Public Service Agreement 2010-2014

Revised Health Sector Action Plan 2012-2013

1. Introduction

The health service has been at the forefront in delivering significant change under the PSA. The substantial contribution already made by health service staff, especially during the period of concentrated retirements up to February 2012, is acknowledged and much appreciated by management. These changes are being achieved in what is a complex working environment with increasing demands, (500,000 increase in medical card holders between 2007 and 2012) and a growing and ageing population, within a public health service which is undergoing unprecedented organisational change and reform, accompanied by a reducing workforce.

However, we are now moving into a further, more demanding phase of implementation of the PSA. In that context, it is necessary to review the position and ensure that that the potential for efficiencies and flexibilities under the Agreement is maximised. The National Implementation Body, in its letters of 1st and 16th October 2012, requested that each sector undertake a review and comprehensive revision of their respective action plans. In particular, it noted the need to include measures to implement specific initiatives highlighted by both the Taoiseach and Minister for Public Expenditure and Reform when they met the Implementation body in on 11 October. Accordingly, the Health Sector Action Plan 2012 has been reviewed and this plan forms a continuation of the previous 2012 action plan.

The relevant health sector trade unions have been consulted as part of this review exercise. A summary document listing headings of proposed additional or amended measures was tabled by management at a meeting on 17 October 2012 and further discussed by the Health Sector Implementation Body on 30 October 2012. A further revised draft of the plan was circulated and discussed at the HSIB meeting of 22nd November 2012. It has been agreed to establish joint union-management groups to focus on progressing key measures such as rosters, skill mix, redeployment, review of management structures, shared services, external service delivery, procurement/VFM (this list is not exhaustive). Each group will be led by an appropriate member of the senior HSE management team, who will drive implementation and ensure intensive engagement with the relevant staff representative bodies on the measure. The groups will have a small membership and will work to tight timeframes, given the urgency of preparing for 2013.

As with the previous Action Plan, this plan is designed to support the delivery of the HSE's National Service Plan, by facilitating a range of measures required to deliver essential health and personal social services across the country within the context of further reductions in funding and staff numbers. Accordingly, early implementation of these measures is essential in order to maximise efficiencies.

The continuing commitment of all those working in the health service is essential to deliver the maximum level of safe services possible for the public, within reduced funding and employment levels, while at the same time implementing a wide-ranging reform agenda.

2. Context

a) Reduced Resources

The unprecedented nature and scale of the financial pressures facing the State have already been well-publicised. All parties are aware of the complex and demanding task of putting public finances on a sustainable footing. The current government policy sets out to achieve a reduction in financial resources of approximately €1 billion in 2013, as well as a further reduction in staff numbers likely to amount to some 6,500 WTEs in 2013-2014.

The health service will also have to meet a range of unavoidable costs within its allocation such as increments and general non-pay inflation. The service will also have to cope with the increase in health and social care needs arising from population growth, ageing and increased disease incidence.

In addition to dealing with the ongoing reduction in staffing numbers, any areas of recruitment priority will be outlined in the HSE Service Plan and the employment control measures still require that vacancies only be filled on an exceptional basis.

b) Maintaining service delivery
Notwithstanding these reductions, the core priority is to continue to deliver the largest possible quantum of service within the public health service, to sustain all critical services and to maintain essential supports to those dependent on the public health system.

It is necessary therefore to put in place additional initiatives to achieve further measurable savings in the areas of drug payment schemes, private health insurance re-imbursement, procurement, shared services and a more productive match between staffing and service activity levels while safeguarding quality and clinical performance. This may entail changes in attendance patterns, clinical and non-clinical work practices and reporting relationships, in areas where this has not been demonstrated to date.

c) Timeframe for delivery
It is also essential that measures described in this report relating to new models of service delivery are implemented as a matter of urgency, so that they can have effect from the beginning of 2013. It is vital that financial stability is brought to the health services at the earliest possible time and all parties must work to ensure that implementation begins at the earliest possible date.

3. Service Reform

Health service management has identified a range of measures detailed in section 5 of this report, which it proposes as appropriate for implementation;

Within and across all key service areas, reform will see changes in the way care is delivered as well as in governance and management structures. Some of the major developments are summarised below.

Primary Care
The strengthening of primary care services is central to the health reform programme and to the objective of reforming our model of healthcare so that more care is delivered in the community. This will include the development of multi-disciplinary Primary Care Teams (PCTs), the expansion of Primary Care Centres and the phased introduction of chronic disease management programmes over the period 2013 -2015. Staff will co-operate with the change programme, including moving from hospital to community settings and changes in rosters as appropriate. Separate discussions on how this impacts on GP practices will have to be undertaken with the IMO and other representative bodies, as appropriate.

Acute Hospitals
The HSE's national clinical programmes are one of the key drivers of improved quality and efficiency of services in the acute hospital services. Staff across all disciplines will continue to co-operate with the expansion of clinical programmes in both hospital and community settings. The Special Delivery Unit will continue to work with hospitals to reduce waiting times for both emergency and elective services.

Major changes are underway in regard to the organisation of acute hospitals with the objective of providing high-quality care to patients in the most appropriate setting, as close as possible to their community and resulting in the best possible health and social outcomes.

Decisions in regard to the establishment of hospital groups will be announced in the near future. Each hospital group will have a single consolidated management team, with responsibility for performance and outcomes, within a clearly- defined budget and employment ceiling. The management team will have autonomy to reconfigure services across the group, subject to an agreed policy framework and approval process. The Framework for Smaller Hospitals will also be published shortly and will underpin the implementation of the hospital groups.

Ambulance Services
The establishment of hospital groups will require a high-performing emergency ambulance service with appropriate integration with the acute hospital and primary care services. The rationalisation of ambulance control facilities, adoption of new technology and changes in work practices will continue to be implemented as a matter of urgency.

Mental Health Services
"A Vision for Change" will continue to be implemented with full co-operation from staff in regard to the wide range of reforms involved and in particular the reconfiguration of mental health services from institutional care to multi-disciplinary community-based services. The improvement of child and adolescent mental health services remains a priority.

Services for People with Disabilities
The VFM Report provides a blueprint for significant restructuring of disability services. This will include a change from group-based service delivery towards a model of person-centred, individually-chosen supports as well as implementation of a more effective method of assessing need, allocating resources and monitoring resource use. The financial pressures on the health system will require an accelerated implementation of measures to achieve greater value for money set out in the report. This will have major implications for service providers and how services are delivered. An implementation plan to give effect to the key recommendations of the Report will be drawn up by the end of 2012.

Child Care Services
A major change programme is taking place within child and family services, involving the establishment of the new Child and Family Support Agency, the core of which will be the existing HSE services in this area. The new agency, under the aegis of the Department of Children and Youth Affairs, will come into operation from early 2013. Staff in the HSE will continue to co-operate with the implementation of this important Government priority.

Care of the Elderly
Services must be geared to enabling older people to live independently in their own homes for as long as possible. In 2013 funding will continue to be focused on maintaining the delivery of home care services, on increasing intermediate care and on optimising the provision and quality of residential care. The increased demands on services at a time of reduced resources means that various innovative measures will be needed, including reorganisation of services/ possible external service delivery and changes in work practices. Work is still underway to finalise the roll-out of a single assessment tool in early 2013, which will be key to future determination of patient/client need and to ensuring equitable access to services based on need.

All of the above developments will continue to require meaningful consultation with the relevant health sector trade unions.

5. Required Measures

Issues 1-7 list measures which apply to all staff.

Issues 8-12 identifies the measures which apply to particular disciplines or staff groups.

MEASURES WHICH APPLY TO ALL STAFF	
Issue	**Measures to be implemented**
1. **National Service Plans 2012 and 2013**	Deliver the National Service Plan as approved by Minister. The 2013 Plan is being developed at present and will be submitted to the Minister for approval in line with the requirements of the Health Act 2004. However it can be anticipated that key requirements will include: ○ To deliver the maximum level of agreed safe services and activity levels possible within the allocated budget; ○ Managing within expenditure reductions and a reduction of 3,200 WTEs [provisional figure] by 31st December 2013 ○ More cost-effective provision of public nursing home services as an alternative to contractions in capacity; ○ Restructuring of disability services in line with Implementation Plan of VFM Report ○ Significant reductions in expenditure on overtime and agency staffing; ○ Further performance improvements in acute hospital services, in line with the work of the Clinical programmes and SDU ○ Achieve national target of 3.5% absenteeism rate for staff across all services (e.g. by adhering to managing attendance policy and implementing changes to sick-leave entitlements as set out in Labour Court Recommendation 20335)
2. **Work Practice Change**	Successful delivery of the 2013 and subsequent Service Plans in the context of reducing resources and WTE will require examination of alternative means of Service Delivery as set out in the Public Service Agreement 2010 – 2014 (PSA). A report on External Service Delivery in the health sector is being developed at present and will include a range of possible projects. It will also require cooperation with a range of measures designed to maintain high quality patient services, while reducing costs and accelerating the reduction in staff numbers to enable the achievement of Government targets ahead of schedule. Measures will include: **a) Skill Mix** • Skill-mix options will be optimised at every level of service delivery. **b) Clinical:** • Implementation of Clinical Programmes will continue • Implementation of Vision for Change will continue **c) Support/Shared Services:** • HR services will be centralised to ensure a more cost-effective, streamlined HR function. • HR functions of HSE-funded agencies will be transferred to the HSE HR Shared Services function. **d) External Service Delivery** • Staff will cooperate with ESD initiatives, in accordance with PSA provisions

PRIORITY CHANGES REQUIRED IN RESPECT OF PARTICULAR DISCIPLINES	
Issue	**Measures to be implemented**
1. **Consultants**	Full cooperation with the package of measures proposed by the LRC on 17 September 2012 and compliance with the recommendations of the Labour Court on matters adjudicated on by the Court. This includes Reduction of consultant historic rest days – estimated saving of €5.2m in 2013 Revision of current rest-day arrangement in line with Labour Court recommendation.
2. **Nursing and Midwifery**	**a) Broader scope of responsibility** Nurse management to continue to broaden scope of responsibilities, e.g. Directors of PHN to cover additional service areas, hospital/community hospital and Directors of Nursing to take on responsibility for management of additional facilities. **b) Introduction of ANP posts** The introduction of advanced nurse practitioners in targeted services to substitute for service NCHD posts. **c) Role expansion** A further expansion at no additional cost of the role of nursing across all care settings to include IV fluid balance, blood transfusion, etc. **d) Theatre Nurse** Engage in review of current arrangements i.e. replace fee-per case payments (implement a standard hourly rate) and review 'time back' arrangements.
3. **Management / Administrative**	As already mentioned (in relation to all disciplines), management layers will be reduced to consolidate numbers and streamline management roles. Also extensive redeployment of clerical and management posts will continue Existing flexitime arrangements, where in place, will be reviewed to ensure that they continue to meet the needs of the service.
4. **Allied Health Professionals**	**Work practice changes to include:** • The introduction of the extended working day across all therapy grades. • A reduction in the numbers working in management grades to achieve an optimal match between staffing

	levels and service level activity. • Review scheduling practices in primary care to increase productivity • The introduction of the extended working day for radiotherapy grades in NCCP centres. • Revise on-call payment regime for radiation therapists
5. **Support Grades**	**a) Standards arising from Support Stat process** Full implementation of the benchmarked standards identified in the **Support Stat** process to achieve greater productivity. This will be done in consultation with the relevant unions **b) Ambulance Service** Implement the findings of the work practice review of the ambulance services The rationalisation of ambulance control facilities and adoption of the necessary new technology will continue to be addressed within specific timeframes in 2013. **c) Laboratory Modernisation** Continued co-operation with the laboratory modernisation project.