

WINTER INITIATIVE 2016/ 2017

Summary

The aim of the Winter Initiative Plan 2016/ 2017, is to provide a focus on specific measures required to address the anticipated surge in activity experienced this time of year across the hospital and community. One of the key objectives is to reduce the numbers of people waiting to be discharged from hospitals and who require specific supports and pathways to do so. In achieving this objective, the capacity of the acute hospital system will be improved and in turn the patient experience in the Emergency Departments and the wider hospital system will also be improved. The plan contains a number of key measures both in terms of hospital avoidance, timely access and discharge. It will be implemented through a specific and detailed planning process required in all hospitals and Community Healthcare Organisations across the country.

In summary, some of the key outcomes to be achieved through the implementation of this plan include:

- A reduction in Delayed Discharges in acute hospitals to no more than 500.
- Patient Experience Times: improve compliance from 63% YTD to 75%
- Patient Experience Times: improve national compliance of 98% from YTD July 96%)
- Patient Experience Times: Of all ED attendees discharged or admitted within 6 hours of registration (improve compliance from 68% YTD to 75%)
- TrolleyGAR – All sites to meet 8am TrolleyGAR threshold (max 236).

Some of the key measures to achieve these outcomes are:-

- An additional 55 acute beds are being provided in the Midland Regional Hospital in Tullamore, Beaumont Hospital, Naas General Hospital, University Hospital Waterford and in the Midland Regional Hospital in Mullingar. In addition, 18 step down beds are being provided for by the Mercy University Hospital.
- Expansion of minor Injury services in Dublin to provide for an additional 100 patients each week, with patients being seen in a more timely way, to include a Saturday service.
- Provision of additional 950 Home Care Packages targeting 10 specific hospitals, (Our Lady of Lourdes, Mullingar, CUH, STGH, UHW, UHL, UHG, Tallaght, & St. James's Hospital).
- Additional 58 Transitional Care bed approvals weekly available to all acute hospitals, (in addition to the funded level of service of 109/week).
- Expansion of Community Intervention Team (CIT) services across 4 sites to support 5 acute hospitals. (Beaumont, Mater, OLOL, GUH,STGH), to benefit 6,643 additional patients.
- Increased funding for Aids & Appliances to support discharge of patients from hospitals as well as facilitating hospital avoidance. (3,070 people to benefit).
- Targeted waiting list programme for orthopaedics, spinal and scoliosis to be implemented in designated sites by year end.
- Increased focus on Flu vaccination for the community at large and health care staff.

In this plan the HSE is building on the additional capacity made available in winter 2015 which saw the provision of an additional 300 acute beds. These beds will remain open over the coming winter period.

These combined measures, along with improved processes, will assist in delivering on the outcomes of the Initiatives. Following on from the 24 Acute Hospital site visits undertaken by the Special Delivery Unit, over the period January to July 2016, key improvement actions have been issued to individual hospitals, these incorporate the following areas:

- Management of older persons care pathways
- Improvement in non-admitted PET (Patient Experience Time) Targets
- Improve the management of patient's with chronic diseases.
- Extension of 7 day discharging - criteria led discharge planning

Hospital Groups and CHOs are now required to provide Winter plans for 2016/2017, for validation by the end of September. These plans will detail both management and clinical governance arrangements across each hospital and community for the duration of the Winter period including metrics on service provision and supports, escalation measures etc

The Special Delivery Unit will monitor the implementation of the plans in conjunction with the respective Divisions, and SDU improvement leads will be assigned to hospital groups/CHOs to drive the process improvement across the focus sites.

OVERALL IMPACT MEASURES		
No.	Impact Target	Timescale
1.	Delayed Discharges - Reduce delayed discharges to less than 500	By Year end 2016
2.	Patient Experience Times: 100% compliance with maximum 9 hour PET for patients 75 years and over (improve compliance from 63% YTD to 75%)	February 2017
3.	Patient Experience Times: 100% compliance with maximum 24 hour PET for all patients (achieve national compliance of 98% from YTD July 96%)	December 2016
4.	Patient Experience Times: of all ED attendees discharged or admitted within 6 hours of registration (improve compliance from 68% (year to date to 75%)	February 2017
5.	Trolley GAR – All sites to meet 8 a.m. Trolley GAR threshold (max 236)	December 2016

SPECIFIC INITIATIVES									
A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES									
	Flu Vaccination Drive								
1	All Acute Hospitals and Long Term Care Facilities have been asked to produce a flu plan. Plan to include the following: Ensure all HCWs are actively offered the flu vaccine Actions to be taken to improve vaccine accessibility for all HCWs	Increased accessibility for HCW to Flu Vaccination. Increased no. of vaccination clinics held. Increased no, of staff vaccinated. More timely management to influenza outbreaks. Decrease in number of outbreaks.	Continue to monitor uptake rates amongst HCW. More timely response to influenza outbreaks. Decrease in number of outbreaks	Increase in HCW uptake rates up to 40%. Less flu related admissions to hospitals. Shorter LOS for vulnerable older patients. Decrease in number	Flu plan to be developed. Uptake figures of HCW rates to be collated. Communications to support Memo to all staff. Professional/professional Bodies support Individual incentives offered. Incentive offered to those units that perform the best.		€250K		Already in action

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HEALTH AND WELLBEING OUTCOME MEASURES									
	Incorporate actions on how to prevent, detect and control an influenza outbreak. Ensure each hospital/LTCF identifies a senior flu champion. Individual Unit targets.			of outbreaks.	HPSC to collate uptake figures. NIO monitor vaccine distribution. Publications in relevant papers and magazines.				
2	Peer Vaccination Programme	Increase in number of education sessions for staff. Increase in no, of vaccination clinics.	Provision of vaccinations as required particularly in response to outbreaks.	Increase in HCW uptake rates up to 40%.					
3	Increase flu vaccine uptake rates in 65 years and older in acute hospitals, LTCF and in the community.	Additional Media support (a 5/6 week campaign instead of 1 week) targeting: 65-75 year age group Pregnant women Chronically Ill HCWs By: Advertising, PR, Digital Promotional Materials Acute hospitals/LTCFs to provide vaccination of this over 65 group who are long stay patients. Dept of PH to work with hospitals/LTCF.	Monitor uptake rates amongst HCW. Decrease in number of outbreaks in LTCF. More timely response to influenza outbreaks In LTCF.	Increase in uptake to over 60%. Less flu related presentations to ED. Less flu related admissions to hospitals. Shorter LOS for vulnerable older patients in acute hospitals.	Increased media support concentrating on these groups. Development of Flu plans in acute hospitals and LTCF. Resources offered with further incentive offered to those units that perform the best. Communications plan to focus on need for Respiratory Etiquette in 2017.		Comms Budget €250,000		
4	Campaign to increase level		Under The Weather	Reduced ED	Campaign being planned.				

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HEALTH AND WELLBEING OUTCOME MEASURES									
	of Self Care and prevent infections.		Campaign - Respiratory Etiquette By Advertising, PR, Digital Promotional Materials, Materials for GPs	attendances Reduced GP OOHs attendances.					
TOTAL COST	-	-	-	-	-		€500,000		-

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FRAIL ELDERLY AND INTEGRATED CARE PROGRAMME FOR OLDER PERSONS OUTCOME MEASURES									
1	Establish integrated governance structures to address older persons needs.	ICP OP establishing local governance in 7 sites. The sites are Tallaght OLOL CUH UHL Sligo North Dublin Hospitals South Dublin Hospitals	Establish governance in 11 sites. Including: Mater Waterford Galway	Improved population and service planning for older persons.	10 structural metrics to be gathered in 2017.	ALREADY FUNDED	ALREADY FUNDED	ALREADY FUNDED	2016
2	Introduce case management approach in acute floor and corresponding liaison role in community. Pilot to support 7 day service on sites to be identified	Reassign WTEs to focus on Frail Elderly, working across hospital and community services over the Winter period in pilot locations.	Expand to other sites on evaluation.	tbd	ADON for patient flow (already in recruitment) to support older persons pathway on acute floor (ED/AMAU) over winter period (Oct-February) Reassignment of staff to support care co-ordinating role in community (point of contact in CHO for winter period), who is the key point of contact (has access to information concerning patients in receipt of older persons services) and who can augment care plan and initiatives on an urgent basis and to be available for weekend cover.	€100,000	-	€200,000	2016/17
TOTAL COST						€100,000	-	€200,000	-

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PRIMARY CARE OUTCOME MEASURES									
1	Community Intervention Teams								
	The funding provided will allow for CIT expansion in the following sites:- Dublin North (Beaumont, Mater Hospitals) Louth / Meath (OLOL) Galway/Roscommon (GUH) South Tipp (WUH, South Tipp General)	1,030 patients Dublin North - 129 Patients Louth / Meath - 154 Patients Galway/Roscommon - 515 Patients South Tipp - 232 Patients Overall, this initiative will contribute to the ED targets, as set out by the AHD.	6,643 patients Dublin North - 753 Patients Louth / Meath - 1,812 Patients Gal./Rosc. - 2718 Patients South Tipp - 1360 Patients	6,643 additional patients to benefit, targeting earlier discharge of frail elderly patients and helping to avoid hospital attendance/admission.	Recruit additional staff to provide the expanded service requirement. Where CIT services are contracted this will be facilitated by the extension of the current agreements which provide for such expansion.	€545,000	€200,000	€2,000,000	All expansions will be implemented during Q4
2	Aids and Appliances								
	Purchase and supply of aids and appliances to facilitate the discharge home of DD patients from acute and rehab facilities and to focus on targeted intervention for patients at risk of admission to acute hospitals. The emphasis will be on early discharges and hospital avoidance and will also enable the provision of home care packages that are reliant on such equipment. The intention is to acquire sufficient stock in 2016 with the once off funding available to provide for the prompt supply equipment over the winter months.	1,820 patients Overall, this initiative will contribute to the DD reduction targets.	1,250 patients	3,070 patients will be facilitated with a range of equipment (including high / low beds, prostheses, ventilation equipment, electric wheelchairs etc.) as necessary to facilitate hospital discharge and support home care arrangements during the winter months.	The purchase of sufficient stock in 2016 with the once off funding available to provide for rapid response to demands for aids and appliances. The establishment of targeted liaison arrangements at CHO / HG level to oversee implementation.	-	€5,000,000	-	As these items are available under existing contractual agreements they will be procured in Q4.
TOTAL costs	-	-	-	-	-	€545,000	€5,200,000	€2,000,000	-

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SOCIAL CARE OUTCOME MEASURES									
1	Homecare Provision.	In conjunction with additional funding provided of €30m in 2016, €10m of the winter initiative will support an overall additional activity of 270,000 Home Help hours and 2,000 HCPs, benefitting an additional 1,236 people with HH and 3,000 people with HCP in a full year.	270,000 home help hours benefiting 1,236 people 2,000 home care packages benefiting 3,000 people	Home care supports in conjunction with the additional specific home care provision outlined below will support the discharge of patients listed as DD in acute hospitals and assist in avoiding hospital admission for those living in the community who need supports to remain at home.	Implemented	€10,000,000		€10,000,000	
2	Additional HCPs July avg. DD figures are 620, of which 120 approx. are categorised as Delayed to go home. and are requiring services or Aids and Appliances or housing improvements, accommodation etc. The SDU analysis of the weekly HCP requirements to provide a steady state per hospital per week has been used as the basis provision across 10 specific hospitals with individual DD Reductions per hospital of those in the 'Going Home' category. This is to be achieved by Year End, through the constant and steady provision of Home Care and together with the targeting of Aids and	Deliver 650 new HCPs in Q4 2016	Deliver Full year costs to support 950 New HCPs throughout the Winter Initiative period (from Q4 2016 and into Feb 2017), based on 10 specific individual hospitals requirements.	By YE 2016, DD reductions by Hospital,(including DD avoidance), due to additional weekly Home Care, by a total of 50 average per week, from a current figure of 120 to 70 and maintaining to end of Feb 2017 OLOL – 2 per week Beaumont – 10 per week Mullingar – 2 per week CUH – 3 per week South Tipperary – 3 per week Waterford – 6 per week UHL – 2 per week UHG – 10 per week Tallaght – 4 per week St James – 8 per week Total – reduce weekly DD by year end by average of	950 new HCPs throughout WI period as below: OLOL – 6 new/wk Beaumont – 6 new/wk Mullingar – 3 new/wk CUH – 3 new/wk STGH – 3 new/wk WUH – 5 new/wk UHL – 6 new/wk UHG – 6 new/wk Tallaght – 6 new/wk St James – 6new/wk Total 50 per week	€1,400,000	-	€14,600,000	February 2017

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SOCIAL CARE OUTCOME MEASURES									
	Appliances, the outcome to be achieved is to gain an overall reduction in this category by an average of 50 DD per week by year end.			50 per week.					
2	Transitional Care Beds								
	<p>Of those waiting for long stay care, the Social Care Division is supporting hospital discharge through:</p> <ul style="list-style-type: none"> - Maintaining the NHSS waiting times at no greater than 4 weeks - Providing Transitional Care to all hospitals at a rate of 152 approvals per week, consistently throughout the year. <p>NSP 2016, funded Transitional Care at a level of 109 approvals per week, but the level of demand has been maintained at the 152 and can now be continued to the year end at this level through the provision of the funding €6m.</p> <p>By providing higher levels of TCB each week during the period concerned, it is intended that this egress measure would support a shorter time scale to process applications for NHSS or to move patients out of the hospitals concerned while the NHSS is being worked through. The resultant</p>	<p>To provide for the ongoing increased demand for TCB which has averaged 152 approvals per week and which is above the funded position of 109 per week, throughout the year to year end.</p> <p>In addition to maintaining this level, 5 hospitals will be provided with 15 approvals each week for the duration of the plan. This will support the processing of NHSS patients in a shorter timeframe and reduce numbers of DD accordingly.</p>	<p>Maintain higher rate of 152 approvals per week to YE plus 15 additional per week to end of Feb 2017.</p> <p style="text-align: center;">Total 167</p>	<p>Reduce/ Avoid weekly DD by YE 2016 by 60 as follows:-</p> <p>Beaumont -20 Tallaght – 5 St. James’s -20 Connolly- 5 Mater -10</p> <p>Total- 60 per week</p>	<p>Maintain level of 152 approvals per week and support of additional approvals for 5 hospitals as set out below from October to end of February:</p> <p>Beaumont – 4/wk Tallaght – 2/wk St. Jame’s – 5/wk Connolly – 2/wk Mater – 2/wk</p>	€6,500,000	-	€6,100,000	Year End 2016

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SOCIAL CARE OUTCOME MEASURES									
	projected outcome reduction totalling 60 DDs by year end.								
3	Reduce DDs for those with Legal Complexity, Ward of Court, etc.								
	As a once off measure over the period outlined, those DD listed as Delayed due to legal complexity or Ward of Court will also be targeted to move to alternative locations while their legal processes are being worked through. It is likely that these patients will require transitional care for a considerable period of time and also need support both in terms of processing as well as social supports. The net reduction target as a result of this measure is to reduce DD by 10.	Reduce once off 18 DD Reduction overall net DD by 10	-	Reduce 18 DD once off to yield net Reduction overall of DD by 10	Reduce, on a once off basis Target 18 DDs to Transitional Care which may be for an average of 26 weeks and at a higher cost as follows:- OLOL – 2 once off Beaumont – 2 once off Waterford – 2 once off UHG – 2 once off Tallaght – 2 once off St Jame’s – 2 once off Connolly – 2 once off Mater – 2 once off St Vincent’s – 2 once off	-	€610,000	-	Year End 2016
TOTAL COST	-	-	-	-	-	€17,900,000	€610,000	€30,700,000	-

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ACUTE HOSPITAL OUTCOME MEASURES									
	Tullamore – 12 beds in former AMAU. Will be a short stay Medical Unit	12 beds	12 beds. On the assumption of 3 day length of stay this would enable 1,460 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 4 at 8am. Improve compliance with ED PET < 24 hour from 95% YTD to 98%.	Physical capacity in place, requirement to attract staff.	€200,000		€1,000,000	November 2016
	Beaumont – 10 beds below dependency/acute step down	10 beds	10 beds On the assumption of 7 day length of stay this would enable 521 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 12 at 8am Improve compliance with ED PET < 24 hour from 91% YTD to 97%.	Physical capacity in place, requirement to attract staff.	€170,000		€850,000	November 2016
	Naas – 11 beds and Rapid Access ED (unable to open previously due to staffing constraints)	11 beds	11 beds On the assumption of 7 day length of stay this would enable 573 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 4 at 8am. Improve compliance with ED PET < 24 hour from 93% YTD to 95%.	Physical capacity in place, requirement to attract staff.	€200,000		€1,000,000	November 2016
	Waterford – 15 beds surge capacity	15 beds	15 beds On the assumption of 7 day length of stay this would enable 782 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 8 at 8am Improve compliance with ED PET < 24 hour from 97% YTD to 99%.	Physical capacity in place, requirement to attract staff.	€200,000		1.25m	November 2016

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ACUTE HOSPITAL OUTCOME MEASURES									
	Mercy – 18 beds previously indicated under WI have remained unopened due to staffing constraints	18 beds	18 beds On the basis of 28 day length of stay this would enable 234 additional step down patients to be treated.	Meet Mercy TrolleyGar Threshold of 4 at 8am Improve compliance with ED PET < 24 hour from: <ul style="list-style-type: none"> 96% YTD to 99% (CUH) 95% YTD to 97% (Mercy) 	Physical capacity in place, recruitment complete, scheduled to open 19 th of September.	€225,000		€900,000	November 2016
	Minor Injuries – Dublin	100 patients per week (including potential for Saturday service)		Support improved compliance in the non admitted PET in the Dublin hospitals.	Formal agreement to be developed and agreed with Charter Medical Group / Mater Hospital.	€250,000		€500,000	December 2016
	Private / Public Collaboration Mater & Mater Private re Respiratory patients	10 beds	10 beds On the assumption of 7 day length of stay this would enable 521 additional patients to be treated.	Meet TrolleyGAR threshold of 12 at 8 a.m. Improve compliance with ED PET < 24 hour from 94% YTD to 97%.	Collaboration Mater Hospital & Mater Private Hospital, pilot exercise to be undertaken using once off funding 2016.		€100,000 once off costs	€500,000 -	December 2016
	Cappagh/Tallaght Ortho/Scoliosis (Once off 2016 costs only)	570 Ortho patients 39 Adolescent Scoliosis patients & 15-20 Paediatric Scoliosis patients. Orthopaedic patients in acute hospitals	To be funded through WL 2017	Elimination of 18 month target in Cappagh (National Tertiary Referral Centre) Elimination of Adolescent WL at Tallaght, expectation is that this will not recur as Paediatric service transferring to Crumlin. Achievement of the 18 th month target.	Develop a clearance plan and schedule all patients to be treated before year end. Develop a clearance plan with the Mater Spinal Unit and schedule all patients to be treated before year end. Beaumont, Tallaght, Tullamore, Waterford & GUH		€3m €2m €2m	Ongoing support to these sites would be delivered via WL Funding 2017.	31 st December 2016

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ACUTE HOSPITAL OUTCOME MEASURES									
	MRH Mullingar – Development of Acute Floor (to incl. enhanced Senior Decision Making)	Acute Floor to include 7 short stay beds	Acute Floor to include 7 short stay beds	Meet TrolleyGar Threshold at 8am of 8 Trolleys To improve 24 hour compliance from 98% to 99%	Physical capacity in place, requirement to equip and attract staff.	€125,000		€400,000	November 2016
	Clonmel / South Tipperary Two options are being considered to provide additional capacity as follows: <ul style="list-style-type: none"> Option to fit out space within new build under construction. Modular build extension to exist hospitals. Following appraisal we intend to proceed with one of these options subject to suitability in terms of care provision timescale. The assessment will include cost benefit analysis, procurement issues, and planning/construction issues. The HSEs examination of <i>patient hotel</i> type service will proceed in parallel.	tbc	tbc	Meet Troller Gar threshold of 4 at 8am	Planning, procurement, and services.			€700,000	TBC
	Process related issues, <ul style="list-style-type: none"> Hospital groups and CHOs to provide Winter plans for 2016/2017, for validation by end of September. Plans to detail both management and clinical governance arrangement across each hospital and community for the duration of the Winter period including metrics on service 								

	provision and supports, escalation measures etc. <ul style="list-style-type: none"> SDU to monitor implementation of plans in conjunction with the Divisions SDU improvement leads to be assigned to hospital groups/CHOs to drive process improvement across the focus sites. 								
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ACUTE HOSPITAL OUTCOME MEASURES									
	SDU Improvement leads to be assigned to Hospital Groups / CHOs to drive process improvement in the 9 Focus Sites. Key actions are as follows: <ol style="list-style-type: none"> Implement the National Escalation Framework Develop implementation plan for the management of older persons Achieve 20% improvement in non-admitted PET Develop integrated measures with Primary Care to improve chronic disease management of patients. Improve LOS Align human resource with demand Develop implementation plan to introduce 7 day discharging / criteria led discharging Focus on improvements in scheduled care as per waiting list management improvement plan – 4 actions 								

	9. Quantify egress flow requirements and link with CHO colleagues to effect. 10. Quantify transport requirements and link with transport partners to effect.								
Total Cost						€1,370,000	€7,100,000	€7,100,000	-
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Contingency	Contingency : Learning from previous winter initiatives 15% contingency fund for once off expenditure is being held to facilitate exigency measures which arise such as temporary agency staff etc. This will be detailed when the Hospital Group / CHO Winter Plans are completed at the end of September 2016						€6,675,000		
OVERALL TOTAL COST						€19,915,000	€20,085,000	€40,000,000	

Assumptions & Dependencies

There is a significant interdependency between all of the measures outlined in the overall Winter Initiative 2016 – 2017, which when implemented fully, will deliver the target outcomes in terms of DD reductions and ED improvements. In addition the plan is framed having regard to a number of assumptions and dependencies as follows

- ED attendances are consistently running at 5% ahead of 2015 levels and HIPE analysis of discharges is comparable. In setting the targets we have assumed that for the period October 2016 – February 2017, they will continue to run at this rate of growth. Any material increase in activity levels will have an impact on the deliverables

- The additional acute hospital bed capacity can be opened within the specified time and the staffing levels can be secured and maintained.
- Events such as the outbreak of Flu or significant bad weather conditions may impact on the full delivery of the plan due to additional surge activity.
- Demand for homecare over current levels as well as numbers requiring discharge from hospital not significantly increasing over current trends.
- The supports provided as outlined by Primary Care and Social Care can meet the agreed tolerance levels for DD as outlined for the winter period and that providers can secure and maintain staffing levels.

It should also be noted that some of the specific targets can only be maintained for the duration of the period of quarter 4 2016, to end of February 2017.