage costs, to include cost of recall of records.	8	Medical Records	Q1
Admissions Department & Day Medical Unit at South Infirmary Victoria University Hospital	Earlier Opening of (i) Admissions Department (ii) Day Medical Unit (DMU)	12	Admissions Dept. & Day Medical Unit	Q3
General Theatre at South Infirmary Victoria University Hospital	A review of theatre is taking place with the following scope; Review rosters, Review On Call, Management of Theatre lists/schedules.	14	Theatre	Q2
Radiology	Reassignment of Radiography staff and duties. Reassignment of Radiography staff and duties to achieve significant improvement in service.	1,2,3	Ultrasound	Q1
Nursing HR & Catering Management	Introduction of a system and process whereby key domains in nursing are measured and monitored on an ongoing basis. To build on current systems and processes. To integrate these nursing metrics into the governance and management structure for nursing in the Organisation. A LEAN methodology will be used for this initiative.	3,8	Nursing Dept.	Q2
Nursing	Enhancing safety in medication management by reducing interruptions during medication	7,8	Nursing Dept.	Q2

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	rounds			
Nursing Haemovigilance Department	NCHD haemovigilance training	2,7	Nursing Dept.	Q4
HR & Catering Management	Reassignment Catering & Household Staff	1	Catering & Household	Q1
Medical Records Department	Reassignment Clerical & Admin Staff :MEDICAL RECORDS DEPT.	1	Medical Records	Q1
Supplies Staff	Reassignment of SUPPLIES staff	1	Clerical	Q1
Admissions Department	Reassignment of Admissions Staff	1	Admissions Staff	Q1
Finance & Patient Accounts Departments	Reassignment of Finance Staff	1	Finance & Patient Accounts Depts.	Q1
Planning , Development & Strategy Department	Reassignment of Planning , Development & Strategy Department Staff	1	Planning , Development & Strategy Department	Q1
Cardiology	Merlin.Net Home Monitoring System for patients with ICD's	2,7	Cardiology	Q1
Health and Social Care Professions	Health and Social Care Professionals Network	11	Health and Social Care Professions	Q1
Cardiology	SIVUH to join Heart Rhythm Ireland National ICD/PM Registry	2	Cardiology	Q1
Physiotherapy – Cork City Acute Hospitals	Physio Rotation	2,3	Cork City Acute Hospitals	Q1
North Cork PCCC initiatives				
Mental Health	North Cork Mental Health Services – Development of Primary Care Centre in Mallow	2,3,4,7	Mental Health	2011 Q1
Mental Health	North Cork Mental Health Services – commencement of discussions regarding Primary Care Centre in Newmarket	2,3,4,7	Mental Health	
Mental Health	North Cork/North Lee Mental Health Services – merging of management structure	3	Mental Health	
Mental Health	North Cork Mental Health Services – further developed Multidisciplinary model of care in community services – initiatives include joint team assessment of referrals to the service	4	Mental Health	Ongoing
Mental Health Nth Cork	North Cork Mental Health Services o Expanded risk assessment protocols in the community setting, o training of staff o Number of audits completed including some on risk assessment o No of initiatives introduced in the area of care pathways	7	Mental Health	2010 Q 4
Mental Health Nth Cork	Mt Alvernia Hospital , Mallow – restructuring of roster & increase in sill mix	14	Mental Health	ongoing
Primary Care Units	Amalgamation of PCUs in HSE-South and subsuming Immunisation Co-Ordinator post into existing PCU WTEs	3	GMS/Immunisations	Completed Dec 2010

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Podiatry Services North Cork	Joint Initiatives by North Cork and North & South Lee Podiatry Services: Development of Diabetic Foot Screening Tool GP/Practice Nurse training workshops to roll out use of screening tool Development of "Traffic Light" Low, Moderate & High Risk Diabetic Foothealth advice leaflets. Completion of Report into Provision of Diabetes Services in HSE South Cork & Kerry for Diabetes Service Implementation Group (DSIG). Co-Operation with Diabetes Federation Ireland and DSIG to develop 4 new diabetes podiatry posts in HSE South Area.	2,4,7,8	Older Persons	ongoing
Public health & Community Nursing Services Nth Cork	Service Management Guidelines: Prioritising Public Nursing Service /Caseloads, in the context of non replacement of core nursing personnel, following risk assessment	7, 10	Public health & Community Nursing Services	2010 Q4
North Lee MHS initiatives				
Mental Health Services	Considerable re-configuration of Administrative Staffing has taken place during 2010 throughout the NLMHS. Duties associated with unfilled vacant posts have been re-assigned to existing clerical / Admin staff. In Addition, agreement has been reached whereby medical secretaries now provide cross cover for each others duties where required.	1	North Lee Mental Health Services	On-going
Mental Health Services	The process of the merging of the North Lee / North Cork Catchment Areas has begun with the formation of a new management structure of City North. The first formal meeting of the new management team took place in Sept. 2010 where it met jointly with MHC Inspectorate of Mental Hospitals .	3	North Lee Mental Health Services	On-going
Mental Health Services	New Multi-Disciplinary Risk Management Group formed in the NLMHS which will address Risk /Quality/Safety at the Acute Admission Unit.	7	North Lee Mental Health Services	On-going
South Lee Local Health Office				
Management and Administration Function	1. Centralising and merging of administrative departments such as immunisations staff with asylum seekers and clinic A staff to provide cross cover during leave – we will provide cover for Bandon Clinics now with the larger pool of staff – we are also providing clerical support to HPV despite loss of staff officer and high sick leave. We have lost the immunisation's staff officer due to retirement. 2. Rename EHIC office - now to be known as Schemes Department. Amalgamated schemes department with Ophthalmic Scheme staff – moving all schemes staff to the main office and closing one counter but intend to train other clerical staff in the main office so they will be able to cover EHIC queries at the single remaining counter – this will allow the single counter to continue to be open longer hours. 3. Loss of one staff officer and two clerical	1,2,3,4,7,11,	Admin Function	Q1 2011

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	officer in childcare – reviewing processes throughout childcare manager's office, Pathways and social work – have identified options in relation to improved filing of closed files, a new approach to archived files (which will save money) and are currently reviewing other processes. 4. Reorganising and relocation of payroll staff to St. Finbarr's Hospital to allow for service continuity, cross cover/ training. 5. Home Help Department now redesignated as Home Support Department. The staff now also monitor HCPs. This task used to be carried out elsewhere. 6. Introduced postal pigeon boxes so individual departments can collect their own post – saving Scheme's Department staff time. 7. Reorganised Staff Officers to cover reconfigured Imunisations Department which will relocate to St Finbarrs and other community services based in St Finbarrs. We have removed other payment / project duties aspects of the Staff Officer posts and reassigned them more appropriately to a Grade IV. This also allows cover for PPP in SFH.			
Improvement of Public Analyst's Laboratory Analytical Service	Reorganisation of the laboratory's analytical chemistry service in collaboration with the Dublin and Galway Public Analyst's Laboratories in order to achieve a Specialised Analytical Chemistry Service in Cork Public Analyst's Laboratory. This is being done in collaboration with the other two Public Analyst's Laboratories in order to achieve a streamlined National Public Analyst's Laboratory Service.	3,7,8		2010, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Participation in the compilation and organisation of a National Annual Food Sampling and Analysis Programme in collaboration with the FSAI, the EHS and Dublin & Galway Public Analyst's Laboratories	7		2010, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Participation in the compilation and organisation of a National Annual Cosmetics Sampling and Chemical Analysis Programme in collaboration with the IMB, the EHS and Galway Public Analyst's Laboratories	2,7		2010, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Collaboration with the IMB on cosmetics monitoring and reaction to consumer alert notifications relating to chemical contaminants in cosmetics.	2		2010, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Multi-parameter chemical analyses of foods being sampled in the 2011 National Food Sampling and Analysis Programme have been identified.	2		2010, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Participation in the DEMOCEPHES European Human Biomonitoring Programme on behalf of the HSE.	2		2011, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Identification of new analytical methods relating to food monitoring on behalf of the FSAI and EHS.	2		2010, Q4

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Improvement of Public Analyst's Laboratory Analytical Service	Identification of new analytical methods relating to cosmetics monitoring on behalf of the IMB and EHS.	2		2010, Q4
Improvement of Public Analyst's Laboratory Analytical Service	Extension to INAB Scope of Accreditation (required by ISO 17025 Laboratory Standard).	2		2011, Q1-2012, Q1.
Improvement of Public Analyst's Laboratory Analytical Service	Two Safefood Surveys have been agreed with Safefood and the EHS.	2		2010, Q4.
Public Health Nursing	Restructuring of areas into defined area teams with balanced skill-mix to enable services to be prioritised and delivered in an effective and timely manner in order to address clinical risk to patients and staff.			Q1 2011
Speech and Language Therapy	1. Planning for delivery of parent training programme jointly by SLT and Primary Care Social Worker. 2. Devekopment of guidelines for Domiciliary Visits in SLT 3. Development of Guideline for the protection of children and dependent adults whilst attending SLT. 4. Development of procedure for Transportation of Healthcare Records 5. Development of Policy and Procedure on Clinical Supervision, 6. Delivery of evidence based teacher training programme to schools across the networks 7. Expansion of Conversation Partners Scheme	2,3,7,10,		June to December 2010
Primary Care Centre – Mahon/Blackrock	Mental Health team moving into integrated Community Primary Care Centre.	1,2,3,4,7,11	PCCC / Mental Health	Q2 2011
Childcare Services for adolescent males out of home	Development of outreach services and engaging in preventative work with young males who are in danger of becoming homeless. Pathways residential emergency service for adolescent males out of home hostel, Cork. Referrals from Social Work Departments in Cork city.	1,2,3,4,7,, 14	Young males/ Child Care/ Social Inclusion/ Homeless-ness	Q1 2011
Childcare Referrals of 15-17 year olds to Social Work Department	Transfer or referrals of 15-17 year old adolescents from South Lee Social Work team to Liberty Street Services for initial assessment	2,3,4,5	Adolescents Child Care	Q1 2011
Mental Health Service	Closure of Sr. Monica's Ward in St. Finbarr's Hospital to optimise use of Staff resources.	1,3,8.	South Lee Mental Health Services	Q2 2011
Mental Health Services	Change of roster for Asst. Director of Nursing to ensure coverage across 7 day week.	14	South Lee Mental Health Service	Q4 2010 (under protest)
Child Psychology Service	Waiting list initiative – integrated services approach to provide new initiatives with temporary reassignment and extended supervision arrangements – will be extended in 2011.	1,2,8	Child Psychology Services	Q3 2010 – Q2 2011
Physiotherapy	Voluntary rotation of Staff Grade Physiotherapists between primary care and Cork University Hospital and St. Mary's Orthopaedic Hospital to give staff in both locations exposure to Community/Hospital	2,3,7,14	Physio-therapy	Q2 2010 – ongoing

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	caseloads.			
West Cork PCCC initiatives				
Services for older persons- Castletownbere CH	Nurse Prescribing	2, 7, 8, 10	Older Persons	2010 -> ongoing
	Venopuncture	2, 4, 7, 8, 10	Older person	2010 -> ongoing
	Rostering: Increased flexibility of working hours for Nursing and Multi-task Attendants, e.g. working through lunch hour.	1, 2, 4, 7, 14	Older Person	2010 -> ongoing
SLT integrated patient centred care	Redeployment of PCCC resource to achieve post for integrated discharge for Bantry General Hospital	1&2	SLT	Current & ongoing
PCCC, West Cork	Out patient Occupational Therapy assessments and treatments now available in new OT Assessment centre including Hand Injury Clinic, Wheelchair and seating assessments, Wheelchair repair clinic, Initial community assessments, Community Mental Health Assessments	2,3	PCCC	Ongoing
Disability Services	• Pilot Reconfiguration of clinical management structure in HSE Cork residential ID services in response to changing staff resources • Some Reassignment of admin/ management resources to support regional co-ordination of services	1,3	Disabilities	Q3 &4 2010
Public Health Nursing	• Currently reconfiguring all West Cork PHNs and Community Nurses in line with Primary Care Geomapping • Home Help Coordinators and Asst Directors of PHN already reconfigured	1,2,3,	PCCC	Current & ongoing
Continuing Care – older people	A reduction of 16 beds in Clonakilty Community Hospital to take place on a phased basis - to be copleted by November in the context of the total number of residential beds in West Cork and to facilitate compliance with HIQA standards.	1,2,3,7,	West Cork Mental Health Services	Q3 – Q4
Continuing Care – older people	Reconfiguration of Residential Mental Health Services in order to ensure more appropriate placements for clients and optimal deployment of staff.	1,2,3,7	West Cork Mental Health Services	Q1 - Q4

Kerry ISA

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Kerry ISA Acute initiatives:				
Kerry ISA (Kerry General Hospital) Surgical Services	Development of more efficient and effective surgical services that facilitates improved patient pathways. Increasing day procedure activity	7, 8, 14	Acute Hospital	Q2 2011

Initiative (a)	and enhancing pre-assessment function for surgical services.		Services	
Kerry ISA (Kerry General Hospital) Surgical Services Initiative (b)	Modernisation of theatre functioning under surgical services initiative in order to synchronise staff rosters and support patient pathways as well as bed management.	7, 8, 14	Acute Hospital Services	Q2 2011
Kerry ISA (Kerry General Hospital) Acute Medicine Unit (AMU)	AMU commenced on 16.8.2010 in line with national Acute Medicine Programme. GP input to AMU development as part of hospital avoidance measure. Expansion of roles for senior decision makers (Consultants Physicians) and Nursing staff. Redeployment of staff including MTA/Nursing/Admin.	1, 2, 6, 7, 8, 12, 13	Acute Hospital Services	Complete
Kerry ISA (Kerry General Hospita)l OPD Project	Multidisciplinary y OPD project initiated in Q4 2010. Central repository initiated on 10.1.11 in line with Corporate Planning & Corporate Performance Directorate. PPGs developed for standardisation of all OPD clinics (including new:return policy overseen by senior decision maker). Patient survey data gathered and patients identified for focus groups to enhance OPD experience.	7, 11, 14	Acute Hospital Services	Q3 2011
Kerry ISA (Kerry General Hospital) /Management /Administration reorganisation	Reassignment of line management responsibility for support services within KGH to SEO Reassignment/partial reassignment of Admin staff to support critical functions in cardiology, Endoscopy, medicine. Terms of reference developed to address further review of admin functions and structures in the context of reduced resources in addition to pursuing IT based admin supports.	1, 2, 11	Acute Hospital Services	Complete
Kerry ISA (Kerry General Hospital) Lab Modernisation	Modernisation of Medical laboratory in line with national initiative. Roles and functions being reviewed with intention to introduce skill mix (lab aides). Sample rosters being prepared in the context of review of opening hours/ service provision with (on 24/7 service or extended working day basis)	15	Acute Hospital Services	Q2 2011
Kerry ISA (Kerry General Hospital) Enhancing Medical Department teamwork	Cross cover arrangement and enhanced team work models developed in the context of the AMU/CNU opening and the recruitment of 2 Consultant Geriatricians in order to address bed management and improve patient care pathway/experience.	6, 7, 12	Acute Hospital Services	Q2 2011
Kerry ISA (Kerry General Hospital/PCSS) Integrated Allied Health Professional service provision	Allied Health Professional (OT/Dietetics) working flexibly across hospital and community in order to provide continuity of service.	1, 2		Complete
Kerry ISA (Kerry General Hospital) Enhancing Skill Mix	Service Plan 2011 includes proposal to continue to enhance skill mix building on SkillVec Programme (09/10). Business plan in place to roll out migration of staff from support roles into front line patient care or direct clinical support services (Pathology, CSSD)	4, 14	Acute Hospital Services	Q4 2011
Kerry ISA (Kerry General Hospital PCSS) Integrated Bed Management Strategy	An integrated service area bed management strategy is being developed that builds on JIG work to date. Integrated discharge planning commenced Nov. 2011. Role/structures and job descriptions in process of revision in consultation with staff representatives.	2, 7		Q1 2011
Kerry ISA (Kerry General Hospital) Enhancing Nursing roles	3 X ANP at varying stages of completion/development in anticipation of a nurse led minor injuries function within new ED development.	4, 7	Acute Hospital Services	Q4 2011
Kerry ISA (Kerry General Hospital) Staff redeployment	Nursing staff being redeployed in context of opening of DPU, reduced nursing availability and anticipated opening of CNU in Q1 2011.	1, 4	Acute Hospital Services	Q1 2011
Kerry ISA (Kerry General Hospital) Radiology Department	Extension of working day to meet requirements of ED and AMU requirements reflective of KGH status as level 3 hospital (Acute Medicine Programme)	12, 13	Acute Hospital Services	Q2 2011
Kerry ISA PCSS initiatives				
Kerry ISA PCSS Redeployment/ Reassignment Management & QSR	Reassignment of existing staff to cover management service gaps following retirements. To create 1.an overall integrated management approach to acute and community services, 2. Establishment of a quality and risk management function across acute and community services.	1, 3, 7,	PCSS	Q 1 2010 initial phase

Kerry ISA PCSS Finance	Establishment of a single finance dept headed by the finance manager of KGH who will now assume the finance responsibility for the ISA and create a single finance dept.	1, 3, 11	PCSS	Q1 2011
Kerry ISA PCSS Dental	Redeploy dental nursing and dental admin staff to general admin support roles within the ISA.	1	PCSS	Initial phase Q3 2010
Kerry ISA PCSS Administration	Vacancies arising following staff retirement, filled from reorganisation of existing staff with centralisation of services to improve efficiencies Reassign staff across acute and community services to deliver one integrated Accounts payable & procurement related administration.	1, 3, 11	PCSS	Q4 2010 initial phase
Kerry ISA PCSS Opening of Dingle CNU	Re Assignment of MTA to the role of HCA. In keeping with quality and HIQA standards	1, 7, 8, 14	PCSS	Complete
Kerry ISA PCSS Opening of Tralee CNU	1.Reassign existing nursing staff from KGH/ community services to new unit. Redeploy support staff with FETAC 5 training to the role of HCA. 2. In line with Best Practice, provide a designated centre for Rehabilitation for the county with access to relevant Rehab consultants, and therapy staff, delivered with an ethos of promotion of independence.	1, 2, 7, 8, 14	PCSS	Q12011
Kerry ISA PCSS Mental Health Services	Reassignment of Nursing staff following closure of St. Pauls Ward plus Introduction of skill mix, to residential care units, by redeployment of Attendants with FETAC 5 training to HCA, initially in Cherryfield and Teach an Churam Rathmore.	1, 14	PCSS	Q1 2011
Mental Health	Ensure all posts are filled on merit and competitive basis	9	PCSS	Q12011
Kerry ISA PCSS PHN Services	Increase in hours of the standard working day by PHN and RGN staff to deliver appropriate and timely care. Delivered in a cost neutral basis, to assist with the operation of the AMU and reduce the need for hospitalisation.	2, 8, 12, 13	PCSS	Q1 2011
Kerry ISA PCSS Health Promotion/Primary Care	Delivery of community based Integrated Pulmonary Rehabilitation Programme for patients with chronic respiratory diseases	2, 8.	PC	Q2 2010 ongoing
Kerry ISA PCSS Health Promotion/Primary Care	Delivery of XPERT programme for clients with Type 2 Diabetes in the community through a MDT input in PCTs, to facilitate clients own management of condition in line with acute and specialist services, and as part of a nationally accepted programme of care.	2, 8	PC	Q2 2010 ongoing

Waterford / Wexford Operational Area

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Waterford Regional Hospital				
Secretarial and Administration services WRH Information Services	Reorganisation of Clerical/Administration staff to facilitate the continued provision of secretarial support services to consultant medical staff in WRH and to provide secretarial support services to new consultants/services in line with the rollout of National Clinical Programmes going forward – (Waterford Regional Hospital) Digital Dictation and Voice Recognition Technology will facilitate this process Management of Databases including In Patient and Outpatient Waiting Lists, Audit dbs, is a critical factor in terms of rollout of national clinical Programmes and evidence of organisation performance eg HealthStat Reports etc	1, 2,3, 4, 5,7,8,10,,11	All Depts. and clinical specialities	Interim Planned Jan 2011- Longer Term Plan end Q4

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	Optimisation of ICT in terns of new Applications, ICT Solutions,, Implementation and Use is required eg NIMIS Project and others as they become available to support clinical Care Standards and Performance requirements ICT Solutions e.g. letters printed and automatically folded and placed into an envelope, sealed and franked in one action.			
Reorganisation of HR / Medical Manpower Services	Reorganisation and relocation of HR/Medical Manpower to single site. This is to facilitate continued provision of HR/Medical Manpower services with a view to achieving economies of scale in the hospital due to reduced staffing levels in both departments. This will result in a Joint HR/MM department operating in WRH. Further reorganisation with Operational Area Waterford /Wexford may be required to optimise staffing to sustain frontline clinical services	1, 3,11	HR/MM	Commence Feb 2011 at WRH
Reorganisation of Laboratory Services	WRH Reorganisation of Regional Laboratory Services – increase automation of laboratory services Implement extended working day – in line with National Laboratory Modernisation Project	12, 13, 14 15	Biochemistry and Haematology with increased automation – Equipment procured- potential to incorporate Biochemistry demand incrementally for other HGSE sites with some realignment of staffing resources to optimise roster expansion at WRH	Commence Feb 2011 at WRH site
Reorganisation of Payroll Services Finance/Nursing and MM	Redeployment and consolidation to ensure overlap & duplication minimised- Further reorganisation with Operational Area Waterford /Wexford may be required to optimise staffing to sustain frontline clinical services	1, 3,11	Administration	Immediate for internal needs, on going review re further requirements
Reorganisation of Catering Services	Re -organisation of catering services in WRH due to the staffing shortfall resulting for the exit schemes	1	WRH Catering Dept in cooperation with Wexford General Dept	Immediate due to significant Catering Management and Staff shortfalls
Realignment of staff all grades & disciplines to support rollout f national clinical Programmes (NDQCC) – Acute Medicine Programme, and all clinical programmes including new	The National Clinical Programmes will require new ways of working for all grades and disciplines – the will be specific impact on Clinical staff and Depts., Medical, Nursing and H&SCPG, Pharmacy and all support staff grades. Clinical Care programmes will require integrated care to be delivered in integrated pathways – community, primary care and acute hospitals Details to worked through in line with National Clinical Programmes and WRH role as Model 4 hospital	3, 4, 6, 7, 8,11,14	All clinical Service Areas	Commencing early 2011 and will evolve as clinical programmes rolled out

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Corporate and Clinical Governance Structures and Reporting arrangements as set out in NSP 2011	Administrative roles will be need to be organised to support the changes systems of care, data management and audit processes and compliance with Clinical and Operational programmes			
Phlebotomy Services	Reorganisation of roster hours to provide more efficient cover over 7/7	14,12	WRH All Clinical Areas	Ist Q 2011
Nursing Rosters	Review Senior Nurse Management team rosters to support provision of out of hours management function	2, 3, 7,14	WRH Nurse Management	July 2011
Health Care Assistants	Reorganise Management structures to bring HCA's under ward manager remit	4, 14	WRH All Clinical Areas	20121 Q4
Regional Laundry Services	Reorganise service delivery model due to impact of Moratorium on recruitment and Exit Schemes on staffing levels compounded by the Age Profile of Equipment and Costs of Equipment Replacement	1,3,11,13	Acute hospitals and Community hospitals, Waterford, Wexford, Carlow/Kilkenny Area, South Tipp operate independently currently but this may change	Commence Q1
Radiology Services	Expand span of the working day to support ED and Emergency Services, Clinical Care Programmes and Cancer Services	1,2,3,7,12, 13	All clinical Services in line with integrated care and evolving South East clinical Service Models in line with rollout of National Clinical Programmes as evolving role as a Cancer Centre	Q2
Cardiac Diagnostic Service	Expand Span of working day to Support ED/AMAU/MAU and Model 4 Hospital	1,2,4,7,12, 13	Acute Medicine and Medical Oncology	Q2
System wide Review of afternoon Tea Break arrangements for all Depts	Assess the Work Rosters and implications for Service delivery	10,11, 12, 13 ,14, 15	All Depts	Q1
Eliminate established practices of provision of Tea Monies to Radiographer and Portering Grades	Cease existing arrangements	5	Radiographers and Porters	Q1
Modernise Work Practices in the Audiology Dept	Establish Access from Regional ENT Out Patients Waiting Lists to Audiology Review in line with Local Clinical Protocols Support the Initiative for highly selective screening testing Regional NICU	2,4,7,8,10,	Audiology	Q1-Q2

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Review Rostering and Skill mix Arrangements for all Grades in Technical, Procurement and Support, and Health Care records Depts	In line with National Maintenance and Procurement Budget Reductions as set out in NSP 2011 it will be necessary to undertake fundamental review of expenditure in these Depts and establish control process in line with Regional Governance Structures as they evolve National QSR Framework also refers in relation to HIQA Standards Hygiene &IP&C, H&S Standards, Environmental Stands, Medical Devices Equipment Management Policy , Heath Care Records Standards etc Provide additional Support to HIPE Dept to optimise HIPE Coding time in line with the reduction in Staffing Levels as a consequence of the EXIT schemes	1,2,3,4,7,8, 11,12,13,14	Maintenance Supplies Biomedical Portering Laundry Catering Household HealthCare records HIPE	Commence Q1
Wexford General Hospital				
Ante Natal Care	Provision of Saturday Ante Natal Clinics	13	Maternity Services	2010 Q4
Discharge Lounge	Redeployment of staff to establish Discharge Lounge	1	Medical Services	2010 Q4
Stroke Unit	Establishment of a Stroke Unit	2	Medical Services	2011 Q1
Accident & Emergency / Medical Admissions Unit	Improved patient triage / admission pathway	3/7	Medical Services	2011 Q1
Central Sterile Services	Rostering of staff	14	CSSD	2011 Q1
Operating Department	Rostering of staff	14	Operating Department	2011 Q1
Operating Department	Extended Working Day in Operating Department	12	Operating Department	2011 Q1
Colo Rectal Disease Management	Out of Hours service to facilitate out patient attendance.	12	Surgical	2010 Q4
Out Patients Department	Extended working day to facilitate out-patient attendance, 8.00 a.m. to 6.00 p.m. with consideration to be given to Saturday a.m. clinic.	12	Medical/Surgical Out-Patients	2011 Q1
Cardiac Diagnostics Department	Extend working day on Wednesdays to 8 p.m. to facilitate out patient access.	12	Cardiac Diagnostic Services	2011 Q 1
Physiotherapy Department	Extended working day to facilitate early morning/late afternoon/early evening out-patient appointments.	12	Physiotherapy Department	2011 Q2
Radiology Department	Introduction of an 11 a.m. to 7.00 p.m. typing line by Admin Staff	12	Radiology Department	2010 Q4
Orderly Security Department	Review of Department structure and rosters	14	Orderly/Security Department	2011 Q2
Technical Services Department	Review of rosters and on call agreement with a view to introducing an extended working day	14	Technical Services Department	2011 Q1
Radiology Department	Extend the working day and Review of On-Call arrangements for Clinical Staff	12/13/14	Radiology	2011 Q1

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Laboratory Department	Extend the working day and Review of On-Call arrangements	12/13	Laboratory	2011 Q1
Community Services				
Community Services	Reorganisation of Drug Education Officer's work load to facilitate her taking on additional duties of Coordinator Addiction Services due to the non filling of that post.	1,3	Community Services	Q2
Community Services Mental Health Mental Health	Redistribution of duties of grade 5 (medical cards) to grade 6, grade 4 & grade 3s Med Card Dept on transfer of grade 5 to CWO duties. Retirement of Payroll Grade IV St. Senan's Hospital resulted in the allocation of the work to the other Grade IV in the department. Retirement of North Sector Consultants Secretary's resulted in the reconfiguration and redeployment of remaining secretaries across the service.	1,3 1,3 1,3	Community Services Mental Health Mental Health	Q1 Q1 Q1
Reconfiguration of Services Mental Health	Reconfiguration of St. Senan's Hospital, closure of admissions to acute units from 28th February 2011, reconfiguring service delivery under catchments area of Waterford/Wexford	1,2,3,4,6,7	Mental Health	Q1
Mental Health	Further development of skill mix and extension of suicide crisis interventions to weekends at WGH.	1,2,13	Mental Health	Q2
	Extension of SCAN services to GP'S North Wexford.	1,2,13	Mental Health	Q3 2010
	Commissioning of new Mental Health Centre Gorey.	1,3.4	Mental Health	Q4 2010
	Introduction of early opening hours in outpatient's location in Enniscorthy to facilitate working patients.	2,.13	Mental Health/Older Person's	Q4 2010
	Method of allocation entitlement of annual leave changed from seniority based to equitable allocation.	3,8	Mental Health	Q3 2010
Mental Health Services Waterford	Conversion of Boilerrmen x 2 to Patient Transport Introduction of an on call system for Nurse Management	1,2,3,5 13	Mental Health	Q4 2010 Q2
	Introduction of an on call system for Nurse Management	13	Waterford Mental Health Services	Q1 2011
	Reassignment of Regional Manager in Palliative Care services to include responsibility for both Palliative Care and Mental Health services	3	Waterford Mental Health services	Q1 2011
	Reorganisation of Catering services, in light of recent retirements under exit schemes	1, 3	Waterford Mental Health services	Q1 2011
	Reassignment of Coordinator for Substance Misuse Team for Waterford, to encompass responsibility for both Waterford and Wexford	3	Addiction services. Waterford.	Q1 2011

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
	Appointment of two Health Care Assistants in the context of greater skill mix in the service.	14	Mental Health Services, Waterford.	Q1 2011
	Admission of patients to the Dept of Psychiatry in Waterford Regional Hospital, from the New Ross area in line with Vision for Change, and the ongoing development of the Waterford / Wexford mental health services.	2, 3	Waterford Mental Health services	Q1 2011
Wexford Primary Continuing Care Services				
Changes in organisational management	Redeployment of Wexford Community Services Administrator to post of Coordinator of Services for Older persons with a distribution of the administrator work load amongst the GM, grade 6 and grade 5s	1,3	Community Services	Q4 2010
Reconfiguration of Services	Amalgamation of Grade IV & MHA Grade V duties due to redeployment of Grade IV to WRID's	1,3	Mental Health	Q1
Older People	Change in nursing rosters in St. John's Hospital, Enniscorthy	2	Older People	Q4 2010
Older People	Change in support rosters in St. John's Hospital, Enniscorthy	1,2,14	Older People	Q4 2010
Older People	Reconfiguration of services in Older People Services in St. John's Hospital, Enniscorthy in order to comply with HIQA standards	1,2,3	Older People	Q1
Older people	Changes in patient meal times in St. John's Hospital, Enniscorthy	2	Older People	Q4 2010
Older People	Reconfiguration of services in Older People Services, New Houghton Hospital in order to comply with HIQA standards	1,2,3,4	Older People	Ongoing Q2 2011
Redeployment Mental Health	Clerical Officer – reorganisation of her duties to facilitate redeployment to support of Social Work & Child Care Manager X 2 days per week. Redeployment of grade 4 from Wexford Town to Gorey Town to replace Child & Adolescent Mental Health Services Secretary Redeployment of 0.5 Dental Surgery Assistant to clerical officer post to partially fill vacancy. (happened Jan-Feb 2010 and is ongoing) Consultation with unions is ongoing in relation to changes taking place. Redeployment of Gr. IV St. Senan's Hospital to vacancy in Wexford Residential Disability Services, allocation of Gr. IV duties to Gr. V to facilitate filling of vacancy	1 1 1 1	Child care Services Community Services Community Services Wexford Residential Disability Services	Q1 Q1 ongoing Q1
Relocation of work location	Reconfiguration of office accommodation which facilitated ceasing of rent on office accommodation at Lower Georges Street, Wexford and relocation of 4 staff to alternative accommodation	1	Community Services	Q1
Primary Care Teams (Multi disciplinary working and reporting arrangements)	Relocation of 18 Primary Care staff from Gorey Health Centre to the Avenue Primary Care Centre in Gorey Relocation of Network Services; Child and Adolescent Psychiatry and Social Workers from Ely Hosp Wexford to Gorey Health Centre. Establishment of two additional PCT in Enniscorthy in 2010 Reconfiguration of Dietetic Service to PCT in Enniscorthy and New Ross	1,2,4,6,7	Primary Care	Q4 2010 Q4 2010 Q4 2010

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Waterford Primary Continuing Care Services				
Disability Services	Restructuring of a Multidisciplinary Team to enhance the service delivery to clients with Autism Spectrum Disorder	2	Disability services, Waterford	Q1 2011
Primary Care	Continued development of Primary Care Teams for the area, with three extra teams to be developed this year. Reconfiguration of staff to teams continuing	1,2,4,7	Primary Care, Waterford.	Q4 2011
Primary Care	Redeployment of staff to Primary Care Teams, and relocation of staff to alternative accommodation.	1,2,4,7	Primary Care, Waterford.	Q2 2011
Administrative Services	Reorganisation of admin structures to rationalise the functions of Finance / Accounts	1,3	Accounts & supplies. Waterford PCCC	Q2 2011
Administrative services	Reorganisation of admin structures to rationalise the function of H.R.	1,3	H.R. Waterford PCCC.	Q2 2011
Organisational changes	Reassignment of Guidance Officer to the role of Coordinator for Disability services	1	Disability services	Q1 2011
Organisational changes	Realignment and reassignment of admin staff across services to provide support in areas where staff exited under the Schemes.	1,3	All disciplines. Waterford PCCC.	Ongoing
Older Persons Services	Reconfiguration of beds with the Continuing Care Hospitals, in line with HIQA requirements	7	Older Persons Services, Waterford.	Q4 2011
Older Persons Services	Further expansion of weekend rosters for Home Help Staff to include additional staff on roster	12, 14	Older Persons Services	Ongoing
Older Persons Services	Realignment of Home Help staff into geographical areas	12, 14	Older Persons Services	Ongoing
Social Inclusion Services	Establishing a revised Vulnerable Adults Committee for all client groups	2	Waterford social Inclusion services.	Q3 2011

Carlow / Kilkenny / South Tipperary Operational Area

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
St. Luke;s Hospital Kilkenny				
Radiology SLHK	Provide extended working day and weekend sessions in accordance with national programme	12, 13,14	Radiology	3 months
Cardiac Diagnostics, SLHK	To extend work day between Monday –Friday up to 7pm, as necessary subject to service need. Ability to provide Saturday service if needed	12, 14	Cardiac Diagnostics	3 months

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Pharmacy Department, SLHK	To extend working day when required.	12	Pharmacy	3 months
Outpatients Department, SLHK	To provide for extended working day for all staff working in this area (Nursing, admin & Support). Allow for Clinics to be held out of hours as necessary to meet service needs, in addition Saturday Clinics if necessary	12	Out Patients	3 months
Outpatients Department, SLHK	Create Centralised appointment system for all referrals which will be phased in to all specialties and will involve administration and other personnel	1, 8	Outpatients	1 year
Operating Department, SLHK	To extend work day between Monday – Friday, up to 8pm as needed Introduce sectional working for Saturday and Sunday in accordance with national initiative	12	Operating Department	3 months
Administration Services	Provide extended working day and weekend sessions in accordance with national programme	12	All service areas involving admin support	1 year
Support services	To extend work day between Monday –Friday up to 7pm, as necessary subject to service need. Ability to provide Saturday service if needed	12	Housekeeping, Portering and catering	6 months
South Tipperary General Hospital				
Access to Diagnostics at STGH	Alignment of diagnostic services with service and access requirements under review. Initial phase introduction of extended day working provisions (PSA para 2.9.12) Extended working day under review for Radiology and laboratory; also reviewing Theatre on call system	12,13, 14	STGH Radiology, Laboratory and Theatre	Ongoing
Carlow / Kilkenny South Tipperary Mental Health Services				
Mental Health Services	Closure of St. Luke's Ward, St. Canice's Hospital, Kilkenny. Relocation of patients from long stay facility to more appropriate community setting	1,2,3,4,7	Mental Health	Q4 2010
Mental Health Services	Introduction of European Working Time Directive and compliance with same.	1,6,12	Mental Health	
Mental Health Services	Quality and Risk Committee Established. Local Risk Register put in place	2,4,7,8,10	Mental Health	Q4 2010
Mental Health Services	Implementation of Vision for Change recommendations in Carlow / Kilkenny / South Tipperary Mental Health Services	1, 2, 4	Mental Health	Ongoing
Mental Health Services	Steering Group established in Carlow/Kilkenny and South Tipperary for the development of integrated Community based and acute Mental Health Services in the Expanded Catchment Area in line with Recommendations of "A Vision for Change"	1,2,3,4,	Mental Health	Ongoing
Mental Health Services	Participation in reconfiguration of services including reorganisation of acute services in South Tipperary and Carlow / Kilkenny. Development and opening of Community Nursing Unit, High Support Hostel and day services units in South Tipperary. Participation in redeployment to reorganised services as required	1, 2, 4	Mental Health	Ongoing
Mental Health Services	Substantial progress has been made in establishing an Executive Management Team for Carlow/Kilkenny and South Tipperary Mental Health Services	2,3,	Mental Health	Ongoing
Mental Health Services	In line with the development of the integration of services with CC/KK and South Tipperary the of Manager for Carlow/Kilkenny Mental Health Services has been given responsiblilty for managing South Tipperary MHS.	2,3,	Mental Health	Q1 2011
Mental Health Services	Integration of the role of the Mental Health Act Administrator to take on the role of the Mental Health Act Administrator in South Tipperary	2,3,	Mental Health	Q1 2011
Carlow/ Kilkenny South Tipperary PCSS				

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Services for Older People, Sacred Heart Hospital, Carlow	Reassignment of clerical administration roles . Reassignment of duties & Re-evaluation of work loads in administration practices resulting in efficiencies	7	Older Persons	2010 Q4
Services for Older People, St. Columbas Hospital, Thomastown	Reassignment of clerical administration roles. Reassignment of duties & Re-evaluation of work loads in administration practices resulting in efficiencies	7	Older Persons	2010 Q4
Transfer of Mental Health clients to more appropriate ID services in Our Lady's Cashel	Relocation of 6 clients from mental health services to ID. New ID service was established by reassignment of Re Nua (Day service for Physical and Sensory Disabilities) personnel into a new intellectual disability service.	1,2,7, 14	Intellectual Disabilities	2010 Q3
Redeployment of support staff in Our Lady's Cashel across service areas	Reassignment of support staff as required to cover 3 service areas.	1	Support Services	2010 Q4
Reconfiguration of roles of ADON's in Our Lady's Cashel	Partial reassignment of ADON in Our Lady's Cashel to Home Care Packages Manager and Educational Co-ordinator for Home helps.	1, 3, 4, 7	Nursing	2010 Q3-4
Redeployment / reassignment Administration Services	Redeployment and reassignment of clerical administration roles across Cashel campus areas. One reassignment from Cashel to Clonmel. Re-evaluation of work loads and reassignment of duties. Changes to administration practices resulting in greater efficiencies.	1, 3	Administration	2010 Q3
Organisational Structure Changes	Change of reporting relationships from administrator to co-ordinator of services (elderly & disabilities) & change of reporting relationship of administrative staff in MHS from Manager of MHS to Administrator PCSS	1,3	Administration	2010 Q4
Children and Families Services	Development of weekly reporting template for HIQA regarding special residential arrangement at St. Joseph's Ferryhouse, Clonmel	4,7,10	Childrens Residential Services	2010 Q3
Children and Families Services	Extension of working day to provide for specific care needs of clients		Childrens Residential Services	2010 Q3
Children Services	On-going development of multi disciplinary working for school aged children (Psychology, Occupational Therapy, Speech and Language, PHN, Paediatrician, Physiotherapy) Development of a multi-disciplinary screening assessment for the Assessment of Need.	4	AHP	2010 Q4
Multidisciplinary Working	1. SLT in Multidisciplinary AON (Disability) process, to include new initial multidisciplinary team screening and team report clinic; 2. SLTs joint / team working with Psychology in 5-18 ASD assessment process / care pathway (ADOS Assessment session); 3. Joint working with Dietetics in Primary Care for adult clients with Dysphagia (Swallowing); 4. Videofluoroscopy clinic conducted jointly with Radiographers newly trained up in process (STGH); 5. SLT involvement in multidisciplinary team assessment with CAPS (individual cases)	4	AHP	Ongoing
Quality and Risk:	Risk Register compilation ongoing in consultation with Risk Manager	7	Integrated Services	2010 Q3
Evidence Based Measurement:	SLT Dashboard developed trending agreed KPIs for SLT Service. Dashboard populated by data from 'Real time' Computerised work system. Trends reviewed quarterly by team to support evidence based decision making on meeting priority targets.	8	SLT	2010 Q3

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
Dental services for adults	National initiative to contain spending on DTSS due to current budgetary constraints while allowing access to emergency treatment. The Principal Dental Surgeons of the South are developing a regional standardised approach to approval of applications as a quality initiative on access to this service.	7	Adult medical card holders	It has commenced
Early Intervention Services- AON	Developing an integrated MDT assessment process addressing Assessment of Needs	2,3,4	PaediatricsChildren under 6yrs	2010 Q3
Paediatrics	Developing MD Team approach to address needs of children 6-18 yrs	2,3,4	Paediatrics 6-18yrs	2010 Q3
Services for older people	Reassignment of clerical administration roles across St Patrick's Hospital Areas. Reassignment of duties & Re-evaluation of work loads in administration practices resulting in efficiencies	7	Older Persons	2010 Q3
Services for older people	Redesign an integrated model of care for services for older people in St Patrick's Hospital in conjunction with Multidisciplinary teams to include the appointment of ANP and Dementia Care Services	7	Older Persons	2010 Q3
Physiotherapy Redeployment/ Reassignment of staff, Carlow/KK PCSS	Redeployment of 1 staff grade physiotherapist from Kilkenny to Carlow because of staffing shortages due to non replacement of 3 staff on maternity leave	1, Health Sector redeployment Protocal	Physiotherapy	Completed October 2010
Physiotherapy Further development of integrated patient centred Care	Greater integration between acute and PCSS services achieved through the following measures: Full rollout of staff grade rotations across the Local Health Area (LHA) Development of a protocol for management of patients presenting with/at risk of falls; done in collaboration with acute and PCSS physiotherapists as well as geriatricians, pharmacist and occupational therapist. Development of protocol for management of patients between acute outpatient departments, primary care and network services Review of existing PPPGs in PCSS and Acute Physiotherapy Services and standardisation of same across the local health area Cross Over when required between Fracture Clinic and Primary Care Team Full participation in Integrated Discharge Planning Initiatives and improvement plans	2	Physiotherapy	Completed June 2010 Completed July 2010 Some elements completed (e.g. paeds) others ongoing (e.g. stroke) Completed in Oct 10 2011 Q 1 Ongoing
Physiotherapy Carlow/KK PCSS Extended Working Hours	Lunch time opening in paediatric and general outpatient departments Provision of daytime and evening antenatal classes Survey underway re suitability of times offered for antenatal care "After 5" working when required for post operative patients in orthopaedic hospital	12		Completed Feb 10 Changes to time July 10 2011 Q 1 June 2010
Physiotherapy Carlow/KK PCSS VFM/Smarter Working	Increased use of teleconferencing, email systems etc with establishment of Common IT folders for clinical areas Rigorous adherence to preference for centre based care where possible and liaison with PHN's re same Treatment in Groups where indicated	5		Ongoing
Physiotherapy Primary Care Teams (Multi	Continuing the rollout of PCT with reconfiguring of existing community physiotherapy staff and alignment to the primary care teams 3 new teams in 2010	1, 2, 4		Completed in 2010

Area of modernisation	One line description of change	PSA Measure no (1 – 15)	Service Area	Timeframe
disciplinary working and reporting arrangements	Introduction of Bone Health Programmes with information sessions conducted in schools. Working with dietetics in relation to Obesity Management			May and June 2010 Ongoing
Substance Misuse Extended Working Hours Carlow/KK PCSS	Open Access 5 – 7 pm every Monday in Kilkenny and every Tuesday in Carlow at 3.30 – 5.30pm. This provides ▪ out of hours service to triage client awaiting substance misuse treatment; ▪ assess and prioritise need; ▪ refer to relevant tier of treatment; interagency involvement: HSE, Drug Task Force, Youth Service and Family Support	2, 4, 7, 8, 12	Substance Misuse	Ongoing
Substance Misuse	Development of the National Drugs Rehabilitation Framework with agencies outside of HSE ▪ Care Planning / Shared care planning ▪ Case management and key working ▪ Interagency working ▪ Intra agency working ▪ Shared understanding of confidentiality ▪ Develop interagency protocols ▪ Introduce Quality Standards. Agencies involved are: Kilkenny County Council Kilkenny Leader Partnership Kilkenny Gardai HSE Substance Misuse Team Southeast Regional Drugs Task Force Kilkenny Probation Kilkenny FAS Kilkenny VEC	2, 4, 7, 8	Substance Misuse	Ongoing
Substance Misuse	Homeless Action Team Substance Misuse Co-ordinator joined the homeless action team because of many clients presenting with issues of substance misuse – ▪ Reviewing presenting clients ▪ Devloping an interagency plan ▪ Allocating a key worker / case manager ▪ Interagency working	2, 4, 7, 8	Substance Misuse	Ongoing
Services Older Person Carlow/KK PCSS	Development of evening rosters for home help service in Kilkenny City	12, 14	Older Persons	Ongoing