Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Regional Service Plan 2011

AREA WEST

Easy Access

Public Confidence

Staff Pride

Contents

Published by the Office of the HSE West Regional Director of Operations
Merlin Park
Galway

February 2011

Foreword from the Regional Director of Operations

The National Service Plan 2011 (NSP2011) was published on 22nd December 2010 and it sets out the type and volume of service the Health Service Executive (HSE) will provide directly, and through a range of agencies funded by the HSE during 2011. The national plan can be viewed on www.hse.ie

The HSE West priorities for the coming year are to:

- Maintain the overall levels of service provided in 2010
- Deliver the cost reduction and restructuring programmes to enable the maintenance of these service levels on a reduced budget
- Ensure the delivery of high quality and safe services
- Accelerate our reform programme to reconfigure core services and in line with our 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, and
- Implement the national clinical change programmes and new service developments.

The process of implementing the service plan across the West area has started and details of the services and plans for 2011 are set out in this document ***HSE West – Regional Service Plan 2011.***

In 2010 the West area faced significant challenges yet still delivered the Service Plan targets for 2010 and in some cases exceeded targets, for example:

- Acute inpatient and day case activity exceeded target
- Community based Home Care Packages for older persons

This was done while achieving significant efficiency savings and overall cost reductions, and is a reflection of the dedication and commitment of our individual staff and teams throughout the region. I wish to thank all HSE West staff for their work in ensuring that we met our major activity targets.

We will continue to face challenges in the coming year. The Government moratorium on the recruitment of public service staff (with the exception of some clinical grades) and ongoing financial challenges will put pressure on our ability to deliver the ambitious targets set for 2011. We will continue to deliver safe services in the most effective ways possible in the coming year and commence the implementation of the National Clinical Programmes (see section on Acute Services) which will help us to improve services and achieve better outcomes for patients and service users.

Like every other public service organisation we must live within the budget allocated for 2011, while also delivering the level of service set out in the 2011 Service Plan. We are also aiming to protect services for the must vulnerable in the community and work to ensure sustainable Health Services continue in the West area in the long term. Employment control will continue to be a priority in the coming year and we are required to manage within the total employment numbers approved for the West. Local managers and staff across the region will continue to use their resources as efficiently and effectively as possible.

In 2011, we will focus on a number of key areas in order to improve the effectiveness of services and make it easier for people to access the care or service they need in the most appropriate setting.

Key principles underpinning the way we deliver services in 2011 will include:

1. Safety and quality as key objectives
2. Putting the patient at the centre of everything we do
3. Delivering efficient and effective use of resources to ensure value for money.

1 Patient Safety and Quality

Clinical Programmes

A major initiative in 2011 is the implementation of the national clinical programmes. The focus will be on standardising care and implementing proven solutions to save lives, prevent complications, remove waiting lists and save money. The clinical programmes that will be introduced this year 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, and
- A range of initiatives to address outpatient waiting lists including neurology, dermatology and rheumatology.

Changing the Way we Work

Challenging service level targets have been set for 2011, notwithstanding the budgetary reductions and the impact of the recruitment moratorium. In order to do this in a sustainable way we need to change, reconfigure and develop services in accordance with best practice both nationally and internationally. In this area there are three reconfiguration programmes underway in 2011; Mid West (Clare, Limerick, North Tipperary); West (Galway, Roscommon, Mayo); North West (Donegal, Sligo/Leitrim). The Mid West project has been running for a number of years and has already reconfigured emergency and surgical services across the three counties of the Mid-West. Detailed plans for the West and North West areas are in preparation.

Risk Reduction

Delivering high quality services and minimising risk will continue to be a high priority in 2011 and will be strongly influenced by the National Standards for Safer Better Healthcare. Compliance will be enabled through the implementation of the Quality, Safety and Risk Framework. We will also continue the implementation of the recommendations of HIQA reports and other relevant risk reports and reviews.

2 Putting the Patient First

Performance Targets

Hospitals and community services will improve access and delivery performance targets across all patient and service areas in the region. These targets are outlined in the National Service Plan and the monthly Healthstat performance monitoring system. HealthStat uses a range of measures to provide an overall picture of how hospital and community services are delivered, grouped into three main areas - Access, Integration and Efficient use of Resources.

- **Access** measures the waiting times that people experience in availing services, e.g. consultant led out-patient clinics, diagnostic services, treatments, procedures, therapy services, care group services and emergency services.

- **Integration** checks that the services received are patient-centred e.g. is the length of stay for inpatients as it should be? Are patients and their families informed about their treatment and included in discharge planning? Is the level of access to diagnostic and primary care services appropriate?
- **Resource efficiency** assesses whether a hospital or community service is making best use of its human and financial resources.

Continued levels of service

We will provide the same overall quantum of service in 2011 in spite of the reduction in resources. A full breakdown of activity and service targets is included in the body of the report.

Acute hospitals will target a 2% reduction in inpatient activity but coincided with a 3% increase in day cases. The implementation of a number of national programmes such as the acute medicine and surgical programmes will be needed to support the delivery of these targets in 2011. The quality improvement agenda for cancer services under the National Cancer Control Programme will also continue, as will the outpatient service improvement programme.

3 Using Resources Effectively

Measures are being taken to ensure that all front line services are protected in 2011. We will continue to seek maximum efficiencies in all our service and back room functions in order to generate opportunities for reform. Examples include the streamlining of management structures, the ongoing implementation of a *Vision for Change*, the implementation of recommendations of the *VFM and Policy Review of Disability Services,* the implementation of the Child Care reform programme and the continued rollout of the Primary Care strategy.

Finance

The gross allocation for the West in 2011 is **€1,990.3bn**. This reflects a net reduction of **€104.1m** (5%).

The table below sets out the budget reduction framework for 2011:

	€m
2010 Allocation (ex acc. Income)	2,094.4
Less	
Income collection target	*-20.7*
Allocations made on once-off basis	*-16.9*
Staff moratorium deduction	*-19.2*
Procurement and other non-pay savings	*-38.8*
Strategic priorities re alignment	*-6.6*
Legal retraction	*-4.6*
Add	
CAMHS Unit Merlin Park	*2.7*
2011 Allocation	**1,990.3**

HR Priorities 2011

A number of key priorities will be advanced in the area of Human Resource Management in 2011, which includes the following:

- Implementation of Public Service Agreement (2010-2014)
- Adherence to Employment Control Framework and 2011 approved employment ceiling.
- Implementation of contingency plans associated with the Voluntary Early Retirement/Severance Schemes for Management/Admin staff grades and Support Staff
- Continued Focus on Absence Management processes
- Implementation of Performance Management System
- Implementation of Medical Education, Training and Research Strategy
- Continued implementation of Leadership, Education and Development Policy

Conclusion

Our goal is to maintain services levels and deliver the highest quality services within the budget allocated; however there are important factors to be highlighted:

- The financial constraints in 2011 and the continuing public sector recruitment moratorium will challenge our ability to recruit certain categories of staff – significant flexibility in relation to change and redeployment will therefore be needed in order to maintain frontline services.
- The 2010 closing deficit of €22m will add to the financial challenges.
- Delivery on the cost reduction and service restructuring programmes is crucial for 2011 in order to maintain services at current levels with reduced resources.
- The continuing NCHD recruitment difficulties in many of our hospitals will pose challenges in the delivery of acute services.

This service plan can only be delivered through the collective efforts of our staff across HSE West from all care disciplines and services. With the pressure on funding and recruitment in particular; including the affect of the recent voluntary retirement and redundancy programme; it is more important than ever that we go that extra mile for our patients and service users.

John Hennessy

Regional Director of Operations
HSE West

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 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	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	**13456.7**

Total Reductions €962m
Total Increases €27m
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 West 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 the West.

Area West Finance

It is important to state at the outset 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 and local level. The focus of our efforts this year is to reduce costs without reducing services.

The 2011 Financial Allocation for the West is **€1,990.3bn** which reflects a net reduction of €104.1m (5%) on 2010. Last year's allocation was adjusted for the various items set out in the table below. In relation to public hospital charges for private and semi private accommodation an increased income collection target of €20.7m has been set and the charges have been increased by an average of 21%. Certain allocations are made annually on a once off basis and these relate primarily to cancer, innovation funding, NCHD training grants and health and safety allocations. These total €16.9m. The reduction of €19.2m in relation to the staff Moratorium is based on the actual salaries of staff that left. These staff have not been replaced and the workload must be reorganised / redistributed.

The most significant target of €38.8m relates to cost reductions to be achieved through the procurement process. These are nationally led projects in the areas of procurement and contracts management, logistics and inventory management, estates and maintenance, training and education, agency, laboratory and a further reduction in all areas of discretionary spending. These cost reduction projects are not expected to impact on front line service delivery.

The strategic priorities adjustment of €6.6m is to provide a funding stream for critical national priorities in relation to patient quality and safety. This programme is being driven by the National Quality and Clinical Care Directorate through the implementation of various care improvement programmes nationwide and outlined else where in this report. The extraction of €4.6m is to allow the newly established national legal services department to centrally manage and control all legal costs going forward. The additional €2.7m is for the full year cost of the CAMHS Unit in Merlin Park, Galway.

Notwithstanding these challenging targets, an additional €56m has been provided nationally in 2011 for further service improvements. The funding priorities are the National Cancer Care Programme for radiation oncology of €10m, Children and Family Services for implementation of the Ryan Report €9m, Disability Services for day, residential, respite, personal assistance and home support services €10m, Older Persons Fair Deal, home care packages and long stay repayment scheme €26m and Mental Health Suicide Prevention services €1m.

The 2010 closing deficit of €22m in the West area will require local cost containment measures which will add to the foregoing challenges. A further budget reduction in relation to Management / Admin and Support staff who left through the VRS/VER exit schemes is also awaited. The table below sets out the budget framework for 2011:

	€m
2010 Allocation (ex acc. Income)	2,094.4
Less	
Income collection target	*-20.7*
Allocations made on once-off basis	*-16.9*
Staff moratorium deduction	*-19.2*
Procurement and other non-pay savings	*-38.8*
Strategic priorities re alignment	*-6.6*
Legal retraction	*-4.6*
Add	
CAMHS Unit Merlin Park	*2.7*
2011 Allocation	**1,990.3**

Delivery on the cost reduction organisation improvement and service restructuring programmes enabled by the Public Service Agreement are national priorities for 2011 in order to maintain services at last years level with reduced resources

Cost Containment Measures 2011

The area West plan is based on savings in non-pay of **€38.8m,** details of which are summarised in the table below. This is an aggressive savings target which will require strong focus across all service areas and which will also require significant engagement and negotiation with the supplier base to the HSE in seeking to reduce prices and control volumes of stock of supplies and services used by the HSE and the voluntary sector.

	National	**HSE West**
Expenditure Category	**€m**	**€m**
Procurements and Contracts Management	78.7	13.3
Logistics and Inventory Management	20.0	5.6
Reduce Discretionary Spend	41.7	7.8
Agency Services	7.0	0.9
Medical and Nurse Training	2.6	0.0
Laboratory Services	5.0	1.1
Review of Rent / Lease Renewals	5.0	1.0
Further non-service impacting initiatives (to be identified)	40.0	9.1
Total	**200.0**	**38.8**

Financial Information - Individual Hospital, LHO and ISA 2011 budgets are set out below:

Acute Hospitals	Budget 2010 €'000's	Budget 2011 €'000's
West/North-West Hospitals		
Galway University Hospitals	266,078	242,723
Mayo General Hospital	79,537	74,496
Portiuncula Hospital	47,978	41,313
Roscommon County Hospital	20,668	19,175
Sligo General Hospital	105,010	97,691
Letterkenny General Hospital	103,181	95,495
HQ and E112	941	9184
West / Northwest Hospitals Sub Total	***623,393***	***580,076***
Mid-West Hospitals		
St John's Hospital, Limerick	19,471	17,853
Limerick Regional Hospital	148,175	131,032
Limerick Maternity Hospital	17,653	15,442
Croom Orthopaedic Hospital	10,429	8,250
Nenagh Hospital	18,553	17,704
Ennis Hospital	20,496	19,655
ISA/Orthodontic	3,133	3,229
Midwest Hospitals Sub Total	***237,910***	***213,164***
Acute Sub Total	**861,303**	**793,240**
Primary, Community and Continuing Care	**Budget 2010 €'000's**	**Budget 2011 €'000's**
Galway	243,433	238,571
Mayo	154,915	149,688
Roscommon	77,023	73,983
Donegal	167,335	162,040
Sligo/Leitrim	161,367	156,169
Clare	110,179	106,226
Limerick	174,793	168,774
Tipperary	124,481	119,481
HQ	19,564	22,112
Local Health Office Sub Total	**1,233,090**	**1,197,044**
HSE West Total	**2,094,393**	**1,990,284**

Integrated Service Area (ISA) Presentation	Budget 2010 €'000's	Budget 2011 €'000's
Galway/Roscommon	655,180	615,765
Mayo	234,452	224,184
Donegal	270,516	257,535
Sligo/Leitrim	266,377	253,860
Mid-West	647,363	607,645
Regional HQ	20,505	31,296
HSE West Total	**2,094,393**	**1,990,284**

Human Resources

The Human Resources Function is responsible for Recruitment, Employee Relations, Performance and Development and Superannuation (retirements). It also provides direct Employee Support through the Occupational Health Service and the Employee Assistance Programme. The Function operates at both a Corporate and Front Line Services levels.

Maximising the role of staff to deliver on the objectives of this plan will require a strong focus in 2011. Against the backdrop of reduced budgets and staffing resources in the Health Service, the challenge is not only to maintain access, quality and safety of Services but to continue to improve them.

Key Priorities 2011

- Implementation of Public Service Agreement (2010-2014)
- Adherence to Employment Control Framework and 2011 approved employment ceiling.
- Implementation of contingency plans associated with the Voluntary Early Retirement/Severance Schemes for Management/Admin staff grades and Support Staff.
- Continued Focus on Absence Management processes.
- Implementation of Performance Management System
- Implementation of Medical Education, Training and Research Strategy
- Continued implementation of Leadership, Education and Development Policy

Public Service Agreement (2010 – 2014)

The Public Service Agreement (PSA) provides the framework for delivering significant change across the public sector in 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 cost and improving quality.

Specifically in 2011 the following objectives will be advanced with the aim of delivering quality services and cost efficiency through the organisational and service changes required.

- Laboratory modernisation through changes in work practices in preparation for the national implementation of the modernisation of laboratory medicine. This will include revised rosters to meet service requirements, provision of cross cover and improved skill-mix ratios.
- Revised nursing rostering arrangements.
- Staffing level reviews in management/administration staffing to deliver more cost effective services with lower staffing ratios.
- Redeployment is a key area to support reconfiguration of services/reallocation of resources and to ensure the health services operate effectively and efficiently in the context of reducing staff resources and compliance with the current employment control framework.
- Community Nursing Units (CNU) will deliver greater skill-mix in order to reduce the cost differential in unit costs, compared with private nursing homes.
- Mental health service developments through the implementation of a community based mental health service as set out in '*A Vision for Change'*.
- Reconfiguration of services in such areas as primary care, child care services, care of the elderly, disability services, dental services, children's palliative care and ambulance services will continue to be progressed.
- Centralisation of function, transactional, support and other services to deliver efficiencies of scale and removal of duplication of effort and resources. Examples here are medical card centralisation to the Primary Care Reimbursement Scheme, Nursing Home Support Scheme, HR and Finance Shared Services and Procurement.

The above list is not exhaustive and this transformation programme for the health services will also be supported through the standardisation of terms and conditions and other initiatives as well as the implementation of a health sector performance management initiative. There are examples of PSA projects listed throughout this document in each service area.

Employment Control Framework and 2011 Approved Employment Ceiling

The 2010 revised employment control framework for the HSE has devolved to each of the four regions the day-to-day operation of the general moratorium on recruitment and promotion and delegated sanction to recruit specific grades and exceptions. The West operated within the approved reducing employment ceiling throughout 2010.

Service Function	Ceiling Dec 2010	Actual WTE Dec 2010	Variance with Dec. 2010 Ceiling	% Variance with Dec 2010 Ceiling
Acute Hospitals Services	10,896	10,954	57	0.53%
Ambulance Services	437	449	12	2.68%
Primary and Community Services	14,334	13,840	-494	-3.45%
Total ISD West	**25,667**	**25,242**	**-425**	**-1.66%**
Corporate	867	797	-70	-8.12%
Population Health	246	232	-14	-5.78%
Total HSE West	**26, 780**	**26,271**	**-509**	**-1.90%**

The table above shows outlines the performance in 2010 in relation to employment control with a positive variance of 509 against the 2010 December employment ceiling. In the context of this performance Area West did make priority appointments to Frontline Services in line with the Employment Control Framework (Social Workers, Psychologists, Physiotherapists, Occupational Therapists and Nursing).

The opening 2011 WTE ceiling is 26,780. The employment control environment in 2011 will demand even more for less in terms of employment numbers and costs. The national public sector moratorium on recruitment and promotions will continue in 2011, with the continuing exception of a number of specific grades and services. The framework will provide flexibility to recruit additional psychiatric nurses, advanced nurse practitioners, clinical specialists and interns. Robust and responsive employment control, with the accountability at regional and service manager level, continues to be a key driver for 2011. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current staff will underpin the employment control framework in order to deliver government policy on public service numbers and costs and within budgetary allocations. A detailed workforce plan will be required to scope out the implementation of the approved employment ceiling for 2011.

In addition to the employment control framework changes outlined in 2011, the roles and responsibilities for some services will be adjusted:

- The Crisis Pregnancy Agency, National Cancer Registry, the Office for Tobacco Control and certain functions from the Adoption Authority will be subsumed into the HSE, and
- Community Welfare Services will be transferred to the Department of Social Protection.

Key Issues

Employment Control: the 2010 outturn shows a positive variance of 509 below ceiling. Key appointments were made in Frontline Services during 2010 (Social Workers, Psychologists, Physiotherapists, Occupational Therapists and Nursing). Figures show a continuous downward trend on staff numbers from December 2008 to December 2010 with an overall 4.25% reduction in WTEs.

Absenteeism Management: during 2010 the overall absenteeism rate dropped from 5.54% to 4.83% (12.8% improvement). This was enabled by continued support focus for Frontline Management by HR/Performance and Development Unit and Employee Relations. This resulted in an overall reduction in absenteeism of:

- 5.67% to 4.96% (12.5% improvement) in Acute Services
- 5.42% to 4.70% (13.3% improvement) in community services

Voluntary Early Retirement/Severance Schemes

Contingency plans are being put in place to ensure the continuation of core health and support services during this period of unprecedented reduction in administrative staff. This will require significant redeployment/reassignment of remaining staff and reconfiguration of support functions and services in order to minimise the impact on front line services. 424 staff availed of the schemes in the West; 70% were management/admin and 30% support staff. Corporate redeployment actions to fill identified priority replacements in Frontline Services will be carried out in the first quarter of 2011.

Recruitment Activity and Priorities for 2011

In 2011, the moratorium on recruitment may, because of its unstructured nature, cause challenges to the maintenance of the volume, quality and safety of services. Prioritisation of recruitment in 2011 will be targeted at minimising these service risks. In addition, the focus of recruitment activity will primarily be in respect of the posts which have been prioritised because of their service impact and will be accommodated within the employment ceiling in 2011.

Recruitment will also focus on grades with delegated sanction in order to ensure that employment levels are maintained in line with agreed growth targets. Continuing centralisation of recruitment to the National Recruitment Service (NRS) will be further implemented in 2011.

HSE and HSE-funded agencies are experiencing significant challenges maintaining NCHD staffing in certain specialties and locations. In 2011, the HSE will be recruiting all service posts on the basis of a two year contract which includes placement in a large regional centre or major hospital, participation in a professional development scheme and access to a range of supports to meet registration, visa and other costs. A new Framework Agreement for the provision of agency NCHD staff will be in operation from 1st January. The HSE will also introduce a minimum English language competency requirement and ensure that common standards and processes are applied to recruitment of NCHDs through Initial and Higher Specialist Trainings schemes. The HSE will also be working closely with the Medical Council to ensure doctors are registered appropriately and efficiently and a centralised database of all NCHD posts will be rolled out nationally in 2011 to assist in same. Centralised recruitment of NCHDs to non-training posts will be implemented by NRS in 2011.

Further HR actions to support organisational priorities include:

- **Performance Management:** The implementation of a health sector wide performance management system, in 2011 and beyond as set out in the PSA. Active engagement with Unions is ongoing at Frontline Service level across the West. The Area Management Team will monitor the implementation of the PSA initiatives on a weekly basis.
- **Medical Education, Training and Research:** In response to its legislative responsibilities under the *Health Act 2004* and the *Medical Practitioners Act 2007* and to Government Policy, the HSE is implementing its strategy and implementation plan for medical education, training and research (METR) and the improved integration of education, training and research across the various health service disciplines. In 2011, we will continue the implementation of planned developments such as academic clinician posts, integrated clinician scientist training pathways, sponsored training abroad for doctors in higher specialist training, competence based training and generic training for doctors. The HSE will review posts for doctors in specialist training and make proposals to the Medical Council in line with our statutory responsibilities under the Medical Practitioners Act. In addition, the METR Unit will focus on key strategic areas of development including the reform of the intern year, achieving optimum benefit from funding for medical education and training, the establishment of explicit contractual agreements with training bodies for the provision of postgraduate specialist medical training, the development of medical workforce database and the implementation of aspects of the NCHD contract related to education and training.
- **Leadership, Education and Development:** Continued implementation of the policy position set out in the report *HSE Principles and Recommendations for Education, Training and Research* will guide initiatives in 2011. Development of additional skills and competencies and capacity building becomes more critical to the provision of quality patient care in the context of reduced staffing, significant redeployment and challenging budgetary parameters.

Monitoring and Measuring the Service Plan 2011

In 2011 the West will develop a regional performance management framework, to support the business of the HSE and to respond to the requirement to establish an integrated reporting process at RDO and ISA level. The development of regional performance review reports will focus on providing greater support to the RDO and the RMT in delivering upon

their accountabilities. The regional performance review process will be rolled out to ISA 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 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. This will work with the system to provide the connectivity between local, regional and national level.

Funding will be provided to our hospitals and 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. HSE capital funding for 2011 as set out in the National Service Plan 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.

Wherever possible, capital projects will become operational as soon as the capital build has been complete. Details of projects are included under the relevant sections.

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 West. 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. Care group priorities and parameters are determined by the Care Group Leads.

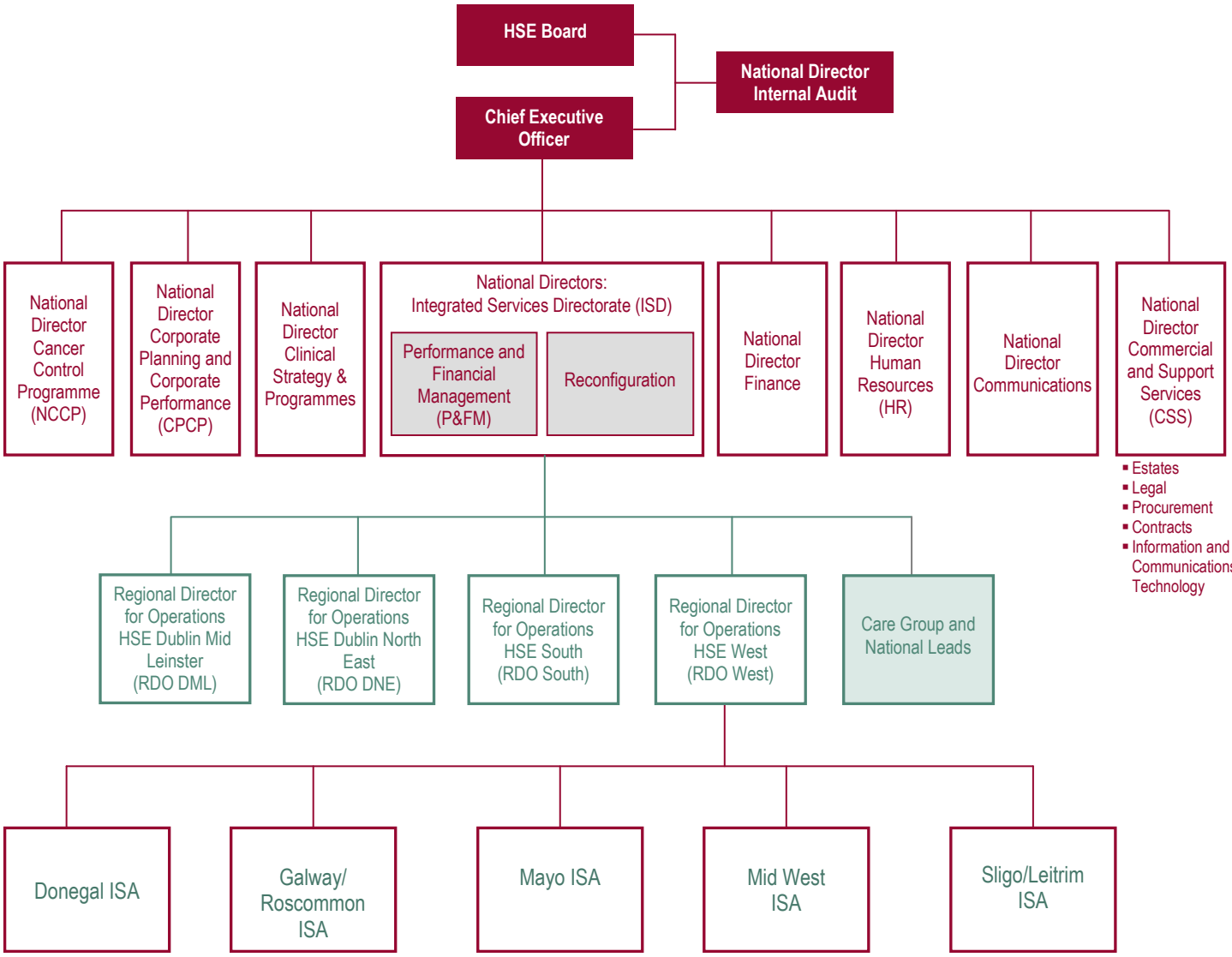
Dr. Philip Crowley has recently been appointed National Director of Quality, Risk and Clinical Care as a result of a strategic decision by the Health Service Executive to provide a greater leadership focus for two critical and complementary challenges. These challenges are:

- 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 West Mr. John Smyth has been assigned to a full-time role with lead responsibility for Children and Families Services. Mr. Smyth will have a key role in the coordination and integration of services across the West and in providing leadership and direction for the effective implementation of the NSP requirements in relation to Children and Families Services across HSE West.

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



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

HSE West – 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.

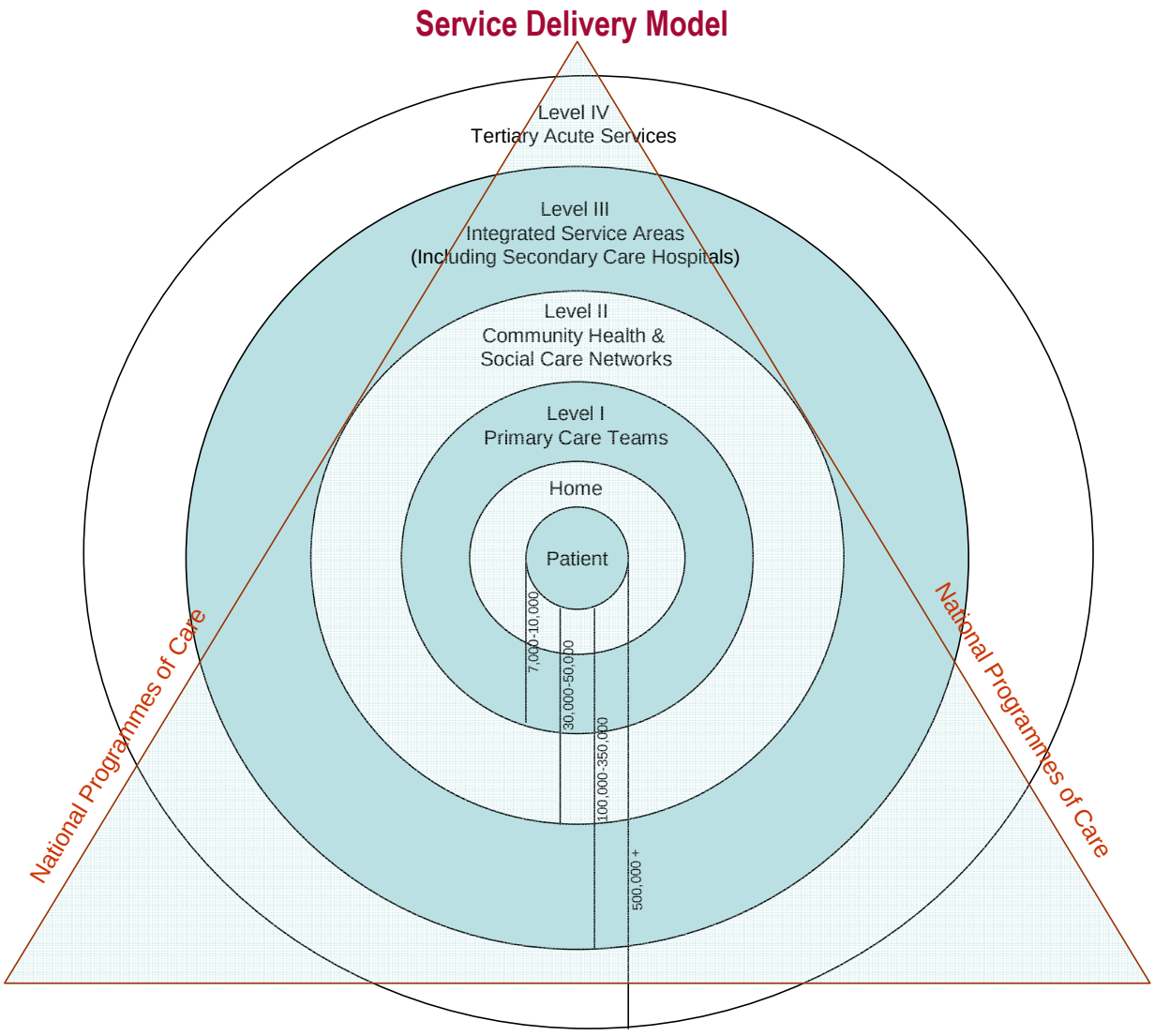
The Regional Management Team is comprised of John Hennessy, Regional Director of Operations; Catherine Cunningham, Business Manager; Pat Dolan, ISA Manager Sligo/Leitrim; Frank Murphy, ISA Manager Mayo; Bernard Gloster, ISA Manager Mid West; John Hayes, ISA Manager Donegal, Dr. David O'Keeffe, Clinical Director Acute Services and Continuing Care Galway/Roscommon; Chris Kane, Regional Co-ordinator for Acute Services; Liam Minihan, Assistant National Director Finance; Caitriona Meehan, Area Communications Manager; and Francis Rogers, Assistant National Director HR.

Delivering Integrated Services

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.



In 2010 the priority was to design the structure below regional management team level. This has been finalised and the implementation of Integrated Service Areas is now proceeding. The intention is to devolve decision making to the next level of organisational management and delivery to be called Integrated Service Areas (ISA). The ISAs 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 West ISAs have been established for Donegal, Mayo, Mid West, Sligo/Leitrim and Galway/Roscommon.

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 and social care services in the Integrated Service Area.
- Executive Clinical Directors will be developed over time in acute hospital and hospital groups to strengthen clinical leadership.
- Continuing care services for older persons will be managed by the Acute and 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 and Continuing Care Group will have a strong management team of Executive Clinical Director, Operations Director and Director of Nursing.
- There will be a single point of accountability for each Acute and 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.

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 and quality assurance as we proceed to implement the Service Plan for 2011 across HSE West. The ISA Manager post for Galway/Roscommon will be recruited in 2011.

Quality, Risk and Clinical Care

Introduction

Delivering high quality services and minimising risk will continue to be a high priority for the West in 2011. This will be strongly influenced by the National Standards for Safer Better Healthcare. Compliance with the National Standards will be enabled through the implementation of the revised Quality Safety and Risk Framework.

The quality of service provision is a key aspect of the clinical care programmes now underway. Quality performance indicators (PIs) 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.

We will continue to implement the HSE Incident and Risk Management Procedures. We will implement the recommendations of reports from the Health Information and Quality Authority (HIQA) and other relevant reports, including Incident and Complaint Review Reports, so that learning from incidents which occur is applied and reflected in how we plan and deliver services. The impact of the moratorium on recruitment on patient safety will be closely monitored and all efforts taken to minimise any emerging service quality issues.

Our **priorities for 2011** are to:

- Further develop and implement the Quality, Safety and Risk Management Framework
- 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
- Enforce statutory functions in relation to environmental health services.

Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
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*).	Q1	Quality and Risk; Relevant ISA Managers
Advocacy	National Advocacy Programme for older people in residential and community settings.	Q4	ISA Managers
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.	Q4 Ongoing Q4	ISA Managers
Documentation	**Comply with HIQA report recommendations:** ▪ Implementation of recommendations of internal and external reports	Q4	ISA Managers

*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	Lead Responsibility
Health Technology Assessment	**Health Technology Assessment:** ▪ Health Technology Assessment capacity developed through working with HIQA.	Q4	IT/RDO
Healthcare Records Management Programme	▪ Review and adapt Healthcare Records Management Code of Practice, general healthcare record and e-learning programme 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 following consultation.	Q4	IT/RDO
Safe Care *Serious Incident Management*	**Enhance our management of serious incidents and complaints:** Deliver Serious Incident Management training programme to key staff.	Q3	ISA Managers
Medication Safety	Standardise hospital drug prescription and administration records (DPAR project).	Q3	IT/RDO
Preparedness for major emergencies	**Improve preparedness for major emergencies:** ▪ Major emergency responses planned, maintained and tested. ▪ Establish public crowd procedure	Q4 Q1	RDO/ISA/ Managers
Research and Development	▪ Establish database of research activity ▪ Put in place metrics for research performance ▪ Establish Health Innovation Centre through partnership with enterprise agencies and industry.	Q2 Q4 Q2	
Environmental Health Services	Enforce statutory function in relation to food safety, tobacco control, preschool services, cosmetic products, drinking water and fluoridation, international health, poison and pest control.	Ongoing	ISA Mgrs

Key Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
Health Care Assurance			
% of national audits, as specified in audit plan, commenced	---	---	New PI for 2011 100%
% of audits completed within the timelines in audit plan	---	---	New PI for 2011 75%
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	---	---	New PI for 2011 75%
No. of volunteer advocates trained	---	---	New PI for 2011 200
Parliamentary Questions			
% of Parliamentary Questions dealt with within 15 working days	---	---	New PI for 2011 75%
Complaints			
% of complaints investigated within legislative timeframe	---	---	New PI for 2011 75%
% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)	---	---	New PI for 2011 75%
Environmental Health			
Tobacco Control No. of sales to minors and test purchases carried out	---	---	For reporting in 2011 80
Food Safety % of the total number of high risk food premises which receive one full programmed inspection	---	---	New PI for 2011 100%

	Expected Activity/Target 2010		Projected Outturn 2010		Expected Activity/Target 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	---		---		New PI for 2011 100%	
International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the International Health Regulations 2005	---		---		New PI for 2011 8	
Cosmetics and Food Product Safety % achievement with the cosmetic plan	---		---		New PI for 2011 100%	
% achievement with the food sampling plan	---		---		New PI for 2011 100%	
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	---		---		New PI for 2011 < 10%	
% usage of O Rhesus negative red blood cells per hospital	---		---		New PI for 2011 < 11%	
% of red blood cell units rerouted to hub hospital	---		---		New PI for 2011 < 5%	
% of red blood cell units returned out of total red blood cell units ordered.	3%		1.73%			< 2%

Consumer Affairs

The Office of Consumer Affairs has responsibility for compliance of statutory obligations under Part 9 of the Health Act 2004, Freedom of Information Act 1997 & 2003, and Data Protection Act 1988 & 2003.

The Office has responsibility for developing and implementing best practice models of customer care within the HSE and promotes service user involvement throughout the organisation through the concept of 'Your Service Your Say'.

It is committed to the delivery of a high quality service working closely with the Advocacy Unit within the Risk, Quality and Clinical Care Directorate to implement key initiatives as set out in the HSE National Strategy for Service User Involvement in the Irish Health Services 2008 – 2013. This strategy confirms the commitment of the DoHC and the HSE to provide opportunities for people who use health services and their families and advocates to have input into how services operate, to provide feedback and to be heard.

Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Freedom of Information	Decision making training provided throughout 2011. Awareness training will also be provided throughout the year for staff at all levels in all departments. Update Section 15 and Section 16 Freedom of Information documentation. This information will be placed on www.hse.ie	 Q1-Q4 Q1-Q4	Area Mgr, Consumer Affairs/ISA Mgrs
Data Protection	Data Protection training will be provided throughout 2011. All staff are invited to attend these training sessions. Work with HSE Information Security Project Board to provide quality assurance around the management of data protection principles. A number of key audits and reviews will be carried out to ensure compliance in all aspects of DP statutory obligations.	Q4 Q1-Q4 Q1-Q4	Area Mgr, Consumer Affairs/ISA Mgrs
Your Service Your Say (YSYS)	Briefing sessions and full Complaints Officer Training will be held for staff in 2011. Customer Service Excellence Training will be held this year across the service areas. The YSYS complaints services will be reviewed	Q1-Q4 Q1-Q4 Q1-Q4	Area Mgr,Consumer Affairs /ISA Managers
Consumer Participation	Conduct Patient Experience Evaluations Conduct a series of Patient Forum evaluations to ensure compliance with the principles as set out in the HSE National Strategy for Service User Involvement	Q1-Q4 Q1-Q4	Hospital/ISA Managers
Public Awareness	Arrange a series of open days in selected Hospitals and Health Centres to highlight Your Service Your Say week.	Q1-Q4	Area Mgr, Consumer Affairs
Advocacy	Review implementation of Accessible PDF Guidelines Conduct accessibility review of www.hse.ie.	Q1-Q4 Q4	Area Mgr, Consumer Affairs

Primary Care

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 availability of chronic diseases programmes and diagnostic services in primary care, where appropriate, will mean that patients do not need to attend hospitals for these services.

Our national **priorities for 2011** are to:

- 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 when published
- 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 *Oral Health Policy*, and
- Deliver the Human Papilloma Virus (HPV) vaccine to the specified cohort of young women.

Our **HSE West** priorities for 2011 are:

1. Increase the number of Primary Care Teams (PCT) from 87 to 118
2. Improve disease management in both primary and ambulatory care services in line with prioritised QCCD programmes
3. Implement Phase 1 of National Audiology Review recommendations and preparation for rollout of newborn hearing screening
4. implement the recommendations of General Practice Co-op review
5. Implement the Independent Strategic Review of the Delivery and Management of HSE Dental Services.
6. Deliver the Human Papilloma Virus (HPV) to the 1st year cohort of young women

The PCTs continue to be implemented across the West 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. 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 (chronic obstructive pulmonary disease), 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 87 Primary Care Teams in operation in HSE West. A further 31 teams will be implemented in 2011.

LHO	Actual No of PCTs in Operation Y/E 2010	Target No of PCTs in Operation Y/E 2010	% of 2010 Target Achieved	Target No full rollout Y/E 2011	HSE Staff working to PCT
Clare	**12**	**12**	**100%**	**12**	99
Donegal	**12**	**12**	**100%**	**18**	87
Galway	**14**	**15**	**93%**	**26**	111
Limerick	**14**	**14**	**100%**	**18**	107
Mayo	**12**	**13**	**92%**	**15**	180
Roscommon	**6**	**6**	**100%**	**6**	72
Sligo/Leitrim	**8**	**11**	**73%**	**11**	84
Tipp/East Limerick	**9**	**9**	**100%**	**12**	56
TOTAL	**87**	**92**	**95%**	**118**	798

The fully functioning Primary Care Teams in the West have resulted in an upsurge of innovative new programmes and services to the benefit of patients. These developments include 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 West include:

- Wound Assessment Clinics
- Nurse-led Mental Health Counselling Services
- COPD Rehabilitation Programmes
- Falls Prevention Programmes
- Healthy Options Projects
- Asthma Management Programmes
- Antenatal and Parenting Programmes
- Oral Nutritional Supplement Management Programmes

Improving our Infrastructure for Primary Care

Care Group	Location	Details	Project Completion	Operational	Capital Cost 2011	Total Cost
Primary Care	Lifford, Co Donegal	Primary Care Centre. By lease agreement.	Q4	Q4	0	0
Primary Care	Glenties, Donegal	Primary Care Centre.	Q4	Q4	1.27	1.72
Primary Care	Ballina, Co Mayo	Primary Care Centre. By lease agreement.	Q2	Q3	0	0
Primary Care	Swinford, Co Mayo	Primary Care Centre. By lease agreement.	Q4	Q4	0	0
Primary Care	Monksland, Co Roscommon	Primary Care Centre. By lease agreement.	Q4	Q4	0	0
Primary Care	Athenry, Co Galway	Primary Care Centre. By lease agreement.	Q4	Q4	0	0
Primary Care	City East, Co Galway	Primary Care Centre. By lease agreement.	Q2	Q2	0	0
Primary Care	Abbey, Co Limerick – St Mary's	Primary Care Centre. By lease agreement.	Q3	Q3	0	0
Primary Care	Market, Co Limerick	Primary Care Centre. By lease agreement.	Q4	Q4	0	0
Primary Care	Kilmallock, Co Limerick	Primary Care Centre. By lease agreement.	Q4	Q4	0	0
Primary Care	Ballinrobe, Co Mayo	Primary Care Centre. By lease agreement.	Q4	Q4	0	0

Service Delivery, Organisational Improvements and Cost Management Priorities

- Establish new Primary Care Areas to give effect to the Mid West ISA (from three Local Health Office Areas to two areas).
- Redeployment of staff to provide administrative support to each Primary Care Team so that all services are delivered though a Team or Network.
- Reconfigure core Primary Care Team resources across the Mid West ISA area to enable the development of the remaining six Primary Care Teams.

Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs) *Progress the establishment of PCTs and HSCNs*	**Development of PCTs and HSCNs by:** Increase access to primary care services through 122 PCTs by: ▪ Continue to realign existing staff to new and existing teams. ▪ Develop clinical leadership. ▪ Implement clinical governance and service management teams.	Q4	ISA Managers
	Enhance service integration through the development of 30 HSCNs: ▪ Align specialist and care group services. ▪ Implement general principles of referral and shared care with secondary care, care group and specialist services.	Q4	ISA Managers
	Progress evidence based research on PCTs with Departments of General Practice in Universities and the Health Research Board.	Q3	
	Develop electronic referrals systems from primary care to acute sector	Q4	Regional IT
Chronic Disease Management *Cross directorate planning in delivering integrated chronic disease programmes*	**Improved disease management in primary and ambulatory care settings:** Implement plans for the management of chronic disease in primary care supported by guidelines with a focus on: ▪ Stroke ▪ Heart Failure ▪ Asthma ▪ Diabetes ▪ Chronic Obstructive Pulmonary Disease (COPD) ▪ Dermatology / Rheumatology, and ▪ Care of the Elderly.		ISA Managers
Enhancement of Primary Care Services	▪ Develop plans for the delivery of IV therapy services in community settings.	Q4	ISA Mgrs
Promoting Health	Commence the implementation of the *Health Promotion Strategic Framework* d and associated actions regarding national health promotion policy in the key settings.	Q1	ISA Mgrs
	Implement 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.	Q3	ISA Mgrs
	Implement specific priority measures from Framework for Tobacco Control (with a particular focus on acute campuses in 2011).	Q4	
Delivering integrated cancer programmes	Develop initiatives in a primary care setting with the National Cancer Control Programme including: ▪ Cancer prevention information for the public on the NCCP web ▪ Training for practice nurses in cancer prevention and care ▪ Develop and evaluate Community nurse education programme ▪ Develop follow-up care programmes in the community for patients who have had cancer ▪ Deliver information / training sessions for General Practitioners (GPs) through Irish College of General Practitioners (ICGP) and Continuing Medical Education (CME) tutor groups around the country, and ▪ Develop electronic referral cancer systems within the GP software packages.	Q3	ISA Managers.
Audiology Services	**Implement Audiology Report recommendations** Implement Phase 1 of Audiology Review recommendations (upon adoption of report).	Q4	ISA Managers
	Newborn hearing screening in line with national model.	Q3	

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Prescribing	**Improve prescribing through:** Work with GPs to deliver more cost effective prescribing choices.	Q3	Regional Specialist, Primary Care.
Out Of Hours	**Implementation of recommendations from GP Co-Op Review:** Streamline services through implementation of recommendations of GP Co-Op Review.	Ongoing	ISA Managers
Oral Health Policy	▪ Implement independent Strategic Review of the Delivery and Management of HSE Dental Services. ▪ Develop plans for the implementation of the DoHC Oral Health Policy (when published)	Ongoing Q1	Regional Specialist, Primary Care
Immunisation	Deliver HPV to cohort of young women as specified in policy.	Q4	ISA Mgrs

Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	West	West	West
Primary Care Teams (PCTs)			
No. PCTs holding clinical team meetings	92	92	122
No. of PCTs in development	30	30	0
No. of patients / clients discussed at a clinical Team Meeting for the reported month	---	---	19,350 New PI
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	100%	356 100%	356 100%
No. of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	---	2	7 For reporting in 2011
No. of PCTs implementing a structured education programme for diabetes patients separate from a structured integrated care programme.	---	---	7 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)	---	---	210 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)	---	2	2 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)	---	33	33 For reporting in 2011
	West	West	West
GP Out of Hours			
No. of contacts with GP out of hours	226,160	226,160	248,776
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 the Meningococcal	95%	90% Q2	New PI

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	West	West	West
group C vaccine ($MenC_2$)		data	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%	New PI 95%
% of children 24 months of age who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	90% 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 80%
Child Health / Developmental Screening			
% newborn babies visited by a PHN within 48 hours of hospital discharge	100%	92% 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%	72% Oct data	90%
Orthodontics			
Total no. of patients receiving treatment during reporting period	22,130	18,000	18,000
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	5,000	2,000
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 months	---	---	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%

Community Demand Led Schemes

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 commensurate 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

- Medical Card / GP Visit Cards (as at 1st January 2011, West)
  - 85,435 eligible persons in receipt of Medical Cards
  - 7,647 eligible persons in receipt of GP Visit Cards
  - Representing 40% of the total population
- Drug Payment Scheme cards (DPS)
  - 133,370 clients with DPS Cards (West)
  - Representing 58% of the population

The PCRS operates a secure website for the public (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.

Key Result Areas

KEY RESULT AREAS DELIVERABLES 2011	Target Completion
KRA: Modernisation of Community Schemes - *Centralisation of medical cards*	
▪ Centralise Medical Cards.	Q2
▪ Deliver efficiencies through the 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
▪ Rationalise all licensed drugs/medicines reimbursed based on need.	Q4
▪ Continue the review of all non drug items reimbursed under the Schemes for their appropriateness.	Q4
KRA: Modernisation of Community Schemes - *Probity*	
▪ Establish Work Programme for Pharmacy and Dental	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

Our services aim to promote and protect the health and wellbeing of children and families, particularly those who are at risk of abuse and neglect. 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*.

Our **priorities in 2011** are to meet all statutory requirements as per legislation, regulations and standards. This includes:

- Deliver all statutory services for child protection, children in care, special care, Aftercare, youth homelessness, and adoption
- Implement the actions of the *Commission to Inquire into Child Abuse* (Ryan Report) including additional Social Work Recruitment
- Implement the recommendations of internal and external audits of services e.g. HIQA recommendations for children in care and child protection, and the *HSE's National Audit of Foster Care*
- Implement the *Task Force Report* and the *Strategic Review of the Delivery and Management of Children and Family Services*
- Implement the *Revised Children First* guidelines and appoint Principal Social Work Post to ensure standards
- Maintain and develop family support services and ensure the provision of aftercare services are strengthened
- Implement standardised business processes with regard to assessment and care planning.

We will also continue working to improve quality and provision of effective community-based services for children with 'additional needs' and separated children seeking asylum, rationalise special arrangements and maximise occupancy rates of residential units.

Current Service Deliverables and Quantum

The majority of specialist services for Children and Families are provided directly by the HSE West and in 2011 we will provide the following level of services:

- Residential care for 43 children
- Foster care placements for 708 children
- 408 Children in placements with relatives
- 32 Children in other care settings

The service provides:

- the statutory social work services across the West;
- 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;
- an assessment unit for children who are believed to have been sexually abused (based in Galway);
- 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.

Service Delivery, Organisational Improvements and Cost Management Priorities

- In Q1 the West will complete the establishment of a Regional Office for Children and Families Services. In January a Lead Local Health Manager for Children and Families Services was assigned for the West. The commencement of this role will enhance and further develop 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 Consulting Report)
- In Q1 we will review progress on Regional Action Plan Children and Families Services including Foster Care Service.
- We will pilot an Out of Hours Project in Donegal.
- In line with the recommendation of the Ryan Implementation Plan we 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 will be introduced where appropriate.
- We will appoint a Project Co-ordinator to the Limerick Jigsaw Programme and move into the planning phase.
- Complete the service mapping process, a baseline analysis of need and an evaluation of the Limerick Assessment of Need System (LANS) as part of the work plan for the Limerick City Services Committee.

Quality and Risk

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

- Establish a Risk Register and update on a quarterly basis.
- Develop Quality Improvement Plans to address issues of high risk on the Risk Register.
- Report all incidents via the HSE West Serious Incident Escalation Procedure.
- Implement recommendations arising from incidents or investigations.

Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Delivery of Statutory Services	**Children in Care and Aftercare:** ▪ Each child in care has a care plan and an allocated social worker.	Q2	ISA Managers
	▪ Establish a dedicated Children in Care Team in each area,	Q4	ISA Managers
	▪ Implement the National Policy on Aftercare	Q4	Regional Lead, Children's Services
	Special Care: ▪ Refurbishment of Coovagh House (Limerick) ▪ Development programme to increase capacity continued to be progressed.	Q4 Q4	Regional Lead
	Youth Homelessness: Carry out review 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	ISA Managers/Regional Lead
	Child Protection and Implementing the Revised Children First Guidelines: ▪ Dedicated regional unit to implement and monitor compliance with *Children First.*	Q2	Regional Lead, Child Care
Implementing strategies to support service delivery *Task Force on Children and Families*	**Implementing the Task Force Report :** Implement standardised business processes for referral, initial assessment and further assessment processes	Q2	Regional Lead/Regional Specialist.
	▪ Commence Child Protection, Child Welfare, Children in Care and Family Welfare Conferences process.	Q3	Regional Child Care Specialist

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Implementation of PA Consulting Report - Strategic Review of the Delivery and Management of Children and Family Services	▪ Implement the PA Consulting Report on restructuring of children and family services and complete initial testing in the MidWest.	Q4	Regional Child Care Lead and Specialist.
	▪ Review working hours of HSE social work staff and HSE funded agencies. Introduce changes to working patterns / flexible working where appropriate.	Q4	Regional Lead,
	▪ Carry out audit of resources (financial and staff) across the HSE and funded agencies.	Q2	Regional Lead
	Implementing the actions of the Commission to Inquire into Child Abuse:		
Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009	▪ Appoint additional Social Workers	Q3	RDO and AND for HR
	▪ A Mandatory year of limited caseload, supervision and support for newly qualified social workers in place.	Q1	ISA Managers
	▪ Implement new system of rotation of social workers across children in care, child protection and child welfare teams	Q4	
	▪ Establish multidisciplinary team for children in care and detention	Q2	Regional Child Care Lead
	▪ Enhance services for young people leaving care in line with statutory commitments and align with implementation of the *Strategic Review of the Delivery and Management of Children and Family Services.*	Q4	Regional Child Care Lead
	▪ Provide additional counselling services to victims of child abuse.	Q1	Regional Lead, Children's Services
	▪ Enhance practice placements supports for social work students.	Q2	Regional Child Care Lead/ISA Mgrs
	▪ Implement the *2007 Report on Treatment Services for Persons who Have Exhibited Sexually Harmful Behaviour*.	Q2	Regional Child Care Lead
	Out of Hours:		
	▪ Pilot sites in Donegal fully operational and evaluated. Expansion of services progressed in line with findings of evaluation.	Q2	Regional Specialist, Child Care
	▪ Implement *'Working with Children and Young People: A Quick Guide for Frontline Staff'* and the young peoples version of *'Your Service, Your Say'*.	Q4	

Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	West	West	West
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 enquiry took place within 24 hours			New PI for 2011 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
No. of families in receipt of a family support service (see metadata for list of relevant services)			New PI for 2011
	West	West	West West
Residential and Foster Care			
No. and % of children in care by care type	1,110	1,191	1,209
i). Children's Residential Centre (Note: Include Special Arrangements)	43	43 3.6%	< 7%
ii).Foster care(not including day fostering)	755	708 59.4%	60%
iii).Foster care with relatives	272	408 34.3%	30%
iv).Other care placements	40	32 2.7%	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%	93%	100%
i). No. and % of children in residential care	100%	95%	100%
ii). No. and % of children in foster care	100%	93%	100%
iii). No. and % of children in foster care with relatives	100%	93%	100%
iv). No. and % of children in other care placement	100%	100%	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%	99%	100%
i). % of children in residential care	100%	100%	100%
ii). % of children in foster care	100%	99%	100%
iii). % of children in foster care with relatives	100%	99%	100%
iv). % of children in other care placement	100%	100%	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			

	Expected Activity/Target 2010		Projected Outturn 2010		Expected Activity/Target 2011	
	West		West		West	
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%		88%		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%
Aftercare						
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.						
% pre-school services which received an inspection			---		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	

Disability Services

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 to people with disabilities are provided in partnership with non-statutory sector service providers and in collaboration with service users and their families. *The National Disability Strategy, 2004* provides the framework for policy development. The key objective is to move away from institutionalised and isolated service settings to promote full and equal engagement with the community and society. 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 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/ personal assistant (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 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.

Our **priorities in 2011** are to:

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

Service Delivery, Organisational Improvements and Cost Management Priorities

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.
- Progress a plan to implement "Time to move on the congregated settings" once it is signed off by the HSE.
- Ongoing work with agencies regarding the implementation of the recommendations of the review of HSE funded day services.
- Ongoing support and involvement in *DoHC Value for Money and Policy Review* exercise being conducted nationally by the DoHC and Dept of Finance in consultation with the National Disability Unit.
- Continued emphasis on compliance with the Disability Act 2005, to meet the statutory timelines and implement Part 2 of the Act
- Ongoing work with the statutory and non-statutory services on Infrastructural bids/resources to achieve compliance with HIQA residential standards.

Despite significant global budget reductions, the reduction of funding for disability services will be limited to 1.8% in 2011. This allocation will be spent in line with nationally agreed policy for disability services whilst at the same time maximising value.

Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Value for Money (VFM) and Policy Review provision	**Contribute to the completion of the DoHC VFM and Policy Review:** ▪ Conclude VFM review and areas of efficiency highlighted.	Q3	Regional lead Finance/Regional Specialist
	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). ▪ Undertake a study in two pilot areas, Galway and Limerick, to assess the relative cost effectiveness of different approaches to the provision of respite care by both statutory and voluntary providers.	Q4	ISA Managers
	Resource Allocation Model: ▪ Commence implementation of Resource Allocation Model based on development of SLAs and Assessment of Need process. ▪ Undertake stakeholder engagement **Interagency collaboration:** ▪ Develop implementation plan for interagency collaboration including new models of service provision in individual sectors, and respite care. ▪ Implement and monitor framework. ▪ Identify additional opportunities for collaboration.	Ongoing Q4 Q1 Q4 Q4	Regional Specialist Regional Specialist Regional Specialist Regional Specialist
Compliance with Legislation and Quality Standards	**Disability Act 2005:** ▪ Implement Part 2 of the *Disability Act 2005* in accordance with High Court ruling. ▪ Provide assessments and service statements within statutory timelines and in line with available resources.	Q2 Ongoing	Regional Specialist Disability Services Managers/Regional Specialist
	National Quality Standards (NQS): Develop action plans to: ▪ Progress implementation of critical elements of the NQS: Residential Standards for People with Disabilities on an administrative basis. ▪ Address forthcoming statutory frameworks relating to residential and residential respite services for children with disabilities.	Q2 Q4	Disability Services Managers/Regional Specialist
Reconfiguration of Services	**Children's Disability Therapy Services:** ▪ Reconfigure existing therapy resources to geographic based teams and monitor (0-18 Yrs).	Q3	Regional Specialist
	Adult Residential Services: ▪ Engage with service providers and cross-sectoral agencies on reconfiguration objectives. ▪ Develop an outline implementation plan in line with VFM and Policy Review.	Q2 Q4	Regional Specialist/Disability Services Managers
	Adult Day Services: ▪ Engage with service providers and cross-sectoral agencies on reconfiguration objectives. ▪ Develop of outline implementation plan in line with VFM and Policy Review.	Q2 Q4	Regional Specialist/Disability Services Managers

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Neuro-Rehabilitation Strategy	**Implementing the national Neuro-Rehabilitation Strategy:** ▪ Develop implementation plan, establish a structure and appoint a national clinical lead.	Q1	ISA Managers
Development of Information and Data System	▪ Complete scoping exercise and commence research for an integrated ICT system for disability services across the country.	Q4	ISA Managers

Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	West	West	West
Day Services (0-18 and adults reported separately)			
No. of work/work-like activity WTE places provided for persons with intellectual disability and/or autism		398	359
No. of persons with intellectual disability and/or autism benefiting from work/work-like activity services		819	737
No. of work/work-like activity WTE places provided for persons with physical and/or sensory disability	---	32	29
No. of persons with physical and/or sensory disability benefiting from work/work-like activity services	---	51	46
No. of Rehabilitative Training places provided (all disabilities)	---	805	805
	West	West	West
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	800	910	910
No. of persons with intellectual disability and/or autism benefiting from Other Day Services (excl. RT and work/work-like activities)			
No. of persons with physical and/or sensory disability benefiting from Other Day Services (excl. RT and work/work-like activities)	---	… … … …	… … … …
Residential Services (0-18 and adults reported separately)			
No. of persons with intellectual disability and/or autism benefiting from residential services	2,195	2,234	2,234
No. of persons with physical and/or sensory disability benefiting from residential services	---	227	227
Respite Services (0-18 and adults reported separately)			
No. of bed nights in residential centre based respite services used by persons with intellectual disability and/or autism	---	45,519	45,519
No. of persons with intellectual disability and/or autism benefiting from residential centre based	---	1,257	1,257

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
	West	West	West
respite services			
No. of bed nights in residential centre based respite services used by persons with physical and/or sensory disability	---	4,047	4,047
No. of persons with physical and/or sensory disability benefiting from residential centre-based respite services	---	698	698
Personal Assistant / Home Support (0-18 and adults reported separately)			
No. of Personal Assistant/Home Support hours used by persons with physical and/or sensory disability		733,920	905,000
No. of persons with physical and/or sensory disability benefiting from Personal Assistant/Home Support hours	---	6,436	7,767
	West	West	West
Implementation, Part 2 Disability Act			
No. of requests for assessments received	652	536	536
No. of assessments commenced as provided for in the regulations	620	541	541
No. of assessments commenced within the timelines as provided for in the regulations	620	513	541
No. of assessments completed as provided for in the regulations	460	569	569
No. of assessments completed within the timelines as provided for in the regulations	460	159	569
No. of service statements completed	437	Not reported	569
No. of service statements completed within the timelines as provided for in the regulations	437	Not reported	569

* Expected activity / targets 2010 have been modified following a validation exercise and so do not reflect what was included in NSP2010
**The implementation of recommendations flowing from the review of Day Services is expected to result in a 10% decline in the number of people engaged in these services. As these people are largely also engaged in other Day Services, a consequent increase in those numbers is not expected.
***These figures are based on extrapolations from incomplete data and are subject to validation.

Improving our Infrastructure

Minor upgrade of existing learning disability day centre, Dungloe, Co. Donegal; capital cost 200,000 euro, project will be completed in Q2.

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 West Mental Health Services include a broad range of acute, community and specialised inpatient services for children and adolescents, adults and older people The HSE West 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.

A Vision for Change sets the strategic direction for the provision of modern mental health care. There is a commitment to develop this model within the constrained resource base and to constantly aim to achieve compliance with statutory responsibilities arising from the *Mental Health Act, 2001* in all mental health services offered.

Our **priorities in 2011** are to:

- 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
- Progress provision of National Forensic Services.

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 three in the West. In addition, another key priority has been to reconfigure acute inpatient services. In respect of the West, Vision for Change recommendations indicates a requirement of 167 acute inpatient beds for the population of the West that is 50 beds per 300,000 population, we currently have 335 (168 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

Mental health services in the West support the provision of the following services:

- Multidisciplinary Community Mental Health Teams
- Acute Inpatient Beds
- Long Stay beds
- High Medium and Low Support Places
- Day Hospital Places
- Day Centre Places

Expansion of Community Mental Teams (CMHT) -.

Local Health Office/Extended Catchment Area	Population	Number of Adult Community Health Teams
Donegal	138,442	4
Sligo/Leitrim	99,875	5
Total	**238,317**	**10**
Roscommon	58,887	3
Mayo	123,839	5
Galway	231,551	8
Total	**414,277**	**16**
Clare	110,950	4
Limerick	184,055	5
Tipperary North	66,023	2
Total	**361,028**	**11**
West	**1,013,622**	**37**

Vision for Change recommends one multidisciplinary CMHT per 50,000 population with two consultant psychiatrists per team. For the West this would equate to approximately 21 teams. The table above shows 37 teams, however it should be noted that the majority of these teams operate with one consultant and provide a service to sectors of approximately 25,000 - 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

Improving our Infrastructure

In line with the recommendation of VFC the West will continue to improve community infrastructure by developing alternatives to acute admissions 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:

- Galway – Child and Adolescent inpatient unit
- Ballinasloe – community nursing unit to facilitate the closure of St Brigids Hospital
- Letterkenny – acute unit
- Clare – day centre
- St. Joseph's, Ennis – dementia specific inpatient unit

Service Delivery and Organisational Improvements and Cost Management Priorities

Executive Clinical Directorate Model

We will implement the Executive Clinical Directorate Model across the three extended catchment areas (listed below) with appropriate integrated management and service delivery arrangements by the end of quarter 4 .

- Donegal and Sligo/Leitrim
- Galway, Mayo and Roscommon
- Clare, Limerick and Tipperary North

Reconfiguration of Mental Health Services in line with VFC

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

1. Galway, Mayo and Roscommon Extended Catchment Area

HSE West will complete the closure of St Bridgid's Hospital in Ballinasloe with the relocation of the remaining residents to more modern and appropriate community based settings. The capital infrastructure to facilitate reconfiguration of services includes:

- 20-bed Child and Adolescent Inpatient Unit, Galway (due to become fully operational in quarter 2, 2011).
- 50 bed adapted Community Nursing Unit (25 beds for Mental Health Services) in Ballinasloe, Co Galway.
- Community facility in Galway to assist in the relocation of 6 residents with profound Mental Health and Intellectual Difficulties
- Upgrading existing Mental Health facility in Ballinasloe to assist in the relocation of remaining residents to more modern settings.

2. Limerick, Clare and North Tipperary Extended Catchment Area

The West is moving ahead with closing outdated mental health institutions and developing modern community-based mental health services for people suffering from mental illness. This will involve transfer of responsibility for Acute Inpatient services in for North Tipperary clients currently provided in Tipperary South to the Mid West. The provision of a high observation area in Unit 5b in Limerick will be advanced in 2011.

3. Donegal, Sligo, Leitrim and West Cavan Extended Catchment Area

We will commission the 35 -Bed Acute Admission Unit at Letterkenny General Hospital in Co. Donegal (due to become fully operational in quarter 3, 2011). Community Mental Health Services in Sligo, Leitrim and West Cavan will reconfigure its existing community mental health teams into two catchment areas in 2011.

Quality and Risk

The following are the Quality and Risk priorities for Mental Health services in the West.

- Establish a Risk Register and update on a quarterly basis.
- Develop Quality Improvement Plans to address issues of high risk on the Risk Register.
- Report all incidents via the HSE West Serious Incident Escalation Procedure.
- Implement recommendations arising from incidents or investigations.
- Report all action plans that are being implemented arising from incidents or investigations

Service Delivery, Organisational Improvements and Cost Management Priorities

- Establishment of catchment area management system serving populations of approximately 300,000 as recommended in Vision for Change.
- Facilitate the provision of acute inpatient services in the Mid West for North Tipperary patients previously cared for in the South.

Key Result Areas

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
Enhancing Service Provision through Structural Changes	**Completion of Executive Clinical Director (ECD) teams by:** ▪ Staff reconfigured to complete multidisciplinary ECD Management Teams.	**Completion of Executive Clinical Director (ECD) teams by:** ▪ Conduct analysis of existing Management Teams ▪ Analyse requirements to complete multidisciplinary ECD Management Teams completed. ▪ Establish Multidisciplinary Executive Clinical Directorate Management Teams	Q1 Q2 Q4	ISAMs and ECDs ISAMs and ECDs ISAMs / ECDs and AND HR
	▪ Integrated clinical care pathways developed.	▪ Introduce integrated clinical care pathways in accordance with national plan.	Q4	ISAMs and ECDs
	ICT: ▪ External review conducted on the performance and functioning of WISDOM.	▪ Complete external review of WISDOM in Donegal.	Q2	ISAM Donegal and ICT
	▪ National ICT business requirements established	▪ Identify Mental Health Services' ICT business requirements and include in the national business case.	Q4	ISAMs or/ ECDs and relevant Director of Information Services (ICT)
Changes in procedures and practices	**Service user participation:** ▪ Increase participation in planning and delivering better mental health services with service users through existing partnership.	▪ Identify service users through IAN/STEER and NSUE and include them when planning and developing services. ▪ Identify mental health service users, carers and staff to participate in the learning leadership programme in DCU	Q1 Q2	ISAMs or LHMs and ECDs ISAMs or LHMs and ECDs
	Care planning: Collaborate on care planning with Mental Health Commission (MHC)	▪ Participate (Galway and Clare) in the National Mental Health Services Collaborative (NMHSC) on Care Planning ▪ Disseminate NMHSC project evaluation to all Mental Health Services in the West when published	Q3 Q4	Relevant ISAM or LHMs and ECDs MH Specialist
	Mental Health in Primary Care: Participate in the Team Based Approaches to Mental Health in Primary Care Programme.	▪ Identify PCT Teams to participate in this initiative.	Q2	ISAMs

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
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 acute inpatient beds for adults apportioned by population served (including St Michael's in South Tipperary.	▪ Complete review of current inpatient bed capacity ▪ Develop and agree reconfiguration plans in each ISA / MH Catchment Area ▪ Commence reconfiguration of inpatient bed capacity in each ISA (up to 25 beds reduced in the West.)	Q1-Q3 Q3 Q3-Q4	ISAMs / ECDs/ MH Specialist ISAMs / ECDs/ MH Specialist ISAMs / ECDs/ MH Specialist
	Inpatient capacity reconfigured from South Tipperary to Mid-West.	▪ Agree appropriate transfer of resource from HSE South to accommodate inpatient admissions for North Tipperary.	Q2	RDOs/ISAMs/ECDs
	Community Mental Health Teams (CMHTs): CMHTs resourced from reconfiguration of inpatient capacity. CMHT capacity strengthened (through effective multidisciplinary team working, up-skilling etc).	▪ Complete and review a mapping exercise of CMHTs. ▪ Gaps in CMHTs identified are resourced from reconfiguration of current services. ▪ Conclude discussions on scheduling and Provision of suitable programmes for MHS staff.	Q2 Q4 Q2	Relevant ISAMs/ ECDs ISAMs/ECDs AND for Mental Health (National)
	Discontinue direct management of medium and low support provision:	▪ Review management and staffing of medium and low support provision. ▪ Engage with local authorities and social housing partners.	Q1 – Q3 Q3 – Q4	Relevant ISAMs / ECDs Relevant ISAMs / ECDs
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.	▪ Progress Capital Projects in Donegal, Galway and Limerick ISAs. ▪ Identify and agree future Capital priorities	Q3 – Q4 Q3 – Q4	RDO/Relevant ISAMs / ECDs RDO/Relevant ISAMs / ECDs
Suicide Prevention and Stigma Reduction	**Implement measures to reduce suicide rates:** ▪ Support all national projects and initiatives once published.	HSE West deliverables will be informed by initiatives / projects under the National Office of Suicide Prevention	Q4	To be determined
Continuous Service Development through Statutory and Regulatory Measures	▪ Compliance with Statutory and Regulatory Measures	▪ Compliance with Mental Health Act 2001 (Approved Centre) Regulations. ▪ Compliance with MHC Rules and Codes of Practice improved. ▪ Compliance with conditions attached to specific Approved Centres.	Q1 -Q4 Q1 - Q4 Q1 – Q4	Relevant ISAMs / ECDs Relevant ISAMs/ ECDs Relevant ISAMs/ ECDs
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.	▪ Fully commission the CAMHS inpatient unit at Merlin Park	Q1	ISAM/ECD

Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Adult Mental Health Services															
Total number of admissions to adult acute inpatient units	3,860	2,990	4,650	4,202	15,702	3,532	2,686	4,712	3,978	14,908	3,532	2,686	4,712	3,978	14,908
Median length of stay in adult inpatient facilities	11.0	10.0	11.0	10.0	10.5	11.5	12.0	11.6	12.6	12.0	11.0	10.0	11.0	10.0	10.5
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter					90.1	73.2	72.6	108.9	98.1	88.1	73.2	72.6	108.9	98.1	88.1
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment per quarter					26.38	22.4	24.8	33.5	26.2	26.7	22.4	24.8	33.5	26.2	26.7
Readmissions as a % of total adult admissions	67%	66%	70%	70%	68%	70%	63%	69%	73%	69%	70%	63%	69%	73%	69%
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment per quarter					58.95	50.8	47.6	75.4	71.9	61.4	50.8	47.6	75.4	71.9	61.4
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area per quarter					26.6	24.1	25	30.8	33	28.2	20.6	21.4	26.4	28.3	24.2
Total no. of adult involuntary admissions	348	285	388	351	1,372	320	248	384	380	1,332	320	248	384	380	1,332
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	8.1	8.4	11.1	9.8	9.3	6.58	6.68	8.85	9.38	7.86	6.58	6.68	8.85	9.38	7.86
Child and Adolescent Mental Health															
Vision for Change recommended no. of Community Child and Adolescent Mental Health Teams	16	10	12	12	50	16	10	12	12	50	18	10	13	13	54
Vision for Change recommended no. of Child and Adolescent Day Hospital Teams	1	1	---	---	2	1	1	---	---	2	2	1	---	---	3
Vision for Change recommended no. of Paediatric Liaison Teams	2	1	---	---	3	2	1	---	---	3	2	1	---	---	3
No. of child/adolescent admissions to HSE Child and Adolescent mental health inpatient units					---					150					New PI for 2011 220
No. of children / adolescents admitted to adult HSE mental health inpatient units (reported annually) i). <16 years ii). <17 years iii). <18 years					---					140					New PI for 2011 <100 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
% of involuntary admissions of children and adolescents (annually)					---					---					New PI for 2011 5%
No. of child / adolescent referrals (including re-					---	3,644	2,218	2,795	2,662	11,319	3,644	2,218	2,795	2,662	11,319

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
referred) received by Mental Health Services															
No. of child / adolescent referrals (including re-referred) accepted by Mental Health Services					---	2,639	1,465	1,734	2,087	7,925	2,639	1,465	1,734	2,087	7,925
Total no. of new (including re-referred) child/adolescent cases offered first appointment and seen					---	2,272	1,426	1,729	2,076	7,503	2,272	1,426	1,729	2,076	7,503
% of new (including re-referred) cases offered first appointment and seen	70% of new cases seen within 3months									---	70% of new cases seen within 3 months				
i). <3 months					---	1,608	823	1,134	1,523	5,088 68%	1,608	823	1,134	1,523	5,088 68%
ii). >12 months					---	67	116	283	253	720 9%	67	116	283	253	720 9%
No. of cases closed/discharged by CAMHS service					---	1,962	1,106	1,537	1,152	5,757	New PI for 2011				
% of cases closed/discharged by CAMHS service										75%					New PI 80% of accepted referrals
Total no. on waiting list for first appointment at end of each quarter by wait time:	Reduce numbers waiting > 5%					660	335	700	643	2,338	628	317	666	610	2,221 (reduce no. waiting by >5%)
i). <3 months					---	269	162	181	134	746	260	167	208	167	802
ii). 3-6 months					---	228	79	143	150	600	217	75	136	143	570
iii). 6-12 months					---	159	79	181	183	602	151	75	172	174	570
iv). >12 months					---	4	15	195	176	390	0	0	150	127	277
% 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%					337	310	227	392	1,356	373	307	274	388	1,342
No. of suicides In arrears per CSO Year of Occurrence					---					---	New PI for 2011				

Social Inclusion

Poverty and social inclusion 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 non-governmental organisations, community and voluntary sector.

The Social Inclusion Services aim to improve access to mainstream services, target services to marginalised 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 West:

- Drug and Alcohol Services
- Homeless Services
- Traveller Health Services
- Services for Minority Ethnic Communities
- 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 West will maintain 2010 levels of service for Social Inclusion services. The majority of Social Inclusion services are provided by non statutory agencies funded by HSE. Service provision in 2010 included:

Drug and Alcohol Services

In 2010, 420 people in the West received treatment for substance misuse and services continue to be provided in education and prevention, outreach work, counselling, needle exchange and methadone clinic services.

The provision of methadone has been increasing year on year to 275 clients treated in 2010. In the West there are 195.5 addiction residential rehabilitation beds and 40 step-down beds. In 2011 the West will negotiate the procurement of additional Detox beds.

Homeless Services

There are 42 Homeless facilities spread across the region, including 6 Women's facilities/Refuges, 3 Emergency Men's Hostels and 22 transitional /supported living facilities. The capacity of these is 551 beds/units. Following the launch of 'The Way Home' the National Homeless Strategy (2008-2013) in 2008, we are working in partnership with Local Authorities and the NGOs to implement the key recommendations in the strategy and will continue this process in 2011.

Traveller Services

In the West there are three regional Traveller Health Units and Regional Coordinators and 12 Traveller Primary Healthcare projects. These employ Community Health Workers who provide Primary Health Care Training Courses. Through these programmes Travellers graduate with FETAC accreditation in health awareness, personal development and literacy skills. In 2011 these graduates will help spread the health awareness message in their families and communities across the region.

Ethnic Minority Services

There are 11 Direct Provision Accommodation Centres across the West with an estimated 1.850 occupants in 2010.

Quality and Risk

The following are the Quality and Risk priorities for Social Inclusion services in the West.

- Establish a Risk Register and update on a quarterly basis.
- Develop Quality Improvement Plans to address issues of high risk on the Risk Register.
- Report all incidents via the HSE West Serious Incident Escalation Procedure.
- Implement recommendations arising from incidents or investigations.
- Report all action plans that are being implemented arising from incidents or investigations

Key Result Areas

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
Addiction	Improve services in HSE West	Introduce a mobile outreach service for Limerick, Clare and North Tipperary/East Limerick providing targeted and specialist harm reduction services. Donegal ISA will recruit an Addiction Counsellor. HSE North West will continue to progress "Time 4 change" a Border Alcohol Project which includes Early Intervention and Family Support Projects.	Q2	Relevant ISA Managers
	Development of Services to under 18s and families	Continue to roll out Strengthening Families programme in partnership with NWAF Ltd in the North West and borders.	Q3	RDO/AND, HR Regional Child Care Specialist
Homeless	Implement actions arising from National Homeless Strategy	▪ Participate in the 3 Regional Homeless Consultative Fora and management groups. ▪ Develop service level agreements with the NGO sector and Local Authorities	Q1 – Q4	ISA Managers
Community Welfare	Support the implementation of the core functions of the Health Service Report.	Transfer of Community Welfare Services (CWS) and associated resources to Department of Social Protection (DSP	Q3	AND,HR/RDO
Community Development	RAPID and CLAR Programmes	Support the RAPID and CLAR programmes.	Q1-4	RDO/ISA Managers
Intercultural Health	Improve Intercultural Health Services	• Complete the Age assessment protocol for young asylum seekers whose age is disputed. • Review services to asylum seekers. • Develop a protocol for health screening for unaccompanied children seeking asylum • Carry out cultural competency training (Donegal CC) • Develop a protocol for management of fostered separated children seeking asylum.	Q1-4	ISA Manager/Regional Child Care Specialist
	Supporting the Implementation of the Mid-West Integrations Plans	• Assist in the development and piloting of the online translation appointment card. • Support organisations and local groups to implement outreach		Mid West ISA Manager/Regional Child Care Specialist

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
		activities including cultural mediation and peer-led approaches. • Develop a protocol for HSE staff in relation to the use of interpreters • Enhance capacity of Multicultural Health Forum (MW) to improve access to services • Promote active participation of ethnic minority communities in the development of initiatives • Engage with primary care teams and general practitioners to elicit views and experiences in identifying needs specific to immigrant communities		
LGBT Framework	Support LGBT communities:	Support national good practice guidelines as they emerge and co-operate with the development of policy and guiding principals.	Q4	ISA Managers

Performance Activity and Performance Indicators

HSE West	Expected Activity / Target 2010			Projected Outturn 2010			Expected Activity / Target 2011	
	West	Total		West	Total		West	Total
Methadone Treatment								
Total No. clients in methadone treatment	---	8,765		---	8,775		---	8,775
Total No. of clients in methadone treatment per Area	229	8,153		230	8,278		230	8,278
Total no. of clients in methadone treatment - Prisons	---	612		---	497		---	497
Substance Misuse								
The no. and % of substance misusers for whom treatment as deemed appropriate has commenced	349	1,406		362	1,365		350	1,380
1. Within one calendar month of assessment	84%	84%		90%	81%		100%	100%
2.Later than one calendar month	16%	16%		10%	19%		0%	0%
The number & % of substance misusers under 18 years of age for whom treatment as deemed appropriate was commenced within:	30	106		27	111		30	115
1. Within one calendar month	100%	88%		98%	97%		100%	100%
2. Later one calendar month	---	12%		2%	12%		0%	0%
Homeless Services								
No and % of acute providers including voluntary, hospitals / acute mental health units / psychiatric hospitals operating the HSE Code of Practice for integrated discharge planning	19 100%	80 100%		19 100%	80 100%		19 100%	80 100%
No. and % of LHOs operating a formal Leaving and Aftercare Support Service for young people leaving care	8	32 100%		8	32 100%		8	32 100%
No and % LHO funded homeless services who ensure clients have access to medical cards as appropriate	***New PI for 2011***			***New PI for 2011***			8	32 100%

Older People

Introduction

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

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

- To support the older person to live at home by providing appropriate community based services on the basis of need.
- To provide, in an accessible manner, acute hospital care, including inpatient services, to support older people to return home or other appropriate setting while supporting their independence in as far as possible.
- To facilitate access to comprehensive assessments in a timely manner.
- To provide transitional care facilities through rehabilitation, convalescence, assessment and respite beds in order to minimise the need for acute hospital care.
- To provide person centred residential care in accordance with the Nursing Homes Support Scheme 2009 (NHSS) and the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland.*

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
- Increased awareness of elder abuse.

Additional funding has been identified to support developments in 2011:

- €6m has been allocated for Fair Deal nationally
- €2m has been allocated for HSE West for the continued roll-out of Home Care Packages
- €0.3m has been allocated for a national awareness campaign on elder abuse

Current Service Deliverables and Quantum

Services for older people in HSE West supports the provision of the following services:

- Home Help
  - 3.5 million hours provided
  - The average number of people in receipt of Home Help per month is 15,159
- Home Care Packages
  - Total number of clients in receipt of home care packages (HCP) was 2,133 as at 31st December 2010
  - Total number of people benefiting from a home care package in 2010 was 3,234
- Day Care Places
  - 2,660 (Clare x 7 facilities; Limerick x 10 facilities; North Tipperary x 9 facilities; Galway x 7 facilities; Mayo x 5 facilities; Sligo/Leitrim x 16 facilities; Roscommon x 2 facilities and Donegal x 42 facilities)
- Residential Care
  - 2,656 Public Residential care beds; of which approximately 789 are community support beds, (including respite, rehab, convalescent, palliative care and assessment) and 1,867 are long term care.
  - 876 people, as at 31st December 2010, are benefitting from Nursing Home Subvention in private nursing homes in the HSE West. 4,762 applications for the Nursing Homes Support Scheme received since the introduction of the scheme (as at the 30th November 2010).
  - 247 contracted beds in private Nursing Homes
  - Replacement and Additional Beds (See Below)

Improving our Infrastructure

A number of capital projects will be completed and / or to become operational in 2011 and include:

- St. Ita's Hospital, Newcastle West, Co. Limerick
- St. Camillus' Hospital, Limerick
- St. Brendan's Hospital, Loughrea, Co. Galway
  100 Replacement beds are due to become operational in Q1 2011
- St. Brendan's Hospital, Ballinasloe, Co. Galway

An integrated model of care for older people is being developed across HSE West, which will provide the right service in the right place at the right time working with both community and hospital services.

Model of 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 primary care teams 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 are evidenced in the PA report on the Evaluation of Home Care Packages (DoHC 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 with an appropriate pathway to support their choices and needs.

2011 Priorities

The 2011 national priorities for Older Persons' Services are detailed in the National Service Plan. These include:

- Nursing Homes Support Scheme – continued implementation of 'A Fair Deal' Nursing Homes Support Scheme and components.
- Ongoing development and reconfiguration of Residential Care Services.
- Home Care Packages (HCP) - targeting those at risk of admission to long term care, inappropriate admission to acute hospital or requiring discharge to home from acute hospital. €2m additional development funding has been allocated HSE West for Home Care Packages in 2011.
- The National Home Care Package Guidelines will be implemented on a phased basis. This will include the establishment of a Best Practice Group to oversee the process
- A Home Care Tender process will be implemented which will provide a quality assurance mechanism for all organisations approved for providing home care services on behalf of the HSE.
- Home Help Services – we will continue the implementation of a standardised approach for the allocation of Home Help hours.
- Elder Abuse–HSE West will continue to lead and support the national implementation of Elder Abuse Programmes and Services.
- Influenza Vaccine- HSE West will support the national campaign on influenza campaign.

Quality and Risk

The following are the Quality and Risk priorities for Older People services in the West.

- Establish a Risk Register and update on a quarterly basis.
- Develop Quality Improvement Plans to address issues of high risk on the Risk Register.
- Report all incidents via the HSE West Serious Incident Escalation Procedure.
- Implement recommendations arising from incidents or investigations.
- Report all action plans that are being implemented arising from incidents or investigations

Service Delivery, Operational Improvements and Cost Management Priorities

- We will examine the configuration of residential services in each of the public units in order to ensure the best mix and volume of services. This exercise will be completed by the second quarter of 2011.
- The Nursing Homes Support Scheme is currently delivered through six offices across the West. We will establish one office in order to achieve economies of scale and reduce administrative costs.
- Formal clinical supervisory arrangements for Senior Case Workers for Elder Abuse will be introduced in 2011 in order to support the work of the Senior Case Workers and introduce more robust governance into the service.
- Efficiencies will be achieved in non-pay costs across all of the public residential units without impacting on services in these units.

Key Result Areas

Key Result Areas	Deliverable Output 2011	Target Completion	Lead Responsibility
Community Services Maintain a strong focus on the provision of equitable community based services and home supports *Home Care Package (HCP)* *Home Help (HH)*	Provision of equitable community based services and home supports by developing of a model of care for maximising community provision of services for vulnerable older people: • Establish a regional procurement team and draw up an approved Provider list. • Procurement process for HCPs to be finalised and implemented in all LHO areas. • Establish HCP/HH steering group to oversee implementation of National Quality Guidelines for Home Care Services. • Review of existing processes to benchmark against new guidelines and prepare for use of standardised documentation • Agree standard procedures for categorisation of care hours for HH or HCP and ensure accurate reporting of same • National Single Assessment Tool (SAT) selected and rolled out nationally. • Develop Geriatrician Led Community Outreach Teams targeted at vulnerable older people.	Q2 Q3 Q2 Q1-4 Q4 Q4 Q4	RDO/ISA Managers
Residential Care Provide high quality public residential care for older persons who cannot be maintained at home	• Complete the development of the Regional NHSS Office and identify staffing requirements including re-deployment options. • Audit the functioning of the administrative processes around Fair Deal	Q3 Q3	ISA Managers
Falls Prevention Guidelines	Implement the *Falls Prevention Strategy*	Q 4	ISA Managers/Regional Specialist
Elder Abuse	Increase awareness of Elder Abuse: • Undertake public Elder Abuse Awareness campaigns/Elder Abuse Awareness Day and provide Elder Abuse awareness training for staff and other care organisations, Gárdai, financial institutions and other appropriate organisations. • Review clinical supervision arrangements for Senior Case Workers in Elder Abuse	Q2 Q1-4	Regional Specialist

Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011	Lead Responsibility
Home Help Hours and HCP (as per 2010 guidelines)				
Total no. of Home Help Hours provided for all care groups (excluding provision of hours from HCPS)	3.5m	3.5m	3.5m	ISA Mgrs
Total number of people in receipt of home help hours (excluding provision of hours from HCPs)	14.400	14,400	14,400	ISA Mgrs
Total number of people in receipt of HCPs i) No. and % direct provision ii) No. and % Indirect provision (iii) No. and % cash grants iv) No. and % respite v) No. and % multiple types	2,006	2,000	2,000	ISA Mgrs
Total No. of new HCP clients per month	1,616	1,150	1,250	
Day Care				
Total no. of day care places for older people		Under review, to est. baseline for 2011	Baseline to be set	ISA Mgrs
No. of clients benefiting from day care places		Under review, to estimate baseline for 2011	Baseline to be set	ISA Mgrs
Subvention				
Total no. in receipt of subvention		1030	Dependent on uptake of NHSS	
Total no. in receipt of enhanced subvention		211		ISA Mgrs
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	ISA Mgrs
No. and proportion of those who quality for ancillary state support who avail of it		Not reported	Baseline to be set in 2011	ISA Mgrs
% of complete applications processed within four weeks		Not reported	Baseline to be set in 2011	ISA Mgrs
Public Beds				
No. of beds in public residential care settings for Older People	2,810	2,500	2,300	ISA Mgrs

Acute Hospital Services

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 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 Mid West, North West and West. 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.

Area West

There are twelve acute hospitals delivering a wide range of services to our population which include assessment, diagnosis, treatment and rehabilitation of both acute complex conditions as well as non-urgent conditions. Hospitals are providing more and more services each year as a result of the demands attributable to demographic changes and clinical advancements. A more diverse population base, increasing births and an aging population is driving increased activity levels and higher patient acuity in hospitals. Hospital budgets have been reduced for the past number of years and more efficiency has been delivered in both clinical and non clinical areas in order to maximise service levels.

A significant focus across the hospital and primary care sector in 2011 will be the development of the care programmes. Introduction of the care programmes will require commitment to changes in service organisation and delivery and will ultimately ensure the best quality outcome for patients and the best value for money.

The challenges for the acute hospital sector in the West include:

- Maintaining activity and service levels within an approved budget.
- Access pressures in Outpatient Departments (OPDs), Emergency Departments (EDs), diagnostic and inpatient services despite providing more services year on year.
- The recruitment moratorium and NCHD recruitment difficulties.
- The challenge of moving towards different models of care and the key roles of smaller hospitals in the provision of day surgery, ambulatory care, rehabilitation and palliative care
- Implementing and sustaining quality improvements.

Our priorities for 2011 are to:

- Continue the implementation of change programmes in the Midwest, and develop a work plan and implementation programme in both Galway and Roscommon and the Northwest.
- Ensure that the services we provide meet with quality standards which comply with the clinical standards and the preparation of our hospitals for licensing.
- Improve hospital performance, specifically targeting improvements in access to Outpatient services, reduction in average length of stay and increased day cases.

- Focus on clinical outcomes, ensuring that care is delivered safely and appropriately and maximising the role of clinical directors.
- Focus on implementing the clinical care programmes;
  - Regional delivery of implementation plans in a number of sites to support the delivery of the following clinical care programmes
  - Acute Medicine Programme
  - Emergency Medicine Programme
  - Elective Surgery Programme
  - OPD Improvement Programme
  - Chronic Disease Programme in acute settings

We will introduce a number of Advance Nurse Practitioners and Clinical Nurse Specialists as part of the clinical care programmes outlined above which may also alleviate some of the challenges associated with recruiting NCHDs.

Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Medicine *Acute Medicine Programme (AMP)*	Finalise implementation plans under the Acute Medicine Programme in all sites.	Q2	RDO/ISA Managers
Critical Care Programme	Audit process for critical care.	Q3	Acute Lead
Emergency Care *Emergency Medicine Programme*	▪ Introduce Emergency Medicine Programme ▪ Finalise Patient Experience Time (PET) data set Submit applications to ED consultants, in Letterkenny and Galway area as part of the ED medical programme	Q3 Q4 Q2	Hospital Managers/ Clinical Directors Hospital Managers/ Clinical Directors
Surgical Care *Elective Surgery Programme*	Increase day case surgery and improve day of surgery rates to meet national standards. Increase use of pre-admission assessment clinics	Q1 - Q4	Hospital Managers/ Clinical Directors
Outpatient Programme Service Improvement			
Outpatient	Participate in the national outpatient department service improvement project ▪ GUH ▪ Mid West Hospital Group (Limerick Regional Hospital, Nenagh Hospital, Ennis Hospital and Croom Orthopaedic Hospital) ▪ Letterkenny General Hospital This will include waiting list validation, improving DNA waits and new to return ratios. Hospitals will adhere to reformed data set.	Q2-4 Q4	Hospital Managers/ Clinical Directors
Epilepsy	Work with the national care programme on the roll out of regional epilepsy centres.	Q2-4	RDO/Hospital Managers
Dermatology	Additional consultants to be appointed in Galway, Sligo and Midwest.	Q4	RDO/AND, HR
Neurology	Additional Consultants to be appointed in Galway, Sligo and Midwest.	Q4	RDO/AND, HR
Rheumatology and Orthopaedic	Introduce musculo-skeletal physiotherapy led clinics.	Q3	Hospital Managers/ Clinical Directors
Chronic Disease Interventions			
Stroke	Implement recommendations of the National Stroke Clinical programme	Q4	Hospital Managers/ Clinical Directors
Acute Coronary Syndrome	▪ Agree protocol for management of acute STEMI and progress roll out with clinical teams ▪ Implement recommendations of the National Acute Coronary Syndrome Clinical programme	Q1 Q3	 Hospital Managers/ Clinical Directors

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
Heart Failure	Introduce Structured Heart Failure Programmes in GUH (phase 1), phase 3 includes Limerick and SGH and Phase 4 includes LGH.	Q4	Hospital Managers/ Clinical Directors
Diabetes	▪ Initiate Retinopathy Screening Programme with IT systems in place. Phase 1 will be implemented ▪ Introduce national foot care programme	Ongoing Ongoing	Hospital Managers/ Clinical Directors
COPD	Establish structured programmes in Dooradoyle, LGH and UHG. Work with the care programme in developing bids under innovation funding.	Q3	Hospital Managers/ Clinical Directors
Asthma	Initiate Asthma Education Programmes. Progress structured asthma programmes including rapid access asthma clinics.	Q3	Hospital Managers/ Clinical Directors
Other service development areas			
Reconfiguration of our acute hospital system	Complete centralisation of cardiology in 2011 and the development of the implementation plan for the Acute Medicine programme in the Mid West. Galway/Roscommon – Appoint Clinical Lead and Project Manager. Develop implementation plan and have work streams in place Northwest – Appoint Clinical Lead and Project Manager and agree project scope. Develop implementation plan and have work streams in place	Q1 Q2 -3 Q1-2 Q3-4	RDO/Hospital Managers/ Clinical Directors
Obstetrics and Gynaecology	Early Pregnancy Assessment Units operating in compliance with national guidelines.	Q2	Hospital Managers/ Clinical Directors
Cystic Fibrosis	Implement the National Newborn Bloodspot Screening Programme.	Q2	Hospital managers/ Clinical Directors
Renal services	▪ Increase local haemodialysis capacity to cater for a greater number of patients via the use of satellite units and parent renal dialysis units in Letterkenny, Sligo, Mayo, Galway and Limerick. Work with the national renal office to identify increased demand and capacity to manage. ▪ Open the acute renal beds in GUH. ▪ Increase capacity in the Mayo dialysis unit following completion of upgrade. ▪ Reduce the need for patients to travel for dialysis treatment between 12 midnight and 6am. ▪ Work with the NRO regarding new consumables contract in HSE West.	Q4 Q2-3 Q2 Q4	Hospital Managers/ Clinical Directors
Management of NCHD posts within integrated clinical networks	Restructure the filling of training and non-training NCHD posts to ensure rotation between a regional centre and local hospitals.	Q3	Hospital Managers/ Clinical Directors/ HR
Consultant Work practices	▪ Progress implementation of Consultant Contract.	Q3	Hospital Managers/HR
	▪ Introduce extended working day under the Croke Park Agreement.	Q2	Hospital Managers/HR
	▪ Comply fully with public/private mix provisions.	Q2	Hospital Managers/ Clinical Directors
	Conduct a consultant contract audit in all hospitals sites.	Q3	RDO

Key Result Area	Deliverable Output 2011	Target Completion	Lead Responsibility
National Integrated Management Information System	Complete implementation of system in designated areas.	Q3	AND, ICT
Value for Money and Policy Review	Implement VFM Review recommendations of economic cost and charges associated with private and semi-private treatment services in public hospitals	Q3	RDO/Hospital Managers/AND Finance
Funding of selected elective orthopaedic procedures in public hospitals	▪ Commence preparation to fund selected hospitals on a prospective cost per procedure basis for certain orthopaedic procedures. ▪ Commence funding on an amended basis.	Q1 Q2	RDO/Hospital Managers/AND Finance

Key Performance Measures

Inpatient / Day Case:

The overall inpatient/daycase activity levels planned for 2010 reflect the continued shift from inpatient to day case activity. The plan is to increase day cases by an additional 3% above the significant increase made in 2010 and to target a reduction in the level of inpatient care of 2% over the 2010 levels.

	Inpatient Discharges			Day Cases		
	Target 2010	Projected Outturn 2010	Expected Activity 2011	Target 2010	Projected Outturn 2010	Expected Activity 2011
West Region	**140,952**	**149,279**	**146,300**	**162,742**	**167,246**	**172,300**
Letterkenny General Hospital	19,168	19,851	19,461	15,854	15,892	16,369
Mayo General Hospital	15,683	16,853	16,516	12,972	15,187	15,643
Portiuncula Hospital Ballinasloe	10,694	10,892	10,674	7,338	7,681	7,917
Roscommon County Hospital	4,600	4,768	4,673	3,914	3,898	4,020
Sligo General Hospital	14,770	15,937	15,619	23,343	24,747	25,495
Galway University Hospitals	34,321	37,920	37,162	63,060	63,708	65,624
Ennis General Hospital	3,013	3,232	3,167	2,965	2,510	2,590
Nenagh General Hospital	2,449	2,513	2,462	4,131	3,374	3,475
Regional Hospital - Dooradoyle	22,775	23,548	23,077	19,579	20,960	21,594
Regional Maternity Hospital - Limerick	8,371	8,132	7,970	5	-	-
Regional Orthopaedic Hospital - Limerick	1,700	1,650	1,617	2,742	2,862	2,953
St. Johns Hospital - Limerick	3,408	3,982	3,903	6,840	6,427	6,619
Total	**540,993**	**586,103**	**574,381**	**689,310**	**733,131**	**755,125**

Emergency Presentations / Admissions:

The AMP will involve the implementation of a range of clinical led initiatives aimed at emergency admission avoidance and will also focus on a number of areas which will lead to improvements in EDs. There will be a continued focus on the development of acute medical and surgical assessment units and the use of MAUs for emergency admissions. Improvements within hospitals will be achieved through the focus on bed utilisation and improvements in admitting surgical patients on the day of surgery; proactive discharge planning; senior clinical decision-making particularly at weekends; and better access to assessment / diagnostics.

	Emergency Presentations			Emergency Admissions		
	Target 2010	Projected Outturn 2010	Expected Activity 2011	Target 2010	Projected Outturn 2010	Expected Activity 2011
West Region	**301,294**	**320,461**	**320,500**	**98,874**	**108,238**	**107,200**
Letterkenny General Hospital	31,476	32,404	32,420	16,350	17,889	17,727
Mayo General Hospital	32,915	32,430	32,440	12,538	13,852	13,722
Portiuncula Hospital Ballinasloe	20,313	20,167	20,175	6,502	6,544	6,485
Roscommon County Hospital	14,280	13,959	13,900	4,000	4,403	4,378
Sligo General Hospital	36,078	40,538	40,555	10,204	11,664	11,560
Galway University Hospitals	62,743	66,972	66,995	25,802	28,557	28,230
Ennis General Hospital	12,755	15,381	15,385	2,539	2,797	2,770
Nenagh General Hospital	11,625	13,955	13,960	2,063	1,849	1,832
Regional Hospital - Dooradoyle	62,459	67,059	67,070	16,679	18,410	18,244
St. Johns Hospital - Limerick	16,650	17,596	17,600	2,197	2,273	2,252
Total	**1,190,435**	**1,199,863**	**1,199,900**	**330,298**	**365,061**	**361,400**

Outpatient (OPD) Data:

	Outpatient Attendances			Ratio of New: Return		
	Target 2010	Projected Outturn 2010	Expected Activity 2011	Target 2010	Projected Outturn 2010	Expected Activity 2011
West Region	**656,846**	**704,068**	**688,700**	**2.0**	**2.3**	**1:2.0**
Letterkenny General Hospital	84,485	87,013	85,273	2.0	1.9	1:1.9
Mayo General Hospital	58,171	60,409	59,200	2.0	1.7	1:1.7
Portiuncula Hospital Ballinasloe	42,497	42,248	41,380	2.0	1.8	1:1.8
Roscommon County Hospital	13,328	12,772	12,400	2.0	2.9	1:2.0
Sligo General Hospital	70,281	96,754	94,819	2.0	1.7	1:1.7
Galway University Hospitals	192,660	209,918	205,700	2.0	2.1	1:2.0
Ennis General Hospital	13,947	12,564	12,250	2.0	3.3	1:2.0
Nenagh General Hospital	10,898	8,389	7,840	2.0	2.4	1:2.0
Regional Hospital - Dooradoyle	127,769	129,482	126,840	2.0	3.5	1:2.0
Regional Maternity Hospital - Limerick	20,423	22,043	21,062	2.0	4.0	1:2.0
Regional Orthopaedic Hospital - Limerick	8,631	9,215	9,000	2.0	4.8	1:2.0
St. Johns Hospital - Limerick	13,756	13,261	12,936	2.0	2.9	1:2.0
Total	**3,394,882**	**3,577,560**		**2.0**	**2.6**	**1:2.0**

Births:

Births		
Hospital		Expected Activity 2011
West Region		16,265
Letterkenny General Hospital		1,975
Mayo General Hospital		1,812
Portiuncula Hospital Ballinasloe		2,168
Sligo General Hospital		1,650
Galway University Hospitals		3,633
Regional Maternity Hospital, Limerick		5,027

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

- Mid West Regional Hospital – new PACS system and replacement CT scanner.
- Ennis General Hospital – endoscopy facilities and equipment.
- University College Hospital, Galway – upgrade of air handling and ventilation systems; neonatal upgrade.
- Letterkenny – new medical block.
- Sligo – digital radiology and PACS system.

Service Delivery, Operational Improvements and Cost Management priorities

Galway University Hospitals

- The Laboratory modernisation Programme will commence with the introduction of the Extended Working Day for Medical Scientists in specific areas. It will expand over the coming months to include other grades and to meet the set targets.
- Develop and implement of the HR Plan associated with the re-configuration of services under the HSE West Acute Hospital Plan.
- Redeployment of staff from corporate areas to front line services will be progressed as a priority.
- Completion and implementation of Staffing and Service Reviews in Theatre, Clerical Clinical Support Services and Surgical Day Services Q2, Q3.
- Review of Day Ward Facilities will report by end of February.
- Acute Medicine Programme will be implemented.

Portiuncula Hospital Ballinasloe

- Recording of total waiting times in the Emergency Department will be automated
- The Laboratory Modernisation Programme will commence on 1st February 2011 with the introduction of the extended working day for Medical Scientist.
- The redeployment of clerical/administration personnel from corporate roles into Portiuncula Hospital to support front-line services will be progressed.
- New skill mix in rostering arrangements will be introduced.

Roscommon County Hospital

- Introduce extended working day in laboratory.
- Redeployment – nursing staff and non nursing staff will be redeployed across departments and wards depending on activity levels.
- Undertake a review of clerical support services to ensure maximisation of resource and more efficient workload strategies.
- Corporate and Clinical Governance – administrative roles will require re-organisation to support the necessary changes, data management and audit processes to ensure compliance with clinical and operational programmes.

Mid West Hospital Network

Redeployment

- HR, IT and Finance functions across the Mid West ISA will be integrated.
- Catering departments across Limerick Acute Services will be integrated and a plated meal service will be introduced.
- Corporate office staff will be redeployed to frontline services.

Reconfiguration and Restructuring

- OT, Speech and Language, Social Work, Audiology, Physiotherapy and Pharmacy will be integrated across the Mid West.
- Outpatient Department referrals at the Hospitals will be centralised.
- Restructuring Nursing rosters in Theatres, OPD and ED will be restructured.
- Reconfiguration of Nursing and HCA grades.
- Restructure of skill mix/grade within non-frontline nursing offices e.g. nursing staff carrying out clerical/administration work in allocations, NMPDU.

Extension of Working Day 8-8 5/7

- Extension of working day to 8pm and 5/7 roster for Lab/Mortuary, Radiology, ECG, Physiotherapy, Maintenance, Clinical Engineering, Pharmacy, porters, medical staff, finance, IT and patient services.
- Outpatient clinics will be extended to 8pm.
- Surgical day ward opening on Saturday.

Hospital Priorities for 2011

Galway University Hospitals

- Integrate acute medicine across GUH.
- Commission the Acute Renal Unit in UHG site.
- Implement the Acute Medicine model.
- Improve Health Stats with a specific focus on Medical OPD/ Surgical/Paediatric OPD, inpatient waiting lists and day of surgery.
- Introduce the emergency medicine programme including completion of patient experience time
- Reconfigure Medical Endoscopy to create additional recovery facilities, bring a second procedure room into operation to create additional capacity.
- Implement the national Renal information System in Q2.
- Establish pre-assessment for all surgical specialities in St. Mary's and St. Pius's Wards.
- Reconfigure critical care services on receipt of report undertaken by Prospectus Management.
- Initiate physiotherapy triage service for Orthopaedic and Rheumatology Consultants and develop Emergency department review clinic service.

Letterkenny General Hospital

- Commence under graduate medical student training.
- Commission a new Emergency Department with integrated MAU commenced in late 2010 and additional 70 inpatient beds is currently underway and it is hoped this will be commissioned in Summer of 2011.
- Develop an Enhanced Recovery Unit in LGH.

Sligo General Hospital

- Conduct a gap analysis to prepare for the Acute Medicine Programme.
- Increase local haemodialysis capacity to cater for an increased number of patients.
- Progress the development of the PPP building programme.

Ennis General Hospital

- Commission new endoscopy unit and enhance bed capacity.
- Develop dermatology services.

Mayo General Hospital

- Reconfigure Medical, Surgical and Gynaecological beds with an increased level of day of procedure admissions and a higher percentage of day surgical procedures.
- Commission the MRI scanner.
- Develop and expand the Renal Dialysis service.
- Develop the National Cancer Screening (Colonoscopy) service in the hospital in 2011 with a view to achieving full accreditation.

Mid West Regional Hospital

- Commission an additional 4 ICU/HDU Beds by March 2011.
- Centralise Acute Cardiology.
- Develop a dedicated rapid retrieval advanced paramedic service in Limerick.
- Appoint three ambulatory care physicians for the Region for the Acute Medicine Programme.

St Johns Hospital, Limerick

- Implement the acute medicine programme particularly the Acute Medicine Unit.
- Participate in the development of a Regional nursing bank in Q1.
- Appoint an ambulatory Care Physician in 2011, under Acute Medicine Programme.
- Develop the Advanced Nurse Practitioner role in Accident and Emergency.

Portiuncula Hospital Ballinasloe

- Strengthen the Quality, Safety and Risk Governance Structure.
- Appoint two Consultant Surgeon Posts (Colorectal, Upper GI Surgery).
- Continue to work towards the Galway/Roscommon Reconfiguration.
- Prepare for Advanced Nurse Practitioner in the ED and progress Nurse Prescribing.

Roscommon County Hospital

- Implement the Productive Ward Initiative.
- Continue to work towards the Galway/Roscommon Reconfiguration.
- Appoint replacement Consultant Respiratory Physician.
- Prepare for Advanced Nurse Practitioner in the ED and progress Nurse Prescribing.

National Cancer Control Programme

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.

HSE West

Rapid access lung and prostate clinics are now opened in Mid Western Regional Hospital Limerick (MWRH) and a rapid access prostate clinic is open in GUH. GUH is one of four centres designated nationally for lung surgery. All radical prostate cancer surgery and surgery for oesophageal cancer in the West is carried out in GUH. Rectal cancer surgery continues in Letterkenny General Hospital as a satellite centre of Galway. In 2011 development of specialist cancer centres will continue with the further centralisation of rectal surgery. Essential support services will be delivered within the specialist centres.

Our priorities for 2011 are:

- Enhance theatre, ICU and other supports to maintain cancer surgical throughput in the designated cancer centres
- Plan for the expansion of the radiation oncology units in MWRHL and GUH.
- The National Cancer Screening work programme includes completion of round 1 breast screening, continued provision of cervical screening and preparation for the launch of the colorectal screening programme in 2012, and
- To increase the proportion of electronic referrals and deliver a community nurse training programme for medical oncology patients.

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
Lung Cancer Services	Rapid Access Clinic for lung cancer in GUH established	▪ Identify clerical support ▪ Fill the replacement CNM post ▪ Notify GPs of contact details for clinic	Q1	AND, HR/ Hospital Managers
Rectal Cancer Surgery	Transferred into GUH and satellite centre in LGH	▪ Document current service delivery model ▪ Identify resource requirements GUH ▪ Agree and implement new service model	Q4	RDO/ Hospital Managers/ Clinical Director
Skin Cancer Services	Hospital (implemented by DQCC) Dermatology post MWRHL recruited Dermatology post in NW to be approved for Sligo General	▪ Advertise and recruit MWRHL post ▪ Funding and WTE to be identified and allocated by DQCC (SGH post)	Q4 Q4	RDO/ AND, HR
Breast Cancer	Recommendations from HIQA	▪ Update outstanding actions from action	Q1	

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
Services	Audit implemented Monitoring of HIQA standards, including monthly and quarterly KPIs Participation in national audit(s) and implementation of nationally agreed policies	plans ▪ Submit Monthly KPIs to NCCP ▪ Submit quarterly KPIs to NCCP ▪ Participate in audit of triage and referral processes ▪ Implement national protocol on family history	Q1-Q4 Q1-Q4	Hospital Mgrs/ Clinical Director
Medical Oncology	Complete recruitment of medical oncologist post MWRHL Complete recruitment of medical oncologist post LGH Progress recruitment of medical oncologist post SGH	▪ Interviews held for MWRHL ▪ PAS to commence recruitment of LGH post ▪ CAU approval of SGH post and PAS to commence recruitment	Q1 Q2 Q1-2	AND, HR
Theatre/ICU Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres.	▪ Cancer centres to identify priority surgical support posts ▪ NCCP to allocate funding ▪ Cancer centres to fill posts	Q1	AND, HR/ Hosp Mgrs
Radiation Oncology	Agree service provision with Mater Private in respect of service at MWRHL	▪ Finalise negotiations with Mater Private Hospital	Q1	AND, Procurement/ RDO
Radiation Oncology (Phase 2 National Plan Radiation Oncology)	Funding mechanism agree and approved for Phase 2 NPRO Enabling works commenced Development of tender documentation ongoing Participation in national systems of clinical governance, performance management and monitoring	▪ DOHC Decision on funding mechanism awaited ▪ Further liaison with hospital sites re development ▪ Develop tumour specific guidelines to be ▪ Shadow PIs developed for 4 tumour groups to be monitored	Q1-Q4	DoHC/ RDO
Gynaecology Oncology	Planning commenced for consolidation of surgery for gynae cancers into cancer centres.	▪ Identify current service delivery pattern ▪ Agree nationally what service model will be ▪ Quantify resource requirements in cancer centres to allow for transfer	Q2	
National Cancer Screening Service	Preparation for participation in national colorectal screening programme	▪ Develop endoscopy services ▪ Participate in the training of ANP in colonoscopy	Q4	RDO/ Hosp Mgrs/ Clinical Director
Community Oncology Programme	Build on existing partnership with ICGP. Increase proportion of electronic GP referrals. Community nurse training programmes for medical oncology patients delivered. Brief interventions with smoking cessation with primary care teams developed	▪ Deliver oncology training to nurses working primary care ▪ Deliver oncology training to nurses working in community ▪ Update GPs on services and guidelines ▪ Deliver brief intervention smoking cessation programme in pilot primary care team	Q4	ISA Mgrs
Quality assurance through establishment of formal quality assurance arrangements for common cancers	Lead clinicians to participate in national clinical networks established for common cancers for the purposes of clinical audit, sharing of good practice and problem solving Representation on national expert groups to advise on	▪ Nominate a lead clinician for site specific cancer in each cancer centre ▪ Convene regular meeting of site specific lead clinicians ▪ Nominate and convene clinical expert groups to develop KPIs for common cancers	Q2	ISA Mgrs

Key Result Area	Deliverable Output 2011	HSE West Deliverables	Target Completion	Lead Responsibility
	evidence based practice for common cancers Implementation and monitoring of parameters defined nationally to devise and monitor quality domains across lung and cancer prostate services			