Health Service Executive

National Service Plan 2013

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CONTENTS

OPERATING FRAMEWORK 2013

INTRODUCTION

This National Service Plan 2013 (NSP2013) sets out the type and volume of services to be delivered by the Executive in 2013 and is informed by the Department of Health's (DoH) *Statement of Strategy 2011 – 2014* and *Future Health. A Strategic Framework for Reform of the Health Service 2012 – 2015*, both of which set out the Government's priorities for the health services.

The health services continue to experience very significant budgetary challenges alongside increased demands for services. The continued implementation of health sector reform is required to meet these challenges to ensure:

- A public health service that is leaner, more efficient and better integrated to deliver maximum value for money and respond to public needs.
- Continuity of service delivery in the context of significantly reduced staff numbers.

The proposed *Health Service Executive (Governance) Bill, 2012* strengthens the accountability arrangements between the HSE and the Government. The HSE is committed to supporting the *Programme for Government* change agenda which will bring about significant changes to the way health services are managed and delivered in 2013 and beyond.

Reforming Our Health Services

In November 2012, the Minister for Health published *Future Health,* the framework for health reform. This framework, based on Government commitments in its *Programme for Government*, outlines the main healthcare reforms that will be introduced in the coming years as key building blocks for the introduction of Universal Health Insurance in 2016.

This service plan reflects *Future Health's* first full year of implementation and therefore will be implemented while the structural reforms of the HSE and health services are being progressed. This includes changes to the way that hospital services, including our smaller hospitals are funded and managed, the disaggregation of childcare services from the HSE and the establishment of a Child and Family Support Agency, establishing a new Directorate structure, the establishment of a Patient Safety Agency and ensuring that our social care services including Mental Health, Disability and Primary Care are fit for purpose. *Future Health* seeks to support innovative ways of care delivery and in particular integrated care pathways. All this must be achieved under the most stringent fiscal constraints experienced for decades and cognisant of health trends and drivers of change such as:

- Demographic and societal change
- Rising expectations and demands
- New medical technologies, health informatics and telemedicine
- Spiraling costs of healthcare provision

We face the dual challenge of reducing costs while at the same time improving outcomes for our patients. We will continue to introduce models of care across all services / care groups which treat patients at the lowest level of complexity and provide services at the least possible unit cost, led by our clinical leaders under the HSE National Clinical Care Programmes.

While it will be impossible to avoid an impact on frontline service delivery in 2013, not least due to significantly reduced staff numbers, at all times the safety of our patients is paramount. We will in 2013 continue with our workforce modernisation programme addressing areas such as skill mix, staff attendance, roster patterns, etc. within the context of the *Public Service Agreement (PSA) 2010-2014.* An ambitious and innovative shared services programme will be pursued through the use of contemporary shared service platforms.

There will be an increased focus in 2013 on ensuring that managers are held to account for the services they deliver.

In 2013 we will:

- Deliver the maximum level of safe services possible for the reduced funding and employment levels. This involves prioritising some services over others to meet the most urgent needs.
- Deliver the cost reductions needed for a balanced Vote in 2013.
- Implement key elements of the health reform programme.

THE FUNDING POSITION

The 2013 gross current voted Estimate for the HSE is **€13,404.1m (**Table 1**).** This reflects a net increase of **€71.5m** (0.54%). This net increase includes new spending and unavoidable pressures of **€748m** and savings of **€721m** (Table 2).

The reduction required of the HSE in 2013 is €721m which means that the total reduction to the HSE budgets since 2008 is €3.3bn (22%). Staff levels have reduced by over 11,268 WTEs since the peak employment levels in September 2007. To date, cost reductions have been achieved by reducing pay and staff numbers as well as savings in the cost of community drug schemes and procurement. This year will require further savings in each of these headings.

The financial challenges that the HSE is dealing with in the context of this plan are:

- Hospitals are facing an incoming projected deficit of €271m along with further cost pressures that may arise in 2013.
- Primary Care Schemes have a cost reduction challenge of €383m.
- Community Services do not have a projected incoming deficit but like the hospitals will have to deal with any additional pressures which may arise during the year.

The Estimate as provided to the HSE has made certain provisions. The HSE is required to impose expenditure reduction targets for 2013. These are significant particularly in the acute sector but each care group will also have its budget reduced by the estimates measures relevant to it, including those associated with the Employment Control Framework (ECF), other pay related savings and procurement savings. If the HSE simply implemented the estimate, then the hospital sector would face an undoable financial challenge given its incoming deficit and cost challenges in 2013. Arising from this the HSE is taking further actions to address this carry forward deficit and provide budgets for hospitals to support the 2012 activity level and the cost increases due to demographic, technology and clinical advancements.

The objective of the financial framework supporting this National Service Plan is to ensure that all areas have budgets that are achievable while delivering the reductions continued within the estimate to avoid a mid-year financial crisis and deliver a balanced vote. The HSE Board has an absolute obligation to address this and therefore choices have to be made in determining the budget allocations for 2013 with a view to ensuring sustainable budgets especially in the hospital sector which has struggled in recent years to break even. The allocations outlined in this plan are based on the projected spend rather than historic budgets. The approach adopted in this plan places priority on rebasing hospitals in budgetary terms, maintaining community services budgets and driving further cost efficiencies in primary care schemes.

One of the key risks facing the HSE in 2013 is that much of the additional spend including the funding of the incoming deficits is dependent on the achievement of savings. There is a risk if the savings are not achieved and the new costs are incurred that there will be a growing deficit. All discretionary spending will be minimised. The recently published report by the European Observatory on Health Systems and Policies points towards the challenge of achieving large reduction in expenditure in a single year.

The Estimate provided to the HSE is laid out in Table 1. The measures relate predominantly to reductions in pay and primary care schemes expenditure and will require considerable management focus to deliver in 2013. The Estimate provides €390.9m to address incoming deficits and €90m to cover demographic deficits.

Table 1: Budget Framework 2013

ESTIMATE 2013	
	€m
2012 REV	13,332
UNAVOIDABLE PRESSURES	
Long Stay Repayment Scheme	8
PCRS	177
Full year cost of Mental Health posts	32
Demographic funding	90
Incoming Deficit run-rate	391
Total Unavoidable Pressures on Gross	**698**
PROGRAMME FOR GOVERNMENT	
Mental Health Services	35
Free GP care for People with certain conditions	15
Total Programme for Government commitments 2013	**50**
OTHER	
Transfers from Vote 38	**30**
SAVINGS MEASURES	
Total Primary Care Schemes	-323
Total PSA Pay and Flexibility Arrangements	-106
Unallocated Pay Savings	-150
Total Other Measures	-108
Technical adjustment for pensions	-19
Total Savings Measures	**-706**
Total Gross Current Estimate for 2013	**13,404**
2012 A-in-A target	1,546
Total Adjustments (including adjustment for incoming deficits)	-89
Total A-in-A Estimate 2013	1,456
Net Current Estimate 2013	**11,948**

Table 2: The reductions required in expenditure in the HSE in 2013 based upon the published Estimate

	€m
Primary Care Reimbursement Service	-323
Public Service Agreement- Pay and Flexibility Arrangements	-106
Unallocated Pay savings	-150
Other Measures	-108
Total reductions	**-687**
Statutory Income Target	-34
Total Reductions	**-721**

Table 3: Changes to Appropriation in Aid as a result of the Estimate 2013

CHANGES TO APPROPRIATION IN AID	
	€m
2012 A-in-A target	1,546
Rebasing A-in-A from 2012 (income element of the incoming deficit)	-69
Rebalancing between Gross and Net for grace period superannuation and PRD	-19
Loss of income from Social Insurance Fund (SIF)	-10
Loss of income from EU Receipts (UK agreement)	-25
Legislation to charge all private patients in public hospitals	31
Increase statutory and private charge to €80	2
Total Adjustments	-89
Total A-in-A Estimate 2013	1,456
Net Current Estimate 2013	**11,948**

Table 4: Additional allocations based upon the published Estimate

UNAVOIDABLE PRESSURES	
	€m
Long Stay Repayment Scheme	8
PCRS	177
Community cost pressures	32
Demographic demands	90
Incoming Deficit run-rate	391
Total Unavoidable Pressures	**698**
PROGRAMME FOR GOVERNMENT	
Mental Health Services	35
Free GP care	15
Total Programme for Government commitments 2013	**50**
Total Additional Funding	**748**

The following sections outline the areas which are most impacted on by the financial reduction.

Community (Demand-Led) Schemes

The gross 2013 provision for Community Schemes is €2,562m. Based on the Estimate, a reduction in expenditure of €323m is required against the projection in 2013. The plan provides for up to an additional 100,000 medical and up to an additional 130,000 GP visit cards in 2013. At the same time, policy changes will lead to a reduction of approximately 40,000 medical cards as a result of changes to income calculations including those of over 70s.

The HSE Board has made a decision to introduce additional cost reductions in PCRS beyond those specified in the Estimate. In so doing the HSE will seek €60m of further target reductions in expenditure through a range of efficiency measures (detailed in table 5). The total reduction required in 2013 is therefore €383m. By pursuing this course of action, the HSE will be able to allocate more realistic budgets to frontline services as referenced in recent reports.

The key risks facing the HSE in terms of delivering the 2013 budget for PCRS are the full achievement of the targeted reductions of €383m, the number of medical cards issued and the volume of items prescribed, living within the provision for new drug spend (€70m), the delivery of the quality prescribing initiative and delivery of the clinical, regulatory and legislative requirements associated with the savings target.

Table 5: The Community (Demand Led) Schemes allocation as per the published Estimate

	€m
Gross REV 2012	**2,518**
Supplementary estimate 2012	234
Projected outturn 2012	2,752
Estimates Measures	
Programme for Government free GP care for people with certain conditions	15
New medical cards / drugs	177
IPHA / APMI Agreement	-120
Quality Prescribing Initiative	-20
Reduce price of oral nutritional supplements	-5
Target reduction in fees payable to health professionals	-70*
Increase prescription charges to €1.50 with a €19.50 monthly cap	-51
Delisting products from GMS Scheme F/Y costs	-15
Adjust income criteria for awarding medical cards	-20
Replace medical cards with GP visit cards for persons over 70 with high incomes	-12
Increase DPS threshold to €144 per month	-10
Total estimates adjustment	**-131**
2013 position before measures	2,621
National Service Plan measures	
Further delisting of products	-10
Savings on high tech drugs	-10
Probity measures on medical cards	-10
Community schemes savings	-15
Probity measures in local schemes	-15
Total National Service Plan measures	**-60**
Revised Service Plan budget 2013	**2,562**
A-A rebates	-25
Net budget 2013	**2,536**

Note that figures have been rounded. The incoming deficit assigned to PCRS reflects the funding provided in 2012 through the Supplementary Estimate. If the deficit proves to be higher than this, the HSE will need to find further savings within the schemes.

*It should be noted that the review of fees which is now underway is being carried out in full compliance with the terms of the Financial Emergency Measures in the Public Interest Act, 2009. Following careful consideration of submissions made during the review and having due regard to section 9 of the FEMPI Act, the Minister will decide whether any reductions will be made, and, if so, the scale of reductions that would be fair and reasonable in the circumstances. Should the Minister decide that reductions are warranted, regulations will be made under the FEMPI Act with the approval of the Minister for Public Expenditure and Reform.

Income

The patient / client related income target for 2013 is increasing by €77m. Legislative changes are required to achieve this. The income targets are dependent on the legislative changes and are a key component of our budgetary plan in 2013 and require a continued focus at individual hospital level in collection of income. The HSE will receive accelerated income collection of an estimated €104m in December 2012. The HSE and the Department of Health must work together to ensure that this does not reverse in 2013.

Table 6: Changes in Income

Changes in Income	€m
Provision for increase in private patient billing	60
Increase in statutory and private charges	5
Co payment for respite care	1
NHSS- increased asset contribution	6
General Register Office Services charge increases	5
	77

Nursing Homes Support Scheme (NHSS)

Our initial assessment is that 22,761 clients will be supported by the scheme by the end of 2013. It is anticipated that there will be further reductions to the sub head figure in the REV arising from discussions with the DoH. The HSE recognises that in the absence of the allocation of additional funding for the NHSS in 2013, that there will be challenges in responding to the need for residential care and it is anticipated that a placement list will be in operation and new places offered under the NHSS as funding becomes available in line with the legislation.

Table 7: The Nursing Home Support Scheme

	€m
REV 2012	**994.70**
Adjustments	
RIQA models for nursing homes	-3.00
NHSS –increased asset contribution	-6.00
Employment Control Framework	-0.28
Public Service Agreement	-0.90
Pre Retirement Initiative	-0.03
Incentivised Career Break	-0.06
Reduction in Management Grades	-0.01
Transfer to sub-head	13.00
AEV 2013	**997.43**

Pay and pay related expenditure

Delivery of this service plan is subject to the gross pay bill of the HSE falling by a further **€286m** in 2013, €69m of which is linked to further staff reductions of 3,400 WTEs. Given the large numbers that have left in recent years, it is difficult to assess exactly the numbers, type and locations of staff that will leave the HSE and voluntary bodies during 2013. This makes planning for services particularly difficult for 2013.

The Estimate requires considerable savings to be achieved from changes to the manner in which staff are deployed. A target of €10m has been set against the recruitment of graduate nurses to directly offset current spend on agency and overtime. See workforce position on page 9.

Table 8:

Pay cost adjustments	
	€m
PSA Pay and Flexibility Arrangements	-73
Public Service Agreement -New Working Models	
Re-organisation of hospital services	-5
Savings and efficiencies in disability service sector	-6
Employment Control Framework (ECF)	-52
Public Service Agreement unallocated pay savings	-150
	-286

Non pay expenditure

The plan is based on savings in non-pay of €43m, the HSE is seeking to reduce prices and control volumes of stock of supplies and services used by the HSE and the voluntary sector. This has been deducted from regional budgets and the Regional Directors of Operations (RDOs) will work with procurement services to deliver the required savings. The HSE will support the implementation of the Accenture Report on procurement completed nationally by the Department of Public Expenditure and Reform.

Demographic Funding

A €90m allocation has been received in respect of demographic pressures experienced by health services. This will be applied against a range of cost pressures identified details of which are contained in Appendix 1

Children and Family Services

The provision in this plan for Children and Family Services is €541m which is subject to change and will be reflected in the REV.

Table 9: 2013 Financial Allocation

Income and Expenditure 2013 Allocation	Pay	Non-Pay	Income	Total
	€m	€m	€m	€m
Statutory				
Hospitals	1,761	649	0	2,410
Community Services	1,924	2,431	0	4,355
Total Statutory	**3,685**	**3,080**	**0**	**6,764**
Voluntary				
Hospitals	1,664	597	-554	1,707
Community Services	487	66	-101	452
Total Voluntary	**2,152**	**663**	**-655**	**2,160**
Hospitals	*3,425*	*1,246*	*-554*	*4,117*
Community Services	*2,411*	*2,488*	*-101*	*4,798*
Primary Care Reimbursement Services	*7*	*2,555*	*0*	*2,562*
Children and Families	*248*	*293*	*0*	*541*
Corporate	115	130	0	244
Statutory Pensions	678	0	0	678
National Services incl. Ambulance	196	218	0	414
Population Health	65	80	0	146
Repayment Scheme	0	9	0	9
Unapplied Funding*	-	-	-	-105
Grand Total	**7,147**	**7,018**	**-655**	**13,404**

*This heading includes both the €150m unallocated pay savings and also unallocated development funding which will be allocated and is not contingency against the €150m

Table 10: 2013 Financial Allocations

Care Group by Programme	2012 Budget €m	2013 Budget €m	
Acute	3,978	4,117	3.5%
PCRS	2,518	2,562	1.7%
Primary Care	372	400	7.6%
Children and Families	544	541	-0.5%
Mental Health	711	733	3.1%
Disability	1,554	1,535	-1.2%
NHSS – A Fair Deal	994	998	0.4%
Older People	403	392	-2.6%
Palliative Care	73	72	-1.6%
Social Inclusion	115	114	-1.0%
Multi Care Group	482	477	-1.1%
Other	81	77	-4.6%
Total Care Group	**11,824**	**12,018***	**1.6%**

*These figures will further reduce when the €150m additional pay reduction target is applied.

Financial Performance

Clear planning and strong financial management and control are key to ensure successful delivery through the transition to the reformed health landscape. Building the finance capacity and supporting system development are critical. The most critical success factor for 2013 will be that budget holders identify and respond to any service and financial issues as they arise and are supported in taking all necessary action. Experience in the past has seen these issues accumulate and remain unaddressed. This must change in 2013.

This service plan seeks to address legacy issues to the extent that an attempt is made to give each budget holder a realistic budget for 2013 in the context of the service levels in 2012. In rebalancing budgets, the HSE will assess performance in 2012 under a number of headings including cost reduction, management of absenteeism, achievement of service targets and productivity. The percentage change in hospital budgets will be nuanced based on these criteria.

No budget holder can plan for a deficit. All deficits must be addressed in the planning phase and decisions made to address these where they exist in the context of the available funds. Each budget holder will confirm this at the start of the year and will be held accountable for performance.

Contingency

The requirement to identify a quantum of recurring funds that are only committed on non-recurrent expenditure each year is an important component of a sound financial management strategy. It provides flexibility and mitigates financial risk. While the HSE recognises the need for such contingency, the provision of a contingency fund would impact directly upon service provision. If, for example the HSE were to provide a 2% contingency, it would need to set aside €268m. This would have a major service impact and we do not consider it a realistic option. The only real contingency is to take further policy based measures, following review of each month's financial outturn, the HSE will need to consider with the Department of Health, the need for further policy decisions to address any emerging cost pressures.

Allocations

Following the approval of NSP2013 by the Minister, the HSE will allocate budgets to budget holder level. The bases of allocation will reflect the reductions in the Estimate and the outcome of the rebalancing analysis of the HSE.

Movement to 'money follows the patient'

The HSE will move to a 'money follows the patient' approach on a shadow basis in 2013 and commence funding on this basis in 2014. Each hospital group will be required to participate in this important preparatory step for universal health insurance implementation.

Financial Disclosure

The HSE expects full disclosure of all relevant financial information including details of all payments to senior managers. This will be an absolute requirement within its section 38 and 39 contracts with voluntary bodies.

Profiling

Each region will profile its budget to reflect both the national plan and the regional business plan so that a true comparison of cost and budget can be made each month. The €150m pay saving target associated with the extension of the Public Service Agreement will be profiled from the month of April onward. This cut has not been applied at the start of the year as the HSE does not yet have a basis of allocation depending upon the outcome of the process. The unallocated pay savings will impact on the final care group profiles.

Overdrafts

The voluntary system has for a long number of years, used overdrafts in the second half of the year as part of its funding arrangement with the HSE and previously the Department of Health. The letter of sanction relating to the HSE vote from the Department of Public Expenditure and Reform sets the maximum level of overdraft that a voluntary body can have as part of its funding relationship with the HSE as being the level in place in 2008. This equates to an amount of €152m. It is anticipated that voluntary bodies will continue to avail of overdraft facilities in 2013 to support their expenditure level within the context of the criteria set out above.

THE WORKFORCE POSITION

Government policy on public service numbers requires that, by the end of 2013, the health service achieves a workforce of 98,955 whole time equivalents (WTEs). This is a very challenging target given the level of staff reductions that have been achieved in recent years. Since 2009 there has been a reduction of just over 10,000 WTES in employment levels.

This plan provides for investment of an additional 1,025 WTEs in a number of key prioritised areas as outlined in appendices 1 – 3 as well as the completion of the 2012 mental health investment programme (400+ posts).

In order to reach the end of 2013 ceiling target and to deliver on these critical service developments, it will be necessary to achieve a gross reduction of almost 4,000 WTEs or 4% of our workforce which equates to the loss of the equivalent of approximately 6.4 million working-hours on an annual basis. The overall net reduction required by the end of 2013 will be 2,400 WTEs. Staff reductions will be pursued throughout 2013 through natural turnover (retirements and resignations) and such other targeted measures or initiatives as may be determined by Government in relation to the health sector or the wider public service.

It is anticipated that there will be a targeted voluntary redundancy programme across Government and that the HSE will target a reduction in staffing levels of 1,500 WTEs as part of this. Any such measures will be implemented in a manner as to maximise the protection of frontline services but inevitably staff reductions of this magnitude have the potential to impact on the level of services delivered.

There will be a focused approach to the management of the staffing resource in order to deliver on the service objectives of this plan, while controlling payroll and related costs. The *Public Service Agreement* (PSA) will remain a key enabler to further reduce the cost of labour, deliver cost reductions and payroll savings and to manage the change agenda in 2013. There is a dependency on further savings to be delivered by the PSA extension. The HSE will work with the Department of Public Expenditure and Reform who have lead responsibility for this. The *Revised Health Sector Action Plan 2012-2013* notes that 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. Continued staff cooperation will be required with organisational changes within the HSE such as new governance and management structures, and the establishment of hospital groups. Specifically the following objectives will be advanced:

- Specific priority work practice changes for identified health disciplines
- Systematic reviews of rosters , skill-mix and staffing levels
- Increased use of redeployment
- Further productivity increases
- A focused approach to addressing staff absenteeism and implementing revised new sick leave arrangements
- Greater use of shared services and combined services, coupled where necessary, in terms of costs and efficiency, to the use of external sourcing in order to deliver cost-effectiveness and best value for money, while protecting frontline service delivery;
- Greater integration of the human resources functions of the statutory and voluntary sectors to remove duplication, achieve better efficiencies and allow for greater use of shared services within and across emerging structures.

There will be tight control of the use of higher-cost staffing arrangements and in particular the use of agency staffing and overtime working. A graduate nurse employment programme will be implemented, involving the recruitment of up to 1,000 nurses on two-year contracts. This will provide these staff with frontline working experience and professional development opportunities while at the same time providing additional nursing capacity at service level.

European Working Time Directive

There will be a particular focus in the acute hospital service on the achievement of compliance with the European Working Time Directive amongst the non-consultant hospital doctor (NCHD) workforce, in line with the Implementation Plan submitted by Ireland to the European Commission in 2012.

Employment Control

The challenge for the health service in 2013 is to achieve the overall end of year reduction in staff numbers in a managed way, while ensuring that services are maintained to the maximum extent and that the service priorities determined by Government are addressed. In addition to reductions resulting from normal staff turnover, it is expected that the Government will set out a number of other mechanisms which can be used in a targeted way to contribute to the achievement of the necessary overall reduction.

Robust and responsive employment control, with accountability at regional and service manager level, continues to be a key driver for 2013. An employment control ceiling will be assigned to each budget-holder in order to ensure that there is clarity on the level of reduction to be achieved in the course of the year. Any adjustments to these ceilings will be made only to take account of specific service development needs and in the context of the overall employment target being achieved.

Reconfiguration and integration of services, reorganisation of existing work and redeployment of current staff will need to underpin the employment control framework in order to implement Government policy on public service numbers and costs within budgetary allocations.

The 2013 employment control framework will also address workforce issues such as overtime and agency usage and costs, cost of allowances, and cost of absenteeism.

Current health service staff numbers by grade category and by care group are set out in the following table:

Table 11: Current Care Group Breakdown by Staff Category as of November 2012

Care Group	Medical / Dental	Nursing	Health & Social Care Professionals	Management / Admin.	General Support Staff	Other Patient & Client Care	Total
Acute Hospitals	6,167	19,140	5,758	7,187	5,624	3,471	**47,346**
Ambulance Services				49	20	1,470	**1,538**
Cancer Services	177	333	284	277	74	46	**1,191**
Primary Care	869	1,999	2,069	2,886	424	926	**9,174**
Children & Families	3	41	2,845	357	50	227	**3,521**
Disabilities	72	4,048	2,839	1,077	1,226	6,000	**15,261**
Mental Health	715	4,632	722	754	1,037	906	**8,766**
Older People	119	3,978	362	517	1,050	3,725	**9,752**
Palliative Care	29	251	68	61	88	118	**617**
Social Inclusion	66	60	199	124	15	180	**645**
Health & Wellbeing			499	80	13	2	**594**
ISD Total	**8,217**	**34,481**	**15,645**	**13,370**	**9,619**	**17,073**	**98,405**
Ambulance, Corp. Services, QCC, PH, etc.	**117**	**133**	**76**	**2,351**	**368**	**69**	**3,114**
Total	**8,334**	**34,614**	**15,721**	**15,721**	**9,987**	**17,142**	**101,519**

Note: This data is currently being revised based on initial validation of staff mapped to Children and Families and will impact particularly on Primary Care and some of the other care groups

Table 12: Indicative Employment Ceilings 2012 and 2013

Ceiling Dec 2012	Projected Dec 2012 outturn	2012 Mental Health	Additional prioritised posts 2013	Reduction required	Ceiling Dec 2013
101,970	101,400	409	1,025	3,879	98,955

Agency and Overtime Policy

There will be a particular focus in 2013 on reducing significantly the volume of both agency and overtime usage across all staff functions. Where the budget allows, agency staff may be used only where no alternative is possible and where there is a short-term critical service need. Agency staff will not be used to support service levels beyond those agreed in this plan or to substitute for staff losses as a result of the need to reduce health sector employment.

Medical manpower

Since 2009, there has been a significant increase in employment levels for medical consultants. This growth and the costs associated with it make it appropriate to review non-consultant hospital doctor (NCHD) capacity and to focus on reducing medical overtime and agency / locum costs.

Human Resource (HR) Shared Services

HR Shared Services will continue to develop its responsiveness to its internal customers. Each service delivery unit will have access to efficient, responsive HR shared services to support employee and industrial relations, performance management, organisational and workforce development, recruitment, and transactional HR support. The emphasis in 2013 will be to enhance and improve current services against an environmental backdrop of reduced resource challenges. Improved business processing, enhanced turnaround times and productivity will continue to be the objective of HR services. HR services will continue to introduce increased levels of standardisation in high level processing activities utilising available resources and technology.

ESTATES AND CAPITAL PROGRAMME

The Capital Plan for the multi-annual period 2013-2017 supports the Government's priorities as set out in the Programme for Government and the recently published strategy for the reform of the health services - *Future Health: A Strategic Framework for Reform of the Health Service 2012 – 2015*. The Government has announced that the HSE's 2013 capital allocation excluding ICT amounts to €341m. This includes approval for an additional €8m investment funded from the proceeds of the disposal of surplus assets. The main priority in 2013 will be the prudent management of the capital allocation and the maintenance of the HSE's property portfolio.

For 2013, the HSE Capital Plan 2013-2017 prioritises progressing the major priority projects - the Children's Hospital, the Central Mental Hospital and its associated facilities, the National Programme for Radiation Oncology and the continued roll out of primary care infrastructure in line with the National Primary Care Strategy. Primary care centres are being procured through direct build, the lease initiative, and by means of the PPP initiative announced in July 2012 as part of the Government's investment stimulus package. The commitment to deliver the mental health investment programme in line with *A Vision for Change* will continue, provision is made for the redevelopment of the National Rehabilitation Hospital, and improving long term care facilities to support services for older people. The plan also contains provision to support the delivery of acute hospital services including paediatric and maternity care, pre-hospital emergency services, the Small Hospital Framework, the equipment replacement programme and health technology.

The commencement of the priority projects will involve significant financial commitments over 2015 and 2016 and will impact on the Executive's ability to progress new projects.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

The HSE recognises that critical to the success of the reform agenda will be ICT and the wider information and informatics agenda, including enactment of essential legislation such as the *Health Information Bill*. The HSE will work with the DoH to ensure that the necessary information, technical and governance infrastructure is in place to implement the eHealth Strategy in development. In 2013 the HSE's ICT capital allocation amounts to €40m. A number of significant service supporting projects will be advanced in 2013, these include expansion of electronic referrals for primary care, Standard Assessment Tool for older people, supporting a number of Special Delivery Unit (SDU) and clinical programme projects, National Financial System, deploying the National Child Care Information System and deploying an endoscopy reporting system to support the national colorectal screening programme.

QUALITY AND PATIENT SAFETY

We are acutely aware that in our current economically challenged environment, now, more than ever, the quality and patient safety agenda is of utmost importance, particularly when financially focused decisions on health care have to be made. Quality and patient safety is a whole systems approach. We are committed to building the capacity of key leaders across our healthcare system through the Diploma in Leadership in Quality Improvement and the associated site specific training so that quality improvement is embedded throughout the delivery system.

A culture of continuous quality improvement through effective governance structures, clinical effectiveness, outcome measurements, and evaluation remains at the centre of our approach to improving services. We have well advanced systems for managing incidents, we have a comprehensive approach to managing complaints, and we have commenced a rolling programme of healthcare audit. All of these processes give rise to important learning which we must ensure will lead to changes in healthcare practice in order to avoid repeating mistakes and better guarantee the safety and quality of care for patients. Our patient charter, *You and Your Health Service,* is an indication of our commitment to inform and empower service users to actively look after their own health, and to influence the quality of healthcare in Ireland. The HSE's Quality and Patient Safety Directorate will continue to work with the DoH in the setting up of the new Patient Safety Agency (to be established on an administrative basis) as outlined in *Future Health*.

2013 will see the HSE progressing actions to work towards meeting the *National Standards for Safer Better Health Care,* launched by the Health Information and Quality Authority (HIQA) in 2012. Based on international and national evidence, the 45 Standards describe a vision for high quality, safe healthcare and provide a framework for services to organise, manage and deliver safe and sustainable healthcare consistently. Implementing the standards will represent a significant challenge to all service providers across the care spectrum. We will work closely with frontline service providers to support them in working towards meeting the National Standards.

SERVICE DELIVERY IN 2013

As described, the HSE faces a large budgetary challenge in 2013. Every effort will be made to minimise the impact on direct service provision by seeking efficiencies in non service impacting areas and the service targets being set reflect this. The impact of the staff that will be available to deliver frontline services is critical and is the issue that will most directly impact on the service levels in 2013. The HSE is working to change the way we deliver many of our services, implementing in many areas new models of care which will allow us to get more from our reduced budget.

Acute Hospitals

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
47,524	47,190	3,978	4,117	3.5%

Fundamental to the reform agenda is the need to reorganise our hospital resources to ensure patients access appropriate treatment in the right setting, receive the best possible clinical outcomes and provide sustainability for hospital services into the future. Implementation of national clinical care programmes will continue to improve delivery on optimal care pathways for different clinical needs, assisting local management to enable improvements in the delivery, quality and patent safety of services. The report on hospital trusts and the small hospitals framework will provide the necessary and appropriate strategic guidance to build our modern acute hospital infrastructure and networks. In 2013, the HSE will:

- Improve access for both emergency and elective services in public hospitals. This includes improved access to outpatient and diagnostic services. Specific targets include:
  - No adult will wait more than 8 months for an elective procedure (either inpatient or day case)
  - No child will wait more than 20 weeks for an elective procedure (either inpatient or day case)
  - No person will wait longer than 52 weeks for an OPD appointment
  - No person will wait more than four weeks for an urgent colonoscopy and no person will wait more than 13 weeks following a referral for routine colonoscopy or OGD

- 95% of all attendees at Emergency Departments (EDs) will be discharged or admitted within 6 hours of registration
- Our expected activity for 2013 is 600,887 in inpatient activity and 830,165 in day cases.

Priorities in 2013 include:

- Establish hospital groups and associated governance and management arrangements, pending primary legislation to give full effect to establishment of public hospitals as independent not-for-profit trusts.
- Implement the Small Hospitals Framework when published, which will ensure patients receive high quality care in the most appropriate setting resulting in best possible outcomes.
- Implement new methods of resourcing in hospitals in order to drive further efficiencies. This will include working towards implementation of the 'money follows the patient' system of funding provided on a per patient basis.
- Continue our commitment to delivering the optimal care pathway for different clinical needs enabled by implementation of clinical programmes of care.
- Hospital budgets in the areas of oncology and metabolic drugs will be increased to reflect anticipated growth.
- Funding will be provided for a number of priority areas including the critical care unit in the Mid-Western Hospital Group, staffing to extend the operation of the CT Scanner in Midland Regional Hospital in Portlaoise.
- Some hospital budgets will be increased where they have been independently assessed as requiring additional bed capacity.
- There will be a strong focus on working with hospitals to ensure their effective management resulting in the introduction of earned increasing autonomy during the year.

National Clinical Care Programmes

The key focus of the clinical care programmes in 2013 will be consolidation of the achievements of 2012 and building on the successes to date by implementation of the programmes, in partnership with local teams, to spread effective changes and take a consistent national approach to improvement being cognisant of the diversity of Ireland. The programmes will take a cross programme collaborative approach to local implementation of best practice using a systematic, collaborative and information based approach to improve services and provide better value for money and value for patients and families. The priorities for 2013 are:

- Implementation of existing commitments. There is investment in place in the regions to support the implementation of clinical programmes. Expenditure against this investment in programmes will be agreed between the National Director of Clinical Strategy and Programmes and the Director of ISD and RDOs based upon an assessment of clinical priorities and risk to the extent that both the WTE and funding are available locally.
- The Programmes will continue to work with the ISD, SDU, QPS, Clinical Directors and Hospital groups to develop multiprofessional, multiagency partnerships to reduce the number of hospital attendances and admissions at a time of considerable growth in demand and also improve hospital systems and processes and patient flow across organizational boundaries, especially at the arrival, admission and discharge interface.
- Development of chronic condition management programmes across the spectrum of services from prevention to sustaining services including specific additional investment in diabetes services.
- A particular focus will be the delivery of significant savings in the drugs bill as a result of the Quality Prescribing project as part of the medication management clinical programme. A specific project management process will be put in place to support this project.

Pre-Hospital Emergency Services and Retrieval

National WTE Numbers	
End Dec. 2012 Ceiling	End Dec. 2012 Projection
1,539	1,528

A significant reform programme has been underway in recent years to totally reconfigure the way we manage and deliver pre-hospital care services. This is in line with the recommendations of *Future Health* to ensure a clinically driven, nationally co-ordinated system, supported by improved technology, which will also encompass the National Aeromedical Co-Ordination Centre.

In July, 2012, the National Ambulance Service commenced a new more cost effective model of service delivery known as the Intermediate Care Service. This will assist in bridging the gap between secondary and primary care, by complimenting existing primary care services and facilitating early discharge from hospital for patients and helping to avoid unnecessary admissions to hospital. The key priorities are:

- Progress the major reorganisation of pre-hospital emergency (ambulance) services including the delivery of a single national Control Centre across two sites by quarter 4, 2013 and support improvements in response times for transporting vehicles as well as investment in paediatric retrieval services.
- The proposal to invest €12.2m in ambulance services in 2013 to support the smaller hospital strategy will also include delivery of the adult retrieval service as proposed by clinical programmes (details in Appendix 1). It is anticipated that the clinical programmes and the ambulance service will agree an approach in early 2013 and bring this forward to the management team of the HSE for approval.

The National Cancer Control Programme (NCCP)

National WTE Numbers	
End Dec. 2012 Ceiling	End Dec. 2012 Projection
1,196	1,188

The NCCP will continue to focus on maximising timely access to services where possible and continue the development of a comprehensive national service, based on evidence and best practice. Year on year growth in demand for cancer services is approximately 3% alongside increased costs associated with new and innovative treatments. A €17m additional provision has been made in 2013 for the increased costs of cancer drugs. Other priority areas in 2013 will be to:

- Formally launch and roll out the colorectal national cancer screening programme and the diabetic retinopathy screening programme.
- Continue the transfer of major cancer surgeries into designated cancer centres.
- Progress the expansion of radiation oncology facilities and implement a national medical oncology programme.

The NCCP commits in 2013 to the following access targets:

- Breast cancer: 95% of women who are triaged as urgent will be offered an appointment within two weeks and 95% triaged as non urgent within 12 weeks.
- Lung cancer: 95% of patients will be offered an appointment to attend a lung cancer rapid access clinic within 10 working days of receipt of referral in the cancer centre.
- Prostate cancer: 90% of patients will be offered and appointment to attend a prostate cancer rapid access clinic within 20 working days of receipt of referral in the cancer centre.

Primary Care Services

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
9,231	9,166	372	400	7.6%

The Primary Care Team (PCT) remains the central point for service delivery in the community. Evidence shows that the cost effectiveness of any national heath care system is strongly correlated with the strength and position of primary care within that system. The enactment during 2012 of the *Health (Provision of General Practitioner Services) Act 2012* now allows for open entry to the General Medical Services (GMS) for suitably qualified and vocationally trained GPs and eliminates restrictions on GPs wishing to treat public patients. *Future Health* commits to reforming the current public health system by introducing Universal Health Insurance with equal access to care for all.

In 2013, there are plans to invest €20m in primary care services to support the recruitment of prioritised front line PCT posts and to further develop community intervention teams as outlined in Appendix 2. The failure to complete key team members has reduced the effectiveness of primary care services to date. Additionally a number of cost pressures are being funded from the demographic funding as set out in Appendix 1 as well as progress in relation to diabetes care.

Introducing chronic disease management programmes is a key priority for us. In addition funding has been provided for:

- Continuing the implementation of the National Diabetes Integrated Care Package with the appointment of 17 integrated care diabetes nurse specialists as well as the diabetic retinopathy screening programme.

- Continuing the development of the audiology programme
- Continuing to provide appropriate accommodation to enable successful functioning of PCTs through development of primary care centres

Community (Demand Led) Schemes

Budget Allocation		
2012 €m	2013 €m	% change
2,518	2,562	1.7%

As outlined earlier in this plan, very substantial cost efficiencies and further policy decisions are required in the PCRS service in 2013 to support reductions of €383m. Based on projections, provision has been made for growth of up to 100,000 medical cards and up to an additional 130,000 GP visit cards based on the extension of the provision of GP services and changes to eligibility income rules. Policy changes will reduce eligibility for approximately 40,000 people currently in receipt of medical cards, giving an anticipated net growth in 2013 of 60,000 medical cards. While the number of cards is a cost driver in schemes, the primary drivers relate to prescribing practices and the number of items contained within each prescription.

Palliative Care Services

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
615	611	73	72	- 1.6%

For palliative care services, the development and implementation of the best practice model of palliative care will apply a set of service principles across identified clinical streams and patient flow continuums in order to enable people get the right care, at the right time, by the right team and in the right place. Our priorities in 2013 are to:

- Support the delivery, and improve the quality of, generalist and specialist palliative care services in line with our strategic policy direction and improve resource utilisation including systematic assessment of need, access and referral.
- Progress the development of paediatric palliative care services.

The HSE commits in 2013 to the following access targets:

- 92% of specialist inpatient beds provided within 7 days
- 82% of home, non-acute hospital, long term residential care delivered by community teams within 7 days

Older People

National WTE Numbers		Budget Allocation			
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m		2013 €m	% change
9,833	9,764	OP Services	403	392	- 2.6%
		NHSS	994	998	0.4%

In order to meet increasing population need and deliver sustainable services within available resources, innovative models of care are required to further advance the development of equitable integrated care for older people across community-based services, intermediate care options and quality long term residential care services (supported by a robust and well funded scheme, presently the NHSS*)*. The provision of intermediate care options and the provision of clear pathways of care for older persons accessing the health care systems will continue to be developed in 2013, with specific emphasis on the provision of transitional / intermediate type care to address the issue of unnecessary admissions to acute hospitals and the requirements for long stay care. This will build on the work commenced in 2012 which saw an investment of €11m in these types of services. Our priorities for 2013 will be to:

- Provide quality long stay residential care for older persons who can no longer be maintained at home, with the assistance of an appropriate, equitable, and accessible funding scheme. A review of the NHSS is being carried out by the DoH. It is likely that it will be necessary for budgetary purposes to put in place a placement list in line with NHSS legislation and offer new places as budget becomes available.
- Provide comprehensive home and community supports such as home help and home care packages. Levels of these services will be as planned for in 2012. In 2013, the HSE will provide for:
  - 10.30m hours of home help service
  - 10,870 people in receipt of home care packages
  - 22,761 NHSS residential care places
- Introduce innovative ways to keep older people healthy and out of hospital and also progress the Single Assessment Tool (SAT) to ensure a robust equitable standardised care needs assessment nationally.
- The HSE commits in 2013 to ensuring that 100% of elder abuse referrals will receive a first response from a senior case worker within 4 weeks.

Disability Services

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
15,288	15,180	1,554	1,535	- 1.2%

The *Report of the Value for Money and Policy Review of the Disability Services Programme* (VFM), July 2012 provides the framework within which significant change will be implemented in disability services. This includes changes to the governance, funding and focus of provision, positively impacting on the way in which people with disabilities are supported to live the lives of their choice. This requires significant realignment and reconfiguration of existing resources with a decreasing budget and staff complement.

The allocation for disability services will be reduced by 1.2%, its share of the estimate reduction. The HSE is committed to maintaining personal assistance hours at 2012 levels. Our priorities in 2013 will be to:

- Provide 1.68m hours of personal assistance which is the same as committed to in the 2012 service plan.
- Develop an implementation plan for Value for Money and Policy Review of Disability Services, strengthen the National Disability function in order to put the plan into effect, and commence associated actions, including an early examination of critical rostering, skill mix and costing variables across the sector.
- Improve the quality of disability services, which will include preparing for and implementing national HIQA standards for residential services for children and adults.
- Continue to implement the Progressing Disabilities Programme for Children and Young People aged 0-18
- Improve information systems for disability services
- Continue to carry out disability assessments in line with the Disability Act, 2005

Mental Health

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
8,837	8,775	711	733	3.1%

Our strategic direction continues under the implementation of *A Vision for Change* which is the basis for the reform of our mental health services. The Programme for Government commits to ring-fenced funding of €35m annually from within the health budget to be set aside for mental health services. Specifically in 2012 this was planned to develop general adult and child and adolescent community mental health teams, to implement the recommendations of the suicide prevention strategy *Reach Out* and to provide access to counselling and psychotherapy in primary care.

Delays in implementation in 2012 as a result of budgetary pressures have resulted in the planned developments only now taking place. A further €35m has been allocated for year two of this investment programme as outlined in Appendix 3. In addition our priorities in 2013 will be to:

- Continue to implement all the actions resourced under the 2012 NSP
- Subject to affordability to commence those from year two investments, particularly the further development of suicide prevention initiatives, forensics, and community mental health teams for adults, children, older persons and mental health intellectual disability.
- Implement agreed clinical care programmes in mental health across primary and secondary care
- Continue to rationalise adult inpatient and continuing care provision in line with a *Vision for Change*. Reduction of a minimum of 102 acute inpatients beds by end 2013.

In relation to child and adolescent mental health services, the HSE commits in 2013 to the following access targets:

- 70% of child / adolescent referrals will be offered first appointment and seen within three months.
- No child / adolescent will wait over 12 months for a first appointment.

Social Inclusion Services

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
651	646	115	114	- 1.0%

The pressures associated with the current climate exert a disproportionate effect on vulnerable groups. In addition, Census 2011 figures reflect the continuing growth in ethnic and cultural diversity of the population, for example 12% of the population in Ireland is born in other countries. This has an implication for how we plan services, meet service user needs and achieve better outcomes. In 2013 we will:

- Deliver specific targeted services for people who may experience social exclusion, supporting enhanced responsiveness of mainstream services and facilitating partnership and inter-sectoral working wherever possible.

Children and Family Services

National WTE Numbers		Budget Allocation		
End Dec. 2012 Ceiling	End Dec. 2012 Projection	2012 €m	2013 €m	% change
3,552	3,527	544	541	- 0.5%

Children and Family Services will be disaggregated from the HSE into a new agency, the Child and Family Support Agency. Government is proceeding with the drafting of a Bill to establish the agency, which will bring a dedicated focus to child protection, family support and other key children's services for the first time in the history of the State. The main priority for the HSE is to plan for this transfer during the year, while maintaining its focus on delivering quality and safe children and family services. Protocols will be developed to facilitate joint working and enhance relationships with other areas of the health services that relate to children such as primary care, disability and mental health services. The HSE will also work to implement *Children First, the National Guidance for the Protection and Welfare of Children (2011)* and prepare for Children First being placed on a statutory basis

The HSE commits in 2013 to ensuring:

- All children in care will have an allocated social worker
- All children in care will have a written care plan

Health and Wellbeing

Publication of the Health and Wellbeing Policy Framework is imminent. This policy aims to improve the health of the population and reduce health inequalities by addressing causes of preventable disease. In addition, promoting, protecting and improving health and reducing health inequalities are economically more prudent than treating acute illness in hospital and the more costly long term chronic diseases.

Immunisation is well recognised as one of the most cost effective public health interventions in reducing deaths and illness for vaccine preventable diseases. Other factors also influence health, such as sanitation, access to healthcare, educational attainment, level of income and the environment. Competing demands for service provision at times of budgetary pressures always makes prioritisation of these preventative services difficult. Deciding on priorities for 2013 has been challenging but our priorities in 2013 will be to:

- Support implementation of *The Health and Wellbeing Framework* when published.
- Complete the programmatic review of Health Promotion Programmes.
- Support the area of child health, including immunisation and targeted screening programmes.
- Prevent, control and manage infectious diseases.
- Enforce legislation and promote activities to assess, correct, control and prevent those factors in the environment which can potentially adversely affect the health of the population.
- Plan, prepare and make a co-ordinated response to major emergences across all Directorates and with other response agencies.
- Implement recommendations of the *HSE Tobacco Control Framework* and the Government's Strategy *Towards a Tobacco Free Society: Report of the Tobacco Free Policy Review Group* and enforce the *Public Health (Tobacco) Acts* and tobacco control legislation

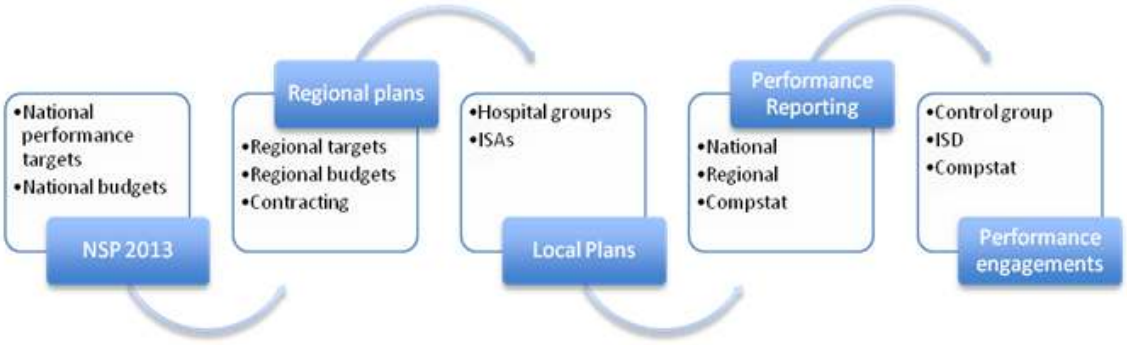
IMPROVING PERFORMANCE MANAGEMENT

A key priority as the health system continues to reform is to ensure that financial and service performance is actively reported on and managed in a timely manner. Building on the work of recent years, the 2013 accountability framework will ensure that performance will be measured against agreed plans which include financial and service delivery commitments in terms of access targets, service quality and volumes. These plans will be monitored through a range of scorecard metrics. Service managers will be held to account and under performance will be addressed.

The NSP2013 implementation plan supporting this document sets out health and personal social services to be delivered by care group / programme. Each chapter contains a list of priorities, key actions and measures which will provide information about progress throughout the year. These will link through regional business plans to local plans where explicit local targets are named.

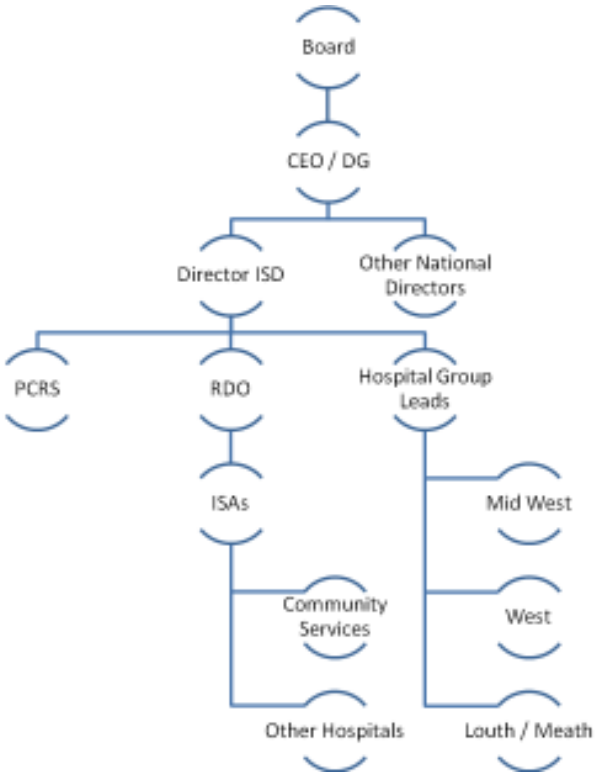
Performance reports will track delivery against plan and CompStat will support performance management at local service delivery unit level as it continues to be embedded in the operational system, for hospitals and community services. All reporting formats will be amended to support the new organisational structure and roles.

Funded agencies will be managed through improved Service Level Agreements which will include greater linkages to national priorities and increased transparency in relation to corporate overheads and senior salaries.



HSE GOVERNANCE and ACCOUNTABILITY

The health system will undergo significant structural change in 2013. In this context it is vital to be clear about accountability for services and expenditure in 2013. The diagram below sets out the organisation structure of the HSE at the start of 2013. It is recognised that this will change during the course of the year. Current accountable budget holders must focus strongly upon service delivery and expenditure control. The HSE Code of Governance and the financial, procurement and HR regulations of the HSE apply across the organisation and set out the behaviours expected. Compliance with the Code remains a key objective. The control assurance process of the HSE will continue to operate in 2013 and will adapt to meet the emerging structural arrangements. Accountability to the HSE Board and its Risk and Audit Committees will remain key components of the controls environment.



POTENTIAL RISKS TO DELIVERY OF NSP2013

There are a number of risks to the successful delivery of this National Service Plan including:

- Dealing with 2013 increase demand for services beyond planned levels
- Ability to agree on service levels / targets based on unpredictable staffing levels and funding
- Ability to afford staffing levels
- The absence of mechanisms to lose staff
- Achievement of required savings in primary care schemes
- Delivery of regulations and legislation to support the service plan savings.
- Inability to provide sufficient contingency fund without impacting on services.
- The impact of potential insufficient capacity of the NHSS.
- Meeting of statutory responsibilities
- Shortfall in income collection and generation, amendment of income target in Vote.
- Capacity of the system to deliver on the expenditure reductions set out in the estimate

NATIONAL SCORECARD

National Performance Scorecard				
Performance Indicator	**Target 2013**		**Performance Indicator**	**Target 2013**
Emergency Care % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	Quality, Access and Activity	**Health Protection** % of children 24 months of age who have received three doses of 6 in 1 vaccine	95%
			% of children 24 months of age who have received the MMR vaccine	95%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%		% of first year girls who have received the third dose of HPV vaccine by August 2013	80%
Elective Waiting Time No. of adults waiting more than 8 months for an elective procedure	0		**Child Health** % of new born babies visited by a PHN within 48 hours of hospital discharge	95%
No. of children waiting more than 20 weeks for an elective procedure	0		% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	95%
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0		**Child Protection and Welfare Services** % of children in care who have an allocated social worker at the end of the reporting period	100%
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	0		% of children in care who currently have a written care plan, as defined by *Child Care Regulations 1995*, at the end of the reporting period	100%
Outpatients No. of people waiting longer than 52 weeks for OPD appointment	0		**Primary Care** No. of PCTs implementing the national Integrated Care Package for Diabetes	51
Day of Procedure Admission % of elective inpatients who had principal procedure conducted on day of admission	75%		No. of primary care physiotherapy patients seen for a first time assessment	139,102
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%		**Child and Adolescent Mental Health** % on waiting list for first appointment waiting > 12 months	0%
Re-Admission Rates % of surgical re-admissions to the same hospital within 30 days of discharge	< 3%		**Adult Acute Mental Health Services Inpatient Units** No. of admissions to adult acute inpatient units	14,044
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%		**Disability Services** Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	1.68m
Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%		No. of persons with ID and / or autism benefitting from residential services	8,172
Stroke Care % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%		**Older People Services** No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period	22,761
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%		No. of persons in receipt of a Home Care Package	10,870
ALOS Medical patient average length of stay	5.8		No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	10.3m
Surgical patient average length of stay	4.5% reduction		% of elder abuse referrals receiving first response from senior case workers within 4 weeks	100%
HCAI Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.060		**Palliative Care** % of specialist inpatient beds provided within 7 days	92%
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5		% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	82%
Cancer Services % of breast cancer service attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(% offered an appointment that falls within 2 weeks)*	95%		**Social Inclusion** % of individual service users admitted to residential homeless services who have medical cards.	>75%
% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral	95%		**Finance** Variance against Budget: Income and Expenditure	≤ 0%
% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	90%		Variance against Budget: Income Collection / Pay / Non Pay/ Revenue and Capital Vote	≤ 0%
Emergency Response Times % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 70%		**Human Resources** Absenteeism rates	3.5%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 68%		Variance from approved WTE ceiling	≤ 0%

APPENDIX 1 – Proposed Schedule of Areas of Budget Provision 2013 (€90m-Demographic Funding)

	Demographic	WTE
Community		
Diabetic Retinopathy Screening	1.10	
Diabetic Retinopathy Treatment	1.80	
Diabetes Programme	1.80	17.0
Audiology	1.90	5.0
GP Training scheme	13.00	
Immunisation	6.50	
Mother and Infant Scheme	4.94	
Enzyme Replacement therapy	0.25	
Disability- School leavers	4.00	
Fluoridation	0.70	
Renal - Haemo / HD	3.35	
Pre-Hospital Emergency Care / Retrieval		
Ambulance control centre (1/2 year)	4.44	55
Ambulance services (1/2 year)	4.95	106
Aero medical service	0.80	2.3
Paediatric Retrieval	2.00	7.0
Hospitals		
Critical care block (MWRH)	3.00	30.0
Midland Regional CT	0.54	4.5
Hospital pressures	10.54	
Child sexual abuse services	0.24	2.0
Metabolic drugs	2.00	
Renal living donor	3.50	30.0
Narcolepsy	0.80	
Other		
Oxygen blenders	0.01	
Quality improvement- all clinical programmes	1.00	
Radiology referral management	0.06	
Colorectal screening	4.30	
Oncology drugs	10.00	
Other pressures	2.50	25.0
	90.00	**283.8**

APPENDIX 2 – Primary Care Additional Expenditure €20m*

Key Result Area	Deliverable 2013	Funding €m	WTE
Primary Care			
Primary Care Posts	DNE	4.0m	58
	DML	7.5m	104
	South	3.3m	48
	West	2.8m	41
	Sub Total:	**17.6m**	**251**
Community Intervention Teams	Investment to support the further development of Community Intervention teams	**1.475m**	
	Sub Total:	**1.475m**	
Primary Care Posts	Available centrally - Business Cases to be submitted to National Primary Care Office for funding which is being held to address any anomalies with the Resources Allocation Model or for other posts that are identified as critical.	0.925m	13.5
	Sub Total:	**0.925m**	**13.5**
Total		**20.0m**	**264.5**

**The final determination of how the €20m will be allocated is still under discussion with the DoH

APPENDIX 3 – Mental Health Additional Expenditure €35m*

Key Result Area	€m	WTE
Mental Health		
Community Mental Health Teams (CMHTs) (Clinical Programme)	13.50	180
Responding to Self Harm in the Emergency Departments (ED) and suicide crisis assessment nurse (SCAN) (Clinical Programme)	3.15	45
Suicide Prevention (National Office of Suicide Prevention)	1.00	0
Counselling in Primary Care (CIPC)	2.50	0
Mental Health Services for Older People (MHSOP)	4.60	100
Child and Adolescent Mental Health Services (CAMHS) and CMHTs	3.60	80
Forensics	2.40	28
Mental Health and Intellectual Disability (MHID)	3.75	40
Mental Health ICT System	0.50	4
Total	**35.00**	**477**

*The final determination of how the €35m will be allocated is still under discussion with the DoH

APPENDIX 4 – Service Activity Volume - National Suite 2013

(Further metrics will be published separately)

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
Health and Wellbeing			
Tobacco Control			
% hospital campuses with tobacco-free policy	35%	39%	100%
No. of smokers who received intensive cessation support from a cessation counsellor	New PI 2013	New PI 2013	9,000
No. of frontline healthcare staff trained in brief intervention smoking cessation	3,521	933	1,350
No. of sales to minors test purchases carried out	216	282	320
Cosmetic Product Safety			
No. of scheduled chemical samples taken	533	533	540
Health Inequalities			
No. of PCTs who have completed, at a minimum, Step 1 of a Community Health Needs Assessment (CHNA)	New PI 2013	New PI 2013	21
Social inclusion			
Methadone Treatment			
No. of clients in methadone treatment (outside prisons) (monthly target)	8,640	8,855	8,650
Substance Misuse			
No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment.	1,260	1,025	1,260
Needle Exchange			
No. of pharmacies recruited to provide Needle Exchange Programme	45 in Q1 65 in Q3	65	130
No. of unique individuals attending pharmacy needle exchange	New PI 2013	New PI 2013	200 Q1, 250 Q2, 300 Q3, 400 Q4
Traveller Health Screening			
No. of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects	1,650	3,539	2,580
Primary Care			
Primary Care			
No. of PCTs implementing the National Integrated Care Package for Diabetes (dependent on the appointment of the ICDNs)	Reporting to commence 2013	New PI 2013	51
No. of Health and Social Care Networks in development (dependent on agreed governance model)	79	0	126
GP Out of Hours			
No. of contacts with GP out of hours	957,126	975,609	975,609
Physiotherapy Referral			
No. of patients for whom a primary care physiotherapy referral was received in the reporting month	169,006	172,385	172,387
Physiotherapy Assessments			
Total no. of Primary Care Physiotherapy patients seen for a first time Assessment	New PI 2013	New PI 2013	139,102
Physiotherapy Contacts			
Total no. of Primary Care Physiotherapy face to face contacts / visits / appointments that took place	New PI 2013	New PI 2013	720,026
Occupational Therapy			
No. of clients who received a direct service in the reporting month (monthly target)	New PI 2013	New PI 2013	12,254
Occupational Therapy Referrals			
No. of clients for whom a primary care occupational therapy referral was received in the reporting month	New PI 2013	New PI 2013	70,752
Orthodontics			
No. of patients receiving active treatment during reporting period	13,777	14,316	13,600
Community (Demand led) Schemes			
Medical Cards			
No. persons covered by Medical Cards	1,838,126	1,861,245	1,921,245
(Incl. no. persons covered by discretionary Medical Cards)	85,000	63,311	55,328

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
GP Visit Cards			
No. persons covered by GP Visit Cards	204,482	135,257	265,257
(Incl. no. persons covered by discretionary GP Visit Cards)	20,000	15,586	15,836
Long Term Illness			
No. of claims	844,241	898,173	923,794
No. of items	2,794,437	2,937,026	3,020,807
Drug Payment Scheme			
No. of claims	2,726,939	3,031,501	2,834,189
No. of items	8,453,510	9,488,598	8,871,012
GMS			
No. prescriptions	22,154,661	19,641,468	20,864,890
No. of items	61,589,957	61,477,794	65,307,106
No. of claims – Special items of Service	859,123	875,047	883,796
No. of claims – Special Type Consultations	1,074,340	1,205,938	1,217,992
Hi-Tech			
No. of claims	452,267	452,616	461,668
DTSS			
No. of treatments (above the line)	1,164,805	1,131,182	1,127,410
No. of treatments (below the line)	50,867	54,538	54,357
No. of patients who have received treatment (above the line)	521,142	521,142	519,707
No. of patients who have received treatment (above the line)	56,479	56,479	56,323
Community Ophthalmic Scheme			
No. of treatments	739,579	782,738	798,393
i). Adult	677,007	716,322	730,649
ii). Children	62,572	66,416	67,744
Acute Hospitals including Clinical Programmes			
Discharges Activity			
Inpatient	562,133	600,887	600,887
Day Case	787,557	830,165	830,165
Elective	---	198,506	198,506
Non Elective / Emergency	---	402,381	402,381
Emergency Care			
No. of emergency presentations	1,195,700	1,174,061	1,174,061
No. of emergency admissions	357,600	380,090	380,090
Births			
Total no. of births	73,216	71,096	71,096
Dialysis Modality			
Haemodialysis	1,760 – 1,870	1,624	1,699 – 1,714
Home Therapies	280 – 290	233	251 – 260
Blood Policy			
No. of units of platelets ordered in the reporting period	21,500 (3% reduction)	21,500	21,500
COPD			
No. of acute hospitals with COPD outreach programme	15 programmes	11	15
National Cancer Control Programme			
Symptomatic Breast Cancer Services			
No. of urgent attendances	13,000	13,890	13,900
No. of non urgent attendances	25,000	25,176	25,200
Breast Cancer Screening			
No. of women who attend for breast screening	140,000	118,000	140,000
Lung Cancers			
No. of attendances at rapid access lung clinic	New PI 2012	2,705	2,700

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
No. of attendances at rapid access prostate clinics	New PI 2012	2,700	2,970
Palliative Care			
Inpatient Units			
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	349	340	340
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile) (during the reporting month)	174	173	173
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	2,865	2,892	2,892
Community Home Care			
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	3,026	2,948	2,948
No. of new patients seen or admitted to specialist palliative care services in the community (reported by age profile) (during the reporting month)	645	664	664
Day Care			
No. of patients in receipt of specialist palliative day care services (during the reporting month)	320	331	331
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	---	848	848
Community Hospitals			
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	154	149	149
Mental Health			
Adult Inpatient Services			
No. of admissions to adult acute inpatient units	14,163	14,044	14,044
No. of adult involuntary admissions	1,388	1,642	1,642
General Adult Community Mental Health Teams (CMHT)			
No. of Referrals (including re-referred) accepted by General Adult CMHT	New PI 2013	New PI 2013	New PI 2013
No. of new (including re-referred) General Adult CMHT cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI 2013	New PI 2013	New PI 2013
Psychiatry of Old Age Community Mental Health Teams (CMHT)			
No. of Referrals (including re-referred) accepted by Psychiatry of Old Age CMHT	New PI 2013	New PI 2013	New PI 2013
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI 2013	New PI 2013	New PI 2013
Child and Adolescent			
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	140	165	165
No. of child / adolescent referrals (including re-referred**) received** by mental health services	12,493	13,089	13,089
No. of child / adolescent referrals (including re-referred) **accepted** by mental health services	8,461	10,285	10,471
Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen	7,824	8,727	10,025
No. and % of cases closed / discharged by CAMHS service	7,740 80%	8,499 82%	8,377 80%
Older People			
Home Care Packages			
Total no. of persons in receipt of a HCP (Monthly target)	10,870	10,942	10,870
No. of new HCP clients	4,800	5,300	4,800
Home Help Hours			
No. of home help hours provided for all care groups (excluding provision of hours from HCPs) Following a review of DNE data and direction from ISD there has been a technical adjustment to the HH target from 10.7m in NSP2012 to 10.3m hours	10.30m	10.10m	10.30m
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	50,002	48,013	50,002
Day Care			
No. of day care places for older people	New PI 2012	18,919	21,460
NHSS			
No. of people being funded under NHSS in long term residential care at end of reporting month	23,611	22,188 (Oct number in payment)	22,761
Subvention and Contract Beds			
No. in receipt of subvention	760	900	700
No. in receipt of enhanced subvention	540	480	380

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
No. of people in long-term residential care who are in contract beds	Baseline recast in 2012	1,460	1,250
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)	Baseline recast in 2012	2,800	2,200
Elder Abuse			
No. of new referrals by region	2,000	2,467	2,640
Disability Services			
Day Services			
No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	1,578	1,557	1,557
No. of persons with ID and / or autism benefiting from work / work-like activity services	3,084	3,123	3,123
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	71	72	72
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	138	144	144
No. of Rehabilitative Training places provided (all disabilities)	2,627	2,627	2,627
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	2,991	2,948	2,948
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	12,430	13,382	13,382
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	2,581	2,793	2,793
Residential Services			
No. of persons with ID and / or autism benefiting from residential services	8,416	8,172	8,172
No. of persons with physical and / or sensory disability benefiting from residential services	708	847	847
Respite Services			
No. of bed nights in residential centre based respite services used by persons with ID and / or autism	Baseline recast in 2012	213,346	213,346
No. of persons with ID and / or autism benefiting from residential centre based respite services	5,115	5,087	5,087
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	Baseline recast in 2012	32,917	32,917
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	1,220	2,571	2,571
Personal Assistant (PA) / Home Support Hours			
Total no. adults and children with physical and / or sensory disability benefiting from Home Support hours (incl. PA)	4,038	4,166	4,166
Total no of Home Support hours (incl. PA) delivered to adults and children with physical and / or sensory disability.	1.68m	2.11m	1.68m
Disability Act Compliance			
No. of requests for assessments received	3,636	3,365	3,501
Children and Family Services			
After Care			
No. of young adults aged 18 to 20 (inclusive) in receipt of an aftercare service on the last day of the reporting period	New PI 2012	1,341	1,363
No. of young adults aged 18 to 20 (inclusive) in receipt of an aftercare service who are in full time education on the last day of the reporting period	New PI 2012	683	703
Child Protection – Child Abuse			
i). No. of referrals of child abuse	Demand-led	Under review	Demand-led
Child Protection – Child Welfare			
i). No. of referrals of child welfare concerns	Demand-led	Under review	Demand-led
Residential and Foster Care			
No. and % of children in care by care type on the last day of the reporting period	6,526	6,249	6,560
Private Residential Care			
No. and % of children in private residential care: Special Care	---	6	6
No. and % of children in private residential care: High Support	---	2	2
No. and % of children in private residential care: residential General	---	128	134
No. and % of children in foster care private: Foster care General	1%	205	215

Performance Activity	Expected Activity 2012	Projected Outturn 2012	Expected Activity 2013
No. and % of children in other care placements in private care	---	13	14
No. of children in single care residential placements	0	7	7
No. of children in residential care age 12 or under	0	30	32
Children in Care in Education			
i). No. of children in care aged 6 to 16 inclusive	4,365	4,326	4,544
ii). No. and % of children in care between 6 and 16 years, in full time education	100%	4,190	4,399
Foster Carer			
Total no. of foster carers	4,263	4,225	4,658
Out of Hours			
No. of referrals made to the Emergency Out of Hours Place of Safety Service (YTD at end of Q3 2012)	395	494	518
No. of children placed with the Emergency Out of Hours Placement Service (YTD at end of Q3 2012)	270	408	427
No. of nights accommodation supplied by the Emergency Out of Hours Placement Service (YTD at end of Q3 2012)	549	2,294	2,408
Early Years Services			
No. of notified early years service in operational areas at Q3	4,841	4,481	4,705
No. of notified full day early years services at Q3	1,569	1,534	1,611