

Rec. No	Date	Brief Description of Record	No. of pages	Decision: Grant /Part Grant/Refuse	Basis of Refusal: Section of Act	Public Interest Considerations (for and against release)
1	29/08/2016	Emails, DoH and HSE Social Care	5	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented.
2	30/08/2016	MK, RG, FC, WI update meeting	4	Part grant	S37(1)	Disclosure of personal information prevented
3	31/08/2016	MK, FM, CB, email re WI meeting	2	Part grant	S37(1)	Disclosure of personal information prevented
4	31/08/2016	MK, draft email re Clonmel	1	Part grant	S37(1)	Disclosure of personal information prevented
5	31/08/2016	Email, TC-LW + HSE social care	1	Part grant	S37(1)	Disclosure of personal information prevented
6	31/08/2016	Email, TC to MO'C + draft WI	6	Part grant	S37(1)	Disclosure of personal information prevented
7	01/09/2016	Email, FM-OPSC, HSE	1	Part grant	S37(1)	Disclosure of personal information prevented
8	02/09/2016	Winter Plan 2016/17, Draft 2nd Sept 2016	11	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented
9	02/09/2016	TC, FM, DoH emails	1	Grant		
10	02/09/2016	Note for Minister, EDTF workplan	5	Part grant	S37(1)	Disclosure of personal information prevented
11	05/09/2016	Draft speech, launch of WI	4	Grant		
12	05/09/2016	Draft press release, launch of WI	2	Grant		
13	06/09/2016	Emails, TC to PH, DoH-HSE, draft WI summary	7	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented
14	06/09/2016	Email, FM-TC	1	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented
15	07/09/2016	Letter from HSE CFO + draft winter initiative plan	16	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented
16	07/09/2016	Emails, FM, LC	3	Part grant	S37(1)	Disclosure of personal information prevented
17	07/09/2016	emails, DoH, re WI meeting and WI draft, 3-7th Sept 2016	7	Part grant	S37(1)	Disclosure of personal information prevented
18	07/09/2016	Emails, FM, SC, JR + draft press briefs	3	Part grant	S37(1)	Disclosure of personal information prevented
19	07/09/2016	Emails, TC and MO'C	1	Part grant	S37(1)	Disclosure of personal information prevented
20	07/09/2016	Request for press briefing re WI, emails + briefing, Draft press brief, WI	5	Part grant	S37(1)	Disclosure of personal information prevented

21	08/09/2016	email, Fergal Goodman to Social Care	3	Part grant	S37(1)	Disclosure of personal information prevented
22	08/09/2016	emails, SfOP, HSE Social Care	2	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented
23	08/09/2016	emails re press release V1, AHD DoH	1	Part grant	S37(1)	Disclosure of personal information prevented
24	08/09/2016	emails, TC, FD (DoH), CFO HSE re draft Winter Initiative	5	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented
25	08/09/2016	Draft letter, TC-CFO HSE, + emails	3	Part grant	S37(1)	Disclosure of personal information prevented
26	08/09/2016	emails re final WI meeting, DoH	4	Part grant	S37(1)	Disclosure of personal information prevented
27	09/09/2016	FM, FD DoH emails + draft press release 9.29am	3	Part grant	S37(1)	Disclosure of personal information prevented
28	09/09/2016	emails + Note for D/Taoiseach on Trolleys	5	Part grant	S37(1)	Disclosure of personal information prevented
29	09/09/2016	RTE News at One discussion of WI; email	1	Part grant	S37(1)	Disclosure of personal information prevented
30	09/09/2016	email + draft press release, 10.36 am	2	Part grant	S37(1)	Disclosure of personal information prevented
31	09/09/2016	email + draft press release, 11.12 am	2	Part grant	S37(1)	Disclosure of personal information prevented
32	09/09/2016	emails + draft letter to T O'B	2	Part grant	S37(1)	Disclosure of personal information prevented
33	09/09/2016	draft letter, Minister to T O'B + appendix	3	Refused	S37(1)	Disclosure of personal information prevented
34	09/09/2016	Draft Press Releases, DoH	4	Grant		
35	09/09/2016	PH/DS HSE emails-TC	4	Part grant	S37(1)	Disclosure of personal information prevented
36	09/09/2016	Emails, letter of approval, WI press release	3	Part grant	S37(1)	Disclosure of personal information prevented
37	09/09/2016	Letter of approval + emails, DO'C, TC	2	Part grant	S37(1)	Disclosure of personal information prevented
38	09/09/2016	HSE WI final submission emails	5	Part grant	S37(1)	Disclosure of personal information prevented
39	09/09/2016	emails + Draft HSE press release on WI	4	Part grant	S37(1)	Disclosure of personal information prevented
40	09/09/2016	Final Press Release, DoH	1	Grant		
41	09/09/2016	Final WI delivery table	14	Part Grant	S36(1)(c)	Disclosure of commercially sensitive information prevented
42	08/09/2016	Additional emails and tables	7	Part grant	S36(1)(c), S37(1)	Disclosure of commercially sensitive information prevented. Disclosure of personal information prevented



Fw: Winter Initiative 2016-2017
Tracey Conroy to Marita Kinsella
Cc: Fiona Mansergh

29/08/2016 14:53

for info and file

----- Forwarded by Tracey Conroy/SLAINTE on 29/08/2016 14:53 -----

From: Fergal Goodman/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE
Cc: Frances Spillane/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE
Date: 26/08/2016 18:30
Subject: Re: Winter Initiative 2016-2017

Tracey

In bold are suggested revisions to text - nothing major.

Fergal

Primary Care measures:

- In terms of CITs funded under the Winter Initiative, it is essential that there is an appreciable and measurable impact for this winter period in supporting delayed discharges or achieving demonstrable hospital avoidance. Consequently, the focus should be on: a) **establishing new CITs in areas where they can support certain hospitals with greatest need (e.g. South Tipperary and Mullingar)** and b) **expanding the capacity of existing CIT services where this will support the core objectives in respect of reducing delayed discharges and hospital avoidance.** Such developments would need to be such as to be capable of achieving high levels of activity in time for the winter period.
- Funding aids and appliances, a Weekend Discharge Initiative and community nursing initiatives should be measurable in the context of this Initiative and be **demonstrably** directed towards supporting delayed discharges and the needs of frail elderly.

Fergal Goodman
Assistant Secretary
Primary Care Division
Department of Health
Dublin
D02 VW90



I am a designated public official under the Regulation of Lobbying Act 2015.

Tracey Conroy | Fergal, Frances, Greg See attached draft email to... | 26/08/2016 18:00:31

From: Tracey Conroy/SLAINTE
To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE
Date: 26/08/2016 18:00
Subject: Winter Initiative 2016-2017



Fw: Winter Initiative 2016-2017
Tracey Conroy to: Marita Kinsella.
Cc: Fiona Mansergh

29/08/2016 14:38

History: This message has been replied to.

For info and file.

----- Forwarded by Tracey Conroy/SLAINTE on 29/08/2016 14:38 -----

From: Greg Dempsey/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE
Cc: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE
Date: 29/08/2016 09:55
Subject: Re: Winter Initiative 2016-2017

Tracey,

After taking account of the 10m ringfenced, we are left with 30m to spend in 2016. However, we have to assume that we will only get 30m in 2017, so we need to ensure that the 30m this year is spent in such a way as to only have a full year impact in 2017 of 30m.

On this basis, given where we are in the year, I'd suggest that we work out the level of recurring spending we can do in 2016 which will have a FYI of 30 in 2017, and use the balance for one off expenditure (appliances)

The same logic should be considered for the 10m

Therefore, the suggested wording might be :

"With regard to funding available for the Winter Initiative, the full year allocation in 2017 for the Winter Initiative is €30 million, with an additional €10 million ring-fenced for home care packages. Based on the numbers published in the Mid Year Expenditure Report, the full amount of 40m has entered the base. What this means is that we need to ensure that the spending this year is structured in such a manner as to limit the full year impact in 2017 to 40m.

On this basis, and given that we are at the end of August, it would seem appropriate that "recurring" sending would be in the region of 13 (being 4/12 of 40) with the remaining 27m used for on off / non recurring expenditure"

Frances - we have spoken about the 10m previously. There is some ambiguity about whether it is available to provide further additional hours/ services, or that it has already been "spent / earmarked" to provide a higher level of service than 2015. If the latter, than it may be that the full ten spent in 2016 would only have a full year impact of 10 in 2017

G

Greg Dempsey
Department of Health
Ph. [REDACTED]
Mob. [REDACTED]
Eircode: DO2 VW90

Tracey Conroy

Fergal, Frances, Greg See attached draft email to...

26/08/2016 18:00:31

From: Tracey Conroy/SLAINTE
To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Greg



Fw: Winter Initiative 2016-2017 - Urgent

Tracey Conroy to: Marita Kinsella

Cc: Fiona Mansergh

29/08/2016 14:38

For info and file.

----- Forwarded by Tracey Conroy/SLAINTE on 29/08/2016 14:38 -----

From: Frances Spillane/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE
Cc: Fergal Goodman/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Barry Murphy
Date: 29/08/2016 09:25
Subject: Re: Winter Initiative 2016-2017 - Urgent

Tracey

I'm happy with your draft. I've just one query please about the reference to the amount of funding available.

" In terms of 2016, it would seem advisable to allocate one third of the full year cost (approx €13m) of the Winter Initiative for the final four months of 2016. "

In their submission of 6th July on Table 6, Summary of Proposals by Division, the HSE had divided their proposals so that there was a total of €19.5m in 2016 with a full year cost of €30m in 2017. I had thought because there are only four months now left we would be talking roughly about €20m once off and €10m recurring in terms of the their revised proposals. Is this correct? There is scope to use once off funding on transitional beds.

Do we need to be clearer about the division between once off and recurring? eg Pat Healy was referring to a full year cost of €8m for additional home care packages.

Frances

Frances Spillane
Assistant Secretary
Department of Health
Hawkins House
Dublin
D02VW90

Ph: 01 [REDACTED]

(Designated Public Official under the Regulation of Lobbying Act 2015)

Tracey Conroy | Fergal, Frances, Greg See attached draft email to... | 26/08/2016 18:00:32

From: Tracey Conroy/SLAINTE
To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE
Date: 26/08/2016 18:00
Subject: Winter Initiative 2016-2017

Fergal, Frances, Greg

See attached draft email to Pat Healy, as a follow up to yesterday's meeting on the Winter Initiative. Grateful for any obs in advance of issuing.

Thanks

Date: Dempsey/SLAINTE@SLAINTE
26/08/2016 18:00
Subject: Winter Initiative 2016-2017

Fergal, Frances, Greg

See attached draft email to Pat Healy, as a follow up to yesterday's meeting on the Winter Initiative. Grateful for any obs in advance of issuing.

Thanks

Tracey

Pat

Many thanks to you and HSE colleagues for our very useful meeting yesterday to progress development of the Winter Initiative 2016-2017

As you are aware, the Minister wishes to be in a position to announce the Initiative at the ED Taskforce meeting on 6 September. In order to assist the HSE in submitting a finalised proposal, I thought it would be useful to briefly set out the key actions agreed.

As discussed with the Minister yesterday, a central focus of the Winter Initiative must be on supporting egress from acute hospitals and reducing delayed discharges during the coming winter period. The Initiative should also support hospital avoidance and patient flow measures.

The HSE proposal should be re-balanced to ensure that all measures funded under the Initiative are able to deliver clear results and impact, within the timeframe of the Initiative, to: reduce delayed discharges; demonstrate measurable hospital avoidance; and ensure effective patient flow through hospitals. Other strategic and longer term initiatives contained in the original HSE Winter Initiative proposal should be progressed in context of the Estimates and National Service Planning process.

With regard to funding available for the Winter Initiative, the full year allocation in 2017 for the Winter Initiative is €30 million, with an additional €10 million ring-fenced for home care packages. In terms of 2016, it would seem advisable to allocate one third of the full year cost (approx €13m) of the Winter Initiative for the final four months of 2016.

In summary, the key outcomes of the meeting were as follows:

Social Care measures:

- Measures need to support a reduction in delayed discharges to a target less than 500 to be agreed with the Department and to be maintained at this level in 2017.
- HSE to consider the greater use of transitional care for the forthcoming winter period, managed by means of a centralised process.
- In terms of complex care, a focus will be placed in the Initiative on addressing patient needs particularly for smaller hospitals.

Primary Care measures:

- In terms of CITs funded under the Winter Initiative, it is essential that there is an appreciable and measurable impact for this winter period in supporting delayed discharges or achieving demonstrable hospital avoidance. Consequently, the focus should be on: a) CITs in areas where they can support certain hospitals with greatest need (eg South Tipperary and Mullingar) and b) widening the current existing CIT services.
- Funding aids and appliances, a Weekend Discharge Initiative and community nursing initiatives

should be measurable in the context of this Initiative and be directed towards supporting delayed discharges and the needs of frail elderly.

Acute Hospitals measures:

- Additional new bed capacity in Tullamore, Waterford, Naas and potentially Beaumont is being considered but this must be subject to an absolute assurance that beds can be opened, staffed and operational by the beginning of November.
- Patient flow measures will be considered such as ensuring presence of senior clinical decision-makers and/or registrars in some smaller hospitals overnight and on weekends.
- Frail elderly pathways to be prioritised as a patient flow measure, particularly to address the numbers of patients over 75s waiting for more than 24 hours on trolleys, particularly for those hospitals with the highest numbers of breaches. Clear specific deliverables to be set out.
- Minor injury units at Dublin and possibly Mullingar will be considered, subject to them being able to demonstrate measurable hospital avoidance.
- SDU to prioritise a number of initiatives that it considers could result in the greatest impact in terms of ED pressures in the eight/ten target hospitals.

Health and wellbeing measures:

- The need to achieve higher vaccination coverage particularly amongst healthcare workers was noted and it was acknowledged that communications is key in addressing this. HSE to reconsider the allocation of funding under the Winter Initiative.

Frail Elderly and Integrated Care Programme for Older Persons

- Greater clarity required on the specific deliverables and outcomes for the funding sought under the draft proposal and the timeframe within which they will be delivered.

I have attached a slightly updated version of the Winter Initiative Deliverables table which issued as a part of the Department's detailed commentary of 11 August. I'd be grateful if you could ensure that this is completed no later than Friday 2nd September in advance of our meeting on Monday 5th September at 2.00pm. Importantly, in column B of the Table, the HSE should set out discrete targets and deliverables for each measure to be funded under the Initiative and in column C, the expected impact in terms of the core objectives of the Initiative to reduce delayed discharges, demonstrate hospital avoidance and improve patient flow through hospitals.

Regards

Tracey

[attachment "160826_DRAFT WINTER INITIATIVE 2016-2017.docx" deleted by Greg Dempsey/SLAINTE]

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

Re: Fw: Urgent: Winter Initiative 2016-2017

Rhona Gaynor to: Marita Kinsella

30/08/2016 09:20

Cc: Fiona Conroy, Fiona Mansergh

History: This message has been replied to.

Hi Marita -

Of course - that would be very helpful for us too. Would 2.30 suit?

Rhona

Rhona Gaynor

Policy, Strategy and Integration Unit

Room 4.37 Department of Health | Hawkins House | Dublin | D02 VW90 | Ireland

T: [REDACTED] | E: [REDACTED]

When we go through a tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

Marita Kinsella

Hi Rhona and Fiona, If you are free tomorrow, I'd...

29/08/2016 19:10:46

From: Marita Kinsella/SLAINTE
To: Rhona Gaynor/SLAINTE@SLAINTE, Fiona Conroy/SLAINTE@SLAINTE
Cc: Fiona Mansergh/SLAINTE@SLAINTE
Date: 29/08/2016 19:10
Subject: Fw: Urgent: Winter Initiative 2016-2017

Hi Rhona and Fiona,

If you are free tomorrow, I'd appreciate the opportunity to update you on where we are with the Winter Initiative proposal from the HSE.

You might let me know if there is a time that would suit for me to give you a call?


Thanks

Marita

----- Forwarded by Marita Kinsella/SLAINTE on 29/08/2016 19:06 -----

From: Tracey Conroy/SLAINTE
To: socialca[REDACTED]
Cc: Marita Kinsella/SLAINTE@Slainte, Fiona Mansergh/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Barry Murphy/SLAINTE@SLAINTE, Patricia Lee/SLAINTE@SLAINTE, Fergal Goodman/SLAINTE@SLAINTE, Michael Burke/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE, Louise Carrigan/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Michael Smith/SLAINTE@SLAINTE, Older People Social Care (Michael Fitzgerald) [REDACTED] ANGELA FITZGERALD [REDACTED], Primary Care [REDACTED] Regan/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE
Date: 29/08/2016 10:06



Re: Fw: Urgent: Winter Initiative 2016-2017 
Marita Kinsella to: Rhona Gaynor
Cc: Fiona Conroy, Fiona Mansergh

30/08/2016 09:24

Thanks Rhona,

I'm due to have our Apres MAC at 2.30. Would 3.30pm suit you? We shouldn't be very long, I just wanted to feed back to you on progress before I go on leave.

Rgds

Marita

Rhona Gaynor | Hi Marita - Of course - that would be very helpful f...

30/08/2016 09:20:52

From: Rhona Gaynor/SLAINTE
To: Marita Kinsella/SLAINTE@Slainte
Cc: Fiona Conroy/SLAINTE@SLAINTE, Fiona Mansergh/SLAINTE@SLAINTE
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Rhona Gaynor
Policy, Strategy and Integration Unit

Room 4.37 Department of Health | Hawkins House | Dublin | D02 VW90 | Ireland
T: 

When we go through a tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

Marita Kinsella | Hi Rhona and Fiona, If you are free tomorrow, I'd...

29/08/2016 19:10:46

Re: Fw: Urgent: Winter Initiative 2016-2017 
Rhona Gaynor to: Marita Kinsella
Cc: Fiona Conroy, Fiona Mansergh

30/08/2016 09:26

How about 2 or 2.15? I'm in with Min MacEntee at 3.15.

R

Rhona Gaynor
Policy, Strategy and Integration Unit

Room 4.37 Department of Health | Hawkins House | Dublin | D02 VW90 | Ireland

T: 

When we go through a tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

Marita Kinsella | Thanks Rhona, I'm due to have our Apres MAC a... | 30/08/2016 09:24:34

From: Marita Kinsella/SLAINTE
To: Rhona Gaynor/SLAINTE@SLAINTE
Cc: Fiona Conroy/SLAINTE@SLAINTE, Fiona Mansergh/SLAINTE@SLAINTE
Date: 30/08/2016 09:24
Subject: Re: Fw: Urgent: Winter Initiative 2016-2017

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Marita

Rhona Gaynor | Hi Marita - Of course - that would be very helpful f... | 30/08/2016 09:20:52
Marita Kinsella | Hi Rhona and Fiona, If you are free tomorrow, I'd... | 29/08/2016 19:10:46



Fw: Urgent: Winter Initiative 2016-2017

Tracey Conroy to: ainem.carroll, stephanie.okeeffe
Marita Kinsella, Fiona Mansergh, Frances Spillane, Barry
Cc: Murphy, Patricia Lee, Fergal Goodman, Michael Burke, Greg
Dempsey, Fiona Prendergast, Louise Carrigan, Tony Holohan,

30/08/2016 10:09

Aine, Stephanie

See attached actions agreed at a meeting last Thursday on the draft winter initiative proposal (apologies, I meant to copy you both yesterday).

You will also be aware of the Department's detailed commentary of 11 August last on the HSE's draft proposal.

I know that Pat intends to liaise with you both on the HSE's final submission, to be submitted to the Department this Friday 2 September in advance of our meeting in the Department next Monday 5 September at 2pm.

Regards

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 30/08/2016 09:58 -----

From: Tracey Conroy/SLAINTE
To: [REDACTED]
Cc: Marita Kinsella/SLAINTE@Slainte, Fiona Mansergh/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Barry Murphy/SLAINTE@SLAINTE, Patricia Lee/SLAINTE@SLAINTE, Fergal Goodman/SLAINTE@SLAINTE, Michael Burke/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE, Louise Carrigan/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Michael Smith/SLAINTE@SLAINTE, Older People Social Care (Michael Fitzgerald) [REDACTED] ANGELA FITZGERALD [REDACTED], Primary Care [REDACTED] Regan/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE
Date: 29/08/2016 10:06
Subject: Urgent: Winter Initiative 2016-2017

Pat

Many thanks to you and HSE colleagues for our very useful meeting last Thursday to progress development of the Winter Initiative 2016-2017

As you are aware, the Minister wishes to be in a position to announce the Initiative at the ED Taskforce meeting on 6 September. In order to assist the HSE in submitting a finalised proposal, I thought it would be useful to briefly set out the key actions agreed.

As discussed with the Minister last Thursday, a central focus of the Winter Initiative must be on supporting egress from acute hospitals and reducing delayed discharges during the coming winter period. The Initiative should also support hospital avoidance and patient flow measures.

Consequently the HSE proposal should be re-balanced to ensure that all measures funded under the Initiative are able to deliver clear results and impact, within the timeframe of the Initiative, to: reduce delayed discharges; demonstrate measurable hospital avoidance; and ensure effective patient flow



Fw: Winter Initiative
Marita Kinsella to: Fiona Mansergh

31/08/2016 09:08

Hi Fiona,

Apologies, I couldnt get to call Colette yesterday, would you follow up with her re the Winter Initiative?

Thanks

Marita

(last email I promise!)

----- Forwarded by Marita Kinsella/SLAINTE on 31/08/2016 09:07 -----

From: Colette Bonner/SLAINTE
To: Marita Kinsella/SLAINTE@Slainte
Date: 30/08/2016 12:20
Subject: Winter Initiative

Dear Marita, Could i have a quick chat re the funding . Many Thanks Colette

Dr Colette Bonner
Deputy C.M.O
Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]
MCRN03159



Re: Fw: Winter Initiative
Fiona Mansergh to: Marita Kinsella

31/08/2016 10:01

Hi Marita

Done; talked with her on the phone. Sorted for now (she wanted more info on the flu vaccine for staff proposal). She should be able to make it to the meeting on Monday.

Cheers

f

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: (01) [REDACTED]

email: [REDACTED]

Marita Kinsella

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31/08/2016 09:08:20

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To: Fiona Mansergh/SLAINTE@SLAINTE
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Subject: Winter Initiative

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Dr Colette Bonner
Deputy C.M.O
Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]
MCRN03159

4



Winter Initiative - Clonmel

Marita Kinsella

to:

Marita_Kinsella

31/08/2016 09:10

Hide Details

From: Marita Kinsella [REDACTED]

To: [REDACTED]

History: This message has been forwarded.

Hi Tracey,

As promised, draft email to Pat Healy re Clonmel for your consideration.

Thanks

Marita

Dear Pat,

Further to the Proposal for a Winter Initiative and the Department's comments sent on 12 August, as you know the Minister is particularly keen to see that South Tipperary General Hospital is supported in terms of step-down bed capacity, in order to alleviate pressures at the Hospital.

Following on from our meeting last week and my email on Monday, it is important that opportunities are availed of in the context of the Winter Initiative to support STGH during the forthcoming winter period. As my email on Monday clarified in relation to 2016 funding, €27m can be utilised to support initiatives which result in once-off non-recurring expenditure. On that basis, the HSE should give consideration to utilising a portion of this once-off funding to run a once-off pilot project of temporary step-down patient accommodation (eg a type of patient hotel arrangement) at Clonmel Hospital for a defined time-period over the coming winter. I'd ask that the HSE give consideration to the feasibility, costs and timelines for implementation of such a pilot project in the context of the Winter Initiative and revert back to the Department.

Many thanks



Winter Initiative 2016-2017 - (i) South Tipperary and (ii) Cappagh

Tracey Conroy to: liam.woods, socialcare

31/08/2016 19:45

Cc: ANGELA FITZGERALD, Grace Rothwell, Joan Regan, Marita Kinsella, Fiona Mansergh

Liam, Pat

(i) South Tipperary Hospital

The Minister has indicated that he is keen for the HSE to pilot a patient hotel type solution to capacity difficulties at South Tipperary General Hospital, as part of the 2016/2017 Winter Initiative. I envisage that the pilot would be for a set period say 15 - 20 weeks and expenditure would be incurred on a once off basis. Such a pilot would test the concept of patient hotels and learning from it could inform our position as to whether such patient accommodation is workable and acceptable in an Irish context.

I would be grateful if you could examine this issue as a matter of urgency please. I appreciate that it will be necessary to undertake a procurement process and bottom out any planning implications, but if at all possible I would like to see this pilot included in this year's Winter Initiative.

(ii) Cappagh Hospital

The Minister has also asked that consideration be given to providing funding under the Winter Initiative to Cappagh Hospital on a once-off basis in 2016, with ongoing funding to be sought in the context of the Estimates process.

Happy to discuss further.

Regards

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 31/08/2016 17:40 -----

From: Tracey Conroy/SLAINTE
To: socialcare@hse.ie
Cc: Marita Kinsella/SLAINTE@SLAINTE, Fiona Mansergh/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Barry Murphy/SLAINTE@SLAINTE, Patricia Lee/SLAINTE@SLAINTE, Fergal Goodman/SLAINTE@SLAINTE, Michael Burke/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE, Louise Carrigan/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Michael Smith/SLAINTE@SLAINTE, Older People Social Care (Michael Fitzgerald) <olderpeople.socialcare@hse.ie>, liam.woods@hse.ie, ANGELA FITZGERALD <angela.fitzgerald@hse.ie>, Primary Care <primarycare@hse.ie>, Joan Regan/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE
Date: 29/08/2016 10:06
Subject: Urgent: Winter Initiative 2016-2017

6

Fw: Urgent: Winter Initiative 2016-2017

Tracey Conroy

to:

Muiris O'Connor

31/08/2016 21:55

Cc:

Kevin Conlon, M Joyce, Fiona Mansergh, Marita Kinsella

Hide Details

From: Tracey Conroy/SLAINTE@WEBMAIL

To: Muiris O'Connor/SLAINTE@SLAINTE

Cc: Kevin Conlon/SLAINTE@SLAINTE, M Joyce/SLAINTE@SLAINTE, Fiona Mansergh/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@Slainte

1 Attachment



160826_DRAFT WINTER INITIATIVE 2016-2017.docx

Hi Muiris

Previous email re CIO's proposal to address waiting lists refers. See attached on the Winter Initiative 2016/2017, just for info and context.

Regards

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

-----Forwarded by Tracey Conroy/SLAINTE on 08/31/2016 09:52PM -----

To: socialcare@hse.ie

From: Tracey Conroy/SLAINTE

Date: 08/29/2016 10:06AM

Cc: Marita Kinsella/SLAINTE@Slainte, Fiona Mansergh/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Barry Murphy/SLAINTE@SLAINTE, Patricia Lee/SLAINTE@SLAINTE, Fergal Goodman/SLAINTE@SLAINTE, Michael Burke/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE, Louise Carrigan/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Michael Smith/SLAINTE@SLAINTE, Older People Social Care (Michael Fitzgerald) <olderpeople.socialcare@hse.ie>, liam.woods@hse.ie, ANGELA FITZGERALD <angela.fitzgerald@hse.ie>, Primary Care <primarycare@hse.ie>, Joan Regan/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE
Subject: Urgent: Winter Initiative 2016-2017

Pat

Many thanks to you and HSE colleagues for our very useful meeting last Thursday to progress development of the Winter Initiative 2016-2017

As you are aware, the Minister wishes to be in a position to announce the Initiative at the ED Taskforce meeting on **6 September**. In order to assist the HSE in submitting a finalised proposal, I thought it would be useful to briefly set out the key actions agreed.

DRAFT WINTER INITIATIVE 2016-2017

The Winter Initiative Proposal needs to set out clear, specific and time-bound deliverables and outcomes across all of the measures proposed under the Initiative. In order to structure the Proposal to ensure that there is adequate clarity on the targets and deliverables of the Initiative, the following table should be completed by the HSE. This table will form the basis of the monthly reporting on progress against the deliverables and the overall outcome measures of the Initiative. The specific deliverables, outcome measures and reporting format must be agreed with the Department.

A	B	C	D	E	F	G	H	I
No.	Deliverable: Expected Activity / Target to be specified by the HSE	Expected Impact of Measure	Actions to deliver on activity / target	2016 cost	2017 Full-year cost	Timescale for delivery	Progress on target achievement	Comment
Overall Initiative Outcome Measures								
1.	Delayed Discharges - Reduce delayed discharges to less than [500]					End Q4 2016 and maintained thereafter		HSE target – not challenging enough
2.	Patient Experience Times: 100% compliance with maximum 9 hour PEI for patients 75 years and over					End Q4 2016 and maintained thereafter		HSE measure
3.	Patient Experience Times: 100% compliance with maximum 24 hour PET for all patients					End Q4 2016 and maintained thereafter		HSE measure
4.	Patient Experience Times: [73% to 68%+5%↑] of all ED attendees discharged or admitted within 6 hours of registration					End Q4 2016 and maintained thereafter		Suggested target (DoH)
Frail Elderly and Integrated Care Programme for Older Persons Outcome Measures								
5.	To ensure that all over 85s are provided with a pathway of care either as an alternative to hospital admission or through the ED in a timely manner							HSE target – not specific enough and not measurable

A	B	C	D	E	F	G	H	I
No.	Deliverable: Expected Activity / Target to be specified by the HSE	Expected Impact of Measure	Actions to deliver on activity / target	2016 cost	2017 Full-year cost	Timescale for delivery	Progress on target achievement	Comment
	should they require admission and that they are a priority group for discharge support							
6.	Integrated Care Programme: [targets, deliverables and delivery timeframes for delivery to be specified]							
7.	Frail Older Persons Pathway: [targets, deliverables and delivery timeframes for implementation in acute hospitals to be specified (eg which hospitals prioritised for implementation and by when)]							
8.	Primary care measures to support hospital avoidance by frail elderly: [target, deliverables and timeframes to be specified]							
Primary Care Outcomes Measures								
9.	Expansion of CITs: [targets, deliverables and timeframes to be specified (eg which CITs prioritised, delivered by when, targets for patient categories using CITs: hospital avoidance, discharge, other services eg infusion / OPAT)]							
10.	Aids and appliances to support discharges into the community: [targets, deliverables and timeframes to be specified (eg target number of aids / appliances to be made available under							

A	B	C	D	E	F	G	H	I
No.	Deliverable: Expected Activity / Target to be specified by the HSE	Expected Impact of Measure	Actions to deliver on activity / target	2016 cost	2017 Full-year cost	Timescale for delivery	Progress on target achievement	Comment
	Initiative and target numbers of patients that availed of initiative, focus on stated patient groups and manage supports]]							
11.	Weekend discharge Initiative: [targets, deliverables and timeframes to be specified (eg target number of weekend discharges to be facilitated under Initiative]]							
12.	Community nursing Initiative: [targets, deliverables and timeframes to progress community nursing support of chronic illness]							
Social Care Outcome Measures								
13.	Homecare packages: delivery of- <ul style="list-style-type: none"> ▪ [10.5M hours of home help (↑of 143,500) ▪ 15,600 HCPs (↑of 150) ▪ 525 additional HCPs] 							
14.	Transitional care: delivery of- <ul style="list-style-type: none"> ▪ [152 approvals per week ▪ 436 beds in payment weekly] 							
15.	Re-ablement Team: [target, deliverables and timeframes to be specified (eg when Beaumont, OLOL and Waterford will be delivered and target numbers of patients availing of service per team within specified timeframe)]							

A	B	C	D	E	F	G	H	I
No.	Deliverable: Expected Activity / Target to be specified by the HSE	Expected Impact of Measure	Actions to deliver on activity / target	2016 cost	2017 Full-year cost	Timescale for delivery	Progress on target achievement	Comment
16.	Complex care: [delivery of target number of patient discharges to be specified]							Higher targets to be set
Acute Hospitals Outcome Measures								
17.	Bed capacity: [target number of beds to be opened, location of beds, target date for opening of beds to be specified, confirmation that beds and staffing can be in place by November]							
18.	Patient flow: [deliverables to be specified (eg hospitals in which specific measures will be implemented and target dates for implementation)]							
19.	Minor injuries service: [deliverables to be specified (eg target date for opening of Galway Clinic / expansion of Smithfield clinic, localities to be covered, target nos. of patients to be treated at clinics)]							
20.	SDU prioritised capacity initiatives: [deliverables need to be specified (eg. specific initiatives that will be delivered under the Initiative, projected impact, rationale for prioritisation and the target date for operationalising the initiative).]							Reporting is also required on initiatives approved under the "bid process" in terms of

A	B	C	D	E	F	G	H	I
No.	Deliverable: Expected Activity / Target to be specified by the HSE	Expected Impact of Measure	Actions to deliver on activity / target	2016 cost	2017 Full-year cost	Timescale for delivery	Progress on target achievement	Comment
	those bids determined to be successful and the target date of delivery of the initiative.							
Health & Wellbeing Outcome Measures								
21.	influenza vaccination: [deliverable to be specified which sets out the increased uptake of influenza vaccination by key healthcare workers to be achieved over and above existing vaccination rate]							
22.	influenza vaccination: [deliverable to be specified which sets out the increased uptake of influenza vaccination by "at risk" patients to be achieved over and above existing vaccination rate]							

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Winter Initiative

Fiona Mansergh to: Older People Social Care (Michael Fitzgerald)

01/09/2016 16:03

Cc: Marita Kinsella

Hi Michael

Apologies for bothering you. Marita is on leave and has asked me to check with you as to the progress of the Winter Initiative Spreadsheet?

Just checking (as I'm organising facilities/material for the meeting on Monday); would be most grateful if the spreadsheet will be available by c.o.b, such that we can circulate to proposed attendees?

Kind regards

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*



Winter Plan 2016/2017 –Draft 2nd September 2016 to be approved by DG HSE

Introduction

Following on from the HSE submission of July 6th 2016, and the subsequent response from DOH of 11th August, the attached provides the detail requested in relation to the measures to achieve the Targeted outcomes for Delayed Discharge and ED performance. As referenced previously, the Divisions have worked together to agree the components of the plan, in relation to the targets and associated spending requirements so as to maximise the value and gain most impact to improve and sustain the position over the period concerned. While some initiatives will have an ongoing effect in supporting activity, there are targeted initiatives outlined which can only be sustained financially for the period 1st Oct 2016 to end of Feb 2017. The continuation of these measures will be the subject of discussion as part of the Estimates process this year.

A key component of the plan in achieving better outcomes in ED throughput relates to a reduction in Delayed Discharges. The Appendix 1 outlines in detail the proposals and the projected results by way of reductions in Delayed Discharges by hospital and with a particular emphasis on hospitals where analysis shows there are specific issues relating to patient flow, caused by Delayed Discharge issues.

The analysis is based on the experience and knowledge of the Divisions to date, but there are risks to the outcomes that may impact on achieving the detailed measures. These would include increases in presentations beyond those anticipated, particularly in the older person's higher age groups. Similarly other influencing factors will relate to illness, (influenza), in the population, impact of weather conditions etc.

Acute Hospital Division

The 2016 Winter Capacity funding, combined with targeted initiatives for Social Care for NHSS, transitional care beds and home care delivered sustained reductions in the numbers waiting on trolleys up to 20% in 2016. These initiatives are currently delivering a reduction of 12% (30 DMA). despite the increase of 8 % in attendances to end July 2017 and with 620 average Delayed Discharges presently.

It is agreed by the Divisions that the priority this winter is to ;

- Maintain the additional 301 acute hospital beds open from a staffing and funding perspective
- Build on the process and internal control improvements delivered in 2016 under the ED Taskforce and oversight by SDU
- Support targeted Acute bed capacity initiatives in the most challenged sites

From the perspective of the Acute Hospital Division, the protection of Home Care and other community based resources is important to maintain a steady state in the hospital system.

Acute Hospital Beds

For Winter 2016/2017, 9 focus sites have been identified where there are particular challenges in relation to ED performance. (A number of other hospitals require support to improve on Delayed Discharges.) The 9 sites with ED challenges are as follows:-

- OLOL
- Beaumont
- Waterford
- Kilkenny
- CUH
- Clonmel
- Limerick
- Galway
- Mullingar

The 301 beds opened in 2017 included a number of beds in the focus sites - OLOL, CUH, Limerick, Galway, Kilkenny

In 2016, 66 additional beds are proposed in Naas, Tullamore, Waterford, Beaumont and the Mercy hospitals. In addition options are being explored to increase capacity at South Tipperary for this winter and a provision of ██████████ full year revenue is included in the plan for this purpose.

The "hotel" option in South Tipperary, which would include a managed service for staffing is being actively explored in terms of the requirements for procurement, planning, fire certification and engagement with representative bodies. Given the prescribed timeframes for a number of these processes, other options are also being examined with the hospital group including the fitting out of a shelled area in the new modular build for the CT/ MRI area to ensure that additional capacity is provided this winter.

It is expected that this additional capacity combined with the targeted supports for HCP, transitional care and CIT should enable the agreed targets for ED to be met in these sites.

Targets

The elimination of 24 hour breaches, based on PET for all patients. The current performance is 98% which represents an improvement of almost 3 % compared with 2015. There has been a sustained reduction in the total number of 24 hour PET breaches of the order of 50 % since 2015. On the basis that

- the Social Care supports are funded to meet the weekly requirements for hospitals, / current activity levels
- the additional bed capacity is fully operational it is expected to achieve 100% compliance with
 - the requirement for zero over 24 hours
 - The elimination of 9 hour breaches for over 75 s.
- There has been a sustained reduction in the proportion of patients over 75 years that breach 9 hours. It is expected that the combined additional supports in the Acute, Primary and Social Care Divisions will result in elimination of such breaches.
- The appointment of the ADONs to ED with responsibility for patient flow will have a pivotal role in driving compliance with the 24 and 9 hour targets

Trolleygar performance

It is expected that all hospitals will operate within the 8 am thresholds set by SDU for trolleys.

Expansion of Minor Injuries service on a city- wide basis

In January 2016, the then Minister asked that the Minor Injury Service at Smithfield be extended to patients in Beaumont's catchment area. As a result of targeting of GPs in North Dublin, the service is available to this patient cohort and it has resulted in 10 % increase in patient attendances . It is felt that if the service was promoted on a city wide basis as part a Winter Campaign about accessing the relevant service, it would alleviate congestion in EDs and offer an excellent and fast service to patients. It is proposed that the Mater clinicians would provide follow up at trauma clinics for those patients that require further review. For the very small percentage that may require admission (less than 1%) they would be admitted to the Mater. The option of repatriating patients to their catchment hospital was considered but it was felt that a simple and unified clinical governance model was preferable.

Orthopaedic waiting Lists

It is proposed to use 7 m funding from the Winter monies on a once off basis in 2016 to tackle orthopaedic waiting lists as follows

1 . Cappagh Hospital

Cappagh is a regional and national tertiary orthopaedic hospital. Over 50 % of its patients are from outside of the greater Dublin area. In addition, 5 of the 6 Dublin hospitals have joint appointments with Cappagh. Accordingly, by optimising the capacity in Cappagh in 2016, there is potential for Cappagh to achieve full compliance with 15 month target. It has sufficient staffing to open 1 additional theatre and could treat up to 600 patients before year end. Provision of €3m is being made for this purpose.

2. Adolescent Scoliosis in Tallaght

As a result of the consultant at Tallaght with a special interest in scoliosis taking up a new appointment at Crumlin, there is an imperative to address the requirements of those patients still waiting for a scoliosis procedure. It has been confirmed that there are 39 adolescent patients currently waiting .

Cappagh and the Mater have recently employed a locum orthopaedic surgeon who has a specialist interest in paediatric spinal services and can commence work immediately in reviewing the cases with a view to undertaking surgery in either the Mater or Cappagh

The potential to undertake additional cases in the private sector and Beacon has indicated that it now has the capacity to treat these cases. Blackrock Hospital has also got capacity to treat these cases. A provision of [REDACTED] has been made to address these cases.

In consultation with the clinical programme there will be a focus to tackle breaches of 15 months in Waterford and Galway through a combination of public and private capacity. A provision of €2m is being made for this purpose.

As part of these initiatives, it is expected that the remaining patients awaiting clinical review for the 'metal on metal' issue will be seen. There is a potential liability for HSE if these patients are not reviewed and we have been in discussion with the SCA to address the clinical review requirements. Given the significant capacity constraints in orthopaedics, a number of hospitals (Galway, Tallaght and Tullamore) have not reviewed this patient cohort.

Public /Private Hospital Collaboration

A pilot project is to commence this Autumn between Mater Public and Private Hospitals to re-direct respiratory patients from the Mater ED to Mater Private respiratory unit. The unit has capacity to admit 17 patients on a 7 day basis. Based on the results of the pilot we would extend the pilot for 6 months in 2017 to meet peak winter demands

SDU Perspective

The SDU 'Framework for Patient Flow' recognises the interdependent elements that are 'critical to quality' in addressing the main causes of hospital overcrowding. In keeping with the framework the SDU is supportive of the following measures as proposed for winter 2016/2017:

- Maintain critical to quality egress options, i.e. Home Help, Home Care Packages, Transitional Care, LTC etc. It is proposed that the targets reflect the actual demand, i.e. that funding available is reflective of the number and type of egress required per focus hospital per week. In line with this, it is recognised that timely access to aids and appliances must be guaranteed to ensure timely discharge is supported.

Maintain all additional capacity in the acute hospital setting and build on surge capacity for sites that at present are without same. The SDU is supportive of the Acute Hospitals Division proposal in this regard.

A key issue last winter was the unavailability of surge capacity for certain sites, e.g. Waterford, Naas, Clonmel, Tullamore etc.

Implementation of bespoke Patient Pathways per site for older persons and for patients with chronic illness, to promote admission avoidance and facilitate timely discharge. It is proposed that ADoNs for Patient Flow (to be appointed in each site in Q4 this year) are asked with two key initiatives as follows:

To identify frail older persons presenting, ensure that they gain timely access to a senior decision maker and that each patient has a plan of care. This plan should include some or all of the following options: direct admission, referral to AMAU, referral to Rapid Access or Day Hospital, direct access to HH, HCP, TCB, Convalescence etc.

To monitor PET times of patients in Emergency Departments and proactively manage all to ensure no >24hr breaches.

*** This is a cost neutral initiative with ADoNs for Patient Flow to commence in each site in Q4 2016..

Primary Care

The following points are in response to queries raised by DOH to Primary Care proposals in relation to;

- a. Hospital avoidance measures to support frail elderly patients in primary care.
- b. Focusing the resourcing responses under the Winter Plan to the targeted areas with the greatest capacity deficits.
- c. Providing more specific detail in relation to cost, activity projections and timescales for implementation.

(1) Community Intervention Teams:

The proposals for CIT expansion cover priority 1 sites as follows:

- Dublin North (Beaumont Hospital, MMUH)
- Louth/Meath (Our Lady of Lourdes Hospital)
- Galway/ Roscommon (Galway University Hospital)
- South Tipperary (University Hospital Waterford, South Tipperary General Hospital)

The focus of each of the CIT enhancements is on hospital avoidance or early discharge of frail elderly patients.

The detail in relation to the cost, additional activity and the timescale for delivery is outlined in Appendix 1.

(2) Aids and Appliances

The proposal to accelerate funding for aids and appliances will support the Home Care Package initiative. Feedback from CHO areas is indicating waiting lists and waiting times exist for necessary equipment to support Home Care Packages implementation.

Health & Well Being Division

Seasonal Influenza Vaccination Implementation Plan 2016/2017

Background

Seasonal influenza (flu) is a highly infectious viral illness and every year in Ireland 1 in 10 people will get flu during the winter months. Flu may be mild in some people but for many others it can be life-threatening. Those in specific at risk groups are more likely to develop severe complications of and for them flu can be a serious and potentially fatal illness.

Flu vaccine is the only protection against the disease and people in the 'at risk' groups and healthcare workers (HCWs) who work with vulnerable patients need to be vaccinated each year.

In supporting the Winter Plan, it is the intention to Increase Health Care Workers, Flu Vaccine uptake to 30% overall and increase uptake in those aged 65 and over to > 60%. This in turn will decrease the number of elderly attending with Flu -like illness and reduce Hospital Acquired Infections.

Social Care

The July Average of DD figures is 620, of which 120 approximately are categorised as Delayed to go home and are requiring services or Aids and Appliances or housing improvements, accommodation etc. The SDU analysis of the weekly HCP requirements to provide a steady state per hospital per week has been used as the basis of the outlined provision in Appendix 1. across the 10 specific hospitals with individual DD Reductions per hospital of those in the 'Going Home' category. This is to be achieved by Year End, through the constant and steady provision of Home Care and together with the targeting of Aids and Appliances, the outcome to be achieved is to gain an overall reduction in this category by an average of 50 DD.

In the category of those waiting for long stay care, the Social Care Division is supporting hospital discharge through:

- Maintaining the NHSS waiting times at no greater than 4 weeks
- Providing Transitional Care to all hospitals at a rate of 152 approvals per week, consistently throughout the year.

NSP 2016, funded Transitional Care at a level of 109 approvals per week, but the level of demand has been maintained at the 152 and can now be continued to the year end at this level through the provision of the funding €6m.

In addition through the targeting of specific hospitals who have constant high numbers of DDs in this category and by providing higher levels of TCB each week during the period concerned, it is intended that this egress measure would support a shorter time scale to process applications for NHSS or to move patients out of the hospitals concerned while the NHSS is being worked through. Details of the specific hospitals, the target by hospital and the resultant projected outcome reduction totalling 60 DDs by year end, is outlined.

As a once off measure over the period outlined, those DD listed as Delayed due to legal complexity or Ward of Court will also be targeted to move to alternative locations while their legal processes are being worked through. It is likely that these patients will require transitional care for a considerable period of time and also need support both in terms of processing as well as social supports. The net reduction target as a result of this measure is to reduce DD by 10.

Therefore the outcome of the set of measures to be implemented by Social care and supported by hospital avoidance measures including CIT and the provision of Aids and Appliances is to achieve a reduction to 500 DD by year end 2016 and in turn free up capacity from the current position by 120 beds approximately.

Risks to achieving this target are outlined earlier, and in addition the capacity of Home Care providers and private Nursing Homes to have the appropriate staff available, will be an issue particularly in urban areas.

Initiative	Full Year Costs Est	Full Year Target Activity/Threats	2016 Q4 Cost & Timescale	End of 2016 Target Activity / Timescale	2016 only		Date of 2016 Activity / Target	Measurable Outcomes	Commentary on how proposals contribute to improving PFT
					2016 Q4 Cost & Timescale	2016 Q4 Off Costs			
AND									
Tullamore	1,000,000	12 beds in former AMAU. Will be a short stay medical unit.	250,000	12 beds				All initiatives, including reduction in DD's will support achievement	All initiatives will include reduction in DD's will support achievement
Beaumont	850,000	10 beds low dependency/acute step down	212,500	10 beds				All initiatives, including reduction in DD's will support achievement	All initiatives will include reduction in DD's will support achievement
Nass	1,000,000	11 beds and Rapid Access ED (unable to open previously due to staffing constraints)	250,000	11 beds				All initiatives, including reduction in DD's will support achievement	All initiatives will include reduction in DD's will support achievement
Waterford	1,350,000	15 beds - surge capacity	312,500	15 beds				All initiatives, including reduction in DD's will support achievement	All initiatives will include reduction in DD's will support achievement
Mercy	900,000	18 beds previously indicated under WI remained unopened due to staffing constraints	225,000	18 beds				All initiatives, including reduction in DD's will support achievement	All initiatives will include reduction in DD's will support achievement
Minor Injuries				50 patients per week				All initiatives, including reduction in DD's will support achievement	All initiatives will include reduction in DD's will support achievement
Clonmel									
Cappagh/Tallaght Ortho/Scioless (Once off 2016 costs only)							Targeting of additional orthopaedic cases in Cappagh to meet waiting list targets case 2m Targeting Waterford waiting list 2m		
2016 Total						7,000,000			

Initiative	FULL YEAR		2015 only		Measurable Outcomes		
	Full Year Target Activity / Timescale	2016 Q4 Costs €	End of 2016 Target Activity / Timescale	2016 Q4 Costs €	Commentary on how proposal contributes to improving PET	Commentary on how proposal contributes to improving PET	Commentary on how proposal contributes to improving PET
Primary Care							
CIT	Referrals		Referrals				
Galway/Roscommon - GUH	800,000	2718	250,000	515			
South Tipperary - UHW	450,000	1360	125,000	232			
South Tip General Hospital							
Louth/Meath - OLG	500,000	1812	95,000	154			
Dublin North - Beaumont, MNUH	250,000	753	75,000	129			
CIT Total	2,000,000	6,643	545,000	1,030			
Aids & Appliances							
Primary Care Total	2,000,000	6,643	545,000	1,030			
Health & Well Being							
Flu Vaccination Drive	500,000	Increase HCW Flu Vaccine uptake to 30% overall Increase uptake in those aged 65 and over to > 80%	250,000		Decrease number of elderly attending with flu-like illness and reduce Hospital Acquired Infections.	Decrease number of elderly attending with flu-like illness and reduce Hospital Acquired Infections.	Commentary on how proposal contributes to improving PET 75% of all ED attendees discharged or admitted within 6 hours of Registration
H & WB Total	500,000		250,000		Additional Media Incentives/support	Decrease number of elderly attending with flu-like illness and reduce Hospital Acquired Infections.	Reduce numbers attending.

9

Re:
Tracey Conroy
to:
Fiona Mansergh
02/09/2016 08:45
Hide Details
From: Tracey Conroy/SLAINTE
To: Fiona Mansergh/SLAINTE@slainte
Fiona

Thanks. I'm at Min/MAC from 10am. I'll call you after that.

Tracey

Sent from my BlackBerry 10 smartphone.

From: Fiona Mansergh
Sent: Friday, 2 September 2016 08:27
To: Tracey Conroy
Subject: Re:

Hi Tracey

Emailed Michael Fitzgerald yesterday re WI papers; will follow up with PH office as suggested, no reply yet.

Grace and I have a phone call booked for 9.45 re the other; will get back to you thereafter?

Thx f

Sent from my iPhone

On 2 Sep 2016, at 07:45, Tracey Conroy <Tracey_Conroy@health.gov.ie> wrote:

Fiona

Grateful if you could follow up with Grace on the papers for the ED Taskforce - Minister requires the papers today in advance of Tuesday's meeting.

Grateful if you could also follow up with Pat Healy's office on the draft Winter Initiative proposal - required as early as possible today in advance of next Monday's meeting.

Thanks

Tracey

Sent from my BlackBerry 10 smartphone.

1. Ms. T. Conroy, Asst. Sec.
2. Rúnai Aire

Note for the Information of the Minister: Proposed EDTF Workplan, 2nd September 2016

In December 2014, the then Minister for Health, Minister Varadkar, convened the ED Taskforce to provide focus and momentum in dealing with the challenges presented by Emergency Department overcrowding.

Reflecting the wide range of experience and input on the Taskforce, the resulting Action Plan, published in April 2015, presented 87 time-defined recommendations to address ED overcrowding by:

- (i) optimising existing hospital and community capacity;
- (ii) developing internal capability and process improvement;
- (iii) improving leadership, governance, planning and oversight.

Throughout 2015 and into 2016 the ED Taskforce Implementation Group has met on a regular basis to drive implementation of the ED Taskforce Action Plan, as well as to monitor both ED performance and the implementation of coordinated initiatives across Acute Hospitals, Primary and Social Care to address ED overcrowding and winter pressures.

The SDU has submitted a proposed workplan for the Emergency Department Taskforce (EDTF). The recommendations, which are to be reported on, derive from the 87 Priority Actions referred to above; the actions selected have been identified as being of significant importance as per previous discussions with the Minister.

Priority recommendations are supplied in the left hand column; with their current status outlined to the right.

Submitted for the information of the Minister.

Acute Hospitals Policy Unit 1
2 September 2016

Proposed Workplan EDTF September 2016

EDTF Recommendation	Current Status
<p><u>62.</u> Ensure appropriate level of senior clinical decision making in ED. There is a requirement to ensure that there is a senior decision making presence in ED during peak hours with consultant availability on an 8am-8pm basis, subject to resource.</p> <p><u>65.</u> Each hospital to ensure that each on-call admitting Consultant is fulfilling their commitment to respond to ED activity.</p> <ul style="list-style-type: none"> • Daily specialist Consultant ward rounds in acute specialities • Daily handover of admitted patients to the relevant Consultant or Specialty in that hospital • Participation of the on-call team in escalation measures <p>Availability of specialist Consultants to admit, discharge or refer patients to fast-track clinics.</p> <p><u>80.</u> Ensure 7 day ward rounds by senior decision makers are an integral part of the discharge process and task Clinical Directors with oversight of compliance with this requirement. Ensure a mechanism is in place for identification of weekend discharge.</p>	<p>The 'National Escalation Framework' (arising from the Directive as co-signed by the Minister for Health and Director General of the HSE in November 2015) was issued to the system on the 24th of December, 2015. It is designed to support Hospital Groups and Community Health Organisations in ensuring that capacity and patient throughput is appropriately managed at times when there is excessive demand on emergency and acute services.</p> <p>The Framework seeks to ensure that admission, discharge and escalation (surge capacity) procedures are organised in a controlled and planned way that ensures optimal patient care for every patient.</p> <p>The Framework sets out a tiered and incremental suite of actions for implementation as part of a multi-provider response to avoid Emergency Department overcrowding, same includes requirement for a) appropriate level of senior clinical decision making, b) on-call admitting Consultants to respond to ED activity and c) 7 day ward rounds.</p> <p>The Framework also sets out requirements in terms of the role of the 'Special Delivery Unit' (SDU) in terms of both auditing the process leading to FCP, and in undertaking independent reviews in line with the Escalation Directive.</p> <p>To date 24 sites have been assessed, and key actions have been issued to each site with timelines for implementation. Determination of implementation per site will be via unannounced visit by the SDU in Q4 2016.</p>

EDTF Recommendation	Current Status
<p>4. Empower and enable delegated discharge in accordance with national agreements and cross team discharge having regard for consultants' ongoing responsibility for their patient.</p> <p>66. Support and enable enhanced roles for nursing and AHP grades to facilitate patient assessment and discharge. Proposals to be advanced in 2015 with relevant stakeholders.</p> <p>8. Optimise use of the human resource, transfer of duties to other grades / professionals, e.g. delegated discharging, in accordance with HRA.</p>	<p>Arising from the Workplace Relations Commission agreement 4 tasks were identified for task transfer and a verification process was undertaken.</p> <p>Evaluation process to be undertaken in Hospital Groups.</p>
<p>59. Commence discussions with relevant stakeholders including representative bodies to develop the expanded role of nurses in areas of prescribing, iv fluids and antibiotic therapy with the long term care facilities, including the potential for training and / or recruitment of nurse prescribers / ANPs in community to work collaboratively with GPs and OOhrs services.</p>	<p>(Social Care to provide an update pre EDTF on Tuesday next)</p>
<p>55. Set targets for extended use of public CIT model as identified in 2015 NSP Plan to enhance nursing supports to nursing homes and to support ED diversion.</p>	<p>Targets are set in each category of hospital. CIT activity target is to accept 24,000 referrals in 2016, (2015 out-turn 19,000). This is ahead of target, having received 10,989 referrals Jan - May 2016.</p>

EDTF Recommendation	Current Status
<p>57. Establish national campaign aimed at promoting the use of Local Injury Units/Rapid Access Services and G.P. OOH's services for appropriate conditions. Requirement to standardise name and purpose. There is a cultural shift required to get patients in certain areas to utilise alternative services and this should be a focus of any such communication plan.</p>	<p>A national campaign is underway in respect of LIUs. National 'winter' campaign for winter 2016 / 2017 is being progressed by AHD Communications, key message proposed 'choose the right facility / service'.</p>
<p>56. Ambulance service to initiate alternative patient assessment initiative "Hear and Treat" subject to available resource</p>	<p>Job description for Clinical Advisor prepared. Recruitment process for Clinical Advisor (Nurse Based) to commence.</p>
<p>87. Increase coverage of Clinical Nurse Specialist (CNS) and AHPs for chronic disease support to General Practice in the 2016 Service Plan (commenced in 2015)</p>	<p>€9m has been prioritised in 2016 to progress implementation of the Integrated Care Programme Strategy. This funding will be utilised in part to continue with additional recruitment of 48 posts including CNS's, Dieticians, Podiatrists and Respiratory Physiotherapists to support the management of patients with chronic disease in primary care.</p>
<p>21. Target response time will be set for Out of Hours Services and will be monitored as part of the Performance Framework</p>	<p>A review of the GP OOH services is underway and the target response time will be considered as part of the outcome of the review. Individual co-ops are being engaged within relation to the achievement of target response times in the interim.</p>
<p>73. Develop a plan for targeted increase in diagnostic capacity (MRI/CT) to ensure that GP and consultant access is appropriate</p>	<p>4 recent submissions in respect of MRIs have been approved at the National Capital Steering Group subject to funding availability (Wexford, Kilkenny, St. Vincent's & Tullamore)</p>
<p>10 Develop a greater range of services in community settings on a planned basis in the evenings and at weekends subject to resource availability e.g. wound care clinics, IV services, catheterization</p>	<p>The OPAT programme has developed a pathway for the management of cellulitis in the community. A formal GP OOH structure was established in Sligo in February.</p>

Recommendation	Current Status
15. Undertake whole system review of existing winter planning arrangements in terms of timeliness and adequacy	Winter Initiative Plan being finalised, submission date 02.09.16. Next step will be to engage with Hospital Groups and CHOs and task them with documenting their individual winter plans.
37. Align shift of inappropriate day-case workload from Hospitals to Primary Care in the context of NSP priority for 2015 of increasing minor surgery in GP settings	23 GPs in 20 practices across 11 counties are participating in a minor surgery pilot initiative being run in conjunction with the ICGP. Provision of alternative access to primary diagnostic tests with 10 pilots sites live.
47. Extend existing community nursing and AHP staffing requirements to enable effective discharge of patients to the community	There are currently thirteen CITs involved in the programme There is a fast track mechanism in place for approval of aids and appliances to facilitate discharge of patients from acute hospitals.
51. Set specific response times for GP Out of Hours Services for particular patient cohorts and measure compliance with same. Such targets must take account of acuity of patient requirements with particular priority attaching to nursing home patients.	Primary Care QPS review ongoing, as is the GP OOH review.

Speech for Minister Harris at the launch of the Winter Initiative 2016 - 2017.

I think we can all recognise that overcrowding in ED Departments is a manifestation of a much wider set of inter-related challenges within our the health service. It is the front line - it is where we go when there is no other option, when we are at our most vulnerable and frightened. Unfortunately, many who present in Emergency Departments could get their needs meet within the community if the services required were available.

Today, I am happy to announce a comprehensive package of measures under the Winter Initiative 2016 – 2017 costing €30 million. These measures are geared to ensure that this winter our ED Departments are not over crowded, that patients can get the right type of treatment when they need it, that there are alternative options for people within their communities, other than ED Departments. In planning for this Winter, I would like to acknowledge and support the collaborative spirit with which the Directorates of Primary Care, Acute Hospitals, Social Care and Health & Wellbeing have taken as they worked together on the proposals. I think it is a proposal which strikes a balance between hospital avoidance measures, measures to support patient flow through acute hospitals and social care measures.

Overarching Priorities

The overarching priorities for this year are to ensure that the 301 acute hospital beds opened in 2016 remain open. The initiative will also target acute bed capacity

initiatives in the most challenged ED Departments, protect Home Care Packages and other community based services such as Community Intervention Teams (CIT) and build on the process and internal control improvements delivered in 2016 under the ED Taskforce.

Funding Allocations

I think the benefits of Home Care Packages are widely recognised enabling people young and old, to remain at home where they wish to be, with the supports they may need. The provision and access to Home Care Packages will result in the avoidance of hospital admissions; facilitate the discharge of patients returning home; and avoid nursing home admission. This initiative allocates €14.6 million towards extra homecare resources in order to alleviate delayed discharges across the eight target hospitals. In conjunction with this funding, specific funding of €5 million will go to funding of Aids and Appliances targeted at reducing delayed discharges. This will enable patients to return home with the supports they need in place within their environment.

Ireland's uptake for the influenza vaccination rate is below the EU average. An important aspect of health care is prevention and this Initiative aims to dedicate €1m to ensure that key healthcare workers and "at risk" patients are vaccinated which will assist in staff illness and admissions in ED Departments.

This initiative also allows €6.5 million for transitional care beds which aims to help achieve a significantly greater reduction in delayed discharges.

Consideration should also be given to the potential usage of private hospitals, such as implementing direct admission pathways to private hospitals on a targeted basis, for example, for patients without health insurance in locations where the local ED experiences particular overcrowding challenges.

Patient Flow

This initiative sets out measures to optimise patient flow in hospitals, including in relation to older persons with complex needs. There is no doubt that these measures need to be implemented right across all acute hospitals.

Expansion of minor injuries services

In order to alleviate the pressure on EDs the Initiative is allocating €1 million towards the provision of an alternative location for patients requiring treatment for minor injuries. This will alleviate pressure on ED's and provide quicker more appropriate care settings for minor injuries.

Complex Care

An allocation of €1m to the complex care initiative is all contained in the initiative. Finding appropriate care solutions for these patients is crucial not only for quality of life but also from a delayed discharge perspective with the weekly Delayed

Discharges Report identifying c. 80 people who have complex care needs who are inappropriately placed in an acute bed. CHECK AND SEE IF THIS IS BEING FUNDED IF NOT DELETE

SDU Initiative to target specific capacity deficits in acute hospitals

The Department is aware that during 2016 the SDU has been carrying out onsite visits to hospitals and the inclusion of Table 2 in Appendix 1 sets out key supports required in individual hospitals. The draft Proposal sets aside €2m for which hospitals would bid for funding to support targeted initiatives. This process seems quite cumbersome and consequently the Department suggests that the SDU prioritise a number of initiatives that it considers could result in the greatest impact in terms of ED pressures in the eight target hospitals and then a portion of the money be retained for the proposed bid process. REWRITE INCLUDE A LINE?

2016 Winter Initiative – Press Release

06/09/2016

DRAFT

The Minister for Health Simon Harris, T.D., today (Tuesday) announced a comprehensive package of measures under the Winter Initiative 2016 – 2017 costing €30 million.

These measures are aimed to ensure that this winter our ED Departments are not over crowded, that patients can get the right type of treatment when they need it, and that there are alternative options for people within their communities, other than ED Departments.

Despite year on year increases in ED attendances of 5.3%, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015. Compliance with the national target of no one waiting over 24 hours has improved from 95% to 98% this year.

In planning for winters 2016 and 2017, Primary Care, Acute Hospitals, Social Care and Health & Wellbeing have worked collaboratively to submit a joined-up draft plan, which seeks to strike a balance between hospital avoidance measures, measures to support patient flow through acute hospitals and social care measures.

In relation to the €30m available for 2016/2017, the following high level measures have been outlined across the Divisions:

- 1) Maintaining the additional 301 opened beds, in terms of staffing and funding
- 2) Elimination of 24 hour breaches of Patient Experience Time
- 3) Elimination of over 9 hour breaches for patients over 75
- 4) Tackling orthopaedic waiting lists
- 5) Expansion of Community Intervention Teams
- 6) Provision of accelerate funding to enable the purchase of aids and appliances to allow more expedited patient discharges
- 7) Provision of additional home care packages

The HSE Special Delivery Unit will continue to maintain a strong focus on ensuring that hospitals improve performance in managing ED pressures, as well as on expanding care pathways for frail elderly people who present in EDs.

In addition, measures such as transitional care beds, extending opening hours of Acute Medical Assessment Units and improvements in clinical pathways for acute medical patients will positively impact on ED function.

As the Minister previously stated, the reform of practices and processes needs to be driven forward in parallel to this. Initiatives such as the provision of care for patients in non-acute settings, e.g. in day hospitals / by community intervention teams and rehabilitation work

carried out community-based physiotherapists and occupational therapists, will further contribute to ensuring that patients do not remain in acute hospitals, when their care needs can be safely and appropriately addressed at home or in a non-acute facility.

Publishing the plan, the Minister for Health, Simon Harris TD, said: 'xxxxxx'.

06/09/2016

Fwd: URGENT : Winter Initiative 2016-2017 - for completion and submission by cob Wednesday 7
September 2016

Fiona Mansergh

to:

Suzie Flood

06/09/2016 13:47

Hide Details

From: Fiona Mansergh/SLAINTE

To: Suzie Flood/SLAINTE@slainte

Email from Tracey re meeting yesterday, re speech on WI as promised

Cheers f

Sent from my iPhone

Begin forwarded message:

From: "Tracey Conroy" <Tracey.Conroy@slainte.ie>
Date: 6 September 2016 at 12:52:08 IST
To: [REDACTED]
Cc: "Fiona Mansergh" <f.mansergh@slainte.ie>, "Frances Spillane"
[REDACTED], "Barry Murphy" <[REDACTED]>,
"Patricia Lee" <[REDACTED]>, "Fergal Goodman"
[REDACTED], "Michael Burke" <[REDACTED]>,
"Greg Dempsey" <[REDACTED]>, "Fiona Prendergast"
[REDACTED], "Louise Carrigan"
[REDACTED], "Tony Holohan" <[REDACTED]>,
"Michael Smith" <[REDACTED]>, "Older People Social Care (Michael
Fitzgerald)" <[REDACTED]>, "ANGELA
FITZGERALD" <[REDACTED]>, "Primary Care" <[REDACTED]>, "Joan
Regan" <[REDACTED]>, "Fionnuala Duffy"
[REDACTED], "Marita Kinsella" <[REDACTED]>,
"Colm O'Reardon" <[REDACTED]>,
[REDACTED]

**Subject: URGENT : Winter Initiative 2016-2017 - for completion and submission by
cob Wednesday 7 September 2016**

Pat

I refer to our meeting yesterday afternoon on the draft Winter Initiative Plan submitted last Friday 2
September. Actions agreed are set out below.

General

- As discussed previously and again yesterday, the proposal should set out in explicit detail the impact of each initiative (in terms of reducing delayed discharges, demonstrating measurable hospital avoidance or ensuring effective patient flow through hospitals).
- The proposal should also include initiatives which are not resource dependant - eg improvements in governance, management and processes, and other initiatives to be delivered under the Integrated Care Programme. Again, the actions to deliver on the initiatives, the timescales for delivery and the projected impact of these initiatives should be clearly set out.

- The proposal should set out clearly how the HSE proposes to manage and track progress against each initiative (under the 'actions to deliver on activity/target' column).

Social Care measures:

- The proposal should also include the €10m ring-fenced for home care, including projected impact.

Primary Care measures:

- In relation to the proposed allocation of €5m in 2016 to Aids and Appliances, how many persons is it projected this amount would enable to benefit and how will the HSE ensure that the funds are managed and expended such that they are focused on facilitating patient discharge, with delayed discharges as the priority? It is necessary to describe the impact of this provision in such a way as is capable of being monitored for the remainder of 2016 and into 2017.

Acute Hospitals measures:

- The proposal should set out in detail the timeframe for delivery and projected impact in each hospital of the proposed additional beds (Tullamore, Beaumont, Naas, Waterford).
- As discussed yesterday, the Department is concerned that the draft proposal includes additional beds for the Mercy Hospital that were funded under last year's Winter Initiative and which were not opened.
- The HSE's advice that the proposed 'patient hotel' for South Tipperary Hospital does not appear to be feasible within the timeframe for the Winter Initiative is noted. The proposal should set out detail on the proposed alternative option of shelling out the first floor of the MRI building - this should include detailed deliverables (10 extra beds were referenced in discussions yesterday), timelines and impact). The HSE's examination of a patient hotel for South Tipperary Hospital should proceed in parallel.
- The proposal should set out detail on the proposed Cappagh/Tallaght orthopaedic/scoliosis initiative - eg numbers of patients to be treated, timeframe, impact.

Health and wellbeing measures:

- The Department would like to see more ambitious targets for flu vaccine uptake Health Care Workers than 30%. The plan should make clear the relationship between the expenditure included and the specific outcomes that can be achieved in relation to both Healthcare workers and over 65s.

I have attached again the draft template previously circulated (slightly revised). All necessary details on the Winter Initiative proposal should be included in this template.

As discussed yesterday, I'd be grateful if you could please ensure that this template is completed in full no later than cob tomorrow Wednesday 7 September to facilitate approval by the Minister and publication this week.

Please give me a call if you need to discuss further.

Regards

Tracey

(See attached file: DRAFT WINTER INITIATIVE 2016-2017.docx)

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

<DRAFT WINTER INITIATIVE 2016-2017.docx>

2016 only		2016 only		2016 only		2016 only		2016 only		2016 only		2016 only	
Full Year Costs (M)	Full Year Target Activity / Timescale	2015 Q4 Costs (€)	End of 2015 Target Activity Timescale	2015 Q4 Costs (€)	Once off 2016 Activity Target	Commentary on how proposal contributes to reducing DD to less than 500	Commentary on how proposal contributes to improving BET with max 24 inpatient for patients 75 years and over	Commentary on how proposal contributes to improving BET 75% of all ED attendances discharged or admitted within 4 hours of registration	Commentary on how proposal contributes to reducing DD to less than 500	Commentary on how proposal contributes to improving BET 75% of all ED attendances discharged or admitted within 4 hours of registration	Commentary on how proposal contributes to reducing DD to less than 500	Commentary on how proposal contributes to improving BET 75% of all ED attendances discharged or admitted within 4 hours of registration	Commentary on how proposal contributes to reducing DD to less than 500
1,000,000	12 beds in former AMAU. Will be a short stay medical unit	250,000	12 beds	250,000	N/A	All initiatives, including reduction in DD's will support achievement	All initiatives, including reduction in DD's will support achievement	All initiatives will including reduction in DD's will support achievement					
850,000	10 beds low dependency/acute step down	212,500	10 beds	212,500	N/A	All initiatives, including reduction in DD's will support achievement	All initiatives, including reduction in DD's will support achievement	All initiatives will including reduction in DD's will support achievement					
1,000,000	11 beds and Rapid Access ED (unable to open previously due to staffing constraints)	250,000	11 beds	250,000	N/A	All initiatives, including reduction in DD's will support achievement	All initiatives, including reduction in DD's will support achievement	All initiatives will including reduction in DD's will support achievement					
1,250,000	15 beds - surge capacity	312,500	15 beds	312,500	N/A	All initiatives, including reduction in DD's will support achievement	All initiatives, including reduction in DD's will support achievement	All initiatives will including reduction in DD's will support achievement					
900,000	18 beds previously indicated under-WI remained unopened due to staffing constraints	225,000	18 beds	225,000	N/A	All initiatives, including reduction in DD's will support achievement	All initiatives, including reduction in DD's will support achievement	All initiatives will including reduction in DD's will support achievement					
	Minor injuries		60 patients per week										
	Clanmel												
	Capagh/Tullight Ortho/Scallists (Once off 2016 costs only)												
	2016 Total												

Targeting of additional orthopaedic cases in Cappagh to meet waiting list targets cases 3m
Targeting Waterford waiting list 2m

7,000,000
7,000,000

Initiative	POLY YEAR		2016 ONLY		Measurable Outcomes				
	Full Year Costs On	Full Year Target Activity / Tripartite	2016 Q4 Costs €	End of 2016 Target Activity / Tripartite	2016 Q4 Cost €	Once off 2016 Activity / Target	Commentary on how proposal contributes to improving PET	Commentary on how proposal contributes to improving PET	Commentary on how proposal contributes to improving PET
Primary Care		Referrals		Referrals					
CT	800,000		2718	250,000	515				
Galway/Rosecommon - GUH	450,000		1360	125,000	232				
South Tipperary - UHW, South Tip General Hospital	500,000		1812	95,000	154				
Louth/Meath - QLOL	250,000		753	75,000	129				
MIMUH	2,000,000		6,643	545,000	1,090				
CT Total						5,000,000			
Aids & Appliances						1,830			
Primary Care Total			6,643	545,000	1,830	5,000,000			
Health & Well Being									
Flu Vaccination Drive	500,000	Increase HCW, Flu Vaccine uptake to 30% overall increase uptake in those aged 65 and over to > 60%	250,000	250,000	Monitoring Vacc Distribution Figures	Additional Media Incentives/support	Decrease number of elderly attending with flu-like illness and reduce Hospital Acquired Infections.	Decrease number of elderly attending with Flu-like illness and reduce Hospital Acquired Infections.	Reduce numbers attending.
H & WB Total				250,000					

Full Year		2016 only		Measurable Outcome		
Full Year Costed On	Full Year Target Activity / Transitional	2016 Q4 Costs & Timescale	2016 Once Off Costs & Timescale	Commentary on how proposal contributes to improving PET	Commentary on how proposal contributes to improving PET	
				Commentary on how proposal contributes to improving PET with max 9 by PET for patients 75 years and over.	Commentary on how proposal contributes to improving PET 75% of all ED attendees discharged or admitted within 8 hours of registration.	
Social Care						
Home Care Packages	1,751,400 QLOL - 6 new / week 1,751,400 Beaumont- 6 new / week 875,700 Mullinger- 3 new / week 875,700 CUH - 3 new / week 1,751,400 SIGH - 3 new / week 1,751,400 WUH - 3 new / week 1,751,400 UHL - 6 new / week 1,751,400 UHS - 6 new / week 1,751,400 Tallaght - 6 new / week 1,751,400 St. James' - 6 new / week	163,800 QLOL - 6 new / week 163,800 Beaumont- 6 new / week 81,900 Mullinger- 3 new / week 81,900 CUH - 3 new / week 81,900 SIGH - 3 new / week 136,500 WUH- 3 new / week 163,800 UHL - 6 new / week 163,800 UHS - 6 new / week 163,800 Tallaght - 6 new / week 163,800 St. James' - 6 new / week	Once off 2016 Activity/ Target	Commentary on how proposal contributes to improving PET 100% compliance with max 9 by PET for all patients	Commentary on how proposal contributes to improving PET 75% of all ED attendees discharged or admitted within 8 hours of registration.	
Total HCPs	Deliver full year costs to support 850 New HCPs throughout the winter initiative period from Q4 2016 and into Feb 2017, based on 10 specific individual hospital requirements.	1,400,000 2016 Deliver 650 New HCPs in Q4		By YE 2016, DD reductions by Hospital (including DD avoidance), due to additional weekly Home Care, by a total of 50 average per week, and maintaining to end of Feb 2017. Reduce/ Avoid weekly DD by YE by 2 Reduce/ Avoid weekly DD by YE by 10 Reduce/ Avoid weekly DD by YE by 2 Reduce/ Avoid weekly DD by YE by 3 Reduce/ Avoid weekly DD by YE by 3 Reduce/ Avoid weekly DD by YE by 6 Reduce/ Avoid weekly DD by YE by 10 Reduce/ Avoid weekly DD by YE by 4 Reduce/ Avoid weekly DD by YE by 6		
Transitional Care Beds	To provide for the ongoing increased demand for TCB which has averaged 152 approvals per week, (see Appendix 2, and which is above the funded position of 109 per week, throughout the year to year end. *In addition to maintaining this level, 5 hospitals will be provided with 15 approvals each week for the duration of the plan, this will be provided in a staggered manner and reduce numbers of ops accordingly.	1,400,000 2016 Deliver 650 New HCPs in Q4		Reduce/ Avoid weekly DD by YE by 50		
Total Transitional Care Beds	6,200,000 Total 15 additional/weekly to end of Feb 2017	6,500,000 2016 Total 15 additional/week to YE 2016		Reduce/ Avoid weekly DD by YE by 20 Reduce/ Avoid weekly DD by YE by 5 Reduce/ Avoid weekly DD by YE by 20 Reduce/ Avoid weekly DD by YE by 5 Reduce/ Avoid weekly DD by YE by 10 Reduce/ Avoid weekly DD by YE by 60		

FULL YEAR		Measurable Outcomes						
Initiative	Full Year Target Activity / Transitional	2015 DD Costs \$	End of 2015 Target Activity / Milestone	2016 Once Off Costs \$	Once off 2016 Activity / Target	Commentary on how proposal contributes to reducing DD to less than 500	Commentary on how proposal contributes to improving PET, 100% compliance with max 9 hr PET for patients > 5 years and over.	Commentary on how proposal contributes to improving PET, 75% of all ED attendees discharged or admitted within 6 hours of registration
Reducing DDs for those with legal complexity, ward of court etc				610,000	Reduce, on a once off basis Target 18 DDs as listed to Transitional Care which may be for an average of 26 weeks and at a higher cost. GDD - 2 once off Beaumont - 2 once off Waterford - 2 once off LHG - 2 once off Talbot - 2 once off St. James's - 2 once off Conolly - 2 once off Water - 2 once off St. Vincent's - 2 once off			
Total Legal Complexity				610,000	Reduce once off 18 DD	Reduction overall DD by net 10		
Social Care Total	20,810,000	7,900,000		610,000		Reduction in DD by YE 2015 = 120		
Overall Total	20,810,000	7,900,000		610,000		Reduction overall DD by YE 2015 = 120		

Projected overall reduction in DDs over the 5 year period is 120

14



sums re WI
Fiona Mansergh to: Tracey Conroy

06/09/2016 10:24

Hi Tracey

I've checked the sums; by my read of it, you are absolutely correct in arriving at a total of approx €23m for 2016 (exact total €22,905,000 by my reckoning).

I've found Marita's 2 page note re the 16th August, thanks, will provide something similar after the meeting

Cheers

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T. [REDACTED]

email. [REDACTED]

15



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Phríomhoifigigh Airgeadais
Feidhmeannacht na Seirbhíse Sláinte
Seomra 125,
Ospidéal Dr. Steevens
BAC 8

Office of the Chief Financial Officer
Health Service Executive
Room 125, Dr Steevens Hospital
Dublin 8
Eircode: D08 W2A8
Telephone: [REDACTED]
Email: [REDACTED]

Ms Tracey Conroy,
Department of Health
Hawkins House
Dublin
D02 VW90

7 September 2016

Dear Tracey,

Re: Winter Plan 2017

I refer to previous correspondence and meetings with regard to the HSE submission of the Winter Plan covering the period October 2016 / February 2017.

In the context of the HSE submission of 6th July, 2016, DOH feedback on 11th August, 2016 and subsequent guidance from DOH and Minister following recent meetings, I am pleased to submit the final plan on behalf of the HSE in the agree format for your consideration.

The plan sets out the key actions, targets and deliverables associated with the additional resources provided and the planning assumptions and dependencies involved. The application of the revenue funding is set out on the basis of expenditure to year end 2016 and the full year costs of this expenditure in 2017 totalling €40m in all. The plan also provides for a range of initiatives to be implemented based on once off expenditure available through the initiative in 2016.

Yours sincerely,

Stephen Mulvany
Chief Financial Officer and Interim Deputy Director General

WINTER INITIATIVE 2016/ 2017

Summary

The aim of the Winter Initiative Plan 2016/ 2017, is to provide a focus on specific measures required to address the anticipated surge in activity experienced this time of year across the hospital and community. One of the key objectives is to reduce the numbers of people waiting to be discharged from hospitals and who require specific supports and pathways to do so. In achieving this objective, the capacity of the acute hospital system will be improved and in turn the patient experience in the Emergency Departments and the wider hospital system will also be improved. The plan contains a number of key measures both in terms of hospital avoidance, timely access and discharge. It will be implemented through a specific and detailed planning process required in all hospitals and Community Healthcare Organisations across the country.

In summary, some of the key outcomes to be achieved through the implementation of this plan include:

- A reduction in Delayed Discharges in acute hospitals to no more than 500.
- Patient Experience Times: improve compliance from 63% YTD to 75%
- Patient Experience Times: improve national compliance of 98% from YTD July 96%)
- Patient Experience Times: Of all ED attendees discharged or admitted within 6 hours of registration (improve compliance from 68% YTD to 75%)
- TrolleyGAR – All sites to meet 8am TrolleyGAR threshold (max 236).

Some of the key measures to achieve these outcomes are:-

- An additional 55 acute beds are being provided in the Midland Regional Hospital in Tullamore, Beaumont Hospital, Naas General Hospital, University Hospital Waterford and in the Midland Regional Hospital in Mullingar. In addition, 18 step down beds are being provided for by the Mercy University Hospital.
- Expansion of minor Injury services in Dublin to provide for an additional 100 patients each week, with patients being seen in a more timely way, to include a Saturday service.
- Provision of additional 950 Home Care Packages targeting 10 specific hospitals, (Our Lady of Lourdes, Mullingar, CUH, STGH, UHW, UHL, UHG, Tallaght, & St. James's Hospital).
- Additional 58 Transitional Care bed approvals weekly available to all acute hospitals, (in addition to the funded level of service of 109/week).
- Expansion of Community Intervention Team (CIT) services across 4 sites to support 5 acute hospitals. (Beaumont, Mater, OLOL, GUH,STGH), to benefit 6,643 additional patients.
- Increased funding for Aids & Appliances to support discharge of patients from hospitals as well as facilitating hospital avoidance. (3,070 people to benefit).
- Targeted waiting list programme for orthopaedics, spinal and scoliosis to be implemented in designated sites by year end.
- Increased focus on Flu vaccination for the community at large and health care staff.

In this plan the HSE is building on the additional capacity made available in winter 2015 which saw the provision of an additional 301 acute beds. These beds will remain open over the coming winter period.

These combined measures, along with improved processes, will assist in delivering on the outcomes of the Initiatives. Following on from the 24 Acute Hospital site visits undertaken by the Special Delivery Unit, over the period January to July 2016, key improvement actions have been issued to individual hospitals, these incorporate the following areas:

- Management of older persons care pathways
- Improvement in non-admitted PET (Patient Experience Time) Targets
- Improve the management of patient's with chronic diseases.
- Extension of 7 day discharging - criteria led discharge planning

Hospital Groups and CHOs are now required to provide Winter plans for 2016/2017, for validation by the end of September. These plans will detail both management and clinical governance arrangements across each hospital and community for the duration of the Winter period including metrics on service provision and supports, escalation measures etc

The Special Delivery Unit will monitor the implementation of the plans in conjunction with the respective Divisions, and SDU improvement leads will be assigned to hospital groups/CHOs to drive the process improvement across the focus sites.

OVERALL IMPACT MEASURES

No.	Impact Target	Timescale
1.	Delayed Discharges - Reduce delayed discharges to less than 500	By Year end 2016
2.	Patient Experience Times: 100% compliance with maximum 9 hour PET for patients 75 years and over (improve compliance from 63% YTD to 75%)	February 2017
3.	Patient Experience Times: 100% compliance with maximum 24 hour PET for all patients (achieve national compliance of 98% from YTD July 96%)	December 2016
4.	Patient Experience Times: of all ED attendees discharged or admitted within 6 hours of registration (improve compliance from 68% (year to date to 75%)	February 2017
5.	Trolley GAR - All sites to meet 8 a.m. Trolley GAR threshold (max 236)	December 2016

SPECIFIC INITIATIVES

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES									
1	Flu Vaccination Drive All Acute Hospitals and Long Term Care Facilities have been asked to produce a flu plan. Plan to include the following: Ensure all HCWs are actively offered the flu vaccine Actions to be taken to improve vaccine accessibility for all HCWs	Increased accessibility for HCW to Flu Vaccination. Increased no. of vaccination clinics held. Increased no. of staff vaccinated. More timely management to influenza outbreaks. Decrease in number of outbreaks.	Continue to monitor uptake rates amongst HCW. More timely response to influenza outbreaks. Decrease in number of outbreaks	Increase in HCW uptake rates up to 40%. Less flu related admissions to hospitals. Shorter LOS for vulnerable older patients. Decrease in number	Flu plan to be developed. Uptake figures of HCW rates to be collated. Communications to support Memo to all staff. Professional/professional Bodies support individual incentives offered. Incentive offered to those units that perform the best.		€250K		Already in action

SPECIFIC INITIATIVES

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full year cost	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES									
	<p>Incorporate actions on how to prevent, detect and control an influenza outbreak.</p> <p>Ensure each hospital/LTCF identifies a senior flu champion.</p> <p>Individual Unit targets.</p> <p>Peer Vaccination Programme</p>	<p>Increase in number of education sessions for staff.</p> <p>Increase in no. of vaccination clinics.</p> <p>Additional Media support (a 5/6 week campaign instead of 1 week) targeting: 65-75 year age group Pregnant women Chronically ill HCWs</p> <p>By: Advertising, PR, Digital Promotional Materials</p> <p>Acute hospitals/LTCFs to provide vaccination of this over 65 group who are long stay patients.</p> <p>Dept of PH to work with hospitals/LTCF.</p>	<p>Provision of vaccinations as required particularly in response to outbreaks.</p> <p>Monitor uptake rates amongst HCW.</p> <p>Decrease in number of outbreaks in LTCF.</p> <p>More timely response to influenza outbreaks in LTCF.</p>	<p>Increase in HCW uptake rates up to 40%.</p> <p>Increase in uptake to over 60%.</p> <p>Less flu related presentations to ED.</p> <p>Less flu related admissions to hospitals.</p> <p>Shorter LOS for vulnerable older patients in acute hospitals.</p>	<p>HPSC to collate uptake figures.</p> <p>NIO monitor vaccine distribution.</p> <p>Publications in relevant papers and magazines.</p>				
2									
3	<p>Increase flu vaccine uptake rates in 65 years and older in acute hospitals, LTCF and in the community.</p>				<p>Increased media support concentrating on these groups.</p> <p>Development of Flu plans in acute hospitals and LTCF.</p> <p>Resources offered with further incentive offered to those units that perform the best.</p> <p>Communications plan to focus on need for Respiratory Etiquette in 2017.</p>		Comms Budget €250,000		
4	<p>Campaign to increase level</p>		Under The Weather	Reduced ED	Campaign being planned.				

SPECIFIC INITIATIVES									
A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES									
	of Self Care and prevent infections.		Campaign - Respiratory Etiquette By Advertising, PR, Digital Promotional Materials, Materials for GPs	attendantces Reduced GP OOHs attendantces.					
TOTAL COST							€500,000		

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
FRAIL ELDERLY AND INTEGRATED CARE PROGRAMME FOR OLDER PERSONS OUTCOME MEASURES									
1	Establish integrated governance structures to address older persons needs.	ICP OP establishing local governance in 7 sites. The sites are Tallaght OLOL CUH UHL Sligo North Dublin Hospitals South Dublin Hospitals	Establish governance in 11 sites. Including: Mater Waterford Galway	Improved population and service planning for older persons.	10 structural metrics to be gathered in 2017.	ALREADY FUNDED	ALREADY FUNDED	ALREADY FUNDED	2016
2	Introduce management approach in acute floor and corresponding liaison role in community. Pilot to support 7 day service on sites to be identified	Reassign WTEs to focus on Frail Elderly, working across hospital and community services over the Winter period in pilot locations.	Expand to other sites on evaluation.	tbd	ADON for patient flow (already in recruitment) to support older persons pathway on acute floor (ED/AMAU) over winter period (Oct-February) Reassignment of staff to support care coordinating role in community (point of contact in CHO for winter period), who is the key point of contact (has access to information concerning patients in receipt of older persons services) and who can augment care plan and initiatives on an urgent basis and to be available for weekend cover.	€100,000	-	€200,000	2016/17
TOTAL COST						€100,000	-	€200,000	-

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
PRIMARY CARE OUTCOME MEASURES									
1	Community Intervention Teams The funding provided will allow for CIT expansion in the following sites:- Dublin North (Beaumont, Mater Hospitals) Louth / Meath (OLOL) Galway/Roscommon (GUH) South Tipp (WUH, South Tipp General	1,030 patients Dublin North - 129 Patients Louth / Meath - 154 Patients Galway/Roscommon - 515 Patients South Tipp - 232 Patients Overall, this initiative will contribute to the ED targets, as set out by the AHD.	6,643 patients Dublin North - 753 Patients / Louth / Meath - 1,812 Patients Gal./Rosc. - 2718 Patients South Tipp - 1360 Patients	6,643 additional patients to benefit, targeting earlier discharge of frail elderly patients and helping to avoid hospital attendance/admission.	Recruit additional staff to provide the expanded service requirement. Where CIT services are contracted this will be facilitated by the extension of the current agreements which provide for such expansion.	€545,000	€200,000	€2,000,000	All expansions will be implemented during Q4
2	Aids and Appliances Purchase and supply of aids and appliances to facilitate the discharge home of DD patients from acute and rehab facilities and to focus on targeted intervention for patients at risk of admission to acute hospitals. The emphasis will be on early discharges and hospital avoidance and will also enable the provision of home care packages that are reliant on such equipment. The intention is to acquire sufficient stock in 2016 with the once off funding available to provide for the prompt supply equipment over the winter months.	1,820 patients Overall, this initiative will contribute to the DD reduction targets.	1,250 patients	3,070 patients will be facilitated with a range of equipment (including high / low beds, prostheses, ventilation equipment, electric wheelchairs etc.) as necessary to facilitate hospital discharge and support home care arrangements during the winter months.	The purchase of sufficient stock in 2016 with the once off funding available to provide for rapid response to demands for aids and appliances. The establishment of targeted liaison arrangements at CHO / HG level to oversee implementation.	-	€5,000,000	-	As these items are available under existing contractual agreements they will be procured in Q4.
TOTAL costs						€545,000	€5,200,000	€2,000,000	-

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
SOCIAL CARE OUTCOME MEASURES									
1	Homecare Provision.	In conjunction with additional funding provided of €30m in 2016, €10m of the winter initiative will support an overall additional activity of 270,000 Home Help hours and 2,000 HCPs, benefitting an additional 1,236 people with HH and 3,000 people with HCP in a full year.	270,000 home help hours benefitting 1,236 people 2,000 home care packages benefitting 3,000 people	Home care supports in conjunction with the additional specific home care provision outlined below will support the discharge of patients listed as DD in acute hospitals and assist in avoiding hospital admission for those living in the community who need supports to remain at home.	Implemented	€10,000,000		€10,000,000	
2	Additional HCPs July avg. DD figures are 620, of which 120 approx. are categorised as Delayed to go home. and are requiring services or Aids and Appliances or housing improvements, accommodation etc. The SDU analysis of the weekly HCP requirements to provide a steady state per hospital per week has been used as the basis provision across 10 specific hospitals with individual DD Reductions per hospital of those in the 'Going Home' category. This is to be achieved by Year End, through the constant and steady provision of Home Care and together with the targeting of Aids and	Deliver 650 new HCPs in Q4 2016	Deliver Full year costs to support 950 New HCPs throughout the Winter Initiative period (from Q4 2016 and into Feb 2017), based on 10 specific individual hospitals requirements.	By YE 2016, DD reductions by Hospital, (including DD avoidance), due to additional weekly Home Care, by a total of 50 average per week, from a current figure of 120 to 70 and maintaining to end of Feb 2017 OLOL – 2 per week Beaumont – 10 per week Mullingar – 2 per week CUH – 3 per week South Tipperary – 3 per week Waterford – 6 per week UHL – 2 per week UHG – 10 per week Tallaght – 4 per week St James – 8 per week Total – reduce weekly DD by year end by average of	950 new HCPs throughout WI period as below: OLOL – 6 new/wk Beaumont – 6 new/wk Mullingar – 3 new/wk CUH – 3 new/wk STGH – 3 new/wk WUH – 5 new/wk UHL – 6 new/wk UHG – 6 new/wk Tallaght – 6 new/wk St James – 6 new/wk Total 50 per week	€1,400,000		€14,600,000	February 2017

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
SOCIAL CARE OUTCOME MEASURES									
	Appliances, the outcome to be achieved is to gain an overall reduction in this category by an average of 50 DD per week by year end.			50 per week.					
2	<p>Transitional Care Beds</p> <p>Of those waiting for long stay care, the Social Care Division is supporting hospital discharge through:</p> <ul style="list-style-type: none"> - Maintaining the NHSS waiting times at no greater than 4 weeks - Providing Transitional Care to all hospitals at a rate of 152 approvals per week, consistently throughout the year. <p>NSP 2016, funded Transitional Care at a level of 109 approvals per week, but the level of demand has been maintained at the 152 and can now be continued to the year end at this level through the provision of the funding of €6m.</p> <p>By providing higher levels of TCB each week during the period concerned, it is intended that this egress measure would support a shorter time scale to process applications for NHSS or to move patients out of the hospitals concerned while the NHSS is being worked through. The resultant</p>	To provide for the ongoing increased demand for TCB which has averaged 152 approvals per week and which is above the funded position of 109 per week, throughout the year to year end.	Maintain higher rate of 152 approvals per week to YE plus 15 additional per week to end of Feb 2017. Total 167	Reduce/ Avoid weekly DD by YE 2016 by 60 as follows:- Beaumont -20 Tallaght - 5 St. James's -20 Connolly- 5 Mater -10 Total- 60 per week	Maintain level of 152 approvals per week and support of additional approvals for 5 hospitals as set out below from October to end of February: Beaumont - 4/wk Tallaght - 2/wk St. James's - 5/wk Connolly - 2/wk Mater - 2/wk	€6,500,000		€6,100,000	Year End 2016

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
SOCIAL CARE OUTCOME MEASURES									
	projected outcome reduction totalling 60 DDs by year end.								
3	Reduce DDs for those with Legal Complexity, Ward of Court, etc. As a once off measure over the period outlined, those DD listed as Delayed due to legal complexity or Ward of Court will also be targeted to move to alternative locations while their legal processes are being worked through. It is likely that these patients will require transitional care for a considerable period of time and also need support both in terms of processing as well as social supports. The net reduction target as a result of this measure is to reduce DD by 10.	Reduce once off 18 DD Reduction overall net DD by 10		Reduce 18 DD once off to yield net Reduction overall of DD by 10	Reduce, on a once off basis Target 18 DDs to Transitional Care which may be for an average of 26 weeks and at a higher cost as follows:- OLOL – 2 once off Beaumont – 2 once off Waterford – 2 once off UHG – 2 once off Tallaght – 2 once off St James – 2 once off Connolly – 2 once off Mater – 2 once off St Vincent's – 2 once off		€610,000		Year End 2016
TOTAL COST						€17,900,000	€610,000	€30,700,000	

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	Tullamore – 12 beds in former AMAU. Will be a short stay Medical Unit	12 beds	12 beds. On the assumption of 3 day length of stay this would enable 1,460 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 4 at 8am. Improve compliance with ED PET < 24 hour from 95% YTD to 98%.	Physical capacity in place, requirement to attract staff.	€200,000		€1,000,000	November 2016
	Beaumont – 10 beds below dependency/acute step down	10 beds	10 beds On the assumption of 7 day length of stay this would enable 521 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 12 at 8am Improve compliance with ED PET < 24 hour from 91% YTD to 97%.	Physical capacity in place, requirement to attract staff.	€170,000		€850,000	November 2016
	Naas – 11 beds and Rapid Access ED (unable to open previously due to staffing constraints)	11 beds	11 beds On the assumption of 7 day length of stay this would enable 573 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 4 at 8am. Improve compliance with ED PET < 24 hour from 93% YTD to 95%.	Physical capacity in place, requirement to attract staff.	€200,000		€1,000,000	November 2016
	Waterford – 15 beds surge capacity	15 beds	15 beds On the assumption of 7 day length of stay this would enable 782 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 8 at 8am Improve compliance with ED PET < 24 hour from 97% YTD to 99%.	Physical capacity in place, requirement to attract staff.	€200,000		1.25m	November 2016

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	Mercy – 18 beds previously indicated under WI have remained unopened due to staffing constraints	18 beds	18 beds On the basis of 28 day length of stay this would enable 234 additional step down patients to be treated.	Meet Mercy TrolleyGar Threshold of 4 at 8am Improve compliance with ED PET < 24 hour from: <ul style="list-style-type: none"> 96% YTD to 99% (CUH) 95% YTD to 97% (Mercy) 	Physical capacity in place, recruitment complete, scheduled to open 19 th of September.	€225,000		€900,000	November 2016
	Minor Injuries – Dublin	100 patients per week (including potential for Saturday service)		Support improved compliance in the non admitted PET in the Dublin hospitals.	Formal agreement to be developed and agreed with Charter Medical Group / Mater Hospital.				December 2016
	Private / Public Collaboration Mater & Mater Private Respiratory patients	10 beds	10 beds On the assumption of 7 day length of stay this would enable 521 additional patients to be treated.	Meet TrolleyGAR threshold of 12 at 8 a.m. Improve compliance with ED PET < 24 hour from 94% YTD to 97%.	Collaboration Mater Hospital & Mater Private Hospital, pilot exercise to be undertaken using once off funding 2016.		once off costs		December 2016
	Cappagh/Tallaght Ortho/Scoliosis (Once off 2016 costs only)	570 Ortho patients 39 Adolescent Scoliosis patients & 15-20 Paediatric Scoliosis patients. Orthopaedic patients in acute hospitals	To be funded through WL 2017	Elimination of 18 month target in Cappagh (National Referral Centre) Elimination of Adolescent WL at Tallaght, expectation is that this will not recur as Paediatric service transferring to Crumlin. Achievement of the 18 th month target.	Develop a clearance plan and schedule all patients to be treated before year end. Develop a clearance plan with the Mater Spinal Unit and schedule all patients to be treated before year end. Beaumont, Tallaght, Tullamore, Waterford & GUH		€3m	Ongoing support to these sites would be delivered via WL Funding 2017.	31 st December 2016

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	<p>MRH Mullingar – Development of Acute Floor (to incl. enhanced Senior Decision Making)</p> <p>Acute Floor to include 7 short stay beds</p>	Acute Floor to include 7 short stay beds	Acute Floor to include 7 short stay beds	Meet TrolleyGar Threshold at 8am of 8 Trolleys To improve 24 hour compliance from 98% to 99%	Physical capacity in place, requirement to equip and attract staff.	€125,000		€400,000	November 2016
	<p>Clonmel / South Tipperary</p> <p>A range of options are being considered to provide additional capacity including:</p> <ul style="list-style-type: none"> • 'Patient Hotel' type service. • Option to fit out space within new build under construction • Modular build extension to the existing hospital <p>Following appraisal we intend to proceed with one of these options subject to suitability in terms of care provision timescales. The assessment will include cost benefit analysis, procurement issues and planning / construction issues.</p>	tbc	tbc	Meet Troller Gar threshold of 4 at 8am	Planning, procurement, and services.				TBC
	<p>Process related issues.</p> <ul style="list-style-type: none"> • Hospital groups and CHOs to provide Winter plans for 2016/2017, for validation by end of September. • Plans to detail both management and clinical across each hospital and community for the duration of the Winter period including metrics on service provision and supports, escalation measures etc. • SDU to monitor implementation of plans in conjunction with the Divisions • SDU improvement leads to be assigned to hospital groups/CHOs to drive process improvement across the focus sites. 								

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	<p>SDU Improvement leads to be assigned to Hospital Groups / CHOs to drive process improvement in the 9 Focus Sites. Key actions are as follows:</p> <ol style="list-style-type: none"> 1. Implement the National Escalation Framework 2. Develop implementation plan for the management of older persons 3. Achieve 20% improvement in non-admitted PET 4. Develop integrated measures with Primary Care to improve chronic disease management of patients. 5. Improve LOS 6. Align human resource with demand 7. Develop implementation plan to introduce 7 day discharging / criteria led discharging 8. Focus on improvements in scheduled care as per waiting list management improvement plan -- 4 actions 9. Quantify egress flow requirements and link with CHO colleagues to effect. 10. Quantify transport requirements and link with transport partners to effect. 								
	Total Cost								

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
Contingency	Contingency : Learning from previous winter initiatives 15% contingency fund for once off expenditure is being held to facilitate exigency measures which arise such as temporary agency staff etc. This will be detailed when the Hospital Group / CHO Winter Plans are completed at the end of September 2016						€6,675,000		
OVERALL TOTAL COST						€19,915,000	€20,085,000	€40,000,000	

Assumptions & Dependencies

There is a significant interdependency between all of the measures outlined in the overall Winter Initiative 2016 – 2017, which when implemented fully, will deliver the target outcomes in terms of DD reductions and ED improvements. In addition the plan is framed having regard to a number of assumptions and dependencies as follows

- ED attendances are consistently running at 5% ahead of 2015 levels and HIPE analysis of discharges is comparable. In setting the targets we have assumed that for the period October 2016 – February 2017, they will continue to run at this rate of growth. Any material increase in activity levels will have an impact on the deliverables
- The additional acute hospital bed capacity can be opened within the specified time and the staffing levels can be secured and maintained.
- Events such as the outbreak of Flu or significant bad weather conditions may impact on the full delivery of the plan due to additional surge activity.
- Demand for homecare over current levels as well as numbers requiring discharge from hospital not significantly increasing over current trends.
- The supports provided as outlined by Primary Care and Social Care can meet the agreed tolerance levels for DD as outlined for the winter period and that providers can secure and maintain staffing levels.

It should also be noted that some of the specific targets can only be maintained for the duration of the period of quarter 4 2016, to end of February 2017.

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Fw: DRAFT Winter Plan 2016/ 2017
Fiona Mansergh to: Louise Carrigan

07/09/2016 11:28

Hi Louise

Apologies for not getting back to you sooner. Here are the soft copy documents from Monday's meeting (as forwarded by Tracey on Saturday; see very bottom)

Cheers

Fiona

Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VV90

[Redacted]
email: [Redacted]

----- Forwarded by Fiona Mansergh/SLAINTE on 07/09/2016 11:26 -----

From: Tracey Conroy/SLAINTE
To: Frances Spillane/SLAINTE@slainte, Fergal Goodman/SLAINTE@slainte, Greg Dempsey/SLAINTE@slainte, Tony Holohan/SLAINTE@slainte, Colm O'Reardon/SLAINTE@slainte
Cc: Fiona Mansergh/SLAINTE@slainte, Joan Regan/SLAINTE@slainte
Date: 03/09/2016 08:38
Subject: Fw: DRAFT Winter Plan 2016/ 2017

All

See attached in advance of Monday's 2pm meeting with HSE. It would be useful if we could take some time to discuss on Monday - suggest after informal Mgt Board meeting.

Regards

Tracey

Sent from my BlackBerry 10 smartphone.

From: Older People Social Care (Michael Fitzgerald) [Redacted]
Sent: Saturday, 3 September 2016 00:02
To: Tracey_Conroy [Redacted]; Social Care ; ANGELA FITZGERALD [Redacted]
Grace.Rothwell [Redacted]; 'Primary Care [Redacted]; Liam Woods [Redacted]
[Redacted] kevin.kelleher [Redacted]
Cc: Older People Social Care (Michael Fitzgerald)
Subject: DRAFT Winter Plan 2016/ 2017

Tracey,

Please find attached draft Winter Plan as a response to DOH observations on previous document.

Please note that I am sending this on the understanding that it is in Draft format and subject to revision by the Director General.

It sets out the proposed outcomes and associated costs to a full year value of the €30m remaining of the overall €40m envelope.

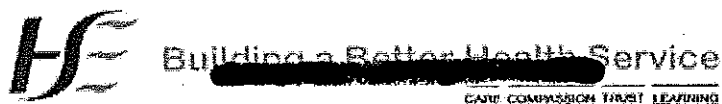
It also outlines in detail the measures to achieve a 500 year end position on Delayed Discharges through the provision of Home Care, TCB with the support of hospital avoidance measures such as CIT etc.

It also incorporates measures to achieve targets related to ED performance, with a focus on further once off measures that can be achieved in 2016.

Michael Fitzgerald, Head of Operations and Service Improvement Services for Older People

HSE, Community Services Building, Rathass, Tralee, Co Kerry.

Tel: [REDACTED] Web: www.hse.ie




[REDACTED] (See [REDACTED]: Winter Plan
report for DOH 2nd September 2016.docx) (See attached [REDACTED] Appendix 1 for [REDACTED] Plan 2nd
Sept 2016 final.xlsx)



Winter Plan report for DOH 2nd September 2016.docx Appendix 1 for Winter Plan 2nd Sept 2016 final.xlsx



Re: Winter Initiative Meeting 
Louise Carrigan to: Fiona Mansergh

05/09/2016 15:54

Hi Fiona,

When you get a chance would you mind sending me on a soft copy of the paper/table from today please?

Thanks
Louise

Louise Carrigan
Financial Performance Unit
Department of Health
Hawkins House
Dublin 2
Phone: [REDACTED]
Email: [REDACTED]
Website: [REDACTED]

Fiona Mansergh	Dear All Just to re-confirm with everyone that the Wi...	05/09/2016 12:20:08
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From: Fiona Mansergh/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE
Cc: angela.fitzgerald [REDACTED], Barry Murphy/SLAINTE@SLAINTE, "Brian Murphy" <brian.murphy [REDACTED]>, Fergal Goodman/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Louise Carrigan/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@SLAINTE, Michael Burke/SLAINTE@SLAINTE, Michael Smith/SLAINTE@SLAINTE, Patricia Lee/SLAINTE@SLAINTE, "Social Care" [REDACTED], Colette Bonner/SLAINTE@SLAINTE
Date: 05/09/2016 12:20
Subject: Re: Winter Initiative Meeting

Dear All

Just to re-confirm with everyone that the Winter Initiative meeting this afternoon will be held in the Hawkins House 6th floor Meeting Room at 2pm today (Monday 5th September).

Many thanks and kind regards

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

[REDACTED]
email [REDACTED]

Fiona Mansergh Dear All Just to let you all know that the Winter Initia... 24/08/2016 17:27:23

From: Fiona Mansergh/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Fergal Goodman/SLAINTE@SLAINTE, angela.fitzgerald@slainte.ie, "Social Care" [REDACTED], "Brian Murphy" [REDACTED]
Cc: Barry Murphy/SLAINTE@SLAINTE, Patricia Lee/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@Slainte, Fiona Prendergast/SLAINTE@SLAINTE, Louise Carrigan/SLAINTE@SLAINTE, Michael Smith/SLAINTE@SLAINTE, Michael Burke/SLAINTE@SLAINTE
Date: 24/08/2016 17:27
Subject: Winter Initiative Meeting

Dear All

Just to let you all know that the Winter Initiative meeting will be held in the Hawkins House 6th floor Meeting Room at 11am tomorrow (Thurs 25th August).


Many thanks and kind regards

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [REDACTED]
email: [REDACTED]



Re: Winter Initiative meeting 
Frances Spillane to: Tracey Conroy
Cc: Barry Murphy, Colm O'Reardon, Fergal Goodman, Fiona Mansergh, Greg Dempsey, Tony Holohan

05/09/2016 13:44

Tracey
As explained I'm afraid I will be late for this. Barry and Dave Walsh will attend.
Frances

Frances Spillane
Assistant Secretary
Department of Health
Hawkins House
Dublin
D02VW90



(Designated Public Official under the Regulation of Lobbying Act 2015)

Tracey Conroy	All	05/09/2016 13:20:11
---------------	-----	---------------------

From: Tracey Conroy/SLAINTE
To: Tony Holohan/SLAINTE@slainte, Fergal Goodman/SLAINTE@slainte, Frances Spillane/SLAINTE@slainte, Greg Dempsey/SLAINTE@slainte, Colm O'Reardon/SLAINTE@slainte, Barry Murphy/SLAINTE@slainte
Cc: Fiona Mansergh/SLAINTE@slainte
Date: 05/09/2016 13:20
Subject: Winter Initiative meeting

All

HSE delayed and have asked for 2 pm meeting to be pushed to 2.15. Suggest we have our pre meet at 1.45.

Tracey

Sent from my BlackBerry 10 smartphone.



Re: Winter Initiative Meeting
ANGELA FITZGERALD

to:
Fiona Mansergh [redacted]
05/09/2016 13:09

Cc:
Tracey Conroy, Barry Murphy, Brian Murphy, "Fergal Goodma [redacted]", "Fiona Prendergas [redacted]", "Frances Spillan [redacted]",
"Greg Dempsey [redacted]", "Louise Carrigan [redacted]", "Marita Kinsella [redacted]", "Michael Burke [redacted]",
"Michael Smith [redacted]", "Patricia Lee [redacted]", Social Care, "Colette Bonner [redacted]", "Older People Social Care (Michael Fitzgerald)",
[redacted], Liam Woods, Primary Care

Hide Details
From: ANGELA FITZGERALD <angela.fitzgerald@health.gov.ie> Sort List..

To: "Fiona Mansergh [redacted]"
Cc: Tracey Conroy <[redacted]>, Barry Murphy <[redacted]>, Brian Murphy <[redacted]>, "Fergal Goodma [redacted]" <[redacted]>, "Fiona Prendergas [redacted]" <[redacted]>, "Frances Spillan [redacted]" <[redacted]>, "Greg Dempsey [redacted]" <[redacted]>, "Louise Carrigan [redacted]" <[redacted]>, "Marita Kinsella [redacted]" <[redacted]>, "Michael Burke [redacted]" <[redacted]>, "Michael Smith [redacted]" <[redacted]>, "Patricia Lee [redacted]" <[redacted]>, Social Care <[redacted]>, "Colette Bonner [redacted]" <[redacted]>, "Older People Social Care (Michael Fitzgerald)" <[redacted]>, "Performance.SocialCar [redacted]" <[redacted]>, Liam Woods <[redacted]>, Primary Care <[redacted]>
History: This message has been replied to.

Dear Fiona
The HSE team is having a final discussion in advance of our meeting. They have asked that we push the meeting out until 2.15 to allow for completion of the discussion.

I hope this is in order

Kind regards

Angela
Sent from my iPhone

On 5 Sep 2016, at 12:21, "Fiona Mansergh@health.gov.ie" <Fiona.Mansergh@health.gov.ie> wrote:

Dear All

Just to re-confirm with everyone that the Winter Initiative meeting this afternoon will be held in the Hawkins House 6th floor Meeting Room at 2pm today (Monday 5th September).

Many thanks and kind regards

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [redacted]
email: [redacted]

From: Fiona Mansergh@SLAINTE
To: Tracey Conroy@SLAINTE, Frances Spillane@SLAINTE, Greg Dempsey@SLAINTE, Fergal Goodman@SLAINTE, angela.fitzgerald@health.gov.ie, "Social Care" <[redacted]>
Cc: Brian Murphy <[redacted]>, Barry Murphy@SLAINTE, Patricia Lee@SLAINTE, Marita Kinsella@SLAINTE, Fiona Prendergas@SLAINTE, Louise Carrigan@SLAINTE, Michael Smith@SLAINTE, Michael Burke@SLAINTE
Date: 24/08/2016 17:27
Subject: Winter Initiative Meeting

Dear All

Just to let you all know that the Winter Initiative meeting will be held in the Hawkins House 6th floor Meeting Room at 11am tomorrow (Thurs 25th August).

Many thanks and kind regards,

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [redacted]
email: [redacted]

Email Disclaimer and; Legal Notice: <http://health.gov.ie/email-disclaimer/>

[REDACTED]

When we go through tough times, little things like talking to friends, getting regular exercise, eating less alcohol and staying active can make a big difference. The little things you do at your mental health can make a big difference.

"Tá an t-ábair seo sa ríomhphost seo (ceangaltáin san áireamh) faoi rún. Bainneann sé leis an té ar seoldadh chuige amháin agus tá sé ar intinn go bhfaighfidh siadsan amháin é agus gurb iadsan amháin a dhéanfaidh breithniú air. Más rud é nach tusa an duine atá tuairisc á dhéanamh, bheadh muid buíoch dá gcúirtá in iúit don Deasc Seirbhíse ECT ar an nguthán ag +353 1 6352757, nó ar an ríomhphost chuig service_desk@hse.ie agus ansin glan an ríomhphost seo de d'chóras."

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If this email has been received by you in error we would be grateful if you could immediately notify the ICT Service Desk by telephone at +353 1 6352757 or by email to service_desk@hse.ie and thereafter delete this e-mail from your system"

[REDACTED]

Re: Fwd: DRAFT Winter Plan 2016/ 2017 
Jason Sibley to: Fiona Mansergh

05/09/2016 08:43

History: This message has been replied to.

Have dropped the print outs up to her office - will have a go at the press release!

Jason Sibley M.Sc. M.I.S.
Acute Hospitals Policy Unit
Department of Health
Hawkins House
Hawkins Street
Dublin 2

Phone: 

E-mail: 

Fiona Mansergh

Tracey,

05/09/2016 08:23:38

From: Fiona Mansergh/SLAINTE
To: Jason Sibley/SLAINTE@slainte
Cc: Suzie Flood/SLAINTE@slainte
Date: 05/09/2016 08:23
Subject: Fwd: DRAFT Winter Plan 2016/ 2017

Hi Jason and Suzie

Please see below; if anyone's in before me, could someone print 5 copies for Tracey?

Secondly, based on these and maybe on what was released last year, can we start assembling a press release and speech?

Will be able to finalise after 2pm meeting.


Thanks a mill and hope you both had a good w/e

Cheers




F



Sent from my iPhone



Begin forwarded message:

From: "Tracey Conroy" <Tracey_Conroy@

Date: 3 September 2016 at 08:38:56 IST

To: "Frances Spillane" <Frances_Spillane@, "Fergal Goodman" <
Fergal_Goodman@ "Greg Dempsey" <Greg_Dempsey@

"Tony Holohan" <Tony_Holohan@ "Colm O'Reardon" <
Colm_OReardon@

Cc: "Fiona Mansergh" <Fiona_Mansergh@, "Joan Regan" <
Joan_Regan@

Subject: Fw: DRAFT Winter Plan 2016/ 2017

All

See attached in advance of Monday's 2pm meeting with HSE. It would be useful if we could take some time to discuss on Monday - suggest after informal Mgt Board meeting.

Regards

Tracey

Sent from my BlackBerry 10 smartphone.

From: Older People Social Care (Michael Fitzgerald) <olderpeople.socialca[REDACTED]>
Sent: Saturday, 3 September 2016 00:02
To: Tracey Conroy [REDACTED], Social Care ; ANGELA FITZGERALD (angela.fitzgeral[REDACTED])
Grace.Rothwell [REDACTED]; Primary Care (primarycare [REDACTED]); Liam Woods <liam.woods [REDACTED]>
(liam.woods [REDACTED]); kevin.kelleher [REDACTED]
Cc: Older People Social Care (Michael Fitzgerald)
Subject: DRAFT Winter Plan 2016/ 2017

Tracey,

Please find attached draft Winter Plan as a response to DOH observations on previous document. Please note that I am sending this on the understanding that it is in Draft format and subject to revision by the Director General.

It sets out the proposed outcomes and associated costs to a full year value of the €30m remaining of the overall €40m envelope.

It also outlines in detail the measures to achieve a 500 year end position on Delayed Discharges through the provision of Home Care, TCB with the support of hospital avoidance measures such as CIT etc.

It also incorporates measures to achieve targets related to ED performance. We will be reverting on further once off measures that can be achieved in 2016.

Michael Fitzgerald, Head of Operations and Service Improvement Services for Older People

HSE, Community Services Building, Rathass, Tralee, Co Kerry.

Tel: [REDACTED] Email: [REDACTED] Web:
www.hse.ie

[attachment "0.548.jpeg" deleted by Jason Sibley/SLAINTE] (See attached file: *Winter Plan report for DOH 2nd September 2016.docx*)(See attached file: *Appendix 1 for Winter Plan 2nd Sept 2016 final.xlsx*)



Fw: Press brief re winter initiative
Fiona Mansergh to: Sarah Cooney
Cc: M Joyce

07/09/2016 13:46

Hi folks

Just sent this to Joan

Cheers

f

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [REDACTED]
email: [REDACTED]

----- Forwarded by Fiona Mansergh/SLAINTE on 07/09/2016 13:45 -----

From: Fiona Mansergh/SLAINTE
To: Joan Regan/SLAINTE@SLAINTE
Date: 07/09/2016 13:44
Subject: Press brief re winter initiative

Hi Joan

Re the above, the release has been delayed until later this week, with a revised plan expected from the HSE by c.o.b. today. The Minister was on the airwaves yesterday to state that he needed a more detailed and comprehensive plan from the HSE prior to launch.

Given that it isn't fully agreed yet, I've therefore kept this as brief as possible; please advise if you think more detail would be appropriate?

Thanks!

Fiona



2016 Winter Initiative Press Brief 07092016v1.docx

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [REDACTED]
email: [REDACTED]

Press Brief -Winter Initiative 2016-17

The Winter Initiative 2016 – 2017, which will supply €40 million in order to manage the expected winter surge in demand for hospital care, is to be officially launched by the Minister for Health, Simon Harris T.D., by the end of the week.

The Winter Initiative, 2016-17 seeks to strike a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care. A comprehensive package of measures is being developed. These are intended to increase hospital capacity, reduce emergency department overcrowding, and ensure increased delivery of care in the community, such as home help and home care packages, to those who otherwise could not safely be discharged from hospital.

Despite year on year increases in ED attendances of approximately 5%, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015. Moreover, compliance with the national Patient Experience Time target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year.

The very welcome funding supplied via the Winter Initiative will allow further progress to be made in reducing ED overcrowding.

Acute Hospitals Policy Unit 1

07/09/2016

Press Brief -Winter Initiative 2016-17

- The Winter Initiative 2016 – 2017 will be launched by the Minister for Health, Simon Harris T.D., later this week. It will provide €40 million to manage the expected winter surge in demand for hospital care.
- The Initiative will seek to strike a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care. A comprehensive package of measures is being finalised.
- Measures are intended to increase hospital capacity, reduce emergency department overcrowding, and increase the availability of community care, which will facilitate timely discharge from hospital.
- Despite year on year increases in ED attendances of approximately 5%, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015.
- Moreover, compliance with the national Patient Experience Time target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year.
- The very welcome funding supplied via the Winter Initiative will allow further progress to be made to reduce ED overcrowding.

Acute Hospitals Policy Unit 1

07/09/2016

18



Re: Fw: URGENT : Winter Initiative 2016-2017 - for completion and submission by cob Wednesday 7 September 2016

Muiris O'Connor to: Tracey Conroy

07/09/2016 11:59

Cc: Fiona Mansergh; Marita Kinsella

Thanks Tracey.

Much appreciated.

Muiris

Muiris O'Connor | Assistant Secretary | R&D and Health Analytics | Department of Health

Tel.: [redacted] | Mobile: [redacted] | Email: Muiris_OConno [redacted]

Designated Public Official under the Regulation of Lobbying Act. See www.lobbying.ie.

Tracey Conroy | Hi Muiris. You mentioned an interest in the Winter Ini... | 07/09/2016 10:38:21

From: Tracey Conroy/SLAINTE
To: Muiris O'Connor/SLAINTE@SLAINTE
Cc: Fiona Mansergh/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@Slainte
Date: 07/09/2016 10:38
Subject: Fw: URGENT : Winter Initiative 2016-2017 - for completion and submission by cob Wednesday 7 September 2016

Hi Muiris

You mentioned an interest in the Winter Initiative at MAC on Monday.

See attached for info our latest communication on this with the HSE following a meeting on Monday afternoon. (I had sent you our previous obs to HSE on this last week in the context of the CIO's proposal to address waiting lists). I've also attached (i) HSE's original proposal (ii) Our detailed commentary of 11 August and (iii) HSEs second proposal of last Friday 2 September.

We are expecting a final draft from the HSE by cob today. Minister wants to be in a position to approve by end week.

Happy to discuss further.

Regards

Tracey

[attachment "HSE_Proposals to Support 2016-17 Winter Planning Process - 6th July.2016..pdf" deleted by Muiris O'Connor/SLAINTE] [attachment "Winter Initiative Proposal 2016_DoH Comments_11Aug2016.docx" deleted by Muiris O'Connor/SLAINTE]

[attachment "Winter Plan report for DOH 2nd September 2016.docx" deleted by Muiris O'Connor/SLAINTE] [attachment "Appendix 1 for Winter Plan 2nd Sept 2016 final.xlsx" deleted by Muiris O'Connor/SLAINTE]

Subject: Request for press briefing/speaking points for Minister Harris
Sent by: Sean Howlett

Colleagues,

The Minister's Advisor has requested a press brief on current issues.

As such, we would be grateful if you could provide updated speaking points/briefing on the following issues:

- Winter Initiative
- Waiting lists
- Protection of life
- Regulation of crisis pregnancy advice agencies
- Áras Attracta Report
- Future Health - Reform Programme
- Healthy Ireland

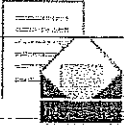
Please note that briefing for press interviews/doorsteps should be provided as 4-6 bulleted speaking points per topic/issue. If you wish to provide additional background briefing please attach this separately.

The deadline for providing this briefing is cob today.

If you have any questions please call me on ext. [redacted] and ext. [redacted]

Regards

Sean/Meg



Re: Request for press briefing/speaking points for Minister Harris
Press Office - Dept Health to: Fiona Mansergh
Sent by: Sean Howlett

07/09/2016 15:04

Cc: Press Office - Dept Health, Sarah Cooney, M Joyce, Joan Regan

Thanks Fiona

Really appreciate this

Best

Sean

Press and Communications Office, Department of Health |
www.health.gov.ie | Twitter @roinnsainte

Fiona Mansergh

Hi Sean Please find attached a brief on the Winter In...

07/09/2016 15:02:01

From: Fiona Mansergh/SLAINTE
To: Press Office - Dept Health/SLAINTE@SLAINTE
Cc: Sarah Cooney/SLAINTE@SLAINTE, M Joyce/SLAINTE@SLAINTE, Joan Regan/SLAINTE@SLAINTE
Date: 07/09/2016 15:02
Subject: Re: Request for press briefing/speaking points for Minister Harris

Hi Sean

Please find attached a brief on the Winter Initiative

Cheers

Fiona

[attachment "2016 Winter Initiative Press Brief 07092016v1.docx" deleted by Sean Howlett/SLAINTE]

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T:
email:

Press Office - Dept Health

Colleagues, The Minister's Advisor has requ...

07/09/2016 12:12:37

From: Press Office - Dept Health/SLAINTE
To: Acute Hospitals Policy Unit 1, Acute Hospitals Policy Unit 2, Acute Hospitals Policy Unit 3, Geraldine Luddy/SLAINTE@SLAINTE, Disability1, "Health and Wellbeing Programme" <Health_and_Wellbeing_Programm... International and Research Policy, Emer Brady/SLAINTE@SLAINTE, Tony Flynn/SLAINTE@SLAINTE, Universal Health Insurance
Cc: Colm O'Reardon/SLAINTE@SLAINTE, Press Office - Dept Health/SLAINTE@SLAINTE, Meg Laffan/SLAINTE@SLAINTE
Date: 07/09/2016 12:12

Press Brief -Winter Initiative 2016-17

- The Winter Initiative 2016 – 2017 will be launched by the Minister for Health, Simon Harris T.D., later this week. It will provide €40 million to manage the expected winter surge in demand for hospital care.
- The Initiative will seek to strike a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care. A comprehensive package of measures is being finalised.
- Measures are intended to increase hospital capacity, reduce emergency department overcrowding, and increase the availability of community care, which will facilitate timely discharge from hospital.
- Despite year on year increases in ED attendances of approximately 5%, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015.
- Moreover, compliance with the national Patient Experience Time target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year.
- The very welcome funding supplied via the Winter Initiative will allow further progress to be made to reduce ED overcrowding.

Acute Hospitals Policy Unit 1

07/09/2016

Press Brief - Winter Initiative 2016-17

- The Winter Initiative 2016 – 2017 will today be published by the HSE and launched by the Minister for Health, Simon Harris T.D. It will provide €40 million to manage the expected winter surge in demand for hospital care. The Initiative will seek to strike a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care.
- A comprehensive package of measures will be implemented, these are intended to increase hospital capacity, reduce emergency department overcrowding, and increase the availability of community care, which will facilitate timely discharge from hospital.
- Approximately 70 beds are to be added to existing hospital capacity (in addition to those that will become available through pre-existing construction projects that are almost complete).
- Minor Injury Clinic services in Dublin are to be expanded, thereby reducing pressure on nearby Emergency Departments
- Numbers of aids and appliances, Home Help and Home Care packages will be increased to facilitate the timely discharge of patients from hospital, enabling further recovery at home with more appropriate community supports.
- Numbers of transitional care beds will be increased, to support those who are waiting for long stay care, but who do not need to remain in an acute hospital setting.
- Community Intervention Teams, which can treat patients who would otherwise require hospital admission at home (for example, those who require intravenous antibiotics) are to be expanded in four locations: Dublin North, Louth/Meath, Galway/Roscommon and South Tipperary
- Integrated care programmes for older people are to be established, to better support older adults with complex care needs presenting at hospitals.
- An initiative to reduce waiting lists for orthopaedic surgery in general, and scoliosis in particular, will be implemented in Cappagh Orthopaedic and Tallaght Hospitals.
- The Initiative will also focus on governance, management and improved processes, in a non-resource dependent manner. These include the deployment of SDU Improvement Leads to Hospital Groups and Community Health Organisations, to

drive process improvement in nine hospitals previously deemed to have been under the most pressure in previously.

- Management and clinical governance arrangements across each hospital and community will be monitored carefully for the duration of the winter period, including requirements for weekly reporting on key metrics and deliverables.
- Despite year on year increases in ED attendances, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015. Moreover, compliance with the national Patient Experience Time target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year. The very welcome funding supplied via the Winter Initiative will allow further progress to be made to reduce ED and hospital overcrowding.

Acute Hospitals Policy Unit 1

07/09/2016



Fwd: Winter Plan 2017
Fiona Mansergh
to:
Fionnuala Duffy
08/09/2016 21:31
Hide Details
From: Fiona Mansergh/SLAINTE
To: Fionnuala Duffy/SLAINTE@slainte
Hi Fionnuala

For tomorrow morning;

Just forwarding this email from Fergal Goodman to Pat Healy as I couldn't see you on the cc list.

If you have this already, apologies!

Cheers f

Sent from my iPhone

Begin forwarded message:

From: "Fergal Goodman" <Fergal_Goodman@health.gov.ie>
Date: 8 September 2016 at 20:52:37 IST
To: "Social Care" <[redacted]>
Cc: "CFO" <cfo@hse.ie>, "ANGELA FITZGERALD" <[redacted]>, "Barry Murphy" <[redacted]>, "dgpa" <[redacted]>, "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "Liam Woods" <[redacted]>, "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "Michael Fitzgibbon" <[redacted]>, "[redacted]@health.gov.ie", "Mike Corbett" <[redacted]>, "Older People Social Care (Michael Fitzgerald)" <[redacted]>, "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "[redacted]@health.gov.ie", "Tracey conroy" <[redacted]>, <IRyYWNleSBjb25yb3kiIDxUcmFjZXIiY29ucm95QGhYWx0aC5nb3YuaWU=@lnt.noninternet.sub>, "Matthew Collins" <[redacted]>, "Majella Fitzpatrick" <[redacted]>, "[redacted]@health.gov.ie", "Meg Laffan" <[redacted]> ""
<Pg==@lnt.noninternet.sub>
Subject: Re: Winter Plan 2017

Pat

This is a follow-up to the telephone conversation that Frances Spillane, Tracey Conroy and I had with you this evening.

Firstly, the Department and the Minister greatly appreciate the work that has gone into the preparation of the Winter Initiative plans and consider that what the HSE submitted last night is an appropriate basis on which to proceed. The Minister will, I expect, write to the DG tomorrow to convey his agreement to the plan and to set out certain requirements in relation to monitoring and reporting against the plan. We envisage that the Minister will issue a press statement tomorrow, in conjunction with publication by the HSE of the plan itself so our respective press/comms functions will need to coordinate on that.

To assist you in bringing the document to finality, the points we covered in the discussion were as follows (I will confine comments to matters where some refinement is required):

- We note the "Assumptions and Dependencies" section on the first page and have no difficulty with these appearing in the document. However, presentationally we would suggest that these appear probably towards the end of the document, with the first page preferably featuring a summary of the key elements of the plan, so

that the focus of the beginning of the document is on the objectives and benefits which the plan aims to achieve.

- The Minister wishes to see the plan reference the beds previously funded and opened under last winter's initiative and which it is understood are to be open for this winter season, separately from the additional capacity being provided for in the 2016/7 Winter Initiative.
- On page 4, under action 2 (Recruit 7 integrated care teams...) the 24 additional WTEs appear to be dependent on funding being provided in the 2017 Estimates. As such, they should not be included in this document and should instead be tabled in the Estimates process. The "In ELS" language is unlikely to be understood by an external audience and something like "already funded" would be clearer.
- In the Acutes section (pp 9/10), our understanding is that the provision of extra beds will enable the stated number of patients in each hospital (Tullamore, Beaumont, Naas, Waterford and Mercy) to be treated in an appropriate setting rather than enabling net additional numbers to be treated. Can you please consider this point and if our interpretation is current, amend the language accordingly. If we have misconstrued the point about additional patients, please revert and clarify how net additional numbers will be able to be treated.
- In relation to Clonmel, given that the options described are not ones which could deliver additional capacity for the coming winter, the Minister considers that these could be referenced as matters to be examined, but not as up-front elements of the 2016/7 plans. We mentioned on the phone the Minister's question as to whether the [REDACTED] could be more effectively focused on reopening of beds in Cashel which he has been given to understand may be available.
- Finally, on a formatting point, the columns in the document should be titled A-J. The draft template that we sent the HSE had some errors in this regard that just need to be tidied up.

Kind regards

Fergal

Fergal Goodman
Assistant Secretary
Primary Care Division
Department of Health
Dublin
D02 VV90

Tel. [REDACTED]

I am a designated public official under the Regulation of Lobbying Act 2015.

CFO ---07/09/2016 21:41:23---Dear Tracey, Attached Winter Plan as requested.

From: CFO <cfo@hse.ie>
To: Tracey Conroy <Tracey.conroy@health.gov.ie>
Cc: "Louise Carrigan@health.gov.ie" <Louise.Carrigan@health.gov.ie>, "Tony Holohan@health.gov.ie" <Tony.Holohan@health.gov.ie>, "Michael Smith@health.gov.ie" <Michael.Smith@health.gov.ie>, "Older People Social Care (Michael Fitzgerald)" <olderpeople.socialcare@hse.ie>, Liam Woods <liam.woods@hse.ie>, ANGELA FITZGERALD <angela.fitzgerald@hse.ie>, dgpa <dgpa@hse.ie>, "Fiona Mansergh@health.gov.ie" <Fiona.Mansergh@health.gov.ie>, "Frances Spillane@health.gov.ie" <Frances.Spillane@health.gov.ie>, Barry Murphy <Barry.murphy@health.gov.ie>, "Patricia Lee@health.gov.ie" <Patricia.Lee@health.gov.ie>, "Fergal Goodman@health.gov.ie" <Fergal.Goodman@health.gov.ie>, "Michael Burke@health.gov.ie" <Michael.Burke@health.gov.ie>, "Greg Dempsey@health.gov.ie" <Greg.Dempsey@health.gov.ie>, "Fiona Prendergast@health.gov.ie" <Fiona.Prendergast@health.gov.ie>, Mike Corbett <mike.corbett1@hse.ie>, CFO <cfo@hse.ie>
Date: 07/09/2016 21:41
Subject: Winter Plan 2017

Dear Tracey,

Attached Winter Plan as requested.

Best regards

Stephen

Stephen Mulvany
Chief Financial Officer & Interim Deputy Director General (HSE)

Email: cfo@hse.ie

.....

When we go through tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

.....

"Tá an fhaisnéis sa ríomhphost seo (ceangaltáin san áireamh) faoi rún. Baineann sé leis an té ar seoladh chuige amháin agus tá sé ar intinn go bhfaighfidh siadsan amháin é agus gurb iadsan amháin a dhéanfaidh breithniú air. Más rud é nach tusa an duine ar leis é, tá cosc iomlán ar aon fhaisnéis atá ann, a úsáid, a chraobhscaoileadh, a scaipeadh, a nochtadh, a fhoilsiú, ná a chóipeáil. Seans gurb iad tuairimí pearsanta an údar atá san ríomhphost agus nach tuairimí ESS iad.

Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in iúil don Deasc Seirbhísi ECT ar an nguthán ag [+353 1 6352757](tel:+35316352757) nó ar an ríomhphost chuig service.desk@hse.ie agus ansin glan an ríomhphost seo ded' chóras."

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If this email has been received by you in error we would be grateful if you could immediately notify the ICT Service Desk by telephone at [REDACTED] or by email to [\[REDACTED\]](mailto:[REDACTED]) and thereafter delete this e-mail from your system"

.....

[attachment "ltr re Winter Plan.docx" deleted by Fergal Goodman/SLAINTE] [attachment "ATT00001.htm" deleted by Fergal Goodman/SLAINTE] [attachment "WINTER INITIATIVE TEMPLATE 2016-2017 21.10pm.docx" deleted by Fergal Goodman/SLAINTE] [attachment "ATT00002.htm" deleted by Fergal Goodman/SLAINTE]

22



Fw: Winter Initiative

Tracey Conroy, Fergal Goodman, Tony
Dave Walsh to: Holohan, Fionnuala Duffy, Fiona Mansergh,
Louise Carrigan, Fiona Prendergast

08/09/2016 17:12

Folks

Please see below.

We are working on additional piece for letter and will revert shortly.

Dave

Dave Walsh
Services for Older People
Department of Health

----- Forwarded by Dave Walsh/SLAINTE on 08/09/2016 17:07 -----

From: Barry Murphy/SLAINTE
To: Frances Spillane/SLAINTE@SLAINTE
Cc: Dave Walsh/SLAINTE@SLAINTE
Date: 08/09/2016 16:40
Subject: Fw: Winter Initiative

Frances,

below prepared by Dave. I agree with it.

b

Barry/Frances

For now I got in touch with Eithne McAuliffe in Michael Fitzgerald's office She clarified a number of points re Social Care proposal.

1. HCP

Deliver extra 650 HCP's by end of year at a estimated cost of [redacted], increase to 950 by end Feb 2017 with full year cost of [redacted] (avg cost c. [redacted])

Please note the Packages they are providing to hospitals are more expensive than those in Community - average cost of [redacted] per week per package almost double normal [redacted] Average cost for HCPs provided in 2016 looks much less than that as packages will be allocated on a rolling basis to year end.

Basis of 2016 estimate

Week	No of HCPs	Estimated Cost	Weeks to end year	Total
1	50	[redacted]	13	[redacted]
2	50	[redacted]	12	[redacted]
3	50	[redacted]	11	[redacted]
4	50	[redacted]	10	[redacted]
5	50	[redacted]	9	[redacted]
6	50	[redacted]	8	[redacted]
7	50	[redacted]	7	[redacted]

8	50	[REDACTED]	6	[REDACTED]
9	50	[REDACTED]	5	[REDACTED]
10	50	[REDACTED]	4	[REDACTED]
11	50	[REDACTED]	3	[REDACTED]
12	50	[REDACTED]	2	[REDACTED]
13	50	[REDACTED]	1	[REDACTED]
Estimated Cost				

This is expected to achieve by end year an average of 50 DD reductions by hospital / including DD avoidance. Estimated cost of €14.6m calculated on same basis as above for 2017.

2. Transitional Care -€6.5m Q4 2016 and €6.1m full year 2017.

Some rounding up here. Patients are averaging nearly 3 weeks in a transitional care bed at a cost of [REDACTED] Nearly 6m will cover the current rate of approvals [REDACTED] for 109 per week) until end of year with the remaining amount (c 500k) providing an additional 15 approvals per week until Feb 2017 reverting back to current approval rate (152/week) from then.

Combination of limited bed capacity + lack of take up some Dublin Hospitals is reason why they are looking at additional 15 as realistic target.

Eithne agreed that mentioning 15 cases per week in column c was confusing. This will be amended.

3. Complex Cases (€610k)

This is in respect of mostly legal cases-ie ward of courts etc. This is once off funding in 2016. These patients are expected to transition to NHSS funding within c. 6 months, after which they will not be replaced. Amount sought would allow transitional care funding for 18 DD's for c. 26 weeks [REDACTED]

With regard to "Assumptions" relating to this area, we would suggest the following text:-

" It is assumed that the demand for homecare will continue to increase in line with current trends."

Dave

Dave Walsh
 Services for Older People
 Department of Health
 [REDACTED]



Re: Hospital Consultants Association
Mary Jane Trimble to: Fiona Mansergh

08/09/2016 15:28

Super,
Thanks so much

Mary Jane Trimble
Acute Hospitals Policy Unit 2
Room 2.26, Department of Health, Hawkins House, Dublin 2, D02 VW90

[Redacted]

Fiona Mansergh

Hi Mary Jane Here's the press bullet points for the...

08/09/2016 11:24:55

From: Fiona Mansergh/SLAINTE
To: Mary Jane Trimble/SLAINTE
Cc: M Joyce/SLAINTE@SLAINTE
Date: 08/09/2016 11:24
Subject: Hospital Consultants Association

Hi Mary Jane

Here's the press bullet points for the WI from yesterday. Approved by Joan in current format. May be able to supply more detail once it has been approved (but maybe that's not appropriate in the context of a much more general speech).

Let me know if you need anything else, anyway

Cheers

Fiona

[attachment "2016 Winter Initiative Press Brief 07092016v1.docx" deleted by Mary Jane Trimble/SLAINTE]

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [Redacted]
email: [Redacted]

20



Re: Winter Plan 2017
Fiona Mansergh to: Tracey Conroy

08/09/2016 08:24

Hi Tracey

I got the original submission last night. Still on way in but my first immediate comment would be that it's better...however the Mercy beds are still in? In a different category than the other beds. Also wondering about contingency fund?

Will have a closer look on a bigger screen once in work.

Also meant to ask what is needed re release? Press release? Speech? Note to Minister? We may of course not be there yet?

Cheers f

Sent from my iPhone

On 8 Sep 2016, at 07:51, Tracey Conroy <Tracey_Conroy@health.gov.ie> wrote:

Fiona

For review and obs this morning.

Thanks

Tracey

Sent from my BlackBerry 10 smartphone.

From: CFO <[redacted]>

Sent: Wednesday, 7 September 2016 21:41

To: Tracey conroy

Cc: [redacted]@health.gov.ie; [redacted]@health.gov.ie; Older People Social Care (Michael Fitzgerald); Liam Woods; ANGELA FITZGERALD; dgpa; [redacted]@health.gov.ie; [redacted]@health.gov.ie; Barry Murphy; [redacted]@health.gov.ie; [redacted]@health.gov.ie; [redacted]@health.gov.ie; [redacted]@health.gov.ie; [redacted]@health.gov.ie; Mike Corbett; CFO

Subject: Winter Plan 2017

Dear Tracey,


Attached Winter Plan as requested.

Best regards

Stephen

Stephen Mulvany
Chief Financial Officer & Interim Deputy Director General (HSE)
Email: [redacted]



Re: Fw: Winter Plan 2017 
Fionnuala Duffy to: Tracey Conroy
Cc: Joan_Regan, Fiona_Mansergh

08/09/2016 11:58

Tracey - a couple of key points

1 ability to secure and retain staff noted as an assumption and dependency - and particularly relevant for all the additional acute bed capacity provision

based on recruitment track record this could be a major challenge in implementing these initiatives before year end - perhaps there have been discussion with HSE re the recruitment drive proposals and the feasibility of securing required staff ?

2 Plan does not specify where specific responsibility lies on implementing each of the individual actions -perhaps that detail is available at HSE level

3 The plan appears to requires very significant investment overall just to reduce DD down to 500

4. Some of the descriptions for expected activity are more relevantly described as actions as they do not set out actual service activity

5. Presume there is a rationale e to including orthopaedic WLI here - the spend of €7m in 2016 seems ambitions given the orthopaedic staffing challenges

However no indication that
Regards
Fionnuala Duffy
Head of Unit
Acute Hospitals Policy Unit 2
Department of Health
Hawkins House
Dublin 2

Telephone 
Mobile 

Tracey Conroy

All The Minister has asked for our position on this to...

08/09/2016 10:11:53

From: Tracey Conroy/SLAINTE
To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Colm O'Reardon/SLAINTE@SLAINTE
Cc: Fiona Mansergh/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE, Joan Regan/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@SLAINTE, Barry Murphy <Barry_murphy@health.gov.ie>, Louise Carrigan/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE
Date: 08/09/2016 10:11
Subject: Fw: Winter Plan 2017

All

The Minister has asked for our position on this today, with a view to publishing today or tomorrow. Grateful if we could meet to discuss - suggest at 2.30pm. Let me know if that suits and we'll revert with venue.

Thanks

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: +353-1- [redacted]

----- Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 10:07 -----

From: CFO <cfo@hse.ie>
To: Tracey conroy <Tracey_conroy@health.gov.ie>
Cc: "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "Older People Social Care (Michael Fitzgerald)" <[redacted]@health.gov.ie>, Liam Woods <liam.woods@hse.ie>, ANGELA FITZGERALD <[redacted]@hse.ie>, dgpa <dgpa@hse.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "Ancees- Spitzer" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "Benny Murphy" <Benny_murphy@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@health.gov.ie" <[redacted]@health.gov.ie>, "[redacted]@hse.ie", CFO <[redacted]@hse.ie>
Date: 07/09/2016 21:41
Subject: Winter Plan 2017

Dear Tracey,

Attached Winter Plan as requested.

Best regards

Stephen

Stephen Mulvaný
Chief Financial Officer & Interim Deputy Director General (HSE)
Email: [redacted]

.....

When we go through tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

"Tá an fhaisnéis sa ríomhphost seo (ceangaltáin san áireamh) faoi rún. Baineann sé leis an té ar seoladh chuige amháin agus tá sé ar intinn go bhfaighfidh siadsan amháin é agus gurb iadsan amháin a dhéanfaidh breithniú air. Más rud é nach tusa an duine ar leis é, tá cosc iomlán ar aon fhaisnéis atá ann, a úsáid, a chraobhscaoileadh, a scaipeadh, a nochtadh, a fhoilsiú, ná a chóipeáil. Seaḡns gurb iad tuairimí pearsanta an údar atá san ríomhphost agus nach tuairimí FSS iad.

Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in úil don Deasc Seirbhísí ECT ar an nguthán ag [+353 1 6352757](tel:+35316352757) nó ar an ríomhphost chuig service.desk@hse.ie agus ansin glan an ríomhphost seo ded' chóras."

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[attachment "ltr re Winter Plan.docx" deleted by Fionnuala Duffy/SLAINTE] [attachment "ATT00001.htm" deleted by Fionnuala Duffy/SLAINTE] [attachment "WINTER INITIATIVE TEMPLATE 2016-2017 21.10pm.docx" deleted by Fionnuala Duffy/SLAINTE] [attachment "ATT00002.htm" deleted by Fionnuala Duffy/SLAINTE]



Fw: Winter Plan 2017
Tracey Conroy to: Fiona Mansergh
Cc: Joan Regan, Fionnuala Duffy, Marita Kinsella

08/09/2016 07:51

History: This message has been replied to.

3 attachments



ltr re Winter Plan.docx WINTER INITIATIVE TEMPLATE 2016-2017 21.10pm.docx ATT00001.htm

Fiona

For review and obs this morning.

Thanks

Tracey

Sent from my BlackBerry 10 smartphone.

From: CFO <cfo@hse.ie>

Sent: Wednesday, 7 September 2016 21:41

To: Tracey conroy

Cc: Louise_Carrigan@health.gov.ie; Tony_Holohan@health.gov.ie; Michael_Smith@health.gov.ie; Older People Social Care (Michael Fitzgerald); Liam Woods; ANGELA FITZGERALD; dgpa; Fiona_Mansergh@health.gov.ie; Frances_Spillane@health.gov.ie; Barry Murphy; Patricia_Lee@health.gov.ie; Fergal_Goodman@health.gov.ie; Michael_Burke@health.gov.ie; Greg_Dempsey@health.gov.ie; Fiona_Predergast@health.gov.ie; Mike Corbett; CFO

Subject: Winter Plan 2017

Dear Tracey,

Attached Winter Plan as requested.

Best regards

Stephen

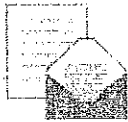
Stephen Mulvany

Chief Financial Officer & Interim Deputy Director General (HSE)

Email: [REDACTED]

.....

25



Fw: Draft Letter
Fionnuala Duffy to: Tracey Conroy
Cc: Fiona_Mansergh

08/09/2016 18:24

Tracey - have done some further work on Fiona's draft revised letter attached We will finalise on the queries for Appendix 1 in am



Letter, Tracey Conroy to Stephen Mulvany, re final WI submission.docx

Have given Fiona feedback on draft press release

Clarified all acute action queries with Angela F

Regards
Fionnuala Duffy
Head of Unit
Acute Hospitals Policy Unit 2
Department of Health
Hawkins House
Dublin 2

Telephone [REDACTED]
Mobile: [REDACTED]

----- Forwarded by Fionnuala Duffy/SLAINTE on 08/09/2016 18:21 -----

From: Fiona Mansergh/SLAINTE
To: Fionnuala Duffy/SLAINTE@SLAINTE
Date: 08/09/2016 16:33
Subject: Draft Letter

Hi Fionnuala

Many thanks, please find attached as discussed

Cheers

Fiona

[attachment "Letter, Tracey Conroy to Stephen Mulvany, re final WI submission.docx" deleted by Fionnuala Duffy/SLAINTE]

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [REDACTED]

HSE Acute Hospitals Division

Health Service Executive

Dr. Steevens' Hospital

Dublin 8

8th September, 2016

Dear Mr Mulvany

First of all, I would like to take the opportunity to thank you and your colleagues for all of the hard work and effort that has gone into the preparation of the Winter Initiative 2016 submission. The Initiative provides a comprehensive package of measures which strikes a balance between hospital-avoidance measures, supporting patient flow through acute hospitals and increased availability of social care. Having consulted with my colleagues, we will be happy to proceed with this in its current format, we would just like to take the opportunity to raise a few issues with you, for clarification prior to publication.

1. Impact Targets

In terms of impact targets, we note that delayed discharges are to be reduced to less than 500. The measures outlined by Social Care alone are projected to achieve this; however, those listed under Primary Care (CITs, Aids and Appliances) will also have an impact on delayed discharges. Would it be possible to indicate the likely scale of this predicted impact? Similarly, the Integrated Care Programme for Older Persons may have an effect?

Would it also be possible to indicate that 500 is an interim target for this Initiative and that we hope to continue to reduce delayed discharges beyond this? Similarly, the 6 hour PET target is one that we would hope to move beyond in the future. We do not think it in the best interests of either the HSE or the Department to unintentionally imply that either target is acceptable in the long term; an indication that progress beyond these targets is desirable in the longer term would be helpful?

Finally, we had understood the 8am TrolleyGAR threshold to be 220 (not 236); 220 is recorded as the RED threshold on all of the .pdfs?

2. Assumptions and Dependencies

We fully understand the need to include assumptions and dependencies, and you are of course correct in stating that unusually high demand and other factors could hypothetically have an adverse effect on delivery. However, we would advise, prior to publication, that this section might be moved to the end of the submission; we would prefer to focus on the very positive effects of the proposed initiative, towards the beginning of the document.

3. Health and Wellbeing

We appreciate the additional detail provided with respect to the influenza vaccination measures and are happy to proceed with this as it stands.

4. Frail Elderly and ICP OP

We appreciate the additional detail provided with respect to the ICP OP programme; however, given current uncertainty with respect to ELS/Estimates, we would be grateful if you could replace the reference to these in the cost columns with "no additional funds required" or "no additional funds assigned under this Initiative " or similar.

5. Primary Care

Would it be possible to indicate the likely impact of the CIT expansion and additional aids and appliances in terms of admission avoidance and/or reduction in delayed discharges?

6. Social Care

Would it be possible to ask for more detail with respect to the costings behind the home care provision figures? 950 new HCPs are planned for the duration of the Winter Initiative period; however, 50 per week over a 24 week interval works out as 1200.

Comment [FM1]: Is the period actually 24 weeks? More to be added re TC beds and legal complexity

7. Acute Hospitals

We are enthusiastic with respect to the provision of extra beds, but are very concerned that delivery of both beds and staff should be achieved by November of this year; in the event of inability to recruit permanent staff, can we seek assurances that agency staff (as mentioned in the Contingency section) can be supplied?

We are very aware of the need to provide extra capacity in South Tipperary General Hospital; however, neither of the options described seem likely to be deliverable within the timeframe of the Initiative. We would suggest that the patient hotel approach be pursued in parallel, while the second option seems more appropriate for Winter 2017/18. Are there any other measures that could be taken to expand capacity in Clonmel, within the timeframe of this Initiative?

We are happy with proposals in respect of Minor Injuries, Ortho/Scoliosis and the Mater Private/Public respiratory collaboration, however, we would ask for confirmation that this involves temporary purchase of 10 respiratory beds from the private hospital for public use?

Contingency measures are a sensible addition to the plan, but we would ask you to supply more detail in respect of planned expenditure at the end of September as promised.

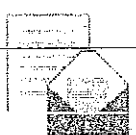
With many thanks again

Yours sincerely

Tracey Conroy

Acute Hospitals Policy Division

Department of Health



Fw: Winter Plan 2017

Tracey Conroy to: Fergal Goodman, Frances Spillane, Tony Holohan, Greg Dempsey, Colm O'Reardon

08/09/2016 11:07

Cc: Fiona Mansergh, Fionnuala Duffy, Joan Regan, Marita Kinsella, Barry Murphy, Louise Carrigan, Fiona Prendergast

All

Venue is my room.

Thanks

Tracey

----- Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 10:55 -----

From: Tracey Conroy/SLAINTE
 To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Colm O'Reardon/SLAINTE@SLAINTE
 Cc: Cc: Fiona Mansergh/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE, Joan Regan/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@Slainte, Barry Murphy [REDACTED], Louise Carrigan/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE
 Date: 08/09/2016 10:26
 Subject: Fw: Winter Plan 2017

All

Sorry - 12 noon seems to suit most people better.

Tracey

Tracey Conroy
 Assistant Secretary
 Acute Hospitals Policy
 Department of Health
 Hawkins Street, Dublin 2
 Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 10:24 -----

From: Tracey Conroy/SLAINTE
 To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Colm O'Reardon/SLAINTE@SLAINTE
 Cc: Fiona Mansergh/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE, Joan Regan/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@Slainte, Barry Murphy [REDACTED], Louise Carrigan/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE
 Date: 08/09/2016 10:11
 Subject: Fw: Winter Plan 2017

All

The Minister has asked for our position on this today, with a view to publishing today or tomorrow.

Grateful if we could meet to discuss - suggest at 2.30pm. Let me know if that suits and we'll revert with venue.

Thanks

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 10:07 -----

From: CFO [REDACTED]
To: Tracey conroy [REDACTED]
Cc: [REDACTED]
[REDACTED]
[REDACTED] "Older People Social Care (Michael Fitzgerald)"
[REDACTED] Liam Woods [REDACTED], ANGELA FITZGERALD
[REDACTED], dgpa [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Mike Corbett [REDACTED], CFO [REDACTED]

Date: 07/09/2016 21:41
Subject: Winter Plan 2017

Dear Tracey,

Attached Winter Plan as requested.

Best regards

Stephen

Stephen Mulvany
Chief Financial Officer & Interim Deputy Director General (HSE)
Email [REDACTED]

.....



Re: Fw: Winter Plan 2017
Services to: Fiona Mansergh
Sent by: Lorraine Doyle

08/09/2016 10:22

History: This message has been replied to.

Fiona
Apologies, I've booked you into the 7th Floor Conference as it's an afternoon meeting and that will hold up to 16 people.
Kind regards
Lorraine

Fiona Mansergh

Dear Services I urgently need a conference room for...

08/09/2016 10:15:46

From: Fiona Mansergh/SLAINTE
To: Services/SLAINTE@SLAINTE
Date: 08/09/2016 10:15
Subject: Fw: Winter Plan 2017

Dear Services

I urgently need a conference room for discussion of the Winter Initiative plans; Tracey was looking for the 6th floor but I note it is already booked. Is there another suitable large room? 12-15 attendees.

Many thanks for your help

Fiona

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [REDACTED]
email: [REDACTED]
----- Forwarded by Fiona Mansergh/SLAINTE on 08/09/2016 10:13 -----

From: Tracey Conroy/SLAINTE
To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Colm O'Reardon/SLAINTE@SLAINTE
Cc: Fiona Mansergh/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE, Joan Regan/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@SLAINTE, Barry Murphy [REDACTED] Louise Carrigan/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE
Date: 08/09/2016 10:11
Subject: Fw: Winter Plan 2017

All

The Minister has asked for our position on this today, with a view to publishing today or tomorrow. Grateful if we could meet to discuss - suggest at 2.30pm. Let me know if that suits and we'll revert with venue.

Thanks

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 10:07 -----

From: CFO [REDACTED]
To: Tracey conroy [REDACTED]
Cc: [REDACTED], [REDACTED], [REDACTED],
[REDACTED], "Older People Social Care (Michael Fitzgerald)"
[REDACTED], Liam Woods [REDACTED], ANGELA FITZGERALD
[REDACTED], dgpa [REDACTED],
[REDACTED], Barry Murphy [REDACTED],
[REDACTED], [REDACTED], [REDACTED],
[REDACTED], [REDACTED], [REDACTED],
[REDACTED], [REDACTED], CFO [REDACTED]

Date: 07/09/2016 21:41
Subject: Winter Plan 2017

Dear Tracey,

Attached Winter Plan as requested.

Best regards

Stephen

Stephen Mulvany
Chief Financial Officer & Interim Deputy Director General (HSE)
Email [REDACTED]

.....

27



press statement
Fiona Mansergh to: Fionnuala Duffy

09/09/2016 09:29

Hi Fionnuala

Please find attached amended version as suggested.

Cheers

Fiona



2016 Winter Initiative Press Brief 08092016v2 short.docx

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: (0) [REDACTED]
email: [REDACTED]

Fionnuala Duffy | thanks will look at in morning but need to be clear th... | 08/09/2016 18:20:48

From: Fionnuala Duffy/SLAINTE
To: Fiona Mansergh/SLAINTE@SLAINTE
Date: 08/09/2016 18:20
Subject: Re: Flu vaccine


thanks will look at in morning but need to be clear that it is a HSE initiative that the Minister is welcoming

Regards
Fionnuala Duffy
Head of Unit
Acute Hospitals Policy Unit 2
Department of Health
Hawkins House
Dublin 2

Telephone: [REDACTED]
Mobile: [REDACTED]

Fiona Mansergh | Hi Fionnuala. Just realised I left the flu vaccine out... | 08/09/2016 17:14:07



Re: Flu vaccine 
Fionnuala Duffy to: Fiona Mansergh

08/09/2016 18:20

History: This message has been replied to.

thanks will look at in morning but need to be clear that it is a HSE initiative that the Minister is welcoming

Regards
Fionnuala Duffy
Head of Unit
Acute Hospitals Policy Unit 2
Department of Health
Hawkins House
Dublin 2

Telephone (+3531)6354250
Mobile: 087 4174879

Fiona Mansergh

Hi Fionnuala. Just realised I left the flu vaccine out...

08/09/2016 17:14:07

From: Fiona Mansergh/SLAINTE
To: Fionnuala Duffy/SLAINTE@SLAINTE
Date: 08/09/2016 17:14
Subject: Flu vaccine

Hi Fionnuala.

Just realised I left the flu vaccine out of the press release (apologies).

Amended version attached, last sentence in para 3 if you're already working on this and need to cut and paste?

Apologies again

Fiona

[attachment "2016 Winter Initiative Press Brief 08092016v2 short.docx" deleted by Fionnuala Duffy/SLAINTE]

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

*T: (01) 635 4713
email: Fiona_Mansergh@health.gov.ie*

Press Statement, September 9th, 2016

Statement by Minister Simon Harris:

Winter Initiative 2016-2017

I am delighted to welcome the launch by the HSE of the Winter Initiative 2016 – 2017, which will provide €40 million to manage the expected winter surge in demand for hospital care. The Initiative will seek to strike a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care.

A comprehensive package of measures will be implemented, intended to increase hospital capacity, reduce emergency department overcrowding, and increase the availability of community care, thereby facilitating timely discharge from hospital.

Measures include the expansion of hospital and transitional care bed capacity, minor injury clinic provision in Dublin, and Community Intervention Teams. An initiative to reduce waiting lists for orthopaedic surgery, including scoliosis, will be implemented in Cappagh Orthopaedic and Tallaght Hospitals. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included.

Numbers of aids and appliances, Home Help and Home Care packages will be increased to facilitate the timely discharge of patients from hospital, enabling further recovery at home with more appropriate community supports. Integrated care programmes for older people are to be established, to better support older adults with complex care needs presenting at hospitals.

The Initiative will also focus on governance, management and improved processes, in a non-resource dependent manner. These include the deployment of Special Delivery Unit Improvement Leads to Hospital Groups and Community Health Organisations, to drive process improvement in nine hospitals deemed to have been under significant pressure.

Management and clinical governance arrangements across each hospital and community will be monitored carefully for the duration of the winter period, including requirements for weekly reporting on key metrics and deliverables.


Despite year on year increases in ED attendances, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015. Moreover, compliance with the national Patient Experience Time target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year.

The very welcome funding that will be supplied via the Winter Initiative will allow further progress to be made to reduce hospital overcrowding and waiting lists, issues central to improved performance in our Health service.

ENDS.

Acute Hospitals Policy Division, 08/09/2016



Re: Note for D/Taoiseach re trolleys 
Joan Regan to: Fiona Mansergh

09/09/2016 10:42

some suggested revisions in attached - and comments - need to sign it



Note on EDs 09092016_v2.docx

Joan Regan
Acute Hospitals Policy 3
Dept of Health
Dublin 2

Tel: 00 353 [redacted]
Fax: 00 353 [redacted]

Fiona Mansergh

Hi Joan Many thanks, please find attached

09/09/2016 10:26:08

From: Fiona Mansergh/SLAINTE
To: Joan Regan/SLAINTE@SLAINTE
Cc: Jason Sibley/SLAINTE@SLAINTE
Date: 09/09/2016 10:26
Subject: Note for D/Taoiseach re trolleys

Hi Joan

Many thanks, please find attached

Cheers

[attachment "Note on EDs 09092016_v1.docx" deleted by Joan Regan/SLAINTE]

*Dr. Fiona Mansergh
Assistant Principal, Acute Hospitals Policy Unit
Department of Health
Room 2.29, Hawkins House
Hawkins St., Dublin 2.
D02 VW90*

T: [redacted]
email: [redacted]

Trolleys and EDs - Briefing Note for An Taoiseach 09/09/2016

Pressures on EDs have been rising, as the population is both growing and ageing. To date, the HSE has reported an average increase in ED attendances of 5.3% compared with the same period last year. Despite this increase in attendance, there has been a decrease of almost 5% in the number of patients waiting on trolleys this year to date, compared with the same period in 2015.

Compliance with the 24 hour Patient Experience Time (PET) target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year. Furthermore, the most recent patient experience times (4th Sept 2016) show that 68% of patients completed their episode of care in ED within 6 hours, and 82% within 9 hours of registration.

See **Appendix 1** for further performance data.

Reducing Emergency Department Overcrowding:

While this improvement is welcome, it is clear that more can be done to address ED overcrowding. A four-pronged approach continues to be followed to address this issue.

a) Hospital avoidance: developing alternative services to EDs:

Ongoing measures with regard to hospital avoidance include the expansion of Community Intervention teams, Primary Care Centres, Out of Hours GP services, and extension of GP services. These include increased access through GPs to diagnostic services, such as X-ray and ultrasound, and provision of minor surgery in GP practices.

b) Increasing Hospital Capacity

Additional funding provided to the HSE via the Winter Beds Initiative 2015, has increased bed capacity in acute hospitals by approximately 300 beds. Major capital projects currently underway include: a new ward block and adult mental health unit at GUH; new EDs in Kilkenny and Limerick; and an extension at Our Lady of Lourdes Hospital in Drogheda. 750 nurses and almost 80 additional consultants have been employed to increase staffing capacity since 2015.

c) Supporting timely patient discharge from hospital

Performance in relation to delayed discharges improved during 2015. However, numbers have increased again in 2016; delayed discharges reached 624 on 6 September 2016 (see **Appendix 2**). Nursing Home Support Scheme application wait times have been maintained at a maximum of 4 weeks. Funding of homecare services under the Winter Initiative (see below) will be critical to reverse the upward trajectory and alleviate consequent pressure on EDs.

d) Improving Patient Flow and Responsiveness to surges in demand for ED care

Special Delivery Unit reviews have been conducted at all but 2 hospitals, in order to evaluate progress on implementation of the ED Taskforce Action Plan and the Escalation Framework; and to drive operational grip and process improvements at hospital level. Areas identified for improvement include: better use of data and demand capacity management; improved care planning; frail elderly pathways; seven-day working and staff task transfer.

“Winter Initiative” 2016-2017

The HSE will today launch the Winter Initiative 2016 – 2017, which will provide €40 million to manage the expected increase in demand for health services during the winter. The Initiative strikes a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care, thereby facilitating timely discharge from hospital.

Measures include:

- expansion of hospital and transitional care bed capacity,
- minor injury clinic provision in Dublin
- Expansion of Community Intervention Teams.
- Reduction of waiting lists for orthopaedic surgery, including scoliosis, to be implemented in Cappagh Orthopaedic and Tallaght Hospitals.
- Increased provision of aids and appliances,
- Increased provision of Home Help and Home Care packages
- Establishment of Integrated care programmes for older people, initially at 7 sites.
- Initiatives to increase influenza vaccine uptake by health care workers and older adults

The Initiative will also focus on governance, management and improved processes. These include the deployment of SDU Improvement Leads to Hospital Groups and CHOs, to drive process improvement in nine target hospitals.

Management and clinical governance arrangements across each hospital and community will be monitored carefully during the winter period, including requirements for weekly reporting on key metrics and deliverables. **Key proposed outcome measures** will include, *inter alia*:

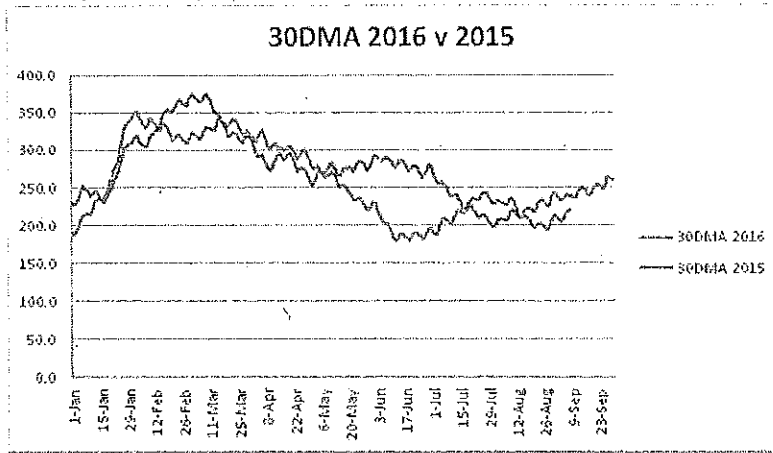
- achieving further reductions in delayed discharges (initially to below 500)
- implementation of care pathways for patients 85 years and over
- improved compliance with the ED PET KPIs for 6 hours, 9 hours, patients 75 years and over and the 24 hour time-limit in ED.
- Trolley numbers at or below the 8am TrolleyGAR threshold

Appendix 1 – UNSCHEDULED CARE

1. TrolleyGAR – 8am Trolley numbers

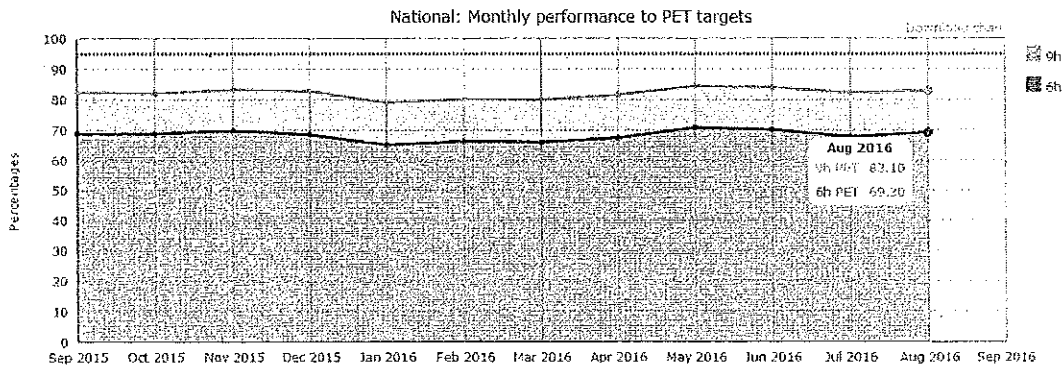
This morning's (Friday 09/09/2016) TrolleyGar report showed 266 patients waiting on trolleys at 8am, with 109 of those patients waiting over 9 hours. The position for same 'Day of Week' last year at 8am was 230 on trolleys with 87 waiting over 9 hours.

TrolleyGAR 30 Day Moving Average (to 8th September 2016)

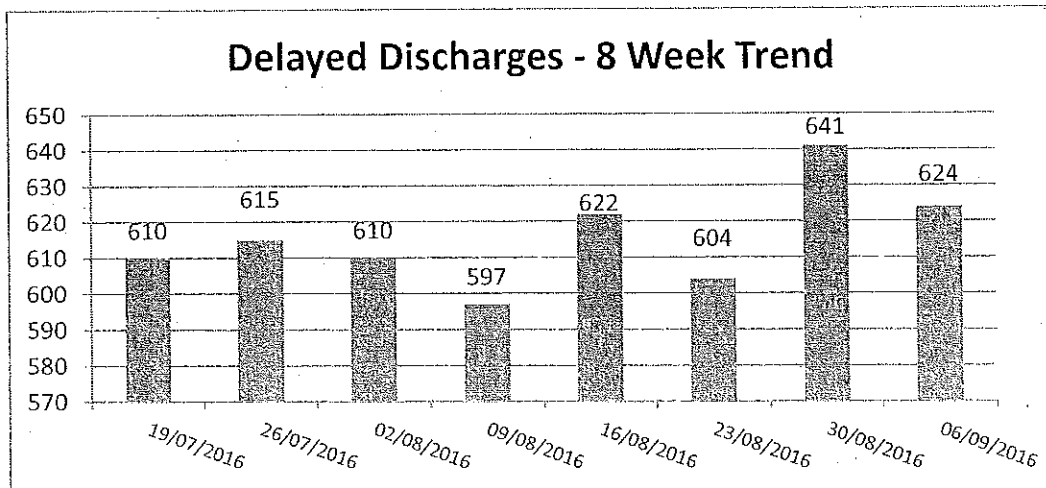


2. Patient Experience Times (PET)

Draft Health atlas figures for end May show PET times have improved in August 2016 with approx 69% of patients being admitted or discharged within 6 hours, and approx 83% being admitted or discharged within 9 hours.



3. Delayed Discharges 8 Week Trend



29



Soundfile: RTE News at One discussion on Winter Initiative

Acute Hospitals Policy Unit 1,

Press Office - Dept Health to: Tracey Conroy, Services for the Elderly, Tony Holohan

09/09/2016 13:46

Sent by: Rhona Broderick

Cc: Press Office - Dept Health

Hi Folks,

Please see below link to the soundfile from RTE's News at One discussion on the Winter Initiative, with Fergal Bowers and Professor of Emergency Medicine Stephen Cusack.

We will forward on the rest as they arrive.

<http://healthnet1/press-and-communication/sound-files/>

Thanks,

Rhona

Press and Communications Office, Department of Health | (+353) 1 635 4477 | www.health.gov.ie | [@roinnslaite](https://twitter.com/roinnslaite)



draft press release
Fionnuala Duffy to: Joan_Regan
Cc: Fiona_Mansergh

09/09/2016 10:36



draft pressrelease2016 Winter Initiative Press09092016.docx

Regards
Fionnuala Duffy
Head of Unit
Acute Hospitals Policy Unit 2
Department of Health
Hawkins House
Dublin 2

Telephone [REDACTED]
Mobile [REDACTED]

Press Release September 9th, 2016

Minister Simon Harris welcomes publication of HSE Winter Initiative 2016-2017

Minister for Health Simon Harris TD today welcomed the publication by the HSE of the Winter Initiative 2016 – 2017 to manage the expected winter surge in demand for hospital care and to improve patient experience. The €40 million plan sets out a comprehensive range of actions and measures across community and hospital services to increase hospital capacity, reduce emergency department overcrowding, increase the availability of community care and facilitate timely discharge from hospital.

The overall objective of the plan is to reduce the number of delayed discharge patients in our hospital system to below 500 and to improve the patient experience in Emergency Departments with timely admission or discharge. Specific actions set out in the plan include additional acute hospital bed capacity in a number of hospitals to reduce admission delays, provision of alternative transitional care bed capacity and home care support to facilitate timely hospital discharge. Community Intervention Teams are being expanded to target early discharge of frail elderly patients enabling further recovery at home with more appropriate community supports and to help avoid hospital admission. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included.

The Minister for Health has stated that *'each and every one of us with a role to play in delivering safe and effective care for our patients can never be complacent or satisfied when every day unacceptably large numbers of people wait on our trolleys, wait in hospital beds for more appropriate care in other environments and wait at home to get access to essential services'*.

In approving the plan that Minister stated that *'I welcome the focus on supporting timely hospital discharges through an integrated care approach across acute hospitals and community care with enhanced service provision in a range of appropriate non acute care settings in addition to supporting patient flow within acute hospitals. I am anxious that the HSE proceed immediately with implementation of the various actions as set out in the plan'*.

The management and clinical governance arrangements across each hospital and community service will be monitored carefully for the duration of the plan including requirement for weekly progress reporting on key metrics and deliverables.

This €40m Winter Initiative will allow further progress to be made to reduce hospital overcrowding and improve the patient in our Health service in the coming months, issues central to improved performance in our Health service.

ENDS.

31



WI press release
Joan Regan to: Tracey Conroy
Cc: Fionnuala Duffy, Fiona Mansergh

09/09/2016 11:12

Tracey

As discussed

Joan



draft press release 2016 Winter Initiative Press 09092016v2.docx

Joan Regan
Acute Hospitals Policy 3
Dept of Health
Dublin 2

Tel: 00 353 [REDACTED]
Fax: 00 353 [REDACTED]

Press Release September 9th, 2016

Minister Simon Harris welcomes publication of HSE Winter Initiative 2016-2017

Minister for Health Simon Harris TD today welcomed the publication by the HSE of the Winter Initiative 2016 – 2017 to manage the expected winter surge in demand for hospital care and to improve patient experience. The €40 million plan sets out a comprehensive range of actions and measures, across community and hospital services, to increase hospital capacity, reduce emergency department overcrowding, increase the availability of community care and facilitate timely discharge from hospital.

The overall objective of the plan is to reduce the number of delayed discharge patients in our hospital system to below 500, and to improve the patient experience in Emergency Departments, with either timely admission or discharge. Specific actions set out in the plan include additional acute hospital bed capacity in a number of hospitals to reduce admission delays, provision of alternative transitional care bed capacity and home care support to facilitate timely hospital discharge. Community Intervention Teams will be expanded to target early discharge of frail elderly patients. More appropriate community supports will help these patients further recover at home and help avoid hospital admission. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included.

In approving the plan Minister Harris said: *'I welcome the focus on supporting timely hospital discharges through an integrated care approach across acute hospitals and community care. Service provision will be enhanced in a range of appropriate non acute care settings and additionally, better patient flow within acute hospitals will be supported. The HSE must now proceed to immediately implement the various actions set out in the plan. Progress will be very closely monitored to ensure that the expected improvements will be achieved.'*

For the duration of the plan, the management and clinical governance arrangements across each hospital and community service will be monitored carefully and will include a requirement for weekly progress reporting on key metrics and deliverables.

This €40m Winter Initiative will allow further progress to be made to reduce hospital overcrowding and improve the patient experience in our Health service in the coming months, issues central to improved performance in our Health service.

ENDS.

32



Fw: Letter to DG from the Minister
Fionnuala Duffy to: Fiona_Mansergh

09/09/2016 09:35

Regards
Fionnuala Duffy
Head of Unit
Acute Hospitals Policy Unit 2
Department of Health
Hawkins House
Dublin 2

Telephone: [REDACTED]
Mobile: [REDACTED]

----- Forwarded by Fionnuala Duffy/SLAINTE on 09/09/2016 09:34 -----

From: Tracey Conroy/SLAINTE
To: Fionnuala Duffy/SLAINTE@SLAINTE
Date: 08/09/2016 17:06
Subject: Fw: Letter to DG from the Minister

Fionnuala

As discussed.

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 17:06 -----

From: Tony Holohan/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE
Date: 08/09/2016 16:37
Subject: Letter to DG from the Minister
Sent by: Helen Reddin

Tracey

As discussed



K18 Letter to T O'B re the winter initiative, 8th Sept 2016.doc

Tony

Dr Tony Holohan
Chief Medical Officer
Department of Health

September 2016

Mr Tony O'Brien
Director General
Health Service Executive
1st Floor
Dr Steevens' Hospital
Dublin 8

DRAFT
NOT
ISSUED.

Dear Tony

I would like to thank you and your officials for the work that has gone into preparing the Winter Initiative. In particular I welcome the increase in specificity of the measures proposed in exchange for the expenditure which I have approved.

It is important in conveying my approval to you that I sent out my expectations of the Health Service Executive in delivering on this plan. I recognise the need for a plan to have clear actions, impacts and targets. It is also important that plans do set out reasonable assumptions and dependencies. However, it is important that I convey to you as Minister for Health that each and every one of us with a role to play in delivering safe and effective care for our patients can never be complacent or satisfied when every day unacceptably large numbers of people wait on our trolleys, wait in hospital beds for more appropriate care in other environments and wait at home to get access to essential services.

I would like to have your assurance as Director General that every measure, not only those specific measurements that have resulted from my securing additional resources to be expended this winter, will be taken by you, your senior team and those charged with managing and delivering these essential services on which so many people depend, to address the need for meaningful, improved performance.

I know that you will share my view that in setting targets which may need to exist for a specific plan, that these cannot be seen as suggesting that we are tolerant of such conspicuous need and suffering on the part of many of our most vulnerable members of society.

I am giving active consideration with my senior officials to how I can strengthen the arrangements to support improved performance by the Health Service Executive on these matters and the assurance that I need and that I wish to give to the public who use our services and provide the resources we need to operate them, that their needs are at the core of what drives each and every person in the health system to improve the service we offer.

Yours sincerely

Mr Simon Harris T.D.
Minister for Health

Mr Tony O'Brien
Director General
Health Service Executive
First Floor
Dr Steeven's Hospital
Dublin 8

DRAFT
NOT
ISSUED

9th September, 2016

Dear Tony

At the outset I would like to take the opportunity to thank you and your colleagues for the significant engagement with my Department over the last few weeks on the finalisation of the HSE Winter Initiative 2016 /2017. The plan sets out a comprehensive package of actions and measures across community and hospital services to effect a reduction in delayed discharges and to drive improved performance in Emergency Departments.

I welcome the focus on supporting timely hospital discharges through an integrated care approach across acute hospitals and community care with enhanced service provision in a range of appropriate non acute care settings in addition to supporting patient flow within acute hospitals. I am happy to approve this Winter Initiative and am anxious that the HSE proceed immediately with implementation of the various actions as set out in the plan. However there are a number of details relating to specific actions that require further clarification with the relevant Divisions in my Department and these are set out in Appendix 1.

It is essential that HSE has comprehensive governance and monitoring arrangements in place throughout the duration of the inter plan and progress on implementing the initiatives will be the subject of regular discussion between the Department and the HSE at the ED Taskforce Oversight Implementation Group meetings. Progress reports against the various actions in the plan and the impact on ED and Delayed Discharges will be required on a weekly basis.

I trust that this €40m Winter Initiative will allow further progress to be made to reduce hospital overcrowding and improve the patient in our Health service in the coming months and I want to assure you of my support and that of my Department in achieving the patient impact targets.

Yours sincerely

Mr Simon Harris T.D.
Minister for Health

Appendix I

1. Impact Targets

In terms of impact targets, we note that delayed discharges are to be reduced to less than 500. The measures outlined by Social Care alone are projected to achieve this; however, those listed under Primary Care (CITs, Aids and Appliances) will also have an impact on delayed discharges. Would it be possible to indicate the likely scale of this predicted impact? Similarly, the Integrated Care Programme for Older Persons may have an effect?

Would it also be possible to indicate that 500 is an interim target for this Initiative and that we hope to continue to reduce delayed discharges beyond this? Similarly, the 6 hour PET target is one that we would hope to move beyond in the future. We do not think it in the best interests of either the HSE or the Department to unintentionally imply that either target is acceptable in the long term; an indication that progress beyond these targets is desirable in the longer term would be helpful?

Finally, we had understood the 8am Trolley/GAR threshold to be 220 (not 236); 220 is recorded as the RED threshold on all of the .pdfs?

2. Assumptions and Dependencies

We fully understand the need to include assumptions and dependencies, and you are of course correct in stating that unusually high demand and other factors could hypothetically have an adverse effect on delivery. However, we would advise, prior to publication, that this section might be moved to the end of the submission; we would prefer to focus on the very positive effects of the proposed initiative, towards the beginning of the document.

3. Health and Wellbeing

We appreciate the additional detail provided with respect to the influenza vaccination measures and are happy to proceed with this as it stands.

4. Frail Elderly and ICP OP

We appreciate the additional detail provided with respect to the ICP OP programme; however, given current uncertainty with respect to ELS/Estimates, we would be grateful if you could replace the reference to these in the cost columns with "no additional funds required" or "no additional funds assigned under this Initiative" or similar.

5. Primary Care

Would it be possible to indicate the likely impact of the CIT expansion and additional aids and appliances in terms of admission avoidance and/or reduction in delayed discharges?

6. Social Care

Would it be possible to ask for more detail with respect to the costings behind the home care provision figures? 950 new HCPs are planned for the duration of the Winter Initiative period; however, 50 per week over a 24 week interval works out as 1200.

Comment [FM1]: Is the period actually 24 weeks? More to be added re TC beds and legal complexity

7. Acute Hospitals

We are enthusiastic with respect to the provision of extra beds, but are very concerned that delivery of both beds and staff should be achieved by November of this year; in the event of inability to recruit permanent staff, can we seek assurances that agency staff (as mentioned in the Contingency section) can be supplied?

We are very aware of the need to provide extra capacity in South Tipperary General Hospital; however, neither of the options described seem likely to be deliverable within the timeframe of the Initiative. We would suggest that the patient hotel approach be pursued in parallel, while the second option seems more appropriate for Winter 2017/18. Are there any other measures that could be taken to expand capacity in Clonmel, within the timeframe of this Initiative?

We are happy with proposals in respect of Minor Injuries, Ortho/Scoliosis and the Mater Private/Public respiratory collaboration, however, we would ask for confirmation that this involves temporary purchase of 10 respiratory beds from the private hospital for public use?

Contingency measures are a sensible addition to the plan, but we would ask you to supply more detail in respect of planned expenditure at the end of September as promised.

DRAFT 1

3A

Press Statement, September 9th, 2016

Statement by Minister Simon Harris:

Winter Initiative 2016-2017

I am delighted to welcome the launch by the HSE of the Winter Initiative 2016 – 2017, which will provide €40 million to manage the expected winter surge in demand for hospital care. The Initiative will seek to strike a balance between hospital avoidance measures, supporting patient flow through acute hospitals and increased availability of social care.

A comprehensive package of measures will be implemented, intended to increase hospital capacity, reduce emergency department overcrowding, and increase the availability of community care, thereby facilitating timely discharge from hospital.

Measures include the expansion of hospital and transitional care bed capacity, minor injury clinic provision in Dublin, and Community Intervention Teams. An initiative to reduce waiting lists for orthopaedic surgery, including scoliosis, will be implemented in Cappagh Orthopaedic and Tallaght Hospitals. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included.

Numbers of aids and appliances, Home Help and Home Care packages will be increased to facilitate the timely discharge of patients from hospital, enabling further recovery at home with more appropriate community supports. Integrated care programmes for older people are to be established, to better support older adults with complex care needs presenting at hospitals.

The Initiative will also focus on governance, management and improved processes, in a non-resource dependent manner. These include the deployment of Special Delivery Unit Improvement Leads to Hospital Groups and Community Health Organisations, to drive process improvement in nine hospitals deemed to have been under significant pressure.

Management and clinical governance arrangements across each hospital and community will be monitored carefully for the duration of the winter period, including requirements for weekly reporting on key metrics and deliverables.

Despite year on year increases in ED attendances, the number of patients on trolleys has improved by almost 5% in the year to date, compared with the same period in 2015. Moreover, compliance with the national Patient Experience Time target, which aims to eliminate waiting periods of over 24 hours in EDs, has improved from 95% to 98% this year.

The very welcome funding that will be supplied via the Winter Initiative will allow further progress to be made to reduce hospital overcrowding and waiting lists, issues central to improved performance in our Health service.

ENDS.

Acute Hospitals Policy Division, 08/09/2016

DRAFT 2

Press Release September 9th, 2016

Minister Simon Harris welcomes publication of HSE Winter Initiative 2016-2017

Minister for Health Simon Harris TD today welcomed the publication by the HSE of the Winter Initiative 2016 – 2017 to manage the expected winter surge in demand for hospital care and to improve patient experience. The €40 million plan sets out a comprehensive range of actions and measures across community and hospital services to increase hospital capacity, reduce emergency department overcrowding, increase the availability of community care and facilitate timely discharge from hospital.

The overall objective of the plan is to reduce the number of delayed discharge patients in our hospital system to below 500 and to improve the patient experience in Emergency Department s with timely admission or discharge. Specific actions set out in the plan include additional acute hospital bed capacity in a number of hospitals to reduce admission delays , provision of alternative transitional care bed capacity and home care support to facilitate timely hospital discharge. Community Intervention Teams are being expanded to target early discharge of frail elderly patients enabling further recovery at home with more appropriate community supports and to help avoid hospital admission. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included.

The Minister for Health has stated that *'each and every one of us with a role to play in delivering safe and effective care for our patients can never be complacent or satisfied when every day unacceptably large numbers of people wait on our trolleys, wait in hospital beds for more appropriate care in other environments and wait at home to get access to essential services'*.

In approving the plan that Minister stated that *'I welcome the focus on supporting timely hospital discharges through an integrated care approach across acute hospitals and community care with enhanced service provision in a range of appropriate non acute care settings in addition to supporting patient flow within acute hospitals. I am anxious that the HSE proceed immediately with implementation of the various actions as set out in the plan'*.

The management and clinical governance arrangements across each hospital and community service will be monitored carefully for the duration of the plan including requirement for weekly progress reporting on key metrics and deliverables.

This €40m Winter Initiative will allow further progress to be made to reduce hospital overcrowding and improve the patient in our Health service in the coming months, issues central to improved performance in our Health service.

ENDS.

DRAFTS

Press Release September 9th, 2016

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The overall objective of the plan is to reduce the number of delayed discharge patients in our hospital system to below 500, and to improve the patient experience in Emergency Departments, with either timely admission or discharge. Specific actions set out in the plan include additional acute hospital bed capacity in a number of hospitals to reduce admission delays, provision of alternative transitional care bed capacity and home care support to facilitate timely hospital discharge. Community Intervention Teams will be expanded to target early discharge of frail elderly patients. More appropriate community supports will help these patients further recover at home and help avoid hospital admission. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included.

In approving the plan Minister Harris said ‘ *I welcome the focus on supporting timely hospital discharges through an integrated care approach across acute hospitals and community care. Service provision will be enhanced in a range of appropriate non acute care settings and additionally, better patient flow within acute hospitals will be supported. The HSE must now proceed to immediately implement the various actions set out in the plan. Progress will be very closely monitored to ensure that the expected improvements will be achieved.* ’

For the duration of the plan, the management and clinical governance arrangements across each hospital and community service will be monitored carefully and will include a requirement for weekly progress reporting on key metrics and deliverables.

This €40m Winter Initiative will allow further progress to be made to reduce hospital overcrowding and improve the patient experience in our Health service in the coming months, issues central to improved performance in our Health service.

ENDS.

DRAFT 4

Press Release September 9th, 2016

Minister Simon Harris welcomes publication of HSE Winter Initiative 2016-2017

Minister for Health Simon Harris TD today welcomed the publication by the HSE of the Winter Initiative 2016 – 2017 to manage the expected increase in demand for health services during the winter and to improve patient experience. The €40 million plan sets out a comprehensive range of actions and measures, across community and hospital services, to increase the availability of community care, facilitate timely discharge from hospital and increase hospital capacity.

Minister Harris said *'I want to ensure that the health service is better prepared to meet the challenge of the coming winter. The HSE will now proceed to immediately implement the various actions set out in the plan. I will be closely monitoring progress to ensure that the expected improvements will be achieved.'*

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For the duration of the plan, the management and clinical governance arrangements across each hospital and community service will be monitored carefully and will include a requirement for weekly reporting on progress.

ENDS.

----- Forwarded by Tracey Conroy/SLAINTE on 09/09/2016 15:08 -----

From: Social Care <[redacted]@hse.ie>
 To: Social Care <[redacted]@hse.ie>, "Tracey conroy" <[redacted]@health.gov.ie>, [redacted]@health.gov.ie", [redacted]@health.gov.ie>, [redacted]@health.gov.ie" <[redacted]@health.gov.ie>
 Cc: [redacted]@hse.ie>, "Paul Bailey" <[redacted]@hse.ie>, "liam.woods@hse.ie" <[redacted]@hse.ie>, "Acute Hospitals Division" <acutehospitals@hse.ie>, "[redacted]@hse.ie" <[redacted]@hse.ie>, "Older People Social Care (Michael Fitzgerald)" <[redacted]@hse.ie>, "[redacted]@hse.ie", [redacted]
 Date: 09/09/2016 15:04
 Subject: RE: Winter Initiative

Tracey,

As discussed I am now submitting the final agreed HSE winter initiative plan for the consideration of the Department and the Minister. My understanding is that the formal approval letter will issue from the Department to the DG following which the communication process will proceed.

Regards & Thanks,

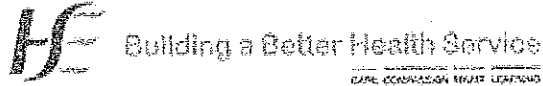
hello my name is...

Daire Scanlon
on behalf of Pat Healy

National Director Social Care,
HSE Social Care Division
1st Floor
Dr Stevens Hospital
D08 W2A8

T: 01 6352308

E: socialcare@hse.ie



From: Social Care

Sent: 09 September 2016 14:13

To: 'Tracey conroy'; 'Fergal_Goodman@health.gov.ie'; 'Frances_Spillane@health.gov.ie'

Cc: 'Paul Connors'; 'Paul Bailey'; 'liam.woods@hse.ie'; 'Acute Hospitals Division'; 'angela.fitzgerald@hse.ie'; Older People Social Care (Michael Fitzgerald); PrimaryCare@hse.ie; Older People Social Care (Michael Fitzgerald)

Subject: RE: Winter Initiative

Colleagues

Please find attached updated revised Winter Initiative template

Regards & Thanks,

~~# helts~~ my name is...

Daire Scanlon

on behalf of Pat Healy

National Director Social Care,

HSE Social Care Division

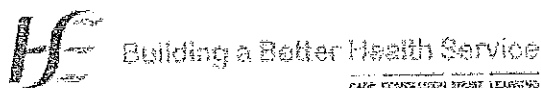
1st Floor

Dr Steevens Hospital

D08 W2A8

T: 01 6352308

E: socialcare@hse.ie



From: Social Care

Sent: 09 September 2016 12:45

To: Tracey conroy; 'Fergal_Goodman@health.gov.ie'; 'Frances_Spillane@health.gov.ie'

Cc: Paul Connors; 'Paul Bailey'; liam.woods@hse.ie; Acute Hospitals Division;
angela.fitzgerald@hse.ie; Older People Social Care (Michael Fitzgerald); Social Care

Subject: Winter Initiative

Importance: High

Colleagues,

As a follow on from our discussion last night and Fergal's email I am sending you the revised document as requested. Can you revert urgently as we are anxious to make the 1.00 p.m. News with Press based on the details of the document.?

Regards & Thanks,

#hello my name is...

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National Director Social Care,

HSE Social Care Division

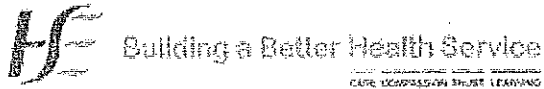
1st Floor

Dr Steevens Hospital

D08 W2A8

T: 01 [REDACTED]

E: [REDACTED]



- FINAL UPDATED WINTER INITIATIVE TEMPLATE 2016-2017 09 09 16 14 04 (2).pdf



Fw: Winter Initiative

Tracey Conroy to: David O'Connor
Majella Fitzpatrick, Fergal Goodman, Frances Spillane, Tony
Cc: Holohan, Fiona Mansergh, Marita Kinsella, Joan Regan,
Fionnuala Duffy

09/09/2016 16:06

Dave

As discussed, Majella advises that the Minister has approved the attached Winter Initiative Plan and draft approval letter.

Grateful if you could arrange for the letter to be signed and sent to DG in hard and soft copy.

Regards

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: +353-1-██████████

----- Forwarded by Tracey Conroy/SLAINTE on 09/09/2016 15:57 -----

From: Tracey Conroy/SLAINTE
To: Majella Fitzpatrick/SLAINTE@SLAINTE
Cc: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Tony
Holohan/SLAINTE@SLAINTE
Date: 09/09/2016 15:12
Subject: Fw: Winter Initiative

Majella

Draft approval letter and draft press release attached as discussed.

Final Winter Initiative Plan also attached below.

Regards

Tracey



160909_Letter of Approval Winter Initiative 2016-2017.docx 160909_Winter Initiative Press Release.docx

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: +353-1-██████████



9 September 2016

Mr Tony O'Brien
Director General
Health Service Executive
First Floor
Dr Steevens' Hospital
Dublin 8

Re: Winter Initiative 2016-2017

Dear Tony

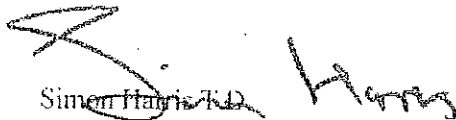
I am writing to you in relation to the HSE's proposals for the Winter Initiative 2016-2017, which have been the subject of detailed discussion with my Department over recent weeks. I would like to thank you and your officials for your work in preparing the proposals.

I wish to convey my agreement to the Winter Initiative plan and the HSE should now proceed to give effect to the measures to which it has committed.

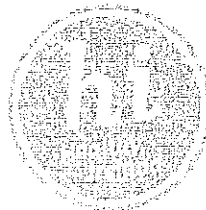
I welcome the integrated approach taken to the development of the plan for the expenditure of the sum of €40m provided by Government and that the plan addresses a range of system and process improvements in addition to expenditure-related measures. In particular, I welcome the focus on supporting hospital avoidance and timely hospital discharges through an integrated care approach across primary care, community care and acute hospitals in addition to supporting patient flow within acute hospitals.

It is essential that in the coming winter, every effort is made to ensure that patients experience a safer, better quality service provided in the most appropriate setting. In order to maintain a tight focus on implementation, the HSE will be required to report to my Department weekly on progress against each of the measures in the plan. My officials will be in contact to set out in more detail what is required in this regard.

Yours sincerely


Simon Harris T.D.
Minister for Health

Our Vision
Our Values
Our Commitment
Our Strategy
Our Priorities
Our People
Our Partners
Our Patients
Our Future
Patient Safety



Press Release September 9th, 2016

Minister Simon Harris welcomes publication of HSE Winter Initiative 2016-2017

Minister for Health Simon Harris TD today welcomed the publication by the HSE of the Winter Initiative 2016 – 2017 to manage the expected increase in demand for health services during the winter and to improve patient experience. The €40 million plan sets out a comprehensive range of actions and measures, across community and hospital services, to increase the availability of community care, facilitate timely discharge from hospital and increase hospital capacity.

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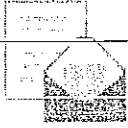
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ENDS.

37



Re: Fw: Winter Initiative

David O'Connor to: Tracey Conroy
Fergal Goodman, Fiona Mansergh, Fionnuala Duffy, Frances
Cc: Spillane, Joan Regan, Majella Fitzpatrick, Marita Kinsella, Tony
Holohan

09/09/2016 16:26

Tracey

That's issued.

Scanned copy of signed letter attached for your information

Rgds
Dave

David O'Connor/Private Secretary to Simon Harris T.D. Minister for Health/Hawkins House/Dublin D02
VW90/Ph: 01 [redacted] Mail: [redacted]@health.gov.ie



Tony O'Brien - Winter Initiative 090916.pdf

Tracey Conroy Dave As discussed; Majella advises that the Ministe... 09/09/2016 16:06:56

From: Tracey Conroy/SLAINTE
To: David O'Connor/SLAINTE@SLAINTE
Cc: Majella Fitzpatrick/SLAINTE@SLAINTE, Fergal Goodman/SLAINTE@SLAINTE, Frances
Spillane/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Fiona
Mansergh/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@Slainte, Joan
Regan/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE
Date: 09/09/2016 16:06
Subject: Fw: Winter Initiative

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Grateful if you could arrange for the letter to be signed and sent to DG in hard and soft copy.

Regards

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Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: +353-1 [redacted]

----- Forwarded by Tracey Conroy/SLAINTE on 09/09/2016 15:57 -----

From: Tracey Conroy/SLAINTE
To: Majella Fitzpatrick/SLAINTE@SLAINTE



9 September 2016

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Director General
Health Service Executive
First Floor
Dr Steevens' Hospital
Dublin 8

Re: Winter Initiative 2016-2017

Dear Tony

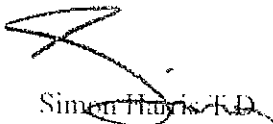
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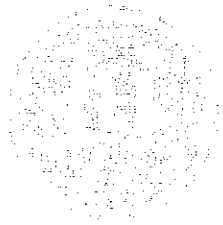
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Yours sincerely


Simon Harris, TD
Minister for Health



Cc: Fergal Goodman/SLAINTE@SLAINTE, Frances.Spillane/SLAINTE@SLAINTE, Tony.Holohan/SLAINTE@SLAINTE
Date: 09/09/2016 15:12
Subject: Fw: Winter Initiative

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[attachment "160909_Letter of Approval Winter Initiative 2016-2017.docx" deleted by David O'Connor/SLAINTE] [attachment "160909_Winter Initiative Press Release.docx" deleted by David O'Connor/SLAINTE]

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 09/09/2016 15:08 -----

From: Social Care [REDACTED]
To: Social Care [REDACTED], "Tracey conroy" [REDACTED], <Fergal_Goodman@slainte.gov.ie>
"Frances_Spillane" [REDACTED] <Frances_Spillane@slainte.gov.ie>
Cc: "Paul Connors" [REDACTED], "Paul Bailey" [REDACTED], "Iam.woods" [REDACTED] <iam.woods@slainte.gov.ie> "Acute Hospitals Division" <acutehospitals@slainte.gov.ie> "angela.fitzgerald" [REDACTED] <angela.fitzgerald@slainte.gov.ie> "Older People Social Care (Michael Fitzgerald)" [REDACTED], "PrimaryCare" [REDACTED]
Date: 09/09/2016 15:04
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Daire Scanlon

on behalf of Pat Healy

National Director Social Care,

HSE Social Care Division

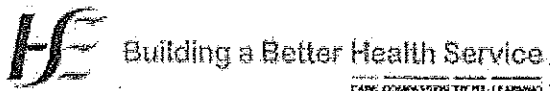
1st Floor

Dr Steevens Hospital

D08 W2A8

T: [REDACTED]

E: [REDACTED]



From: Social Care

Sent: 09 September 2016 14:13

To: 'Tracey conroy'; 'Fergal_Goodman'; 'Frances_Spillan'

Cc: 'Paul Connors'; 'Paul Bailey'; 'Iam.wood'; 'Acute Hospitals Division'; 'angela.fitzgerald'; Older People Social Care (Michael Fitzgerald); PrimaryCare

Older People Social Care (Michael Fitzgerald)

Subject: RE: Winter Initiative

Colleagues

Please find attached updated revised Winter Initiative template

Regards & Thanks,

#hello my name is...

Daire Scanlon

on behalf of Pat Healy.

National Director Social Care,

HSE Social Care Division

1st Floor

Dr Steevens Hospital

D08 W2A8

T: [REDACTED]

E: [REDACTED]



Building a Better Health Service

CARE COMPASSION BEST LEARNING

From: Social Care

Sent: 09 September 2016 12:45

To: Tracey conroy; 'Fergal_Goodman'; 'Frances_Spillane'
Cc: Paul Connors; 'Paul Bailey'; [liam.wood](#); Acute Hospitals Division;
[angela.fitzgerald](#); Older People Social Care (Michael Fitzgerald); Social Care
Subject: Winter Initiative
Importance: High

Colleagues,

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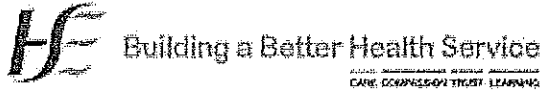
1st Floor

Dr Steevens Hospital

D08 W2A8

T: [REDACTED]

E: [REDACTED]



[attachment "FINAL UPDATED WINTER INITIATIVE TEMPLATE 2016-2017 09 09 16 14 04 (2).pdf" deleted by David O'Connor/SLAINTE]



draft HSE press release on winter initiative

Tracey Conroy to: Fergal Goodman, Frances Spillane, Tony Holohan

09/09/2016 16:17

Cc: Fiona Mansergh, Fionnuala Duffy

Folks

See attached for any obs

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: +353-1 [REDACTED]

----- Forwarded by Tracey Conroy/SLAINTE on 09/09/2016 16:16 -----

From: Majella Fitzpatrick/SLAINTE
To: Tracey Conroy/SLAINTE@SLAINTE
Date: 09/09/2016 16:15
Subject:

----- Forwarded by Majella Fitzpatrick/SLAINTE on 09/09/2016 16:15 -----

From: Paul Bailey [REDACTED]
To: Majella Fitzpatrick [REDACTED]
Cc: [REDACTED]
Date: 09/09/2016 16:12
Subject:

HSE Press Release

Friday 9th September 2016

HSE publishes Winter Initiative Plan for winter 2016/2017

- 950 additional Home Care Packages
- 58 additional Transitional Care beds
- Expansion of Community Intervention Teams to benefit 6,643 additional patients
- 55 additional acute beds (builds on the 300 beds opened in 2015)
- Increased funding for Aids & Appliances to support patient discharge & hospital avoidance

The HSE has today, Friday 9th September 2016, published its Winter Initiative Plan 2016/2017. The aim of the plan is to provide a focus on specific measures required to address the anticipated surge in health service activity in hospitals and in the community normally associated with this time of year. The Winter Initiative Plan will begin to take effect from late October/early November 2016.

One of the key objectives of this year's plan is to reduce the numbers of people waiting to be discharged from hospitals by providing the specific supports and pathways to allow patients to move home or to an alternative suitable community setting which meets their needs. Achieving this objective

will free up beds in the acute hospital system which, in turn, will lead to less overcrowding in Emergency Departments.

The plan contains a number of key measures aimed at hospital avoidance, timely access, and hospital discharge. It will be implemented through a specific and detailed planning process involving all hospitals and Community Healthcare Organisations (CHOs) across the country.

Commenting on the publication of the Plan, Tony O'Brien, Director General of the HSE said, "These carefully considered targeted measures are designed to achieve specific improvements in patient experience and levels of overcrowding in our hospitals' emergency departments in the face of sustained increases in ED attendances."

Some of the key outcomes to be achieved through the implementation of this plan include:

- A reduction in Delayed Discharges in acute hospitals to no more than 500 people
- Improve Patient Experience Times (PETs), particularly for patients aged 75 years and over, (with a target of to improve compliance to 75% for those waiting over 9 hours).
- Improve the overall Patient Experience Time for all patients being admitted, (with a target of national compliance of 98% for those waiting over 24hrs).
- Improve the overall Patient Experience Time for all people who attend ED (with a target to achieve 75% compliance nationally for all patients to be admitted or discharged within 6 hours of registration).
- Reduce the daily number of patients waiting on trolleys to a maximum of 236 nationally.

To achieve these outcomes the following measures are being put in place:

- Provision of an additional 950 Home Care Packages targeting 10 specific hospitals, (Our Lady of Lourdes, Mullingar, CUH, STGH, UHW, UHL, UHG, Tallaght, & St. James's Hospital).
- Additional 58 Transitional Care bed approvals weekly available to all acute hospitals, (in addition to the funded level of service of 109 per week).
- Expansion of Community Intervention Team (CIT) services across 4 sites to support 5 acute hospitals. (Beaumont, Mater, OLOL, GUH, STGH), to benefit 6,643 additional patients.
- An additional 55 acute beds (*on top of the additional 300 beds provided in 2015 at a cost of €32m and which remain open*) are being provided in the Midland Regional Hospital in Tullamore, Beaumont Hospital, Naas General Hospital, University Hospital Waterford and in the Midland Regional Hospital in Mullingar. In addition, 18 steps down beds are being provided for in the Mercy University Hospital, Cork. The outcome measures resulting from this additional capacity will see in excess of 4,000 patients receive their care in an appropriate setting.
- Expansion of minor Injury services in Dublin to provide for an additional 100 patients each week, with patients being seen in a more timely way, to include a Saturday service.
- Increased funding for Aids & Appliances to support discharge of patients from hospitals as well as facilitating hospital avoidance (3,070 people to benefit).
- Targeted waiting list programme for orthopaedics, spinal and scoliosis to be implemented in designated sites by year end.
- Increased focus on Flu vaccination for the community at large and health care staff.

These combined measures, along with improved processes, will assist in delivering on the outcomes of the Initiatives. Following on from the 24 Acute Hospital site visits undertaken by the Special Delivery Unit, over the period January to July 2016, key improvement actions have been issued to individual hospitals, in the following areas:

- Management of older persons care pathways
- Improvement in non-admitted PET (Patient Experience Time) Targets
- Improve the management of patients with chronic diseases.

- Extension of 7 day discharging - criteria led discharge planning

Hospital Groups and CHOs are now required to provide Winter plans for 2016/2017, for validation by the end of September. These plans will detail both management and clinical governance arrangements across each hospital and community for the duration of the Winter period including metrics on service provision and supports, and escalation measures.

The Special Delivery Unit will monitor the implementation of the plans in conjunction with the respective Divisions, and SDU improvement leads will be assigned to Hospital Groups/CHOs to drive the process improvement across the focus sites.

An important element of the Winter Plan is the measurement of the impact of scheduled (non-urgent elective) care by measures put in place to deal with the increased demands of scheduled care. At the recent ED Task Force meeting, the Special Delivery Unit outlined to the group how this impact would be measured. The Director General of the HSE highlighted the importance of the SDU working with hospitals to ensure that all necessary steps are taken to minimise such an impact in as much as is possible.

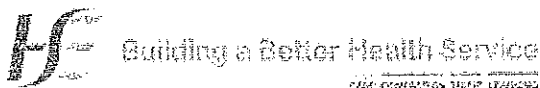
Ends

The Winter Initiative can be downloaded [here](#).

#hello my name is...

Paul Bailey
Head of Press & Media Relations
HSE
Dr Steeven's Hospital | Dublin 8 | D08 DXW6
Ph: 01 635 2260 | 087 177 6983

www.hse.ie/communications | [@hselive](https://twitter.com/hselive) | youtube.com/HSEireland



.....

When we go through tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

"Tá an fhaisnéis sa ríomhphost seo (ceangaltáin san áireamh) faoi rún. Baineann sé leis an té ar seoladh chuige amháin agus tá sé ar intinn go bhfaighfidh siadsan amháin é agus gurb iadsan amháin a dhéanfaidh breithniú air. Más rud é nach tusa an duine ar leis é, tá cosc iomlán ar aon fhaisnéis atá ann, a úsáid, a chraobhscaoileadh, a scaipeadh, a nochtadh, a fhoilsiú, ná a chóipeáil. Seans gurb iad tuairimí pearsanta an údar atá san ríomhphost agus nach tuairimí FSS iad.

Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in iúil don Deasc Seirbhísi ECT ar an nguthán ag [+353 1 6352757](tel:+35316352757) nó ar an ríomhphost chuig service.desk@hse.ie agus ansin glan an ríomhphost seo ded' chóras."

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If this email has been received by you in error we would be grateful if you could immediately notify the ICT Service Desk by telephone at [+353 1 6352757](tel:+35316352757) or by email to service.desk@hse.ie and thereafter delete this e-mail from your system"



An Roinn Sláinte

DEPARTMENT OF HEALTH

Press Release 9th September 2016

Minister Simon Harris welcomes publication of HSE Winter Initiative 2016-2017

Minister for Health Simon Harris TD today welcomed the publication by the HSE of the Winter Initiative 2016 – 2017 to manage the expected increase in demand for health services during the winter and to improve patient experience. The €40 million plan sets out a comprehensive range of actions and measures, across community and hospital services, to increase the availability of community care, facilitate timely discharge from hospital and increase hospital capacity.

Minister Harris said 'I want to ensure that the health service is better prepared to meet the challenge of the coming winter. The HSE will now proceed to implement the various actions set out in the plan. I will be closely monitoring progress to ensure that the expected improvements will be achieved, and have requested a weekly update report.'

Specific actions set out in the plan include increased home care support and transitional care beds to improve timely discharge, and additional bed capacity in a number of hospitals to reduce admission delays. Community Intervention Teams will be expanded to target early discharge of frail elderly patients. More appropriate community supports will help these patients further recover at home and help avoid hospital admission. Campaigns to increase the uptake of influenza vaccine by healthcare workers and by older adults are also included. Funding is also being provided to address orthopaedic and scoliosis waiting lists in Cappagh and Tallaght, with over 600 patients benefitting. The plan also addresses a range of system and process improvements, in addition to expenditure related measures.

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For the duration of the plan, the management and clinical governance arrangements across each hospital and community service will be monitored carefully and will include a requirement for weekly reporting on progress.

ENDS

17

OVERALL IMPACT MEASURES		Timescale
No.	Impact Target	
1.	Delayed Discharges - Reduce delayed discharges to less than 500	By Year end 2016
2.	Patient Experience Times: 100% compliance with maximum 9 hour PET for patients 75 years and over (improve compliance from 63% YTD to 75%)	February 2017
3.	Patient Experience Times: 100% compliance with maximum 24 hour PET for all patients (achieve national compliance of 98% from YTD July 96%)	December 2016
4.	Patient Experience Times: of all ED attendees discharged or admitted within 6 hours of registration (improve compliance from 68% (year to date to 75%))	February 2017
5.	Trolley GAR -- All sites to meet 8 a.m. Trolley GAR threshold (max 236)	December 2016

SPECIFIC INITIATIVES						
A	B	C	D	E	F	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES						
1	<p>Flu Vaccination Drive</p> <p>All Acute Hospitals and Long Term Care Facilities have been asked to produce a flu plan. Plan to include the following:</p> <p>Ensure all HCWs are actively offered the flu vaccine</p> <p>Actions to be taken to improve vaccine accessibility for all HCWs</p>	<p>Increased accessibility for HCW to Flu Vaccination. Increased no. of vaccination clinics held.</p> <p>Increased no. of staff vaccinated.</p> <p>More timely management to influenza outbreaks.</p> <p>Decrease in number of outbreaks.</p>	<p>Continue to monitor uptake rates amongst HCW.</p> <p>More timely response to influenza outbreaks.</p> <p>Decrease in number of outbreaks</p>	<p>Increase in HCW uptake rates up to 40%.</p> <p>Less flu related admissions to hospitals.</p> <p>Shorter LOS for vulnerable older patients.</p> <p>Decrease in number</p>	<p>Flu plan to be developed. Uptake figures of HCW rates to be collated.</p> <p>Communications to support Memo to all staff.</p> <p>Professional/professional Bodies support individual incentives offered.</p> <p>Incentive offered to those units that perform the best.</p>	<p>2016 Q4 cost</p> <p>2016 Once off Cost</p> <p>2017 Full-year cost</p> <p>€250K</p> <p>Already in action</p>

SPECIFIC INITIATIVES									
A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES									
	Incorporate actions on how to prevent, detect and control an influenza outbreak. Ensure each hospital/LTCF identifies a senior flu champion. Individual Unit targets. Peer Vaccination Programme			of outbreaks. Increase in HCW uptake rates up to 40%.	HPSC to collate uptake figures. NIO monitor vaccine distribution. Publications in relevant papers and magazines.				
2		Increase in number of education sessions for staff. Increase in no. of vaccination clinics. Additional Media support (a 5/6 week campaign instead of 1 week) targeting: 65-75 year age group. Pregnant women Chronically ill HCW's By: Advertising, PR, Digital Promotional Materials Acute hospitals/LTCFs to provide vaccination of this over 65 group who are long stay patients. Dept of PH to work with hospitals/LTCF.	Provision of vaccinations as required particularly in response to outbreaks.	Increase in HCW uptake rates up to 40%.					
3	Increase flu vaccine uptake rates in 65 years and older in acute hospitals, LTCF and in the community.		Monitor uptake rates amongst HCW. Decrease in number of outbreaks in LTCF. More timely response to influenza outbreaks In LTCF.	Increase in uptake to over 60%. Less flu related presentations to ED. Less flu related admissions to hospitals. Shorter LOS for vulnerable older patients in acute hospitals.	Increased media support concentrating on these groups. Development of Flu plans in acute hospitals and LTCF. Resources offered with further incentive offered to those units that perform the best. Communications plan to focus on need for Respiratory Etiquette in 2017.		Comms Budget		
4	Campaign to increase level		Under The Weather	Reduced ED	Campaign being planned.				

SPECIFIC INITIATIVES									
A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
HEALTH AND WELLBEING OUTCOME MEASURES									
	of Self Care and prevent infections.		Campaign - Respiratory Etiquette By Advertising, PR, Digital Promotional Materials, Materials for GPs	attendances Reduced GP OOHs attendances.					
TOTAL COST									

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
FRAIL ELDERLY AND INTEGRATED CARE PROGRAMME FOR OLDER PERSONS OUTCOME MEASURES									
1	Establish integrated governance structures to address older persons needs.	ICP OP establishing local governance in 7 sites. The sites are Tallaght OLOL CUH UHL Sligo North Dublin Hospitals South Dublin Hospitals	Establish governance in 11 sites. Including: Mater Waterford Galway	Improved population and service planning for older persons.	10 structural metrics to be gathered in 2017.	ALREADY FUNDED	ALREADY FUNDED	ALREADY FUNDED	2016
2	Introduce management approach in acute floor and corresponding liaison role in community. Pilot to support 7 day service on sites to be identified	Reassign WTEs to focus on Frail Elderly, working across hospital and community services over the Winter period in pilot locations.	Expand to other sites on evaluation.	tbd	ADON for patient flow (already in recruitment) to support older persons pathway on acute floor (ED/AMAU) over winter period (October-February) Reassignment of staff to support care coordinating role in community (point of contact in CHO for winter period), who is the key point of contact (has access to information concerning patients in receipt of older persons services) and who can augment care plan and initiatives on an urgent basis and to be available for weekend cover.	€100,000	-	€200,000	2016/17
TOTAL COST						€100,000	-	€200,000	-

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
PRIMARY CARE OUTCOME MEASURES									
1	Community Intervention Teams The funding provided will allow for CIT expansion in the following sites:- Dublin North (Beaumont, Mater Hospitals) Louth / Meath (OLOL) Galway/Roscommon (GUH) South Tipp (WUH, South Tipp General)	1,030 patients Dublin North - 129 Patients Louth / Meath - 154 Patients Galway/Roscommon - 515 Patients South Tipp - 232 Patients Overall, this initiative will contribute to the ED targets, as set out by the AHD.	6,643 patients Dublin North - 753 Patients Louth / Meath - 1,812 Patients Gal./Rosc. - 2718 Patients South Tipp - 1360 Patients	6,643 additional patients to benefit, targeting earlier discharge of frail elderly patients and helping to avoid hospital attendance/admission.	Recruit additional staff to provide the expanded service requirement. Where CIT services are contracted this will be facilitated by the extension of the current agreements which provide for such expansion.	€545,000	€200,000	€2,000,000	All expansions will be implemented during Q4
2	Aids and Appliances Purchase and supply of aids and appliances to facilitate the discharge home of DD patients from acute and rehab facilities and to focus on targeted intervention for patients at risk of admission to acute hospitals. The emphasis will be on early discharges and hospital avoidance and will also enable the provision of home care packages that are reliant on such equipment. The intention is to acquire sufficient stock in 2016 with the once off funding available to provide for the prompt supply equipment over the winter months.	1,820 patients Overall, this initiative will contribute to the DD reduction targets.	1,250 patients	3,070 patients will be facilitated with a range of equipment (including high / low beds, prostheses, ventilation equipment, electric wheelchairs etc.) as necessary to facilitate hospital discharge and support home care arrangements during the winter months.	The purchase of sufficient stock in 2016 with the once off funding available to provide for rapid response to demands for aids and appliances. The establishment of liaison targeted arrangements at CHO / HG level to oversee implementation.	-	-	-	As these items are available under existing contractual agreements they will be procured in Q4.
TOTAL costs						€545,000	-	€2,000,000	

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
SOCIAL CARE OUTCOME MEASURES									
1	Homecare Provision.	In conjunction with additional funding provided of €30m in 2016, €10m of the winter initiative will support an overall additional activity of 270,000 Home Help hours and 2,000 HCPs, benefitting an additional 1,236 people with HH and 3,000 people with HCP in a full year.	270,000 home help hours benefitting 1,236 people 2,000 home care packages benefitting 3,000 people	Home care supports in conjunction with the additional specific home care provision outlined below will support the discharge of patients listed as DD in acute hospitals and assist in avoiding hospital admission for those living in the community who need supports to remain at home.	Implemented				
2	Additional HCPs July avg. DD figures are 620, of which 120 approx. are categorised as Delayed to go home. and are requiring services or Aids and Appliances or housing improvements, accommodation etc. The SDU analysis of the weekly HCP requirements to provide a steady state per hospital per week has been used as the basis provision across 10 specific hospitals with individual DD Reductions per hospital of those in the 'Going Home' category. This is to be achieved by Year End, through the constant and steady provision of Home Care and together with the targeting of Aids and	Deliver 650 new HCPs in Q4 2016	Deliver Full year costs to support 950 New HCPs throughout the Winter Initiative period (from Q4 2016 and into Feb 2017), based on 10 specific individual hospitals requirements.	By YE 2016, DD reductions by Hospital (including DD avoidance), due to additional weekly Home Care, by a total of 50 average per week, from a current figure of 120 to 70 and maintaining to end of Feb 2017 OLOL – 2 per week Beaumont – 10 per week Mullingar – 2 per week CUH – 3 per week South Tipperary – 3 per week Waterford – 6 per week UHL – 2 per week UHG – 10 per week Tallaght – 4 per week St James – 8 per week Total – reduce weekly DD by year end by average of	950 new HCPs throughout W/ period as below: OLOL – 6 new/wk Beaumont – 6 new/wk Mullingar – 3 new/wk CUH – 3 new/wk STGH – 3 new/wk WUJH – 5 new/wk UHL – 6 new/wk UHG – 6 new/wk Tallaght – 6 new/wk St James – 6 new/wk Total 50 per week				February 2017

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
SOCIAL CARE OUTCOME MEASURES									
2	<p>Appliances, the outcome to be achieved is to gain an overall reduction in this category by an average of 50 DD per week by year end.</p> <p>Transitional Care Beds</p> <p>Of those waiting for long stay care, the Social Care Division is supporting hospital discharge through:</p> <ul style="list-style-type: none"> - Maintaining the NHSS waiting times at no greater than 4 weeks - Providing Transitional Care to all hospitals at a rate of 152 approvals per week, consistently throughout the year. <p>NSP 2016, funded Transitional Care at a level of 109 approvals per week, but the level of demand has been maintained at the 152 and can now be continued to the year end at this level through the provision of the funding €6m.</p> <p>By providing higher levels of TCB each week during the period concerned, it is intended that this egress measure would support a shorter time scale to process applications for NHSS or to move patients out of the hospitals concerned while the NHSS is being worked through. The resultant</p>	To provide for the ongoing increased demand for TCB which has averaged 152 approvals per week and which is above the funded position of 109 per week, throughout the year to year end.	Maintain higher rate of 152 approvals per week to YE plus 15 additional per week to end of Feb 2017. Total 167	Reduce/ Avoid weekly DD by YE 2016 by 60 as follows:- Beaumont-20 Tallaght-5 St. James's-20 Connolly-5 Mater-10 Total- 60 per week	Maintain level of 152 approvals per week and support of additional approvals for 5 hospitals as set out below from October to end of February: Beaumont – 4/wk Tallaght – 2/wk St. James's – 5/wk Connolly – 2/wk Mater – 2/wk	€6,500,000	-	€6,100,000	Year End 2016

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
SOCIAL CARE OUTCOME MEASURES									
	projected outcome reduction totalling 60 DDs by year end.								
3	Reduce DDs for those with Legal Complexity, Ward of Court, etc.								
	As a once off measure over the period outlined, those DD listed as Delayed due to legal complexity or Ward of Court will also be targeted to move to alternative locations while their legal processes are being worked through. It is likely that these patients will require transitional care for a considerable period of time and also need support both in terms of processing as well as social supports. The net reduction target as a result of this measure is to reduce DD by 10.	Reduce once off 18 DD Reduction overall net DD by 10	-	Reduce 18 DD once off to yield net Reduction overall of DD by 10	Reduce, on a once off basis Target 18 DDs to Transitional Care which may be for an average of 26 weeks and at a higher cost as follows:- OLOL – 2 once off Beaumont – 2 once off Waterford – 2 once off UHG – 2 once off Tallaght – 2 once off St. James's – 2 once off Connolly – 2 once off Mater – 2 once off St Vincent's – 2 once off	-	€610,000	-	Year End 2016
TOTAL COST							€610,000		

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	Tullamore – 12 beds in former AMAU. Will be a short stay Medical Unit	12 beds	12 beds. On the assumption of 3 day length of stay this would enable 1,460 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 4 at 8am. Improve compliance with ED PET < 24 hour from 95% YTD to 98%.	Physical capacity in place, requirement to attract staff.	€200,000		€1,000,000	November 2016
	Beaumont – 10 beds below dependency/acute step down	10 beds	10 beds. On the assumption of 7 day length of stay this would enable 521 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 12 at 8am. Improve compliance with ED PET < 24 hour from 91% YTD to 97%.	Physical capacity in place, requirement to attract staff.	€170,000		€850,000	November 2016
	Naas – 11 beds and Rapid Access ED (unable to open previously due to staffing constraints)	11 beds	11 beds. On the assumption of 7 day length of stay this would enable 573 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 4 at 8am. Improve compliance with ED PET < 24 hour from 93% YTD to 95%.	Physical capacity in place, requirement to attract staff.	€200,000		€1,000,000	November 2016
	Waterford – 15 beds surge capacity	15 beds	15 beds. On the assumption of 7 day length of stay this would enable 782 additional patients to be treated in a more appropriate setting.	Meet TrolleyGar Threshold of 8 at 8am. Improve compliance with ED PET < 24 hour from 97% YTD to 99%.	Physical capacity in place, requirement to attract staff.	€200,000		1.25m	November 2016

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	Mercy – 18 beds previously indicated under WL have remained unopened due to staffing constraints	18 beds	18 beds On the basis of 28 day length of stay this would enable 234 additional step down patients to be treated.	Meet Mercy TrolleyGar Threshold of 4 at 8am Improve compliance with ED PET < 24 hour from: <ul style="list-style-type: none"> 96% YTD to 99% (CUH) 95% YTD to 97% (Mercy) 	Physical capacity in place, recruitment complete, scheduled to open 19 th of September.	€225,000		€900,000	November 2016
	Minor Injuries – Dublin	100 patients per week (including potential Saturday service)		Support improved compliance in the non admitted PET in the Dublin hospitals.	Formal agreement to be developed and agreed with Charter Medical Group / Mater Hospital.				December 2016
	Private / Public Collaboration Mater & Mater Private Respiratory patients	10 beds	10 beds On assumption of 7 day length of stay this would enable 521 additional patients to be treated.	Meet TrolleyGAR threshold of 12 at 8 a.m. improve compliance with ED PET < 24 hour from 94% YTD to 97%.	Collaboration Mater Hospital & Mater Private Hospital, pilot exercise to be undertaken using once off funding 2016.				December 2016
	Cappagh/Tallaght Ortho/Scoliosis (Once off 2016 costs only)	570 Ortho patients 39 Adolescent Scoliosis patients & 15-20 Paediatric Scoliosis patients. Orthopaedic patients in acute hospitals	To be funded through WL 2017	Elimination of 18 month target in Cappagh (National Tertiary Referral Centre) Elimination of Adolescent WL at Tallaght, expectation is that this will not recur as Paediatric service transferring to Crumlin. Achievement of the 18 th month target.	Develop a clearance plan and schedule all patients to be treated before year end. Develop a clearance plan with the Mater Spinal Unit and schedule all patients to be treated before year end. Beaumont, Tallaght, Tullamore, Waterford & GUH		€3m	Ongoing support to these sites would be delivered via WL Funding 2017.	31 st December 2016
						€2m	€2m		
							€2m		

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
		ACUTE HOSPITAL OUTCOME MEASURES							
	<p>MRH Mullingar – Development of Acute Floor (to incl. enhanced Senior Decision Making)</p>	Acute Floor to include 7 short stay beds	Acute Floor to include 7 short stay beds	<p>Meet TrolleyGar Threshold at 8am of 8 Trolleys To improve 24 hour compliance from 98% to 99%.</p>	Physical capacity in place, requirement to equip and attract staff.	€125,000		€400,000	November 2016
	<p>Clonmel / South Tipperary</p> <p>Two options are being considered to provide additional capacity as follows:</p> <ul style="list-style-type: none"> Option to fit out space within new build under construction. Modular build extension to exist hospitals. <p>Following appraisal we intend to proceed with one of these options subject to suitability in terms of care provision timescale. The assessment will include cost benefit analysis, procurement issues, and planning/construction issues.</p> <p>The HSEs examination of patient hotel type service will proceed in parallel.</p> <p><u>Process related issues:</u></p> <ul style="list-style-type: none"> Hospital groups and CHOs to provide Winter plans for 2016/2017, for validation by end of September. Plans to detail both management and clinical governance arrangement across each hospital and community for the duration of the Winter period including metrics on service 	tbc	tbc	<p>Meet Trolley Gar threshold of 4 at 8am</p>	Planning, procurement, and services.				TBC

A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-Year cost	Timescale for delivery
ACUTE HOSPITAL OUTCOME MEASURES									
	<ul style="list-style-type: none"> provision and supports, escalation measures etc. SDU to monitor implementation of plans in conjunction with the Divisions SDU improvement leads to be assigned to hospital groups/CHOs to drive process improvement across the focus sites. 								
	<p>SDU improvement leads to be assigned to Hospital Groups / CHOs to drive process improvement in the 9 Focus Sites. Key actions are as follows:</p> <ol style="list-style-type: none"> 1. Implement the National Escalation Framework 2. Develop implementation plan for the management of older persons 3. Achieve 20% improvement in non-admitted PET 4. Develop integrated measures with Primary Care to improve chronic disease management of patients. 5. Improve LOS 6. Align human resource with demand 7. Develop implementation plan to introduce 7 day discharging / criteria led discharging 8. Focus on improvements in scheduled care as per waiting list management improvement plan – 4 actions 								

	9. Quantify egress flow requirements and link with CHO colleagues to effect.								
Total Cost									
A	B	C	D	E	F	G	H	I	J
No.	Detailed Description of Initiative	Expected Activity Target 2016	Expected Activity Target 2017	Expected Impact of Measure	Actions to deliver on activity / target	2016 Q4 cost	2016 Once off Cost	2017 Full-year cost	Timescale for delivery
Contingency	Contingency : Learning from previous winter initiatives 15% contingency fund for once off expenditure is being held to facilitate exigency measures which arise such as temporary agency staff etc. This will be detailed when the Hospital Group / CHO Winter Plans are completed at the end of September 2016						€6,675,000		
OVERALL TOTAL COST						€19,915,000	€20,085,000	€40,000,000	

Assumptions & Dependencies

There is a significant interdependency between all of the measures outlined in the overall Winter Initiative 2016 – 2017, which when implemented fully, will deliver the target outcomes in terms of DD reductions and ED improvements. In addition the plan is framed having regard to a number of assumptions and dependencies as follows

- ED attendances are consistently running at 5% ahead of 2015 levels and HIPE analysis of discharges is comparable. In setting the targets we have assumed that for the period October 2016 – February 2017, they will continue to run at this rate of growth. Any material increase in activity levels will have an impact on the deliverables

- The additional acute hospital bed capacity can be opened within the specified time and the staffing levels can be secured and maintained.
- Events such as the outbreak of Flu or significant bad weather conditions may impact on the full delivery of the plan due to additional surge activity.
- Demand for homecare over current levels as well as numbers requiring discharge from hospital not significantly increasing over current trends.
- The supports provided as outlined by Primary Care and Social Care can meet the agreed tolerance levels for DD as outlined for the winter period and that providers can secure and maintain staffing levels.

It should also be noted that some of the specific targets can only be maintained for the duration of the period of quarter 4 2016, to end of February 2017.



Re: Fw: Winter Plan 2017

Frances Spillane to: Tracey Conroy

08/09/2016 10:23

Barry Murphy, Colm O'Reardon, Fergal Goodman, Fiona Mansergh, Fiona Prendergast, Fionnuala Duffy, Greg Dempsey, Joan Regan, Louise Carrigan, Marita Kinsella, Tony Holohan,

Tracey
I'm available - Barry has another meeting but Dave Walsh can attend.
Frances

Frances Spillane
Assistant Secretary
Department of Health
Hawkins House
Dublin
D02VW90

Ph: [REDACTED]

(Designated Public Official under the Regulation of Lobbying Act 2015)

Tracey Conroy All The Minister has asked for our position on this 08/09/2016 10:11:53

From: Tracey Conroy/SLAINTE
To: Fergal Goodman/SLAINTE@SLAINTE, Frances Spillane/SLAINTE@SLAINTE, Tony Holohan/SLAINTE@SLAINTE, Greg Dempsey/SLAINTE@SLAINTE, Colm O'Reardon/SLAINTE@SLAINTE
Cc: Fiona Mansergh/SLAINTE@SLAINTE, Fionnuala Duffy/SLAINTE@SLAINTE, Joan Regan/SLAINTE@SLAINTE, Marita Kinsella/SLAINTE@SLAINTE, Barry Murphy <Barry_murphy@health.gov.ie>, Louise Carrigan/SLAINTE@SLAINTE, Fiona Prendergast/SLAINTE@SLAINTE
Date: 08/09/2016 10:11
Subject: Fw: Winter Plan 2017

All

The Minister has asked for our position on this today, with a view to publishing today or tomorrow. Grateful if we could meet to discuss - suggest at 2.30pm. Let me know if that suits and we'll revert with venue.

Thanks

Tracey

Tracey Conroy
Assistant Secretary
Acute Hospitals Policy
Department of Health
Hawkins Street, Dublin 2
Tel: +353-1 [REDACTED]

Forwarded by Tracey Conroy/SLAINTE on 08/09/2016 10:07

From: CFO [REDACTED]
To: Tracey conroy [REDACTED]
Cc: [REDACTED]



RE: FW: Winter Plan-Transitional Care
Eithne McAuliffe (General Manager SOP)
09/09/2016 13:13

To:

[Redacted]

Cc:

"Older People Social Care (Michael Fitzgerald)"

Hide Details

From: "Eithne McAuliffe (General Manager SOP)" <[Redacted]>

To: "Dave_Walsh@health.gov.ie" <[Redacted]>

Cc: "Older People Social Care (Michael Fitzgerald)" <[Redacted]>

History: This message has been replied to.

Dave

Answers below in red, hope you can understand if not give me a ring [Redacted]

Eithne McAuliffe, General Manager, National Services for Older People office.
HSE Community Services Building, Rathass, Tralee, Co. Kerry Tel: 066-7184529

-----Original Message-----

From: Dave_Walsh@health.gov.ie [mailto:Dave_Walsh@health.gov.ie]

Sent: 09 September 2016 10:24

To: Eithne McAuliffe (General Manager SOP)

Subject: Re: FW: Winter Plan-Transitional Care

Hi Eithne

Thanks again for information yesterday.

Could you tell me how many beds are required to sustain the proposal to add 15 new approvals per week for transitional care

- On average each TCB approval stays 3 weeks in a private NH bed therefore the 15 extra per week will require 45 approx. beds which will recycle on a 3-4 week basis.

& also the number of beds required to sustain the current approval rates (157 per week)?

- 152 average YTD approvals per week needs approx. 456 beds in payment per week
 - Original NSP was 109 approvals per week necessitating approx. 313 per week
- In Total the new figure of 167 (only to end Feb 2017) will require 500 approx. beds in payment /week

No rush its just so I have some context here if needed.....

TK .ks

Dave

Email Disclaimer and; Legal Notice: <http://health.gov.ie/email-disclaimer/>

7



Fw: Winter Initiative
Barry.Murphy to: Dave Walsh

09/09/2016 13:38

Dave,
see below.

b

Barry Murphy,
Services for Older People.

Tel. [REDACTED]

----- Forwarded by Barry Murphy/SLAINTE on 09/09/2016 13:37 -----

From: Frances Spillane/SLAINTE
To: Barry Murphy
Cc: Dave Walsh/SLAINTE@SLAINTE
Date: 09/09/2016 13:36
Subject: Fw: Winter Initiative

Barry
To see please.
Frances

Frances Spillane
Assistant Secretary
Department of Health
Hawkins House
Dublin
D02VW90

Ph [REDACTED]

(Designated Public Official under the Regulation of Lobbying Act 2015)
----- Forwarded by Frances Spillane/SLAINTE on 09/09/2016 13:35 -----

From: Social Care <SocialCare@hse.ie>
To: Tracey conroy <[REDACTED]>
Cc: [REDACTED]
People Social Care (Michael Fitzgerald) <[REDACTED]>
Date: 09/09/2016 12:43
Subject: Winter Initiative

Colleagues,

As a follow on from our discussion last night and Fergal's email I am sending you the revised document as requested. Can you revert urgently as we are anxious to make the 1.00 p.m. News with Press based on the details of the document?

Regards & Thanks,

#hello my name is...

Daire Scahlon
on behalf of Pat Healy

National Director Social Care,
HSE Social Care Division
1st Floor
Dr Steevens Hospital
D08 W2A8

T:
E:



Building a Better Health Service

ÓRÉAR AGÓIR-ÉALÁRÁIN TÍRÉAR ÉALÁRÁIN



UPDATED WINTER INITIATIVE TEMPLATE 2016-2017 09 09 16.docx



Social Care WI
Dave Walsh to: Patrick Creedon

09/09/12

Pat,

As discussed.

1. Home Care Statement-Deliver 270,000 HHH and 2,000 HCP's

This is a global figure taking account of €40m announced in revised estimates. The additional year over the 2015 NSP Target. Hope the following table explains

Summary of Impact of Additional €40m Home Care Funding					
Service	2015 Target	Original 2016 Target (includes €20m time related savings)	Revised target	Total Additional Activity against 2015	Total A People Benefit Against
Home Help Hours	10.3m hours	10.437m hours	10.570m hours	270,000	1,236
HCP	13,800 HCPs	15,450 HCPs	15,800 HCPs	2,000	3,000

2. 650 HCPs.-1.4m (2016 costs).

Week	No of HCP	Estimated Cost	Weeks to end year	Total
1	50		13	
2	50		12	
3	50		11	
4	50		10	
5	50		9	
6	50		8	
7	50		7	
8	50		6	
9	50		5	
10	50		4	
11	50		3	
12	50		2	
13	50		1	
Q4	650			

3. 950 HCP's 14.6m (full year cost)

Week 1	HCP	Estimated Cost	Weeks to year end	Total
1	700		52	
2	50		51	
3	50		50	
4	50		49	
5	50		48	
6	50		47	

Estimated Cost full year (950 HCP's) | 14,595,000

4. Transitional Care -€6.5m Q4 2016 and €6.1m full year 2017.

Some rounding up here. Patients are averaging nearly 3 weeks in a transitional care bed at a cost of about [REDACTED]. Nearly 6m will cover the current rate of approvals [REDACTED] until end of year with the remaining amount (c 500k) providing an additional 15 approvals per week until Feb 2017 reverting back to current approval rate (152/week) from then. The plan will fund 500 beds per week (455 at moment +45 new ones.

5. Complex Cases (€610k)

This is in respect of mostly legal cases-ie ward of courts etc. This is once off funding in 2016. These patients are expected to transition to NHSS funding within c. 6 months, after which they will not be replaced. Amount sought would allow transitional care funding for 18 DD's for c. 26 weeks [REDACTED].

Dave

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