



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Briefing for HSE West Regional Health Forum on Service Plan 2011

22nd February 2011

HSE WEST





Population

1,012,413 - West Population (2006 Census)

West	2006 Census	2002 Census	% increase 2002 - 2006
Population aged 65+	124,525	117,834	5.7%
Population aged 85+	13,963	12,653	10.3%



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Key Priorities 2011

- Maintain the levels of service provided in 2010
- Deliver the cost reduction and restructuring programmes on a reduced budget of 5%
- Ensure the delivery of high quality and safe services
- Accelerate our reform programme to reconfigure core services
- Implement the national clinical change programmes and new service developments





Integrated Care

- To support the development of our integrated care approach and the major change programmes we are implementing new organisation structures have been introduced at local level in 2011
- Priority is to devolve decision making to local areas with national standards and frameworks for services
- Primary care team catchment areas are the building blocks for each ISA
- Area Manager responsible for the safe and effective operation of all services at local level
- Clinical leadership strengthened through clinical directors
- Executive clinical director and management team for mental health services





Integrated Care

- Five Integrated Services Areas
 - Donegal-Mr John Hayes, ISA Manager
 - Sligo/Leitrim-Mr Pat Dolan, ISA Manager
 - Mayo-Mr Frank Murphy, ISA Manager
 - Galway/Roscommon-vacant
 - Mid West-Mr Bernard Gloster, ISA Manager





Finance

Opening 2011 National Vote Allocation

- 2010 Gross Current Estimate €14.139 billion
- Abridged Estimates
Volume (AEV) for 2011 billion €13.456bn
- Change {€683}m





HSE West Budget Allocation

- **West Allocation 2011** €1.990.3bn
- **Net reduction 2011** 104.1m
(5%)



HSE West 2011 Budget Computation

€m

€m

2010 Budget		2094.40
Net Once-offs		-16.9
Pay Reduction		
Moratorium	-19.2	-19.2
Procurement and other non-pay savings*	-38.8	
Strategic priorities realignment	-6.60	
Legal retraction	-4.60	
CAMHS Unit, Merlin Park	2.70	-47.3
Income Collection Target		-20.70
2011 Net Allocation		1990.3
*See breakdown next slide		
Budget 2011		1990.30

HSE West 2011 Cost Containment Measures

€m

€m

Expenditure Category	National	HSE West
Procurements and Contracts Management	78.7	14.3
Logistics and Inventory Management	20.0	4.6
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
Rent Review/Lease Renewal	5.0	1.0
Further non-service impacting initiatives (to be identified)	40.0	9.1
Totals	200.0	38.8

Hospital Budgets

*2011 budgets adjusted for moratorium, cost containment, net reduction 5%

	2010 €000'S	2011 €000'S
Galway University Hospitals	266,078	242,723
Mayo General Hospital	79,537	74,496
Portiuncula Hospital	47,978	41,313
Roscommon Hospital	20,668	19,175
Sligo General Hospital	105,010	97,691
Letterkenny General Hospital	103,181	95,495
HQ and E112	941	9,184



Hospital Budgets

*2011 budgets adjusted for moratorium, cost containment, net reduction 5%

	2010 €000'S	2011 €000'S
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
St. John's Hospital	19,471	17,853
ISA and Orthodontic	3,133	3,229



LHO Budgets

*2011 budgets adjusted for moratorium, cost containment, net reduction 5%

	2010 €000'S	2011 €000'S
Donegal	167,335	162,040
Sligo / Leitrim	161,367	156,169
Galway	243,433	238,571
Mayo	154,915	149,688
Roscommon	77,023	73,983
Clare	110,179	106,226
Limerick	174,793	168,774
Tipperary	124,481	119,481
West Regional	19,564	22,112



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ISA Budgets

*2011 budgets adjusted for moratorium, cost containment, net reduction 5%

	Budget 2010	Budget 2011
	€000'S	€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

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%



HR Key Focus Areas 2011

- Employment Control/2011 approved ceiling
- Performance Management
- Integrated Care Model
- Regional Management Structures
- Workforce Planning
- Implementation of Public Service Agreement (2010-2014)
- Absence Management Processes





HR Key Focus Areas 2011

- **Contingency plans associated with VER/VRS**
- **Implementation of METR/Leadership, Education and Development Policies**
 - Government Policy on Public Sector Numbers**
- **Moratorium on Recruitment & Promotion**
 - exempted grades
- **Employment Numbers & Costs**
- **Robust and Responsive employment control with accountability at Regional & Service Management level**





Employment Control Framework

- **Reconfiguration/Redeployment**
- **Voluntary Early Retirement/Redundancy Schemes**
- **European Working Time Directive (EWTB)**
- **VFM – Pay/Pay extras**



Employment Control Framework

- 1. HSE Overall Employment Ceiling
2010/2011.....109,372

- 2. HSE West Employment Ceiling.....26,780
- VER/VRS Schemes 2010 (WTE).....-305
- ECF/National Recovery Plan.....-382
- Also – share of CWO staff transferred to Dept of Social
Protection.....-1,182 Nationally
- Share of staff in Agencies not previously included –
Adoption Authority/Office for Tobacco Control....+346
Nationally

- ___Reduction in WTEs – HSE West 2008/2010.....4.25%





Implementing Our Change Programme

■ Public Sector Agreement

- Framework for delivering significant change programme across HSE West
- Key focus on pace of implementation of change
- Significant engagement with unions





Implementing Our Change Programmes

■ National Clinical Programmes

□ Acute Medicine and ED Programmes

- 20% of current medical patients in Emergency Dept move to more appropriate site of care
 - Enhanced patient experience
 - Removal of extended trolley waits
 - Reduction in average length of stay
 - Reduction in admissions
 - Improved inter clinician team working





Implementing Our Change Programmes

- AMU's and Minor Injury Units
- Elective Surgery Programme
 - Surgery on Day of Admission
 - Reducing & Standardised Length of Stay
 - Increased day case activity
- OPD Programme-Neurology, dermatology, rheumatology & orthopaedics-increased clinics and reduced waiting times
- Stroke Programme
- Heart Failure and Diabetes programme





Implementing Our Change Programmes

■ Improvement Programmes Care Groups

□ Implementing VFC Mental Health

- With executive clinical directors and management teams across the extended catchment areas

□ Disability

- Respite services maintained and additional funding for emergency residential and day places

□ Elderly Services

- Reconfigure services as we implement a best practice model of care

□ Children and Family Services

- Improve the quality and consistency of our services and establish clear governance arrangements that strengthen accountability
- Standardise our practice around child protection, fostering and residential care





Public Service Agreement Priorities

- 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.





Public Service Agreement Priorities

- 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 services 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.





Primary Care Services

- Maintain the existing level of general practice and other primary care contractor services
- 122 PCTs and 30 HSCNs undergoing development in 2011.
- Implementation of Phase 1 of the National Audiology Review recommendations.
- Further development of the recommendations of the General Practice Co-Op Review.
- Implement the Independent Strategic Review of the delivery and management of HSE Dental Services.
- Deliver the Human Papilloma Virus (HPV) to the specified cohort of young women.





Primary Care Services

- Improve disease management in primary and ambulatory care settings through the commencement of plans for the management of chronic disease in primary care.
- Increase access to primary care services through Primary Care Teams and Health & Social Care Networks as a core building block for integrated service delivery
- Planning for delivery of IV therapy services in community settings to be undertaken





Services for Older People

- *2011 Targets:-*

13,815

People to receive Home Help Services

3,500,000

Targeted HH Hours 2011

2,133

Persons to receive Home Care Packages

- **Nursing Home Support Scheme (Fair Deal)**

- **Develop programme around Long Stay Units to ensure compliance with HIQA Standards**

- **Home Care Packages (HCP) will target those at risk of admission to long term care. An additional E10m nationally has been allocated to HCPs.**

- **Elder Abuse Programme – HSE West will lead and support its implementation.**

- **Influenza Vaccine – HSE West will support the national influenza vaccine programme.**





Disability Services

- Disability Services provided by Statutory and Non-Statutory service providers.

HSE West priorities for 2011

- Contribute to the completion of the DoHC VFM and Policy Review
- Comply with Legislation and National Standards, including the Disability Act, 2005.
- Reconfigure Services according to developed plans.
- Development of integrated information and data systems.
- Address demographic pressures in the provision of additional day, residential, respite and personal assistant home support services using funding provided in 2011.





Disability Services

- Number who will benefit from a residential service-2,461
- Number of bed nights for respite services-49,566
- Number of PA/Home Support Hours-905,000





Mental Health Services

- Progress the implementation of recommendations in *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 capital infrastructure.
- Implement measures to reduce suicide rates.
- Enhance the provision of Child and Adolescent Mental Health Services.





Social Inclusion

We will continue existing levels of service in 2011 in the following areas:

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





Social Inclusion

Priorities for 2011 are:

- Continue to address and where possible prevent the health impacts of addiction and/or substance abuse
- Implement actions arising from the Strategy to Address Adult Homelessness in Ireland 2008-2013.
- Address the concerns raised by the All Ireland Traveller Health Study, 2010
- Support staff in helping ethnic minorities to access services
- Support Lesbian, Gay, Bisexual and Transgender Communities in equitable access and use of health services.





Children and Family Services

- We will deliver all statutory services for children and families
- We will implement the actions of the Ryan Report, including additional Social Work Recruitment.
- We will implement the recommendations of internal and external audits of service, e.g., HIQA's recommendations for children in care and child protection, and the HSE's National Audit of Foster Care.
- We will implement the Task Force Report and the Strategic Review of the Delivery and Management of Children and Family Services
- We will implement the revised Children First Guidelines and the appointment of a Principal Social Worker to ensure standards
- We will maintain and develop family support services and ensure that the provision of after care services is strengthened





Children and Family Services

- 1,209 Children in care of HSE West (2011)
- 43 Children in Residential care
- 708 Children in Foster care
- 408 Children in placements with relatives
- 40 Children in other care settings





Acute Services HSE West

- **6 Hospitals in West/North West**
 - Galway University Hospital (Designated Cancer Centre)
 - Mayo General Hospital
 - Portlincula Hospital
 - Roscommon County Hospital
 - Letterkenny General Hospital
 - Sligo General Hospital
- **6 Hospitals in the Mid West**
 - Midwestern Regional Hospital (Designated Cancer Centre)
 - Regional Maternity Hospital – Limerick
 - Regional Orthopaedic Hospital – Limerick
 - St John’s Hospital
 - Nenagh General Hospital
 - Ennis General Hospital





Activity Targets 2011

(2010 in brackets)

- We will deliver 172,300 (162,742) day case treatments
- We will treat 146,300 (140,952) patients on an inpatient basis
- The overall combined number of cases treated on an inpatient and daycase basis is up by 0.65% on 2010 figures
- We will treat 320,500 (301,294) emergency presentations
- We will deliver services on an outpatient basis in our hospitals – 688,700 (656,846) attendances.



Activity Targets 2010/2011

	Inpatient Discharges			Day Cases		
	Target 2010	Outturn 2010	Activity 2011	Target 2010	Outturn 2010	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
Menagh 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
National Total	540,993	586,103	574,381	689,310	733,131	755,125

Inpatients and Daycases

	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
Portlincula 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
National Total	1,190,435	1,199,863	1,199,900	330,298	365,061	361,400

Outpatients

	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
National Total	3,394,882	3,577,560		2.0	2.6	1:2.0



HSE West Acute Focus 2011

■ Our priorities for 2011

- The continued implementation of reconfiguration programmes in the Midwest, the development of a reconfiguration work plan and implementation programme in both Galway & Roscommon and the Northwest.
- Quality – ensuring that the services we provide are met with quality standards which comply with the clinical standards and the preparation of our hospitals for licensing.
- Improving hospital performance, specifically targeting improvements in access to Outpatient services, reduction in average length of stay and increased day cases.





Acute Focus 2011

- Focusing 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;





Acute Focus 2011

- 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
- In addition, 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 NCHD's.





Challenges 2011

- While emergency admissions will always have to be provided for we will strive to protect inpatient elective beds for elective activity in order to reduce waiting times
- Maintain activity and service levels within approved budget
- 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 reconfiguration and redeployment will be needed.
- The continuing NCHD recruitment difficulties in many of our hospitals will pose challenges in the delivery of our acute services





Challenges 2011

- The 2010 closing deficit of E22m will add to the financial challenges
- Sustaining improvements in hygiene performance
- We will continue to work with the National Treatment Purchase Fund to ensure reduction in waiting time for procedures
- Waiting times in outpatients and improved access times such as colonoscopy no urgent referral to wait over 4 weeks
- Delivery on cost reduction and service restructuring programmes is crucial for 2011 in order to maintain services at current levels with reduced resources.





HSE West

Thank You



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Health Service Executive