



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Óifig an Stiúrthóra Náisiúnta Acmhainní Daonna
Feidhmeannacht na Seirbhíse Sláinte
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16th May 2012

Ms. Frances Spillane
Assistant Secretary
Department of Health
Hawkins House
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Report on Progress under the Public Service Agreement – 1 April 2011 to 31 March 2012

Dear Frances,

I refer to your letter of 23 March 2012, in which you requested an update on progress being achieved under the Health Sector Action Plan for the twelve month period April 2011 to March 2012.

As requested, I attach herewith:

- 1 A Savings Report
- 2 A Progress Report (to follow the traffic light format)
- 3 A bulleted Summary of the key progress achieved; and
- 4 A short note on productivity achievements.

The traffic light classification has also been used again. This shows an increase in green where the delivery of the action is complete or on target.

The Health Sector Implementation Body (HSIB) was circulated with a draft progress report and comments/observations were invited. It should be noted that the HSIB has worked closely with management and staff to progress and support the resolution of many industrial relations issues across the health sector.

Yours sincerely

PP Eileen O'Connor

Barry O'Brien
National Director of Human Resources

Public Service Agreement
Health Sector Annual Progress Report
1st April 2011 to 31st March 2012

The Public Service Agreement has enabled the HSE to maintain service delivery, against a backdrop of reduced budgets and staffing numbers. In particular, staff redeployment and flexibility assisted in coping with the loss of staff due to the 'grace period' retirements up to the end of February 2012.

Our health services are facing challenges on a scale never experienced before. The fallout from Ireland's economic downturn has hit our health services hard. Over the last two years, total budget reductions in the HSE of €1.75 billion have been implemented. The total cost reduction target in 2012 is a further €750m. Staff levels have been reduced by over 8,700 since peak employment levels in 2007. This contraction of resources is taking place at a time of accelerating demand for the provision of health and social care services. The cost reductions in the HSE to date have been delivered while maintaining and growing the service levels to patients and clients for our major service areas.

Budget

2011 was another very challenging financial year for the HSE, with a total opening budget reduction of €962m (6.7%), and a net reduction of €683m (4.8%). The HSE is obligated to make savings and achieve efficiencies in services, in order to survive within this reduced budget. The Public Service Agreement is a key tool in that regard.

Employment Numbers

As outlined in the previous progress reports, there have been considerable reductions in staff numbers in the health sector in recent years. The table below shows that from the end of Q1 2011 to end Q1 2012, employment has reduced further by 2,855 WTEs, a drop of 2.7%.

The timeframe includes the ending of the "grace period" for retirements, which has resulted in significant reductions in staffing. Some residual reductions arising from these retirements may be seen in the April health sector census.

The timeframe for review also saw additional staff being counted in the staffing census for the first time (nurse bank staff in the Dublin Academic Teaching Hospitals and staff of former health board companies). Therefore, the gross reduction in numbers is greater than the net change of 2,855 shown below.

The greatest reductions by grade category have been in the General Support and Nursing grades. Medical/Dental grades increased largely due to the effect of the NCHD recruitment campaign during 2011.

Category	Mar-11	Mar-12	WTE change	% change
Medical/ Dental	8,005	8,268	263	3.3%
Nursing	36,782	35,330	-1,452	-3.9%
Health & Social Care Professionals	16,295	15,948	-347	-2.1%
Management/ Admin	16,256	15,869	-387	-2.4%
General Support Staff	10,864	10,189	-675	-6.2%
Other Patient & Client Care	17,463	17,206	-257	-1.5%
Total	105,665	102,810	-2,855	-2.7%

The effective management of the overall numbers has ensured that the health sector continues to operate within its employment control ceiling and to meet the employment reductions targets set out in the Employment Control Framework.

Contingency planning for grace period retirements

Validated final numbers in relation to the number of staff, who left the health service during the final 6 months of the 'grace period', show that **4,706** staff retired, during the period September 2011 to February 2012 inclusive. It should be noted that this is the total number of individual staff members who retired. Many of these staff were part-time so this is not a WTE figure.

The monthly breakdown over the final 6 month period is as follows:

September	2011	556
October	2011	260
November	2011	392
December	2011	577
January	2012	476
February	2012	2,445

Planning to manage the impact of the 'grace period' was ongoing at national, regional and local levels since Autumn of 2011 and this is reflected in the HSE's National and Regional Service Plans for 2012.

The HSE's overarching aim in this process has been to protect critical frontline essential services. A range of national measures were put in place to reduce the impact of the retirements on frontline services. As part of the Regional service planning process, detailed contingency plans were developed for each hospital and community service. Hospital CEOs and individual community service managers undertook an assessment of risk and prepared their individual site specific plans on this basis. The measures put in place included the use of the provisions of the Public Service Agreement (PSA). These included, where required, increasing the hours of staff on a reduced working week, postponing leave, staff working overtime (unpaid but time offered in lieu) etc.

In the context of the contingency planning, significant personal flexibility was shown by staff. This included changing rosters, moving locations, cancelling leave during the transition phase, working overtime for time off in lieu but without additional pay etc. It is important to note that

this is flexibility outside of the normal flexibility provisions of the Public Service Agreement.

Activity Levels and Productivity

Activity levels above Service Plan 2011 targets, were delivered in most areas e.g.

- Inpatient discharges at the end of December 2011 were 14, 233 above (or 2.5%) above expected levels;
- Number of Day Cases in 2011 stood at 804,274 (or 6.5%) above targeted activity.

The *Note on Productivity Achievements* which accompanies this Progress Report uses graphs to illustrate savings and productivity covering the last two years e.g.

- Acute hospitals – national spend down 11%, WTE total down 2%, activity level up 10% and cost per discharge down 20%;
- Mental health – total costs down 11% and WTE total down 5%.

Clinical Programmes

There have been a number of achievements on the Clinical Programmes to date. Some of these include the following:

Acute Medicine Programme (AMP)

- 1 70, 000 bed days saved equating to approximately €63m savings.
- 2 AMP implemented in 12 hospital groups.
- 3 In Beaumont hospital, direct access to the Acute Medicine Unit has enabled same day discharge for 80% of patients with approximately 6000 patients annually getting direct access to the AMU from the Emergency Dept or directly through their General Practitioner
- 4 National Early Warning Score: 40 sites identified for implementation. In excess of 1,300 staff trained.

Emergency Medicine

- 1 19 Clinical Tools and guidelines complete and live or in pilot. 15 more progressing.
- 2 Recruitment of 14 additional Consultant posts is being progressed.

Elective Surgery Programme

- 1 Nine hospitals trained and operational in Productive Theatre system, improving theatre utilisation to 90%.
- 2 Savings of €2.3m annually from improvement in theatre utilisation in pilot sites.
- 3 Percentage of operations on same day of admission in targeted sites increasing from 48% to 76%.
- 4 Audit programme will reduce deaths in surgical patients from adverse events by 10% over 10 years.

Outpatient Programmes

- 1 **Epilepsy.** Process to establish 6 Regional epilepsy centres commenced. Recruitment process in place.
- 2 **Dermatology.** Target of 30% increase in outpatient attendance has been exceeded to 34.6%. Recruitment of 10 new additional Consultant Dermatology posts progressing.
- 3 **Rheumatology.** Increase of 37.7% in new and return rheumatology outpatients seen in 2011

compared to 2009.

4. **Neurology.** Activity in outpatient departments increased by 9% (2011 compared to 2009). 13 new additional Consultant Neurologists, 7 of which are already in place.
- 5 **Rheumatology and Orthopaedic** 10 musculo-skeletal physiotherapy led clinics established.

Chronic Disease Programmes

- 1 **Stroke.** 6 new dedicated stroke units established. Stroke Register operational in 9 sites.
- 2 **Heart Failure.** 7 heart failure units have been established nationally.
- 3 **COPD.** Outreach services are in place in 5 sites. Approval has been given for appointment of Clinical Nurse Specialist posts.

Redeployment

Staff redeployment is a key component of the Public Service Agreement. In the context of reduced budgets and reduced staff complement during the reporting period, staff have been redeployed to ensure that services continue to be delivered and that activity levels are maintained and, in many instances, increased. Redeployment has been widespread across all strands of the service.

It is estimated that over **4,500** staff redeployments or re-assignments took place during this reporting period. The vast majority of these redeployments took place on a voluntary basis.

Various major service developments and reconfigurations have necessitated the redeployment of significant numbers of staff. Other redeployments have involved smaller numbers, but were still significant in demonstrating staff flexibility and cooperation. A range of specific examples are set out below in an effort to demonstrate the scale of redeployment taking place across the health sector:

Acute Hospital Services, Cork City: Between 21st November and 12th December, over 600 staff were involved in relocating services in Cork city:

- The medical rehabilitation service moved from the South Infirmity Victoria University Hospital (SIVUH) to St Finbarr's Hospital.
- The cardiology service moved from SIVUH to Cork University Hospital.
- The orthopaedic services, including the pain and plastics services, moved from St Mary's Orthopaedic Hospital to the SIVUH.
- An Urgent Care Centre was developed on the grounds of St Mary's Orthopaedic Hospital.
- The A&E in the SIVUH went from a 24hr to a 12hr service.
- All grades of staff transferred and relocated with the relevant service to ensure that expertise, skills and competence were maintained during the reorganisation process. Management, staff and unions showed a massive level of commitment in delivering this complex restructuring of the service which is resulting in enhanced service provision.

Community Welfare Service: On the 1st October 2011, 1,020 Community Welfare Service staff were officially transferred from the HSE to the Department of Social Protection and became Civil Servants.

Primary Care Reimbursement Service (PCRS): Between April 2011 and April 2012, a total of 133 staff have redeployed to the PCRS. Twenty one staff redeployed from the Central Statistics Office. 112 redeployed from within the HSE including voluntary hospitals and ID sector.

Laboratory Services, Co Louth: On February 13th, 2012 all laboratory services in Louth County Hospital, Dundalk amalgamated with services for Our Lady of Lourdes Hospital, Drogheda. A range of both clerical and technical grades were redeployed from Dundalk to Drogheda as part of this initiative (e.g. medical scientists, clerical staff and laboratory attendants).

Mental Health Service, North Dublin: The Elderly Mental Health care units at St Ita's, Portrane transferred to St Vincent's, Fairview in April 2011. The acute inpatient admission unit in St Ita's transferred to St Vincent's in September 2011. All grades and staff disciplines redeployed to facilitate this service reconfiguration.

Older Persons Services, Cork: In April 2011, staff and residents of Heatherside Hospital in North Cork re-located to Heather House Community Nursing Unit, on the grounds of St Mary's Orthopedic Hospital, in Cork city. This was the first instance, under the PSA, where a service relocated and staff redeployed further than the 45km as outlined in the Agreement.

The scale of redeployments which has taken place across the service is illustrated in **Appendix 1** Redeployments / Reassignments.

Rosters

With the severe reductions in staffing and budgets in 2011 it is even more important to stretch limited resources by adjusting nursing rosters. Effective rostering is a key tool of managers which links with changes in how services are delivered (e.g. changing from inpatient to day treatment or from seven to five day services) in order to achieve greater efficiency.

The complexity of roster types (which links to levels of demand and patient acuity) means that it is difficult to be definitive at a national level concerning the precise changes needed to deploy staff most effectively. However, based on experience to date, it is considered that the local approach/discretion for local managers as set out in the PSA is the best way to proceed. Some specific examples of rostering changes include:

- 1 **Central Mental Hospital:** Significant roster changes, which involve the removal of structured overtime, implemented following the issuing of a Labour Court recommendation in March 2012 under the terms of the Public Service Agreement. Estimated savings of €1 million annually from these changes.
- 2 **Radiography Service:** Service-wide roster change implemented on 1st February 2012 with staff now liable to be rostered between 8am and 8pm from Monday to Friday. Review scheduled for June 2012, as recommended by Labour Court.
- 3 **Laboratory Service:** Service-wide roster change which affects some 3000 staff who now have a liability to be rostered between 8am and 8pm from Monday to Friday. The changes

for staff under this agreement are considerable and it is worth noting the relatively quick timeframe within which the revised arrangements were agreed by staff and their representative organisations. These revised rosters are in place and operational since February 2011.

- 4 **Our Lady's Hospice, Harold's Cross:** Changes in rosters for support staff with estimated savings of €220,000 per year.
- 5 **Peamount Hospital:** Revised nursing rosters introduced including later finishing times.
- 6 **Addiction Services Dublin / North-East:** Revised roster arrangements introduced which standardised opening hours of clinics and will result in a reduction in overtime and savings of approximately €500,000 per annum.
- 7 **WestDoc:** Revised rosters implemented for drivers resulting in better alignment of available resources with service needs and consequent cost efficiencies.

The PSA Health Sector Action Plan 2012 has identified rosters as a priority for the coming year. This will ensure that there is an ongoing focus and further progress in this area of efficiency and cost saving.

Regional Reporting

It should be noted that since our previous progress report, reporting on a regional basis has significantly improved. *State-funded/ voluntary hospitals have now been captured as part of the reporting process across the four HSE Regions.* Given the centrality of patient service in the health sector, it is important that good patient-centred frontline practice is captured and given the necessary recognition. Similarly it is important that difficulties and delays at this level also are identified and assistance given, if required, to reach a resolution. Each HSE region reported under the 15 measures in the health sector chapter of the PSA. This has produced a considerable volume of information to be processed. A summary table of the number of actions under each measure, per region, is shown below.

Summary from 4 Regional Reports (HSE Dublin Mid Lenister, HSE Dublin North East, HSE South & HSE West) Under the following PSA Measures March 2011-April 2012	Number of Actions associated with each measure
1. Redeployment/ reassignment Estimated Total Number of Redeployments/Reassignments = 4,500	637
2. Integrated Patient Centred Care	514
3. Changes to Organisational Structures	395
4. Multi-disciplinary working	300
5. Non Pay cost reductions	147
6. Revised cross cover	139
7. Risk, quality, safety	450
8. Evidence based measurement	374
9. Competitive promotion policies	10
10. Accountability for senior managers	180
11. Centralisation of support services	178
12. Extended Working Day	177
13. Extended working arrangements	126
14. Rostering arrangements including skill	345
15. Laboratory Modernisation	31
Total	4,003

The highest number of actions were reported under the headings redeployment/reassignments; integrated patient-centred care; risk quality and safety; and changes to organisational structures. This demonstrated how the PSA is enabling the HSE to reorganise itself and deliver patient centred, quality, safe services, within existing resources.

A summary document, showing a sample of actions being taken under each of the 15 PSA measures by each HSE Region is shown in Appendix 2. This is for illustrative purposes only, and more detail can be provided to the Implementation Body in relation to specific items, if required.

New Health Sector Action Plan 2012

Health sector management prepared an ambitious, new action plan for implementation of the PSA in 2012. This Plan has recently been accepted by the National Implementation Body.

This new plan is particularly focused on meeting the commitments in the HSE National Service Plan 2012 and facilitating the implementation of the Government's reform plans for the health sector. It takes account of the impact of the "grace period" retirements and requires an acceleration of changes to ensure that all essential services are protected.

The Public Service Agreement will continue to be an essential tool in allowing the Health Sector to continue to deliver services, even in these most challenging of times.

<p style="text-align: center;">Health Sector Action Plan PROGRESS REPORT April 2011 – March 2012</p>

1. Laboratory Modernisation

Revised rosters and extended day arrangements which commenced in February 2011 are being implemented for 8am to 8 pm working on an initial five over five basis. Staff working these rosters are paid the basic rate between 8am and 6pm and the twilight premium of time plus one sixth for time worked between 6pm and 8pm Monday to Friday. Revised pay arrangements were implemented from 1st March 2011.

Data has been received from 26 of the 46 sites which indicates annual savings of approximately €7m. Subject to verification, this figure is €2m higher than previously estimated.

Progress Update GREEN

2. Revised nursing rostering arrangements

Nursing Roster Changes

Nursing roster changes have been introduced in virtually every setting throughout the country in order to maintain service and activity levels in the context of reduced WTE staffing levels and increased financial constraints.

Examples of roster changes are cited on pages 6 and 7 above.

Progress Update GREEN

E-Rostering

There is progress in piloting e-rostering in the Donegal Integrated Service Area (ISA). This pilot will facilitate development of an automated rostering system to ensure staff rostering is aligned to service acuity and demand. The system is intended to achieve the optimal match between staff levels, service activity levels and patient dependency levels across the working day / week / year. At a minimum it is expected to realise savings incurred by the use of manual rostering practices.

The efficiencies that will result from this project have been agreed. The implementation proposal is being considered by the Centre for Modernisation and Organisational Development (CMOD) in the Department of Public Expenditure and Reform.

Progress Update GREEN

3. Radiography Services

The core day for radiographers is now 8am-8pm, Monday-Friday, with all services required between these hours now provided as part of the normal working day. This arrangement has applied from February 1st 2012. The projected saving from this initiative in 2012 is €2.25m

Building on this success, negotiations also commenced in February 2012 on the introduction of an extended day for radiotherapy grades in National Cancer Control Programme (NCCP) Centres.

Progress Update GREEN

4. Staff Levels and Redeployment

Staff Levels: Progress Update GREEN

In the period of this report, total health service WTE numbers have reduced from 105,665 to 102,810, a reduction of 2,855 WTEs or 2.7%.

Redeployment - Progress Update GREEN

Redeployment has been key to the health service in meeting the challenge of reducing budgets and reduced staff complement. In the period reported on, there has been continuous and ongoing staff relocation, reassignment and redeployment across the service – between corporate functions, regional and service areas. There have also been redeployments of health service staff into the civil service and from the civil service into the health service

Based on returns from the regions and corporate functions, the number of HSE staff redeployed in this reporting period is estimated at more than 4,500.

Various major service developments and reconfigurations have necessitated the redeployment of significant numbers of staff. Some recent examples have been detailed on pages 4 and 5 above. Further examples are detailed in Appendix 2 – Redeployments / Reassignments.

5. Community Nursing Units

In general, there remains a need for a greater skill-mix in community nursing units. This is one of the actions required in order to reduce the cost differential in unit cost, compared with private nursing homes. Some examples of developments in community nursing units progressed during the year past are shown below:

5.1 HSE South: GREEN

Development of the integrated model of care for services for older people across hospital and community services:

- The model of care continues to be progressed in Cork and Kerry, linking this work with the development of Primary Care Teams and the opening of new community nursing units in the following locations – St. Mary's Cork, An Daingean, Tralee, Kerry,

- Ballincollig, Farranlea Road Cork.
- Closure of Heatherside Hospital and redeployment of staff to other locations in North Cork & Cork city i.e. CNU in St. Mary's.

5.2 HSE West: GREEN

Two new community intervention teams (CIT) have been established in Clare and North Tipperary. The established CIT in Limerick has been enhanced to provide an expanded service over a larger geographical area. In tandem, a new service for providing community response beds has been established in a number of community nursing units in Clare and North Tipperary. Other such units are in development in Limerick. The purpose is to facilitate direct admission by GPs of patients who require 24 hour nursing care but not acute clinical care, for a defined period, who otherwise would be admitted to an Acute Hospital bed. This service is under continued review and continues to be developed in areas where required. Monitoring of the community response bed service is continuing.

5.3 North Dublin: GREEN

The 100 bed St. Joseph's CNU opened and the transfer of all patients and staff from Beaumont hospital was completed in 2011.

As is already clear, the HSE is facing challenges in respect of all services in 2012. In the case of public nursing homes for older people, these include challenges regarding staffing, funding and environmental factors around the age and structure of the units.

It is clear that on a business as usual basis, the HSE would have to close further beds across a range of public nursing homes in 2012. Further reform is needed. In the absence of reform, this would increase the cost of caring for older persons within the public system, undermine the viability of public nursing homes and reduce the overall number of older persons that can be supported within the budget available for the Nursing Home Subvention Scheme. This is not a sustainable way forward and would not meet the needs of older persons, local communities, the taxpayer or those working in the public service. Instead, a more pro-active approach is required to the provision of public nursing homes which seeks to protect the viability of as many units as possible within the funding and staffing resources available.

The HSE is carrying out a **viability review** of all its long stay nursing homes. The review is focusing on a number of areas including the unit's ability to meet HIQA Standards in terms of environmental structure,; staffing availability, and location and stock etc. The findings of this review is likely to require a combination of actions such as consolidation of services and further changes in staffing, skill mix and work practices. These are precisely the types of reforms committed to under the Public Service Agreement.

6. National Ambulance Service

The National Ambulance Service (NAS) was a particular area of concern in the last PSA Annual Report. Progress has been slow and difficult. But equally the changes required are significant. Some delays outside the control of the NAS associated with acquiring facilities are now largely resolved. Productive engagement with the trade unions has intensified in early 2012 and progress is being made across a broad range of service reforms including:

1	Reorganisation of On-Call Working	Green
2	National Transfer Policy and Procedures	Green
3	Implementation of ICT Systems	Green
4	National Control Reconfiguration	Red*
5	Alternative Models of Service Delivery	Orange
6	Practitioner Deployment	Orange
7	Efficiency Review of Work Practices	Orange
8	Performance (Response Times)	Orange
9	Acute Hospital Reconfiguration	Red*

* Denotes an action delayed by circumstances outside the remit of the PSA.

7. Mental Health Services

The HSE is committed to guiding the development of mental health services through *A Vision for Change*, a progressive, evidence-based and pragmatic policy document which proposes a new model of service delivery designed around the service user, one that is recovery-orientated and community based.

In maintaining the focus on increasing community-based mental health care, in line with the recommendations of *A Vision for Change*, there was further progress made under a range of headings:

7.1 Reduction in acute beds: GREEN

HSE South:

- 26 Acute beds in St Senan's have closed. Reconfiguration of mental health services continues in South Tipperary.

HSE West:

- 16 beds closed in St. Brigid's Hospital with patients transferred to a new CNU. Sligo/Leitrim acute inpatient unit has reduced its bed numbers by two. All other areas are advancing plans for acute bed reduction.

HSE Dublin / North-East:

- Plans to centralise adult acute in-patient services in a refurbished 25-bed unit in Cavan

General Hospital are ongoing. This will facilitate the closure of Ward 15 in St. Davnet's Hospital, Monaghan.

- Elderly Mental Ill care units at St Ita's transferred to St Vincent's Fairview (April 2011)
- Acute inpatient admission unit transferred to St Vincent's Fairview) Sept 2011. Full co-operation by Staff associations and smooth transfer effected.

7.2 Realignment to extended catchment areas (Integrated Service Areas): GREEN

- Executive Clinical Directors (ECDs) in place for Extended Catchment Areas. Not all HSE Areas finalised as yet nationally.

7.3 Cooperation with the new management structures for mental health (as described in Vision for Change): ORANGE

- Negotiations re Director of Nursing posts are ongoing with nursing staff associations.

7.4 Full participation in assisted admissions: GREEN

- Discussions with PNA are progressing well.

7.5 Second opinion for medical staff: ORANGE

- Issue raised with IHCA and IMO to be formally tabled under auspices of HSE's Corporate Employee Relations Service (CERS).

7.6 Authorised officers: ORANGE

- Issue is being progressed with nursing representatives under HSE's CERS.

7.7 Move towards the provision of medium and low support in the community – social housing provided by local authorities and supported by appropriate health staff: GREEN

- National Housing Strategy for People with a Disability was published by the Department of the Environment on 6th October 2011. Chapter 9 relates to mental health housing. Detailed guidance for mental health services in supporting service users in relation to their accommodation needs will be available by year end.

7.8 Reconfiguring to Community Mental Health Teams (CMHT): GREEN

- 120 General Adult Community Mental Health Teams are currently in existence.

HSE South

- North Tipperary. Admissions to Clonmel ceased in September 2011. Admissions now accepted in Limerick.

HSE West

- 7.5 WTEs were redeployed to CMHTs in Galway following the closure of long stay ward in St. Brigid's, Ballinasloe.

HSE Dublin Mid-Leinster

- 22 staff have been redeployed within the mental health services in Dublin West/South West to support community programmes.
- Learning programmes to support CMHTs are in development.

7.9 Cooperate with new technologies and service efficiency measures associated with access and referrals: GREEN

- Active engagement by General Adult and older persons mental health services in the pilot programme to develop and collect Key Performance Indicators for Adult Mental Health Services is in train, led by Executive Clinical Directors.

7.10 Relocate to new facilities and premises including community mental health centres, new acute units, ICRUs, national forensic facilities (Dundrum etc): ORANGE

- Proposals to reform work practices at the Central Mental Hospital at Dundrum, relating to Gate Operation, paid meal breaks and roster changes have been agreed and implemented. There have been a number of closures of units involving redeployment which have occurred with the co-operation of the mental health staff.

7.11 Full Garda clearance for all staff – including serving staff: GREEN

- This is being progressed as a national initiative.

7.12 Collaboration in recovery orientated training and linking services to safety: GREEN

- Many services have embraced the Recovery approach and continue to develop new strategies. A Project Office has been established to progress the implementation of the Linking Service and Safety policy

7.13 Full provision of data on community mental services, including the provision of updates and reports against agreed targets set for Vision for Change progress (online tool for independent monitoring group): GREEN

- Active engagement by mental health services in the pilot programme to develop and collect Key Performance Indicators for Adult Mental Health Services is in train led by ECDs.

7.14 Acute Units:

- In development in Letterkenny, Beaumont, Galway and Cork and these will be staffed by redeployed personnel.

Progress Update GREEN – These capital projects are progressing as planned. Letterkenny officially opened in September 2011 and planning permission has been received for the unit in Beaumont. Planning briefs are in preparation for Cork and Galway.

7.15 Adapted community nursing units:

- An adapted community nursing unit has opened in Ballinasloe and further units are progressing in Mullingar, Cherry Orchard, Wexford and Clonmel. The purpose is to move long stay patients from existing residential services facilitating the closure and sale

of the traditional psychiatric hospital buildings.

Progress Update GREEN - Capital projects are on target, progressing well and nearing completion – Cherry Orchard, West Dublin and Chapelizod, Clonmel, Wexford, Mullingar.

7.16 Reconfiguration in Carlow/Kilkenny/South Tipperary:

This involves:

- The provision of a 40 bed residential unit on the existing site to accommodate current residents of St. Luke's, Kilkenny.
- High support hostel, Clonmel.
- Day Hospital / Community Mental Health Team HQ, Clonmel.
- Crisis House, South Tipperary.
- Provision of 2 community residences to accommodate remaining intellectual disability residents.

Progress Update GREEN – On target. North Tipperary- Admissions to Clonmel ceased in September 2011. Admissions now accepted in Limerick. A number of other Capital projects are at an advanced stage and this service will move to new settings in second quarter 2012. The changes will require significant flexibility from staff in relation to work practices, redeployment and revised rosters etc.

7.17 Waterford / Wexford: Reconfiguration:

- Extended catchment area for mental health for Waterford and Wexford.

Progress Update GREEN - Completed

7.18 Carlow / Kilkenny reconfiguration:

- St. Dymphna's Hospital and St. Canice's Hospital. This involved the closure of 42 beds with the relocation of all residents to appropriate community facilities.

Progress Update GREEN

7.19 North Dublin: St. Ita's Portrane:

- Older person's services transferred on an interim basis to Vincent's Fairview and inpatient admissions facilitated in new premises on the same campus.

Progress Update GREEN – Elderly Mental Ill care units at St Ita's transferred to St Vincent's Fairview in April 2011. Acute inpatient admission unit transferred to St Vincent's Fairview in September 2011. There was full co-operation by staff associations and a smooth transfer was effected.

8. Child and Adolescent Mental Health Service

The new Child and Adolescent mental health services in Merlin Park Galway and in Cork opened in 2011. The new bespoke units are staffed by new and re-deployed personnel –

approximately 60 staff across the two units.

As part of the Programme for Government, a reinvestment of €35m from the health budget has been made for mental health in 2012. Approximately 404 posts and associated funding will be made available to recruit allied health professionals with the objective that all Community Mental Health Teams will have at least one of each of the Vision for Change recommended health professionals i.e. each Team will be “professionally complete”. This funding was sourced from existing health services and refocused to provide community based mental health services in 2012.

9. Child Care Services

A number of significant changes in respect of children and family services in Ireland occurred in 2011. A Minister for Children and Youth Affairs was appointed, the new Department of Children and Youth Affairs was established and Ireland’s first National Director of Children and Family Services was appointed.

The HSE’s Children and Family Services are committed to promote the major cultural change that is required in delivering services to children and their families. The primary focus for Children and Family Services is implementing a comprehensive change programme and the development of the new Children and Families Agency under the aegis of the newly established Department of Children and Youth Affairs

Work has commenced with the Senior Managers to set out an organisational model that can optimally manage services to:

- Deliver a safe and effective service in line with the Agency’s statutory obligations;
- Empower front line services to deliver appropriate services to the community;
- Have the right people with the right skills in the right place;
- Support and deliver services within National Frameworks and resources, consistent with best practice;
- Close the gap between strategy development and implementation;

HSE Children and Family Services and the IMPACT Trade union are engaged in constructive discussions with regard to the development of the new Agency.

It is recognised that the overall Change Programme and the setting up of the Agency is taking place in a period of unprecedented financial challenge. The wider economic environment will place considerable demands on managers and front line staff to deliver change, while at the same time maintaining high quality services. These economic constraints will in certain ways define the ambition, scale and pace of any changes planned and hence any Change Programme/Transition will need to be progressed and managed in a way that reflects these challenges and constraints.

Progress has also been made in introducing the National Child Care Information System (NCCIS). The NCCIS Project has now gone to tender stage. This system will assist with

improved information and data collection.

An additional 60 social workers were allocated as part of the Ryan Report implementation. These posts are in the process of being filled.

A portfolio management approach for all children and family projects was initiated to support a strategic review of services on an ongoing basis.

The appointment of regional directors and area managers for children and family services has led to a direct line of professional accountability from national director to regional directors to area managers in each of the 17 HSE Areas.

Progress Update GREEN

9.1 Out-of-hours pilot sites: Pilot sites in the South (Cork) and West (Donegal) fully operational and evaluated; further expansion of services to be progressed in light of evaluation findings.

Progress Update GREEN

9.2 Extended Working Day: Extended working day for social workers implemented in Laois / Offaly.

Progress Update GREEN

9.3 Rosters & Skill mix: Opportunities for revised rosters being explored in Laois / Offaly. This includes appropriate skill mix and optimal roster arrangements in Residential Child Care Services. Timeframe for completion is 2012.

Progress Update GREEN

10. Children's Palliative Care

10.1 An Education and Governance Framework, which is in final draft stages, has been developed by the National Development Committee for Children's Palliative Care. The aim of the Framework is to improve the quality of services provided to children and their families. The document provides guidance on the development of national and local structures. It includes the identification of local service providers across a range of settings; the co-ordination of services for children and families within and between the statutory, community and voluntary sectors; the development of referral and clinical pathways and education and training for health and social care professionals.

Progress Update - GREEN

10.2 Outreach Nurses:

- A total of 8 nurses (2 per region) were re-designated as Outreach Nurses for Children's Palliative Care. This is linked with the newly appointed Consultant Paediatrician with Special Interest in Children's Palliative Care. This is in line with the recently approved Government policy to enable such children to be cared for at home to the greatest extent possible.

- There are now two Outreach Nurse posts in place - one in Drogheda and one in Temple Street.
- Interviews for the position of Children's Outreach Nurse have been completed in Cork, Waterford and Limerick and final arrangements are being made to appoint the nurses. The recruitment process for the posts in Crumlin and Mullingar has commenced and it is hoped to have these nurses in post by the end of April 2012.

11. Care of the Elderly

The main focus of the HSE in 2011 was a strong commitment to the provision of equitable community-based services and home supports to enable older people to remain at home, in their own community, in so far as is possible.

11.1 Long Stay Units, Dublin South, South East and Wicklow: The amalgamation of Long Stay Units for Older Persons across three East Coast Local Health Offices is ongoing and will result in an improved use of staff resource for patient care.

Progress Update ORANGE: There is ongoing engagement with staff. Having analysed the situation in each of the Local Health Offices (LHOs), it was recommended that the three Offices first look after amalgamation within each respective LHO (e.g. closure of Wicklow Hospital and attendant relocation of patients to St Colman's and associated reassignment of staff to appropriate skill designations). The potential for amalgamation across the three LHOs will then be revisited.

11.2 Reconfiguration and redeployment, Dublin South East: Reconfiguration of Older Persons' Services from Sir Patrick Dun's to fit for purpose unit in Clonskeagh to improve service for patients.

Progress Update GREEN: Action completed with all residents moved to new Clonskeagh facility and all staff redeployed. New efficiencies have been achieved as a result of move.

11.3 Reconfiguration and redeployment, Longford Westmeath:

- The closure of Loughloe House and transfer of staff to St. Vincent's to provide improved quality of services to clients is now complete.

Progress Update GREEN – complete

- The reconfiguration of older persons services in St Mary's, Mullingar and St Joseph's, Longford to improve quality of service to clients is ongoing. With regard to St Mary's, the new building is to be handed over to the HSE. When operational, this new facility will cater for the existing cohort of residents/clients in St Mary's, together with the elderly residents in St Loman's Psychiatric Hospital.

Progress Update GREEN – Progressing satisfactorily.

11.4 Reconfiguration and redeployment, Meath:

To improve the quality of services to older persons, the County Infirmary, Navan, was closed and staff were temporarily reassigned to Trim, pending the opening of new Community Nursing Unit in Navan.

Progress Update GREEN The new CNU opened in June 2011, following HIQA registration and the transfer of patients and staff from St. Joseph's Trim.

An application was submitted to HIQA to open an additional 10 beds for respite services. Subject to HIQA approval, this will see the transfer of respite services currently provided in St. Joseph's, Trim, to Navan. There is agreement in place with the staff in relation to the transfer of the resources required to facilitate this change. The timing of the unit becoming fully operational is dependent on HIQA approval (increase in bed numbers is normally approved on a phased basis) and clients opting for the CNU, Navan as their preferred location for a long term care bed under the Fair Deal Scheme.

11.5 Reconfiguration and redeployment, Dublin Mid-Leinster:

Progress Update GREEN: Brú Chaoimhín closed and staff and patients transferred to Bellavilla and Cherry Orchard.

11.6 Home Help / Home Care Packages:

- National Guidelines for the provision of Home Care Packages have been introduced.
Progress Update GREEN: Guidelines are being implemented nationally.
- Progress on the introduction of a single assessment tool (Single Care Needs Assessment Tool for Older People) to ensure equal access to and a standard approach to the delivery of home help services is well advanced. Tool selected and being piloted in 2 selected areas at present.
Progress Update GREEN: 2 pilot sites are now in place in South Dublin and Tipperary.
- The procurement process for the home care services to ensure standards of service are met is well advanced.
Progress Update ORANGE: Approval process completed February. Implementation to progress February/March with aim to operationalise from April

11.7 National Quality Guidelines for Home Help Services for Older People:

These guidelines will commence implementation when approval process has been completed – consultation with Unions to be undertaken February/March prior to submission to Management for approval.

Progress Update: GREEN

11.8 National Guidelines for Standard Operation of the Home Help Service for Older People: These procedural guidelines will commence implementation when approval process has been completed – consultation with Unions to be undertaken March/April prior to submission to Management for approval.

Progress Update: GREEN

11.9 Redeployment: The redeployment of nurses in elderly and palliative care services is ongoing.

Progress Update: GREEN

11.10 Skill Mix: Introduction of alternative skill mix ratio in public residential care – to max 50% Nursing : 50% Care Attendant.

Progress Update GREEN – further discussions with unions to be held.

11.11 Social Elderly Day Care Model: The development of a social elderly day care model in Laois/Offaly in partnership with the voluntary organisations is on target due for completion in 2012.

Progress Update GREEN

11.12 Rosters & Skill mix: Opportunities for revised rosters that include appropriate skill mix and optimal roster arrangements in Older Persons Services are being explored with staff in Laois/Offaly.

Progress Update GREEN – as previously reported, this action is due for completion in 2012.

12. Disability Services

12.1 Move away from residential provision to community based disability services:

During this reporting period the HSE took further steps towards moving from congregated to community provision and from segregation to inclusion.

Time to Move on from Congregated Settings- a Strategy for Community Inclusion was published in June 2011. This HSE report proposes a new model of support in the community for those in congregated settings. The model envisages that people living in congregated settings will move to dispersed forms of housing in ordinary communities, provided mainly by housing authorities. A phased closure of congregated settings over a seven year period is proposed with individuals actively supported to live full, inclusive lives at the heart of the family, community and society.

Progress to Date: GREEN

Following the publication of this Report, a National Implementation Group was established under the auspices of the National Consultative Forum (NCF). The NCF is a partnership structure, with membership from service providers, advocacy groups and service users, and key HSE personnel. Its role is to advise the HSE on the overall strategic direction, co-ordination and monitoring of services to persons with a disability.

A high level implementation plan has been developed. The plan identifies key areas of engagement with service providers and cross-sectoral agencies on the reconfiguration objectives and aligns them with Value for Money Policy Review.

12.2 Numbers moving from Congregated settings in 2011 and 2012

A total of 59 people moved to community settings in 2011

- HSE Dublin / Mid-Leinster – 28
- HSE South -18
- HSE West - 13.

During 2012, a total of 60 people are moving to community settings through joint projects with

Genio (a not-for-profit organisation); HSE South – 10; HSE DML - 50. There are also moves planned for a further 47 individuals. The Congregated Settings Implementation Group is establishing a new baseline to ensure all appropriate clients are identified and tracked through the processes developed.

New Actions 2012

12.3 Move towards integrated, geographically-based Early Intervention and School-Age Teams for Disability Services for Children and Young People:

The HSE has launched a national programme aimed at providing more equitable and consistent services for children with disabilities.

The vision for the programme is:

- One clear pathway to services for all children with disabilities according to need.
- Resources will be used to the greatest benefit for all children and families.
- Health and education services working together to support children to achieve their potential.

Importantly, the objective is that no family will be left without a service. Many children with delays in development will be able to have their needs met by their local primary care services (GP, Physiotherapist, Occupational Therapist, Public Health Nurse etc), but early intervention and school age disability teams are also necessary to provide a more specialised service for children who require it.

These disability teams will be supported by specialist services in fields requiring a high level of expertise, for example high-tech assistive technology and programmes for managing challenging behaviour. The specialist service providers will be involved in consultation and training for health professionals as well as providing direct intervention with children when needed.

Progress to Date: GREEN - National and Regional Implementation Groups have been established and Local Groups are being put in place. In addition to parental representation, these structures include representatives from the education sector in order to help ensure close co-operation. Progress in establishing the new structures at local level is the subject of a performance indicator in the HSE's National Service Plan and will be reported bi-annually.

13. Procurement

HSE Procurement is now operating on the basis of a Single National Procurement Operating Model. All staff engaged in procurement activity across HSE now report into HSE Procurement. This development was facilitated under the auspices of the Public Service Agreement.

13.1 Benefit of National Model

- The implementation of this model is a key enabler in achieving cost reduction, increased efficiencies and the adoption of streamlined standardised procurement processes to avoid duplication of effort.
- By working together with common goals and objectives all staff engaged in procurement activity can make a positive contribution to enhancing the Procurement Service and value achieved for its customers.

13.2 Achieving Better Value for Money

- Working on a national basis has facilitated Procurement to deliver better value for money across HSE. During 2011, Procurement contributed price reductions to the value of €74m against the HSE non pay savings plan for the year.
- Working on a national basis has also facilitated the introduction of standardised processes and the elimination of waste in terms of duplication of effort across procurement.

13.3 Supply Chain Management

- 80 'point of use' locations were rolled out during 2011 with in excess of 26 planned for 2012. The implementation of 'point of use' service creates a capacity for the redirection to frontline services of up to 0.1 of a WTE per location.
- The move from the current fragmented Logistics and Inventory Management to a National Distribution Centre will facilitate more streamlined Logistics Service and will be more efficient and cost effective from a supply chain management perspective.

13.4 Non-Pay Savings	2011
	€
Medical and surgical supplies	22.268m
Hotel and other operating costs	6.512m
Support costs	14.098m
Contingency	0.961m
Fast track 2012 programme	12.704m
Inventory Management	17.504m
Total Savings	74.047m

13.5 Non-Pay Savings	Jan-Feb 2012
	€
Medical, surgical and Pharma	1.45m
Equipment, laboratory and diagnostics	1.35m
Hotel services and utilities	4.737m
Professional services	1.02m
Total non-pay savings	8.557m

Progress Update GREEN

14. Primary Care

14.1 Primary Care Teams: The HSE has targeted the delivery of 485 Primary Care Teams (PCTs) to be in operation by the end of 2012. The overall aim is to enhance integration and to remove the need for people to navigate between unconnected services. The changes will result in a less hospital-oriented system with the requirement to reallocate hospital resources to expanding community-based services.

Progress Update GREEN: At the end of March 2012, 403 primary care teams were holding clinical team meetings. This represents an achievement of 83% of the target for 2012.

14.2 Health and Social Care Networks: Health and social care professionals will work collaboratively in a multidisciplinary environment to address the totality of the patient / client needs. This will be achieved by enhancing service integration through development of Health and Social Care Networks (HSCNs). This is being enabled through the reconfiguration of existing resources.

Progress Update ORANGE: Consultation to commence with relevant stakeholders, including staff associations, in relation to the management of HSCNs once DOH has signed off on structures. Reconfiguration of staff to HSCNs continues and referral pathways will shortly be developed.

14.3 Management and governance: The HSE is reviewing the management and governance document for PCTs and HSCNs to meet emerging structural changes as announced by Government in December 2011. This will address the governance issues associated with cross disciplinary working so that clear lines of responsibility and accountability are in place to support organisation and management arrangements. Discussions will commence with the staff associations on a formal proposal for the delivery of PCT structures.

Progress Update ORANGE: Consultation to commence with relevant stakeholders, including staff associations, in relation to the management of HSCNs once DOH has signed off on structures.

14.4 Management of Chronic Disease: The HSE is developing plans for the management of chronic disease in primary care in a number of areas, including stroke, heart failure, asthma, diabetes and chronic obstructive pulmonary disease. An integrated Care Package for Diabetes will be progressed in 2012 and is to be phased over 4 years (2012 – 2015).

Progress Update GREEN: The HSE has set up a National Steering Committee to oversee implementation of the Diabetes programme. The Minister of State for Primary Care has given approval to start the recruitment process for 15 Diabetes Nurse Specialists to support the phased roll out of the Programme.

14.5 Community Intervention Teams: The HSE is expanding services in existing Community Intervention Teams.

Progress Update ORANGE: Work continues with the existing CITs in this regard. No additional funding provided so expansion required from existing services.

14.6 Electronic Referral Systems: The HSE is developing ICT electronic referrals systems within and from primary care to the acute sector.

Progress Update GREEN: Electronic referral from GPs to Hospital services is well advanced with pilots underway in Cork, Kerry and Tallaght. Electronic referrals from / to PCT members is also being piloted.

14.7 Audiology Services: The HSE is implementing recommendations from the review of audiology services.

Progress Update ORANGE:

Since publication, much progress has been achieved on the implementation of recommendations. In summary these include:

- ***Establishment of an Audiology Clinical Care Programme (ACCP)*** under the Clinical Strategy & Programmes Directorate.
- ***National and Assistant National Lead Posts*** – The post of National Lead for Audiology has been approved and the recruitment process is underway. The Assistant National Lead posts have recently been approved.
- ***Regional Audiology Administrative Leads*** have been nominated by each RDO to progress implementation regionally (in the absence of clinical leads).
- ***Universal Newborn Hearing Screening (UNHS)*** – Newborn hearing screening is now in place in HSE South with coverage of approximately 19,384 births (including home births). This is representative of an average of 26% of the national birth rate. Screening will be rolled out in HSE DML and HSE DNE in September 2012. It is planned that HSE West will have rollout in 2013.
- ***Bone Anchored Hearing Aid (BAHA) Service*** - The BAHA Programme will commence immediately with new patients. The ACCP will fund up to 100 processors and implants per year for patients.
- ***Funding of Training*** – The ACCP has sponsored ten candidates to pursue an accelerated MSc in Audiology in the UK. The ACCP is also supporting the following:
 - Sponsorship of existing HSE Audiologists to attend MSc modules in UCC;
 - Training for audiologists in the skills required to provide diagnostic follow up post newborn screening; and
 - Training for the teams who will be working within the HSE national Bone Anchored Hearing Aid (BAHA) service.

14.8 GP Training: The HSE will conclude the transfer of GP Training to the Irish College of General Practitioners (ICGP) as contracted service providers.

Progress Update ORANGE – Ongoing with a target date of July 2012.

14.9 Dental Services:

14.9.1 Implement *Independent Strategic Review of the Delivery and Management of HSE Dental Services*: The Review focussed on assessing existing arrangements, with a key emphasis on the need for integrated service delivery, to consider whether existing arrangements are fit for achieving safe and high quality public dental services, in line with statutory obligations.

Progress Update GREEN: Consultation has continued with the relevant stakeholders in relation

to the restructuring of the Dental Services. The Inspectorate posts are in place and Expressions of Interest for the Assistant National Lead posts are ready to issue.

14.9.2 Establish standards for eligible and most vulnerable patients under the Dental Treatment Services Scheme (DTSS): The HSE has prioritised the range of treatments available under the DTSS to protect access to emergency dental care for medical card holders and to safeguard services for children and Special Needs groups. Services for high-risk patients and those requiring exceptional care, continue to be available. The remaining care provision is subject to prior approval, which will be required from a clinician in the HSE, who will prioritise:

- High risk and exceptional patients;
- Those requiring emergency care; and
- Patients who are considered to have a greater clinical urgency and/or necessity in receiving care.

Progress Update GREEN:

- Standard Operating Procedures (SOPs) were produced in November 2011 to support equitable and priority funding and provide clearer guidance to DTSS Contract Dentists on the application of DTSS prior approval requests. The application for new DTSS contracts is being changed and simplified.
- A National support system (National Clearing House) was put in place between November 2011 and March 2012. This supported these standard operation procedures and ensured no delays in implementation or approval. This has resulted in no backlog of requests for approval within the HSE, in keeping with the contract timelines.

14.9.3 Reduce Urgent Dental General Anesthesia Waiting Lists for Adults with Intellectual Disabilities:

The National Oral Health Office ran a special waiting list initiative in the South in 2011 to address the waiting list for adults with intellectual disabilities requiring urgent dental general anaesthesia.

The initiative resulted in a reduction of 37% in the waiting list. This special initiative involved utilising sessions that were available at Kilkenny and Nenagh Hospitals, alongside a continuation of the service at Cork University Hospital.

Discussions have been on-going with the management of Bantry and Mallow General Hospitals regarding appropriate children and adult with special needs having their dental general anaesthesia carried out, under approved standards, at these sites.

Accommodating paediatric dental general anaesthetic and non-complex adults with special need cases in hospitals such Bantry & Mallow would free up CUH theatre time for complex medical cases for Adults with Special Needs.

Staff are also being upskilled to allow for provision of special care dentistry at primary care level. The National Oral Health Office funded bursaries for 6 Senior Dental Surgeons (3 in HSE South and 1 each in HSE West, Dublin North East and Dublin Mid Leinster) to complete the Diploma in Special Care Dentistry. Once qualified it will be possible to provide services to non-complex adults with special needs at primary care level, using conscious sedation; this negates the need for access to acute theatre time and anaesthesia.

Bursaries to up-skill Dental Nurses have also been provided so as to enable the provision of special care dentistry at primary care level, once the Dental Surgeons are qualified.

Progress update: GREEN

15. Clinical Strategy and Programmes

Clinical Programmes

The HSE Clinical Strategy and Programmes Directorate has been established to improve and standardise patient care throughout the organisation by bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user.

The directorate has established a number of National Clinical Programmes. The Programmes are based on three main objectives:

- To improve the quality of care we deliver to all users of HSE services.
- To improve access to all services.
- To improve cost effectiveness.

Recruitment: There are a number of recruitment processes in place for the filling of a large number of posts as outlined in the HSE Service Plan 2011. Significant progress has been made since the last progress report on the recruitment of posts approved under the Clinical Programmes. Approximately 75 consultant appointments have been filled in the period under review.

Progress reports on each of the clinical programmes are outlined below.

15.1 Acute Medicine: ORANGE

The overall aim of the Acute Medicine Programme is to facilitate the management of acute medical patients in dedicated acute medical units, with a focus on:

- Timely care from a senior medical doctor.
- Continuous consultant presence.
- Same day diagnostics.
- Expedite discharges with integrated discharge planning 7 days per week.
- Rapid access to out patients departments.
- Access to community intervention and home/nursing home IV therapy services.
- Elderly outreach, triage and rapid rehabilitation.

Deliverable

- On the basis of the information available to date approximately **70,000** bed days have been saved, equating to approximately **€63m**. This has allowed for a reduction in the number of patients waiting on trolleys despite the closure of beds during the same period.
- The AMP has been implemented in 12 sites (a site may incorporate a number of hospitals) and a further 6 sites have been identified for 2012.
- National demand capacity model for acute medicine developed and signed off.

- Progress has been made with the recruitment of additional consultant posts.
- 40 sites identified for implementation of the National Early Warning Score (clinical risk assessment of patients), 9 of which have commenced at 1st April 2012. In excess of 1,300 staff have been trained and 283 trainers have completed the 'Train the Trainer' programme nationally including nurses, doctors and physiotherapists.

There is a high dependency on Primary Care Resources (Nursing home/respice/rehab beds) and ICT resources to support timely discharge/admission avoidance and management of long term patients.

15.2 Emergency Medicine: ORANGE

The overall aim of the Emergency Medicine Programme is to improve safety and quality of patient care and reduce waiting times. This will be achieved through the use of emergency care networks in a new national emergency care system and the development of clinical guidelines for the top 20 emergency conditions (e.g. pain management, abdominal emergencies, head injuries etc).

The benefits of the Emergency Medicine programme include:

- Standardised care in every Emergency Department.
- Guidelines for top 20 conditions.
- Reduced numbers of patients on trolleys in Emergency Departments.

Deliverables

- Emergency care networks for country have been proposed to the Department of Health but have a dependency on the establishment of hospital groups.
- 19 Clinical tools and guidelines are complete and live or in pilot; 15 more are in progress.
- The recruitment of 14 additional Consultant posts is progressing.
- Model of care developed and nearing sign-off phase.

15.3 Critical Care Programme: GREEN

The critical care programme comprises of a regional / supra-regional operational framework containing innovative patient –centred elements to improve the outcome / survival of critically ill patients.

The benefits of the Critical Care programme include:

- Benchmark quality of care in each unit.
- Measure activity in Intensive Care Units (ICU) to enable planning of service.
- Provide data on complexity of care for each patient.
- Provide data to facilitate appropriate allocation of resources based on demand.
- Provide data on cost efficiency by linking cost per bed day to complexity of care.
- Enable reconfiguration decisions based on activity level data.

Deliverable

Clinical audit process for critical care in design phase.

15.4 Elective Surgery Programme: ORANGE

The overall aim of the Elective Surgery Medicine Programme is to improve access, safety and quality of patient care.

The benefits of the Elective Surgery programme include:

- The audit programme will reduce mortality rates in surgical patients from adverse events by 10% over 10 years.
- Further improvements in clinical outcomes due to reduction in surgical complications and mortality will be derived from the Productive Theatre programme.
- Reduced average length of stay for selected procedures will save bed days.
- Decreased unit cost of surgical procedures by improving theatre utilisation from estimated 50% to 90%.

Deliverables

- Model of care signed off and circulated to all hospitals.
- National pathways for elective surgery and associated bed usage targets have been defined.
- Analysis of surgical bed capacity management and ring fenced beds complete.
- Process to establish the national surgical audit unit has commenced. Operational scoping and governance designed for the establishment of National Office of Clinical Audit.
- 9 hospitals have been trained in productive theatre.

15.5 Outpatient Programmes

The Outpatients Programmes aim to improved access to outpatients through better process management, standardised guidelines and balancing demand with supply.

15.5.1 Epilepsy: GREEN

Establishment of Epilepsy Regional Centres, providing rapid access seizure clinics to all patients presenting with seizure to ensure optimal clinical management, reduction in admissions and bed days and enhanced community provision. Implementation of this programme will save 50 lives per year over the term of the programme and increase the prevalence of patients who are seizure free by 2000 patients.

Deliverables

- Process to establish 6 regional epilepsy centres commenced and resources allocated. Recruitment process in place for posts.
- Ensure that epilepsy monitoring units in Cork University Hospital and Beaumont Hospital align to new national model of care.
- Develop guidelines, care pathways, patient education materials and key performance indicators (KPIs).

15.5.2 Dermatology: GREEN

Objective to increase by 30% the new dermatology outpatient attendances. The benefits of the Dermatology programme include:

- Timely intervention will lead to a reduction in patients requiring surgery. Reduced waiting lists will reduce DNA's and result in less OPD processing.

Deliverables

- According to available data there has been an increase of 34.6% in new and return dermatology outpatients seen in 2011 in comparison to 2009.
- Recruitment of 10 new additional Consultant Dermatology posts progressing, 5 currently filled.

15.5.3 Rheumatology: GREEN

The benefits of the Rheumatology programme include:

- Early intervention limits disease severity and hinders progression. Patients can self-manage when disease diagnosed at early stage.
- Timely intervention will lead to a reduction in patients requiring high cost medication. Reduced waiting lists will reduce DNA's and result in less OPD processing.

Deliverables

- According to available data there has been an increase of 37.7% in new and return rheumatology outpatients seen in 2011 in comparison to 2009.
- The process for recruiting 7 new additional Consultant Rheumatology posts underway; 1 currently appointed.

15.5.4 Neurology: GREEN

The aim is to increase by 30% the new neurology outpatient attendances.

Deliverables

- Based on data available to date from a sample audit, activity in Neurology outpatient departments has increased by 9% (2011 compared to 2009 data).
- Progressing the recruitment of 13 new additional Consultant Neurology posts, 7 of which are in place.

15.5.5 Rheumatology & Orthopaedic: GREEN

Establishment of musculo-skeletal physiotherapy led clinics reduce the waiting list in Orthopaedics and Rheumatology.

Deliverables

- 10 musculo-skeletal physiotherapy led clinics established.
- The process for recruiting 19 additional Physiotherapists at clinical specialist level is underway, with approximately half filled at this stage.

15.6 Chronic Disease Programmes

The integration of chronic disease management between primary and secondary care is required to reduce admissions/ length of stay and improve patient outcomes:

15.6.1 Stroke: GREEN

Development of regional stroke units and local stroke teams (hospital and community) with

effective evidence based protocols and pathways. Programme implementation will provide rapid access for stroke patients nationally, prevent admissions, shorten length of stay and prevent strokes. Average length of stay should be reduced by 2 days over 3 years and admissions of patients with stroke to nursing homes reduced by 1.5% nationally.

Deliverables

- Guidelines, care pathways, patient education materials and KPIs have been developed and delivered.
- 6 new stroke units have been established with a designated stroke ward.
- Stroke register operational in 9 sites.

15.6.2 Acute Coronary Syndrome: ORANGE

The overall aim is to implement a targeted programme to prevent Coronary Heart Disease. Programme implementation will prevent 100 cardiac deaths and 24 strokes based on achieving 3.5% mortality for 80% of patients with STEMI who will receive primary PCI.

Deliverables

- Percutaneous Coronary Intervention (PCI centres) identified and 4 centres functioning.
- Protocol for management of acute STEMI developed and under consultation with stakeholders.

Progress is being impacted by the high dependency on Ambulance Services - equipment and resources in the ambulance service need to be available.

15.6.3 Heart Failure: ORANGE

Heart failure affects 2% of the population (90,000 people) and is one of the commonest reasons for hospital admission. (There were 19,000 admissions in 2009, 90% of which were emergency). Quality and cost effectiveness of care for heart failure patients can be improved through structured heart failure programmes in hospitals and primary care. The benefits include the prevention of some 1,000 heart failure admissions per year which, over 3 years, should result in a reduction of 2 days in average length of stay for primary heart failure. There should also be a reduction in 3 month re-admission rate from 30% to 20% by year 3, with a consequential bed saving.

Deliverables

- 7 heart failure units have been established nationally. These units will provide a standardised assessment and treatment which will reduce AvLOS and re-admission rates.
- Clinical guidelines adopted.
- Model of care drafted and in final consultation process.

15.6.4 Diabetes (Foot care): ORANGE

A national foot care programme for people with diabetes will be established. It is anticipated that the programme will prevent 519 foot ulcers and 135 lower limb amputations per year by Year 3, equating to a 40% reduction in amputations and foot ulcers with a resulting saving in bed stay.

Deliverables

- A national standard model of care has been developed.
- 14 implementation sites have their implementation plans approved, with implementation dependent on staff appointments.
- Recruitment process for 16 Podiatrists to support the establishment of specialist multidisciplinary foot care teams across the country is ongoing.

15.6.5 Retinopathy Care Programme: ORANGE

Diabetic Retinopathy is the leading cause of blindness and serious visual impairment in Ireland. 90% of people with diabetes will develop retinopathy, 10% will be sight threatening if undetected and not treated. The service will be provided in conjunction with the National Cancer Screening Service.

Deliverable

- Quality assurance committee has been set up.
- Service provider specification has commenced.
- Procurement underway for photography / grading.
- Gap analysis for treatment capacity completed.

Progress is dependent on the appointment of the posts as identified for the National Cancer Screening Service.

15.6.6 Chronic Obstructive Pulmonary Disease (COPD): ORANGE

COPD is the most prevalent respiratory disease in Ireland (110,000 patients diagnosed, 300,000 potentially undiagnosed). It is one of the most common reasons for hospital admission – 13,000 admissions with the primary diagnosis of COPD, majority are emergency admissions. The national average length of stay is 9.2 days. Primary focus in 2011 was to improve the care of patients admitted to hospital, to define a primary care intervention and to establish COPD outreach programmes.

Deliverables

- COPD outreach services are in place in 5 sites.
- Pulmonary rehabilitation is available in 25 sites, these include both hospital and community settings and the service is available in each of the 4 HSE regions.
- Guidelines drafted and circulated for consultation and work ongoing to develop model of care.
- Approval has been given for the appointment of Clinical Nurse Specialist posts as identified in Service Plan 2011.

15.6.7 Asthma: ORANGE

Asthma is the most common chronic disease in the Republic of Ireland and affects people of all ages, from all socio-economic groups and all geographic regions; it is the most common chronic disease in childhood and it is the most common respiratory disease. The programme objective is to reduce asthma deaths in the Republic of Ireland by 100 lives over 5 years and 500 lives over 10 years by establishing a national network for guideline-based asthma care.

Deliverables

- An asthma (adult) education programme in primary and secondary care has been initiated and an on-line e-learning programme is in place. Paediatric programme is in development.
- Emergency guidelines (both adult and paediatric) are complete.
- Guidelines for the management of asthma control in general practice are with the Irish College of General Practitioners (ICGP) for consultation.

16. Centralisation of functional, transactional, support and other services

16.1 Medical Cards:

Progress Update GREEN

- Services transferred to a centralised service in Primary Care Re-Imbursement Services (PCRS) with effect from 1st July 2011.
- Over 130 staff have redeployed to PCRS during the reporting period (1 Apr 2011 – 31 March 2012). The majority of these staff came from the health service including some from voluntary hospitals and from intellectual disability services. Over 20 staff redeployed from the civil service.
- A backlog of applications to PCRS developed in 2011. A comprehensive Action Plan was subsequently developed and put in place to deal with this issue. At the 26th January 2012 the backlog stood at 57,962 and this has been reduced to 4,517 on 19th April 2012. PCRS are on track to clear the backlog as planned by end of April.
- The HSE has also commenced a review of Medical Card operations with support from Price Waterhouse Coopers, to develop medium and longer term improvements. The report of this review and the consequent implementation plan will be completed shortly.

16.2 Supplementary Welfare Allowance Scheme:

Progress Update GREEN:

Full transfer of Community Welfare Service to Department of Social Protection took place on 1st October 2011.

16.3 HR Shared Services

Progress Update GREEN:

Three key services are now in place:

- National Recruitment Service (NRS) (located in Manorhamilton and Merchants Quay , Dublin);
- National Pensions Management (NPS) (located in Manorhamilton) and;
- National Personnel Administration (NPA) (located in Dublin).

National Recruitment Service: The NRS is the furthest along its project plan, with the consolidation and management of all recruitment now taking place from the Manorhamilton and Merchant's Quay offices. The transfer in 2011 of all recruitment activity for NCHDs within the HSE statutory sector marked the completion of the project.

National Pensions Management: A centralised National Pensioner Payroll for the HSE is fully operational in the Manorhamilton site. The central administration of the Voluntary Hospital

Superannuation Scheme and the Nominated Health Agencies Superannuation Scheme is also provided from the Manorhamilton site. A pensions shared service model continues to operate, serving what was the former ERHA geographical area.

16.4 Finance Shared Services

Progress Update GREEN

- Torpey recommendations (23 in total) continue to be monitored by a review group with quarterly updates on progress. Many recommendations have been implemented and others are in progress with target implementation dates during 2012.
- Discussions are currently ongoing with union and staff on the re-alignment of all processing into the Shared Services Structure. Delivery for 2012 is still on course. The North-West Area processing transitioned to Finance Shared Services, Dublin in November 2011; HSE South East area transitioned in February 2012; and the HSE South Area will transition in June 2012. All other HSE areas will transition by end 2012.
- Key initiatives are progressing in the area of income collection. Full reporting and work plan agreed and in place across the HSE. Finance Shared Services now provides centralised income reporting (e.g. by hospital, by consultant, by HSE area, etc.) which is included in HSE Board and DoH reports.
- Meetings have also taken place with DoH regarding legislation and key income strategies for 2012.
- A new HSE national capital process has been implemented. The system, which went live on 1st January 2012 now provides a streamlined standard capital process across the Estates function along with centralised management of the HSE capital budget. Finance Shared Services now process all invoices centrally.

16.5 Measuring the Performance of Facilities Management Services – SupportStat

Progress Update GREEN

- SupportStat is a tool to measure the performance of Facilities Management services (i.e. Security, Linen, Cleaning, Portering and Catering). The aim is to use the data gathered to improve the way services are delivered and to inform a 'right-sourcing' strategy for these services. The SupportStat system gathers data on the Facilities Management services across the health service and is live since January 2012.
- Data relating to the provision of services is now being collected monthly.
- Feedback workshop with participating hospitals took place in March 2012.
- It is now mandatory for all HSE hospitals and HSE funded hospitals to participate in the SupportStat process.
- A robust data validation and data verification process has been developed.

Appendix 1

Redeployments / Reassignments in reporting period 1st April 2011 to 31st March 2012

HSE Dublin / Mid-Lenister

- 1. Baggot Street Hospital:** Redeployment of approx 41 staff through the transfer of Baggot St Primary Care Team, Avoca Counselling Service, Alcohol Unit, Addiction Treatment Services and Stroke Unit to Haddington Road.
- 2. National Rehabilitation Hospital:** Redeployment of 23 staff in patient services department. Processes and services streamlined, less duplication of effort which allowed for the admin associated with a post lost under the VRS to be absorbed. Operational issues addressed and more efficiencies created. Greater flexibility and cross cover arrangements between the staff/programmes/centralised administration.
- 3. Wicklow community services:** Reconfigure residential care so that the service is delivered from quality facilities, involving closure of Wicklow District hospital and re-designation of service to St Colman's Hospital. 22.9 staff to be redeployed.
- 4. Brú Chaoimhín:** Redeployment of 99 nursing and other staff to new roles/facility.
- 5. Corporate HR:** Reconfiguration of roles/remit within HR across the region following the exit of two senior staff. Reconfiguration of senior Performance and Development role. Complete reassignment of staff from former Organisation Development unit. Non replacement of two senior roles and three support roles. Reassignment of two roles. Continued delivery of same service. Savings of two staff salaries.
- 6. ISA Dublin South Central:** Integrate HR, Finance, Purchasing, Complaints, FOI functions for both LHO areas. 4 staff redeployed on a voluntary basis as per the provisions of the PSA agreement to form combined HR and Finance functions.
- 7. Mental Health Services:** Dublin West, Dublin South West, St Loman's, Teach Ban. Relocate patients from St Loman's rehabilitative unit to other facilities appropriate to their needs and redeploy staff leading to the closure of St Loman's. Consecutively, reconfigure Teach Ban to a designated facility for service users with a higher dependency service needs, using a multidisciplinary approach and create additional initiatives to enhance the service. 22 staff have redeployed within the service to support community programmes. A night time crisis team to augment the home care/assertive outreach team has been established and is the first of its kind in the country.
- 8. Closure of Warrenstown facility:** Relocation of staff and service to new location within ISA Dublin South Central. Elimination of rental cost. More prudent use of existing buildings. Co-location with other Children and Adolescent Mental Health services.

9. Reconfiguration of residential care: Older persons' services reconfigured so that the service is delivered from facilities that are purpose built and compliant with new HIQA standards. This involves the closure of Sir Patrick Dunn's Older Persons Residential unit, St Michael's Unit Clonskeagh, Unit 2 Clonskeagh and St Broc's Clonskeagh and relocating to a new purpose built facility on the Clonskeagh campus. Simultaneously, the day care facilities at Sir Patrick Dunn's will be located to Clonskeagh campus and at Baggot Street to a more accessible building on the Clonskeagh campus. 32.25 WTE roles have been redeployed across nursing, HCAs, SLT's and support roles. 18.5 staff roles have not been replaced and their work has been absorbed within existing roles across nursing, management and support roles. The project has been completed within existing resources. Savings through the non replacement of 18.5 staff roles - 9.5 nursing, 3 catering, 1 residential unit manager, 3 household and 2 porters.

10. Transfer of radiology services: Services transferred to Loughlinstown Hospital. Radiographer redeployed from Baggot Street to Loughlinstown Hospital. Patients formerly seen in Baggot Street Radiology Services will be offered appointments where required in hospitals in the city centre. The transfer of this staff member will allow for the decommissioning of the X-ray Service in Baggot St and ensure improved services in Loughlinstown Hospital. This transfer is also in line with clinical best practice.

11. Dublin South East/ Wicklow ISA: Transfer of Donnybrook Primary Care Team to St Broc's Community Unit. This transfer will reduce costs by eliminating a lease. This will utilise existing HSE premises more effectively and will result in improved services to patients in a more appropriate building. Six staff members redeploying to new PCT facility.

12. Naas General Hospital: Following the exit schemes, redeployment/reassignment to cover the 24 hour clerical requirements in the Emergency Departments and essential cover in out patients Departments, specific hospital wards and the Finance section. The work of 7.5 WTEs was covered through redeployment.

13. Accounts Payable: Function amalgamated into one location across the Kildare / West Wicklow / Dublin South West ISA. Accounts Payable function previously operated in three main centres within this catchment area. Four redeployed.

14. Primary Care Occupational Therapists: Continued implementation of the reconfiguration of all Occupational Therapists into the various Primary Care Teams located around Kildare and West Wicklow. Thirteen reassigned to new sites.

15. St Colmcille's Hospital Administration: Following the outcome of the exit schemes review of available administration resources in the general administration and medical records area to achieve 24/7 cover in all areas of the hospital. 5.12 staff left and not replaced. Approximately 35 staff involved in reassignments.

HSE Dublin / North-East

1. Transfer of services from **St Joseph's CNU Trim and former County Infirmary Navan** to new residential Unit Beaufort Navan. 22.41 WTE nursing staff transferred. Redeployment ongoing into 2012.
2. Reconfiguration of existing **primary care services** in Dublin North and Dublin North City HSE Areas. Approx 100 WTEs involved.
3. **Pine Unit Connolly Hospital:** Participation in reorganisation of services. Approximately 70 WTEs involved in provision of acute mental health services in Connolly Hospital.
4. **Daughters of Charity:** Closure and reconfiguration of catering facilities. 14.8 WTEs redeployed.
5. Re-organisation of catering services in **Older Persons Services** (Cuan Ros, Claremont), **Mental Health Services** (St. Elizabeth's Court and Ushers Island) due to the staffing shortfall resulting from the exit schemes.
6. Re-assignment throughout **Cavan/Monaghan Disabilities** to meet service and rostering need, across Residential and Day Services. Staff have been reassigned with disability services from nursing and care staff to cover retirement and long term leave. Redeployment of staff to meet service needs is in ongoing.
7. **Dublin North-East** went live for centralised medical card processing from June 1st 2011. Backlogs being dealt with locally. 55 staff redeployed.
8. **Meath Residential Services for Older People.** Transfer of twelve respite beds from St Josephs Community Nursing Unit (CNU). 5.5 WTEs Nursing and 3.0 Health Care Assistants transferring from St Josephs CNU.
9. **Meath Primary Care Unit.** Review of schemes processing. Currently fourteen staff / 11.84 WTEs to be redeployed circa April 2012 from Meath LHO once centralisation of schemes is complete.
10. **Primary Care Dublin North City.** Reorganisation / realignment of clerical / administration staff to facilitate the continued provision of administration support to primary care services under new HSE structures. Two thirds of clerical administration staff have opted to go to Nexus and one third to Ballymun.
11. **Primary Care Services Dublin North City.** Approximately 80 staff reassigned to new PCT's.
12. **GP Out of hours, Dublin North City and Dublin North.** Redeployment of staff to accommodate workload transfer.

13. Mental Health Services. Reconfiguration of pharmacy services. Two WTE senior pharmacists redeployed to St Brendan's pharmacy. Possible further redeployment to follow.

HSE South

1. Reorganisation and relocation of HR/Medical Manpower in **Waterford Regional Hospital** to a single site to achieve economies of scale in the hospital due to reduced staffing levels in both departments.
2. **Waterford Regional Hospital**. Closure of 25 surgical beds in April 2012 facilitated redeployment of nursing and other staff to other areas. Five nurses moved to PCCC. Two HCAs to community hospital. Remaining 13.5 nurses redeployed across acute hospital.
3. The **Histology Laboratory** has moved in its entirety from **Mercy University Hospital** to Cork University Hospital, involving the co-operation of all categories of staff concerned.
4. **Acute Services Cork City**. From November to December 2011 almost 600 staff were involved in relocating services in Cork City. Medical Rehabilitation Service moved from SIVUH to St Finbarr's. Orthopaedic Services moved from St Mary's Orthopaedic to SIVUH. Cardiac and renal services have transferred to CUH. Approximately 50 staff transferred including Consultants, NCHDs, Nursing and Support staff and Allied Health Professionals.
5. **Older Persons Services**. Following a lengthy and comprehensive engagement process with staff and their trade union officials, the relocation of services in Heatherside Hospital to a new purpose built unit, Heather House, took place.
6. **Mercy University Hospital**. Administration support service centralised. 36.58 WTEs redeployed. Urgent Care Centre opened. 19.5 WTEs reassigned. All minor injuries in Cork City now dealt with on one site.
7. **South Infirmary Hospital**. Nurses, Clerical Staff, Radiographers redeployed to Urgent Care Centre - 11.4 staff approximately.
8. **Kerry PCCC**. Review of service provision across all community hospitals. Revised rostering arrangements and review skill mix. Two staff nurses redeployed from Kerry General Hospital to community hospitals.
9. **Mental Health Wexford, LHO**. Redeployment / reassignment of staff from Wexford Mental Health Services with closure of wards in St. Senan's and transfer to new development, 'Tús Nua', Enniscorthy. By the introduction of self staffing rosters which provides for flexibility, no additional staffing was required in the move. A total of ten staff continue to provide service.
10. **Older People Wexford, LHO**. Redeployment of staff to meet service level needs in St. John's Community Hospital. The retirement of eight Staff Nurses under the early retirement scheme necessitated the redeployment of staff. Service levels maintained.

HSE West

1. **Mid West PCCC.** 70 staff approximately redeployed across various sites.
2. **Mid West PCCC.** Transfer of patients from Mental Health facility to more appropriate Community settings. Closure of wards in long stay facility. Reallocation of eight WTE staff.
3. **Redeployment of staff nurses** from St Francis Community Nursing Unit (CNU), Galway to Public Health Nursing, UCHG and St. Brendan's CNU, Loughrea.
4. **Primary Care Galway PCCC.** Redeployment of eighteen WTE clerical staff to support Primary Care Teams. Release of clinical time resulting in higher activity levels. Improved administrative processes.
5. **Ability West Disability Service.** Reassignment of twenty staff in Residential and Respite Services.
6. **Roscommon Brothers of Charity Services.** Redeployment and roster changes have been introduced so that services can be maintained as staffing is reduced in line with national targets.
7. Review and revision of driver rosters in the **GP co-operative.** Service extended from Galway to Roscommon at no extra cost. 22 redeployed. Estimated savings €100,000.
8. Review of clerical / administration staffing levels in **Mid West Regional Hospital.** 4.4 WTEs reassigned. Two clerical officers redeployed from medical cards service to MWRHL. One staff officer redeployed from PPARS. 50% reduction in overtime.
9. **Mental Health Services Sligo Leitrim PCCC.** Reconfiguration of mental health services following full multidisciplinary assessment. Implementation of new roster. Reconfiguration of supervised unit, Sliamhban House. Reconfiguration of acute inpatient unit at Ballytivnan. Development of Benbulbin Lodge to provide for the long stay patients transferring from Special Care Unit. Approximately 30 WTE reassigned.
10. **Sligo Regional Hospital.** The NIMIS Radiology project, (electronic imaging system) went live in November 2011. Three staff reassigned.
11. **PCCC Ennistymon.** Changes in catering roster, one staff reassigned. Services maintained in hospital.
12. **Limerick PCCC.** Redeployment of staff from the regional primary care unit to local primary care teams. Unit now managed under existing Community Management Structure. Two staff reassigned.
13. **PCCC Mid West.** Rationalisation of Medical Card Services. Medical Card Staff redeployed to support Primary Care Teams.

14. Limerick PCCC. Review of Aids and Appliance service under the direction of Procurement. Two staff redeployed leading to better utilisation of resources and adherence to the National Service Plan.

15. Donegal PCCC. Reconfiguration of Home Help Areas to Primary Care Teas. Six staff redeployed.

16. NowDoc Donegal PCCC. Implementation of more efficient practices in line with GP Out of Hours. Redeployment options have been agreed in principle in three

Appendix 2

Regional Reports

Summary from the HSE Dublin Mid Leinster (DML) Regional report on 274 Areas of Modernisation under the following PSA Measures March 2011-April 2012	Number of Actions associated with each measure
1. Redeployment/ reassignment	90
2. Integrated Patient Centred Care	52
3. Changes to Organisational Structures	39
4. Multi-disciplinary working	30
5. Non Pay cost reductions	22
6. Revised cross cover	16
7. Risk, quality, safety	68
8. Evidence based measurement	40
9. Competitive promotion policies	6
10. Accountability for senior managers	27
11. Centralisation of support services	41
12. Extended Working Day	41
13. Extended working arrangements	18
14. Rostering arrangements including skill	72
15. Laboratory Modernisation	10
Total	572

DML - Examples of actions that meet PSA Measures

1. *Redeployment/ reassignment*

Estimated total number of staff redeployed/reassigned = 588 (see Appendix 1)

- Baggot Street Hospital redeployment of approx 41 staff.
- National Rehabilitation Hospital redeployment of 23 staff in patient services department. Processes and services streamlined, less duplication of effort which allowed for the administration associated with a post lost under the VRS to be absorbed. Operational issues addressed and more efficiencies created. Greater flexibility and cross cover arrangements between the staff/programmes/centralised admin. PAS related requirements scoped out as part of the review process.
- Wicklow Community Services reconfigure residential care. This involves the closure of Wicklow District hospital and re-designation of service to St Colman's Hospital. 22.9 staff to be redeployed.
- Bru Caoimhín - redeployment of nursing and other staff to new roles/facilities 99 staff from all disciplines redeployed.
- Dublin South East Civil Registration - revisions of opening hours across three sites and attendant reassignment.
- Continue implementation of the reconfiguration of all Primary Care Occupational

Therapist into the various clinics.

- National Maternity Hospital (Holles Street) - Midwifery & Nursing Department - New assessment/monitoring procedures in place to deal with ward requests for overtime/agency nursing. Reassignment utilised to deal with gaps. All midwifery and nursing staff involved in the changes. This involves approximately 360 staff.
2. *Integrated Patient Centred Care*
- St Vincent's University Hospital. Liver Transplant Unit Changes in terms of service delivery and business re-engineering in the context of the Liver Nursing service. This includes Hep C Nurse Specialists, Liver Transplant Co-ordinators, Theatre Nurses & Nursing Staff on St. Bridget's Ward. An estimated saving of €68,000 which may result from reductions in on-call and revised attendance.
 - St Colman's Older Persons Unit Wicklow - match of staff skills to patient dependency needs.
 - Midlands Regional Hospital Tullamore - conducting particular procedures in Day Ward formerly conducted in Day Hospital.
 -
3. *Changes to Organisational Structures*
- Dublin South West / South West Addiction Services- revision to management structure.
 - Kildare West Wicklow, Dublin South West and Naas General Hospital- development of a unified Finance and HR Function.
 - Cheeverstown House- Agreement reached on cost saving measures with its unions (facilitated by the Labour Relations Commission). The agreement aims to save €435,000. A key measure is a "synchronised closure of day care services", under which all staff will be required to take most of their annual leave on specific dates. This reduces the cost of providing replacement cover.
4. *Multi-disciplinary working*
- Teach Bán (part of reconfiguration of St Loman's) - new multidisciplinary approach to new patient profile with higher dependency needs.
 - MRH Mullingar Obstetrics- broad initiative including new midwife led clinics, new foetal assessment unit, etc.
5. *Non Pay cost reductions*
- Regional Children and Families- new procurement process for private providers of children services.
 - MRHs Tullamore and Portlaoise- use of text messaging for various patient services.
6. *Revised cross cover*
- Naas General Hospital- approximately 15 consultants providing cross cover for annual leave, etc.
 - Laboratories- cross cover included in the revised working arrangements in the laboratories.
7. *Risk, quality, safety*
- Regional adult disability services- reconfiguration of congregated settings to fit for purpose facilities.
 - Clonskeagh Older Person's facility- closure of other settings and move to new purpose

built facility.

8. *Evidence based measurement*

- Naas GH - Physiotherapy led new spinal assessment clinic to assess and determine care pathway.
- Midland Regional Hospital Microbiology Laboratories - amalgamation of the microbiology functions of the three laboratories.

9. *Competitive promotion policies*

- Director of Nursing post vacant filled on acting capacity ISA Dublin South Central.

10. *Accountability for senior managers*

- Regional Adult Disability Services- wide scale reform of services to include greater accountability for managers.
- Regional Children and Family Services- reconfiguration of senior management structures.

11. *Centralisation of support services*

- Dublin South Central Administration functions- amalgamation of functions.
- St Columcille's Hospital- reconfiguration of administration staff/ medical secretaries to ensure full cover for various outpatients departments.

12. *Extended Working Day*

- Dublin South - extension of health centre hours.
- Extended day in HR Department Tallaght Hospital providing lunch cover 25 staff impacted.
- National Maternity Hospital (Holles Street) - Patient Services: An Extended working day is now in place for ward clerks and other admin staff in several departments (Social Work, Community Midwifery, Antenatal Education and Physiotherapy Dept). 50 staff involved in changes.
- Various community and hospital initiatives have extended service hours to the public earlier in the morning or later into the evening.

13. *Extended working arrangements*

- Dublin South Central Addiction Services- amalgamation of clinics to ensure opening hours adapted to client needs.
- Longford/Westmeath- change of nursing care provision at weekends for the older persons to a group setting for those who are mobile.

14. *Rostering arrangements including skill*

- Children's Sunshine Home Peak rostering to include split shifts. 51 staff effected by the change.
- National Maternity Hospital (Holles Street) - Catering employees, including chefs and household staff, have reached agreement on new roster. Approximately 89 staff have been affected.
- Tallaght Hospital. Catering review of rosters to meet service needs and achieve cost efficiencies. 55 staff will be involved in changes.
- IBTS - concerned rostering changes involving 1:
 - An accumulated hours rostering system for all staff

- Cross functionality rostering between various nursing and support staff grades. LCR 20278 issued April 2012. The Court recommended that the changes should be implemented and be reviewed after six months, and twelve months in operation, by a Joint Review Forum to include an independent person.
- Central Mental Hospital, Dundrum. Significant roster changes, which involve the removal of structured overtime, implemented following the issuing of a Labour Court recommendation in March 2012 under the terms of the Public Service Agreement. Estimated savings of €1 million annually from these changes.
- Our Lady's Hospice Harold's Cross – Changes to rosters and breaks are expected to deliver annual savings of €220,000 (LCR20273).
- Dublin South East Older Person's services- revisions to nursing rosters to reduce need for agency staff and to catering to provide full cover in absence of head chef.
- Midland Regional Hospital Mullingar Physiotherapy- staff moving between community and acute setting as well as extension of hours.

15. *Laboratory Modernisation*

- St Columcille's, Naas General Hospital, three individual Midland Regional Hospitals (first phase) and joint action (phase two), Public Access Laboratory.

Summary from the HSE Dublin North East (DNE) Regional report on 652 Areas of Modernisation under the following PSA Measures March 2011-April 2012	Number of Actions associated with each measure
1. Redeployment/ reassignment	223
2. Integrated Patient Centred Care	165
3. Changes to Organisational Structures	190
4. Multi-disciplinary working	117
5. Non Pay cost reductions	72
6. Revised cross cover	7
7. Risk, quality, safety	175
8. Evidence based measurement	173
9. Competitive promotion policies	0
10. Accountability for senior managers	101
11. Centralisation of support services	85
12. Extended Working Day	58
13. Extended working arrangements	36
14. Rostering arrangements including skill	70
15. Laboratory Modernisation	6
Total	1,478

DNE - Examples of actions that meet PSA Measures

1. Redeployment/ reassignment

Estimated total number of staff redeployed/reassigned = (852) (more e.g. Appendix 1)

- Re-organisation of catering services in Older Persons Services (Cuan Ros, Claremont), Mental Health Services (St. Elizabeth's Court & Ushers Island) due to the staffing shortfall resulting for the exit schemes.
- Reassignment of Cavan/Monaghan Disabilities to meet service and rostering need, across Residential and Day Services – Nursing and care staff have been reassigned to disability services to cover retirement and long term leave. Redeployment of staff to meet service needs is ongoing.
- Reconfiguration of existing primary care services to Dublin North and Dublin North City HSE Areas. Approx 100 WTEs involved.
- Pine Unit Connolly Hospital participation in reorganisation of services. Approx 70 WTEs involved in provision of acute mental health services in Connolly Hospital.
- Daughters of Charity closure and reconfiguration of catering facilities, 14.8 WTEs redeployed.
- Meath Residential Services for Older People. Transfer of 12 respite beds from St Joseph's CNU. 5.5 WTEs Nursing and 3.0 HCAs transferring from St Josephs CNU.
-

2. Integrated Patient Centred Care

- Restructuring of Primary Care Nursing in Dublin North City into defined area teams

with balanced skill-mix to enable services to be prioritised and delivered in an effective and timely manner in order to address clinical risk to patients and staff.

- Louth Meath Integrated Service Area (ISA) – established a dedicated Emergency Theatre for the region.
 - Nursing Education for Clinical Staff in community and acute hospital – North Dublin ISA integration with Beaumont Hospital regarding education for clinical staff.
3. *Changes to Organisational Structures*
- Extension of working day in Children's Residential Services, Dublin North City to provide for specific care needs of clients. Review of existing staffing arrangements in residential care services.
 - Re-organisation of Civil Registration Service within the North East Service area (Louth Meath Cavan Monaghan) is in progress.
4. *Multi-disciplinary working*
- Development of Children's Services Committee in Dublin North Central with representatives from middle management of both voluntary and community services with some representation from other sources including: DIT, Mater CAMHS, Daughters of Charity and Peter McVerry Trust.
 - Beaumont Emergency Department (ED) – pilot underway of ED multi-disciplinary clinic.
5. *Non Pay cost reductions*
- Beaumont Portering - Review of Internal & External postal service underway.
 - Connolly Hospital – feasibility of introduction of digital dictation and voice technology underway.
6. *Revised cross cover*
- North Dublin ISA - Reorganisation of community mental health teams within catchment area.
 - Beaumont Hospital, Connolly Hospital and the RCSI have been working together to establish an Academic Health Centre (AHC) to provide a new model for the delivery of patient care in a research-intensive learning environment. Having examined its merits in great detail, the partners agreed to pursue such a model. A partnership agreement was signed by the three partners, and the HSE, in July, 2009, reflecting each party's strong endorsement and commitment to the model. We are now progressing with the implementation of the AHC, in order to support the HSE's Transformation Programme. The alliance being considered for Beaumont / Connolly aligns well with the AHCs overall ambition to an integrated service delivery model for the Dublin North. Regular communication with Staff and unions locally is ongoing regarding this development.
7. *Risk, quality, safety*
- Louth Meath ISA - HSE Quality, Safety and Risk Standards - devolution of self assessment and quality improvement planning and implementation process to Quality Improvement and Risk Review Teams.
 - Resident Satisfaction surveys in place in all Cavan and Monaghan Service for Older Persons residential sites.
8. *Evidence based measurement*

- Venepuncture - 2 Staff qualified in Cavan Services for Older Persons and they will assess staff now completing e-learning programme. A number of staff in St Mary's trained.
 - Nurse Prescribing in place in Castleblaney, being rolled out in MH Louth, in North Dublin two additional nurses are currently completing the nurse prescribing project and are due to finish in December 2011.
9. *Competitive promotion policies*
- A strong focus on maximising the income for Louth Meath Hospital Group is currently underway with targeting specific medical staff and income opportunities for private beds.
10. *Accountability for senior managers*
- Regional Residential Childcare Services HSE DNE - Evaluation of recognised best practice as defined by national standards has commenced.
 - Greater focus regionally on the Performance Management function and links to the National Corporate Planning and Corporate Performance unit.
11. *Centralisation of support services*
- Rotunda Hospital - Centralisation of appointment and medical typing services in progress.
 - Integration of management arrangements and functions in PCU with existing arrangements within Meath PCCC i.e. Finance, HR, Schemes and Customer Services.
12. *Extended Working Day*
- Mater Hospital - Provide extended working day and weekend sessions in accordance with national programme – Completed.
 - St. Michael's House- An agreement has been reached with relevant unions (SIPTU, IMPACT and the INMO) which involves an extended working day from 8am to 8pm, with staff available 5 days over 7, and a redeployment/re-assignment protocol. This agreement covers 1,542 workers and aims to save over €3m up to 2014.
13. *Extended working arrangements*
- Mater Hospital – extending working day between Monday-Friday, up to 8pm as needed. Introduce sectional working for Saturday and Sunday in accordance with national initiative and new MMUH hospital development.
 - North Dublin ISA Mental Health - Nurse Management Expansion of voluntary community service - establishment of a 'Befriending Programme' in the Coolock area.
14. *Rostering arrangements including skill*
- Connolly Hospital has completed the reorganisation of nursing HCAs under the management of the Clinical Nurse Managers.
 - Regional Initiative - Development of Regional Nursing Homes Services Section - Productivity improvements/service delivery timeframes/expansions of roles.
 - St. Michael's House- As mentioned above, agreement has been reached with the relevant unions (SIPTU, IMPACT and the INMO). This includes the introduction on a pilot basis of an online rostering system.
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15. *Laboratory Modernisation*

- In line with the National Laboratory Modernisation project, extended working day completed in Cappagh Hospital, Rotunda Hospital, Connolly Hospital, Cavan General Hospital. Phase two in progress.

Summary from HSE South Regional report on 452 Areas of Modernisation under the following PSA Measures	Number of Actions associated with each measure
1. Redeployment/ reassignment	202
2. Integrated Patient Centred Care	186
3. Changes to Organisational Structures	111
4. Multi-disciplinary working	81
5. Non Pay cost reductions	29
6. Revised cross cover	29
7. Risk, quality, safety	118
8. Evidence based measurement	72
9. Competitive promotion policies	4
10. Accountability for senior managers	21
11. Centralisation of support services	38
12. Extended Working Day	53
13. Extended working arrangements	50
14. Rostering arrangements including skill mix	109
15. Laboratory Modernisation	11
Total	1,114

HSE SOUTH - Examples of actions that meet PSA Measures

1. Redeployment/ reassignment

Estimated total number of staff redeployed/reassigned = 750 (more examples Appendix 1)

- Reorganisation and relocation of HR/Medical Manpower in Waterford Regional Hospital (WRH) to a single site to achieve economies of scale in the hospital due to reduced staffing levels in both departments.
- Closure of 25 surgical beds in WRH on 10th April 2012 facilitated redeployment of a total of 21.5 nursing and other staff to other areas. Five nurses moved to PCCC. Two Health Care Assistants (HCAs) moved to community hospital. Remaining 13.5 nurses redeployed within the acute hospital.
- The Histology Laboratory has moved in its entirety from Mercy University Hospital to Cork University Hospital, involving the co-operation of all categories of staff concerned.
- Acute Services Cork City: From November to December 2011 almost 600 staff were involved in the reconfiguration of acute hospital services in Cork City.

2. Integrated Patient Centred Care

- Reconfiguration of Assistant Directors of Public Health Nursing (PHNs), PHNs, Community Nurses and Home Co-ordinators in line with Primary Care Geomapping in West Cork .
- Greater integration between acute and PCCC service in South Tipperary achieved through the following measures:
 - Full rollout of staff grade rotations across the Local Health Area (LHA)
 - Development of a protocol for management of patients presenting with/at risk of falls; done in collaboration with acute and PCCC physiotherapists as well as

- geriatricians, pharmacist and occupational therapist.
 - Development of protocol for management of patients between acute outpatient departments, primary care and network services.
- 3. *Changes to Organisational Structures*
 - Reorganisation of service delivery model for laundry services in Acute hospitals and Community hospitals in Waterford, Wexford, Carlow/Kilkenny, South Tipperary. This reorganisation was necessitated by the ongoing reduction in staffing levels as well as the age of equipment and costs of equipment replacement.
 - Reconfiguration of St. Senan's Hospital. Cessation of admissions to acute units from 28th February 2011, reconfiguring service delivery under catchment area of Waterford/Wexford. This meets a number of the PSA criteria i.e. flexibility of staff; integrated patient centred care; change to organisation structure; multi-disciplinary working and reporting; reduced costs; revised cross cover and on-call tier reductions; compliance with European Working Time Directive.
- 4. *Multi-disciplinary working*
Carlow/ Kilkenny South Tipperary PCCC
 - Multi-disciplinary working in Speech and Language Therapy (SLT) service, including new initial multi-disciplinary team screening and team report clinic.
 - SLT service joint working with Psychology service in assessment processes and care pathway.
 - Joint working with Dietetics in Primary Care for adult clients with Dysphasia (swallowing difficulties).
 - Video fluoroscopy clinic conducted jointly with Radiographers newly trained in this process in South Tipperary General Hospital.
 - SLT involvement in multidisciplinary team assessment with CAPS (individual cases).
 - Mercy University Hospital established as a critical mass site for SKILL. 40 employees attended the SKILL programme onsite in the hospital.
- 5. *Non Pay cost reductions*
 - Review of off-site records storage costs, to include cost of recall of records at South Infirmary Victoria University Hospital.
 - Transfer or referrals of 15-17 year old adolescents from South Lee Social Work team to Liberty Street Services for initial assessment.
- 6. *Revised cross cover*
 - In Kerry ISA (Kerry General Hospital) Acute Medicine Unit (AMU) commenced in line with national Acute Medicine Programme. GP input to AMU development as part of hospital avoidance measure.
 - Expansion of roles for senior decision makers (Consultant Physicians) and nursing staff. Redeployment of staff including nursing and administration staff.
 - Cross cover arrangement and enhanced team work models developed in the context of the opening of the Acute Medicine Unit and the Community Nursing Unit and the recruitment of two Consultant Geriatricians in order to address bed management and improve patient care pathway/experience.
- 7. *Risk, quality, safety*
 - Integration of CUH Group under single clinical governance structure. Further

- implementation of the clinical governance review recommendations including expansion of directorate responsibility for clinical governance incorporating incident management.
- HSE Quality, Safety and Risk Standards - devolution of self assessment and quality improvement planning and implementation process to Quality Improvement and Risk Review Teams.
8. *Evidence based measurement*
- Reorganisation of the laboratory's analytical chemistry service in collaboration with the Dublin and Galway Public Analyst's Laboratories in order to achieve a Specialised Analytical Chemistry Service in Cork Public Analyst's Laboratory. This is being done in collaboration with the other two Public Analyst's Laboratories in order to achieve a streamlined National Public Analyst's Laboratory Service.
 - South Lee Local Health Office Public Health Nursing:
Introduction of new nursing records to facilitate an integrated approach to patient record keeping. The nursing record will also facilitate the processing of home care package applications, assessments and referrals.
9. *Competitive promotion policies*
- All posts in Mental Health are filled on merit and competitive basis.
10. *Accountability for senior managers*
- Public Health and Community Nursing Services North Cork – Service Management Guidelines. In the context of non replacement of core nursing personnel, case loads have been prioritised following risk assessment.
 - Carlow / Kilkenny South Tipperary Mental Health Services Quality and Risk Committee Established. Local Risk Register put in place.
11. *Centralisation of support services*
- Reassignment of administration staff to support critical functions in Cardiology, Endoscopy, and Acute Medicine at Kerry General Hospital. Terms of reference developed to address further review of administration functions and structures in the context of reduced resources in addition to pursuing IT based administration supports.
 - Reorganisation of clerical/administration staff to facilitate the continued provision of secretarial support services to consultant medical staff in Waterford Regional Hospital and to provide secretarial support services to new consultants/services in line with the rollout of National Clinical Programmes.
 - NIMIS (Digital radiology system) - major change process for all staff. Realignment of workflows and procedures to accommodate digital imaging.
12. *Extended Working Day*
- Physiotherapy Department Wexford and Waterford hospitals. Extended working day introduced to facilitate early morning/late afternoon/early evening out-patient appointments.
 - Kerry ISA PHN Services:
Increase in hours of the standard working day by PHN and RGN staff to deliver appropriate and timely care. Delivered in a cost neutral basis, to assist with the operation of the Acute Medical Assessment Unit and reduce the need for hospitalisation.
13. *Extended working arrangements*

- Older Persons Services Waterford PCCC: Further expansion of weekend rosters for Home Help Staff in order to include additional staff on roster.
- Extension of Skill Mix to elderly care unit providing greater flexibility of staffing within the unit.
- Extension of Liaison Nursing (Self Harm/Suicidality) at Emergency Department, Wexford General Hospital. Increased availability of this service from a five day Monday – Friday service to a seven day service.

14. *Rostering arrangements including skill mix*

Kerry ISA Mental Health Services

- Reassignment of nursing staff following closure of St. Pauls Ward. Introduction of skill mix to residential care units, by redeployment of Health Care Assistants , initially in Cherryfield and Teach an Churam, Rathmore.
- West Cork PCCC Services for Older Persons - Rostering:
Increased flexibility of working hours for Nursing and Multi-task Attendants, e.g. working through lunch hour.

15. *Laboratory Modernisation*

- Mercy University Hospital: Extended working day rosters from the 1st of February to cover Monday to Friday 8am to 8pm in four Laboratories.
- Kerry ISA (Kerry General Hospital) - Modernisation of Medical laboratory in line with national initiative.

Summary from HSE West Regional report on 432 Areas of Modernisation under the following PSA Measures current reports March 2011-April 2012	Number of Actions associated with each measure
1. Redeployment/ reassignment	122
2. Integrated Patient Centred Care	111
3. Changes to Organisational Structures	55
4. Multi-disciplinary working	72
5. Non Pay cost reductions	24
6. Revised cross cover	87
7. Risk, quality, safety	89
8. Evidence based measurement	89
9. Competitive promotion policies	0
10. Accountability for senior managers	31
11. Centralisation of support services	14
12. Extended Working Day	25
13. Extended working arrangements	22
14. Rostering arrangements including skill	94
15. Laboratory Modernisation	4
Total	839

HSE West - Examples of actions that meet PSA Measures

1. Redeployment/ reassignment

Estimated total number of staff redeployed / reassigned = 787 (more examples Appendix 1)

- Mid West PCCC: Transfer of patients from Mental Health Institution to more appropriate Community settings/Closure of Wards in Institution/Reallocation of 8 WTE staff (approx). WTEs reassigned to other frontline services and Clients facilitated in new appropriate settings.
- Mid West PCCC: 70staff approx redeployed across various sites. Q2 2012.
- Redeployment of staff nurses from St Francis CNU, Galway to Public Health Nursing, UCHG and St. Brendan's CNU, Loughrea. This is following the closure of residential beds.
- 20 staff WTEs will be redeployed when the beds close, 10 Staff Nurses and 10 Care assistant staff. Q2 2012.
- Brothers of Charity Galway, 49 posts. Suppression of administration posts, rationalisation of management structure. Savings suppressed €269,220 savings.
- Brothers of Charity Galway. Extension of areas of responsibility for managers.
- Review and revision of Driver rosters in the GP co-operative. Service extended from Galway to Roscommon at no extra cost. 22 redeployed. Estimated savings €100,000.
- Fairways Facility in Swinford. Three bungalows for persons with a mental illness were closed and the clients were moved to another facility. This change involved extensive engagement and agreement with the clients the families of affected clients and appropriate unions. Clients were relocated to other appropriate locations following a full Multidisciplinary team assessment. Seventeen staff in total twelve nurses and five multitask attendants were relocated to areas and locations of need therefore reducing

overtime and night duty payments.

- Corporate redeployment from Merlin Park Galway and Catherine Street Limerick - 68 staff to date
2. *Integrated Patient Centred Care*
- Galway Children and young people with cystic fibrosis now have increased access to clinics including a 'walk in' An early response to symptoms reduces the severity and duration of illness. Hospital admissions and length of hospital stay have also been altered through the introduction of intravenous antibiotics in the home, this reduces the likelihood of acquiring an infection in hospital, improves the quality of life of the child/young person and his/her family.
 - Donegal Establishment of minor surgical procedures clinic in a community setting this enables patients to be treated promptly and provides for increased capacity for more complex day cases in the Acute hospital. The development of this service also embraces the development of integrated care between the acute hospital and community setting.
3. *Changes to Organisational Structures*
- Mid West PCCC Reconfigure senior management structure from three General Manager /Senior Operations Manager (SOM) to two SOMs. Saving of €95,000.
 - PCCC Mid West Management Structures: Two Grade VIII posts suppressed. Savings of €170,000.
 - Mid West PCCC Maintenance Department. - Reduction in weekend overtime payment. Waste Management is currently carried out at weekends also. The proposal is to stop the overtime and have the waste management carried out during the core working week. €15000 - approx. full year.
 - Mid West Acute Cardiology is in the process of been centralised in Mid Western Regional Hospital Limerick with provision to discharge patients to step down beds in Ennis, Nenagh and St John's Hospitals, for continuing care. All supportive cardiology infrastructures are to be maintained and further developed in local hospitals, for example, cardiac rehabilitation, stress testing and follow up consultant led outpatient clinic.
 - Our Lady's Hospital, Manorhamilton, Leitrim. Restructuring of Rheumatology Services This service was previously provided in two sites Manorhamilton and Letterkenny. In order to consolidate this specialist service in-patient care is now located in Manorhamilton. This required reconfiguration of the in-patient beds in Our Lady's Hospital combined with training and development of staff.
4. *Multi-disciplinary working*
- Mid West Medical Assessment Unit: A Nurse Manager was reassigned from the Out Patient Department to set up and manage the service. A CNM2 provided cross cover in both services to manage the change and implement the new practice. An engagement process took place within each nursing department, this was an inclusive process involving catering staff, care attendants, housekeeping and Clerical staff. General Practitioners have direct access to admit patients to this 8 bedded unit from 8am – 8pm daily.
 - Staff rosters were reviewed and realigned to enable the opening of this 8 bedded unit which continues to provide an excellent service to the public and was achieved on a resource neutral basis. Engagement with staff and communication of the plan for Nenagh Hospital continues to give staff the ownership to apply to work in this area, and

work together in a flexible manner.

- Galway Integrated Working between Hospital and Community Services. Effective multidisciplinary working in relation to the management of chronic illness.
- Elements of structured integrated diabetes care are being developed driven by the Galway, Mayo and Roscommon Integrated Diabetes Care Group with a group consisting of management, consultants, nurses, chiropody, retinal screening, health promotion staff, with a patient representative. Individuals involved are from both acute hospital and PCCC services. This group is linked to HSE West Diabetes Services Implementation Group.
- One element of the work is supporting Primary Care Teams (PCT) in Co. Galway to deliver more structured integrated diabetes care. General practices are supported in the development of diabetes registers, clinical audit of diabetes care and in conducting clinical case review. Community based diabetes education DESMOND is provided to patients in their local community.
- GP in Oughterard PCT are working with the Diabetes centre in University Hospital Galway and Galway PCCC to provide an integrated service for patients in the practice which is part of the Oughterard Primary Care Team. This pilot is taking place in one general practice with 45 patients benefiting from this service to date.

5. *Non Pay cost reductions*

- PCCC Midwest Agency and Overtime 50% reduction (cost containment plan) on agency and overtime spend Q4 2012. €3m overall.
- Roscommon Synergy Project for the management of continence products for older persons in Co. Roscommon. Project covers clients resident in the community, in HSE long term care and in private nursing homes Clients needs are assessed by trained staff this ensures patients needs are met and appropriate products used resulting in cost savings.
- Donegal Rental agreements have been reviewed and renegotiated combined with non renewal of some rental agreements; staff have co operated fully with office movements to more cost effective accommodation.

6. *Revised cross cover*

- Sligo/Leitrim Mental Health Services. Consultants providing cross cover for all duties except Multidisciplinary Teams and OPDs, resulting in a cost saving.
- Donegal CNMs in Day centres linked to 7 community hospitals now providing cover within the hospital to which the day services is aligned. This will improve staff nursing ratios within the hospital.

7. *Risk, quality, safety*

- Creation of a new area wide Quality and Risk Unit in the Mid West Area – improved governance and greater sharing of expertise.
- Donegal Child Care Services Pilot Decision Making Tool to facilitate clear accountability and transparent and evidence based decision making. Training on the Structured Decision making tool not available locally. Made use of Cooperation and Working Together (CAWT) relationships developed through social work mobility project to learn directly from implementation with NI colleagues. Free induction to tool from management colleagues in Derry.

8. *Evidence based measurement*

- Mid West - The ambulance service has employed an additional twenty six paramedic staff. A separate dedicated advanced paramedic service has been established in Clare and North Tipperary. Pre-hospital thrombolysis is now provided by advanced paramedics throughout the region. Regional protocols have been established for the transfer of patients, including hospital bypass protocol for trauma, paediatric and obstetric cases. Ambulance Service Clinical governance structures have been established in Castlebar and Dungloe. Daily response times are currently being recorded.
- University College Hospital Galway(UCHG). Research is currently being conducted by staff in oncology with 100 patients to examine the resilience of patients affected by peripheral neuropathy which has been drug induced.

9. *Competitive promotion policies*

- HSE North West, National Appeals office selection sought through Expressions of Interest.
- CAWT cross border European funded initiatives.

10. *Accountability for senior managers*

- Mid West Amalgamation of two former LHO Areas including reconfiguration of management structure.
- Donegal Child Care Restructuring of independent review chairs to develop in house Review team to chair and quality assure 3 key areas:
 - Foster carers
 - Child Protection conference
 - Care Plan Reviews
- Meet national standards for foster care.
- Quality Assurance role across childcare.
- Ensure compliance with child care regulations.

11. *Centralisation of support services*

- Restructure delivering and management of maintenance services across 3 counties Q4 2012 to provide the best possible service within the existing resources resulting in e.g. streamlining purchasing, Standard SOPs & On Call Agreements, centralise decision making on priorities, reduce overtime at weekends). Reduced overtime and better practices/values - €115K.
- Sligo /Leitrim Reconfiguration of administrative Travel claims/ Streamline of finance function.
- National Appeals Office to be centralised in Donegal through staff redeployment.

12. *Extended Working Day*

- Sligo/Leitrim. Agreement has been reached with the Irish Dental Association for an extended working day from 8am-8pm for dental service in Markievicz House this will increase flexibility for patients requiring dental treatments.
- Galway. Children's services have been further developed in the clinical settings with Saturday IV administration of immunoglobulin. This avoids children having to miss school. This required flexibility on the part of staff with regards to rostering an extended working week for services provided.

13. *Extended working arrangements*

- Donegal - there are evening physiotherapy clinics in 5 network areas, with 12 physiotherapists and 3 physiotherapy assistants involved.
- There are pre 9am physiotherapy appointments being offered in all 12 locations. The total numbers of 186 clients have availed of this service.
- Clients attended for the following types of Physiotherapy treatments after hours:
 - Individual Physiotherapy appointments
 - Pilates classes
 - Class for children with developmental co ordination disorder
 - Back to Fitness classes
 - Continence service
- Most clients were either working or in school during the day.
- The benefits for the Service have been:
 - Able to run classes without disrupting the work of other staff in the Department.
 - Able to offer increased privacy to clients with continence problems.
- Reduced Could Not Attend (CNA) and Did Not Attend (DNA) rates due to clients having other commitments / appointments during the day.
- Roscommon. Due to shortage of Area Medical Officers (AMOs), child development clinics for 7 – 10 month age group are behind schedule. Public Health Nurses have initiated a PHN led Hearing Clinic for babies.

14. *Rostering arrangements including skill mix*

- New roster for Galway city weekend PHN clinic. A new service provided to meet clients needs. Reduction in PHN time and travel costs to clients home.
- Mayo In the Sacred Heart Hospital Mayo through a rationalisation of night duty working in conjunction with staff, INMO and management a saving has been achieved. Savings to date €40,000 in overtime & €50,000 night duty payments.
- Mid Western Regional Hospital. Review of clerical / administration staffing levels 50% reduction in overtime. A full review of all clerical grades is to be undertaken across the Acute Complex. A clerical rotational system is to be progressed in 2012 and consultation with the unions has begun. Pooling of secretarial body in Paediatrics for a 5 week period which will be subject to review and consideration for further roll out to other areas.
- Mid West PCCC Care of Elderly Change to health care assistant roster. Reduction in hours from 112 to 80. In progress.
- Roscommon Nursing and support staff in the Sacred Heart Hospital are now taking their breaks during their rostered night shift; this has resulted in an increase in staff available on day shifts and a saving per annum.

15. *Laboratory Modernisation*

Implementation of National Agreement in all HSE West Acute Hospitals:

- Extended Working Day.
- Rosters in place.
- Some cross cover been established.
- Skill mix- limitations due to the moratorium.
- Reconfiguration of laboratory services commenced.

