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National Service Plan **2020**

Seirbhís Sláinte Níos Fearr á Forbairt

Building a Better Heath Service

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Foreword from the Chairperson of the Board

This is the first National Service Plan (NSP) prepared since the *Health Service Executive (Governance) Act 2019* re-established the Health Service Executive's (HSE) Board.

The Board is the HSE's governing body. As such we are in a position of significant trust, privilege and responsibility. We are a diverse group, appointed variously for our professional backgrounds and our lived experiences of the healthcare system. Our early experience as a Board has left us hugely impressed by the skill, commitment and expertise of the clinicians, support staff and managers of the HSE. The same is true for the equally dedicated staff of our partner organisations with whom we share the challenges of providing high quality care under tight financial control.

Our appointment as the Board coincides with a pivotal, consensus moment about the future direction of health and social care services in Ireland articulated in *Sláintecare*. We intend to take maximum advantage of this consensus. We will use the mandate which the Minister has given us to the fullest extent, to build the management capability, clinical governance and organisational culture which will drive a high performing health and social care service of which we can all be rightly proud.

The Minister has already set out his medium-term priorities and expectations of the Board and his shorter-term expectations for the coming year in his Strategic Direction Statement. In both cases we have been asked as a Board to think very critically about the existing services that we are providing and in the context of this year's NSP to try and avoid adopting a 'business as usual' approach to the allocation of the available budget. It is up to the Board, working closely with the Chief Executive Officer and his team, to ensure that the organisation is properly run, that it is reformed from the inside as well as in response to external policy changes, and that we see the improvements in the health of the nation continue to improve. Additionally, we as a Board will place a strong emphasis on minimising the conditions which fail to protect or result in harm to patients or the users of services. None of this will be achieved overnight. We are determined to achieve all of it.

Of necessity the NSP is a high-level document. We have chosen at this stage to prioritise the provision of safe health and social care services, adding resource to community health services where we can. We have made certain judgment calls within the NSP on the advice of the Chief Executive Officer and his Executive Management Team. We have resisted the temptation to make radical alterations commencing on 1 January 2020. Rather, we have agreed with the Minister and with the Chief Executive Officer that we will challenge management, throughout the year, to show us where spending is proving impactful and where it is proving to be less so. We will both push and support the reprioritisation of activities and resources where this is justified and in the public interest.

The Board has previously said it wants to see early and continuing evidence of management discipline in the delivery of the services we have committed to in the NSP, providing the best possible care for the money available.

We view it as essential that the NSP is translated promptly into meaningful operational plans for all service areas, because that is where implementation happens. The plans will need to be backed up by good financial controls, reliable information about performance and plans for continuing innovation, improvement and

efficiency. This will provide us with some confidence and assurance around financial predictability and the existence of local accountability.

That confidence and assurance is what will allow us to undertake the more ambitious changes we need to implement. A rising population with increasing numbers of both younger and older people is happening at a time of the development of better, more complex and expensive care. Like other health systems around the world, our current system, successful as it has been over the decades, is not fit for the future needs of our population.

A system no longer fit for its future purpose will be our biggest challenge. We will use the development of the Corporate Plan which we are mandated by law to submit to the Minister every three years to outline the transformation which will programme *Sláintecare* into all areas of our activities. *Sláintecare* will inform our organisation and culture as much as our service design and clinical governance. The Board will resist the propensity of developing parallel or standalone strategies which would risk undermining the political consensus which we know to be an essential driver of successful health service reform.

Ireland has many attributes on which to build a world-leading health system. Supporting factors include our climate, environment and relatively low population density. There is still a strong sense of community, particularly in rural areas, which we must support and not overburden. The dedicated, skilled and talented people of our own organisation and those of our partners do extraordinary work every day to deliver quality health care services. As a Board we see huge strengths in all of these attributes, which we want the HSE to think much more deeply about.

The HSE does not provide services on its own. The voluntary agencies that we fund (the section 38 and section 39 agencies) are also part of our community and we are grateful for all they do. We are required by law to have regard to the services provided by voluntary and other bodies delivering health and personal social services. The Board is fully aware that many of those organisations are facing difficult, and for some, perhaps existential challenges, and we need to better engage with partner organisations in our planning processes. We want there to be a deeper and on-going dialogue between our organisation, led from the top, and the voluntary sector, in line with the recommendations of the Day Report.

The Board is assured that the Chief Executive Officer and his management team have made informed decisions which prioritise the available funding to reflect pressing population needs. It has also set challenging savings and efficiency targets. The Board has emphasised to the Chief Executive Officer the cardinal importance of good governance, including rigorous and meaningful risk oversight, and assurance as to the appropriate use of public money. A major priority for us, as it is for the entire HSE, is the strengthening and building of trust and confidence between us and the people we serve. This includes creating and sustaining a culture within the whole HSE which makes every part of it a place one would be happy to work in and be cared for in.

Holding these priorities in mind while simultaneously assuring quality and safety is improved, and our people are supported, is part of the complex challenge we have set our leaders.

The Board has adopted the NSP. On behalf of the Board, I look forward to continuing to work collaboratively with the Minister for Health, his officials and with our Chief Executive Officer, Paul Reid, and his management team in the coming year.

Ciarán Devane

Chairperson, Health Service Executive Board

Section 1:

Introduction

Introduction from the Chief Executive Officer

This year a sum of 17.056 billion euro has been allocated to the HSE by the Government to provide health and personal social services in Ireland. Although there are very many demands on that money, I do not take this level of investment for granted.

Our legal obligation is to use our resources 'in the most beneficial, effective, and efficient manner to improve, promote and protect the health and welfare of the public'. I view this also as a core ethical obligation of all health service managers.

There are many positives about the delivery of health care in Ireland. People are living longer and healthier lives. We do receive strong satisfaction ratings in our National Patient Experience surveys. However, there is no doubt that overall we aren't currently delivering the kind of health service that the public expects and that we aspire to. The commitment to the reform of our healthcare system has not proven easy to deliver. Certainly, it will not be achieved within a single service planning cycle. But it can and must be done, over the coming years.

Early Observations

In my first few months in this role, I have spent a significant amount of time meeting with staff in our various health care settings. This has proven to be hugely beneficial and encouraging. It has given me a greater insight into some of the more important issues that we need to address. I have already resolved that, in conjunction with our board, we need to do the following:

- Put the patient, service users and the public to the core of our thinking and planning
- Recognise and support our hugely committed staff all across the organisation
- Recognise and support the work of the voluntary sector in providing health and social services, and engage in dialogue with them
- Strengthen our relationships with our key stakeholders
- Radically improve the alignment between the HSE centre and our key service delivery functions, so that corporate services support frontline services and not the other way around
- Pay more attention to the clinical and medical voice, and take the appropriate supportive actions
- Continue to strengthen our financial and operational management focus.

Sláintecare and Reform

This NSP for 2020 aims to strengthen our delivery in many aspects. But ultimately, we require a complete transformation in how we deliver our services. *Sláintecare* sets out this new vision for the delivery of

healthcare in Ireland. It sets out an ambitious plan of reform that will need to be supported by the required investment.

The Board and I welcome this comprehensive strategy. *Sláintecare* is remarkable as much for its political consensus as for the clarity of vision that it sets out for the future of healthcare in Ireland.

Sláintecare will feature prominently in our forthcoming corporate plan, in all our future planning exercises and also in our operational decision-making. For the coming year, our Board has agreed that we will focus on two key *Sláintecare* priorities:

1. **Capacity and Access** – we will work to improve access to services, to reduce waiting lists and hospital overcrowding (this will be a three-year plan); and
2. **Regional Health Areas** – working with the Department of Health (DoH), we will start to design and implement the new organisational structures at national, regional and local levels.

Sláintecare has also informed many of the priorities in this year's NSP, as of course have the Minister's priorities. In 2020 we have committed to do the following:

- Continue with the disability sector reform programme
- Extend Activity Based Funding (ABF), including within the community setting
- Develop and implement a governance and oversight model between the HSE and the DoH
- Continue with our efficiency programme, with a targeted 1% (circa €170 million (m)) improvement
- Push forward on the use of generic drugs and biosimilars
- Progress electronic health record project for Children's Health Ireland
- Implement and adhere to the Pay and Numbers Strategy 2020
- Maintain focus on our preparations for Brexit
- Maximise value with the entirety of the resources provided by the Minister.

Accountability

The new governance legislation to which the Chairperson referred in his foreword also has a bearing on how we achieve the objectives in the NSP, and how well we do it. The HSE is now governed by a Board. The majority of the HSE's functions are originally vested in the Board and they are then delegated to the Chief Executive Officer.

Trust is inherent in that sort of arrangement and so is accountability. I must ensure that a similar dynamic is present at all levels in this organisation. Senior managers (clinical and non-clinical) in the HSE must be accountable – just as I am to my Board, for delivering the services that we have committed to in the NSP within the resources that will soon be allocated to them for that purpose. This will necessitate the implementation of a strong performance management process and culture across the organisation. I also intend to review and strengthen other aspects of accountability with the assistance of the Board, during the course of 2020.

This NSP is an operational plan to give effect to the budget allocation for 2020. On its own, it will not deliver the complete transformation of our health service that we require. But it is aligned with the priorities of reform and *Sláintecare* to continue the process of change.

As Chief Executive Officer of the HSE, I'm in a very privileged role and I work alongside many great people who have shown themselves willing to put the future of our healthcare system at the heart of everything they do. I look forward to working with the Board and with the committees that it has established to deliver on the commitments contained in our NSP and to finalise our Corporate Plan in the spring.

Paul Reid

Chief Executive Officer

Section 2:
Our Population

Our Population

Over 4.9m people live in Ireland. The population has increased by 64,500 from April 2018 to April 2019, following a similar increase in 2017 / 2018, and these are the largest annual increases since 2008. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups.

Ageing population

The greatest change in population structure over the last 10 years is the growth in both the proportion and the number of people aged 65 years and over. The number of people aged 65 years and over has increased by 35% since 2009, which is considerably higher that the European Union (EU) average of 16% over the same period, it is projected that the number of people aged 65 years and over will increase by a further 23,300 (3.3%) in 2020. Similarly, the number of adults aged 85 years and over will increase by some 3,400 (4.5%) in 2020. This continuing growth is due mainly to medical innovations, enhanced treatments and improved lifestyles.

Population ageing is significant for health service planning because need for and use of healthcare increases across age groups. For example, compared to people aged 64 years and younger, use of inpatient hospital care is over seven times greater among people aged 65 years and old and over 14 times greater among people aged 80 years and older; similar patterns are observed across other health services including primary and community care services. In total, while population growth in the period 2019-2020 is projected to be 1%, because of population ageing and greater need for and use of health services by older people, demographic pressure on health services will increase by 1.7% in the same period. In other words, keeping all other factors equal, delivering health services to an additional 1% of people requires health services to grow by 1.7% because this growth in population is driven predominantly by increasing numbers of older people. This does not include requirements to address unmet need and non-demographic pressures such as changing population health status and new technologies.

Notwithstanding this growth in the older population, in 2016 approximately a quarter of our population were children aged 0-17 years, which is high by EU comparisons. In terms of future health, protecting and improving the health and wellbeing of children is a priority.

Birth rates

There were 61,016 births in 2018; 1,037 fewer births when compared with 2017. Births and birth rate have reduced in recent years and are projected to continue to reduce in the next decade. Despite reductions in the number of births in recent years, the fertility rate in Ireland, at 1.82%, remains the third highest in the EU.

Life expectancy and health of the population

Life expectancy in Ireland has increased by three years for males and by almost two years for females since 2006 and is now above the EU average with women living to, on average, 83.6 years and men to 79.9 years. This is a significant achievement. The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases. However life expectancy is

socially patterned and is lower among unskilled workers compared to professional workers. Studies have shown that certain groups have lower life expectancy such as Travellers and people who are homeless.

Overall, age-standardised mortality rates have declined over the past decade; mortality rates from circulatory system diseases decreased by 31.5% between 2008 and 2017 and respiratory death rates and cancer death rates have decreased by 12.6% and 11.3% respectively over the same period. Transport accident mortality rates have also fallen by 44.5% in the past decade.

Suicide rates have fallen by 26% between 2008 and 2017 period and the rate in 2016 was 8.5 per 100,000, placing Ireland below the EU average for both men and women. However, both self-harm presentations to hospital (11,600 in 2017) and suicide in the 15-19 age cohort are both above European norms.

The infant mortality rate in 2018 was 3.1 per 1,000 live births and remains low by EU comparisons. The average maternal age for all births registered in 2018 was 32.9 years, with teenage births reducing to 980 births in 2018 from 1,041 births in 2017 and 1,098 in 2016.

In Census 2016, 643,000 people (13.5%) reported longstanding illness or difficulty indicative of a disability: 59,000 (9.2%) were aged 15 years or younger, and 224,000 (34.9%) were aged 65 years and older. This was an increase of 48,000 (8%) compared with 2011 and is consistent with the trend of population ageing which challenges health service planning in Ireland, since reported longstanding illness or difficulty indicative of a disability is more common in older age groups (35.2% aged 65 years and older and 59.2% aged 80 years and older, 2016). In total, in Census 2016, 195,000 people (4.1%) reported that they were providing regular unpaid help as a carer.

Wider social determinants of health in Ireland

Our social environment plays a key role in determining health status. In Ireland, certain groups, due largely to their socioeconomic status, are at greater risk of poor health outcomes. There is a strong link between poverty, socio-economic status and health. In total, 22.5% of the population are exposed to disadvantage; while the number of people not living in deprivation has increased 2011-2016, the numbers exposed to deprivation have also increased by 9.1% and those living in extreme disadvantage have increased by 9.8%. The life expectancy at birth of males and females living in the most deprived areas in the State was 79.4 and 83.2 years respectively in 2016 / 2017 compared with 84.4 and 87.7 years respectively for those living in the most affluent areas.

While these differences in health status across social group are widely determined, ensuring access to health services can help.

At the end of 2018, 1,565,000 people in Ireland held a medical card to enable access to health services and 503,000 held a GP visit card; in total, 2,068,000 held either card, 43% of the population. In the period 2008-2017, population coverage with a medical card increased by 9.6%, but this has now levelled off; population coverage with a GP visit card increased by 434.7% in the same period, in particular due to changes in the scheme in 2015, and is continuing to increase.

Marginalised groups

Socially excluded groups have complex health needs and experience very poor health outcomes across a range of indicators like chronic disease, morbidity, mortality and self-reported health. These populations require greater support across a range of healthcare areas. People who are homeless often experience

complex and chronic health conditions, especially adults who are persistently homeless and sleeping rough.

People with substance use disorders can often have complex health needs. These include mental health problems and the combined effect of drug and alcohol misuse. They are vulnerable to a range of health problems, including poor dental health, liver damage, chronic lung and circulation disease, and poor mental health, as well as the effects of long-term drug and alcohol use.

Severe health inequalities experienced by people from Traveller and Roma communities lead to poorer health outcomes, including lower life expectancy and higher infant mortality, compared to the general population. The 2016 Census recorded some 31,000 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011. Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger while just over 7% are 55 years and over. The estimated Roma population is between 3,000 and 5,000.

Addressing lifestyle risk factors and preventative care

Many diseases and premature deaths are preventable through focus on health behaviours, and preventive care. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, exercise and healthy eating.

The HSE is sustaining its focus on prevention and promotion through a wide variety of campaigns and interventions to address lifestyle risk factors. *Healthy Ireland*, our national policy, promotes a reduction in health inequalities through improved lifestyle and health behaviours. This is an inter-sectoral whole of government approach to ensuring an improvement in the wider determinants of health. The *Healthy Ireland* / HSE Policy Priority Programmes focus particularly on population health issues such as physical activity, healthy eating, healthy childhood, mental health and wellbeing, tobacco control, alcohol, drugs, and positive ageing.

The prevalence of smoking has declined from 23% in 2015 to 20% in 2018, with 44% of all smokers reporting they have made an attempt to quit in the past 12 months. Three-quarters of the population reported drinking alcohol in 2018 with over half (55%) of drinkers drinking at least once a week and 37% of the population reported binge drinking.

In 2015, the *Healthy Ireland* survey identified that 32% of respondents 15 years and over undertake a sufficient level of physical activity increasing to 56% by the 2016 survey. Over a third (37%) of the population reported they consume at least five portions of fruit and vegetables daily (including juices).

Vaccination and population screening are critical preventive healthcare services offered by the HSE. The national uptake target is 95% for the measles, mumps and rubella (MMR) vaccine in children aged 24 months. The national MMR uptake rate has increased from 89% in 2008 to 92% in 2016 and has remained static up to 2018 with variation in uptake rates observed across community healthcare areas. The national uptake rate of the human papillomavirus (HPV) vaccine (at least 2 doses of vaccine) in 2017 / 2018 was 64.1% (target 85%). This was an improvement of 13.1% over the previous year. However significant regional variation in HPV vaccine uptake among secondary school-age females is observed. BreastCheck screening activity remains above the national target of 70% and above the Organisation for Economic Co-operation and Development (OECD) average of 60.8% (end 2018 position 76.5%); CervicalCheck screening coverage is slightly higher than OECD average and broadly in line with the national coverage

target of 80% (end 2018 position 79.5%); the national uptake rate of BowelScreen is slightly below the target rate of 45% (end 2018 position 40.0%).

Chronic disease and frailty in older people

The three most common chronic diseases in Ireland are cancer, cardiovascular disease and respiratory disease. These diseases give rise to three quarters of deaths in Ireland. It is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases.

As chronic disease increases with age, the highest prevalence is observed in the population aged 50 years and over. The number of people in this age cohort, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.1m in 2030. Frailty describes the gradual loss in reserves across multiple body systems with ageing. It is estimated to affect 12.7% of adults aged 50 years and over and 21.5% of people aged 65 and over in Ireland, and is important because it is a risk factor for single and recurrent falls, decline in mental health and cognition, and disability among older adults. Frailty leads to increased need for health and social care services, and because both entities are more common with increasing age, they are key considerations for planning health and social care services into the future.

In recent years age-adjusted cancer incidence in Ireland is slowly declining for males and is stable for women. Given population growth and ageing, if future populations have the same risk of being diagnosed with cancer as currently, the number of cancers (excluding non-melanoma skin cancer) would be expected to increase by more than double in men and to almost double in women by 2045 – to 43,000 cases in total.

The burden of dementia is also projected to increase from some 55,000 people in 2016 to over 150,000 people in 2046, almost a three-fold increase (*The Irish National Dementia Strategy, DoH 2014)*.

Population health outcomes are positive, but new challenges are emerging

The reductions in mortality and increases in life expectancy observed in recent years are important population health outcomes and mean that we are achieving success in helping people to maintain good health and access effective healthcare services when illness arises.

Our health services need to be planned and delivered to meet the needs of a changing population. Planning for a rapidly ageing population is a key challenge. From 2019 to 2020 demographically driven pressure of 1.7% is estimated for health service delivery in Ireland which is almost twice the projected rate of growth in the population. This trend is projected to increase in the short to medium term.

In addition to responding to ill-health, however, we must also continue to develop our focus on maintaining and improving the health of our whole population, especially our large numbers of children and younger people, so that everyone enjoys the opportunity to live in good health. We have already been successful in recent years in re-balancing our health planning to include a focus on health improvement and proactive care, including the delivery of *Healthy Ireland* plans across the health services, the establishment of policy priority programmes to drive action in key areas like tobacco and alcohol control, healthy eating and active living and child health, as well as scaling up proactive care such as immunisation and population screening.

However, the challenges to good health are changing. There is also a risk that, without a focus, some groups within our population may be left behind. We need to continue to strike a better balance between responding to illness, our traditional approach to health service planning, and enabling good health and

disease prevention but further developing our work to build a strong, integrated and focused approach to prevention and health improvement at local level.

Consistent with *Sláintecare*, we will seek to build on success and plan to meet new and emerging population health needs.

Section 3:

Preparing for Brexit

Preparing for Brexit

A HSE Brexit planning group has been in place since 2017 and has been working closely with the DoH on a wide range of Brexit contingency planning and mitigating actions. The focus of this work has been on Brexit implications across the following key work-streams:

- Continuity of patient and client health services
- Cross-border and frontier arrangements, including Co-operation and Working Together (CAWT) programmes
- Emergency health services (including the National Ambulance Service)
- Public health matters
- Environmental health services – food import control and export certification
- Workforce issues and recognition of qualifications
- Continuity of supply of goods and services / procurement arrangements
- General Data Protection Regulation (GDPR) compliance
- Communications.

In 2019, the HSE worked closely with the DoH and other agencies on 'no deal' Brexit contingency planning as part of the whole Government Brexit preparedness on a range of issues. This involved identifying, assessing and addressing the necessary contingency measures and actions required to maintain service continuity in the event of either an orderly or a disorderly Brexit in the coming months.

The HSE continues to work closely with service providers, suppliers and patient groups in relation to Brexit preparedness.

Key Priorities for 2020

The HSE's overriding concern is to ensure the protection of public health and continuity in the provision of health services. In order to achieve this, we will work to ensure that:

- The current cross-border co-operation between the Irish, Northern Irish and UK health services continues to the benefit of patients in both jurisdictions
- There are adequate supplies of medicines and medical devices required for the health services
- A sustainable model of statutory food controls is in place based on current forecasting models by ensuring sufficient environmental health service staff and through co-operation with other state agencies
- Personal data can be shared with Northern Irish and UK based service providers by putting appropriate arrangements in place to ensure compliance with GDPR
- The necessary changes are implemented to support the introduction of a direct reimbursement scheme to provide similar benefits to the European Health Insurance Card (EHIC) for eligible residents of Northern Ireland who require emergency care when abroad in an EU/EEA member state in the event of a no deal Brexit
- There are regular communication briefings with our staff, patients, suppliers and key stakeholders on matters relating to Brexit.

Brexit remains a key risk in healthcare and we will need to manage and monitor the impact of Brexit now and into the future.

Section 4:

Reform and Transformation

Reform and Transformation

The *Sláintecare Report (2017)* sets out a 10-year high-level policy roadmap to deliver whole-system reforms and a universal single-tier health and social care system. Its reforms centre on health promotion and disease prevention, eligibility, expansion of primary and community services and the funding of health and social care in Ireland into the future.

In response to the *Sláintecare Report*, the Government approved the *Sláintecare Implementation Strategy* in July of 2018. Towards the end of 2018 and into 2019, the *Sláintecare* Programme Implementation Office (SPIO) in the DoH further developed and refined the implementation strategy document into the *Sláintecare Action Plan 2019* which outlines key areas of focus for the first full year of *Sláintecare* implementation. It did this under four workstreams:

1. Service Redesign and Supporting Infrastructure
2. Safe Care, Co-ordinated Governance and Value for Money
3. Teams of the Future
4. Sharing Progress.

Each workstream consists of five main programmes made up of 137 projects in total. In 2019, the HSE worked closely with the SPIO and wider stakeholders to play our part in successfully bridging the gap between the vision for health service transformation in Ireland and delivery of that change at the frontline. The vast majority of 2019 actions in the *Sláintecare Action Plan* have progressed in line with expectations, and a new multi-annual action plan is in development that aims to focus on the most fundamental reforms and support a medium-term lens to successful delivery.

These priority programmes within this multi-annual plan will align with the DoH planning process and the HSE's national service planning and reporting processes to embed 2020 actions in day-to-day work. Overarching governance arrangements for *Sláintecare* are in place for 2020 to provide the necessary oversight and delivery support to give effect to the full intent of *Sláintecare* reforms.

Implementation of *Sláintecare* in 2020

Two *Sláintecare* Joint Action Programmes have been identified as areas of particular focus in transforming the way care is delivered and experienced in Ireland in 2020 and beyond. These programmes build on work undertaken in 2019. The two Joint Action Programmes are:

- National, Regional and Local Health and Social Care Delivery Structures
- Capacity and Access.

In addition to these two Joint Action Programmes, a key priority for 2020 is to support, monitor and evaluate the range of HSE projects and services funded under the *Sláintecare* Integration Fund. 2020 actions and priorities aligned to these three areas are detailed below.

National, Regional and Local Health and Social Care Delivery Structures

This Joint Action Programme will take forward the planning and implementation of new structures and an associated governance and accountability framework for health and social care services. The HSE will become a more strategic and patient-focused 'national centre' carrying out national level functions,

complemented by the establishment of regional health areas that deliver services to meet the known health and social care needs of the population and, within each region, local networks serving populations of approximately 50,000.

The commencement of the process to co-design the regional organisation of health services, and the role of the DoH, and HSE centre is a central deliverable in the *Sláintecare Action Plan 2019* and will continue, as announced by the Minister, into summer 2020. All design work will focus on delivering the *Sláintecare* vision for regional delivery organisations so they facilitate:

- A population-based approach to planning for the health and social services needs of the population within each region
- Integration of hospital, community and social care services within the same geographical area
- Empowerment of frontline staff through devolved responsibility and ownership of planning of services, with appropriate flexibility, and decision-making at a regional level
- Equitable access to services that are easier for service users to navigate
- A single budget per region, covering hospital, community and social care services and the allocation of funding within the region on the basis of population need, with clear financial and performance accountability
- A design that will focus on prevention and delivering care at the lowest level of complexity in the community. This will include a design that resources the provision of community and primary care services for all, complemented by smaller, specialist community services for those that require additional support, treatment or care
- A detailed plan setting out the proposed functions, staffing, structures.

A detailed plan setting out functions, services, staffing, structures in addition to a change management programme will be developed jointly by the SPIO, the DoH and the HSE by summer 2020. This plan will set out how *Sláintecare* proposals for a reconfiguration of the HSE, based on the new regions and a reformed 'national centre', can be put into effect. Initial work in this regard is underway and will be progressed under the auspices of the Joint Action Programme. The change management approach to regional health area design and delivery will give consideration to the following key factors in delivering sustainable organisational change and improved more effective and accessible services for the population:

- Creating a strong consensus for change
- Building alignment of thinking with local service delivery leaders on the need for change
- Agreeing change objectives and design principles with key stakeholders that will inform the design options for the new models for integrated care
- Building the principle of co-design into all project activities
- Building change sustainability and on-going support and oversight mechanisms into the overall regional health area operating model design.

Regional health areas will be co-designed with key stakeholders including those who will be responsible for delivering services as well as our service users who will be the ones to experience them first hand. The *Sláintecare* Project Management Offices (PMOs) within the Community Healthcare Organisations (CHOs) and Hospital Groups will support the roll-out of Regional Integrated *Sláintecare* Planning. Regional engagement fora will be established in 2020, involving citizens, staff, patients, providers, wider partner organisations and others, operating across community, acute and social services. This work will focus on developing an integrated approach to service planning, taking into account population segmentation and needs analysis.

Work on this commenced in 2019, led by the Health Intelligence Unit in the Research and Evidence function and will result in detailed regional population profiles for each of the six regions by January 2020. This profiling will be extended in 2020, to include more detailed service and financial profiling by region and standardised frameworks to support on-going robust analysis nationally and by region by summer 2020.

Capacity and Access

A key principle of *Sláintecare* is the right to timely access to all health and social care services according to medical need. As highlighted in Section 2 of this plan, increasing pressure is being placed on our services as a result of population growth, an increasing incidence of chronic diseases and an ageing population. As well as needing the right infrastructure – people, building and digital enablers – to deliver the right services, we will need to recalibrate and remodel how we deliver services. A greater emphasis will be required on prevention and remaining healthy and well, in addition to shifting more care into the community to meet the needs of service users in their own localities, thus reducing the pressure on our acute services.

The implementation of the *Health Service Capacity Review 2018* recommendations has been agreed by the DoH and the HSE as the starting point for developing our capacity across acute and community services while in parallel reducing bed demand and improving the health of the population.

The Capacity and Access Joint Action Programme which was established in 2019 to deliver on these recommendations breaks the work into six pillars of activity with high level areas of focus, as set out in Figure 1 below. A joint DoH / HSE team has set out the priority actions to focus on for the next two years.

In addition to the six pillars of activity, and as part of the Capacity and Access Joint Action Programme, a Scheduled Care Transformation process has been established to ensure a comprehensive, data-driven approach to improving scheduled care waiting times in line with *Sláintecare* targets.

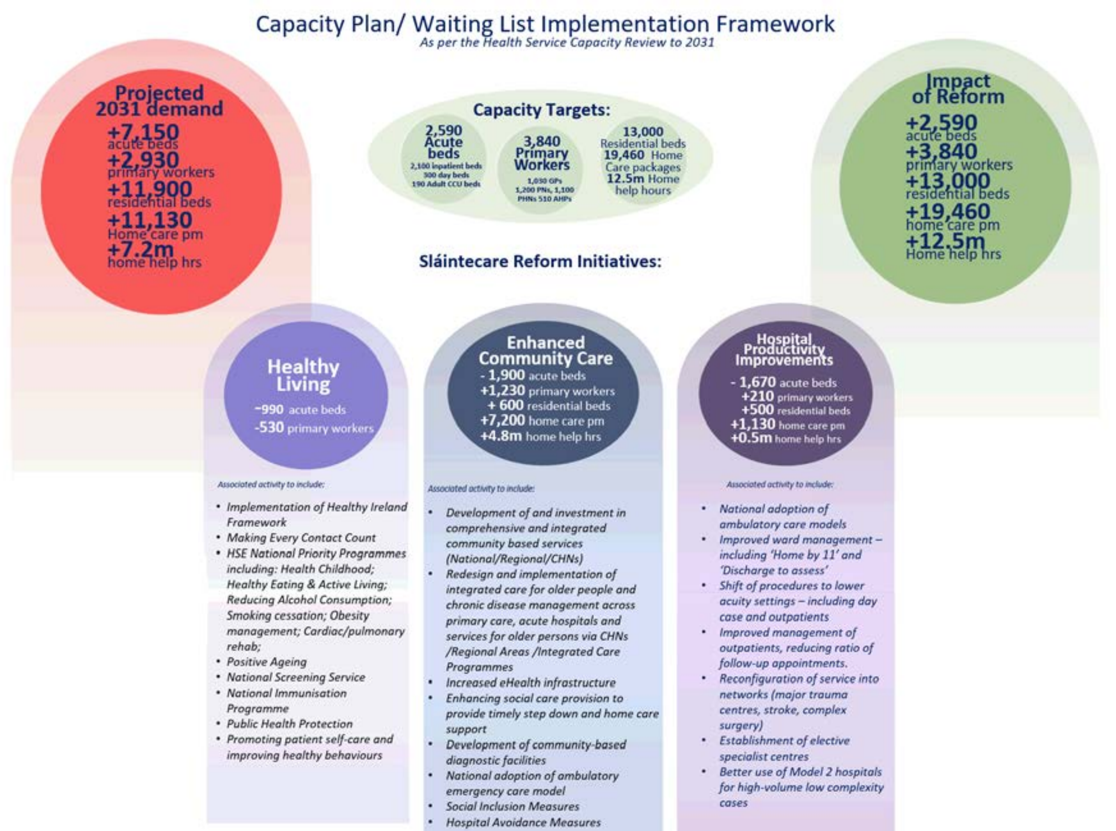

Figure 1: Capacity Plan Implementation Framework

Priorities in 2020 for the Capacity and Access Joint Action Programme include:

Healthy Living:

1. Select successful patient empowerment integration fund programmes for scaling
2. Implement Housing Options for our Ageing Population.

Enhanced Community Care:

1. Recruit up to 1,000 new community frontline staff
2. Implement alternative pathways through the development of primary care working with GP led chronic disease management, community specialist hubs for older people and chronic disease, linked to community intervention team (CIT) / outpatient parenteral antimicrobial therapy (OPAT) / frailty intervention therapy (FIT) teams for unscheduled care and diagnostics
3. The development and deployment of the summary and shared care record.

Hospital Productivity Improvement Programme:

- Optimise usage of existing hospital beds and more generally secure productivity improvements across a range of performance metrics
- The completion of planning work in relation to the development and location of stand-alone elective care centres.

Scheduled Care Transformation:

- Undertaking a comprehensive assessment of the demand and capacity across the largest scheduled care and diagnostics services at the largest sites
- The planning and introduction of a patient-centred appointment booking system.

Governance of the Joint Action Programmes

The delivery of the two Joint Action Programmes outlined above will be underpinned by the following principles:

- Under the governance oversight of the SPIO, both programmes will be discharged through a Joint Implementation Office which will be overseen by the Executive Director of the SPIO and the Chief Strategy Officer, HSE. Key senior HSE leads will be appointed to both programmes to provide day-to-day leadership, strategic direction and oversight. They will be supported in this regard by workstream leads in the HSE and the DoH as well as joint HSE / DoH design and delivery teams
- There will be a strong engagement process with the relevant line management both in the service delivery organisations and the centre of the HSE.

Key Enablers for Joint Action Programmes

The success of these Joint Action Programmes are dependent on a number of programmes of work that will put in place foundations for the Joint Action Programmes to succeed in the medium to longer term.

These are listed below and are reflected in other sections of the plan, from the community section, to the enabling services section and the population health section:

- eHealth Projects:
  - Individual Health Identifier (IHI) Project and the operation of the IHI Office in 2020
  - The procurement of an electronic health record (EHR) solution in the National Children's Hospital that will support in due course a national solution to procure an EHR for all health and social care services
  - Progress on the delivery of a properly governed ePharmacy programme in 2020
  - The delivery of the Citizen Health Portal and Digital Communications Strategy
  - The development and deployment of the summary and shared care record
  - The development of the Primary Care Management System (PCMS) that aligns with new GP data provided through the GP Agreement 2019
  - The delivery of a radiology strategy in 2020, linked to the scheduled care transformation programme, with a particular focus on community access to diagnostics and planning in a regional context
- Delivery of workforce planning initiatives to support enhanced community care and service redesign
- The underpinning of prevention in all models of care and significant expansion and support for the Making Every Contact Count Programme
- The support of the national clinical care programmes to deliver *Sláintecare*
- Development of the population-based funding allocation model.

A further key enabler will be the development of a single Integrated Information Service. During 2020 we will seek to:

- Develop, produce and present robust, timely, accurate and consistent management information, analysis and data insights to support the delivery of service and performance improvement initiatives across a number of priority service areas
- Implement a single process for requesting and providing information to ensure information services are available equitably across all users, to avoid duplication in the development of responses to queries and reduce the incidence of different responses being provided to queries that are similar or identical, and to build a knowledge base and repository of previous query responses that will enable increased efficiency in responding to new queries.

Sláintecare Integration Fund

Budget 2019 provided €20m to the SPIO to put in place a ring-fenced *Sláintecare* Integration Fund to test and scale how new service models and approaches might best be delivered. *Sláintecare* Integration Fund guidance documentation informed applicants that projects: should be capable of being scaled for national implementation; clearly demonstrate that the project would facilitate a shift in care to community-based settings or reduce demand on the acute care system; and must be implementation ready.

Following a three stage selection process, 122 of the 477 submissions made to the SPIO have been selected for funding. Ninety four of these are from either HSE or HSE funded services and cover a wide

range of projects dealing with chronic disease prevention and management, enhancement of community services, mental health support services, services for older persons and patient-centred eHealth initiatives. The fund was formally launched by the Minister for Health in September 2019.

These projects are funded for 12 months and it is envisaged that as many as possible are staffed and operational from early 2020. A National HSE Implementation Group has been established to put in place the necessary systems and processes as well as oversight and evaluation arrangements to support, as appropriate, the roll-out and success of HSE integration fund projects. The SPIO is administering the fund through Pobal. From early 2020, we will be working closely with SPIO to communicate the progress being made on each of these projects and highlight any early successes from service user and staff perspectives.

Sláintecare Enhanced Community Fund

As part of the Budget 2020, €10m has been allocated in 2020 (rising to €60m in 2021) for the purposes of enhanced community services. This allocation will support the delivery of key reform initiatives identified as part of the Capacity and Access Programme focusing on enhancing community care. This allocation is committed to delivering up to 1,000 new community frontline staff in order to support the shift in care from the acute sector to the community sector which is core to the *Sláintecare* reform. A key focus for the HSE will be to use Community Healthcare Network (CHN) Learning Sites to inform the further development and provision of a multi-disciplinary model of service and agree with the SPIO and the DoH a business case for the required workforce expansion and then ensure the early and effective implementation of the agreed plan. Specifically, this money will support initiatives such as:

1. Funding expansion of services in CHN learning sites in line with the agreed business case with SPIO / DoH / HSE
2. Prioritisation of initiatives that will have a positive impact on waiting lists, and in the first instance on community waiting lists
3. Maintain and scaling successful Integration Fund projects into 2021
4. Developing enhanced support services for people with dementia including the hiring of additional dementia advisors.

These initiatives are in addition to other key reform programmes being taken forward including:

- The implementation of an IT based assessment tool (interRAI Ireland) as the basis for care needs assessment and service planning in older person services
- The review of home support systems and processes across older persons and disability to determine areas of improvement and investment in the context of proposed home support legislation and regulation
- Review of intermediate care focusing on options to maintain older people at home or post discharge from acute care and incorporating both home and bed based rehabilitation and re-ablement as well as transitional care arrangements
- Reviewing public long stay residential care to ensure that it is placed on a sustainable footing, delivering quality service to meet the requirements of people with complex care needs.

Care Redesign

A €12m Care Redesign Fund has been made available in 2020. This fund will be used to support the delivery of reform initiatives identified through the Capacity and Access Joint Access Programme, moving scheduled and unscheduled care closer to home, being more responsive to the needs and wishes of patients and maximising value from the use of technology.

Section 5:

Clinical, Quality and Patient Safety

Clinical, Quality and Patient Safety

Introduction

Work continues in supporting the delivery of high quality, safe, effective, accessible services, including through the advancement of key strategic *Sláintecare* actions. Our focus is to support and further initiate programmes of work to strengthen clinical leadership and expertise, to develop and nurture collaboration with patients and service users, to improve and assure safety and improve the patient and service user experience as below:

- Clinical expertise: empower and deploy clinical leadership to ensure needs-based service design, reconfiguration, implementation and measurement that is innovative, integrated and equitable
- Patient experience: explore new ways of partnering with patients to ensure they become an active participant in their care, building a culture of patient safety with robust clinical governance, measurement and continuous improvement
- Improvement and assurance: embed integrated governance systems based on data and evidence to drive service improvement and assure quality and safety.

Clinical Expertise

The health system needs to transition from a hospital centric health model towards a person-centred, community and primary care based model, informed by *Sláintecare* policy. We need to maximise the impact of our full clinical workforce through reshaping care, delivering care in new and different ways and enabling the clinical workforce to work to their full potential. This aligns with *Sláintecare*. Clinical leadership needs to be strengthened, ensuring clinicians play a key role in improving the performance of the system as it is currently configured and also in driving essential transformation of the entire healthcare system in the coming years.

Priorities and Actions

Realign the National Clinical Programmes to principles of healthcare reform

- Continue to reconfigure and align the work of the national clinical programmes with the policy direction in Irish healthcare.

Develop and strengthen clinical leadership to ensure robust clinical input into the design, implementation and evaluation of services

- Publish and commence implementation of a strategic framework for the Health and Social Care Professions (HSCPs)
- Commission and support specific leadership programmes for nurses and midwives based on identified service needs
- Provide leadership supports to assist the development of leadership capacity in HSCPs
- Continue to enhance the role of the Clinical Director through the Clinical Director Programme

- Create frameworks to promote and ensure clinical expertise and leadership in the design and delivery of digital health clinical solutions.

Design and implement a new model for the delivery of public health medicine based on international evidence and best practice

- Establish a project team to finalise the new service model for public health
- Commence implementation of the new service model
- Scope the clinical leadership development opportunities and requirements for public health doctors and their teams and develop a clinical leadership development programme for the public health medical workforce.

Enable new models of care through the development of multi-disciplinary approaches to healthcare delivery

- Design, update and publish a number of models of care including:
  - Trauma and orthopaedic surgery
  - Specialist geriatric services
  - Surgery subspecialties
  - Diabetic foot
  - Diabetes in pregnancy
  - Heart failure
  - Asthma
  - Dual diagnosis.
- Design and update pathways to deliver more effective and integrated care including:
  - Management of older persons' discharges
  - Older persons' care in primary care
  - Front door frailty response tool
  - Post-acute care
  - Falls
  - Integrated care for children who are deaf or hard of hearing.
- Progress the development of agreed clinical programmes and evidence-based models of care for mental health services and continue to progress implementation of the model of care for specialist perinatal mental health services
- Work with service areas, in the design, planning, piloting and evaluation of best practice clinical designs, which will be informed by an evidence-based approach and relevant published National Clinical Effectiveness Committee (NCEC) National Clinical Guidelines
- Design and develop a National Genetics and Genomics Network broadly based on a hub and spoke construct
- Support the roll-out of the National Frailty Education Programme nationwide through multi-professional education

- Develop medical workforce planning projections to support the delivery of *Sláintecare*, and other medical specialty developments.

Develop a sustainable clinical workforce

- Support the roll-out and implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* (Phase 1), emergency care settings (Phase 2) and community and older persons' services (Phase 3)
- Support the expansion and development of nursing and midwifery roles from graduate to advanced practice through education, site development and monitoring of clinical nurse / clinical midwife specialists and advanced nursing / midwifery practitioners
- Work collaboratively with postgraduate medical training bodies to provide medical training to meet the current medical workforce training and development requirements
- Increase the number of non-consultant hospital doctors (NCHDs) in training by over 100 for the 2019-2020 training year, primarily through the conversion of non-training posts
- Align the required postgraduate training places to the estimated medical workforce demand across medical specialties to meet the identified population healthcare needs of the future
- Expand the International Medical Graduate Training Initiative to further reduce the number of non-training doctors
- Publish two key reports, the Ninth Annual Assessment of NCHD Posts 2018-2019 and the Review of the Consultant Workforce in Ireland 2020
- Complete the roll-out of the new training supports scheme for NCHDs.

Patient Experience

Partnering with patients at all levels of the health service ensures that we as an organisation are informed and driven by the needs of the patients and the communities we serve. Thus the active and meaningful participation of patients in healthcare planning, design and evaluation is essential to the HSE.

We are committed to listening to our patients and ensuring their perspectives inform the design, development and delivery of healthcare services. This involves utilising the skills and expertise of staff, patients and families to co-design a service that meets the needs of our population.

We engage with patients, their families and carers, responding to their feedback, learning from their experience and improving care.

Priorities and Actions

Facilitate patient engagement with their own health and wellbeing and with the healthcare delivery system

- Embed the Your Voice Matters survey framework as an option within the suite of patient experience tools available
- Develop and strengthen systems which ensure that meaningful patient engagement and the voice of the patient is at the centre of the design, development and delivery of our health service.

Gather qualitative information about patient experience and use it to drive systemic change

- Develop a cohesive framework for patient engagement, experience and advocacy at both corporate and service delivery level.

Involve patients in the design and evaluation of new models of care, clinical services and initiatives

- People who use our health service will be proactively engaged and partnered with in the planning, design, delivery and evaluation of services
- Engage people who use our health service, from the start, in the planning design and delivery of services, supporting, listening, mentoring them and valuing their input.

Increase transparency, openness and access to accurate and reliable patient information

- Continue to support staff and services to comply with investigative reports, legislation, including the *Patient Safety Bill,* and policies relating to open disclosure, mandatory reporting, assisted decision-making and consent
- Enhance the national support to ensure that effective open disclosure occurs in all instances of harm in our health services through the newly established national team, We will train trainers including medical personnel across the entire health system and will provide on-going support and mentoring to them as they in turn roll out open disclosure training in their local area
- Progress the roll-out of the revised HSE safeguarding policy with the development of a DoH national health sector adult safeguarding policy
- Further develop the National Appeals Service
- Develop systems to work with the newly established Independent Patient Advocacy Service.

Improvement and Assurance

To raise and sustain a culture of patient safety, we need to focus on continual improvement in the safety and quality of care, learning from patient experience, and in developing systems to maintain standards and minimise risk. Frontline staff, supported by national quality improvement services, are working across our health and social care services to champion, partner, demonstrate and enable sustainable safety and quality improvement in line with the new Patient Safety Strategy and the *Framework for Improving Quality in our Health Service*. Our overall approach to safety will include actions to support services in considering and addressing risks that arise during the course of 2020. Central to this is the embedding of integrated governance systems based on data and evidence to drive service improvement in quality and safety.

Priorities and Actions

Lead and strengthen a culture of patient and staff safety

- Commence the implementation of the national Patient Safety Strategy towards reducing patient harm
  - To support the implementation of the Patient Safety Strategy we will progress the appointment of 26 WTE staff to work with the frontline teams on proactive quality assurance, risk management and safety improvement measures (we utilise part-year funding of €720,000 in 2020)

- Improve consistency of the implementation of Carbapenemase-Producing Enterobacteriaceae (CPE) screening
- Improve knowledge, awareness and management of antimicrobial resistance and infection control as part of the implementation of *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020*
- Continue implementation of the *Incident Management Framework 2018* and the findings of the Early Review of the Framework 2019
- Ensure that there is a formal system in place for sharing learning from the reviews of patient safety incidents at national and service levels, to inform patient safety improvement plans
- Oversee compliance with the Protected Disclosure legislation to strengthen a culture of listening to and supporting staff that raise concerns
- Develop a global approach by Irish healthcare services to improve health and quality of healthcare in Ireland and in less developed countries
- Continue to collaborate on patient safety issues with the National Patient Safety Office and the Scottish Department of Health through the Irish-Scottish Health Forum
- Support the DoH on the development of the protection of liberty safeguards.

Embed quality as a core function at the heart of the health services

- Implement the recommendations of the 2019 National Review of Clinical Audit
- Enhance systems for identification and management of clinical deterioration through the enablement of the National Deteriorating Patient Recognition and Response Improvement Programme and support on-going implementation for sepsis management, clinical handover, as informed by NCEC National Clinical Guidelines
- Support the design, development and implementation of clinical guidelines, up to and including DoH NCEC National Clinical Guidelines
- Support five sustainable quality improvement projects (falls prevention, pressure ulcer prevention, quality improvement for healthcare boards, deteriorating patient and medication safety)
- We will provide an in-depth training programme to frontline staff that will support them to facilitate their teams to deliver truly person centred practice in their frontline care
- Support services to include an explicit commitment to quality improvement and patient safety in their service area and in their service plans to develop quality improvement in patient safety capacity in local organisations.

Analyse evidence from experience, data and metrics to inform policy, planning and practice

- Support frontline organisations in the use of their data to oversee and improve the quality of care through delivery of training
- Support the use of evidence to identify opportunities for improvement and measure and evaluate the impact of quality improvement initiatives
- Embed measurement for improvement methods into the HSE Board, Executive Management Team and National Performance Oversight Group to support oversight of quality and its improvement
- Further quality improvement development and learning through networks, webinars and communities of practice

- Support the National Independent Review Panel and Confidential Recipient service
- Through Healthcare Audit, provide assurance that legislative requirements are being met in addition to adherence with policies, procedures and best practice
- Support the roll-out of the Nursing and Midwifery Quality Care-Metrics across services
- Continue existing clinical audit programmes at national level
- Continue existing specialty quality improvement programmes
- Continue to support the capability of the health service to report, investigate, disseminate and implement learning from safety incidents through the further development of the National Incident Management System (NIMS)
- Explore the use of complaints data, including national trending, to support feedback into the system and drive improvements through learning.

Strengthen arrangements to integrate clinical and corporate governance

- Our overall approach to safety will include actions to support services in considering and addressing risks that arise during the course of 2020
- Following the HSE's Review of Risk Management in 2019 we will commence the establishment of a national Enterprise Risk Management Programme in 2020 to improve risk management practices and disciplines. Funding of €0.25m will be allocated for this purpose.

Section 6:

Population
Health and Wellbeing

Population Health and Wellbeing

Introduction

Improving population health and wellbeing is a key system challenge facing Ireland's health service. A fundamental goal of developing a sustainable health service is to support and improve the health of its population. *Sláintecare* recognises the importance of supporting people to look after and protect their own health and wellbeing. *Healthy Ireland* is the national strategy for improved health and wellbeing and is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The health system will continue to play an important leadership role in driving this whole-system shift towards a culture that places greater emphasis and value on prevention and keeping people well.

As outlined earlier in this plan, there are many positive trends visible within our health service; life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. Despite these encouraging developments, we know changing lifestyles, chronic disease patterns, health inequalities and ageing population trends are altering our population's healthcare needs. This is creating an unsustainable horizon for the future provision of our health and social care services in Ireland.

To address these challenges the health service will continue to prioritise high quality evidence-based prevention, early intervention and health protection strategies to improve health outcomes for all and to reduce demand on our health and social care services thereby ensuring a sustainable health system for future generations.

There has been considerable emphasis on *Healthy Ireland* implementation across the totality of health and social care services since the publication of the *Healthy Ireland* Framework in 2013. The HSE has responded to this agenda at national and local levels, with all CHOs and five Hospital Groups publishing *Healthy Ireland* plans. To date, this has been done within existing resources and in challenging service delivery environments. The *Sláintecare* framework provides even stronger scaffolding and provides further momentum for this agenda. It is an agenda that requires a relentless focus on prioritising and delivering evidence-based actions to support primary and secondary prevention across community and acute services. This work promotes and supports integrated care – another system challenge in Ireland's health service. It is an agenda that requires a relentless focus on partnership working with statutory, voluntary and community organisations at national and local levels to take action to support community health and wellbeing.

Sláintecare Joint Action Programmes position the prevention agenda front and centre and 2020 will deliver programmes of work that will impact patient care and service user experience, in addition to programmes of work that will reconfigure our services and structures to ensure that our service is designed to be as focused on promoting and improving health and wellbeing as it is on treatment and care.

Services Provided

Population health is about helping our whole population to stay healthy and well by focusing on prevention, protection, and health promotion and improvement through the work of a number of national and local services working together to deliver national strategy for improved health outcomes. The following services and functions work collaboratively at national and local level, across all work programmes to deliver on the

Healthy Ireland agenda:

- The national *Healthy Ireland* office and Policy Priority Programmes for tobacco, alcohol, healthy eating and active living, sexual health and crisis pregnancy, mental health and wellbeing, healthy childhood and staff health and wellbeing provide expertise, strategic advice and direction to address known preventable lifestyle risk factors by designing and developing evidence-based best practice policies, programmes, communication campaigns and initiatives
- Health promotion and improvement services provide a range of education and training programmes focused primarily on building the capacity of staff across the health service and in key external bodies who are ideally placed to positively influence health behaviour. Health and Wellbeing services work with people across a variety of settings in the community, in hospitals, in local authorities, in third level campuses, in schools and in workplaces
- Public health services protect our population from threats to their health and wellbeing through the design and oversight of national immunisation and vaccination programmes and actions for the prevention and control of infectious diseases
- CHOs and Hospital Groups implementing comprehensive *Healthy Ireland* plans to deliver upon the health and wellbeing reform agenda locally, and improve the health and wellbeing of the local population by reducing the burden of chronic disease and improving staff health and wellbeing
- The Environmental Health Service's primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population, takes preventative actions and enforces legislation in areas such as food safety, tobacco control, cosmetic product safety, sunbed regulation, fluoridation of public water supplies, drinking and bathing water
- The National Screening Service delivers four national population-based screening programmes – for cervical, breast and bowel cancer, and for detecting sight-threatening retinopathy in people with diabetes. These programmes aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

Priorities

- Improve the health and wellbeing of the population by reducing the burden of chronic disease with a focus on children and at risk groups
- Build upon *Sláintecare* funding and planned HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda
- Work with CHOs and Hospital Groups to implement *Healthy Ireland* plans and to improve levels of staff health and wellbeing
- Continue to protect our population from threats to health and wellbeing through immunisation, infectious disease control, screening and environmental health services.

Health and Wellbeing Services

Priorities and Actions

Improve the health and wellbeing of the population by reducing the burden of chronic disease with a focus on children and at risk groups

The national health and wellbeing team works with national clinical experts, external stakeholders and operational services through CHOs and Hospital Groups to prioritise and implement a range of actions to improve the health and wellbeing of the population and service users as outlined below:

- Chronic disease prevention and self-management support actions
  - Support CHOs and Hospital Groups to implement their *Healthy Ireland* plans, delivering actions that embed prevention, early detection and self-management support among their staff and the communities they serve
  - Support CHOs and Hospital Groups to implement the Making Every Contact Count (MECC) Framework including the e-learning training, enhancing your skills face-to-face training and an agreed number of implementation sites which will enable staff to promote lifestyle behavioural change among service users
  - Support CHOs and Hospital Groups to implement *Living Well with a Chronic Condition: Framework for Self-Management Support*.
- National Policy Priority Programme actions
  - Support patients and staff to quit and stay quit through improved compliance with HSE Tobacco Free Campus policy
  - Implement national clinical guidelines for healthcare professionals to inform clinical practice in the identification, diagnosis and treatment of patients who smoke
  - Implement key actions from the Alcohol Programme Implementation Plan, including a focus on actions to address the risk of foetal alcohol syndrome
  - Develop integrated models of care for adults and children to strengthen capacity for clinical service design and innovation for weight management services
  - Continue delivery of the START campaign and implementation of the *Healthy Weight for Children (0-6 years) Framework* 3-year Action Plan to increase families' awareness of healthy lifestyle behaviours that prevent childhood obesity
  - Support the development of a national nutrition and hydration programme to drive efficiencies and service improvements across community and acute services
  - Support CHOs and Hospital Groups to implement food, nutrition and hydration policies and clinical guidelines to improve nutritional care and food provision for patients and service users in acute hospitals and residential care sites
  - Implement a new national pre-exposure prophylaxis (PrEP) HIV Prevention Programme in sexually transmitted infections (STI) services in line with newly developed PrEP standards and guidelines which will reduce the risk of HIV infection to those who are deemed to be at substantial risk of acquiring HIV
  - Develop a mental health promotion plan in collaboration with the DoH and other key stakeholders
  - Implement minding your wellbeing and stress control programmes to promote the mental health and wellbeing of the population.

- Oireachtas Committee on the Eight Amendment – Ancillary Recommendations actions
  - Promote sexual health and 'safer sex' public advertising campaigns which will encourage sexually active adults to have safer sex, to include contraceptive advice and prevention of STIs
  - Continue to expand the free provision of condoms to at risk groups
  - Provide a free counselling and information service to people experiencing an unplanned pregnancy
  - Implement sexual health promotion training for professionals in the youth sector, those working with at risk groups, and for parents
  - Support the Department of Education and Skills in the delivery of the relationship and sexuality education curriculum by providing training and associated resources
  - Repeat the in-depth general population survey on sexual health and crisis pregnancy to provide up-to-date data to support implementation.

Build upon *Sláintecare* funding and HSE structural reforms and enablers to create greater capacity within the organisation to lead and deliver upon a cross-sectoral health and wellbeing reform agenda

- Design an operating model for health and wellbeing in the new regional health areas, building on work to date with the CHOs and the strengths of the current model across both CHOs and Hospital Groups
- Transition health promotion and improvement services and staff to CHOs
- Support the roll-out of integrated community-based chronic disease management programmes in primary care and acute settings to include, heart failure virtual consultation service, 'end to end' model of care for diabetes and respiratory disease, smoking cessation in maternity services, asymptomatic on-line STI testing and social prescribing programmes through *Sláintecare* funded developments
- Improve co-ordination, collaboration and input to multi-agency partnerships to ensure joined up approaches to public health priorities.

Implement the Sustainability Plan for the Nurture Infant Health and Wellbeing Programme

- Support CHOs and Hospital Groups to implement the childhood screening and surveillance programme and ensure content is consistent with evidence base and is standardised across the country in line with *First Five – A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028*
- Support CHOs and Hospital Groups to improve their breastfeeding rates in line with the *Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021* i.e. a 2% annual increase in breastfeeding duration rates over the period 2016-2021.

Improve staff health and wellbeing

- Continue to support evidence-based staff health and wellbeing initiatives
- Finalise and deliver the HSE Healthy Workplace Framework in collaboration with HR
- Increase access and availability of healthier food for staff through the implementation of national nutrition standards.

Public Health Service

Priorities and Actions

Protect our population from threats to health and wellbeing through immunisation and infectious disease control

- Participate in the Climate Change Oversight Group to oversee implementation of the new Climate Change Adaptation Plan for the health sector and publish a specific HSE three year implementation plan in support of the overall framework, using existing resources
- Continue to implement the national universal HPV Vaccination Programme for school aged boys and girls to drive improvements in vaccine uptake in the Schools Immunisation Programme
- Continue to improve childhood immunisation and flu immunisation uptake rates (achieve 95% uptake in all areas for MMR in children aged 24 months and double the number of hospitals and long term care facilities meeting the 75% uptake target for staff flu vaccination)
- Maintain campaigns and support provided to CHOs and Hospital Groups to drive and support increased vaccination uptake within relevant target populations including staff
- In collaboration with the DoH, support the Vaccine Alliance for Ireland and work to investigate and combat vaccine hesitancy
- Implement a change of vaccine from Men C to MenACWY for first year second level students as part of the Schools Immunisation Programme
- Develop a case and incident management system for health protection to support more efficient and robust reporting and management of infectious disease cases, outbreaks and incidents
- Continue to enhance the control of tuberculosis led by a newly established National Tuberculosis Advisory Committee
- Work with the National Health Intelligence Unit to support population health planning and needs assessment in the context of the new regional health areas to develop capacity to support health and wellbeing services to deliver on health and wellbeing priorities
- Work with the national clinical lead for health and wellbeing chronic disease to support health service improvement priorities
- Take forward the design and implementation of a new public health model as outlined in Section 5.

Environmental Health Service

The Environmental Health Service plays a key role in protecting the public from threats to health and wellbeing. Its primary role is as a regulatory inspectorate responsible for a broad range of statutory functions enacted to protect and promote the health of the population.

Priorities and Actions

Protect our population from threats to health and wellbeing through the provision of environmental health services

- Respond to the impact of Brexit by supplementing official controls on food imports at ports and airports, and respond to additional requests for food export certificates

- Adopt *Regulation 2017/625* which addresses official controls and other official activities performed to ensure the application of food and feed law and rules on animal health and welfare, plant health and plant protection products
- Enforce the enacted provisions of the *Public Health (Alcohol) Act 2018* and continue working in partnership with the DoH in preparing for the enforcement of additional significant provisions as they become operational in 2020
- Enforce HSE environmental health tobacco control statutory responsibilities focusing on areas of greatest non-compliance and specified provisions of new tobacco control legislation
- Agree and implement a new Food Safety Authority of Ireland and HSE Service Contract
- Undertake a sun bed inspection programme, including planned inspection, test purchase and mystery shopper, under the *Public Health (Sunbeds) Act 2014*
- Engage with the DoH and Irish Water in reviewing the current level of compliance with fluoridation requirements and associated funding model.

National Screening Service

The National Screening Service delivers four national population-based screening programmes – for cervical, breast and bowel cancer, and for detecting sight-threatening retinopathy in people with diabetes. These programmes aim to reduce morbidity and mortality in the population through early detection of disease and treatment.

Priorities and Actions

National Screening Programmes

- Implement the remaining recommendations contained in the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018 (Scally Report)* as well as those contained in the *Independent Rapid Review of Specific Issues in the CervicalCheck Screening Programme*
- Implement strengthened organisational and governance arrangements in line with the reviews undertaken of screening services
- Implement a communications strategy, in conjunction with National Communications, to ensure continued support, education and information for the public on screening programmes
- Continue the implementation of the public and patient engagement plan to enhance public input to screening programmes
- Enhance the Client Services function to ensure patients and families have access to records for all screening programmes.

CervicalCheck

- Stabilise and strengthen the cervical screening programme in line with the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018 (Scally Report)*
- Continue to support women and families who were directly impacted by the CervicalCheck crisis
- Continue to support the International Clinical Expert Review Panel (Royal College of Obstetricians and Gynaecologists) in its independent review of cervical screening

- Implement HPV primary screening from Q1 2020 including communication, training and education, and ICT reconfiguration
- Develop a plan to address the increase in colposcopy referrals expected to arise as a result of the introduction of HPV testing
- Continue to develop the National Cervical Screening Laboratory at the Coombe Women and Infants' University Hospital, including commencement of its construction and the recruitment of any outstanding positions.

BreastCheck

- Continue to implement the age-extension of the BreastCheck Programme by rolling out the programme to the remaining cohort of 68 year olds (50%) and 69 year olds (50%) in line with the agreed programme of implementation.

BowelScreen

- Increase uptake through targeted communication and promotion amongst eligible men and women aged 60-69 years
- Develop a capacity plan with acute services that meets the current endoscopy demand for the screening population
- Develop a plan in collaboration with the DoH to ensure the roll-out of sufficient capacity within the wider endoscopy service to support extension of the BowelScreen Programme as outlined in the *National Cancer Strategy 2017-2026*.

Diabetic RetinaScreen

- Continue the roll-out of a digital surveillance screening programme and model of care that will improve timeframes for the treatment of diabetic retinopathy for a further 2,500 patients in 2020
- Increase uptake through targeted communication and promotion amongst the eligible population aged 12 years and over.

Section 7:

Health and Social Care

Community Healthcare

Community healthcare services include primary care, social inclusion, disability services, mental health, older persons' services and palliative care services, and are provided for children and adults, including those who are experiencing marginalisation and health inequalities. Services are provided by GPs, public health nurses and health and social care professions (HSCPs) through primary care teams and Community Healthcare Networks (CHNs). Community healthcare services are currently delivered across nine Community Healthcare Organisations (CHOs) and are provided through a mix of HSE direct provision as well as through voluntary section 38 and 39 service providers, GPs and private providers. The community healthcare budget accounts for almost 40% of the HSE spend.

Sláintecare sets out the vision to deliver a change programme which will result in more positive experiences and better outcomes for patients, service users and local communities.

As outlined in Section 4 of this plan, two *Sláintecare* Joint Action Programmes have been identified as a priority in transforming the way care is delivered and experienced in Ireland in 2020 and beyond. These two Programmes build on the work undertaken in 2019 and their development and implementation will be the key priority in the reform and redesign of community healthcare services in 2020.

Regional Health Areas

The commencement of the process to co-design the regional organisation of health services, and the role of the DoH and HSE is a central deliverable of the *Sláintecare* Joint Action Programme for 2020 in relation to National, Regional and Local Health and Social Care Delivery Structures. The design work will focus on delivery of the *Sláintecare* Vision for regional delivery organisations, so they facilitate a population-based approach to planning, a single budget per region covering hospital, community and social care services and the allocation of funding within the region on the basis of population need through local networks serving populations of approximately 50,000, with clear financial and performance accountability.

Community Healthcare Networks

The *Sláintecare Report 2017* identified CHNs as one of the core units of health service co-ordination and provision. In this context, and in line with the Joint Action Programme on National Regional and Local Health and Social Care Delivery Structures, the development of CHNs is a critical step in transforming our healthcare system and will enable real change that will be experienced by all who use our services, our staff and partner agencies delivering care. Similarly, it is accepted that there is a need to ensure that general practice is sustainable both for current GPs in practice and those entering the profession. Building capacity in general practice will enable GPs to play a central role in achieving this shift in emphasis towards community based care.

CHNs are geographically-based units delivering services to an average population of 50,000. There will be 96 CHNs and each CHO, as currently configured, will have between eight and 14 CHNs. The implementation of CHNs will see a co-ordinated multi-disciplinary approach to care provision, providing better outcomes for people requiring services and supports both within and across networks.

Integrated Care

A priority for the Capacity and Access Joint Action Programme is the redesign and implementation of integrated care for older people and chronic disease management across primary care, acute hospitals, and services for older people via CHNs / regional health areas / integrated care programmes.

The work that has been undertaken by the Integrated Care Programmes for Older People and Integrated Care Programme for the Prevention and Management of Chronic Disease has shown that improved outcomes can be achieved particularly for older people who are frail, and those with chronic disease, through a model of care that allows the specialist multi-disciplinary team engage and interact with services at CHN level, in their diagnosis and on-going care. Through the strengthening of primary care, clarifying pathways of care with specialist service and providing more targeted care planning to people with complex care needs, more services can be provided in the community, with a resultant decrease of activity in acute hospitals particularly in relation to emergency department (ED) attendances.

A number of these specialist community facing teams will be scaled into 'Specialist Hubs' to support network teams in addressing the needs of older people and those with chronic disease, bridging and linking the care pathways between acute and community services with a view to improving access to and egress from acute hospital services.

Sláintecare Enhanced Community Care Fund

As part of the Budget 2020, there has been an allocation of €10m in 2020 (rising to €60m in 2021) for the purposes of enhancing community care. This will support the delivery of the reform initiatives identified as part of the Capacity – Access Programme focusing on enhancing community care. It is committed to delivering up to 1,000 new community frontline staff in order to support the shift in care from the acute sector to the community sector which is core to the *Sláintecare* reform. A number of key priority areas will be advanced including:

1. Funding expansion of services in CHN learning sites
2. Prioritisation of initiatives that will have a positive impact on waiting lists, and in the first instance on community waiting lists
3. Maintaining and scaling successful projects into 2021
4. Developing support services for people with dementia including the hiring of additional dementia advisors.

Further detail in respect of these initiatives is included in the relevant sections of each care group plan. A key focus for the HSE will be to develop and agree by December 2019 with the DoH and SPIO a business case for the required workforce expansion and then ensure the early and effective implementation of the agreed plan.

Implementing the *Healthy Ireland* Framework

In line with the goals of the *Healthy Ireland Framework 2019-2025* through:

- Work in collaboration with CHOs, Hospital Groups and external partners to support the implementation of comprehensive *Healthy Ireland* implementation plans in CHOs and Hospital Groups
- Design an operating model for health and wellbeing in the new regional health areas, building on work to date with the CHOs and the strengths of the current model across both CHOs and Hospital Groups

- Expand and support Making Every Contact Count training to support staff promoting the health and wellbeing of their client and patient groups
- As a part of the implementation of CHNs, the HSE will continue to strengthen all programmes to work on delivering on the *Healthy Ireland Framework 2019-2025* with a particular focus on supporting self-care in relation to chronic disease management and promotion of positive ageing
- Work with community voluntary organisations to provide a wide range of supports which are essential in sustaining people within their communities.

Primary Care Services

Introduction

Primary care services deliver care to service users close to home through a community-based approach. So that service users can access services at the most appropriate, cost effective service level, work in 2020 will focus on reforming existing and building new capacity in primary care. This will deliver appropriate care in an appropriate setting with a strong emphasis on prevention and public health, in line with *Sláintecare* goals and the integration fund initiatives. Capacity building in primary care leads to reductions in ED visits and inpatient hospitalisations.

Services Provided

A range of multi-disciplinary services are provided by a wide range of staff including GPs, community nursing and HSCPs, working with wider community services (older people, disability, mental health, palliative) and acute hospital services to deliver efficient, effective and sustainable services, meeting the needs of services users.

In 2020 the planned level of service to be delivered are as follows:

- 587,604 patients to avail of physiotherapy
- 389,256 patients to avail of occupational therapy
- 282,312 patients to avail of speech and language therapy
- 474,366 patients to avail of the community nursing service
- 217 GP training places
- 1,064,465 GP out of hours contacts
- 537 children with complex medical conditions to avail of paediatric homecare packages following discharge from hospital
- 45,432 referrals to community intervention teams (CITs) to facilitate a high volume of complex hospital avoidance and early discharge.

Priorities and Actions

- Improve access for primary care occupational therapy services with a focus on addressing patients waiting over 52 weeks, through the full year impact in 2020 of 40 occupational therapists approved in 2019
- Improve access to primary care services in nine CHN learning sites through the full year impact in 2020 of 65 additional posts including therapy and nursing services approved in 2019
- Work with the DoH on the development and implementation plan for *Smile agus Sláinte – National Oral Health Policy*, published in 2019
- Through reprioritisation and improved efficiency in service provision, provide 80 additional paediatric home care packages during the course of 2020

- Refocus CIT and Outpatient Parenteral Antimicrobial Therapy (OPAT) services with a focus on increased referrals of complex hospital avoidance and early discharge cases, working with frailty intervention therapy teams and develop and implement quality improvement initiatives
- Continue to work on antimicrobial resistance and healthcare associated infections with reference to the implementation of the *National Action Plan on Antimicrobial Resistance 2017-2020*
- Work with acute services as part of the wider Scheduled Care Transformation Programme in the development of a radiology strategy including a mapping exercise of current capacity and future requirements with particular focus on supporting GP access to diagnostics
- Refresh the hepatitis C strategy to ensure treatment is offered to patients with hepatitis C in line with the National Hepatitis C Treatment Programme goal of eliminating hepatitis C by 2026
- Deliver additional primary care centres in line with the Capital Plan
- Develop the Primary Care Management System (PCMS) that aligns with new GP data provided through the GP Agreement 2019 and with integrated programmes of care
- Deliver termination of pregnancy services to ensure they can be accessed in community settings through primary care providers on a universal basis, free of charge
- Implement, within existing resources and on a phased basis, the recommendations from the reviews of the primary care physiotherapy, occupational therapy and speech and language therapy services, psychology service, dietetic model of care, lymphoedema model of care, primary care eye care services and civil registration.

Delivery on the quantum of service identified for 2020 and priority actions will be supported by the establishment of an employment floor in primary care. This coupled with robust management and control of non-pay expenditure will allow primary care to maximise the quantum of service deliverable as additional capacity is released into the system. While this will improve output, given the on-going demographic pressures being experienced by all services, it is anticipated that achievement of access targets will vary across CHOs.

Reform and Redesign Programme

Enhanced Community Care

Findings consistently indicate that investments to redesign the provision of primary care services deliver excellent return on investment and quality of care, patient experiences, care co-ordination and access is demonstrably better. Investments to strengthen primary care in the context of integration with other community services, specialist services and acute care result in reductions in ED visits and inpatient hospitalisations. As outlined in Section 4, through the Capacity and Access Joint Action Programme a range of reform and redesign initiatives will be implemented as outlined below. A key focus for the HSE will be to develop and agree by December 2019 with the DoH and SPIO a business case for the required workforce expansion and then ensure the early and effective implementation of the agreed plan.

The CHNs and Integrated Care Programmes for Chronic Disease Management and Older People have already been identified as priority areas for development in the Joint Action Programme. While the specific initiatives to be funded are subject of successful completion of the business case process, building on the work already underway in 2019, the strategic approach envisaged will include the development of the following range of services.

Community Healthcare Networks and Related Supports

The nine CHN learning sites that commenced in 2019, with the network manager managing primary care staff and working collaboratively with community nursing and GPs through the GP lead are informing population-based planning, multi-disciplinary working within and across networks, linking to specialist community services in older people and chronic disease and acute hospital services in the following nine areas:

- Donegal, Sligo Leitrim, Cavan Monaghan – Inishowen
- Community Healthcare West – Tuam, Athenry and Loughrea
- Mid West Community Healthcare – Network 6 (incl. Ballycummin)
- Cork Kerry Community Healthcare – Bandon / Kinsale and Carrigaline
- South East Community Healthcare – Kilkenny City / North Kilkenny
- Community Healthcare East – South Wicklow
- Dublin South, Kildare and West Wicklow Community Healthcare – Ballyfermot and Palmerstown
- Midlands Louth Meath Community Healthcare – East Westmeath (incl. Mullingar)
- Dublin North City and County Community Healthcare – Ballymun

Additional funding, on an agreed basis in line with the business case process, will be provided to the nine CHN learning sites, increasing the quantum of service delivery to the combined population of over 450,000 increasing the number of multi-disciplinary team members including HSCPs, community nursing and other community-based posts. The network teams, working with specialist community teams in older people and chronic disease will clarify pathways of care with specialist services, provide more targeted care planning to people with complex care needs and facilitate more services being provided in the community, with a resultant decrease of activity in acute hospitals particularly in relation to ED attendances. This can be achieved and measured in four key areas:

- Management of people with high complexity care requirements
- Front door targeted admission and discharge approach in acute hospitals
- Early supported discharge
- Admission avoidance by increased management of patients with chronic disease in general practice.

Detailed plans and performance measures will be implemented – these will be developed in consultation with the DoH and SPIO in line with the agreed level of resource provided.

Specialist Teams Supporting Networks linked to Acute Hospital Services

The work that has been undertaken by the Integrated Care Programmes for Older People and Chronic Disease has shown that improved outcomes can be achieved particularly for older people who are frail, and those with chronic disease, through a model of care that allows the specialist multidisciplinary team engage and interact with services at CHN level, in their diagnosis and on-going care.

These clinical programmes, have been working on the development of these models over the past number of years including the establishment of demonstration sites in the case of older persons' services, and a model for chronic disease management in general practice in the case of the Chronic Disease

Management Programme. Building on the learning from this work, it is intended in 2020 to scale up the implementation of these models on a phased basis. A number of these specialist community facing teams will be developed into 'Specialist Hubs' to support network teams in addressing the needs of older people and those with chronic disease, bridging and linking the care pathways between acute and community services with a view to improving access to and egress from acute hospital services.

The impact of this change and investment in service delivery will lead to:

- Anticipated reduction in acute hospital admission rates >75yrs
- Reduction on average length of stay in acute hospitals for >75yrs (Exc. >30 days)
- Reduction in delayed discharge numbers for those awaiting services in the community
- Reduction in waiting times for HSCP services.

The specific locations for development of these specialist hubs and the associated learning sites and mapped CHNs will be decided in consultation with the DoH and SPIO, including the detailed plans and performance measures to be implemented.

Building Capacity in General Practice – GP Agreement Implementation

To achieve the planned shift to primary care-centred health services, it is accepted that there is a need to ensure that general practice is sustainable both for current GPs in practice and those entering the profession. The GP Agreement 2019 sees the introduction of significant enhancements to contractual arrangements in place with GPs under three main areas, service developments, service modernisation and reform measures and eligibility.

Service Development

Service developments will see the roll-out of the CHNs with a GP lead role and participation by GPs in care planning. Service development measures include:

- A community-based GP-led Chronic Disease Management Programme – a structured programme targeted in 2020 at GMS clients aged over 75 years with specific chronic diseases (diabetes, asthma, chronic obstructive pulmonary disorder (COPD) and cardiovascular disease) will be rolled out to over 45,000 service users across the country and will benefit over 430,000 GMS clients on full roll-out in 2023. This contract will enable patients with chronic disease to receive their routine chronic disease care in the community
- New supports are being provided for community therapeutic haemochromatosis, involuntary admissions in mental health and virtual clinics.

Service Modernisation and Reform

Service modernisation and reform measures include:

- Medicines Optimisation involving pharmacist supported structured medicines usage reviews targeted at GMS patients over 75 years of age
- Allocation of funding to support general practice in areas of deprivation
- The development of a model of service to respond to the needs of patients with violent or abuse behaviour.

eHealth Agenda

In partnership with GPs an ambitious eHealth agenda has been set for the next three years focused on bringing improved population wellbeing, health service efficiencies and economic opportunity through the use of technology enabled solutions. Measures include:

- The design and developmental phase of the summary and shared care records
- ePrescribing
- eReferrals
- Roll-out of MedLIS in Beaumont Hospital and Cavan General Hospital in 2020 are foundations for the delivery of co-ordinated and integrated care to service users.

Social Inclusion Services

Services Provided

Social inclusion works across a range of statutory services in partnership with the community and voluntary sectors, to address health inequalities and to improve access to health services for socially disadvantaged groups.

In 2020, the planned level of service to be delivered are as follows:

- 10,145 clients will be in receipt of opioid substitution treatment (outside prisons)
- 1,245 service users admitted to homeless emergency accommodation hostels / facilities whose health needs will have been assessed within two weeks of admission
- 1,894 individuals will attend pharmacy needle exchange.

Ensuring that we improve health outcomes for socially excluded groups in society is a key priority. Capacity to meet government commitments as set out in the Irish Refugee Protection Programme, *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*, *Housing First Implementation National Implementation Plan 2018-2021*, *National Traveller and Roma Inclusion Strategy 2017-2021*, *National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*, and the *National Drug Strategy, Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017-2025*, will support more effective social inclusion services.

As outlined in Section 2, socially excluded groups require greater support across a range of healthcare areas. However it is also recognised that over recent years there has been unparalleled growth in the scale of homelessness in Ireland, cumulating in the number of homeless people in emergency accommodation exceeding 10,000 for the first time in February 2019. As of September 2019 there were 10,397 people homeless across Ireland. This figure includes adults and children. Of particular note is that the number of homeless families has increased significantly. More than one in three people in emergency accommodation is a child (3,873). In order to more effectively respond to this changing profile of service users and the associated challenges as part of a whole-of-government approach, the HSE is providing support to families in homelessness through public health nursing and targeted primary care services. In Dublin, where the challenges are most prevalent, a multi-disciplinary HSE Healthlinks for homeless team acts as a single point of contact between the local authorities and the HSE community based public health nurse service which ensures that families with children aged under four years can continue to link with child health and welfare services in line with *Best Health for Children.*

Priorities and Actions

- Improve health outcomes for socially excluded groups who experience severe health inequalities including those with addiction issues, the homeless, refugees, asylum seekers and members of Traveller and Roma communities through the following measures:

Addiction Services

- Continue the expansion of community-based healthcare services to minimise the harms from misuse of substances and to promote rehabilitation and recovery, in line with *Reducing Harm Supporting Recovery*
- Continue to implement the health-led response to the *Reducing Harm Supporting Recovery* with an emphasis on strengthening governance structures
- Mental health and social inclusion services working together will implement a model of service for co-occurring mental health and substance misuse concerns among at risk groups
- Continue to develop services for pregnant women with substance use problems by recruiting an additional two drug and alcohol liaison midwives
- Implement a pilot programme, in conjunction with An Garda Síochána and relevant areas within the DoH and the Department of Justice and Equality, by the end of 2020, with a view to the phased implementation of a health-led response to individuals found in possession of drugs for personal use by setting up a SAOR intervention in targeted areas.

Intercultural Health

- Implement the recommendations of *HSE Intercultural Health Strategy 2018-2023* on a phased, prioritised basis
- Continue to improve screening, referral and access to primary care services for programme refugees in emergency reception and orientation centres / and asylum seekers / International Protection Applicants, with particular regard to development and implementation of a vulnerability health assessment

Traveller and Roma Health

- Publish the Traveller Health Action Plan in line with the *National Traveller and Roma Inclusion Strategy 2017-2021.*

Domestic, Sexual and Gender-based Violence

- Implement agreed HSE assigned actions under the *Second National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021* where possible, within existing resources.

Homeless Health

- Provide additional supports for homelessness and addiction services, including the establishment of a residential treatment service for homeless women and children in the mid-west region commencing on a phased basis in 2020 with full year implementation in 2021 (see note regarding commitment to additional funding on page 75)
- Implement the health actions, identified as a priority in 2020, in the *Rebuilding Ireland Action Plan for Housing and Homelessness, 2016*, and *Reducing Harm, Supporting Recovery – A health led response to drug and alcohol use in Ireland 2017- 2025* in order to provide the most appropriate primary care and specialist addiction / mental health services for homeless people

  - Implement and evaluate a Homeless Hospital Discharge Programme, commenced as a two-year pilot in 2019, including a Hospital Discharge Protocol through which hospital-based specialist homeless multi-disciplinary teams in St. James's Hospital and the Mater Misericordiae University Hospital ensure appropriate access to and continuity of care for homeless persons leaving hospital, in partnership with the local authority and community service providers
  - Enhance integrated multi-disciplinary homeless health teams to develop partnerships with relevant service providers, provide case management to people living in homelessness and support access to appropriate health and social care services
  - Enhance in-reach primary care and mobile health units to support people living in emergency accommodation and supported temporary accommodation to access health services including GP and nursing clinics and mental health case management
  - Continue to target public health nursing and primary care supports at children and families in homeless settings with a particular focus on supporting the needs of 0-4 year olds in line with *Best Health for Children*
  - Evaluate outcomes of the intermediate Step Up / Step down facility in Dublin South, Kildare and West Wicklow Community Healthcare for service users who are homeless and require nursing and related care prior to hospital admission and post discharge from hospital
  - Research the health needs and health service utilisation of 400-600 single adults living in emergency accommodation
- Implement new models of care for homeless people with complex and multiple needs, as part of an integrated housing and health policy response, in line with the *Housing First National Implementation Plan 2018-2021*
- Provide multi-disciplinary wrap around health supports, including mental health and addiction supports, for 266 new housing first and 300 existing tenancies in line with targets in the *Housing First National Implementation Plan 2018-2021*.

Reform and Redesign Programme

This reform and redesign programme will progress in 2020 on a number of key areas:

- Primary care model for homelessness: Demonstration of an integrated care approach
- Inclusion Health Specialist Homeless Outreach Team will be expanded to increase multi-disciplinary support to homeless people being discharged from hospital
- LGBT Champions Programme will be expanded to provide a model for training health and social care professional in responding appropriately to the needs of older people in this client group.

Older Persons' Services

Introduction

Older persons' services are delivered as far as possible in their own homes and within their own communities, consistent with their specific needs and preferences. A wide range of services are provided including home supports, day care, community supports provided in partnership with voluntary groups, intermediate care (both residential and in the home), as well as long stay care when remaining at home is no longer feasible. This wide range of services is provided directly by HSE or through service arrangements with voluntary and private providers.

These services are undergoing a series of reforms to ensure that they are appropriate and relevant to meet the needs of an increasingly ageing demographic, and where integration of services, across the spectrum of care, inclusive of health and wellbeing, primary and community services and acute care needs to be delivered in as seamless a manner as possible.

Services Provided

Within the budget allocation for older person's services in 2020, the following will be provided:

- Over 53,700 people will be in receipt of home support services, at any one time to a total of 19.2m hours including approximately 235 people who will receive intensive home support packages to a level of 360,000 hours
- 28,000 places per week will be provided across 300 day care centres
- 4,980 long stay and 1,720 short stay public residential care beds will be available in the course of the year
- The transitional care approvals will increase from the 2019 target by over 350 to support 11,335 people, mainly in private nursing homes, following discharge from acute hospitals and to assist them to go home or during the period in which a long stay placement is being organised (see note regarding commitment to additional funding on page 75)
- In December, 24,379 people will be supported by the Nursing Homes Support Scheme (NHSS) in long stay care (see note regarding commitment to additional funding on page 75).

Priorities and Actions

Home support

- One million additional home support hours will be provided in 2020 over and above the 2019 target. This includes 230,000 hours of home support to be provided in conjunction with the roll-out of a pilot home support scheme
- As part of winter planning 2019 / 2020, in Q4 2019, 600 additional people will be approved for service from current home support community waiting lists and 510 additional people will be supported to leave hospital following discharge based on a standard package of home support provision
- In 2020, a further 1,100 people will be supported to leave hospital with home support spanning the two peak periods of winter demand in Q1 and Q4

- A minimum dataset, data collection and reporting process will be developed and rolled out to provide consistent and high quality reliable information on home support in a timely manner
- Service delivery structures and rostering arrangements will be examined to maximise efficiency and client facing time.

Nursing Homes Support Scheme (NHSS)

- The number of people supported through the scheme is set to grow by over 1,330 people from the 2019 monthly reporting target of 23,042 to a projected 24,379 in December 2020. It will be a priority to maintain the waiting period for funding at an average of four weeks for 2020 (see note regarding commitment to additional funding on page 75).

Transitional Care

- Transitional care supports in 2020 will see 11,335 people being discharged from acute hospitals (see note regarding commitment to additional funding on page 75).

Frail Older Persons

- The HSE will support the DoH in developing a work programme for older persons living with frailty.

The Irish National Dementia Strategy

- Implement *The Irish National Dementia Strategy* and provide 10 additional dementia advisors utilising the recommendations from the external evaluation of the dementia advisors role (2018) to inform new service development.

National Carers' Strategy – Recognised, Supported, Empowered

- Implement the agreed health and social care related actions in *The National Carers' Strategy – Recognised, Supported, Empowered* and pilot the rollout of the Carer's Needs Assessment Module of the interRAI in the context of the roll-out of the pilot statutory home care scheme.

Community and Voluntary Supports

- Oversee the roll-out of the additional €1m grant aid provided in Q4 2019 including €250,000 for dementia specific supports, to just over 150 voluntary agencies which will both sustain and provide additional services through day care places, meals on wheels, additional exercise classes etc. for older persons
- Undertake a day care centre review – development of a programme of work to review day care centres and models in Ireland with a view to making recommendations on proposed future models of day care and integration with other services.

Adult Safeguarding

- Progress the roll-out of the revised HSE safeguarding policy in line with the development of a DoH national health sector adult safeguarding policy.

Reform and Redesign Programme

We need to ensure that the ever increasing demand and continued year on year investment and development of older person's services in the last five years is matched with a review and reform programme that ensures the available resources are distributed effectively and efficiently. We must also ensure, in line with the principles of *Sláintecare*, that we invest correctly in the individual components of the continuum of service necessary to address the needs of older people. As outlined in Section 4 of this plan, two *Sláintecare* programmes have been identified as a priority in transforming the way care is delivered and experienced in Ireland in 2020 and beyond. A priority for the Joint Action Programme on Capacity and Access is the redesign and implementation of Integrated Care for Older People. The reform and redesign programme for older persons' services will progress in 2020 in a number of key areas:

InterRAI Ireland (IT based Assessment)

- Prioritise the implementation of interRAI assessments across all settings for services for older people and explore the testing of resource allocation models for core funding in home, community and residential care.

Home support

- In line with DoH policy and direction, roll out a pilot statutory scheme. Review the home support systems and processes currently in place for recipients to determine the key areas of reform, improvement, investment and structures required in the context of preparation for legislation and regulations of such services
- Utilise the interRAI Ireland tool to test outputs and evaluate the findings against current home support service levels and comparative models of resource allocation in other countries suitable to the needs of older people and people with disabilities
- Develop plans and progress a national IT based system to support the various requirements of the proposed scheme at national, regional and local level.

Intermediate Care

Intermediate care is an umbrella term to describe a suite of service interventions that are designed to have a positive impact on older people (typically living with frailty). Intermediate care operates includes functions such as discharge to assess, transitional care, rehabilitation and re-ablement. A review will be undertaken of all aspects of intermediate care in Ireland with a view to making recommendations on future models of intermediate care to include:

- Transitional care interventions delivered at home (for up to 30 days approx.) after discharge from acute hospital
- Intermediate care (short stay beds) including rehabilitation, in a community hospital or post-acute facility
- The use and model of current transitional care funding to maximise its effectiveness to the acute system.

Public Residential Care

Sustain necessary and valued public residential care services within available resources through:

- In consideration of the Value for Money (VFM) review of public versus private cost of long stay residential care, examine all relevant findings and implement the recommendations including developing options for the future provision of public residential services
- Reviewing public residential care centres including activity, quality, cost, and staffing including skill mix across centres to ensure that the service can be provided on a consistent basis within the available budget and providing value for money. Given the reform required in this area it may be necessary in the short term, to implement a reduction in the availability of up to 220 beds in centres across the country, which will require a considered analysis and will be led and supported nationally and delivered locally
- In the medium term, the HSE will support the DoH to develop a framework for safe nursing staffing and skill mix in public residential care facilities, similar to the process undertaken in acute care settings.

Sláintecare Integration Fund

- The integration fund will provide an investment in older persons' projects inclusive of the Integrated Care Programme for Older People (ICPOP), falls prevention programmes, frailty management and dementia related services. The investment in ICPOP will include an additional pioneer site in Galway and four of the nine CHN learning sites, benefitting – CHN Tuam / Athenry / Loughrea, CHN Kilkenny, CHN Bandon, Kinsale and Carrigaline, CHN Ballymun. This will focus delivering on a new model of care for older persons living with frailty across primary and secondary ambulatory care.

Housing Options for Our Ageing Population

- Meals on Wheels – work with the DoH to develop a guidance pack for existing and prospective service providers including nutritional guidance, existing regulation and related matters
- Assist the DoH in the development and testing of models of support co-ordination building on and refining existing models in operation
- Assist the DoH in the provision of clinical and operational input into reviews for related policies including housing adaptation and senior alert scheme.

National Social Care Strategy

- Support DoH in its scoping and development of a national social care strategy.

Palliative Care Services

Introduction

Palliative care offers potential to improve patient experience and outcomes and to shift care from acute hospitals to the community. Improving access to specialist palliative care inpatient beds for adults remains a challenge in a number of geographic areas. Supporting individuals who wish to be cared for at home and to remain at home for end of life care remains a key priority for the HSE.

Services Provided

The scope of palliative care includes cancer-related diseases and non-malignant / chronic illness. Palliative care services support people wherever they are being cared for either at home, in hospices or in hospitals. In any month, in excess of 460 patients access specialist inpatient beds and over 3,530 patients receive specialist palliative care treatment in a home setting.

Priorities and Actions

Improve access, quality and efficiency of palliative care services.

- Open fully the new inpatient units in Waterford (20 beds), Mayo (14 beds) and Wicklow (15 beds) and the additional beds in Kildare (six beds), increasing the overall number of specialist beds by 55 across these four locations
- Continue to implement the Palliative Care Model of Care
- Continue to explore with voluntary partners ways of providing sustainable services into the future
- Support the DoH in the revision of the national palliative care policy
- Support the voluntary hospice sector in line with sustainability plans to be agreed with the HSE (see note regarding commitment to additional funding on page 75)
- Continue the implementation of the Children's Palliative Care Programme within current resources.

Disability Services

Introduction

Disability services support and enable people with disabilities to live the life of their choosing in their own homes, in accommodation that is designed and / or adapted as necessary to meet their needs, enabling them to live ordinary lives in ordinary places as independently as possible.

Services Provided

Disability services are provided to those with physical, sensory, intellectual disability and autism in day, respite and residential settings. Services include personal assistant, home support, multi-disciplinary and other community supports.

Services are delivered through a mix of HSE direct provision as well as through non-statutory section 38 and 39 service providers, and private providers.

Delivery of the planned level of services is dependent on the requirement for all services to manage and prioritise costs within available budgets. They also provide for some service increase relating to demographic growth, however, the rate of growth may continue to impact on our ability to meet required access performance targets. In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is a requirement to respond to need even if this exceeds what can be supported by the available funding level. Within disability services this primarily relates to residential places and emergency cases.

Priorities and Actions

Continue to implement the *Disability Act 2005* – including assessment of need

- Reduce the waiting times for assessment of need under the *Disability Act 2005* through the full year provision of 100 additional therapy posts commenced in 2019
- Complete the establishment of the Progressing Disability Services for Children and Young People (0-18) Network Teams
- Implement the new standard operating procedure for assessment of needs for all applications from 1st of January.

Progress implementation of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion*

- Complete the move of a further 132 people with disabilities from congregated settings to transition to homes in the community in 2020. This is supported by the disability capital investment programme.

Provide high quality residential and respite care to persons with disabilities and their families

- Provide 8,358 residential places
- Provide an additional 56 new emergency residential placements(see note regarding commitment to additional funding on page 75)

- Provide eight appropriate residential places for people currently living in respite care as an emergency response to their needs, while also freeing up the vacated respite accommodation for future use
- Provide 144 intensive transitional support packages for children and young people with complex / high support needs focusing on families experiencing substantial levels of support need, but who do not require a high cost long term placement. Specifically, this new development initiative is the pre-crisis intervention stage and will include:
  - intensive in-home visiting supports
  - planned residential respite interventions
  - specialist behavioural support interventions
  - access to planned extended day / weekend and summer day based activities
- Provide 166,183 nights (with or without day respite) to people with disabilities.

Provide day services and supports to persons with disabilities including young people due to leave school to rehabilitative training

- Provide adult day services and supports for in excess of 23,000 adults with physical and sensory disabilities, intellectual disability and autism in over 950 service locations throughout the country
- Identify approximately 1,600 young people due to leave school or rehabilitative training and provide approximately 1,200 new placements in 2020 to meet their needs
- Introduce a managed ICT data tracking system to support the *New Directions* change programme and strengthen the quality of day service provision throughout all CHOs.

Continue to deliver high quality personal assistant (PA) and home support

- Deliver home support and PA hours to approximately 10,000 people with disabilities including an additional 40,000 PA hours in 2020 (see note regarding commitment to additional funding on page 75).

Report of the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders

- Implement a programme of awareness raising that can provide a better information resource for children and parents about what supports are available
- Deliver a campaign to assist in creating awareness of the challenges, needs and experiences of people with autism spectrum disorder
- Build capacity and competence amongst key professionals working with people with autism – including a national training programme for clinicians and the implementation of a tiered model of assessment in order to improve access to and responses by services for those with autism spectrum disorder.

Progress the full implementation of agreed Joint Protocols underpinning interagency arrangements between HSE Disability Services in partnership with the Child and Family Agency inclusive of:

- Deliver joint implementation workshops at CHO and Tusla regional levels
- Continue to support operational roll-out of the Joint HSE and Tusla Interagency Protocol, including internal supporting protocols for child and adolescent mental health services (CAMHs), primary care and disability through the dedicated joint workshop sessions

- In partnership with Tusla, fully implement recommendations arising from the Children's Ombudsman Report. This is inclusive of the need to identify, within existing budgets, supports to respond to the needs of children and young people in foster care arrangements that have been assessed as having a moderate to profound disability.

Advance the personalised budgets demonstration projects

- Progress the nine demonstration projects for the implementation and evaluation of personalised budgets, based on up to 180 adults with disabilities who have expressed an interest in participating in the project
- Evaluate two standardised assessment tools using the demonstration project on personalised budgets. Phase 1 (90 people) using Imosphere and Phase 2 (90 people) using interRAI Ireland (IT based assessment).

Review the governance and accountability of CHOs, service providers / statutory section 38 and 39 service providers and private providers

- Review Part 1 and Part 2 of the service arrangements for section 38 and section 39 service providers and private providers taking account of the recommendations from the independent review group set up to examine the role of voluntary organisations in publicly funded health services.

Progress the roll-out of the revised HSE safeguarding policy in line with DoH national health sector adult safeguarding policy

- Continue the implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014*, pending implementation of the new policy
- Prepare and plan for the implementation of the revised HSE safeguarding policy across all community health and acute care areas with regard to capacity building and training requirements
- Prepare for the introduction of Heath Information and Quality Authority (HIQA) / Mental Health Commission (MHC) new national standards in adult safeguarding
- Support the development of the DoH national policy, in adult safeguarding.

Complete the implementation of an ICT / eHealth Case Management Programme across the disability sector by:

- Fully implement Phase 1 of the National Ability Support System (NASS) and implement a tender process which is to develop additional functionality required for NASS as part of Phase 2 of the programme.

Reform and Redesign Programme

- Based on the output from the pilot of the National Placement Improvement Programme into high cost residential placements, develop a national strategy for emergency service planning and oversight with relevant stakeholders

- Establish and implement a standardised service and funding model for the disability residential services, similar to the NHSS model for older people on a non-statutory basis. This programme will incorporate the learning from the work of the National Placement Improvement Programme referenced above
- Prepare a business case for the phased development of an innovative neuro-rehabilitation service model involving a multi-agency partnership across hospital and community services in Community Healthcare East and Dublin South, Kildare and West Wicklow Community Healthcare.

National Social Care Strategy

- Support DoH in its scoping and development of a national social care strategy.

Mental Health Services

Introduction

Mental health describes a spectrum that extends from positive mental health, through to severe and disabling mental illness. A strategic goal for mental health services is to promote the mental health of our population in collaboration with the other services and agencies including reducing the loss of life by suicide.

We recognise that investment in population level interventions that improve health outcomes is not only fair, but also provides the most efficient and effective use of available resources. These in turn place the focus of responsibility for achieving health outcomes across a number of community sectors and government departments and not just the HSE and other providers of health services.

The strategic development of services is informed by our national mental health policy *A Vision for Change* and *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*. Following an interim review of *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* in 2018, it was recommended that the period of this strategy be extended. *A Vision for Change*, Ireland's national mental health policy underwent a review by an expert oversight group who completed a comprehensive report with a view to a refresh of this policy by Q4 2019. The recommendations within *A Vision for Change* Refresh will provide a new and enhanced focus on the provision of integrated mental health services in Ireland in the future.

Services Provided

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHs, general adult and psychiatry of later life services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds, opening in 2020. All mental health services are informed by a person-centred and recovery approach.

Specialist mental health services are provided to serve a particular group within the population, based on their stage of life. Currently CAMHs serve young people aged up to 18 years, general adult services for those aged 18 to 64 years and psychiatry of later life provides services for those aged 65 years and over.

The additional €13m new service development funding 2020 will support progress on a range of initiatives included below.

Priorities and Actions

Promote the mental health of the population in collaboration with other services and agencies including reducing the loss of life by suicide

- Commence implementation of the recommendations of a refresh of *A Vision for Change*

- Continue to progress implementation of the agreed actions of *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020*
- Implement agreed eMental Health digital responses.

Design integrated, evidence-based and recovery-focused mental health services

- Transition to the new National Forensic Mental Health Service, increasing capacity on a phased basis, to 130 beds in 2020, gradually increasing to full capacity of 170 beds including a 30 bed intensive care rehabilitation unit
- Continue to progress development and implementation of the agreed clinical programmes and new models of care
- Enhance community mental health team capacity in line with the recommendations of a refresh of *A Vision for Change*
- Continue to enhance the development of CAMHs inpatient and community based services and their integration with primary care services
- Further develop access to talk therapies to improve treatment outcomes for service users
- Further develop and deliver enhanced peer support workers
- Develop adult and child mental health intellectual disability teams
- Continue implementation of *A National Framework for Recovery in Mental Health 2018-2020*.

Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements

- Improve compliance in collaboration with the MHC
- Further implement the HSE *Best Practice Guidance for Mental Health Services* and the HSE *Incident Management Framework 2018*
- Develop and implement service improvements around the physical health of mental health service users.

Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services

- Enhance and expand mental health engagement and feedback to inform service improvement in the design and delivery of services, in conjunction with service users, family members and carers
- Develop standardised processes to value and reimburse service users, family members and carers.

Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure

- Implement the postgraduate nursing programme, develop postgraduate non-nursing programmes and appoint agreed increased undergraduate nursing numbers to address critical staffing challenges in mental health nursing
- Commence the design and development of new performance indicators within mental health services aligned to current and new service developments increased / new services

- Roll out the agreed capital developments to enhance facilities and infrastructure for service users and staff.

Progress the roll-out of the revised HSE safeguarding policy in line with DoH national health sector adult safeguarding policy

- Continue the implementation of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures, 2014*, pending implementation of the new policy
- Prepare and plan for the implementation of the revised HSE safeguarding policy across all community health and acute care areas with regard to capacity building and training requirements
- Prepare for the introduction of HIQA / MHC new national standards in adult safeguarding
- Support the development of the DoH national policy, in adult safeguarding.

Reform and Redesign Programme

Supporting the *Sláintecare* vision and action plan, mental health service priorities will align services with particular emphasis on enhancing community care and development and implementation of new models of care. Over 90% of mental health needs can be successfully treated within a primary care setting, with less than 10% being referred to specialist community-based mental health services. Mental health services will:

- Improve patient and service user experience through the recruitment of peer workers to work with service users to make use of voluntary sector, community and primary care resources as appropriate including GP services, physical health services, employment and housing sectors
- Increase access to high quality information and care pathways through the development of digital mental health supports including text line, tele-medicine, online counselling and information services
- Support innovation and learning in mental health, evidenced through the roll-out and evaluation of projects under the *Sláintecare* Integration fund.

Acute Hospital Care

Introduction

Acute services aim to improve the health of the population by providing a range of health services, ranging from brief intervention and self-management support and early diagnosis to optimum care pathways and specialist tertiary services. Specialist services are those provided in a small number of acute hospitals for the treatment of specific rare conditions or where only small numbers of patients are affected. Specialist services also include highly specialised areas such as critical care and organ transplant services.

There is a strong focus at national and Hospital Group level, working with CHOs, on the redesign of health services to promote greater integration, including the establishment of regional health areas. This work aims to improve health service capacity, provide a stronger focus on value and productivity, and ensure system-wide reform that promotes a health service that is better orientated to the emerging needs of the population through a more integrated care response.

A key focus in 2020 will be on optimising capacity to improve care for patients waiting for scheduled care. A Scheduled Care Transformation Programme has been established to ensure a coherent and co-ordinated process, over a five-year period, to work towards the access targets set out in *Sláintecare*. We will also work towards minimising waiting times for patients awaiting hospital operations, procedures and outpatient appointments in 2020. This work will be done in conjunction with the *Sláintecare* Programme Implementation Office (SPIO) and the National Treatment Purchase Fund (NTPF).

Addressing unscheduled care access challenges continues to be a key priority. As the population grows and people live longer, the prevalence of chronic diseases and frailty increases and with this comes increased need for health services. Evidence shows that managing chronic diseases appropriately in primary care reduces hospital emergency department (ED) presentations, hospital admissions and outpatient attendances. A substantial focus is on facilitating this re-orientation of the health services towards more care in community settings and reducing the current reliance on acute hospitals for the care of patients with chronic conditions and older patients. Integrating acute and community services in the care of older people will help to reduce admissions and length of hospital stay. We will work with the SPIO on service redesign programmes to facilitate and advance this reorientation of care.

Containing activity in acute hospitals to funded levels during this period of transition and reform is a significant challenge. The acute hospitals are currently operating ahead of approved employment levels and will need to reduce pay costs in order to manage within the available resources for 2020. The service impact of the necessary adjustments will be closely monitored.

Services Provided

The network of acute hospitals and Children's Health Ireland provides scheduled care (planned care), unscheduled care (unplanned / emergency care), diagnostic services, specialist services, cancer services, maternity and children's services and the National Ambulance Service (NAS). These services are provided in response to population need, consistent with wider health policies and objectives, including those of *Sláintecare*. Hospitals continually work to improve access to healthcare, whilst ensuring quality and patient safety issues, including the management of infection, are prioritised within allocated budgets.

Overarching Priorities

- Provide safe services for patients and improve quality of care
- Improve integration between community and acute services to promote a modernised and streamlined service model in line with *Sláintecare*
- Improve access to scheduled care in a targeted and integrated manner, maximising the resources available
- Improve access to unscheduled care working with community services to reduce demand on EDs and improving the management of delayed discharges
- Focus on productivity improvements across a range of performance metrics
- Access 2020 development funding to progress the implementation of national strategies, policies, models of care and reviews, including:
  - The *Report of the Trauma Steering Group: A Trauma System for Ireland*
  - The *National Cancer Strategy 2017-2026*
  - The *National Maternity Strategy 2016-2026 – Creating a Better Future Together*
  - The National Model of Care for Paediatric Healthcare Services
  - The *National Ambulance Service Strategic Plan 2016-2020 (Vision 2020)*.
- Continue to work on antimicrobial resistance and healthcare associated infections with reference to the implementation of the *National Action Plan on Antimicrobial Resistance 2017-2020*
- Continue the implementation of the new children's hospital and the wider development of paediatric services
- Access 2020 development funding to improve national specialist services in areas such as organ retrieval services
- Progress service enhancements in relation to sexual assault treatment units and termination of pregnancy services
- Expand and support Making Every Contact Count training to support staff promoting the health and wellbeing of their client and patient groups
- Support the development of eHealth capability in areas such as the National Medical Laboratory Information System (MedLIS), the Acute Floor Information System, the National Integrated Medical Imaging System (NIMIS), the Maternal and Newborn Clinical Management System (MN-CMS) and the Integrated Patient Management System (IPMS).

Scheduled Care – Planned care

Priorities and Actions

Improve access to scheduled care, maximising the resources available

- Progress the objectives of the Scheduled Care Transformation Programme in order to work towards the access targets as set out in *Sláintecare*. This will involve progressing the nine work streams identified in the programme

- Linked to the Scheduled Care Transformation Programme we will work with the DoH and the NTPF to develop and implement a Scheduled Care Access Plan for 2020 to minimise waiting times for hospital operations, procedures and outpatient appointments in specific specialties
- Complete planning work in relation to the development and location of stand-alone elective care centres
- Support and progress cross-cutting initiatives between primary and secondary care to focus on reducing waiting times for scheduled care services and delivery of services closer to home
- Facilitate the shift in the management of chronic diseases e.g. diabetes type 2, asthma, chronic obstructive pulmonary disease and cardiovascular disease, once stabilised, from acute hospitals to primary care in line with developments in general practice
- Work with the NTPF to examine new and innovative solutions to tackle waiting lists in key specialties
- Develop a capacity plan with the National Screening Service that meets the demand for endoscopy services for the screening population.

Unscheduled Care – Unplanned / emergency care

Priorities and Actions

Improve access to unscheduled care by reducing demand on EDs, improving hospital processes and improving the management of delayed discharges

- Redesign services in line with *Sláintecare* recommendations, to increase integration between acute and community services, enabling care closer to home, admission avoidance and minimising acute hospital length of stay
- Work with community services on Care Redesign measures to:
  - Progress implementation of the Five Fundamentals of the Unscheduled Care integrated framework to improve patient flow in acute hospitals and between hospitals and the community, providing care in the right place, decreasing length of stay and increasing efficiency in line with the Capacity and Access Programme
  - Expand frailty assessment capacity at the hospital 'front door' ensuring timely assessments and prompt response to the care needs of frail older people
- Work with community services to maximise the utilisation of additional home care hours and NHSS places to support patient flow across the unscheduled care pathway
- Complete the development of the national delayed transfer of care policy and develop an implementation plan for roll-out in 2020
- Develop plans to progress the implementation of *Securing the Future of Smaller Hospitals: A Framework for Development*, to improve patient care and provide safer services
- Open additional beds in South Tipperary General Hospital and refurbished beds in the Dunmore Wing, University Hospital Waterford (UHW)
- Further discussions will be undertaken with the DoH with an aim to ensuring additional beds will be available to assist in our efforts to increase capacity at University Hospital Limerick (UHL) Winter 2020 / 2021.

Specialist Services

Priorities and Actions

Progress the implementation of the *Report of the Trauma Steering Group: A Trauma System for Ireland*

- Commence development of the two Trauma Networks and the two major trauma centres as recommended and outlined in the *Report of the Trauma Steering Group: A Trauma System for Ireland*, underpinned by a high level implementation plan to be developed by the National Clinical Lead for Trauma Services
- Enhance the NAS to implement trauma and orthopaedic bypass protocols as recommended by the report of the Trauma Steering Group
- Plan for the development of rehabilitation services as required and recommended to support the developing trauma networks.

Develop and improve national specialist services

- Further develop the National Organ Retrieval Service and recruit additional donor nurses
- Continue to develop the Cardiac Risk in the Young Programme at Tallaght University Hospital
- Continue the development of critical care services at Cork University Hospital (CUH) with the opening of four high dependency unit beds in 2020
- Continue to implement *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025* by increasing the number of bariatric surgeries in co-operation with the NTPF.

Cancer Services

Introduction

The configuration and co-ordination of cancer services is led by the National Cancer Control Programme (NCCP) established in response to the *National Cancer Strategy – A Strategy for Cancer Control in Ireland 2006* which advised that Ireland needed a comprehensive cancer control policy programme. A subsequent strategy, the *National Cancer Strategy 2017-2026* was published in 2017 to build on the developments driven by the earlier strategy. The key focus for the NCCP in 2020 is the continued implementation of the priorities of this strategy which are to reduce the cancer burden, provide optimal care, maximise patient involvement and quality of life and to enable and assure change.

Services Provided

Eight hospitals are designated cancer centres (together with Crumlin and with a satellite unit in Letterkenny University Hospital for breast cancer services).

A further 17 public hospitals provide in full systemic anti-cancer therapy (SACT) (chemotherapy, immunotherapy, etc.) Services for the treatment of cancer include surgery, radiotherapy and SACT. The majority of, but not all, cancer surgery now takes place in the designated cancer centres.

The National Plan for Radiation Oncology (NPRO) provides the strategic direction for the provision of radiotherapy services across Ireland. There are five public sites for radiotherapy with an additional two private centres (under service level agreement) that provide radiotherapy treatments in Ireland. The NPRO Phase 2 capital development is complete in CUH, with clinical service expected to commence in 2020 and work is progressing on-site at University Hospital Galway (UHG).

Priorities and Actions

Reduce the cancer burden

- Strengthen the prevention and early detection function of the NCCP
- Continue to develop and implement a national plan for cancer prevention and early detection within available resources
- Implement the *Skin Cancer Prevention Plan 2019-2022* in collaboration with the DoH and stakeholders.

Provide optimal care

- Support the expansion of the NPRO including NPRO Phase 2 developments and the cross-border radiotherapy initiative
- Continue to implement the surgical oncology centralisation project
- Roll out and implement the National Cancer Information System (NCIS) and NCIS Multi-disciplinary Meeting Module
- Implement the improvement recommendations for the rapid access clinic key performance indicators for breast, lung and prostate cancers
- Monitor and evaluate the provision of private radiotherapy providers in UHL and UHW

- Further develop cancer clinical guidelines, GP referral guidelines, follow-up protocols, national chemotherapy regimens and prioritise which clinical guidelines are submitted to the NCEC
- Support the development of workforce planning in line with the *National Cancer Strategy 2017-2026*
- Support the enhancement of funding programmes for the best available cancer drug treatments, and support hospitals in meeting the continuing burden of drug costs and in implementing quality initiatives in cancer care
- Further develop a child and adolescent service within Children's Health Ireland and the adult service
- Develop a geriatric oncology service
- Progress development of a national genetics programme.

Maximise patient involvement and quality of life

- Support the development of comprehensive survivorship care plans for those living with and beyond cancer
- Prioritise psycho-oncology services as a core part of cancer care
- Encourage active participation by patients, as partners, in the development of cancer care guidelines and strategic initiatives. This is in line with the NCEC *Framework for Public Involvement in Clinical Effectiveness Processes*
- Support the recommendations of the *National Cancer Survivorship Needs Assessment*.

Enable and assure change

- Allocate, within available funding, appropriate clinical and non-clinical staff to cancer services nationwide
- Support the development of national leads and sub-specialisation as identified in the *National Cancer Strategy 2017-2026*
- Develop a quality framework for cancer services in line with the *Framework for Improving Quality in our Health Service*
- Strengthen the research and clinical guidelines function within the NCCP and across cancer services nationwide.

Women and Children's Services

The strategic development and organisation of maternity, general gynaecology and neonatal services is being led by the National Women and Infants' Health Programme (NWIHP). The National Model of Care for Paediatric Healthcare Services describes the vision for the delivery of services to children and their families in acute and community settings. The focus of both the *National Maternity Strategy 2016-2026 – Creating a Better Future Together* and the Paediatric Model of Care is on strengthening services by bringing together primary, community and acute services in an integrated way.

Women and Infants' Health Programme

Services Provided

Maternity services are provided in 19 maternity hospitals and units in the acute hospital sector. Further to the *National Maternity Strategy 2016-2026 – Creating a Better Future Together*, work in this area has focused on the development of structured maternity networks, the development and delivery of the recommended midwifery provided supported care pathways, enhancements in specialist bereavement and perinatal mental health services, expansion of foetal anomaly scanning, an increase in the number of senior decision-makers and expansion of access to allied health professional expertise.

Priorities and Actions

Improve services for women and infants guided by the *National Maternity Strategy 2016-2026 – Creating a Better Future Together*

- Support the development of robust maternity networks
- Support the development of a Serious Incident Management Forum for maternity services within each maternity network
- Enhance the choices available to women by means of supporting the expansion and deployment of the supported care pathway
- Progress the development of a standardised and consistent package of care available to all women accessing maternity services
- Continue to progress the implementation of the model of care for specialist perinatal mental health services
- Develop information and educational supports for pregnant women and their families
- Work in collaboration with education providers to support a safe, competent and supported maternity workforce
- Support the delivery of the healthcare communication programme for maternity services
- Promote and support the National Maternity Experience Survey within maternity services and the quality improvement programmes in response to same
- Review the Home Birth Service so as to integrate the governance of this service with the acute maternity services.

Progress enhancements under the National Women and Infants' Health Programme in relation to areas such as sexual assault treatment units and the termination of pregnancy service

- Continue to implement the policy review in relation to sexual assault treatment units
- Respond to the recommendations set out in the Chief Medical Officer's report on the use of transvaginal mesh
- Support and enable the further roll-out and implementation of a safe, high quality termination of pregnancy service
- Progress the development and implementation of an improvement plan for general gynaecology, focusing in the first instance on an ambulatory service provision model
- Commence implementation of the model of care for Assisted Human Reproduction services at secondary care level (see note regarding commitment to additional funding on page 75)
- Identify and address issues relating to avoidable incidents of neonatal encephalopathy in collaboration with the DoH and the State Claims Agency.

Paediatric Model of Care

Services Provided

The National Model of Care for Paediatric Healthcare Services sets out the vision for high quality, integrated, accessible healthcare services for children from birth to adulthood. The model aims to ensure that all children can access high quality services in an appropriate location, within an appropriate timeframe, irrespective of their geographical location or social background.

Central to the paediatric model of care is the development of the new children's hospital on the campus of St. James's Hospital and two paediatric outpatient and urgent care centres at Connolly Hospital and Tallaght University Hospital. The first of the two paediatric outpatient and urgent care centres opened in 2019 at Connolly Hospital, with the construction of the second centre on the site of Tallaght University Hospital well advanced and due to open in 2020.

Priorities and Actions

Continue to oversee the new children's hospital development and development of paediatric services

- Continue the work of the Children's Health Ireland (CHI) Integration Programme planned for 2020 as part of the on-going corporate, clinical and operational merging of services
- Continue to provide oversight of the Children's Hospital Project and Programme in line with the governance structures in place
- Progress the procurement and development of an electronic healthcare record (EHR) for the new children's hospital
- Progress the recruitment of staff for the new Paediatric Outpatient and Urgent Care Centre on the Tallaght University Hospital site
- Continue the roll-out of the paediatric model of care through the development of acute paediatric units in CUH, UHG and UHL
- Support the provision of a consultant paediatric palliative care service at CHI at Children's University Hospital, Temple Street

- Strengthen the radiology service across CHI by addressing capacity issues in outpatient radiography, ultrasound, MRI, fluoroscopy, nuclear medicine and interventional radiology
- Strengthen the provision of endocrinology services at CHI at Children's University Hospital, Temple Street
- Develop the services to support the provision of Nusinersen (Spinraza) to patients with spinal muscular atrophy at CHI.

National Ambulance Service

Introduction

The National Ambulance Service (NAS) is delivering a significant reform agenda in line with *Sláintecare* and the *National Ambulance Service Strategic Plan 2016-2020 (Vision 2020)*. The aim is to provide care closer to home for patients and service users, to be more responsive to needs and to deliver better outcomes which are safer and of the highest quality.

Services Provided

The NAS is a demand-led service serving the whole population of the state, working in conjunction with the Dublin Fire Brigade, Irish Air Corps, Irish Coast Guard, Irish Community Rapid Response and at a community level with First Responder teams. The NAS operates a singular platform for all call taking and dispatch and utilises a range of models to respond to emergency and urgent calls, and transports intermediate care patients and operates an adult, paediatric and neonatal critical care and retrieval service. As part of the long term evolution of the service the NAS is transitioning from an Emergency Medical Service to a Mobile Medical Service as it integrates more with community and other health care provider services across the State.

Priorities and Actions

Support the *Sláintecare Implementation Strategy*

- Work collaboratively with healthcare providers to identify and develop alternative patient care pathways and a directory of services
- Target capacity deficits identified in the *National Ambulance Service of Ireland, Emergency Service Baseline and Capacity Review* and strengthen NAS operational governance
- Support the NAS Critical Care and Retrieval Service
- Expand community first responder schemes in line with the *National Ambulance Service of Ireland, Emergency Service Baseline and Capacity Review.*

Implement *A Trauma System for Ireland*

- Continue to implement trauma and orthopaedic bypass protocols as recommended in *A Trauma System for Ireland*.

Deliver improved governance and patient safety

- Progress the implementation of additional clinical key performance indicators
- Complete the move from paper-based patient data collection in clinical operations to an electronic patient care record
- Continue to support the NAS business continuity and emergency planning function
- Continue to develop NAS monitoring and assurance mechanisms for quality and patient safety and risk and incident management
- Implement the NAS fleet and equipment plan.

Section 8:

Finance

Finance

Summary

The 2020 budget level of **€17,056m** is a **€1,006m** / 6.3% year on year budget increase over and above the starting 2019 budget of **€16,050m,** which was set out in NSP2019. This is set out in the Letter of Determination (LoD) received from the Minister. The €17,056m is circa €638m / 4.0% above the estimated minimum level of on-going costs that will be in place by the end of 2019 i.e. circa €16,418m. It is expected this €16,418m will be available in 2019, subject to the passing of the supplementary estimate later in the year. This closing 2019 funding level is also subject to any forecasting adjustments to be made in relation to pensions and the State Claims Agency (SCA), which will be finalised within the supplementary.

The 2020 funding includes dormant accounts funding of €2.5m and €165.5m of funding to be initially held by the DoH. This excludes costs associated with Brexit which will be provided for separately by DoH.

Of the €17,056m, €12,801m (75%) is allocated to operational service areas performance managed by the HSE. The balance, €4,255m (25%), is allocated to pensions and other demand-led areas where costs are primarily driven by eligibility, legislation and similar factors and therefore cannot be directly controlled by the HSE. SCA reimbursements are also within this 25% and there is a significant and on-going focus on mitigating in so far as is practical the underlying risks and issues which give rise to claims.

Expanding existing services / developing new services

The total HSE budget for 2020 includes some very significant additional investments which will be applied to enhance or expand existing services, including responding to demographic and other pressures, and to commence new approved service developments. Consistent with *Sláintecare*, many of these will mitigate pressures on our public acute hospitals. These additional investments include:

- €10m (rising to €60m in 2021) for circa 1,000 extra community frontline staff to strengthen primary care via community health networks
- €40m (added to €40m in 2019) for the new GP agreement, to include enhanced chronic disease management
- €45m – Primary Care Scheme (PCRS) measures to widen eligibility, including the extension of free GP care to children under the age of eight, and lower co-payment thresholds
- €97m to strengthen community services for older persons, continues €26m 2019 Winter Plan investment, including
  - €45m for long stay care provision via NHSS (Fair Deal)
  - €45m for home support providing 770,000 more hours than the 18.2m target in NSP2019
  - €7m to establish pilot for statutory home support scheme, inclusive of 230,000 extra hours beyond the NSP2019 target level
- €12m – for Care Redesign initiatives (shift of care from hospital to community)
- €13m – Mental health developments including phased opening of the National Forensic Mental Health Service (hospital at Portrane)
- €30.5m – Disability services
  - €12.5m for school leavers

  - €6m for disability needs assessments
  - €2m for autism services.
  - €5m for emergency residential protocols
  - €5m for respite services
- €10m – additional palliative care beds (four units, 55 beds)
- Acute hospital services – €8m to invest in national strategies (including maternity and cancer).

As indicated above, €168m funding is being held by the DoH. This funding will be released to the HSE on approval of implementation plans and commencement of specific developments.

The effect of the funding held at the DoH on the opening 2020 divisional budgets is illustrated in Appendix 1, table 3, column E.

Commitment to additional funding in the Revised Estimates Volume

The DoH has advised of a commitment to provide additional funding to the Health Vote of €50m in the Revised Estimates Volumes for 2020 and that a revised LoD will be issued to the HSE in due course. This is in addition to the funding set out in the current LoD for expanding existing services / developing new services as summarised above. This is welcome and will provide funding for the following areas:

- €26m for NHSS, to maintain the waiting period for funding at an average of four weeks throughout 2020
- €5m to enhance disability services through the provision of 40,000 additional personal assistance hours and 64 emergency residential places over the course of the year
- €3m to support the voluntary hospice sector in line with sustainability plans to be agreed with the HSE
- €13.8m for additional Winter Capacity, including egress measures such as additional home care packages, transitional care
- €1.2m for additional supports for homelessness and addiction services, including the establishment of a residential treatment service for homeless women and children in the mid-west region, rising to €2.2m full year costs in 2021
- €1.0m for Assisted Human Reproduction services.

The relevant text and activity tables have been adjusted and appropriately referenced to reflect this commitment as requested under section 32 of the *Health Act 2004* (as amended). These adjustments are subject to the formal receipt of a revised LoD in due course. In this context the financial tables and headline budget figures have not been adjusted to reflect this €50m.

Service challenges and related risks to the delivery of the plan

In this NSP we have planned, within the level of available resources, to maximise the delivery of safe service activity levels subject to the delivery, service and financial risks being managed within the overall plan. In doing so we will seek to use the totality of the funding available as flexibly as is practicable to best meet the needs of those who require access to health and social care services.

The NSP has been prepared on the basis of a range of assumptions and with careful consideration of risks to delivery, as outlined below:

1. Delivering a volume of activity in 2020, consistent with available funding and reflecting improved efficiency, which may not respond adequately to need. It is assumed that, as far as possible, levels of service will be maintained at 2019 outturn levels
2. Delivering a volume of activity in 2020 in demand-led service areas (e.g. emergency hospital services, emergency placements for people with a disability) – which are not usually amenable to normal budgetary control measures – which exceeds budgeted levels of activity and available funding
3. Delivering improved access to scheduled and unscheduled care services in the context of increasing demand, capacity constraints and finite resources
4. Meeting public expectations in terms of access to new therapies, drugs and interventions in the context of the resources available
5. Meeting the regulatory requirements in the disability sector, long-stay facilities and mental health and hospital services, within the limits of funding available without impacting on service levels
6. Responding adequately to unplanned and unforeseen events in the absence of a contingency fund.

Detailed cost and budget movements

This total budget, including the additional €1,006m over and above the opening 2019 budget, is available to meet (order of presentation is not necessarily an indication of priority):

1. Service costs already in place by the end of 2019 including any residual overrun (1st charge) relating to 2019. The level of any residual 1st charge will not be finally known until the Annual Financial Statements for 2019 are completed and signed off in 2020
2. The additional cost, in 2020, of the existing level of service activity in place by the end of 2019. This includes centrally agreed pay rate and pension changes as well as other price increases
3. The additional cost, in 2020, of additional service activity to meet demographic and other service pressures
4. The additional cost, in 2020, of other approved developments commencing in 2020.

The following is a summary of the estimated 2020 cost pressures, over and above those provided for in the opening 2019 budget, before consideration of other approved new 2020 developments:

€m	%	Cumulative %	Description
€377m	2.3%	2.3%	Costs in place by the end of 2019 that were not provided for in the opening 2019 budget (Relates to item 1. above)
€483m	3.0%	5.3%	Price increases - €392m or 81% of this is related to public service pay (existing staff numbers), pensions and GP contract costs – (Relates to item 2. above)
€178m	1.1%	6.4%	Full year cost, in 2020, of developments or other costs that started part way through 2019 – (Relates to item 2. above)
€1,038m		6.4%	**Sub-Total**

This additional cost of €1,038m is €32m above the total additional funding of €1,006m. Furthermore, it generally excludes:

- The costs of additional service activity from 1st January 2020 to deal with demographic, technology, unmet need and other pressures on the system (estimated at €420m / 2.6%)
- The costs of other approved developments specifically funded within the additional €1,006m (relates to a sub-set of the €165.5m funding to be initially held by the DoH).

This indicates that in addition to benefitting from some significant additional investments, the HSE will also have to manage a level of financial challenge in 2020.

Approach to addressing the financial challenge 2020

The HSE acknowledges its legal requirement to protect and promote the health and wellbeing of the population, having regard to the resources available to it, and by making the most efficient and effective use of those resources.

The HSE in 2020 will work to maximise the delivery of safe service, within the level of available resource, in order to meet the activity volume and other targets in this plan, subject to the delivery, service and financial risks being managed within the overall plan.

In doing so the HSE seeks to use the totality of the funding available as flexibly as is practical to best meet the needs of those who rely on health and social care services whilst also moving forward with the implementation of *Sláintecare.* However, in determining the extent of such flexibility due regard has to be had to the various parameters and constraints within which any organisation must operate, including those related to industrial relations, change management, regulatory matters and policy.

In relation to any unfunded costs coming into 2020 from 2019, a core assumption, which has been reinforced in the financial management process with service providers during the current year, is that any excess costs incurred above the 2019 budgets or 2019 financial limits, will have to be dealt with by the relevant CHO, Hospital Group or voluntary organisation. All senior managers have been requested to tighten financial and staffing controls in the last quarter of 2019. A similar level of focus on financial management with the same core assumption, including control of pay costs to ensure planned affordable growth in healthcare staff, will be maintained and where necessary strengthened in 2020.

The HSE has also modelled the theoretical level of activity that the 2020 funding will pay for and identified service areas where the HSE is expected to address service demands. This provides an estimate for an element of the overall financial challenge, which will need to be met by way of achievable savings measures. Finally, there is a requirement, as set out in the LoD, to fund aspects of new 2020 costs via savings measures (€125m).

In light of the above the HSE will adopt a range of actions / initiatives to address this in 2020. This includes:

Areas where cost reduction is required:

- Promoting the switch to bio-similar drugs– to enable continued access to High Tech and other medications by offsetting cost growth
- DoH-led sustainability programme on community pharmaceutical costs – to enable continued access to High Tech and other medications by offsetting cost growth

- General efficiencies to support new and existing service costs including pay increments - the details of specific initiatives will need to be worked through with the relevant service providers but typically requires circa 1% efficiency target being applied to existing budgets in service areas with a minimum of circa 1.3% being applied to corporate type areas. The headings under which savings will be pursued will include:
  - General vacancy control
  - Agency / overtime conversion
  - General overhead efficiencies
  - Targeted procurement efficiencies
  - Consultancy costs – prioritisation and reduction
  - Acute hospital income maintenance / improvement
  - OoCIO initiatives in relation to co-ordination of telephony management
- Reconfiguration within the public long term care bed stock to address value for money issues around the public cost of care in a number of locations. This will require significant internal focus and external support, up to and including the closure of beds, preferably temporarily, to deliver the 4-5% cost reduction required within 2020.

Areas where action is required to limit cost growth to what is available within the increased budget:

- High cost community residential care including external placements (disability and mental health) – centralised co-ordination and procurement
- Joint HSE and DoH approach to avoiding any unfunded IR / ER settlements – (no provision made)
- Continued implementation of section 39 pay restoration in respect of initial 50 agencies covered by the Workplace Relations Commission (WRC) agreement. Engagement via WRC in relation to feasibility of extension beyond that 50
- Maximising the retention of nurse graduates with the funding specifically available
- Acute hospital scheduled care activity
- Phased compliance investment dependant regulatory requirements in respect of public long term care units consistent with the available resources and reconfiguration requirement referenced above.

Areas of a technical financial nature

- The LoD has set the budget level for the PCRS
- The LoD has confirmed the agreed budget level for SCA reimbursement
- The LoD has directed a minimum budget level in respect of pensions
- Bad Debt Management – Acute hospital budget for bad debt provision charge related to private income has been limited to existing budget level pending the outcome of the on-going court case involving private insurers
- Dealing with any in year or accumulated historic financial overruns within voluntary organisations funded under section 38 and section 39 is primarily a matter for the boards of those organisations. This plan does not make any specific additional financial provision to address such overruns

- €11m to be prioritised within capital plan in respect of backlog maintenance (HBS), disability regulatory upgrade works and mitigating acute hospital backlog driven equipment and minor capital related cost pressures.

In addition to the range of specific actions / initiatives listed above, and following review at executive management team and Board level, it is noted that the budget that is available and will issue to hospitals is estimated to be €39m below what is required to fund the activity levels as currently set out in the plan.

The legislation is clear in its requirement for the HSE to set out a service plan that shows the type and volume of service activity that can be delivered for the funding provided. This plan and its implementation must accord with the non-capital resources determined and accordingly, notwithstanding the delivery and other risks already being managed within the plan, the HSE will over the next eight weeks, working with acute hospitals and other internal and external stakeholders, work up a range of deliverable options consistent with:

1. Mitigating clinical risks, including in relation to consultant manpower risks in certain hospitals
2. Aligning with existing policy, regulatory and legislative requirements including *Sláintecare*, *European Working Time Directive* (EWTD) and the small hospitals framework
3. Advancing overall efforts to better integrate care between the hospital and the community
4. Enabling €39m worth of cost reduction above and beyond the other efficiency and related savings measures already assumed within the plan.

The intent is to have these options agreed before the end of 2019 for implementation in 2020. In the event that it does not prove possible to agree and implement options to the full value of the €39m then, as a last resort, and in line with the legislative requirement, acute hospital activity will be adjusted downwards as necessary, while maximising opportunities to reduce low value / no value care and to shift care to more appropriate settings. By way of context, €39m represents some 0.6% of expected total acute hospital gross expenditure in 2020.

It should be noted that, as more detailed work is completed on the various savings efforts above, it may, in certain instances, become necessary to adjust budgets internally to reflect same.

The HSE is not in a position to hold a contingency

It is stressed that, as outlined in previous NSPs, the HSE is not in a position to set aside a general contingency fund in 2020. A 1% to 2% contingency would not be unusual in many organisations and in the case of the HSE this would equate to €170m to €340m.

In addition, it is not expected that overruns in one area can be offset against surpluses in other areas to any great extent beyond what has already been factored into the plan, coupled with the need to respond to regulatory / legal requirements as required, and the plan is prepared and adopted on that basis.

There is no scope for the HSE to deal with any financial impacts from the outcome of any legal, industrial relations, regulatory or other processes, beyond what is already specifically provided for in this plan.

There is no capacity within the plan for the HSE to respond in 2020 to further pay or other pressures, beyond those already specifically funded. In the event that additional pressures emerge, for example, via the industrial relations machinery of the state, regulatory processes, government decisions or the courts etc., the HSE will need to engage with the DoH as to how to proceed.

The emergency management and pandemic contingency (combined €10m) was subsumed into general service provision some years ago by agreement with DoH. Accordingly any relevant 2019 costs that arise under these headings will be the subject of direct engagement between the HSE and the DoH in order to address their impact in a way that does not impact on the provision of services in 2019.

It is noted that the HSE's capacity to respond to new drugs and new indications for existing drugs is very limited. In this context the HSE will continue to monitor these areas closely, operate as required within the *Health (Pricing and Supply of Medical Goods) Act 2013* and engage appropriately with the DoH as relevant issues arise.

Data caveats and other assumptions

The financial information underpinning the plan is subject to the specific limitations of the HSE's financial systems, currently available within the overall finance operating models, which are well documented and are being addressed via a major improvement programme.

This includes the HSE's reliance on the receipt of financial and other information from a large number of voluntary organisations which are separate legal entities with their own separate financial systems. Every effort has been made within the time and resources available to ensure that the information provided in the plan is as accurate as possible. However, it must be read in the above context and it is noted that a margin of error of as little as 0.1% (one tenth of 1%) equates to €17.1m in net expenditure terms for the HSE as a whole.

Budget summary 2020

Please see Appendix 1, tables 1-3 for full 2020 budgetary breakout.

Existing Level of Service

The cost of maintaining existing services increases each year due to a variety of factors including:

- Incremental costs of developments commenced during 2019
- Impact of national pay agreements (primarily public sector-wide)
- Increases in drugs and other clinical non-pay costs including health technology innovations
- Inflation-related price increases
- Additional costs associated with demographic factors.

Full year effect of 2019 developments – €91.2m

The incremental cost of developments and commitments approved in 2019 is €91.2m. This includes the cost of providing services which commenced part way through 2019, over a full year in 2020.

Pay rate funding – €276m

This funding is provided in respect of the growth in pay costs associated with National Pay Agreements, Labour Court or WRC recommendations and other pay pressures. It is provided to offset the increased cost of employing existing levels of staff and does not allow for an increase in staff numbers. There remains

significant pressure due to unfunded increments (circa €30m) and further issues currently within the IR / ER process for which provision has not been made in the plan.

A breakdown of the pay rate funding allocation by division is provided in Appendix 1, table 3, column D.

Other ELS funding (including adjustments) – €472.4m

Please refer to Appendix 1, table 3 for a service breakdown of this funding.

Key risk areas

There are significant and very welcome investments in the areas of older persons' services, particularly in home support and NHSS (Fair Deal), and in the NTPF, which will mitigate the pressure on our acute hospitals, and also in primary care staffing for CHNs, as part of *Sláintecare*.

However, it was acknowledged that there were also a number of areas where it will be a significant challenge to operate within funded staffing or service activity levels. These areas are predominantly within acute hospital services, residential supports for persons with an intellectual disability and public long term care units.

Operational Service Areas

Acute Hospital Care

Acute services have modelled the expected level of activity that the 2020 funding will pay for and identified service areas where the HSE is expected to address service demands. It has also assessed the costs that cannot be avoided or are fixed. In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is often pressure to respond to need even if this exceeds the available funding level. The HSE welcomes the report of the Independent Review Group established to examine the role of the voluntary organisations in publicly funded health and personal social services, and notes its recommendations.

Community Healthcare

Community services have modelled the expected level of activity that the 2020 funding will pay for and identified service areas where the HSE is expected to address service demands. It has also assessed the costs that cannot be avoided or are fixed. In the case of some services, given that the HSE is the statutory provider of last resort and the realities around the relatively fixed nature of certain costs, there is pressure to respond to need even if this exceeds the available funding level. The HSE welcomes the report of the Independent Review Group established to examine the role of the voluntary organisations in publicly funded health and personal social services, and notes its recommendations.

Community Services – Disability

Within disability services the service and financial risk will primarily relate to residential places and emergency cases. This is the cost of providing residential care to people with an intellectual disability, including emergency provision and cost of responding to unfunded regulatory requirements notified by HIQA or the courts.

Community Services – Mental health

The key financial management issue is the need to manage the level of growth in agency and emergency residential placements costs while also managing service risk. Work is underway to align the existing level of service costs within the division to available funding, in a sustainable and appropriate way, bearing in mind the breadth of the requirements for clinical and physical infrastructure as laid out in *A Vision for Change*.

Community Services – Older persons

Specific pressures are evident in the areas of the long stay, short stay and transitional care beds, where the level of provision is directly determined by the funding available. Unsustainable cost levels in certain public units are 'consuming' capacity and service that patients could otherwise benefit from. The imminent publication by the DoH of a value for money report in this area will be a key input to our engagement with relevant internal and external stakeholders around implementation of any relevant findings including developing options for the future provision of public residential services.

Pensions and demand-led areas

Expenditure in these areas is not amenable to normal budgetary control measures given the statutory and policy basis for the various schemes:

Primary Care Reimbursement Service (PCRS)

The PCRS continues to face significant financial pressures and increased demand for services. In summary, the various schemes, including the medical card scheme, are operated by the HSE PCRS on the basis of legislation as well as policy and direction provided by the DoH. An additional budget of €224m (including allocation within supplementary 2019) has been assigned by the DoH to support the schemes run by PCRS.

Eligibility under these schemes is administered by PCRS. Its key task in this regard is to ensure that those who have eligibility can have their eligibility confirmed and access their entitlements under the schemes in as efficient and as responsive a way as practical. PCRS also has a role in ensuring appropriate application of the various scheme rules, including monitoring probity, and progressing the Medicines Management Programme. Thereafter demographic, economic and other variable factors, given the demand-led nature of the schemes, will dictate the actual numbers of eligible persons and the cost of their entitlements to be paid by PCRS in 2020 under each scheme. In the event that actual expenditure emerges in 2020 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

Pensions

Pensions provided within the HSE and HSE funded agencies (section 38) cannot readily be controlled in terms of financial performance and can be difficult to predict across the 120,000 workforce given the lack of fully integrated systems and the variables involved in individual staff members decisions as to when to retire. As part of NSP2020 an additional €72.5m has been assigned to pensions bringing the budget available in 2020 to €562m. There is a strict requirement on the health service, as is the case across the public sector, to ring-fence public pension related funding and costs and keep them separate from

mainstream service costs. Pension costs and income will be monitored carefully and reported on regularly. In the event that actual expenditure emerges in 2020 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

State Claims Agency

This funding relates to the cost of managing and settling claims which arose in previous years which is a statutory function of the SCA. As part of NSP2020, an additional €60m has been assigned to SCA bringing the budget available in 2020 to €400m.

There is a significant focus within the HSE on the mitigation of clinical risks within services including those services where adverse clinical incidents have very significant impacts of patients and their families and lead to substantial claims settled by the SCA and reimbursed by the HSE. It is noted that the most substantial driver of the growth in costs reimbursed to the SCA over recent years has been driven by factors related to the operation of the legal process around claims and the overall maturing of the claims portfolio rather than by the incidence of claims. In the event that actual expenditure emerges in 2020 at a level higher than the notified budget level, the DoH and HSE will engage to seek solutions which do not adversely impact services.

Local demand-led schemes

The costs within these schemes are largely demand-led, including drug costs in relation to HIV and statutory allowances such as blind welfare allowance, and are therefore not amenable to normal budgetary control measures. As part of NSP2020, an additional €5m has been assigned to demand-led schemes. The budget will allow the HSE to fund a maximum of €267.4m for these services.

Overseas Treatment

The Overseas Treatment Schemes include treatment abroad, cross-border healthcare and EU schemes (such as the European Health Insurance card (EHIC)). These schemes relate to the provision of clinically urgent care and treatment abroad. As with other demand-led services it is exceptionally difficult to predict with accuracy the expenditure and activity patterns of these schemes. As part of NSP2020, an additional €37m has been assigned to Overseas Treatment Schemes.

Brexit Costs

A total of €18m has been allocated to the DoH to fund no-deal planning across all health agencies. The additional costs arising in 2020 associated directly with planning for a no-deal Brexit scenario will be examined in conjunction with the DoH.

Capital funding 2020 (see detail in separate capital plans)

Separately, a provision of €839m in capital funding will be made available to the HSE in 2020, comprising €744m for building, equipping and furnishing of health facilities, and €95m for ICT.

It is noted that there are significant risks to the revenue budget caused by the pressure related to backlog maintenance and essential equipment replacement.

Section 9:
Workforce

Workforce

Substantial progress has been made on delivering on the priorities of the HR Division that will result in improved people services across the healthcare system. We are currently working with the Board on the development of their Corporate Plan and will ensure a clear alignment of a new people strategy that will fully reflect the priorities of the Board's Corporate Plan. Our focus for 2020 is to build on our key areas of focus, allied to supporting *Sláintecare* workstreams and progressing key priorities outlined below.

Leadership and Culture

- Develop leaders of the next generation through the Leadership Academy (two cohorts of each programme), the new Digital Academy which offers a master's programme, and through supporting digital fluency.

Employee Experience

- Promote health and wellbeing through the Workplace Health and Wellbeing Unit which provides support for all staff and assists in preventing staff becoming ill or injured at work
- Create a positive working environment whereby all employees are respected, valued and can reach their full potential
- Develop our workforce to reflect the diversity of HSE service users, and strengthen it through accommodating and valuing different perspectives, ultimately resulting in improved service user experience
- Continue engagement with our workforce through forums and staff feedback and implement initiatives based on these findings
- Maintain and progress compliance with the requirements of the European Working Time Directive (EWTD) for both NCHDs and staff in the social care sector. Key indicators of performance agreed with the European Commission include a maximum 24 hour shift, maximum average 48 hour week, 30 minute breaks every six hours, 11 hour daily rest / equivalent compensatory rest and 35 hour weekly / 59 hour fortnightly / equivalent compensatory rest.

Capability and Talent

- Continue to develop the national coaching service which is a confidential service available to all staff
- Continue to develop HSeLanD (Health Services eLearning and Development), the HSE's online learning portal enabling delivery of broad targeted programmes such as Children First, Dignity at Work, etc.
- Further implement the health electronic learning management project which emphasises the need to develop a single overarching approach to learning and development throughout the health sector.

Workforce Planning and Intelligence

- Continue to scope, within available resources, the development of a workforce projection model, in which particular attention will be given to the development of strategic workforce forecasting and

building capability for people data and analytics to design an integrated and dynamic approach to robust workforce planning

- Develop and strengthen networks to build capability and capacity for workforce planning, with a particular focus on engagement with education and other key sectors in an effort to support a sustainable and responsive workforce.

Service Design and Integration

- Maximise the flexibilities contained within the *Public Service Stability Agreement 2018-2020* to assist in moving towards the delivery of a workforce that is capable of meeting the needs of service users, by:
  - Implementing and monitoring the nursing agreement, and associated savings
  - The consultant settlement agreement
  - Job evaluation labour court recommendation
  - Rolling out the *Review of Role and Function of Health Care Assistants 2018*
  - Implementing the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018*
  - Implementing the Phase 2 Framework for Staffing and Skill Mix for Nursing in Emergency Care Settings.

Performance Accountability

- Implement the *People's Needs Defining Change – Health Services Change Guide* as the agreed approach that will underpin our process for change and reform in line with the *Public Service Stability Agreement 2018-2020*
- Continue to take the lead role on all national industrial relations matters, in particular any sectoral specific negotiations which may take place, and input into talks in relation to a successor for the current *Public Service Stability Agreement 2018-2020*
- Implement the personal achievement programme, designed to assist staff develop within their role, add value to the work they deliver and encourage greater levels of engagement between all employees.

Network and Partner

- Implement key projects which ensure a partnership approach to the delivery of HSE priorities and *Sláintecare* developments including:
  - Ensure the strategies and policies of the HSE are implemented uniformly across our delivery system
  - Implement policies to encourage cross working relationships and the creation of networks
  - Develop and enhance relationships with our external partners
  - Plan, within the level of available resources to continue to actively implement *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning* (in partnership with the DoH), which supports the implementation of *Sláintecare* – Teams of the Future Workstream, through the on-going establishment of the HSE Workforce Planning Unit.

HR Digital Transformation

- Train leaders in digital health transformation with training initiatives focused on digital literacy and digital health literacy for the broader workforce
- Perform rapid solution prototyping and rapid system integration, through the associated Digital Factory, to promote, prepare business cases and drive adoption of new digital innovations across the HSE network.

Professional HR Services

- Provide a number of professional services, to assist in the optimisation of our workforce, including:
  - Implementation of agreements
  - Making recommendations to senior management to address deficiencies and support improvements in conforming with policies, procedures, guidelines and laws
  - Supporting local services in the areas of absence management, quality improvements, standardisation of procedures, implementation of circulars and access to relevant information.

Pay and Staffing Strategy 2020

In 2020, the approach taken to the development and implementation of affordable staffing levels will continue. The focus will be on ensuring overall pay and staffing levels are within budget, in line with Government policy on public service numbers and costs.

Effective control over workforce numbers and associated pay expenditure will be essential to ensure that we deliver services within the available financial resources for 2020 and thereby ensuring planned and affordable levels in 2020. The progress made on aligning our workforce with associated funding in 2019 is acknowledged and will be a key focus in 2020. An integral component to this is the setting of WTE limits, aligning pay budget with employment levels in a way that is planned and affordable. An initial high level affordability assessment of the level of staff, on an average cost per WTE basis that the indicative pay budget for 2020 can support, has been undertaken. A core principle is that the WTE limits are an average up to WTE limit, based on a high level affordability assessment, rather than a 'target' limit. The key focus is on the primacy of pay over any WTE value. This approach is designed to enable more realistic and affordable forecasting, and further builds from the WTE limits process implemented in late 2018 and 2019. Based on this affordability assessment, Appendix 2 sets out the initial employment level estimates (in WTE) for 2020 and the closing of 2019. It includes a breakdown of the remaining centrally held WTE, in addition to the prior 2019 and new 2020 service developments. In lessons learned from the process in 2018 and 2019, this is an iterative process, both requiring and enabling key engagement with internal and external key stakeholders to robustly validate the current estimations.

Of note however, the operationalisation of these WTE limits will be subject to these engagements, that will inform the finalisation of the Pay and Numbers Strategy, commencing immediately post approval of the NSP with finalisation before Q4 2019. The final 'up to' WTE limits for each division, CHO and Hospital Group will be set out in that strategy once the overall process of assurance around their affordability, as outlined above, has been completed.

This year's strategy will also set out strengthened approaches to the construction of the WTE limit, and overall reporting on service developments as part of the WTE limit. All key stakeholders (National Directors,

CHOs and Hospital Groups, supported by Finance and HR) will operationalise the WTE limits through a bottom up process that takes account of service priorities and maintenance of services, whilst equally identifying the opportunities for optimisation and efficiency. The combination of a top down affordability assessment to set the overall WTE limits and the bottom up prioritisation by service providers is intended to ensure maximum flexibility for services in determining the deployment of the limit across their services.

Central to the process for 2020 is:

- Engagement at key service levels on the development of robust operational workforce plans based on a centrally constructed WTE limit that takes account of a range of factors including priorities determined by the Government
- Striking the balance between safe, effective, efficient service delivery and affordability
- Realising opportunities to reinvest in the workforce through agency conversion, for example, as allowable growth factors within the WTE limits, notwithstanding that all services need to closely monitor agency and overtime spend and the implementation of measures to reduce same
- WTE limit reviews and refresh at key intervals throughout the year, underpinned by evidence to ensure alignment with budgetary processes
- Realising opportunities to redeploy the existing workforce to ensure maximum alignment between our staffing and the delivery of priority health and social care needs
- Necessity of monitoring WTE movement against the limits alongside overall pay expenditure so as to appropriately manage direct employment costs, in addition to overtime and agency costs.

WTE limit monitoring is an integral component of the overriding principle of compliance to allocated pay expenditure budgets. The monitoring of both WTE limits and pay expenditure at all service levels will further support and enhance performance and governance of same, with key actions and interventions on deviation in place, in line with the Performance and Accountability Framework. In line with this framework, as with any other key performance areas, performance against these WTE limits will ultimately be considered as part of the National Performance Oversight Group. In addition, this year's strategy will set out the wider engagement and oversight processes as introduced in 2019 between HSE, DoH and DPER.

Improving Change Capacity

People's Needs Defining Change – Health Services Change Guide is the policy framework and agreed approach to change for the HSE. It presents the overarching Change Framework that connects and enables a whole system approach to delivering change across the system and is a key foundation for delivering the people and culture change required to implement *Sláintecare*, public sector reform and NSP2020. It is a 'how to do change well' guide and combines the very best of practice and evidence with helpful templates and resources to assist managers and staff to deliver on service improvement initiatives. The guide is available on *www.hse.ie/changeguide.*

The following four key actions are at the core of improving change capacity:

- Communication and awareness
- Alignment and synergy at strategic level
- Education and practice development
- Cohesion and practice improvement at delivery level.

Section 10:
National Services

National Services

This section sets out the key priorities in 2020 for the following national services: Emergency Management, Compliance, the EU and North South Unit, the Performance Management and Improvement Unit, and the Primary Care Reimbursement Service.

Emergency Management

The Emergency Management function assists leadership and management across all levels of the HSE in the preparation of major emergency plans and the identification and mitigation of strategic and operational risk to the organisation.

It also engages with other agencies, government departments and external bodies in order to ensure a health input to co-ordinated national resilience.

Priorities and Actions

- Promote severe weather preparedness with management across the organisation and improve its internal capacity to respond
- Advance preparedness to counter emerging viral and other biological threats
- Assist the implementation and exercise of hospital major emergency plans
- Prepare a new strategy and adapt structures which will allow the Emergency Management function to align itself with the six new regional health areas to be implemented under *Sláintecare*
- Engage with other principle response agencies and government departments to meet HSE obligations as established under *A Framework for Major Emergency Management, 2006* and *Strategic Emergency Management, 2017*, as well as statutory obligations in regard to upper tier Control of Major Accident Hazard sites, airports, ports, and crowd events.

Compliance Unit

The Compliance Unit supports the implementation of the HSE Governance Framework as it applies to section 38 and section 39 providers who deliver services on behalf of the HSE.

Priorities and Actions

- Continue to support the implementation of the Governance Framework through:
  - Ensuring that service arrangements and grant aid agreements are in place with all section 38 and section 39 service providers
  - Completing the 2019 Annual Compliance Statement process for all section 38 service providers, and section 39 service providers that receive annual funding over €3m
- Facilitate the process to establish Contract Management Support Units in each CHO on a phased basis

- Review Part 1 and Part 2 of the service arrangements for section 38 and section 39 service providers and private providers taking account of the recommendations from the independent review group set up to examine the role of voluntary organisations in publicly funded health services.

EU and North South Unit

The EU and North South Unit works on behalf of the HSE to promote health co-operation with providers both north and south, ensuring better outcomes for people living in border areas, and covering a wide range of services including emergency care, travelling from one jurisdiction to another to access services, the provision of direct services, and co-operation on new initiatives.

The EU and North South unit will continue to support services to identify appropriate programmes and establish projects in conjunction with our CAWT partners. With the UK preparing to leave the EU it is important to ensure readiness and planning for this event. Effective preparation for Brexit will continue to be a key priority.

Priorities and Actions

- Act as lead partner on four EU Interreg projects to the value of approximately €30m in the areas of acute services, mental health services, population health and children's services
- Partner with Scotland and Northern Ireland on another EU Interreg project, to the value of approximately €9m European Regional Development Fund, for primary care and older persons' services
- Develop and maintain partnerships between health and related services, north and south to develop new ways to improve health and social care services for people of the border corridor of Ireland and beyond
- Provide input, in collaboration with the DoH, to the consultation being led by the Special EU Programmes Body on the development of the Peace Plus programme content
- Prepare for Brexit to ensure service continuity for service users across the health system.

Performance Management and Improvement Unit

The Performance Management and Improvement Unit (PMIU) works with service areas and the National Performance Oversight Group in the delivery of service improvement initiatives by way of expert analysis, intervention and assessment with a key focus on continuous service improvement for our patients and service users. The PMIU provides oversight across the areas of service user access, quality and safety, financial control and human resources.

Priorities and Actions

- Provide expert assistance and targeted financial investment to assist HSE providers in reaching performance targets and improving service provision
- Promote learning and continuous improvement which informs future strategy and long term planning and supports the implementation of national change programmes

- Lead on interventions, initiatives and actions targeting moderate and extreme performance management and improvement
- Produce monthly performance reports to be considered by the Leadership Team and by DoH.

Primary Care Reimbursement Service

The Primary Care Reimbursement Service (PCRS) supports the delivery of primary care services by making payments to healthcare professionals – GPs, dentists, pharmacists and optometrists / ophthalmologists – for free or reduced cost services provided to members of the public in the community. PCRS also makes payments to suppliers and manufacturers of High Tech drugs as part of the High Tech Arrangement and facilitates direct payment to hospitals involved in the provision of national treatment programmes. PCRS also manages the National Medical Card Unit which assesses eligibility across a range of community healthcare schemes.

Priorities and Actions

Implement the changes announced by the Government in Budget 2020 including:

- Increase the medical card weekly income limit for people over 70 by €50 for a single person (to €550) and by €150 for a couple (to €1,050) (by 1.7.2020)
- Extend free GP care to children under the age of eight (by 1.9.2020)
- Reduce the General Medical Scheme (GMS) prescription charge by €0.50 (by 1.07.2020)
- Reduce the monthly threshold for the Drugs Payment Scheme (DPS) from €124 to €114 (by 1.09.2020)
- Work with the DoH in the review of processing and issuing of medical cards to patients with a terminal diagnosis.

Roll out a fully integrated online application process for those wishing to apply or renew their eligibility under the GMS, Long Term Illness (LTI) or DPS schemes

- Enhance online functionality for the National Medical Card Unit
- Provide web chat facility to support online applications
- Integrate the European Health Insurance Card (EHIC) scheme into the medical card application process.

Reimburse contractors in line with service level agreements and health policy regulations

- Expand the range of electronic functionality so that all new pharmacy contractors will be fully automated
- Continue the roll-out of online processing to contractors, including for LTI, hardship and exempt medicines
- Reimburse GPs in line with GP contractual reform and service development agreement
- Facilitate the expansion of services delivered in the community by delivering online reimbursement functionality for the pre-exposure prophylaxis (PrEP) HIV prevention programme
- Streamline the assessment and, where appropriate, the pre-approval of service provision under the HSE Community Ophthalmic Scheme
- Expand the range of medicines administered through the high tech ordering and monitoring hub to encompass, on a phased basis, all therapeutic areas.

Implement the provisions of the *Framework Agreement on the Supply and Pricing of Medicines 2016-2020*

- Assess applications in relation to new drugs and new uses of existing drugs in 2020 in accordance with the procedures outlined in the *Framework Agreement on the Supply and Pricing of Medicines 2016-2020*. As noted elsewhere in this plan there is no specific funding in 2020 identified for new drugs and new indications of existing drugs. In this context it will be necessary for the HSE to consider the funding of each recommended drug on a case by case basis in the context of available resources
- Reduce the price of patent-expired, non-exclusive, non-biologic medicines where first generic products become available
- Reduce the price of patent-expired, non-exclusive, biologic medicines where first biosimilar products become available
- Reference price medicines as appropriate
- Collect the rebate of 5.5% as provided for in the *Framework Agreement on the Supply and Pricing of Medicines 2016-2020*.

Support access to health entitlements for citizens who are coming to Ireland or going from Ireland to other EU/EEA States and to the UK post Brexit

- Implement the European Commission's Electronic Exchange of Social Security Information in compliance with *Regulation (EU) 987/2009*, including realignment of the application process and entitlement assessment
- Implement the necessary changes to support the introduction of a direct reimbursement scheme to provide similar benefits to EHIC to eligible residents of Northern Ireland who require emergency care when abroad in an EU/EEA member state in the event of a no deal Brexit.

Section 11:
Enabling Healthcare Delivery

Enabling Healthcare Delivery

Delivery of NSP2020 is dependent on a number of key enablers which underpin service delivery. In conjunction with frontline services, the provision of a modern and efficient healthcare system is enabled by these essential support services.

Corporate support services include the Office of the Chief Information Officer, Health Business Services (HBS), Corporate Finance, Corporate HR, National Communications, Research and Evidence, and Internal Audit.

Technology and Information

The Office of the Chief Information Officer (OoCIO) delivers ICT services and support throughout the HSE, facilitating integration within and across community services, hospitals and other specialised care providers. The *eHealth Strategy for Ireland, 2013* and the draft HSE eHealth 5-Year Strategic Plan 2019 are focused on improving population wellbeing, patient safety, health service efficiencies and economic opportunity through the use of technology enabled solutions. In 2020, the ICT capital allocation is €95m and this will be managed to deliver key projects while achieving best value.

Priorities and Actions

Deliver the core digital programmes advancing the *Sláintecare Implementation Strategy*

- Commence delivery of individual health identifiers and Eircodes into patient administration and other key systems
- Progress further deployment of the clinical electronic document records management system in UHG and for Children's Health Ireland
- Deliver the necessary technology to ensure the safe and timely opening of the Paediatric Outpatient and Urgent Care Centre at Tallaght University Hospital
- Provide support and technical assistance for procurement of the electronic health record (EHR) system and other aspects of ICT for Children's Health Ireland
- Progress the data protection impact assessment for the national EHR and develop a consolidated business case for the revised EHR approach, encompassing both acute and community services
- Develop a business case and take forward the procurement of a primary care management system
- Design and develop the summary and shared care record
- Commence implementation of technology to deliver digital patient records and all associated technology for the new National Forensic Mental Health Service and the National Rehabilitation Hospital
- Establish the ePharmacy programme
- Complete and assess the current ePrescribing pilot with a view to informing a national programme of work
- Complete the procurement of an acute floor information system
- Commence the first phase implementation of medical laboratories technology

- Complete the first phase implementation of the National Cancer Information System (NCIS)
- Build enabling technology to stabilise, secure and protect diagnostic imaging platforms including the National Integrated Medical Imaging System (NIMIS)
- Adopt the telehealth strategy and continue the initial pilots in conjunction with the DoH
- Deliver technology to enable the Chronic Disease Management Programme under the GP contract
- Develop the Primary Care Management System (PCMS) that aligns with the new GP data provided through the GP Agreement 2019 in conjunction with Primary Care
- Complete procurement for the new interRAI Ireland (IT based assessment) information system
- Design and build the new Integrated Financial Management System (IFMS)
- Complete the second regional implementation of the national integrated staff records programme (NiSRP)
- Commence the procurement of an immunisation system in conjunction with the immunisation programme in public health service.

Utilising the Integrated Information Service (IIS) enable decision-making through the provision of standardised data, meaningful information and advanced analytics

- Procure a solution to provide an integrated data platform supporting person-centric insights, using clinical, financial, social and engagement data, and enabling risk analytics crucial to the successful *Sláintecare* programme implementation
- Implement eHealth infrastructure to support a modernised patient-centred hospital appointment system
- Deliver a single software approach to the provision of information relating to sustainable improvement in access performance across health and social systems
- Procure an eHealth solution to support new referral pathways
- Work with other parts of the service involved in the provision of analytics (i.e. Health Intelligence Unit) to ensure a co-ordinated approach to data management (e.g. primary care chronic disease management system).

Stabilise the operational environment in key areas such as core platforms, applications, cyber security, services and workforce

- Implement the cyber security strategy to better protect our patient data
- Mitigate the risk of legacy unsupported software through structured remediation programme
- Create a centre of excellence to support and promote adoption of cloud technologies.

Connect health to the citizen through digital technology

- Develop an eDirectory of health services
- Engage with clinicians, patients and citizens using the Patient Portal proof of concept as the mechanism to inform requirements.

Establish the foundation to enable delivery of a digital workplace environment equipping employees for better communication, collaboration and efficiency

- Enable a mobile workforce, allowing access to applications and data independent of geography, through the deployment of 8,500 new digital devices to healthcare workers.

Advance the secure integration of application and information environments, enabling the exchange of data across the healthcare system

- Advance a healthcare business architecture model and a suite of architecture domain roadmaps to help ensure priority investments are pursued
- Build on the recently deployed data dictionary to enable common definitions and to facilitate interoperability.

Health Business Services

Health Business Services (HBS) focuses on providing a range of high quality business services on a shared basis to our corporate partners and customers, supporting the evolving health structures as they continue to mature. These services include transactional elements of human resources and finance, estates and capital programme management, HR / payroll systems and analytics, and procurement.

Priorities and Actions

Progress major enterprise resource planning initiatives for the health environment

- Further develop shared services operating models, standardised processing and new ways of working across finance and procurement in the health sector as part of work on the integrated financial management system (IFMS) programme, in partnership with the national finance team and other stakeholders
- Implement the next phase of the national integrated staff records and payroll programme (NiSRP). A major complex change programme aligned to the IFMS
- Expand the existing HR / payroll systems and analytics (HPSA) SAP Centre of Excellence to support IFMS and NiSRP
- Work in partnership with Children's Health Ireland to prepare for the delivery of HBS services to the new hospital.

Deliver excellence in procurement

- Improve the corporate procurement and compliance programme
- Commence roll out of the national logistics service to support new customers in the Dublin area
- Implement the HBS Public Procurement and Supply Chain Excellence training programme
- Commence the programme of procurement of the EHR for the Irish health service.

Deliver excellence in HR

- Work in collaboration with National HR to implement a new recruitment operating model that meets the need of the evolving service and market.

Progress digital and technology initiatives for the health environment

- Implement the HBS digital programme business solutions.

Deliver business excellence

- Embed a sustainable model of operational excellence, working with academic partners to achieve LEAN Six Sigma accreditation (Yellow and Green Belt programmes) to deliver job development and efficiency.

Capital Investment in Healthcare

Each year, the HSE submits an annual capital plan to the DoH having regard to contractual commitments, investment priorities and funding available. In 2020, the capital funding allocated for construction, refurbishments, building fit-out and equipment etc. is €744m. This funding will be managed to achieve value for money in accordance with the HSE's Capital Projects Manual and Approvals Protocol and the Public Spending Code.

Priorities and Actions

In compiling the Capital Plan 2020 priority has been given to the following:

- Capital funding in support of implementing *Sláintecare*
- Contractual commitments – projects in construction (including the National Children's Hospital)
- Contractual commitments – projects in design will be progressed to tender stage
- Infrastructural risk – funding for minor capital, the equipment replacement programme and the ambulance replacement programme
- Other Government priorities such as the National Forensic Mental Health Service (relocation of the Central Mental Hospital to Portrane), National Maternity Hospital (relocation to St. Vincent's Hospital Campus), radiation oncology and the National Rehabilitation Hospital
- Older persons residential HIQA compliance and intellectual disability decongregation programmes
- Programme for Partnership Government projects – Beaumont ED and cystic fibrosis projects, UHG ED and Our Lady's Children's Hospital, Crumlin, paediatric intensive care unit.

Further information in relation to the completion and operational status of capital infrastructure projects is provided in Appendix 4.

Corporate Finance

Corporate Finance provides strategic and operational support, direction and advice to services within the health service to achieve the goals of providing high quality, integrated health and social care services.

Priorities and Actions

Support the organisation to secure and demonstrate value in terms of the economy, efficiency and effectiveness in order to maintain and enhance appropriate investment in our health service

- Support the delivery of the actions / initiatives to reduce costs set out in this plan including through improved measurement and reporting
- Implement the national finance reform programme including progressing the design and implementation of a single integrated national finance and procurement system for the HSE, section 38 funded voluntary bodies and larger section 39 funded voluntary bodies
- Support the implementation of the single national integrated staff records and pay programme (NiSRP) which will link to the finance system
- Progress the implementation of the pay foundation programme to improve and accurately cost, report, forecast and plan pay across the health service (integrated with NiSRP and IFMS above)
- Extension of Activity Based Funding, via implementation of the ABF Implementation Plan. This includes development of community costing capacity within the Healthcare Pricing Office, to enable further extension in the community setting.

Corporate HR

National HR will provide strategic support, direction, advice and interventions to all areas of the health service, recognising that line managers throughout the system are the key to the delivery of excellent people capability.

Priorities and Actions

Attract, recruit and retain the right people

- Manage on-going recruitment challenges, in collaboration with HBS, in respect of particular professions, such as nurses, in the context of continuing pressures in acute services
- Deliver two cohorts of each of the Health Service Leadership Academy flagship programmes, Leading Care I, Leading Care II and Leading Care III and deliver Digital Academy Programmes including a Masters in Digital Health Transformation
- Develop and curate best practice and leadership programmes on topics, including change and improvement, that will support *Sláintecare* and local service priorities, including resources, tools and materials, talent management supports, coaching, team interventions, etc.
- Optimise and expand technological platforms to facilitate highly relevant training courses for greater numbers of staff at a lower cost to the organisation
- Target capacity building by ensuring that *People's Needs Defining Change – Health Services Change Guide* and the skills development to support its implementation are integrated into all appropriate learning programmes
- Optimise our workforce with support to services in the areas of absence management and overtime
- Scale up the pilot consultant recruitment process based upon the outcome of the pilot sites
- Work interdepartmentally to develop guidelines and information on human trafficking for health service staff

- Update the *Dignity at Work Policy for the Health Service*
- In partnership with the DoH, within available resources, continue to actively implement *Working Together for Health – A National Strategic Framework for Health and Social Care Workforce Planning* and develop a workforce projection model.

Improve staff health and wellbeing

- Implement practices to reduce the number of incidents of violence and aggression in the workplace
- Roll out national critical incident stress management training and programme
- Continue the implementation of a healthy workplace framework and organisational health standards to include strategies for enhancing staff mental health.

National Communications

National Communications is responsible for leading a wide range of communications initiatives and providing high quality communications consultancy to staff across the health services.

Priorities and Actions

Enhance communication across the health service

- Continue the implementation of the Digital Roadmap to enhance the online user experience
- Deliver partnership projects, including health service campaigns, within the health service and to the public
- Develop a framework for building greater trust and confidence in the health services
- Continue to support the health service in using a combination of existing channels and newer digital channels to reach staff and engage them in the transformation process.

Research and Evidence

The HSE is striving towards the development of a health service renowned for its culture of building and using knowledge for improved health and wellbeing, patient outcomes and service design and is working on a number of *Sláintecare* priority actions to support the creation of a more sustainable and responsive public health service.

Priorities and Actions

Implement the HSE Action Plan for Health Research

- Finalise and publish the HSE national research governance framework in consultation with key stakeholders. This framework will be aligned with best international practice, national regulations and standards related to ethics and data governance and will outline responsibilities and accountabilities as well as monitoring and assessment requirements
- Enable the implementation of the governance framework by supporting key stakeholders at local level and by developing the necessary policies, guidelines and training material required to guide its implementation

- Scope the technical requirements for a national research information management system
- Complete and disseminate a methodology framework to support knowledge transfer and research impact, with appropriate consideration of patient and public involvement
- Contribute to the national Research and Development Forum and continue engagement with academic and other key partners to facilitate collaboration and integration into the national health system for Research and Development
- Develop, in consultation with the DoH, a proposal for future investment in research and development in the HSE (with an emphasis on leadership, supports and systems – nationally and regionally). The aim of this is to ensure that research and development can optimally deliver impacts for patients, staff, services and to broader social and economic goals.

Continue to develop health intelligence capability to provide insights to inform decision-making, strategy development and performance improvement

- Support and make available the health information analysis needs of hospitals and community services associated with the implementation of *Sláintecare*, including the design of the regional health areas
- Collaborate with OoCIO on the design, development and implementation of the primary care chronic disease management system, ensuring due consideration is given to appropriate data governance and future analytic needs
- Augment the capability of our health informatics tools to enable detailed population profiling, geographic analysis and service information to further inform service planning, needs assessment, evaluation and resource balancing decisions across all services.

Implement the National Health Library and Knowledge Service

- Ensure that in 2020 all staff working in hospital and community settings have free online access to eHealth Library services.

Internal Audit

The work of Internal Audit identifies risks and control issues which may have systemic implications for the HSE. Through its audit reports and recommendations to strengthen controls, it provides assurance to the Chairperson and Board as well as the Chief Executive Officer and Executive Management Team on the adequacy and degree of adherence to procedures and processes. Implementation by management of Internal Audit recommendations is an essential part of HSE governance mechanisms. The HSE Performance and Accountability Framework is supported by the overall work of Internal Audit.

Priorities and Actions

Conduct audits and provide recommendations to strengthen controls within the HSE and agencies funded by the HSE

- Ensure approval by the Audit and Risk Committee of the Audit Plan 2020
- Produce a comprehensive programme of completed audit reports covering a wide variety of audit topics and geographical spread throughout the HSE

- Expand the programme of audits including audits of funded agencies
- Expand the programme of ICT audits
- Report on a quarterly basis to the Executive Management Team and Audit and Risk Committee on completed audit reports, audit findings and the status of implementation of audit recommendations
- Conduct special investigations including fraud related topics as required
- Develop a Value for Money Audit capability
- Develop data analytics capability and a standards and quality programme
- Provide advice to senior management on controls and processes, including ICT security and assurance.

Appendices

Appendix 1: Financial Tables

Table 1: Finance 2019

Strategic Area	2019 NSP Budget €m	2019 Movements €m	2019 Closing Recurring Budget €m
Operational Service Areas			
Acute Hospital Care	**5,192.2**	**(28.7)**	**5,163.5**
National Ambulance Service	**168.6**	**1.8**	**170.4**
Acute Operations	**5,360.8**	**(26.9)**	**5,333.9**
Primary Care			
Primary Care	897.2	(8.7)	888.5
Social Inclusion	155.9	2.1	158.0
Primary Care Total	**1,053.0**	**(6.6)**	**1,046.5**
Mental Health	**987.4**	**8.3**	**995.7**
Disability Services	**1,904.4**	**11.4**	**1,915.8**
Older Persons' Services			
Nursing Homes Support Scheme (NHSS)	985.8	5.6	991.4
Older Persons' Services	859.3	1.0	860.3
Palliative Care	86.2	0.3	86.5
Older Persons' Services Total	**1,931.4**	**6.8**	**1,938.2**
CHO HQs and Community Services	**11.3**	**5.9**	**17.3**
Community Total	**5,887.5**	**25.9**	**5,913.5**
Chief Clinical Officer			
Clinical Design and Innovation	22.7	(7.5)	15.2
Office of Nursing and Midwifery Services	42.9	0.2	43.1
Quality Assurance and Verification	5.6	0.4	6.0
Quality Improvement	8.8	1.2	10.0
National Doctors Training and Planning	24.5	0.0	24.5
National Cancer Control Programme	94.7	(0.5)	94.2
Chief Clinical Officer Total	**199.3**	**(6.2)**	**193.0**
National Screening Service	**107.8**	**(2.4)**	**105.4**
Health and Wellbeing	**120.6**	**9.2**	**129.9**
Strategic Transformation Office	**12.1**	**-**	**12.1**
National Services			
Environmental Health	44.0	(0.2)	43.7
Office of Tobacco Control	0.5	0.0	0.5
Environmental Health Total	**44.4**	**(0.2)**	**44.2**
Emergency Management	1.6	0.0	1.6
Performance Management Improvement Unit	3.1	(0.1)	3.0
EU & North South Unit	0.3	-	0.3
Compliance	1.3	-	1.3
National Services Total	**50.8**	**(0.3)**	**50.4**
Support Services	**455.2**	**(1.0)**	**454.2**
Total Operational Service Areas	**12,194.1**	**(1.7)**	**12,192.4**
Pensions and Demand-Led Services			
Total Pensions	**490.0**	**(0.5)**	**489.5**

Strategic Area	2019 NSP Budget €m	2019 Movements €m	2019 Closing Recurring Budget €m
State Claims Agency	340.0	-	340.0
Primary Care Reimbursement Service	2,726.5	0.2	2,726.7
Local Demand-Led Schemes	262.4	(0.1)	262.4
Overseas Treatment	37.0	0.1	37.1
Total Pensions and Demand-Led Services	3,855.9	(0.3)	3,855.6
Total Budget	16,050.0	(2.00)	16,048.0

Note 1: The table above illustrates the agreed budgetary movements between NSP2019 and the closing 2019 budget. Budget changes in 2019 include agreed service and staff transfers, internal commissioning of services and payments for consultant contract arrears

Note 2: The 2019 closing recurring budget moved by (€2m) during the year due to the retraction of the Care Redesign funding of (€12m) and the allocation of additional funds from DoH vote of €10m (AMR, sexual health strategy, drug strategy and maternity strategy funding)

Table 2: Income and Expenditure 2020 Allocation

Strategic Area	2019 Budget (See Table 1) €m	2020 Budget €m	Increase (Column B-A) €m	Increase (Column B-A) %	Total Increase Excl Pay Rate Funding & Efficiency Target €m	Increase Excl Pay Rate Funding & Efficiency Target %	Gross Budget €m	Income €m	Net Budget €m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Operational Service Areas									
Acute Hospital Care	5,163.5	5,377.6	214.1	4.1%	108.0	2.1%	6,226.6	(849.0)	5,377.6
National Ambulance Service	170.4	173.9	3.5	2.1%	1.8	1.0%	174.1	(0.1)	173.9
Acute Operations	5,333.9	5,551.5	217.6	4.1%	109.8	2.1%	6,400.7	(849.2)	5,551.5
Primary Care									
Primary Care	888.5	923.7	35.2	4.0%	24.2	2.7%	941.3	(17.6)	923.7
Social Inclusion	158.0	159.8	1.8	1.1%	1.6	1.0%	160.1	(0.4)	159.8
Primary Care Total	1,046.5	1,083.5	37.0	3.5%	25.8	2.5%	1,101.5	(18.0)	1,083.5
Mental Health	995.7	1,031.3	35.6	3.6%	17.0	1.7%	1,050.9	(19.6)	1,031.3
Disability Services	1,915.8	2,049.5	133.7	7.0%	109.1	5.7%	2,104.8	(55.3)	2,049.5
Older Persons' Services									
Nursing Homes Support Scheme (NHSS)	991.4	1,036.4	45.0	4.5%	45.0	4.5%	1,036.4		1,036.4
Older Persons' Services	860.3	936.0	75.7	8.8%	54.0	6.3%	1,340.1	(404.2)	936.0
Palliative Care	86.5	97.6	11.1	12.9%	10.2	11.8%	105.5	(7.9)	97.6
Older Persons' Services Total	1,938.2	2,070.0	131.8	6.8%	109.2	5.6%	2,482.0	(412.0)	2,070.0
CHO HQs and Community Services	17.3	17.2	(0.1)	-0.7%	(0.0)	0.0%	17.2	(0.0)	17.2
Community Total	5,913.5	6,251.4	338.0	5.7%	261.1	4.4%	6,756.3	(504.9)	6,251.4
Chief Clinical Officer									
Clinical Design and Innovation	15.2	15.1	(0.1)	-0.4%	0.0	0.1%	15.1		15.1
Office of Nursing and Midwifery Services	43.1	46.5	3.4	7.8%	0.1	0.1%	46.6	(0.1)	46.5
Quality Assurance and Verification	6.0	6.1	0.1	2.0%	0.0	0.5%	6.1		6.1
Quality Improvement	10.0	10.0	0.1	0.8%	0.0	0.3%	10.2	(0.1)	10.0
National Doctors Training and Planning	24.5	35.3	10.8	43.8%	10.8	43.8%	35.3	-	35.3
National Cancer Control Programme	94.2	97.6	3.4	3.6%	3.5	3.7%	97.7	(0.1)	97.6

Strategic Area	2019 Budget (See Table 1) €m	2020 Budget €m	Increase (Column B-A) €m	Increase (Column B-A) %	Total Increase Excl Pay Rate Funding & Efficiency Target €m	Increase Excl Pay Rate Funding & Efficiency Target %	Gross Budget €m	Income €m	Net Budget €m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Chief Clinical Officer Total	193.0	210.7	17.7	9.2%	14.4	7.5%	211.1	(0.4)	210.7
National Screening Service	105.4	110.2	4.8	4.5%	5.2	4.9%	110.8	(0.6)	110.2
Health and Wellbeing	129.9	141.0	11.2	8.6%	9.8	7.5%	142.4	(1.4)	141.0
Strategic Transformation Office	12.1	12.0	(0.1)	-0.8%	(0.0)	0.0%	12.0	-	12.0
National Services									
Environmental Health	43.7	44.3	0.5	1.2%	0.3	0.7%	47.9	(3.6)	44.3
Office of Tobacco Control	0.5	0.5	0.0	1.7%	0.0	0.7%	0.5	(0.0)	0.5
Environmental Health Total	44.2	44.7	0.5	1.2%	0.3	0.7%	48.4	(3.7)	44.7
Emergency Management	1.6	1.6	0.0	1.4%	0.0	0.7%	1.9	(0.3)	1.6
Performance Management Improvement Unit	3.0	3.0	-	0.0%	-	0.0%	3.0	-	3.0
EU & North South Unit	0.3	0.3	-	0.0%	-	0.0%	0.3	-	0.3
Compliance	1.3	1.4	0.0	0.7%	0.0	0.5%	1.4	-	1.4
National Services Total	50.4	51.0	0.6	1.1%	0.3	0.7%	54.9	(4.0)	51.0
Support Services	454.2	473.2	19.0	4.2%	10.5	2.3%	475.0	(1.8)	473.2
Total Operational Service Areas	12,192.4	12,801.1	608.7	5.0%	411.1	3.4%	14,163.3	(1,362.2)	12,801.1
Pensions and Demand-Led Services									
Total Pensions	489.5	562.0	72.5	14.8%	72.5	14.8%	980.0	(418.0)	562.0
State Claims Agency	340.0	400.0	60.0	17.6%	60.0	17.6%	400.0		400.0
Primary Care Reimbursement Service	2,726.7	2,951.0	224.3	8.2%	224.0	8.2%	3,023.4	(72.4)	2,951.0
Local Demand-Led Schemes	262.4	267.4	5.0	1.9%	5.0	1.9%	267.4	(0.0)	267.4
Overseas Treatment	37.1	74.1	37.0	99.8%	37.0	99.7%	77.6	(3.5)	74.1
Total Pensions and Demand-Led Services	3,855.6	4,254.5	398.9	10.3%	398.5	10.3%	4,748.4	(493.9)	4,254.5
Total Budget	16,048.0	17,055.6	1,007.6	6.3%	809.5	5.0%	18,911.7	(1,856.1)	17,055.6

Note 1: €16,887.6m is the amount notified to the HSE by the DoH of net non-capital determination for 2020. The letter also notifies a further €165.5m which will initially be held by the DoH pending agreement of the relevant implementation details and €2.5m of dormant accounts funding, bringing the total held funding by the DoH to €168m. The total funding available in 2020 is €17,055.6m

Note 2: In line with the Dormant Account (Amendment) Act 2012, dormant account funding of €2.5m will be allocated in 2020 in line with the Dormant Account Disbursement Scheme, which is administered by the Minster of Rural and Community Development. This scheme outlines how funds will be distributed and what areas of disadvantage should be targeted

Note 3: The gross and income split of the 2020 budget is illustrative and should not be considered as final. This relative weighting between gross and income will change once the detailed operational planning process has been completed

Note 4: Any efficiency targets that have been specified in this plan may require a reallocation of available budget resource as part of the 2020 operational planning process

Note 5: Column C and D illustrate the increase in funding levels at €1,007.6m / 6.3%

Note 6: Column E illustrates the increase in funding levels excluding pay rate funding and efficiency targets at €809.5m / 5%

Table 3: Finance Allocation 2020

Strategic Area	2019 Budget €m	Full Year Impact of 2019 New Develop-ments €m	ELS Funding Inclusive of Efficiency Targets €m	2020 Pay Rate Funding (supports existing staffing levels) €m	Expand Existing Services / New Develop-ments €m	2020 NSP Budget (Column A+B+C+D+E) €m	Less: 2020 NSP Budget held at DoH €m	2020 Opening Budget (Column F-G) €m	2020 Internal Commissioner Funding to be applied €m	2020 Available Funding (Column H+I) €m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
Operational Service Areas										
Acute Hospital Care	**5,163.5**	**15.8**	**52.8**	**142.0**	**3.5**	**5,377.6**	**3.5**	**5,374.1**	**117.9**	**5,492.0**
National Ambulance Service	**170.4**	**-**	**(0.4)**	**2.9**	**1.0**	**173.9**	**1.0**	**172.9**	**0.0**	**172.9**
Acute Operations	**5,333.9**	**15.8**	**52.5**	**144.9**	**4.5**	**5,551.5**	**4.5**	**5,547.0**	**117.9**	**5,664.9**
Primary Care										
Primary Care	888.5	-	8.3	16.9	10.0	923.7	10.0	913.7	0.9	914.6
Social Inclusion	158.0	-	0.5	1.3	-	159.8	-	159.8	-	159.8
Primary Care Total	**1,046.5**	**-**	**8.8**	**18.2**	**10.0**	**1,083.5**	**10.0**	**1,073.5**	**0.9**	**1,074.4**
Mental Health	**995.7**	**-**	**(2.9)**	**25.5**	**13.0**	**1,031.3**	**13.0**	**1,018.3**	**2.9**	**1,021.2**
Disability Services	**1,915.8**	**16.0**	**54.9**	**37.3**	**25.5**	**2,049.5**	**25.5**	**2,024.0**	**1.7**	**2,025.7**
Older Persons' Services										
Nursing Homes Support Scheme (NHSS)	991.4	-	45.0	-	-	1,036.4	-	1,036.4	-	1,036.4
Older Persons' Services	860.3	-	16.3	27.4	32.0	936.0	32.0	904.0	1.9	905.8
Palliative Care	86.5	-	(0.4)	1.5	10.0	97.6	10.0	87.6	0.0	87.7
Older Persons' Services Total	**1,938.2**	**-**	**60.9**	**28.9**	**42.0**	**2,070.0**	**42.0**	**2,028.0**	**1.9**	**2,029.9**
CHO HQs and Community Services	**17.3**	**-**	**(0.1)**	**-**	**-**	**17.2**	**-**	**17.2**	**1.7**	**18.9**
Community Total	**5,913.5**	**16.0**	**121.5**	**109.9**	**90.5**	**6,251.4**	**90.5**	**6,160.9**	**9.2**	**6,170.1**
Chief Clinical Officer										
Clinical Design and Innovation	15.2	-	(0.1)	0.0	-	15.1	-	15.1	(4.7)	10.4
Office of Nursing and Midwifery Services	43.1	-	(0.3)	3.7	-	46.5	-	46.5	(10.1)	36.4
Quality Assurance and Verification	6.0	-	(0.0)	0.2	-	6.1	-	6.1	-	6.1
Quality Improvement	10.0	-	(0.1)	0.2	-	10.0	-	10.0	(0.5)	9.5
National Doctors Training and Planning	24.5	5.0	5.8	-	-	35.3	-	35.3	(8.9)	26.4
National Cancer Control Programme	94.2	-	(0.2)	0.1	3.5	97.6	3.5	94.1	(89.4)	4.7
Chief Clinical Officer Total	**193.0**	**5.0**	**5.0**	**4.2**	**3.5**	**210.7**	**3.5**	**207.2**	**(113.7)**	**93.5**

Strategic Area	2019 Budget €m	Full Year Impact of 2019 New Develop-ments €m	ELS Funding Inclusive of Efficiency Targets €m	2020 Pay Rate Funding (supports existing staffing levels) €m	Expand Existing Services / New Develop-ments €m	2020 NSP Budget (Column A+B+C+D+E) €m	Less: 2020 NSP Budget held at DoH €m	2020 Opening Budget (Column F-G) €m	2020 Internal Commissioner Funding to be applied €m	2020 Available Funding (Column H+I) €m
	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J
National Screening Service	105.4	2.9	1.3	0.6	-	110.2	-	110.2	(22.0)	88.2
Health and Wellbeing	129.9	2.7	6.0	2.4	-	141.0	-	141.0	(5.3)	135.8
Strategic Transformation Office	12.1	-	(0.1)	0.0	-	12.0	-	12.0	(2.2)	9.8
National Services										
Environmental Health	43.7	-	(0.2)	0.7	-	44.3	-	44.3	-	44.3
Office of Tobacco Control	0.5	-	(0.0)	0.0	-	0.5	-	0.5	-	0.5
Environmental Health Total	44.2	-	(0.2)	0.7	-	44.7	-	44.7	-	44.7
Emergency Management	1.6	-	(0.0)	0.0	-	1.6	-	1.6	-	1.6
Performance Management Improvement Unit	3.0	-	-	-	-	3.0	-	3.0	-	3.0
EU & North South Unit	0.3	-	-	-	-	0.3	-	0.3	-	0.3
Compliance	1.3	-	(0.0)	0.0	-	1.4	-	1.4	-	1.4
National Services Total	50.4	-	(0.2)	0.8	-	51.0	-	51.0	-	51.0
Support Services	454.2	-	(18.2)	12.8	24.5	473.2	24.5	448.8	4.9	453.7
Total Operational Service Areas	12,192.4	42.4	167.8	275.6	123.0	12,801.1	123.0	12,678.2	(11.2)	12,667.0
Pensions and Demand-Led Services										
Total Pensions	489.5	-	72.5	0.0	-	562.0	-	562.0	-	562.0
State Claims Agency	340.0	-	60.0	-	-	400.0	-	400.0	-	400.0
Primary Care Reimbursement Service	2,726.7	48.8	130.2	0.4	45.0	2,951.0	45.0	2,906.0	11.2	2,917.2
Local Demand-Led Schemes	262.4	-	5.0	-	-	267.4	-	267.4	-	267.4
Overseas Treatment	37.1	-	37.0	0.0	-	74.1	-	74.1	-	74.1
Total Pensions and Demand-Led Services	3,855.6	48.8	304.7	0.40	45.0	4,254.5	45.0	4,209.5	11.2	4,220.7
Total Budget	16,048.0	91.2	472.4	276.0	168.0	17,055.6	168.0	16,887.7	(0.0)	16,887.7

Note 1: Column B represents the additional cost in 2020 of developments that were started in 2019

Note 2: Column C 'ELS Funding' is inclusive of any efficiency targets that have been specified in this plan. This efficiency target may require a reallocation of available budget resource as part of the 2020 operational planning process

Note 3: Column D represents the cost of implementing nationally approved pay agreements in 2020 and supports existing staffing levels

Note 4: Column E: Further detail relating to funding provided for the expansion of existing services / new developments is available on table 4, appendix 1

Note 5: The total HSE additional budget of €1,007.6m consists of the totals of column, B - €91.2m, C - €472.4m, D - €276m and E - €168m = €1,007.6m (See also table 2, appendix 1, column C)

Note 6: As per the Letter of Determination, €168m will be held by the DoH: €165.5m of development funding and €2.5m of dormant accounts funding. This funding is referenced in Column G

Note 7: A number of HSE areas, including National Cancer Control Programme, National Screening Service and Clinical Design and Innovation, utilise their budgets to 'commission' services internally from the acute hospitals, community services and other service areas. This funding is referenced in Column I

Note 8: €4.1m HPV funding included under 'Full Year Impact of 2019 New Developments' has been allocated €2.9m to NSS and €1.2m to Health & Wellbeing for the full year costs to extend the HPV vaccination programme to boys in 2020

Note 9: Overseas Treatment includes the Treatment Abroad Scheme, Cross-Border Directive and EU schemes (such as the European Health Insurance card (EHIC)). These schemes relate to the provision of clinically urgent care and treatment abroad

Table 4: 2021 Full Year Costs related to NSP2020

Strategic Area	Cost in 2020 €m	Cost in 2021 (Note 1) €m	2021 Incremental funding requirement (Column B-A) €m	2020 WTEs (Note 5)
	Column A	Column B	Column C	Column D
Acute Hospital Care				
National Strategies – Cancer	3.5	3.5	-	
National Strategies – Maternity	1.5	1.5	-	
National Strategies – Trauma	1.0	1.0	-	
National Strategies – ODTI	0.5	0.5	-	
National Strategies – Children's Health Ireland	0.5	0.5	-	
National Strategies – Ambulance	1.0	1.0	-	
Total – Acute Hospital Care	**8.0**	**8.0**	**-**	**141**
Community Healthcare				
Sláintecare Enhanced Community Services (Note 3)	10.0	60.0	50.0	400
Mental Health	**13.0**	**15.9**	**2.9**	**84**
Palliative Care	**10.0**	**14.0**	**4.0**	**77**
Disability Services				
Disability needs assessment	6.0	6.0	-	48
School Leavers	12.5	25.0	12.5	9
Respite Services	5.0	10.0	5.0	-
Autism	2.0	2.0	-	-
Total – Disability Services	**25.5**	**43.0**	**17.5**	**57**
Older Persons				
Pilot Statutory Home Support Scheme	7.0	7.0	-	25
Home Support (additional hours)	25.0	25.0	-	-
Total – Older Persons	**32.0**	**32.0**	**-**	**25**
Primary Care Reimbursement Service				
Primary Care Scheme Measures (Note 2)	45.0	102.0	57.0	-
System Wide Measures				
Care Redesign	12.0	12.0	-	-
Dormant Accounts	2.5	2.5	-	-
Other	10.0	10.0	-	-
Total – System Wide Measures	**24.5**	**24.5**	**-**	**-**
Total Funding available for existing / developing new services in 2020 (Held by DoH) (Note 6)	168.0	299.4	131.4	784
Older Persons: Home Support (additional hours)	20.0	20.0	-	149
PReP HIV Prevention Programme (Note 4)	5.4	5.4	-	45
Disabilities: Emergency Residential Places	5.0	10.0	5.0	-
GP Agreement (Note 7)	40.0	40.0	-	-
Total	238.4	374.8	136.4	978

Note 1: Indicative costs for 2021 have been included, pending clarification of their actual expected costs in 2021 through the operational planning process and engagement with the DoH

Note 2: The cost in 2021 of €102m for Primary Care Scheme Measures is based on a set of assumptions which will need to be reviewed during 2020. These

scheme initiatives include, reductions in prescription charges, reduction in DPS threshold, revision of medical income thresholds for the over 70's, extension of GP care without fees to children under 8 and the introduction of dental under 6 care packages under the oral health policy

Note 3: It is intended to recruit up to 1,000 additional staff by end 2020

Note 4: The €5.4m PReP HIV prevention Programme funding, which has been allocated to Health and Wellbeing in 2020, is to fund acute, primary care and STI service delivery, including staffing and PCRS drug costs in 2020

Note 5: Staffing whole time equivalents (WTEs) for the funded initiatives listed above are indicative pending the outcome of the operational planning process and engagement with the DoH

Note 6: A total of €168m of funding is to be held back by the DoH in the first instance in 2020. This is illustrated above by service area

Note 7: The GP agreement is subject to a separate government approved agreement

Appendix 2: HR Information

Descriptor	NSP Limit 2019	Medical / Dental	Nursing and Midwifery	Health and Social Care	Manage-ment / Admin	General Support	Patient and Client Care	Total Actual WTE Sept 2019*	Closing Limit Dec 2019	Affordable Limit Dec 2020
Acute Hospital Services	57,544	8,465	22,670	7,549	9,306	6,150	5,293	59,434	59,514	60,009
National Ambulance Service	2,003	1	3	1	80	5	1,826	1,917	1,955	1,940
Acute Services	**59,547**	**8,466**	**22,673**	**7,550**	**9,386**	**6,156**	**7,118**	**61,349**	**61,469**	**61,949**
Mental Health Services	9,321	876	4,672	1,354	997	719	1,204	9,823	9,582	9,952
Primary Care Services	10,671	989	2,927	2,556	2,710	415	1,017	10,613	10,965	11,138
Disability Services	18,057	79	3,622	3,969	1,365	904	8,576	18,515	18,348	18,528
Older Persons' Services	12,955	112	3,338	414	799	943	7,695	13,302	13,504	14,127
Community Services	**51,004**	**191**	**6,960**	**4,383**	**2,164**	**1,847**	**16,271**	**52,253**	**52,399**	**53,745**
Corporate, HBS, H&WB and National Services	**5,373**	**215**	**199**	**744**	**3,552**	**348**	**53**	**5,112**	**5,433**	**5,617**
Total Employment Levels		**10,737**	**37,431**	**16,588**	**18,809**	**9,486**	**25,664**	**118,714**		
	115,924	Health Service Sub-Total excluding Held & Developments							119,301	121,311
	1,934	**Remaining 2018 Centrally Held for Allocation**							**642**	**642**
	117,858	Sub Total Including Remaining Centrally Held							119,943	121,953
	1,269	**2019 Service Developments**							**770**	**770**
	-	**2020 Service Developments**							**-**	**978**
	119,127	Total Health Service Incl. Held & Developments							120,713	123,701

*__Source:__ Health Service Personnel Census. All figures relate to Whole Time Equivalents (WTE)

Note 1: The development of the WTE limits, including the assessment of their affordability, is an iterative process, requiring engagement with key internal and external stakeholders to validate same and therefore the above limits are provided as initial estimates. Of note, operationalisation of the limits will be subject to this engagement and validation. The final 'up to' WTE limits for each division, CHO and HG will be set out before the end of Q4 2019 once the overall process of assurance around their affordability, as referenced above, has been completed.

Note 2: The above table shows the published September employment levels, **excluding** pre-registration nursing and midwifery students as the associated WTE limits are **exclusive** of this WTE. Also shown is NSP 2019 limit of 119,127 WTE, including the detail on the 2018 (1,934 WTE) and 2019 service developments (1,269 WTE).

Note 3: The closing limit for December 2019 as the first iteration of the refreshed WTE limit estimate. **Excluding** all centrally held and service developments the estimated closing limit is 119,301 WTE. An assessment of the remaining centrally held and 2019 service developments (estimated at 642 and 770 WTE), brings the limit to a total of 120,713 WTE.

Note 4: The estimated affordable limit for December 2020 is 121,311 WTE **excluding** all service developments and centrally held. Including remaining service developments and that of 2020 developments, estimated at approximately 978 WTE, this will bring the total estimate to 123,701 WTE. It is important to note that the WTE limits are an average ***up to WTE limit***, based on a high level affordability assessment, utilising an indicative split of total budget as between pay and non-pay. This split may be adjusted as detailed operational budgets are finalised with consequent adjustment to the draft affordable WTE limit(s).

Note 5: The below table provides the HSE/Section 38 agencies total actual WTE for Sept 2019 and based on high level assumptions, the split of the 2019 closing and Dec 2020 affordable limit.

HSE / Section 38 Agencies Workforce Numbers

Descriptor	Medical / Dental	Nursing and Midwifery	Health and Social Care	Manage-ment / Admin	General Support	Patient and Client Care	Total Actual WTE Sept 2019	Closing Limit Dec 2019	Affordable Limit Dec 2020
Total Health Service	10,737	37,431	16,588	18,809	9,486	25,664	118,714	119,301	121,311
HSE	**6,923**	**24,597**	**9,365**	**13,181**	**5,824**	**16,555**	**76,445**	**77,353**	**78,661**
Section 38 Hospitals	3,643	9,688	3,593	4,384	2,610	1,848	25,767	25,690	26,120
Section 38 Voluntary Agencies	171	3,146	3,629	1,244	1,052	7,262	16,503	16,258	16,530
Section 38	**3,814**	**12,834**	**7,222**	**5,628**	**3,662**	**9,109**	**42,269**	**41,948**	**42,650**

Appendix 3(a): National Scorecard

National Scorecard		
Scorecard Quadrant	Priority Area	Key Performance Indicator
Quality and Safety	**Complaints investigated within 30 days**	% of complaints investigated within 30 working days of being acknowledged by the complaints officer
	Serious Incidents	% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident
	Child Health	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services
		% of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age
		% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine
	CAMHs Bed Days Used	% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units
	HIQA Inspection Compliance	% compliance with regulations following HIQA inspection of disability residential services
	HCAI Rates	Rate of new cases of hospital acquired Staph. Aureus bloodstream infection
		Rate of new cases of hospital associated C. difficile infection
		% of acute hospitals implementing the requirements for screening of patients with CPE guidelines
	Urgent Colonoscopy within 4 weeks	No. of people waiting > 4 weeks for access to an urgent colonoscopy
	Surgery	% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)
		% of surgical re-admissions to the same hospital within 30 days of discharge
	Medical	% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge
	Ambulance Turnaround	% of ambulances that have a time interval $\leq$ 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)
		% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 30 minutes
	Chronic Disease Management	No. of people who have completed a structured patient education programme for type 2 diabetes
	Healthy Ireland	% of smokers on cessation programmes who were quit at four weeks

National Scorecard

Scorecard Quadrant	Priority Area	Key Performance Indicator
Access and Integration	Therapy Waiting Lists	Physiotherapy – % on waiting list for assessment ≤ 52 weeks
		Occupational Therapy – % on waiting list for assessment ≤ 52 weeks
		Speech and Language Therapy – % on waiting list for assessment ≤ 52 weeks
		Psychology – % on waiting list for treatment ≤ 52 weeks
	CAMHs Access to First Appointment	% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs
	Delayed Transfers of Care	No. of beds subject to delayed transfers of care
	Disability Act Compliance	% of child assessments completed within the timelines as provided for in the regulations
	Ambulance Response Times	% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
		% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less
	Emergency Department Patient Experience Time	% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration
		% of all attendees at ED who are discharged or admitted within six hours of registration
	Waiting times for procedures	% of adults waiting < 15 months for an elective procedure (inpatient and day case)
		% of children waiting < 15 months for an elective procedure (inpatient and day case)
		% of people waiting < 52 weeks for first access to OPD services
	Cancer	% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe
		% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)
	Older Persons	No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))
Finance, Governance and Compliance	Financial Management	Net expenditure variance from plan (pay + non-pay - income)
	Governance and Compliance	% of the monetary value of service arrangements signed
		Procurement – expenditure (non-pay) under management
		% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received
Workforce	EWTD	<48 hour working week
	Attendance Management	% absence rates by staff category

Appendix 3(b): National Performance Indicator Suite

Note: 2019 and 2020 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

System Wide				
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Finance Net expenditure variance from plan (pay + non-pay - income)	M	≤0.1%	To be reported in Annual Financial Statements 2019	≤0.1%
Gross expenditure variance from plan (pay + non-pay)		≤0.1%		≤0.1%
Non-pay expenditure variance from plan		≤0.1%		≤0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Governance and Compliance Procurement - expenditure (non-pay) under management	Q (1 Qtr in arrears)	25% increase	80%	80%
Audit % of internal audit recommendations implemented, against total no. of recommendations, within six months of report being received	Q	75%	74%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received		95%	78%	95%
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed		100%	100%	100%
% annual compliance statements signed	Annual	100%	100%	100%
Workforce **Attendance Management** % absence rates by staff category	M (1 Mth in arrears)	≤3.5%	4.5%	≤3.5%
Pay and Staffing Strategy / Funded Workforce Plan Pay expenditure variance from plan	M	≤0.1%	To be reported in Annual Financial Statements 2019	≤0.1%
WTE variance from plan		Reporting to commence in 2020	To be reported in December Employment Reports	≤0.5%
EWTD <24 hour shift (acute – NCHDs)		95%	97%	95%
<24 hour shift (mental health – NCHDs)		95%	94%	95%
<24 hour shift (disability services – social care workers)		95%	94%	95%

System Wide

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
<48 hour working week (acute – NCHDs)	M	95%	82%	95%
<48 hour working week (mental health – NCHDs)		95%	85%	95%
<48 hour working week (disability services – social care workers)		90%	92%	90%
Respect and Dignity % of staff who complete the HSE-land Respect and Dignity at Work module	Annual	60%	10%	60%
Performance Achievement % of staff who have engaged with and completed a performance achievement meeting with his/her line manager		70%	30%	70%
Quality and Safety **Service User Experience** % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	60%	75%
Serious Incidents % of serious incidents being notified within 24 hours of occurrence to the senior accountable officer	M	80%	35%	80%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident		80%	20%	80%
Incident Reporting % of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS	Q	90%	55%	90%
Extreme and major incidents as a % of all incidents reported as occurring		<1%	0.7%	<1%

Population Health and Wellbeing

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Tobacco % of smokers on cessation programmes who were quit at four weeks	Q (1 Qtr in arrears)	45%	47%	45%
Immunisations and Vaccines % of children aged 24 months who have received three doses of the 6 in 1 vaccine		95%	94%	95%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine		95%	92%	95%
% of first year girls who have received two doses of HPV vaccine	Annual	85%	64%	85%
% of healthcare workers who have received seasonal Flu vaccine in the 2019-2020 influenza season (acute hospitals)		60%	45%	75%
% of healthcare workers who have received seasonal Flu vaccine in the 2019-2020 influenza season (long term care facilities in the community)		60%	35%	75%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card		75%	58%	75%

Primary Care Reimbursement Service

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Medical Cards % of completed medical card / GP visit card applications processed within 15 days	M	99%	99.6%	99%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days		95%	97.5%	95%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff		96%	97.1%	96%

National Screening Service

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
National Screening Service **BreastCheck** % BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	72%	70%
% of women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	Bi-annual (1 Qtr in arrears)	95%	89%	95%
CervicalCheck % of eligible women with at least one satisfactory CervicalCheck screening in a five year period	Q (1 Qtr in arrears)	80%	79%	80%
Average result turnaround time		New PI NSP2020	New PI NSP2020	6 weeks
BowelScreen % of client uptake rate in the BowelScreen programme		45%	42%	45%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate		68%	65%	68%

Community Healthcare

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Primary Care Services				
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	Q (1 Qtr in arrears)	<23.1	22.9	<22
Nursing % of new patients accepted onto the nursing caseload and seen within 12 weeks	M (1 Mth in arrears)	100%	99%	100%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	81%	79%	79%
% on waiting list for assessment ≤52 weeks		95%	94%	94%

Community Healthcare

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Occupational Therapy % of new service users seen for assessment within 12 weeks	M	68%	68%	68%
% on waiting list for assessment ≤52 weeks		85%	74%	95%
Speech and Language Therapy % on waiting list for assessment ≤52 weeks		100%	94%	100%
% on waiting list for treatment ≤52 weeks		100%	90%	100%
Podiatry % on waiting list for treatment ≤12 weeks		32%	33%	33%
% on waiting list for treatment ≤52 weeks		77%	72%	77%
Ophthalmology % on waiting list for treatment ≤12 weeks		26%	27%	27%
% on waiting list for treatment ≤52 weeks		66%	65%	66%
Audiology % on waiting list for treatment ≤12 weeks		41%	36%	41%
% on waiting list for treatment ≤52 weeks		88%	86%	88%
Dietetics % on waiting list for treatment ≤12 weeks		37%	40%	40%
% on waiting list for treatment ≤52 weeks		79%	80%	80%
Psychology % on waiting list for treatment ≤12 weeks		36%	27%	36%
% on waiting list for treatment ≤52 weeks		81%	75%	81%
Oral Health % of new patients who commenced treatment within three months of scheduled oral health assessment		90%	91%	91%
Orthodontics % of patients seen for assessment within six months	Q	46%	38%	46%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years		<6%	<7%	<6%
Child Health % of children reaching 12 months within the reporting period who have had their child health and development assessment on time or before reaching 12 months of age	M (1 Mth in arrears)	New PI NSP2020	New PI NSP2020	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	98%	99%	99%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q (1 Qtr in arrears)	58%	58%	64%
% of babies breastfed exclusively at first PHN visit		48%	43%	50%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit		40%	41%	46%
% of babies breastfed exclusively at three month PHN visit		30%	32%	32%

Community Healthcare				
Indicator	**Reporting Period**	**NSP2019 Target**	**Projected Outturn 2019**	**Target 2020**
Social Inclusion				
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	M (1 Mth in arrears)	4 days	6 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced		28 days	20 days	28 days
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	87%	80%	80%
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	100%	96%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		100%	91%	100%
Older Persons' Services				
Safeguarding *(combined KPIs with Disability Services)* % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	98.3%	100%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	99.4%	100%
Residential Care % occupancy of short stay beds	M	90%	84.5%	90%
Quality % compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	Q (2 Qtrs in arrears)	80%	80%	80%
Intensive Home Care Packages (IHCPs) % of clients in receipt of an IHCP with a key worker assigned	M	100%	97.8%	100%
Nursing Homes Support Scheme (NHSS) % of population over 65 years in NHSS funded beds (based on 2016 Census figures)		≤3.5%	3.4%	≤3.5%
% of clients with NHSS who are in receipt of ancillary state support		13.5%	14.7%	15%*
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks		90%	88.4%	90%
Palliative Care Services				
Inpatient Palliative Care Services Access to specialist inpatient bed within seven days during the reporting year	M	98%	98.1%	98%
% of patients triaged within one working day of referral (inpatient unit)		90%	97.6%	90%

Community Healthcare				
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	90%	85.8%	90%
% of patients triaged within one working day of referral (community)		95%	96.3%	95%
Disability Services				
Safeguarding *(combined KPIs with Older Persons Services)* % of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	Q (1 Mth in arrears)	100%	100%	100%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan		100%	100%	100%
Quality % compliance with regulations following HIQA inspection of disability residential services	Q (2 Qtrs in arrears)	80%	80%	80%
Day Services including School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	Annual	100%	95%	100%
***Disability Act* Compliance** % of child assessments completed within the timelines as provided for in the regulations	Q	100%	9%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Networks established	M	100%	0%	100%
Mental Health Services				
Quality % compliance with regulations following Mental Health Commission inspection of Mental Health approved centres	Q	New PI NSP2020	New PI NSP2020	70%
General Adult Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	M	90%	93%	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team		75%	73%	75%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month		<22%	23%	<22%
Psychiatry of Later Life Community Mental Health Teams % of accepted referrals / re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		98%	97%	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams		95%	95%	95%

Community Healthcare

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month	M	<3%	3%	<3%
Child and Adolescent Mental Health Services Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units		75%	84%	75%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units		95%	95%	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams		78%	77%	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams		72%	70%	72%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month		<10%	9%	<10%
% of accepted referrals / re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs		95%	95%	95%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days		Reporting to commence in 2019	75%	>80%

* See note regarding commitment to additional funding on page 75

Acute Hospital Care

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Acute Hospital Services				
Outpatient attendances New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	M	1:2.3	1:2.5	1:2.4
Activity Based Funding (MFTP) model HIPE completeness – Prior month: % of cases entered into HIPE	M (1 Mth in arrears)	95%	95%	95%
Inpatient, Day Case and Outpatient Waiting Times % of adults waiting <15 months for an elective procedure (inpatient)	M	85%	84%	85%
% of adults waiting <15 months for an elective procedure (day case)		95%	92%	95%
% of children waiting <15 months for an elective procedure (inpatient)		85%	92%	95%
% of children waiting <15 months for an elective procedure (day case)		90%	83%	90%
% of people waiting <52 weeks for first access to OPD services		80%	69%	80%
Colonoscopy / Gastrointestinal Service % of people waiting <13 weeks following a referral for routine colonoscopy or OGD		70%	46%	65%

Acute Hospital Care

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
No. of new people waiting > four weeks for access to an urgent colonoscopy	M	0	253	0
Emergency Care and Patient Experience Time % of all attendees at ED who are discharged or admitted within six hours of registration		75%	62%	65%
% of all attendees at ED who are discharged or admitted within nine hours of registration		99%	77%	80%
% of ED patients who leave before completion of treatment		<5%	6.8%	<6.5%
% of all attendees at ED who are in ED <24 hours		99%	96%	97%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration		95%	41%	95%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration		99%	60%	99%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration		99%	91%	99%
Ambulance Turnaround Times % of ambulances that have a time interval ≤ 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)		New PI NSP2020	New PI NSP2020	80%
Length of Stay ALOS for all inpatient discharges excluding LOS over 30 days	M (1 Mth in arrears)	≤4.8	4.8	≤4.8
Medical Medical patient average length of stay		≤7.2	7.1	≤7.0
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	M	75%	62%	75%
% of all medical admissions via AMAU	M (1 Mth in arrears)	45%	32%	45%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge		≤11.1%	11.4%	≤11.1%
Surgery Surgical patient average length of stay		≤5.5	5.3	≤5.2
% of elective surgical inpatients who had principal procedure conducted on day of admission		82%	75%	82%
% day case rate for Elective Laparoscopic Cholecystectomy		60%	46%	60%
% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	Q (1 Qtr in arrears)	85%	77%	85%
% of surgical re-admissions to the same hospital within 30 days of discharge	M (1 Mth in arrears)	≤3%	2%	≤2%
Healthcare Associated Infections (HCAI) Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	M	<1/10,000 bed days used	0.9	<0.9/10,000 bed days used
Rate of new cases of hospital associated C. difficile infection		<2/10,000 bed days used	2.7	<2/10,000 bed days used

Acute Hospital Care				
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	Q	100%	70.2%	100%
% of acute hospitals implementing the national policy on restricted antimicrobial agents		100%	46.8%	100%
Medication Safety Rate of medication incidents as reported to NIMS per 1,000 beds	M (1 Qtr in arrears)	2.4 per 1,000 bed days	2.5	2.4 per 1,000 bed days
National Early Warning System (NEWS) % of hospitals implementing NEWS in all clinical areas of acute hospitals (as per 2019 definition)	Q	100%	32%	100%
% of hospitals implementing PEWS (Paediatric Early Warning System)		100%	62.1%	100%
National Standards % of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare	Bi-annual	100%	19%	100%
% of acute hospitals that have completed and published monthly hospital patient safety indicator reports	M (2 Mths in arrears)	100%	64.4%	100%
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Q (2 Qtrs in arrears)	90%	73.7%	90%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis		12%	12.3%	12%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit		90%	70.1%	90%
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Q	95%	92.4%	95%
% of reperfused STEMI patients (or LBBB) who get timely PPCI		80%	63.5%	80%
National Women and Infants Health Programme **Irish Maternity Early Warning System (IMEWS)** % of maternity units / hospitals with full implementation of IMEWS (as per 2019 definition)		100%	63.2%	100%
% of all hospitals implementing IMEWS (as per 2019 definition)		100%	24.4%	100%
% of maternity hospitals / units that have completed and published monthly Maternity Patient Safety Statements	M (2 Mths in arrears)	New PI NSP2020	New PI NSP2020	100%
% of Hospital Groups that have discussed a quality and safety agenda with NWIHP on a bi / quarterly / monthly basis, in line with the frequency stipulated by NWIHP		New PI NSP2020	New PI NSP2020	100%
Sexual assault services (>14yrs) % of patients seen by a forensic clinical examiner within 3 hours of a request to a SATU for a forensic clinical examination	Q	New PI NSP2020	New PI NSP2020	90%

Acute Hospital Care

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Cancer Services				
% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	M	95%	69.7%	95%
Symptomatic Breast Disease Services **Non-urgent** % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	M	95%	67.5%	95%
Clinical Detection Rate – breast cancer % of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	Annual	>6%	9.0%	>6%
Clinical Detection Rate – lung cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer		>25%	35.5%	>25%
Clinical Detection Rate – prostate cancer % of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer		>30%	31.2%	>30%
Radiotherapy % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	M	90%	86.5%	90%

National Ambulance Service

Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	Q (1 Qtr in arrears)	40%	40%	40%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % medical priority dispatch system (MPDS) protocol compliance	M	93%	93%	94%
Emergency Response Times % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		80%	80%	80%
% of ECHO calls which had a resource allocated within 90 seconds of call start		95%	98%	98%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		80%	60%	70%
% of DELTA calls which have a resource allocated within 90 seconds of call start		90%	90%	90%

National Ambulance Service				
Indicator	Reporting Period	NSP2019 Target	Projected Outturn 2019	Target 2020
Intermediate Care Service % of all transfers provided through the intermediate care service	M	90%	90%	90%
Ambulance Turnaround % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 30 minutes		95%	58%	80%
% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process / flow path in the ambulance turnaround framework within 60 minutes		95%	98%	98%

Appendix 3(c): Activity 2020

Note: 2019 and 2020 expected activity and targets are assumed to be judged on a performance that is equal or greater than (≥) unless otherwise stated (i.e. if less than (<) or, less than or equal to symbol (≤) is included in the target).

Population Health and Wellbeing				
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Environmental Health No. of initial tobacco sales to minors test purchase inspections carried out	Q	384	384	384
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	Bi-annual	32	32	32
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*		32	32	32
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	Q	242*	242	242
No. of official food control planned, and planned surveillance, inspections of food businesses.		33,000	31,445	33,000
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*		40	40	40
Tobacco No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	Q (1 Qtr in arrears)	11,500	10,571	10,000**
No. of smokers who are receiving online cessation support services	Q	6,500***	6,000	6,000
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule		500	656	500
Making Every Contact Count No. of frontline staff to complete the eLearning Making Every Contact Count training in brief intervention		1,425	1,794	4,241
No. of frontline staff to complete the face to face module of Making Every Contact Count training in brief intervention		284	460	1,696

*Expected Activity revised from 295 to 242 in May 2019
**New Quit Manager IT system will address duplicate activity data identified in 2019 hence the lower expected activity level in 2020
***Expected Activity revised from 11,000 to 6,500 in May 2019

Primary Care Reimbursement Service

Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Medical Cards No. of persons covered by medical cards as at 31st December	M	1,541,667	1,547,761	1,544,172
No. of persons covered by GP visit cards as at 31st December		528,079	524,357	546,604
Total		**2,069,746**	**2,072,118**	**2,090,776**
General Medical Services Scheme Total no. of items prescribed		58,347,423	60,128,669	60,094,352
No. of prescriptions		18,685,315	19,359,605	19,350,381
Long Term Illness Scheme Total no. of items prescribed		8,829,947	9,443,307	10,167,522
No. of claims		2,506,941	2,707,396	2,915,000
Drug Payment Scheme Total no. of items prescribed		7,544,139	7,913,928	8,530,102
No. of claims		2,272,160	2,191,365	2,361,993
Other Schemes No. of high tech drugs scheme claims		708,859	734,535	778,563
No. of dental treatment services scheme treatments		1,185,985	1,030,932	1,185,985
No. of community ophthalmic services scheme treatments		793,256	696,374	793,256

National Screening Service

Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
National Screening Service **BreastCheck** No. of women in the eligible population who have had a complete mammogram	M	185,000	173,000	185,000
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting		255,000	210,000	255,000
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test		125,000	123,000	125,000
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result		104,000	106,000	110,000

Community Healthcare				
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Primary Care Services				
Community Intervention Teams Total no. of CIT referrals.	M	45,432	51,552	45,432*
Paediatric Home Care Packages Total no. of Paediatric Home Care Packages		457	485	537
***Health Amendment Act*: Services to people with State Acquired Hepatitis C** No. of *Health Amendment Act* card holders who were reviewed	Q	340	40	300
GP Activity No. of contacts with GP Out of Hours Service	M	1,147,496	1,053,420	1,064,465
Nursing No. of patients seen	M (1 Mth in arrears)	743,605	465,948	474,366**
Therapies / Community Healthcare Network Services Total no. of patients seen	M	1,557,484	1,607,784	1,632,047
Physiotherapy No. of patients seen		581,661	587,604	587,604
Occupational Therapy No. of patients seen		356,314	382,296	389,256
Speech and Language Therapy No. of patients seen		279,803	280,500	282,312
Podiatry No. of patients seen		83,100	85,452	85,866
Ophthalmology No. of patients seen		99,192	102,216	104,147
Audiology No. of patients seen		52,548	55,452	64,465
Psychology No. of patients seen		41,484	45,624	49,757
Dietetics No. of patients seen		63,382	68,640	68,640
No. of people who have completed a structured patient education programme for type 2 diabetes	Q	4,190	3,700	3,700
Orthodontics No. of patients seen for assessment within six months		2,406	2,723	2,723
GP Trainees No. of trainees	Annual	202	199	217
National Virus Reference Laboratory No. of tests	M	945,228	966,221	966,221

Community Healthcare				
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Social Inclusion Services				
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	M (1 Mth in arrears)	10,063	9,865	10,145
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q (1 Qtr in arrears)	1,650	1,894	1,894
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	1,126	1,238	1,245
Traveller Health No. of people who received information on type 2 diabetes or participated in related initiatives		3,735	4,442	3,735***
No. of people who received information on cardiovascular health or participated in related initiatives		3,735	4,985	3,735***
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q (1 Qtr in arrears)	4,884	4,104	4,940
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment		340	328	360
Older Persons' Services				
InterRAI Ireland (IT based assessment) No. of people seeking service who have been assessed using the interRAI Ireland Assessment System	M	300	300	1,200
Home Support No. of home support hours provided (excluding provision of hours from Intensive Home Care Packages (IHCPs))		17.9m	17.52m	18.67m
No. of home support hours provided for testing of Statutory Home Support Scheme		N/A	N/A	230,000
Total Home Support Hours		**17.9m**	**17.52m**	**18.9m**
No. of people in receipt of home support (excluding provision from Intensive Home Care Packages (IHCPs)) – each person counted once only		53,182	52,375	53,475
Intensive Home Care Packages (IHCPs) Total no. of persons in receipt of an Intensive Home Care Package		235	235	235
No. of home support hours provided from Intensive Home Care Packages		360,000	360,000	360,000
Transitional Care**** No. of persons in receipt of payment for transitional care in alternative care settings	M (1 Mth in arrears)	1,160	900	1,160
No. of persons in acute hospitals approved for transitional care to move to alternative care settings		10,980	10,595	11,335

Community Healthcare				
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Nursing Homes Support Scheme (NHSS) No. of persons funded under NHSS in long term residential care during the reporting month	M	23,042	24,112	24,379****
No. of NHSS beds in public long stay units		4,900	4,967	4,980
Residential Care No. of short stay beds in public units		1,850	1,929	1,720
Palliative Care Services				
Inpatient Palliative Care Services No. accessing specialist inpatient beds within seven days (during the reporting year)	M	3,809	3,678	4,201
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month		3,405	3,526	3,532
Children's Palliative Care Services No. of children in the care of the Clinical Nurse Co-ordinators for Children with Life Limiting Conditions (children's outreach nurse)		280	283	283
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)		97	36	97
Disability Services				
No. of adults with disabilities in each CHO participating in personalised budgets demonstration projects	Q	New PI NSP2020	New PI NSP2020	180
Residential Places No. of residential places for people with a disability	M	8,568	8,297	8,358
New Emergency Places Provided to People with a Disability No. of new emergency places provided to people with a disability		90	61	64****
No. of in home respite supports for emergency cases		New PI NSP2020	New PI NSP2020	144
Total no. of new emergency places and in home respite supports		90	61	208****
Congregated Settings Facilitate the movement of people from congregated to community settings	Q	160	118	132
Day Services including School Leavers No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability)	Bi-annual (1 Mth in arrears)	2,513	2,513	2,513
No. of people (all disabilities) in receipt of rehabilitation training (RT)	M	2,282	2,290	2,290
No. of people with a disability in receipt of other day services (excl. RT and work / work-like activities) (adult) (ID / autism and physical and sensory disability)	Bi-annual (1 Mth in arrears)	22,272	22,281	23,547
Respite Services No. of day only respite sessions accessed by people with a disability	Q (1 Mth in arrears)	32,662	33,712	33,712

Community Healthcare				
Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	Q (1 Mth in arrears)	6,559	6,060	6,060
No. of overnights (with or without day respite) accessed by people with a disability		182,506	164,823	166,183
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability		1.63m	1.63m	1.67m****
No. of adults with a physical and / or sensory disability in receipt of a PA service		2,535	2,552	2,552
Home Support Service No. of home support hours delivered to persons with a disability		3.08m	3.08m	3.08m
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)		8,094	7,294	7,294
***Disability Act* Compliance** No. of requests for assessment of need received for children	Q	5,065	5,975	5,975
Progressing Disability Services for Children and Young People (0-18s) Programme No. of Children's Disability Networks established	M	80	0	96
Mental Health Services				
General Adult Community Mental Health Teams No. of adult referrals seen by mental health services	M	28,716	26,425	28,716
No. of admissions to adult acute inpatient units	Q (1 Qtr in arrears)	12,148	12,049	12,148
Psychiatry of Later Life Community Mental Health Teams No. of Psychiatry of Later Life referrals seen by mental health services	M	8,896	9,031	8,896
Child and Adolescent Mental Health Services No. of CAMHs referrals received by mental health services		18,128	18,369	18,128
No. of CAMHs referrals seen by mental health services		10,833	10,980	10,833

* Reflects on-going focus on a larger blend of complex CIT referrals in 2020 compared to the blend of simple and complex referrals reflected in the 2019 projected outturn

** Nursing Target 2020 reflects data review undertaken during 2019 and greater data completeness in respect of the 2018 projected activity on which the 2019 target was based

*** Since 2018, the targets for the Traveller Health metrics are set on the basis of 20% of the traveller population aged > 15 years as per Census 2016 data, rather than on the basis of an outturn

**** See note regarding commitment to additional funding on page 75

Acute Hospital Care

Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Discharge Activity Inpatient	M (1 Mth in arrears)	637,173	639,686	645,037
Day case (includes dialysis)		1,069,702	1,105,110	1,142,437
Total inpatient and day cases*		**1,706,875**	**1,744,796**	**1,787,474***
Emergency inpatient discharges		444,010	440,266	444,606
Elective inpatient discharges		85,660	91,635	91,635
Elective day case discharges**		N/A	N/A	N/A
Maternity inpatient discharges		107,503	107,785	108,796
Inpatient discharges ≥75 years		124,197	125,343	126,828
Day case discharges ≥75 years		190,526	201,800	209,249
Level of GI scope activity		103,937	105,643	108,260
Level of dialysis activity		169,918	176,442	180,969
Level of chemotherapy (R63Z) and other Neoplastic Dis, MINC (R62C)		213,592	218,282	226,443
Emergency Care New ED attendances	M	1,228,415	1,251,888	1,283,401
Return ED attendances		99,570	107,768	116,180
Injury unit attendances		96,518	98,139	103,215
Other emergency presentations		50,633	43,863	44,916
Births Total no. of births		60,861	59,085	59,247
Outpatients No. of new and return outpatient attendances*		3,339,859	3,305,277	3,318,604*
Delayed Transfers of Care No. of acute bed days lost through delayed transfers of care		≤200,750	230,000	≤200,750
No. of beds subject to delayed transfers of care		≤550	670	≤550
Healthcare Associated Infections (HCAI) No. of new cases of CPE		N/A	614	N/A
Rate of venous thromboembolism (VTE, blood clots) associated with hospitalisation		New PI NSP2020	New PI NSP2020	N/A

* Excludes NTPF activity
** Data for this activity measure to be defined and captured from 2020 onwards

National Ambulance Service

Activity	Reporting Period	NSP2019 Expected Activity	Projected Outturn 2019	Expected Activity 2020
Total no. of AS1 and AS2 (emergency ambulance) calls	M	333,800	337,000	340,000
Total no. of AS3 calls (inter-hospital transfers)		34,000	33,000	33,000
No. of intermediate care vehicle (ICV) transfer calls		32,000	30,000	30,000
No. of clinical status 1 ECHO calls activated		5,100	5,100	5,100
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)		4,940	4,940	4,940
No. of clinical status 1 DELTA calls activated		141,000	141,000	142,000
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)		129,000	129,000	130,000
Aeromedical Service – Hours (Department of Defence)		480	480	480
Irish Coast Guard – Calls (Department of Transport, Tourism and Sport)		200	200	200
Aeromedical Service South – Tasking (Irish Community Rapid Response)		New PI NSP2020	New PI NSP2020	600

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2018 / 2019 and will be operational in 2020; 2) are due to be completed and operational in 2020; or 3) are due to be completed in 2020 and will be operational in 2021

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Community Healthcare									
Primary Care Services									
Donegal, Sligo Leitrim, Cavan, Monaghan									
Carrick on Shannon, Co. Leitrim	Primary Care Centre, by lease agreement	Q2 2020	Q3 2020	0	0	0.15	0.15	-	-
Clones, Co. Monaghan	Primary Care Centre, by lease agreement	Q4 2020	Q1 2021	0	0	0.15	0.15	-	-
Carrickmacross, Co. Monaghan	Primary Care Centre, by lease agreement	Q1 2021	Q2 2021	0	0	0.15	0.15	-	-
Killeshandra Primary Care Unit, Co. Cavan	Primary Care Centre, by lease agreement	Q4 2020	Q1 2021	0	0	0.15	0.15	-	-
Community Healthcare West									
Ballyhaunis, Co. Mayo	Primary Care Centre, by lease agreement	Q4 2020	Q1 2021	0	0	0.08	0.08	-	-
Mid West Community Healthcare									
Kilmallock, Co. Limerick	Primary Care Centre, by lease agreement	Q3 2019	Q2 2020	0	0	0.10	0.10	-	-
Croom, Co. Limerick	Primary Care Centre, by lease agreement	Q3 2020	Q4 2020	0	0	0.10	0.10	-	-
Cork Kerry Community Healthcare									
Clonakilty, Co. Cork	Primary Care Centre, by lease agreement	Q4 2019	Q2 2020	0	0	0.15	0.15	-	-
Newmarket, Co. Cork	Primary Care Centre, by lease agreement	Q4 2019	Q3 2020	0	0	0.10	0.10	-	-
Castletownbere, Co. Cork	Primary Care Centre, by lease agreement	Q2 2020	Q4 2020	0	0	0.10	0.10	-	-
Bantry, Co. Cork	Primary Care Centre, by lease agreement	Q1 2020	Q3 2020	0	0	0.15	0.15	-	-
Castleisland, Co. Kerry	Primary Care Centre, by lease agreement	Q3 2020	Q4 2020	0	0	0.10	0.10	-	-
Listowel, Co. Kerry	Primary Care Centre, by lease agreement	Q1 2020	Q3 2020	0	0	0.15	0.15	-	-
Bandon, Co. Cork	Primary Care Centre, by lease agreement	Q4 2020	Q2 2021	0	0	0.15	0.15	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
South East Community Healthcare									
Cahir, Co. Tipperary	Primary Care Centre, by lease agreement	Q2 2020	Q4 2020	0	0	0.15	0.15	-	-
Kilkenny City East	Primary Care Centre, by lease agreement	Q4 2020	Q2 2021	0	0	0.15	0.15	-	-
Thomastown, Co. Kilkenny	Primary Care Centre, by lease agreement	Q4 2020	Q2 2021	0	0	0.15	0.15	-	-
Community Healthcare East									
Shankill, Dublin 18	Primary Care Centre, by lease agreement	Q4 2019	Q1 2020	0	0	0.15	0.15	-	-
Rathdrum, Co. Wicklow	Primary Care Centre, by lease agreement	Q4 2020	Q1 2021	0	0	0.15	0.15	-	-
Bray, Co Wicklow	Primary Care Centre, by lease agreement	Q1 2020	Q2 2020	0	0	0.50	0.85	-	-
Dublin South, Kildare and West Wicklow Community Healthcare									
Rialto, Dublin 8	Primary Care Centre, by lease agreement	Q4 2019	Q2 2020	0	0	0.25	0.25	-	-
Tallaght Springfield, Dublin 24	Extension to Primary Care Centre, by lease agreement	Q4 2019	Q1 2020	0	0	0.20	0.20	-	-
Athy / Castledermot, Co. Kildare	Primary Care Centre, by lease agreement	Q1 2020	Q2 2020	0	0	0.25	0.25	-	-
Baltinglass / Dunlavin, Co. Wicklow	Primary Care Centre, by lease agreement	Q3 2020	Q4 2020	0	0	0.15	0.15	-	-
Dublin North City and County Community Healthcare									
Roselawn Health Centre, Blanchardstown, Dublin 15	Refurbishment of Roselawn Health Centre to complete provision of primary care services in the Corduff / Blanchardstown network	Q3 2020	Q4 2020	0	0	1.23	1.79	-	-
Edenmore (East of Coolock), Dublin 5	Primary Care Centre, by lease agreement	Q3 2020	Q4 2020	0	0	0.10	0.10	-	-
Older Persons' Services									
Donegal, Sligo Leitrim, Cavan, Monaghan									
Dungloe Community Hospital, Co. Donegal	Upgrade and refurbishment to achieve HIQA compliance	Q4 2020	Q4 2021	0	0	1.74	3.34	-	-
Mid West Community Healthcare									
Raheen Nursing Unit, Co. Clare	Upgrade and refurbishment to achieve HIQA compliance (final phase)	Q4 2020	Q4 2020	0	0	1.5	1.75	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Cork Kerry Community Healthcare									
Caherciveen Community Hospital, Co. Kerry	Upgrade and refurbishment to achieve HIQA compliance	Q2 2020	Q3 2020	0	0	2.70	3.79	-	-
Listowel Community Hospital, Co. Kerry	Upgrade and refurbishment to achieve HIQA compliance	Q3 2020	Q4 2020	0	0	2.50	3.44	-	-
Skibbereen Community Hospital, Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q4 2020	Q1 2021	0	0	4.50	5.75	-	-
Dunmanway Community Hospital, Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q4 2019	Q1 2020	0	0	0.14	1.30	-	-
Castletownbere Community Hospital, Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q3 2020	Q4 2020	0	0	1.45	3.17	-	-
South East Community Healthcare									
St. Patrick's Hospital, John's Hill, Waterford City	100 bed CNU to replace beds in St. Patrick's and St. Otteran's (to include 20 psychiatry of later life beds and 80 long stay elderly beds)	Q3 2019	Q4 2019 / Q1 2020	0	100 [Of the 80 beds for Older Persons' Services, 65 beds will be operational in 2020]	0.80	25.20	-	-
Palliative Care Unit (University Hospital Waterford)	Development of a new block to include palliative care unit, co-funded by Waterford Hospice **Details of capital costs are included within University Hospital Waterford in the South / South West Hospital Group*	Q2 2019	Phased opening from Q4 2019	20	0	*	*	-	-
Community Healthcare East									
Leopardstown Park, Dublin 18	Fire upgrade works	Q1 2020	Q1 2020	0	0	0.62	1.02	-	-
Dalkey Community Nursing Unit, Co. Dublin	Upgrade and refurbishment to achieve HIQA compliance	Q4 2019	Q4 2019 / Q1 2020	0	0	0.1	1.94	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Dublin South, Kildare and West Wicklow Community Healthcare									
Tymon North, Co. Dublin	New 100 bed CNU	Q3 2019	Q1 2020	0	100 [50 beds will be operational in 2020].	0.6	24.00	-	-
Peamount Hospital, Newcastle, Co. Dublin	New 100 bed CNU. Co-funded by Peamount	Q3 2019	Q4 2019 / Q1 2020	0	100 [49 beds will be operational in 2020].	0.2	26.58	-	-
Dublin North City and County Community Healthcare									
Seancara / Clarehaven Community Nursing Unit, Dublin 11	Upgrade, extension and refurbishment to achieve HIQA compliance	Q3 2020	Q4 2020	0	0	0.55	6.20	-	-
Disability Services									
Donegal, Sligo Leitrim, Cavan, Monaghan									
Cregg House and Cloonamahon, Co. Sligo	Five units at varying stages of purchase / new build / refurbishment to meet housing requirements for 20 people transitioning from congregated settings	Phased delivery 2020	Phased delivery 2020	0	20	0.55	2.30	-	-
Community Healthcare West									
Brothers of Charity, Galway	One unit for purchase / refurbishment to meet housing requirements for four people transitioning from a congregated setting	Q1 2020	Q1 2020	0	4	0.10	0.88	-	-
Áras Attracta, Swinford, Co. Mayo	Two units at varying stages of purchase / new build / refurbishment to meet housing requirements for seven people transitioning from congregated settings	Phased delivery 2020	Phased delivery 2020	0	7	0.30	1.10	-	-
Mid West Community Healthcare									
Daughters of Charity, Co. Limerick Daughters of Charity, Roscrea, Co. Tipperary	Six units at varying stages of purchase / new build / refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased delivery 2020	Phased delivery 2020	0	24	2.00	4.75	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Cork Kerry Community Healthcare									
St. Raphael's, Youghal, Co. Cork St. Vincent's, St Mary's Road, Cork	Two units of purchase / refurbishment to meet housing requirements for eight people transitioning from congregated settings	Phased delivery 2020	Phased delivery 2020	0	8	0.75	1.20	-	-
South East Community Healthcare									
St. Patrick's Centre, Co. Kilkenny	Four units of refurbishment to meet housing requirements for 12 people transitioning from congregated settings	Phased delivery 2020	Phased delivery 2020	0	12	0.45	0.45	-	-
Community Healthcare East									
National Rehabilitation Hospital, Rochestown Avenue, Dún Laoghaire, Co. Dublin	Phase 1 redevelopment / replacement of existing facility in a phased development. Co-funded by NRH Trust	Q4 2019	Q2 2020	0	120	6.00	86.58	-	-
Midlands Louth Meath Community Healthcare									
St. John of God, St. Mary's Campus, Drumcar, Co Louth	Three units of purchase / refurbishment to meet housing requirements for 12 people transitioning from congregated settings	Phased delivery 2020	Phased delivery 2020	0	12	0.50	1.51	-	-
Mental Health Services									
Donegal, Sligo Leitrim, Cavan, Monaghan									
Sligo University Hospital	Acute mental health unit	Q4 2020	Q1 2021	0	0	4.40	13.36	-	-
St. Davnet's, Monaghan Town	The adaption / extension of Oriel House, St. Davnet's Hospital to provide 15 continuing care beds	Q1 2020	Q2 2020	0	0	1.2	5.41	-	-
Community Healthcare West									
Ballinasloe, Co. Galway	Provision of two houses (high support hostels) for 10 residents with intellectual disabilities currently in Oakgrove House in the grounds of St. Brigid's	Q3 2020	Q3 2020	0	0	1.30	1.80	-	-
Community Healthcare East									
Churchtown / Nutgrove, Dublin 14	Primary Care Centre extension, community mental health team accommodation, by lease agreement	Q1 2020	Q2 2020	0	0	0.15	0.15	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Dublin South, Kildare and West Wicklow Community Healthcare									
Clondalkin, Dublin 22	Primary Care Centre (Steeple HSE), community mental health team accommodation, by lease agreement	Q2 2020	Q3 2020	0	0	0.15	0.15	-	-
Dublin North City and County Community Healthcare									
Stanhope Terrace, Dublin North Central	Refurbishment of Stanhope Terrace to provide accommodation for 10 people currently in the Weir Home	Q3 2020	Q4 2020	0	10	1.62	3.16	-	-
Grangegorman, Dublin 7	Relocation of Eve Holdings to 1-5 Grangegorman Villas to facilitate development of Grangegorman PCC	Q3 2020	Q4 2020	0	0	1.80	2.78	-	-
National Forensic Mental Health Services Hospital, Portrane, Co. Dublin	Phase 1. National Forensic Central Hospital, 100 replacement and 70 additional beds (to include 30 intensive care rehabilitation beds, 10 child and adolescent beds, 10 mental health intellectual disability beds and 20 medium secure beds)	Q4 2019	Phased 2020/2021	70	100	8.00	184.00	-	-
Acute Hospital Care									
Children's Health Ireland									
Tallaght University Hospital, Dublin 24	Paediatric Ambulatory and Urgent Care Centre	Q3 2020	Q4 2020	0	0	2.6	27.0	-	-
Children's University Hospital, Temple Street, Dublin 1	Interim Works including an ECG room, admissions unit, cochlear implant / audiology facility, rapid access clinic in ED, endoscopy and radiology upgrade and neurology unit.	Q3 2020 (final phase)	Q3 2020	0	0	0.56	6.43	-	-
Dublin Midlands Hospital Group									
Midland Regional Hospital, Portlaoise, Co. Laois	New hospital street extension	Q4 2019	Q1 2020	0	0	0.11	1.89	-	-
Tallaght University Hospital, Dublin 24	Upgrade / replacement of the existing renal dialysis unit	Q3 2020	Q4 2020	0	0	6.4	19.6	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
Ireland East Hospital Group									
St. Luke's General Hospital, Kilkenny	Extension to radiology and the provision of a new MRI	Q4 2020	Q1 2021	0	0	2.0	2.5	-	-
Regional Hospital Mullingar, Co. Westmeath	Extension to radiology department to accommodate an MRI	Q4 2020	Q1 2021	0	0	3.5	5.5	-	-
RCSI Hospital Group									
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	New suite of theatres (five in total). Last phase of new five storey extension	Q4 2019	Phased opening Q4 2019 – Q2 2020	0	0	0.10	15.1	-	-
Saolta University Health Care Group									
Sligo University Hospital	Replacement of fluoroscopy room with a full interventional suite	Q2 2020	Q3 2020	0	0	0.15	2.97	-	-
Sligo University Hospital	Provision of a diabetic unit to facilitate the commencement of a paediatric insulin pump service.	Q4 2020	Q1 2021	0	0	1.22	1.70	-	-
Mayo University Hospital	Electrical upgrade, phase 1 and 2 (phase 1 to complete in 2020)	Q4 2020	Q4 2020	0	0	1.2	1.75	-	-
University Hospital Galway	Replacement of two cardiac cath labs	Q4 2019	Q1 2020	0	0	0.37	5.88	-	-
University Hospital Galway	Refurbishment / upgrade of mortuary	Q4 2020	Q4 2020	0	0	0.64	1.44	-	-
University Hospital Galway	Provision of a new IT Room for the hospital	Q3 2020	Q3 2020	0	0	0.3	1.13	-	-
South / South West Hospital Group									
Cork University Hospital	New radiation oncology unit	Q1 2019	Phased opening from Q4 2019	0	0	0.70	49.00	-	-
Cork University Hospital	Blood Science Project - extension and refurbishment of existing pathology laboratory to facilitate management services tender	Q4 2020	Q1 2021	0	0	3.00	4.72	-	-
South Infirmary Victoria University Hospital, Cork	The relocation of the ophthalmology OPD from CUH to SIVUH	Q4 2020	Q1 2021	0	0	3.6	4.82	-	-

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2020 Implications	
						2020	Total	WTE	Rev Costs €m
South Tipperary General Hospital	40 bed modular unit	Q3 2019	Q4 2019 / Q1 2020	40	0	0.35	11.00	-	-
University Hospital Waterford	The provision of a second cardiac catheterisation laboratory to enable the expansion of the cardiac diagnostic service	Q4 2020	Q1 2021	0	0	2.0	2.6	-	-
University Hospital Waterford	Development of a new block to include replacement inpatient beds ***This is a joint capital project between acute services and palliative care – see under Older Persons' Services for further details*	Q2 2019	Phased opening from Q4 2019	0	48	0.5**	31.37**	-	-
University Hospital Waterford	Fire safety upgrade - emergency lighting	Q3 2020	Q3 2020	0	0	0.54	4.54	-	-
UL Hospitals Group									
Nenagh Hospital, Co. Tipperary	Ward block extension and refurbishment programme, incl. 16 single rooms and four double rooms - part funded by the Friends of Nenagh Hospital.	Q2 2020	Q3 2020	3	21	0.67	6.87	-	-
Ennis Hospital, Co. Clare	Outpatients (off site solution) **Equipping costs only*	Q3 2020	Q4 2020	0	0	0.60*	0.60*	-	-
University Hospital Limerick	Lift replacement	Q2 2020	Q2 2020	0	0	0.5	1.03	-	-
National Ambulance Service									
St. Joseph's Community Hospital, Stranorlar, Co. Donegal	The provision of an ambulance restroom at St. Joseph's Hospital, Stranorlar	Q2 2020	Q3 2020	0	0	0.48	0.65	-	-
Mullingar Ambulance Base	New ambulance base	Q4 2020	Q1 2021	0	0	3.0	3.44	-	-
Corporate Services									
St. Joseph's Hospital, Limerick	Refurbish existing vacant space for pension management	Q1 2020	Q1 2020	0	0	0.34	1.23	-	-

Further analysis of the impact of operationalising capital initiatives in 2020 will be set out in the Operational Plans 2020.

Appendix 5: Statement of Priorities (received from the Minister for Health, 19th August 2019)

An Roinn Sláinte
Department of Health

Strategic Direction Statement for the development of the HSE Corporate Plan 2020-2022

Strategic Priorities:

The Strategic Priorities relevant for the three-year period of the HSE Corporate Plan are:

- Contribute and fully support the ongoing development and implementation of the health reform as set out in the Sláintecare Implementation plan, by
  - Ongoing support and input into the development of the Sláintecare Action plan and full integration of this into the NSP and
  - The HSE implementing its element of the Sláintecare programme
- Financial Control – ensuring that the finances are under control and within the allocated budget – elimination of deficits etc over the period
- Ensure that the HSE internal governance and systems of control are fit for purpose.
- Culture of Safety and Quality – ensuring the delivery of high quality and safe health and social care.
- Further digitalisation, to support information collection, automation of service level agreements and analysis etc to support decision making and compliance monitoring. (Financial Management System (FMSS), Electronic Health Record (eHR), Activity Based Funding (ABF), Individual Health Identifier (IHI), Single Assessment Tool (SAT), and ePrescribing.
- Improve access, through prevention measures, greater use of care in the community, increased productivity in the acute system, and development of increased capacity across the system
- Roll out of Regional Integrated Care Organisations (RICOs) and Community Healthcare Networks

An Roinn Sláinte
Department of Health

Annual Statement of Priorities for the development of the HSE National Service Plan 2020

Annual Priorities for 2020:

As a follow on and linking in with the Strategic Priorities, the annual priorities proposed for NSP 2020 are:

***Reform & organisation*:**

- Contribute to and implement the Sláintecare Action plan for 2020 -2021, to include:
- Set out agreed Joint Action Programmes (JAPs) and discrete projects for delivery in 2020 (some JAP deliverables will be for 2021)
- Development of a three-year Access plan, to improve access to services and therefore reduce waiting lists and hospital overcrowding. [This should focus on moving or providing services in the community including the provision of home care packages, and other elements, for example including the model of care for COPD and commencing work on eReferrals]
- Continue to Drive the Disability Sector Reform Programme
- Extension of Activity based Funding (ABF) including in the community setting.
- Governance – development and implementation of governance and oversight model recognising the new HSE Board, with proper reporting arrangements.
- Continuation of efficiency programme, with a target 1% improvement
- Drug programme – continued use of generic drugs and bio-similars
- eHR project – the National Children's Hospital
- Staffing – Develop and implement the Pay and Numbers Strategy 2020

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Department of Health

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In addition, Brexit continues to be a key priority for Government, and the HSE must ensure that all required measures are undertaken by the Executive and its agencies as part of the comprehensive cross departmental response to the impact of Brexit.

In respect of individual service areas, the HSE will be required to ensure that the greatest value possible is achieved with the entirety of the resources allocated by the Minister. Within its existing baseline funding of over €16 billion, the HSE must not assume that expenditure incurred in 2019 or activities undertaken should be repeated without an examination of their contribution to population based health policy and Sláintecare. The HSE will have a responsibility to examine the reshaping or reprioritisation of activities and services within the resources available where this can deliver better health outcomes. In practice, this may mean the HSE reallocating more resources to particular areas, however this should be done in an evidence-based manner that supports the strategic intent of Sláintecare and promotes the effective use of resources strictly within the limits notified.

If any additional funding is provided for new developments in Budget 2020, separate engagement and direction will take place with the HSE in respect of this funding.

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