Budgeting and Service Planning 2016

Estimates Submission 2016

13th August 2015

Contents

This workbook should be read in conjunction with the Budgeting and Service Planning 2016 Supporting Document

Estimates 2016 - Summary of New Monies Submission

Service Area	2016 only WTE impact	Pay (2016)	Non Pay (2016)	2016 only costs €m	Full year WTE impact	Pay (Full Year)	Non Pay (Full Year)	Full year costs €m
Acute Hospital Services	1821.3	39.048	45.448	84.496	1821.3	133.725	55.288	189.013
Cancer Services	223.8	4.239	24.339	28.578	223.8	14.516	26.928	41.444
National Ambulance Service	215.6	5.508	2.495	8.003	215.6	11.016	2.966	13.982
Clinical Strategy and Programmes	39.5	1.597	3.198	4.794	39.5	3.193	2.481	5.674
Health and Wellbeing	143.9	3.233	12.731	15.964	163.3	11.072	26.255	37.327
Primary Care Services	549.5	8.559	151.591	160.151	549.5	29.313	201.178	230.491
Primary Care (incl. Palliative Care)	549.5	8.559	47.199	55.759	549.5	29.313	65.221	94.534
PCRS	0.0	0.000	104.392	104.392	0.0	0.000	135.957	135.957
Social Care	471.3	7.947	152.207	160.154	471.3	27.217	278.501	305.718
Services for Older People	42.0	1.075	70.475	71.549	42.0	3.680	140.609	144.289
Disability Services	429.3	6.873	81.733	88.605	429.3	23.537	137.892	161.429
Mental Health	626.0	13.003	23.513	36.515	626.0	44.530	32.640	77.170
Quality and Safety	120.0	3.774	1.561	5.334	120.0	7.547	2.428	9.975
Enabling and Supporting Services	752.0	22.327	52.627	74.953	768.0	44.652	65.269	109.921
Health Business Services	80.0	2.585	4.964	7.549	80.0	5.169	5.588	10.757
Finance	262.0	8.312	10.387	18.699	278.0	16.624	14.494	31.118
Human Resources	135.0	3.422	17.395	20.817	135.0	6.843	21.561	28.404
Communications	8.0	0.220	0.530	0.750	8.0	0.439	0.060	0.499
Audit and Compliance	24.0	0.749	0.479	1.227	24.0	1.497	0.630	2.127
Office of the Chief Information Officer	60.0	2.426	1.955	4.381	60.0	4.852	2.376	7.228
System Reform	183.0	4.614	16.916	21.530	183.0	9.228	20.560	29.788
	4,962.8	109.233	469.709	578.943	4,998.2	326.781	693.934	1,020.715

Service Area	2016 only WTE impact	Pay (2016)	Non Pay (2016)	2016 only costs €m	Full year WTE impact	Pay (Full Year)	Non Pay (Full Year)	Full year costs €m
*Cross-cutting Clinical Programmes investment	664.4	15.396	17.204	32.599	665.4	49.921	21.152	71.073
Acute	366.6	9.106	12.648	21.754	366.6	31.186	15.814	47.000
Clinical Strategy and Programmes	30.5	1.322	1.749	3.070	30.5	2.643	0.871	3.514
Health and Wellbeing	10.0	0.227	0.626	0.853	11.0	0.779	0.695	1.474
Primary Care	80.0	1.410	0.041	1.451	80.0	4.830	0.045	4.875
Social Care	150.3	2.683	0.316	3.000	150.3	9.190	1.023	10.213
System Reform	27.0	0.647	1.825	2.472	27.0	1.293	2.704	3.997

Estimates 2016 - Summary of New Monies Submission by Corporate Goal

Service Area	2016 only WTE impact	2016 only costs €m	Corporate Plan Goal 1	Corporate Plan Goal 2	Corporate Plan Goal 3	Corporate Plan Goal 4	Corporate Plan Goal 5	Full year WTE impact	Full year costs €m	Corporate Plan Goal 1	Corporate Plan Goal 2	Corporate Plan Goal 3	Corporate Plan Goal 4	Corporate Plan Goal 5
Acute Hospital Services	1,821.3	84.496	0.000	84.496	0.000	0.000	0.000	1,821.3	189.013	0.000	189.013	0.000	0.000	0.000
Cancer Services	223.8	28.578	3.832	24.746	0.000	0.000	0.000	223.8	41.444	7.464	33.980	0.000	0.000	0.000
National Ambulance Service	215.6	8.003	0.000	6.985	0.330	0.687	0.000	215.6	13.982	0.000	12.223	0.421	1.338	0.000
Clinical Strategy and Programmes	39.5	4.794	0.000	4.794	0.000	0.000	0.000	39.5	5.674	0.000	5.674	0.000	0.000	0.000
Community Healthcare	1,790.7	372.785	194.456	172.415	0.000	0.000	5.914	1,810.1	650.706	355.950	285.956	0.000	0.000	8.800
Health and Wellbeing	143.9	15.964	6.790	9.174	0.000	0.000	0.000	163.3	37.327	14.358	22.969	0.000	0.000	0.000
Primary Care Services	549.5	160.151	27.817	132.334	0.000	0.000	0.000	549.5	230.491	39.987	190.504	0.000	0.000	0.000
Primary Care (incl. Palliative Care)	*549.5*	*55.759*						*549.5*	*94.534*					
PCRS	*0.0*	*104.392*						*0.0*	*135.957*					
Social Care	471.3	160.154	156.939	3.215	0.000	0.000	0.000	471.3	305.718	295.505	10.213	0.000	0.000	0.000
Older People Services	*42.0*	*71.549*						*42.0*	*144.289*					
Disability Services	*429.3*	*88.605*						*429.3*	*161.429*					
Mental Health	626.0	36.515	2.910	27.692	0.000	0.000	5.914	626.0	77.170	6.100	62.270	0.000	0.000	8.800
Quality and Safety	120.0	5.334	0.000	0.000	5.334	0.000	0.000	120.0	9.975	0.000	0.000	9.975	0.000	0.000
Enabling and Supporting Services	752.0	74.953	0.000	3.427	1.977	20.817	48.732	768.0	109.921	0.000	4.293	2.626	28.404	74.598
Health Business Services	80.0	7.549	0.000	0.000	0.000	0.000	7.549	80.0	10.757	0.000	0.000	0.000	0.000	10.757
Finance	262.0	18.699	0.000	0.000	0.000	0.000	18.699	278.0	31.118	0.000	0.000	0.000	0.000	31.118
Human Resources	135.0	20.817	0.000	0.000	0.000	20.817	0.000	135.0	28.404	0.000	0.000	0.000	28.404	0.000
Communications	8.0	0.750	0.000	0.000	0.750	0.000	0.000	8.0	0.499	0.000	0.000	0.499	0.000	0.000
Audit and Compliance	24.0	1.227	0.000	0.000	1.227	0.000	0.000	24.0	2.127	0.000	0.000	2.127	0.000	0.000
Office of the Chief Information Officer	60.0	4.381	0.000	0.000	0.000	0.000	4.381	60.0	7.228	0.000	0.000	0.000	0.000	7.228
System Reform	183.0	21.530	0.000	3.427	0.000	0.000	18.103	183.0	29.788	0.000	4.293	0.000	0.000	25.495
Totals	**4,962.8**	**578.943**	*198.288*	*296.864*	*7.642*	*21.504*	*54.645*	**4,998.2**	**1,020.715**	*363.414*	*531.139*	*13.022*	*29.742*	*83.398*

Estimates 2016 - Summary of New Monies Submission By Demographic Pressure, Critical Service or Ministerial Priority

Service Area	2016 only WTE impact	2016 only costs €m	Demographic Pressure	Critical Service	Ministerial priority	Full year WTE impact	Full year costs €m	Demographic Pressure	Critical Service	Ministerial priority
Acute Hospital Services	1,821.3	84.496	0.000	73.756	10.740	1,821.3	189.013	0.000	167.875	21.138
Cancer Services	223.8	28.578	0.000	24.746	3.832	223.8	41.444	0.000	33.980	7.464
National Ambulance Service	215.6	8.003	0.000	2.257	5.746	215.6	13.982	0.000	3.864	10.118
Clinical Strategy and Programmes	39.5	4.794	0.000	0.000	4.794	39.5	5.674	0.000	0.000	5.674
Community Healthcare	1,790.7	372.785	92.259	239.000	41.525	1,810.1	650.706	178.615	397.839	74.252
Health and Wellbeing	143.9	15.964	0.000	4.208	11.756	163.3	37.327	0.000	10.194	27.133
Primary Care Services	549.5	160.151	25.990	104.392	29.769	549.5	230.491	47.415	135.957	47.119
Primary Care (incl. Palliative Care)	*549.5*	*55.759*				*549.5*	*94.534*			
PCRS	*0.0*	*104.392*				*0.0*	*135.957*			
Social Care	471.3	160.154	63.360	96.794	0.000	471.3	305.718	125.100	180.618	0.000
Older People Services	*42.0*	*71.549*				*42.0*	*144.289*			
Disability Services	*429.3*	*88.605*				*429.3*	*161.429*			
Mental Health	626.0	36.515	2.910	33.606	0.000	626.0	77.170	6.100	71.070	0.000
Quality and Safety	120.0	5.334	0.000	0.000	5.334	120.0	9.975	0.000	0.000	9.975
Enabling and Supporting Services	752.0	74.953	0.000	34.472	40.481	768.0	109.921	0.000	48.700	61.221
Health Business Services	80.0	7.549	0.000	7.549	0.000	80.0	10.757	0.000	10.757	0.000
Finance	262.0	18.699	0.000	0.000	18.699	278.0	31.118	0.000	0.000	31.118
Human Resources	135.0	20.817	0.000	20.817	0.000	135.0	28.404	0.000	28.404	0.000
Communications	8.0	0.750	0.000	0.750	0.000	8.0	0.499	0.000	0.499	0.000
Audit and Compliance	24.0	1.227	0.000	0.976	0.252	24.0	2.127	0.000	1.812	0.315
Office of the Chief Information Officer	60.0	4.381	0.000	4.381	0.000	60.0	7.228	0.000	7.228	0.000
System Reform	183.0	21.530	0.000	0.000	21.530	183.0	29.788	0.000	0.000	29.788
Totals	**4,962.8**	**578.943**	*92.259*	*374.232*	*112.451*	**4,998.2**	**1,020.715**	*178.615*	*652.258*	*189.842*

Estimates 2016 - Summary of New Monies Submission by Priority

Service Area	Priority No.	Priorities	2016 only WTE impact	Pay (2016)	Non Pay (2016)	2016 only costs €m	Full year WTE impact	Pay (Full Year)	Non Pay (Full Year)	Full year costs €m
Acute Hospital Services	1	Strategic developments – to include scoliosis, integrated care posts, stroke telemedicine, rare disease office, insulin pump therapy, maternity workforce, cochlear implant, metabolic drugs (7 new patients), ICT initiatives.	87.0	2.774	3.644	6.418	87.0	9.499	4.049	13.548
	2	Maternity Services, Critical Care, Patient Flow	1040.7	18.961	9.143	28.104	1040.7	64.933	13.402	78.335
	3	Quality and Risk, National Speciality Services, Corporate Governance, Children's Hospital, Clinical Programmes: Trauma, Orthopaedics, Rheumatology, Emergency and Acute Medicine	418.3	9.762	19.651	29.413	418.3	33.433	21.210	54.643
	4	Clinical programmes: ACS, Epilepsy, Dermatology, Paediatrics, Rare Disease, Sepsis; ICT initiatives; Hospital Group Reform; NOCA, Transgender Service	109.4	3.826	6.914	10.740	109.4	13.102	8.036	21.138
	5	Clinical Programmes: Radiology and Surgery; HPO and ABF support	57.0	1.528	4.726	6.254	57.0	5.233	5.257	10.490
	6	Clinical Programmes: NTMP, Renal, Neurology, National Stroke Programme, Integrated Care for Older Persons	108.8	2.197	1.371	3.568	108.8	7.525	3.334	10.859
		Acute services sub-total	1821.2	39.048	45.449	84.497	1821.2	133.725	55.288	189.013
Cancer Services		NCCP: Cancer Workforce Services, Cancer Control Programme, Cancer Drugs, Radiation Oncology, PROMS	148.2	2.850	21.549	24.399	148.2	9.760	23.500	33.260
		Health and Wellbeing: Chronic Disease Prevention and Management, Children's Health, Health Protection, Healthy Ireland	66.6	1.244	2.588	3.832	66.6	4.261	3.203	7.464
		Primary Care: Oral Health, Community Oncology	9.0	0.145	0.203	0.348	9.0	0.495	0.225	0.720
		Cancer services sub-total	223.8	4.239	24.340	28.579	223.8	14.516	26.928	41.444
National Ambulance Service	1	Improving operational performance and outcome for patients	168.6	4.051	1.364	5.415	168.6	8.102	1.595	9.697
	2	Enhance clinical competencies and governance arrangements to improve quality of care and patient safety	22.0	0.756	0.815	1.570	22.0	1.511	1.015	2.526
	3	Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care	23.0	0.647	0.041	0.687	23.0	1.293	0.045	1.338
	4	Improve our engagement with patients and service users and play an active role in improving the health needs of the population	2.0	0.055	0.275	0.330	2.0	0.110	0.311	0.421
		National Ambulance Service sub-total	215.6	5.508	2.495	8.003	215.6	11.016	2.966	13.982
Clinical Strategy and Programmes	1	Integrated Care Programmes Patient Flow Older Persons Prevention and Management of Chronic Disease Children Women's Health **Clinical Strategy Programme Development**	30.5	1.322	1.749	3.070	30.5	2.643	0.871	3.514
	1	Investment for upskilling conversion courses for General and ID nurses to meet recruitment needs	9.0	0.275	1.449	1.724	9.0	0.550	1.610	2.160
		Clinical Strategy and Programmes sub-total	39.5	1.597	3.198	4.794	39.5	3.193	2.481	5.674

Estimates 2016 - Summary of New Monies Submission by Priority

Service Area	Priority No.	Priorities	2016 only WTE impact	Pay (2016)	Non Pay (2016)	2016 only costs €m	Full year WTE impact	Pay (Full Year)	Non Pay (Full Year)	Full year costs €m
Health and Wellbeing	1	Healthy Ireland	34.0	0.524	2.058	2.582	34.0	1.794	2.370	4.164
	2	Health Protection	82.9	2.189	1.674	3.863	101.3	7.495	2.146	9.641
	3	Emergency Management	4.0	0.073	0.273	0.346	4.0	0.250	0.303	0.553
	4	Chronic Disease Prevention and Management	19.0	0.366	1.567	1.932	20.0	1.252	1.741	2.993
	5	Children's Health / Maternal Health	4.0	0.082	7.160	7.242	4.0	0.281	19.695	19.976
		Health and Wellbeing sub-total	143.9	3.233	12.731	15.964	163.3	11.072	26.255	37.327
Primary Care	1	Waiting Lists and Staffing	232.5	3.113	18.545	21.658	232.5	10.662	20.606	31.268
	2	Health and Wellbeing and Chronic Illness	198.0	3.090	0.612	3.702	198.0	10.582	0.818	11.400
	3	Service Integration and Patient Flow	85.0	1.753	18.078	19.831	85.0	6.002	32.694	38.696
	4	Quality and Safety of Primary Care Services	31.0	0.537	3.872	4.409	31.0	1.839	2.612	4.451
	5	Support Vulnerable Groups	3.0	0.067	6.092	6.159	3.0	0.228	8.491	8.719
		PCRS initiatives	0.0	0.000	104.392	104.392	0.0	0.000	135.957	135.957
		Primary Care sub-total	549.5	8.559	151.591	160.150	549.5	29.313	201.178	230.491
Social Care	1	Older people: Integrated Care Model	30.0	0.899	0.320	1.219	30.0	3.080	0.709	3.789
	2	Older people: Demographic Fair Deal Requirements	0.0	0.000	17.910	17.910	0.0	0.000	31.600	31.600
	3	Older people: Home Care	12.0	0.175	41.715	41.890	12.0	0.600	92.700	93.300
	4	Older people: Dementia/ Challenging Behaviour	0.0	0.000	10.530	10.530	0.0	0.000	15.600	15.600
	1	Disability: HIQA Costs	59.0	2.315	18.970	21.285	59.0	7.927	21.078	29.005
	2	Disability: Congregated Settings	0.0	1.460	13.500	14.960	0.0	5.000	15.000	20.000
	3	Disability: Demographics and Changing Needs	0.0	0.000	35.100	35.100	0.0	0.000	78.000	78.000
	4	Disability: Children's Therapy Services '0-18 Programme'	250.0	1.314	3.600	4.914	250.0	4.500	8.000	12.500
	5	Disability: School Leavers & Clients Requiring Special Day Places (Clients)	0.0	0.000	10.350	10.350	0.0	0.000	15.500	15.500
	6	Disability: Rehabilitation Strategic and Integrated Care Programme	120.3	1.784	0.212	1.997	120.3	6.110	0.314	6.424
		Social Care sub-total	471.3	7.947	152.207	160.154	471.3	27.217	278.501	305.718
Mental Health	1	High Acuity Provision for Adults	90.0	1.752	8.100	9.852	90.0	6.000	10.050	16.050
	2	Mental Health Services for Young People	103.0	2.228	3.735	5.963	103.0	7.630	4.650	12.280
	3	Mental Health Promotion, Early Intervention and Suicide Prevention	50.0	1.110	1.800	2.910	50.0	3.800	2.300	6.100
	4	Improved Access to Secondary Care Mental Health Services for Adults	338.0	6.950	4.928	11.877	338.0	23.800	10.140	33.940
	5	Enabling service users and staff to participate in service design and delivery	45.0	0.964	4.950	5.914	45.0	3.300	5.500	8.800
		Mental Health sub-total	626.0	13.003	23.513	36.515	626.0	44.530	32.640	77.170
Quality	1	Establishment of the new National QAV Division	38.0	1.253	0.621	1.874	38.0	2.506	0.690	3.196
	1	Clinical Improvement Programmes of Work	2.0	0.071	0.490	0.560	2.0	0.141	1.238	1.379
	1	Ensuring quality accountable and transparent services at community health level	80.0	2.450	0.450	2.900	80.0	4.900	0.500	5.400
		Quality sub-total	120.0	3.774	1.561	5.334	120.0	7.547	2.428	9.975
Health Business Services	1	Estates Fire Safety & Maintenance Management	13.0	0.430	2.385	2.815	13.0	0.860	2.680	3.540
	2	Estates	56.0	1.880	2.162	4.042	56.0	3.760	2.432	6.192
	3	CRM / Compliance & Capacity	11.0	0.275	0.418	0.692	11.0	0.549	0.476	1.025
		Health Business Services sub-total	80.0	2.585	4.964	7.549	80.0	5.169	5.588	10.757

Estimates 2016 - Summary of New Monies Submission by Priority

Service Area	Priority No.	Priorities	2016 only WTE impact	Pay (2016)	Non Pay (2016)	2016 only costs €m	Full year WTE impact	Pay (Full Year)	Non Pay (Full Year)	Full year costs €m
Finance	1	FINANCE OPERATING MODEL (People) - implementing new model and addressing minimum requirements under: 1. PAY AND NUMBERS STRATEGY (PNS) 2. CONROLS ASSURANCE (NFCAG) 3. ABF - COMMUNITY PROGRAMME 4. Private Health Insurance MOU	73.0	2.142	0.347	2.489	73.0	4.284	0.857	5.141
	2	IFMS - New National Finance (technology and process) & Procurement (Technology) System .	85.0	2.530	7.427	9.957	85.0	5.060	9.429	14.489
	2	IFMS - New National Finance & Procurement System (Procurement process and supporting infrastructure including National Distribution Centre) .	42.0	1.040	1.383	2.423	42.0	2.079	2.673	4.752
	3	ABF - Hospital Activity Based Funding Programme	39.0	1.785	0.341	2.126	55.0	3.569	0.535	4.104
	4	Procurement Sourcing / DPER - Compliance & Government Policy decision around "One Voice" for Strategic Procurement	23.0	0.816	0.888	1.704	23.0	1.632	1.000	2.632
		Finance sub-total	262.0	8.312	10.387	18.699	278.0	16.624	14.494	31.118
Human Resources	1	HR (transactional delivery via HBS) Staff record	97.5	2.340	13.480	15.820	97.5	4.679	15.211	19.890
	2	HR - Addressing Capacity and capability risks	14.0	0.554	1.148	1.701	14.0	1.107	1.275	2.382
	3	HR - Developing Leaders and Managers	2.0	0.074	1.319	1.392	2.0	0.147	1.465	1.612
	4	HR - Developing Learning and Development capacity and delivery	0.0	0.000	1.260	1.260	0.0	0.000	3.400	3.400
	5	HR (transactional delivery via HBS) Pensions	21.5	0.455	0.189	0.644	21.5	0.910	0.210	1.120
		Human Resources sub-total	135.0	3.422	17.395	20.817	135.0	6.843	21.561	28.404
Communications	1	Communications National Office	8.0	0.220	0.530	0.750	8.0	0.439	0.060	0.499
		Communications sub-total	8.0	0.220	0.530	0.750	8.0	0.439	0.060	0.499
Audit and Compliance	1	Recruitment of additional Internal Audit resources	23.0	0.709	0.267	0.976	23.0	1.417	0.395	1.812
	1	Review of the Annual Compliance Statement process. Support and development of the SPG on-line system.	1.0	0.040	0.212	0.252	1.0	0.080	0.235	0.315
		Audit and Compliance sub-total	24.0	0.749	0.479	1.227	24.0	1.497	0.630	2.127
Office of the Chief Information Officer	1	Programme and Project Delivery	27.0	1.093	0.246	1.338	27.0	2.185	0.328	2.513
	2	Service operational excellence	33.0	1.334	1.709	3.043	33.0	2.667	2.048	4.715
		Office of the CIO sub-total	60.0	2.426	1.955	4.381	60.0	4.852	2.376	7.228
System Reform	1	New Service delivery Model including: Hospital Groups, Community Healthcare Organisations, National Ambulance Service, Primary Care (Service Improvement) and PCRS	126.0	3.126	10.463	13.589	126.0	6.252	12.713	18.965
	2	Clinical Strategy and Programmes (Integrated Care Programmes)	27.0	0.647	1.825	2.472	27.0	1.293	2.704	3.997
	3	System Reform Group	8.0	0.296	0.847	1.143	8.0	0.592	0.941	1.533
	4	Enabling Programmes Including; The Centre Programme, Quality Assurance Reform Programme; Quality Improvement Reform Programme; eHealth Reform Programme; Human Resources Reform Programme; Finance Reform Programme and the Business Intelligence Reform Programme	22.0	0.546	2.882	3.427	22.0	1.091	3.202	4.293
	5	Accelerated Innovation Programme	0.0	0.000	0.900	0.900	0.0	0.000	1.000	1.000
		System Reform sub-total	183.0	4.614	16.916	21.530	183.0	9.228	20.560	29.788
		Totals	4,962.8	109.234	469.711	578.945	4,998.2	326.781	693.934	1,020.715

Acute Services- Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Hospital Group	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
										WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Acute Services	AcS40	1	Acute Services	Strategic developments 2015	All Groups	Goal 2	2	Service developments part year funded in 2015 and for full year finding in 2016 to include scoliosis, integrated care posts, stroke telemedicine, rare disease office, insulin pump therapy, maternity workforce, cochlear implant, metabolic drugs (7 new patients) ICT initiatives	Q1	87	2.774	3.644	6.418	87	9.499	4.049	13.548
Acute Services	AcS01	2	Maternity Services	Maternity Service Developments across the acute Hospitals	All Groups	Goal 2	2	Investment required for the implementation of Midwifery Workforce Planning Birthrate Plus. Establishment of a National Women and infants programme. Increase Obstetricians/ birth ratio and provide clinical leadership capacity in each Hospital Group Clinical staff including neonatologists, ultrasonographers, risk managers, theatre staff to support emergency theatre fro C-section Establishment of bereavement Specialist teams in all maternity units Opening of Gynae theatre and day ward in SIVH Maternity staffing deficits in STGH Coombe-Portlaoise network resources Emergency theatre provision in Portiuncula, KGH National Maternity Programme Transfer to new delivery suite UHW Regional perinatal network RCSI Support for implementation of MN-CMS	Q3	219.05	3.993	1.017	5.010	219.05	13.673	0.877	14.550
Acute Services	AcS02	2	Acute Hospitals	Critical Care	IEHG, Saolta, RCSI, SSWHG, Dublin Midlands, UL	Goal 2	2	Opening HDU and ICU beds across a range of hospitals	Q3	184.6	2.985	2.939	5.924	184.6	10.221	5.418	15.639
Acute Services	AcS03	2	Acute Hospitals	Commissioned New Units to open	Dublin Midlands, IEHG UL	Goal 2	2	Kilkenny—ED AMU, Heptology Unit, Oncology Unit Wexford—Theatre, Delivery Suite, ED, 15 beds St Josephs Ward St James's—new MISA building—transitional care beds UL—Emergency Dept (4th Qtr) Roscommon—Endoscopy Unit		272.5	4.005	1.862	5.867	272.5	13.715	2.969	16.684
Acute Services	AcS04	2	Acute Hospitals	Patient Flow--ED/AMU	All Groups	Goal 2	2	A range of initiatives to address critical ED access and improve PET including the extension of a number of AMU's to 7/7 Increase radiology access for ED's Increase in ED consultants and nurses where deficits have been identified Development of a number of ED ANP's		157.7	3.026	0.389	3.415	157.7	10.364	0.725	11.089

Acute Services- Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Hospital Group	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
										WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Acute Services	AcS05	2	Acute Hospitals	Patient Flow--Waiting List/ Access	All Groups	goal 2	2	Address waiting lists (Orthopaedics, ENT, urology, dermatology etc) Opening of additional theatre capacity to provide additional access to address waiting lists Additional CNS/ANP, physio, OT Dieticians Improve access to diagnostics Additional consultants in a range of specialities to support patient access		206.9	4.952	2.936	7.888	206.9	16.960	3.413	20.373
Acute Services	AcS06	3	Acute Hospitals	Quality and Risk	All Groups	Goal 2	2	Implementation of HIQA Report National Patient Experience initiative Risk Managers in a range of hospitals Clinical deficits that are on hospital risk registers (>20 risk rating) Paediatric Spinal and Trauma service deficits Paediatric Critical care intensivists Increase staffing in a number of areas to address shortages that are leading to patient safety concerns The skill mix framework for medical and surgical nursing - pilot HCAI Phlebotomy training	Q3	130.6	3.095	2.833	5.928	130.6	10.600	4.139	14.739
Acute Services	AcS07	3	Acute Hospitals	National Speciality Services	All Groups	Goal 2	2	Service developments for: Adult Narcolepsy Service St James's Obesity programme incl bariatric Surgery (GUH, Colmcille's/SVUH) Living Donor in Beaumont RCSI Spina Bifida further developments Children's Hospital Group Adolescent Spinal in Tallaght Pancreatic Transplant service Thrombectomy service in Beaumont and CUH Haematopoietic Stem Cell Transplant for Children Organ Donation and Transplant Service	Q3	116.6	2.201	6.209	8.410	116.6	7.539	5.284	12.823
Acute Services	AcS33	3	Acute Hospitals	Clinical Programmes Trauma Orthopaedics and Rheumatology	All Groups	Goal 2	2	Additional Consultants MSK Physiotherapists ANP's to support orthopaedic services	Q3	66.0	1.755	0.000	1.755	66.0	6.010	0.000	6.010
Acute Services	AcS34	3	Acute Hospitals	Clinical Programmes Emergency and Acute Medicine Programme	All Groups	Goal 2	2	Project support for EDIS ANP's Rapid Assessment and Treatment (RAT) Additional consultants to increase AMU coverage Implementation of NQAIS Mathematical modelling of patient flow	Q3	34.6	1.044	0.360	1.404	34.6	3.575	0.400	3.975
Acute Services	AcS26	3	Acute Hospitals	Acute Hospital Division Corporate Governance	Office of the Acute Hospital Director	Goal 2	2	Challenges remain in relation to the availability of senior staff and leadership posts required that are key to supporting the divisions governance arrangements	Q2	20.0	0.467	0.270	0.737	20.0	1.600	0.300	1.900
Acute Services	AcS28	3	Acute Hospitals	Children's Hospital Development	Children's Hospital Group	Goal 2	2	Clinical Integration Programme management Office costs Hospital Governance and Corporate Function People and Workforce Specialist External Supports	Q1	50.5	1.200	9.978	11.178	50.5	4.109	11.087	15.196

Acute Services- Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Hospital Group	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
										WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Acute Services	AcS35	4	Acute Hospitals	Clinical Programmes Acute Coronary Syndrome, Epilepsy, Dermatology, Paediatrics	All Groups	Goal 2	3	CNS to assist in wide range of invasive procedures Senior cardiac technicians Data analysis ANP candidates Consultants to address complex patients and waiting lists Neurophysiology Data managers Neuropsychologists. Implementation of PEWS Pilot of consultant delivered service UHW Paediatric acute to community link nurses CNS to support insulin pump therapy	Q3	42.0	1.219	0.224	1.443	42.0	4.174	0.475	4.649
Acute Services	AcS36	4	Acute Hospitals	Clinical Programme Rare Disease and Sepsis		Goal 2	3	Adult metabolic Service development National hypermobility Service development	Q3	14.7	0.317	0.120	0.437	14.7	1.085	0.261	1.346
Acute Services	AcS27	4	Acute Hospitals	National ICT initiatives for Acute Hospitals	All Groups	Goal 2	3	MedLis, MN-CMS, IPIMS, EBTS, eMedRenal, Business Intelligence, project support required and support for implementation	Q1	0.0	0.000	3.375	3.375	0.0	0.000	3.750	3.750
Acute Services	AcS29	4	Acute Hospitals	Hospital Group Reform	RCSI, IEHG, CHG, DMHG, SSWHG	Goal 2	3	Group Management Team	Q1	13.0	1.664	3.195	4.859	13.0	5.700	3.550	9.250
Quality Improvement	AcS37	4	Acute Hospitals	NOCA Transgender Service	All Groups	Goal 2	3	Major Trauma Audit Fracture database National Perinatal epidemiology National Orthopaedic register ICU Phase 1 audit Transgender Treatment Pathway	Q1	39.7	0.626	0.000	0.626	39.7	2.143	0.000	2.143
Acute Services	AcS19	5	Acute Hospitals	Clinical programmes radiology		Goal 2	2	Additional radiologists for all HG's GP imaging Ultrasound initiative pilot GP imaging MRI initiative pilot	Q3	23.0	0.744	0.006	0.750	23.0	2.548	0.010	2.558
Acute Services	AcS25	5	Acute Hospitals	Clinical programme Surgery		Goal 2	2	Improve patient flow Analysis and implementation of programme of early assessment and explore link with primary and respite care and implementing acute surgical assessment units Implementation of TPOT Waiting list analysis	Q3	27.0	0.631	0.220	0.850	27.0	2.160	0.247	2.407
Quality Improvement	AcS38	5	Acute Hospitals	HPO and ABF support to Hospital groups	All Groups	Goal 2	2	HPO outcome measurement initiatives. Financial staff support for hospital groups	Q3	7.0	0.153	4.500	4.653	7.0	0.525	5.000	5.525
Acute Services	AcS16	6	Acute Hospitals	Clinical programmes NTMP		Goal 2	2	Establish a national call coordination centre Expansion of paediatric and neonatal service electronic data collection Adult equipment standardisation	Q3	18.3	0.449	1.024	1.474	18.3	1.539	0.780	2.319
Acute Services	AcS17	6	Acute Hospitals	Clinical programmes Renal		Goal 2	2	Maintain adequate Hospital Group Renal Capacity, avoiding disruption to patient dialysis treatments.	Q3	30.5	0.502	0.005	0.506	30.5	1.719	2.162	3.881
Acute Services	AcS20	6	Acute Hospitals	Clinical Programmes Neurology		Goal 2	2	Additional consultants , CNS's, and HSCP's to address staffing shortages and waiting lists All Island Deep Brain Stimulation Service development	Q3	31.0	0.670	0.171	0.841	31.0	2.293	0.011	2.304

Acute Services- Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services., etc.)	Initiative / Brief Description	Hospital Group	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
										WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Acute Services	AcS39	6	Acute Hospitals	Clinical programme National Stroke programme / Integrated care for Older Persons Clinical Programme		Goal 2	2	Early supported discharge Service for Stroke patients Enhance patient flow and outcomes through specialist geriatric wards and development of day hospital services for older persons	Q3	29.0	0.576	0.171	0.747	29.0	1.974	0.381	2.355
								Totals:		1821.3	39.048	45.448	84.496	1821.3	133.725	55.288	189.013

Cancer Services - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
NCCP	NCCP01	1		**Cancer Workforce Services in Acute Setting** The positions and resources being requested for Acute Services to support Medical, Surgical, and Radiation Oncology are in line with the National Cancer Strategy 2006 and are necessary to provide quality service, improve outcomes, reduce waiting times, achieve associated key performance indicators, and move closer to international benchmarking regarding ratio of clinical to population being served.	Goal 2	2	This investment will deliver compliance with Key Performance Indicators including timely access to assessment and treatment; improve patient safety in the delivery of chemotherapy; address long waiting lists for hereditary cancer testing; avoid delays for Head & Neck patients awaiting radiotherapy; address key deficits identified in medical oncology and cancer nursing services in the evaluation of the implementation of the 2006 Cancer Strategy so that current and predicted growth in demand can be met.		134.7	2.720	1.972	4.692	134.7	9.316	2.266	11.582
NCCP	NCCP02	2		**Cancer Control Programme - Support to carry out National Cancer Strategy** Procure, implement and maintain a Medical Oncology Clinical Information System to deliver EPR for medical and Haemato- oncology patients. Clinical, research, analytical and Project management staff to support practice guideline development, health promotion , preventive and survivorship activities.	Goal 2	2	This investment will enhance clinical and financial governance of the drugs used in the treatment of cancer and support safe, efficient delivery of chemotherapy; it will support the delivery of standardised cancer management across all cancer centres, provide a focussed approach to the prevention of cancer and improve services to survivors of cancer.		13.5	0.130	0.000	0.130	13.5	0.444	0.000	0.444
NCCP	NCCP04	4		**Cancer Drugs** Newly approved hospital cancer drug (€17m, Growth in cancer drug cost €1.5m). See separate work sheet (Medical Oncology)	Goal 2	2	Newly approved hospital cancer drug costs. Service impact would be the inability to prescribe newly approved cancer drugs. Anticipated growth in the use of existing cancer drug costs. Service impact if not funded would be the inability to meet demand.	Q1	0.0	0.000	18.500	18.500	0.0	0.000	18.500	18.500
NCCP	NCCP05	5		**Radiation Oncology** Ministerial commitment in 2005 to Cross Border initiative to contribute to Altnagelvin radiation oncology service to meet needs of patients in North West. Radiation Oncology Service Level Agreement North West Cross Border. See separate work sheet (Radiation SLA Altnagelvin)	Goal 2	2	Will provide more local access to Donegal patients for both radical and palliative treatments and assist in meeting the growing demand for radiation oncology services. Service Impact if not funded would be inability to meet current demand and breach of Service Level Agreement.	Q3	0.0	0.000	0.987	0.987	0.0	0.000	2.634	2.634

Cancer Services - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
NCCP	NCCP06	2	Quality Improvement	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to patients from the patients' perspective. PROMs are a measure of health status or health related quality of life at a single time point and are collected through short, self-completed questionnaires. Initial pilot work in GUH on prostrate cancer PROMs will be further developed in collaboration to establish, conduct and analyse prospective PROMs electronically over a 12 month period, in partnership with Acute Services.	Goal 2	2	The testing on a wider scale of patient Reported Outcome Measures as tested in GUH will add significantly to our ability to measure and report on patient experience.	Q1	0.0	0.000	0.090	0.090	0.0	0.000	0.100	0.100
							NCCP sub-total		148.2	2.850	21.549	24.399	148.2	9.760	23.500	33.260
Health and Wellbeing	HW04	3	National Screening Service	Chronic Disease Prevention and Management - BreastCheck - Age Extension (65-69 years)	Goal 1	3	BreastCheck Age Extension commenced in Q4 2015 and €0.1m was provided in NSP 2015. Funding is now being sought to continue with full implementation to be completed over 3 screening rounds i.e. 6 years	Q1	43.5	0.905	0.630	1.535	43.5	3.100	0.900	4.000
Health and Wellbeing	HW08	3	Environmental Health Service	Chronic Disease Prevention and Management - Introduction of additional tobacco control legislation including plain packaging, tobacco control directive, tobacco and NMNDs licensing	Goal 1	3	Failure to enforce statutory provisions resulting in inadequate controls on tobacco products, impacting on levels of tobacco related harm and smoking prevalence	Q3	23.1	0.339	0.078	0.417	23.1	1.161	0.155	1.316
Health and Wellbeing	HW23	3	NIO	Children's Health - Introduction of human papillomavirus vaccine for boys as part of second level school immunisation programme this will protect boys from Ano-genital warts, anal cancers and oral/pharyngeal cancers	Goal 1	3	Prevent HPV related cancers and anogenital warts	Q3	0.0	0.000	1.683	1.683	0.0	0.000	1.890	1.890
Health and Wellbeing	HW24	3	NIO	Health Protection - Introduction of human papillomavirus vaccine for those in at risk groups including men who have sex with men this will protect adult men from Ano-genital warts, anal cancers and oral/pharyngeal cancers	Goal 1	3	Prevent HPV related cancers and anogenital warts	Q3	0.0	0.000	0.054	0.054	0.0	0.000	0.100	0.100
Health and Wellbeing	HW31	3	HP&I	Healthy Ireland - Purchase and roll-out Tobacco Patient Management System across 44 Tobacco Cessation Support Services in Health Promotion and Acute Services	Goal 1	3	HSE action identified in the DoH Tobacco Free Ireland Policy. Essential infrastructure to complete implementation of the one-stop model for all HSE Tobacco Cessation Service.	Q1	0.0	0.000	0.142	0.142	0.0	0.000	0.158	0.158
							H&W sub-total		66.6	1.244	2.588	3.832	66.6	4.261	3.203	7.464

Cancer Services - Summary of New Monies Submission, 2016

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									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Primary Care	PC86		Oral Health	Patients requiring input from specialist services in Primary Care where skills not available in service and currently requiring ad hoc arrangements with Dental Schools necessitating long waiting lists, and incurring excessive travel for patients. Development of a framework for the provision of specialist services is essential.	Goal 2	2	Need to provide care to cancer patients requiring complex restorative care for oral rehabilitation and patients with hypodontia and anodontia and other miscellaneous categories -No budget available in primary care to procure and outsource services.	Q1	0.0	0.000	0.203	0.203	0.0	0.000	0.225	0.225
Primary Care	PC94		Community Oncology - Cancer Services in Community Setting	Community Oncology Public Health Nurses for each CHO to reform the way that cancer drugs are dispensed in the community	Goal 2	2	Community Oncology Public Health Nurses to reform the dispensing of cancer drugs in the community. Impact if not funded - services remain in acute setting when could be more appropriately provided in the community	Q1	9.0	0.145	0.000	0.145	9.0	0.495	0.000	0.495
							Primary Care sub-total		9.0	0.145	0.203	0.347	9.0	0.495	0.225	0.720
							Totals:		223.8	4.239	24.339	28.578	223.8	14.516	26.928	41.444

National Ambulance Service - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Theme	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Initiative	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
National Ambulance Service	NASS01	1	1, 3, 4, 5,6,11,12,13, 16	Improving operational performance and outcome for patients	Goal 2	3	As per HIQA recommendations and recommendations within draft National Capacity Review funding required to resolve staff deficit and implement improved response times in urban areas through increasing training intake of Paramedics. Expansion of the Community First Responder Scheme, Intermediate Care Service, Paediatric Retrieval Service and introduction of an Adult Retrieval Service. Preparation for NEOC assuming responsibility for call taking and dispatch of all emergency ambulances in Dublin. Assisting in the delivery of a children's ambulance service. Implementation of alternative care pathways and compliance with environment Emergency services driving standards. Appointment of an aeromedical and retrieval operations manager.	Q1	168.6	4.051	1.364	5.415	168.6	8.102	1.595	9.697
National Ambulance Service	NASS02	2	2, 7, 8, 15	Enhance clinical competencies and governance arrangements to improve quality of care and patient safety	Goal 2	2	As per HIQA recommendations evolvement of a Clinical Audit Programme from a manual to an automated system, introduction and development of a cohort of clinical support practitioners / supervisors implement. Implement Mobile Terminal Data terminals in emergency ambulances and intermediate care vehicles to improve response times and patient safety [Capital ICT project approved and procured]. Strengthen the leadership, workforce and governance structure of the NAS.	Q2	22.0	0.756	0.815	1.570	22.0	1.511	1.015	2.526
National Ambulance Service	NASS04	3	9	Provide a flexible, safe, responsive and effective service to meet planned alternative models of patient care	Goal 4	2	Implement the new National Emergency Operations Centre recommended workforce [HIQA Recommendation]	Q1	23.0	0.647	0.041	0.687	23.0	1.293	0.045	1.338
National Ambulance Service	NASS03	4	10, 14	Improve our engagement with patients and service users and play an active role in improving the health needs of the population	Goal 3	3	Implement a public information campaign to ensure appropriate use of 999/112 service [HIQA Recommendation]. Implement Advocacy function within the NAS (engagement with patients and families) [HIQA Recommendation].	Q2	2.0	0.055	0.275	0.330	2.0	0.110	0.311	0.421
								Totals:	215.6	5.508	2.495	8.003	215.6	11.016	2.966	13.982

Clinical Strategy and Programmes - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Clinical Strategy and Programmes	CSPS01	1	CSPD - Integrated Care Programmes	**Integrated Care Programmes** Patient Flow Older Persons Prevention and Management of Chronic Disease Children Women's Health **Clinical Strategy Programme Development**	Goal 2	3	This is a critical ingredient to enabling the progression of Integrated Care programmes. The objective of the CSPD Integrated Care Programme Management Office (PMO). If not funded will this detract significantly from the plans to progress and enable Integrated Care. This funding will also support care and compassion training, ICT systems to share clinical data, patient flow improvement programmes and ED signposting/utilisation studies	Q1	30.5	1.322	1.749	3.070	30.5	2.643	0.871	3.514
Clinical Strategy and Programmes	CSPS11	1	Office of Nursing and Midwifery Services (ONMS) - Acutes	Investment for upskilling conversion courses for General and ID nurses to meet recruitment needs	Goal 2	3	It is mandatory for overseas nurses to undertake an adaptation programme to register with the NMBI. Conversion courses will address challenges regarding the current inability to recruit mental health nurses and assuring the delivery of quality, safe mental health care. Portlaoise HIQA report recommendations. ED Taskforce recommendations to maximise the development of ED & AMAU skills and competencies to undertake advanced clinical assessment, interpretation and treatment in a standardised range of skills. The skillmix framework for medical and surgical nursing - pilot	Q1	9.0	0.275	1.449	1.724	9.0	0.550	1.610	2.160
								Totals:	39.5	1.597	3.198	4.794	39.5	3.193	2.481	5.674

Health and Wellbeing - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services., etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Health and Wellbeing	HWS01	1	Various	Healthy Ireland	Goal 1	3	(i) Ref HW93 – HP&I workforce plan highlighting an inequitable spread of staff across the country and significant gaps within a relatively small workforce. Additional staff critical in the context of implementing Healthy Ireland. WTE 27.0 and €1.429m in 2016. Commencing Q2 2016. (ii) Ref HW02 - HSE Workplace Initiative. Establish incentives to support improved health and wellbeing amongst staff. €1.0m in 2016 (0 WTE). Commencing Q1 2016. (iii) Ref HW31 - CANCER - Purchase and roll-out Tobacco Patient Management System across 44 Tobacco Cessation Support Services in Health Promotion and Acute Services (TFI Policy). Essential infrastructure to complete implementation of the one-stop model for all HSE Tobacco Cessation Service. €0.158m in 2016 (0 WTE) and €0.158 in Full Yr. Commencing Q1 2016. (iv) Ref HW89 - Development of HI capacity, policy priority programmes for HI, communication campaigns, research collaboration and PAX Good Behaviour Game (GBG) programme. €0.680m in 2016 (0 WTE). Commencing Q1 2016. (v) Ref HW95 - Expansion of & Succession Planning in Health Intelligence: €0.140m in 2016 (3 WTE). Commencing Q1 2016. (vi) Ref HW96 - Library Services. -bolster the core resource for a transformed HSE library service. WTE 2.0 and €0.220m in 2016. Commencing Q1 2016. (vii) Ref HW100 - AND Knowledge Management & Grade VI. WTE 2.0 and €0.087m in 2016. Commencing Q2 2016.		34.0	0.524	2.058	2.582	34.0	1.794	2.370	4.164
Health and Wellbeing	HWS03	2	Various	Health Protection	Goal 1	2	(i) Ref HW10 - Reconfiguration Model -Providing resource to meet existing legislative commitments in particular the FSAI Service Contract. WTE 26.9, €1.521m. Commencing Q1 2016. (ii) Ref HW90 - Development of EHIS to include licensing module for tobacco and e cigarettes legislative requirements, amendments to EHIS to include developments in relation to calorie on menus and alcohol legal provisions (Q1). Introduction of new licensing requirements for tobacco and NMNDs (Q3). WTE 2.0, €0.800m. Commencing Q1 2016. (iii) Ref HW19 - Workforce Planning - Improve skill mix to support Service Improvement and Health Protection aspects of work, encompassing proposal re National Environmental Health Unit. WTE 28.0, €1.0m. Commencing Q3 2016. (iv) Ref HW18 - Workforce Planning – Expansion of Specialist Training Programme to 8 trainees per year - to cope with the anticipated large number of retirements of Specialists in PHM. WTE 8.0, €0.420m. Commencing Q3 2016. (v) Ref HW108 - Dedicated resource to develop appropriate structures and processes to ensure effective quality and patient safety including clinical governance across Health and Wellbeing. WTE 1.0, €0.080m. Commencing Q1 2016. (vi) Ref HW26 - TB i) Dedicated staff to address increasingly complex TB cases in Dublin very much driven by cases from Eastern Europe and Refugees/Asylum Seekers dedicated staff required to deal with this issue. WTE 2.0, €0.100m. Commencing Q2 2016. (vii) Ref HW102 - Resourcing and funding required in anticipation of change in Government BCG policy. WTE 7.0, €0.750m. Commencing Q3 2016. (viii) Ref HW24 - Introduction of human papillomavirus vaccine (HPV) for those in at risk groups including men who have sex with men. WTE 0.0, €0.060m. Commencing Q3 2016. (ix) Ref HW25 - Modelling capacity will be developed within HPSC to model transmission of infectious diseases. This work is essential to plan for emerging viral threats, including Pandemic Influenza, MERS-CoV. WTE 1.0, €0.032m. Commencing Q1 2016. (x) Ref HW27 - An STI module for the Computerised Infectious Disease Reporting (CIDR) system will be designed, developed, piloted and implemented, if technically feasible, so that high quality information on STIs can be made available for sexual health. Create a system whereby electronic transfer of surveillance dataset from STI clinics can be uploaded to CIDR. WTE 2.0, €0.751m. Commencing Q3 2016. (xi) Ref HW103 - AMR/HCAI: Development of a national surgical site infection surveillance system. WTE 0.8, €0.060m. Commencing Q3 2016. (xii) Ref HW104 - AMR / HCAI - AMR "alert" system. This was one of the recommendations from the HIQA Savita Halappanavar report. WTE 2.5, €0.190m. Commencing Q1 2016. (xiii) Ref HW105 - AMR / HCAI - Intersectoral AMR and antimicrobial consumption surveillance. WTE 0.8, €0.050m. Commencing Q3 2016. (xiv) Ref HW106 - CIDR (Computerised Infectious Disease Reporting System) Business Manager post . Infectious Disease is a statutory function of Public Health. WTE 1.0, €0.039m. Commencing Q3 2016.		82.9	2.189	1.674	3.863	101.3	7.495	2.146	9.641
Health and Wellbeing	HWS04	3	Various	Emergency Management	Goal 1	2	(i) Ref HW14 – Additional staff in Emergency Management to support a timely and comprehensive response to major emergencies across new delivery structures (CHO: Hospital Groups). WTE 4.0, €0.285m. Commencing Q1 2016. (ii) Ref HW91 - Emergency Management ICT requirements re (1) Severe Weather Vulnerable Guide to allow vulnerable service users to be identified during severe weather episodes (Q1) and (2) A software version of the existing Manual 'Information Management' boards system (Q2). WTE 0.0, €0.180m. Commencing Q1 2016. (iii) Ref HW17 - Flexmort Body Holding Unit.\; WTE 0.0, €0.088m. Commencing Q2 2016.		4.0	0.073	0.273	0.346	4.0	0.250	0.303	0.553

Health and Wellbeing - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services., etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Health and Wellbeing	HWS02	4	Various	Chronic Disease Prevention and Management	Goal 2	3	i) Ref HW04 - CANCER - BreastCheck Age Extension (65-69 years). WTE 43.5 and €2.800m in 2016 and €4.000m in Full Yr. Commencing Q1 2016. (ii) Ref HW08 - CANCER - Introduction of additional tobacco control legislation including plain packaging, tobacco control directive, tobacco and NMNDs licensing. WTE 23.1 and €0.958m in 2016 and €1.316m in Full Yr. Commencing Q3 2016. (iii) Ref HW07 - Introduction of alcohol control legislation. WTE 5.0 and €0.284m in 2016. Commencing Q1 2016. (iv) Ref HW09 - Introduction of calories on menus legislation. WTE 2.0 and €0.139m in 2016. Commencing Q1 2016. (v) Ref HW94 - National Physical Activity plan. This initiative is to support individuals with intellectual disability, their carer's and families through a capacity building programme with Special Olympics encompassing healthy nutrition, physical activity, tobacco, alcohol emotional health, and sexual health. WTE 0.0 and €0.190m in 2016. Commencing Q1 2016. (vi) Ref HW34 – Partnership project to develop an award and accreditation scheme for institutions that implement action plans to tackle alcohol related harm. WTE 0.0 and €0.051m in 2016. Commencing Q1 2016. (vii) Ref HW37 - National Exercise Referral Framework (NERF) pilot programme to offer exercise-based rehabilitation to those with chronic illnesses. WTE 0.0 and €0.500m in 2016. Commencing Q1 2016. (viii) Ref HW38 - Croi Clann programme: Provide a supervised, structured lifestyle modification programme for severely obese adults as a core element of a bariatric care pathway. WTE 0.0 and €0.200m in 2016. Commencing Q1 2016. (ix) Ref HW97 - Health Behaviour Change Strategy Lead & Admin support to implement "Make Every Contact Count" within the Clinical Services". WTE 2.0 and €0.105m in 2016. Commencing Q1 2016. (x) Ref HW98 - Health Behaviour Change Strategy (Training) - Procurement of design of training programme the for clinicians. Subsequent training for initial priority cohort of clinical staff (1,400). WTE 0.0 and €0.345m in 2016. Commencing Q1 2016. (xi) Ref HW47 - Changes to HIPE Coding for ensuring coding of Risk Factors and brief intervention, cost €100,000. Training of HIPE Coders to implement the new system changes and training of midwives to carry out risk factor recording and brief intervention recording on the newly developed ante-natal system. WTE 0.0 and €0.300m in 2016. Commencing Q1 2016. (xii) Ref HW48 - Structured Patient Education Lead and Administrative Support - WTE 1.0 and €0.035m in 2016. Commencing Q2 2016. (xiii) Ref HW49 - National Lead for Implementation of Self Care Strategy. WTE 1.0 and €0.040m in 2016. Commencing Q1 2016. (xiv) Ref HW50 - Development of Information Hub for Self Management Support.WTE 2.5 and €0.073m in 2016. Commencing Q2 2016. (xv) Ref HW51 - Extension of the structured education database. This database is being developed to support the co-ordination of structured education nationally for diabetes. It will require extension to cover the other chronic respiratory and cardiovascular diseases. WTE 0.0 and €0.050m in 2016. Commencing Q1 2016. (xvi) Ref HW52 - Making Every Contact Count Demonstrator - a demonstration project to involve GPs in Carlow / Kilkenny to implement the "Make Every Contact Count" Strategy in Primary Care. GPs undertake to ask patients about their risk factors and carry out brief intervention, recording the results. WTE 2.5 and €0.123m in 2016. (xvii) Ref HW53 - Commencing Q1 2016. Stop before your Op Project - a programme where surgeons putting patients on waiting lists for surgery also engage in brief intervention with patients to help them stop smoking and lose weight prior to surgery. WTE 3.0 and €0.254m in 2016. Commencing Q1 2016.		19.0	0.366	1.567	1.932	20.0	1.252	1.741	2.993
Health and Wellbeing	HWS05	5		Children's Health / Maternal Health	Goal 2	3	(i) Ref HW20 - Support staff for introduction of rotavirus and meningococcal B vaccines to primary childhood immunisation schedule (3 clerical officers per CHO. These posts are an essential dependency to the rollout of Rotavirus and MenB vaccination programmes. WTE 27.0* included in Primary Care (ii) Ref HW21 - Introduction of rotavirus and meningococcal B vaccines to primary childhood immunisation schedule. WTE 2.0, €5.640m. Commencing Q2 2016. (iii Ref HW22 - National pertussis vaccination programme for pregnant women.. WTE 0.0, €0.480m. Commencing Q3 2016. (iv) Ref HW23 - Introduction of human papillomavirus vaccine (HPV) for boys as part of second level school immunisation programme this will protect boys from Ano-genital warts, anal cancers and oral/pharyngeal cancers. WTE 0.0, €1.870m. Commencing Q3 2016. (v) Ref HW99 - Triple P Parenting Programme: Is an evidence-based multi-level parenting programme designed to have lasting impacts at the population level. This funding will ensure the management, co-ordination and implementation of the programme will be sustainable into the future. It will also support the future scaling up of the programme in other regions. WTE 1.0, €0.138m. Commencing Q1 2016. (vi) Ref HW107 - Grade VI Breastfeeding Coordinator. WTE 1.0, €0.061m. Commencing Q1 2016.		4.0	0.082	7.160	7.242	4.0	0.281	19.695	19.976
							Totals:		143.9	3.233	12.731	15.964	163.3	11.072	26.255	37.327

Primary Care - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Primary Care	PCS01	1	Primary Care	Waiting Lists and Staffing	Goal 1	3	Recruit core PCT staff such as nursing, physiotherapy, occupational therapy, speech and language therapy and primary care social workers to strengthen provision of primary care services. Implement the Primary Care Eye Services Review Report. Sponsor psychologists to address unmet need and waiting lists. Strengthen the capacity of oral health services in upskilling of clinicians in techniques and using alternative modalities. Undertake lookback programmes in relation to children who missed care referral for secondary and primary care services and targeted orthodontic cases. Increase patient access to psychology, speech and language therapy and orthodontic services by addressing waiting lists. Increase nursing services so that more children with complex and terminal illness can be cared for at home.		232.5	3.113	18.545	21.658	232.5	10.662	20.606	31.268
Primary Care	PCS02	2	Primary Care	Health and Wellbeing and Chronic Illness	Goal 2	3	Implement health and wellbeing initiatives in relation to - childhood overweight/obesity community intervention programme, primary care dietetics for those identified at risk or malnourished, structured patient education programmes targeting diabetes and obesity, immunisation/child health/school teams (front line staff across CHOs), increase breastfeeding rates. Provide nursing, podiatry and dietetic services to manage targeted chronic conditions in the primary care setting including the national roll out of the integrated model of diabetes. Introduce the rotavirus and meningococcal B vaccines. Provide access for patients requiring primary care lymphodema service		198.0	3.090	0.612	3.702	198.0	10.582	0.818	11.400
Primary Care	PCS03	3	Primary Care	Service Integration and Patient Flow	Goal 2	1	Enhance CIT/OPAT services. Increase capacity to provide community diagnostics and minor surgery. Improve access to aids and appliances to facilitate earlier and more complex discharges to home. Targeted measures to address deficits in palliative care services.		85.0	1.753	18.078	19.831	85.0	6.002	32.694	38.696
Primary Care	PCS08	4	Primary Care	Quality and Safety of Primary Care Services	Goal 2	3	Enhance measures to tackle hygiene, infection control and antibiotic prescribing in primary care. Measures to achieve compliance with HIQA standards and children first legislation. Enhance technology development, patient management systems, quality information systems and preparation for health identifiers.		31.0	0.537	3.872	4.409	31.0	1.839	2.612	4.451
Primary Care	PCS05	5	Social Inclusion	Support Vulnerable Groups	Goal 1	1	Specific targeted measures in relation to people with addictions, homelessness, services for refugees and asylum seekers.		3.0	0.067	6.092	6.159	3.0	0.228	8.491	8.719
								Sub-total	549.5	8.559	47.199	55.759	549.5	29.313	65.221	94.534
Primary Care	PCS07		PCRS	PCRS initiatives	Goal 2	2	Provision of new drugs/medicines. Streamlining of GMS, LTI and DPS. Enhancements to dental services under the DTSS		0.0	0.000	104.392	104.392	0.0	0.000	135.957	135.957
								Totals:	549.5	8.559	151.591	160.151	549.5	29.313	201.178	230.491

Social Care - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services,, etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Services for Older People																
Social Care	SC21	1	Older People Services	Integrated Care Model	Goal 2	2	Phased implementation of an integrated care model for Older People Services - The intention with 4 pilot sites is to deploy model of integrated care building on work of NCCP Older Persons.€1.289 m - Community Hospital model for Dublin delivering integrated care €2.000m	Q3	30.0	0.899	0.320	1.219	30.0	3.080	0.709	3.789
Social Care	SC01	2	Older People Services	Demographic Fair Deal Requirements	Goal 1	1	Additional funding required for NHSS to address Demographic pressures (€19.9m) 743 additional clients and maintain a waiting list of 4 weeks	Q1	0.0	0.000	17.910	17.910	0.0	0.000	31.600	31.600
Social Care	SC22	3	Older People Services	Home Care	Goal 1	2	• To address demographic pressures of 3.1% increase in over 65 population & to address the current Waiting List for HCPs (1466 at May 2015) €23.300m • Home Care Model of Service to become less reliant on Residential Care CHO 6, 7,8, &9 core Home Care funding needs to increase to address the demographic requirement for the areas, and move towards a position similar to Home Help levels in the West and South. For these areas to reach 50% of the level provided in other areas will require increase in core funding €55.000m. This will provide an additional 2.2m hours, with 1.3m basis hours & 0.800m premium hours delivered. Premium hours required due to increased dependency of clients supported in their own homes, requiring support at weekends, evenings/nights and bank holidays. • Specific ring fenced funding to be provided to meet the ongoing demand for HCPs to alleviate DDs in acute hospitals Address DD issues in Acute Care to provide for AHD Assessed Requirements for HCP This level of investment will provide approximately 2,000 additional HCP's which is a 3rd of identified requirement €15.000m	Q1	12.0	0.175	41.715	41.890	12.0	0.600	92.700	93.300
Social Care	SC08	4	Older People Services	Dementia/ Challenging Behaviour	Goal 1	2	60 complex cases in acute hospitals setting - 40 YCS & 20 Dementia / Challenging Behaviour - residing for extended periods of time up to 1,000 days. The will support appropriate placement either through a significantly enhanced HCP or an additional payment for Residential Care.	Q1	0.0	0.000	10.530	10.530	0.0	0.000	15.600	15.600
							Older People sub-totals:		42.0	1.075	70.475	71.549	42.0	3.680	140.609	144.289

Social Care - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services,, etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Disability Services																
Social Care	SC23	1	Disability Services	HIQA Costs	Goal 1	2	• HIQA cost in year 2016 - Requirement to take Immediate, Medium and Longer Term Actions to Respond to HIQA Concerns and Recommendations arising from inspection findings- including Overall Plan to Implement a Sustainable Model of Person- Centred Community Based Service €25m • Supporting the HSE's Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures- All concerns of abuse or neglect will be overseen by Safeguarding and Protection Teams - vital these Teams have the capacity to meet that requirement. Additional PQSW posts x 41.0WTEs €4.005m - Significant administrative burden - data collection and collation; trend analysis; receipt and logging of Preliminary Screenings, etc. Grade V Level x 1.0 WTE required for each CHO - Significant administrative burden - receiving concerns/queries, correspondence, scheduling, etc. Grade III Level x 1.0 WTE for each CHO - Little research on abuse of vulnerable adults conducted in Ireland. Important to have evidence-based practice and approach with a new service - Research has consistently demonstrated that heightened awareness is one of the most effective means of combating abuse - IT System vital in collating, collecting data and in tracking abuse concerns over time - Training is an integral component of service development	Q1	59.0	2.315	18.970	21.285	59.0	7.927	21.078	29.005
Social Care	SC10	2	Disability Services	Congregated Settings	Goal 1	2	Proposals to accelerate Implementation of VFM Policy Review & the Congregated Settings Report - Improving Compliance with HIQA Standards and Safeguarding Practice submitted to DOH on 24th June, 2015 -Full Implementation Strand 1 & 2 (409 Clients) - Partial Implementation Strand 3	Q1	0.0	1.460	13.500	14.960	0.0	5.000	15.000	20.000
Social Care	SC24	3	Disability Services	Demographics and Changing Needs	Goal 1	1	• Emergency Places - Provide for emerging need in areas of residential and respite services to address increased demand and increasing complexity of needs of some individuals. €21.000m • Residential Places 443 new residential places required to respond to demographic demand €38.000m • Respite Places - 102 new respite places required to respond to demographic demand €9.000m • PA / Home Support 130 people - 30 hours a week Current level of service provision inadequate to address the growing demand from existing clients for additional support for independent living and growing numbers of new clients with PA requirements €10.000m	Q1	0.0	0.000	35.100	35.100	0.0	0.000	78.000	78.000

Social Care - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Social Care	SC12	4	Disability Services	Children's Therapy Services '0-18 Programme'	Goal 1	2	Inability to meet the statutory requirement of Assessment of Need process under Part 2 of Disability Act 2005 . Demand for services is increasing with the yearly growth in the number of special classes being established by the Department of Education & Science, which automatically attract an educational resource, however the same funding mechanism is not in place for the therapeutic service required by these children. It has been shown that, where such teams are established, the operation of the assessment process under the Disability Act 2005 is considerably enhanced.	Q2	250.0	1.314	3.600	4.914	250.0	4.500	8.000	12.500
Social Care	SC13	5	Disability Services	School Leavers & Clients Requiring Special Day Places (Clients)	Goal 1	1	Provision required in respect of the emerging need of young people with a disability leaving school who require day places and those leaving Rehabilitation Training (RT) who require places. Estimated 1,500 school leaves in 2016 €14m & 40 Special Day Places €1.5m	Q3	0.0	0.000	10.350	10.350	0.0	0.000	15.500	15.500
Social Care	SC25	6	Disability Services	Rehabilitation Strategic and Integrated Care Programme	Goal 2	2	• Neuro Rehabilitation Strategy - This initiative will facilitate the reconfiguration of existing teams required to implement the Neuro Rehabilitation Strategy and progress the initial mapping and scoping exercises in respect of existing services and appropriate gap analysis. • Rehabilitation Medicine Programme Providing services to a higher ratio of patients with complex rehabilitation and care needs than can currently be managed in the NRH	Q2	120.3	1.784	0.212	1.997	120.3	6.110	0.314	6.424
							Disability sub-totals:		429.3	6.873	81.733	88.605	429.3	23.537	137.892	161.429
							Totals:		471.3	7.947	152.207	160.154	471.3	27.217	278.501	305.718

Mental Health - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Mental Health	MHS01	1	High Acuity Provision for Adults	Invest in the provision of low secure accommodation, High Observation provision and specialist rehabilitation to reduce clinically inappropriate placements in National Forensic Service, special provider placements and reduce risk and longer length of stay for those waiting for appropriate placement.	Goal 2	2	Currently service users are having inappropriate lengths of stay in the absence of appropriate high acute provision, high observation units and low secure provision. If not addressed the Approved Centres will continue to carry a significant risk of serious incident involving service user and staff and risk MHD 13, MHD 12 and MHD 5 will remain a high risk on the Risk Register.	Q1	90.0	1.752	8.100	9.852	90.0	6.000	10.050	16.050
Mental Health	MHS02	2	Mental Health Services for Young People	Implement the CAMHs Service Improvement requirements through increased CAMH Community Mental Health Team capacity, additional CAMHs Liaison resources, new CAMHs Day Hospital provision and the enhancement of early intervention initiatives in Primary Care	Goal 2	2	Increasing demand and inappropriate referrals is resulting in longer waiting times to access community services, inappropriate admissions to Adult Inpatient Units and increasing admissions to CAMHs Inpatient Units due to the delay in accessing appropriate secondary care in the community	Q1	103.0	2.228	3.735	5.963	103.0	7.630	4.650	12.280
Mental Health	MHS03	3	Mental Health Promotion, Early Intervention and Suicide Prevention	In partnership with Primary Care and NGO providers to increase Early Intervention and Prevention services for adults to ensure timely access to counselling and psychotherapy; to provide mental health promotion and additional clinical suicide prevention services and enhance the monitoring, evaluation and research capacity of the National Office for Suicide Prevention to implement Connecting for Life.	Goal 1	1	Failure to invest in mental health promotion and early intervention strategies is counter to Healthy Ireland and Connecting for Life and will have less than optimal outcomes for service users with mental ill health and increases the demand for secondary care mental health services	Q1	50.0	1.110	1.800	2.910	50.0	3.800	2.300	6.100

Mental Health - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Mental Health	MHS04	4	Improved Access to Secondary Care Mental Health Services for Adults	Develop and increase the community mental health team capacity for General Adult, Psychiatry of Old Age needs and the Clinical Programmes together with the more specialist provision for MHID, Co-Morbid Mental Illness and Addiction, while providing for 24/7 access and crisis response as recommended in Vision, including enhanced Liaison Psychiatry provision. This will include the provision of appropriate clinical space to maximise the team capacity to deliver services	Goal 2	2	The population growth and resulting heath needs is indicating a growing demand across services for all age cohorts. Failure to be able to respond results in increased numbers waiting, increased waiting times and inappropriate use of inpatient services. In the absence of specialist clinical services for those with MHID, Co-morbid Mental Illness and Addiction and 24/7 and crisis responses, there is an increased risk of self harm and completed suicide. Failing to provide for the specialist service user needs brings additional pressure on generic services and reduces their capacity to respond to demand limiting access. Failure to provide fit for purpose clinical space limits the community mental health team capacity to maximise service provision	Q2	338.0	6.950	4.928	11.877	338.0	23.800	10.140	33.940
Mental Health	MHS05	5	Enabling service users and staff to participate in service design and delivery	Embed the role of service user, family member and carer at the heart of mental health service delivery at CHO level including agreed reimbursement; develop appropriately skilled staff in partnership with professional bodies and third level organisations including staff development, specialist training, CPD and succession planning initiatives; ensure that the service delivery is supported by appropriate ICT infrastructure	Goal 5	2	Formalising the role of the service user, family member and carer at the heart of mental health service delivery will improve outcomes for service user, improve the service user experience of the service and ensure value for money by meeting the service user need identified in partnership with the service user. Investing in the development of appropriately skilled staff is investment in the technology of the mental health service and this needs to be supported by appropriate modern and optimal ICT infrastructure	Q1	45.0	0.964	4.950	5.914	45.0	3.300	5.500	8.800
								Totals:	626.0	13.003	23.513	36.515	626.0	44.530	32.640	77.170

Quality and Safety - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Quality Assurance and Verification	QAVS01	1	QAV	Establishment of the new National QAV Division	Goal 3	3	The National Quality Assurance and Verification Division was established at the end of 2014 as part of the HSE's Quality Enablement Programme. This Estimates bid relates to the continued establishment of the new Division in particular: - Quality & Safety Performance (QAV01 / QAV 15 / QAV 15 (b), (c) - Safety Incident Management (QAV04) - Healthcare Audit / Assurance Reviews (QAV05 / QAV05b) - Complaints Management / Protected Disclosures / Whistleblowing / Consumer Affairs (QAV14 / QAV14 (b), (c) - Medical Exposure Radiation Unit (MERU) (QAV12)	Q1	38.0	1.253	0.621	1.874	38.0	2.506	0.690	3.196
Quality Improvement	QIS01	1	Quality Improvement	**Clinical Improvement Programmes of Work**	Goal 3	3	**Building capacity and capability for improvement:** (Q101) **National Office of Clinical Audit** (NOCA) NCE/DoH/ Guidelines (QI 10) **National Patient Safety Programme** HCAI (Q102) Decontamination (Q103) Medication Safety (Q104) Patient Recorded Outcome Measures (PROMS) (QI06) **Person Centered Care** Schwartz Rounds and Front Line Ownership (106), Medistori (QI08)	Q1	2.0	0.071	0.490	0.560	2.0	0.141	1.238	1.379
Community Health	CHS01	1	All Divisions - Each CHO	Ensuring quality accountable and transparent services at community health level	Goal 3	3	Quality and Patient Safety Complaints Management / Consumer Affairs / Protected Disclosures etc. Business Management CORU registration of all AHPs	Q1	80.0	2.450	0.450	2.900	80.0	4.900	0.500	5.400
								Totals:	120.0	3.774	1.561	5.334	120.0	7.547	2.428	9.975

Health Business Services - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Health Business Services	HBSS01	1	Estates Fire Safety & Maintenance Management	Provide Expert advice on fire safety. Maintain the HSE Estate to the required safe standard (Old EHB and SHB only). Note: Requirements for remainder of country should be sourced from operational areas.	Goal 5	2	Fire Safety risks not identified and managed. HSE Estate not properly maintained.	Q1	13.0	0.430	2.385	2.815	13.0	0.860	2.680	3.540
Health Business Services	HBSS02	2	Estates	Management of Capital Programme PCC Lease Costs Property Management Sustainability Administration	Goal 5	2	Convert existing contract staff Deliver primary care centres by way of operational lease Manage the HSE Estate in an efficient manner Deliver on key sustainability targets Support the delivery of key estate services	Q1	56.0	1.880	2.162	4.042	56.0	3.760	2.432	6.192
Health Business Services	HBSS03	3	CRM / Compliance & Capacity	Ensure HBS has a robust standards & compliance team. Procurement Query Management System Support for BRM's (Business Relationship Managers).Specific service capacity issues Procurement legislation and compliance training	Goal 5	2	1.To ensure best standards of compliance. 2.As QMS is rolled out nationally, to deal with the incoming queries from HGs/CHOs Support required for implementation of BRM model. 3. Supplies Officer / storeman required to support new service development Procurement Staff training is required in 4 key areas	Q2	11.0	0.275	0.418	0.692	11.0	0.549	0.476	1.025
								Totals:	80.0	2.585	4.964	7.549	80.0	5.169	5.588	10.757

Finance - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Finance	FIN03	1	Finance Reform Prog.	FINANCE OPERATING MODEL - implementing new model and addressing minimum requirements under: 1. PAY AND NUMBERS STRATEGY (PNS) 2. CONROLS ASSURANCE (NFCAG) 3. ABF - COMMUNITY PROGRAMME 4. Private Health Insurance MOU Building capability within CHOs & HGs to address these priority issues is essential to developing credibility around proper management of the HSE's €13 billion resource.	Goal 5	3	1. CHOs - 1 Control and compliance lead (VII) per CHO - NFCAG 2. CHOs -1 Pay costing / forecasting lead (VII) per CHO - PNS 3. CHOs -1 Pay controls support (VI) per CHO - PNS 4.CHOs -1 Community service costing lead (VII) per CHO - ABF Community 5. Hosp. Groups -1 Financial Accountant (GM) per group - NFCAG 6. Hosp. Groups -1 Control and compliance lead (VII) per group - NFCAG 7. Hosp. Groups - 1 Pay costing / forecasting lead (VII) per group- PNS 8. Hosp.Groups / HBS-1Income support staff (VI) for €131m pa MOU with PHI's(9) Incls HBS 35, 36 and 37 3 WTE III/IV 9. HBS - Payment Services - Audit Compliance / Project Section (6 WTE)-NFCAG NB - Agreed with Acute Hospital division that AHD will prioritise in its estimates 2016 bid: A. 1 Management Accountant (GM) per group B. 1 Pay Controls support (VI) per group	Q2	73.0	2.142	0.347	2.489	73.0	4.284	0.857	5.141
Finance	FIN01	2	Finance Reform Prog.	IFMS - New National Finance & Procurement System. (Also relevant to Goals 3 & 4) - Single source of financial truth is a fundamental building block of overall finance reform	Goal 5	3	1. Phase 1 (2016-2017)- Move former NW, W, MW, S and SE to single platform - manage current and change risks - 2 year project staff growth temp for project. 2. Accounting lead - Earlier financial close as part of process standardisation+COA 3. Finance Business Intelligence - Upgrade national CRS, utilise new COA 4. Corporate Development - Change management, communication, people dev 5. Legacy Systems - maintenance / continuity pending new system development 6. External business partner support incl for Fixed Asset register clean up 7. HBS Finance - various - provisional 8 WTE (added to 77 for 1. to 6. above)	Q1	85.0	2.530	7.427	9.957	85.0	5.060	9.429	14.489

Finance - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Health Business Services	FIN04	2	Finance Reform Prog.	IFMS - New National Finance & Procurement System. (Also relevant to Goals 3 & 4) - Procurement Element of programme and system is essential- Note flagship project re NDC is circa 70% total costs	Goal 5	3	1. HBS - Logistics - National Distribution Centre roll out (22 WTE) - FYC €3.2m 2. HBS - Logistics - On-line requisitioning tool - improve NFR compliance /efficiency 3. HBS - Logistics - Roll out of stock management at point of use (12 WTE) 4. HBS - Procurement - Project resource for IFMS (4 WTE) 5. HBS - Procurement -Implement, support and maintenance of systems (4 WTE)		42.0	1.040	1.383	2.423	42.0	2.079	2.673	4.752
Finance	FIN02	3	Finance Reform Prog.	ABF - Hospital Activity Based Funding Programme ABF is key to bringing transparency and reform to the circa €4 billion in relevant acute hospital gross costs.	Goal 5	3	1. Hosp. Groups - Clinical Coders (12) & Clinical Coding Managers (7) 2. Hosp. Groups - Accountants & Data Analysts (17) 3. Hosp. Groups - IT specialists & Patient Level Costing / OPD projects (8) 4. HPO - HIPE Clinical Auditors - (2) 5. HPO - HIPE Trainers - (3) 6. HPO - Accountants (6) 7. Also requires ICT capital investment Theatre Systems, Pharmacy Systems	Q1	39.0	1.785	0.341	2.126	55.0	3.569	0.535	4.104
Health Business Services	FIN05	4	Public Service Reform	Procurement Sourcing / DPER - Compliance & Government Policy decision around "One Voice" for Strategic Procurement DPER Sec Gen has approved this staffing level by letter.	Goal 5	3	1. HBS - Sourcing - bring staffing levels up to DPER Sec Gen approved level - 74? - requires XX WTE - NB all posts including 10 of 17 agreed at HBS to be incl. 2. HBS - Sourcing / Contract support - ensure sufficient capacity in place to support the sourcing modelsitioning tool - improve NFR compliance /efficiency 3. HBS - Logistics - Roll out of stock management at point of use (12 WTE)	Q2	23.0	0.816	0.888	1.704	23.0	1.632	1.000	2.632
								Totals:	262.0	8.312	10.387	18.699	278.0	16.624	14.494	31.118

Human Resources - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Human Resources	HRS01	1	HR (transactional delivery via HBS) Staff record	Corp Plan 4 & 5 / People Strategy supporting Theme A - 'e' People Management - System stabilisation i. Managed Service Infrastructure Uplifts (SAN, Server, Network) ii. SAP Archiving Project for HR & Payroll System iii. Implement SAP Solution Manager iv. Improve Data Communications Connectivity v. National Health Network Connectivity vi. Payroll Printer & Pressure Sealer Upgrades vii. Additional SAP Technical Training viii. Managed Service New Contract ix. 4 WTE required in the Technical Team x. Upgrade of the SAP HR & Payroll system Corp Plan 4 & 5 / People Strategy supporting Theme A - 'e' People Management - 'e' People Management Extension Requirement to provide national standardised coverage for HR and Payroll systems commencing HSE South. Corp Plan 4 & 5 / People Strategy supporting Theme C - Reform of HR Transactional Services - Recruitment i. Retention of recruitment task-force resource (35WTE).ii. E-Recruitment capability. iii: Maintenance of Microsoft Dynamics Licences.iv: Development of Integrated reporting capability.v: Implementation of EDMRS Scanning for Recruitment.vi : Appointment of grade V11 Campaign Co-ordinator.vii Implementation of Social Media Strategy.viii: Implementation of Psychometric Testing. ix: Acquire Occupational Psychology Services as appropriate.x: Implement Interview Facilities in MQ. Corp plan 4 / People Strategy Theme 2 - Engagement. i. Developing people management / Development review ii. Develop & deliver 2016 staff survey iii. Staff Health and Wellbeing (SHAW) - SHAW activity seed funding plus Health & Safety priorities iv. Develop internal staff coms function v. Develop staff recognition systems vi. Develop diversity monitoring and benefit promotion systems vii. Increase employee assistance services	Goal 4	2	Risks to current SAP HR and Payroll services provision plus inability to extend SAP HR to all sites Inability to shift HR focus from transactional to transformational contribution without basic data and IT systems to support modern HR practice Inability to respond to service needs demands and expectations in recruitment services Existing low levels of staff engagement with direct link to patient risk and mortality continue without change	Q1	97.5	2.340	13.480	15.820	97.5	4.679	15.211	19.890
Human Resources	HRS02	2	HR - Addressing Capacity and capability risks	Corp Plan 4 / People Strategy supporting **Theme B - HR Structures and Processes** i. Provision of additional senior HR leads for HGs and CHOs ii. Increase levels of professional registration and professional development in HR staff Corp plan 4 / People Strategy **Themes 3 & 4 Data & Knowledge accessibility and Workforce Optimisation** i. Increase capacity in HR BI ii. Increase capacity in Workforce planning / workforce development	Goal 4	2	Current risks identified in HR Capacity and capability continue Current risks identified in Healthy Ireland re: workforce plans remain un-addressed	Q1	14.0	0.554	1.148	1.701	14.0	1.107	1.275	2.382
Human Resources	HRS03	3	HR - Developing Leaders and Managers	Corp Plan 4 People Strategy **Theme 1- Leadership Practices** i. Develop leadership competency framework ii. Scope leadership academy iii. Support clinical supervision systems iv. Scope first graduate trainee programme v.Develop talent mapping vi. Develop coaching framework and network	Goal 4	2	Quality effective services are not well led, leadership competency and capability remain at current levels	Q1	2.0	0.074	1.319	1.392	2.0	0.147	1.465	1.612
Human Resources	HRS04	4	HR - Developing Learning and Development capacity and delivery	Corp Plan 4 People Strategy **Theme 5 Learning Capacity** i. Extend FETAC courses for support staff ii. Continue to provide access to non nursing related Master and Postgraduate programmes iii. Development of a learning and development plan iv. Training risk identification and mitigation for managers	Goal 4	2	Impact on staff morale - clear message in staff survey re: access to training. Impact on risk mitigation though failure to train.	Q1	0.0	0.000	1.260	1.260	0.0	0.000	3.400	3.400
Human Resources	HRS05	5	HR (transactional delivery via HBS) Pensions	Corp Plan 4 & 5 / People Strategy supporting **Theme C - Reform of HR Transactional Services - Pensions** i. Appointment of dedicated trainer & appointment of permanent Accountant Grade VIII. Identified HBS Risk. ii. Requirement for 3.5 staff to facilitate implementation of Pensions Register nationally. iii :Establish Pensions Checking & Sign-Off unit for VHSS / NHASS in line with DPER request to HSE re. estimates processing. iv.: Establish Service Verification and Billing initiative. v: Conduct External Review of Pensions Landscape. vi: Establish SPSPS Unit.	Goal 4	2	Pensions remains a high risk area in terms of compliance	Q1	21.5	0.455	0.189	0.644	21.5	0.910	0.210	1.120
								Totals:	135.0	3.422	17.395	20.817	135.0	6.843	21.561	28.404

Communications - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Communications	COMS06	1	Communications National office	Develop of Communications function, enhancement of information line, roll out of communications training, implementation of the Irish Language act, communication of HSE values and corporate objectives, management of focused campaigns.	Goal 3	2	a) Grade V and a Grade VI media and public relations officers required by Q2 to support deliver of the Operations Team objective; 4 x Grade VIIIs as Client Directors to support the National Divisions Communications objectives (COMS03, WTE 6, €0.177/€0.353m) b) Relocation and establishment of Communications Division (COMS05, WTEs0, €0.09m) c) Phase 2 of the development of the HSE info line. This will ensure standard information and advice on accessing health services is available to the public via phone, email, online, Livechat and social media. GV operations manager and a GV multi-platform project lead. (COMS01, WTE 2, €0.178m/€0.086m) d) Promote CP values and Health Service brand; comms training tool kit; implement Irish language act. (WTE 0, €.251m). e) Roll out HSE campaigns around alcohol use to meet legislative/policy timelines. (WTE 0, €0.054m/€0.060m)	Q2	8.0	0.220	0.530	0.750	8.0	0.439	0.060	0.499
							Totals:		8.0	0.220	0.530	0.750	8.0	0.439	0.060	0.499

Audit and Compliance - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Internal Audit	IAS01	1		Recruitment of additional Internal Audit resources (& associated costs)	Goal 3	2	**Reason:** Internal Audit has been operating with a shortfall in staffing resources for a number of years. There is a need to conduct a wider audit coverage within the HSE particularly in the case of bodies funded by the HSE and ICT audit. This is fully supported by the DG and Audit Committee. In 2015 additional payroll funding of €933kpa was allocated (of which €733k was received in the division's budget) to allow some of the additional staffing needs to be met. The balance of the payroll and non-pay funding associated with the remaining additional staffing requirements is required in 2016. *(WTE 23; Pay €0.850m; Non Pay €0.147m)* (Additional travel & subsistence funding) An increase in the Division's travel budget is required for the following purposes: (1) The Division's travel budgets have been cut in previous years. (2) The Division's programme of work has expanded to include Section 38 and Section 39 agencies. (3) There continues to be an increase in the number of special investigations. *(WTE 0; Pay €0; Non Pay €0.050m)* (Additional forensic, IT and other specialist audit services) An increase in the Division's professional services budget is required due to the increasing need to engage professional specialist audit services. *(WTE 0; Pay €0; Non Pay €0.100m)* **Service Impact of non-funding:** If the above is not funded Internal Audit will not be in a position to provide the necessary wider audit coverage within the HSE and bodies funded by the HSE.		23.0	0.709	0.267	0.976	23.0	1.417	0.395	1.812

Audit and Compliance - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Office of the Deputy DG	DDGS01	1	Corporate / National	Review of the Annual Compliance Statement process. Support and development of the SPG on-line system.	Goal 3	3	In December 2013 the HSE sought to enhance its governance arrangements with Section 38 Service Providers and also to strengthen the direct relationship between the HSE and the Boards of each of the Section 38 Service Providers. The HSE introduced an Annual Compliance Statement (ACS) where the Chair of the Board signs and confirms that they comply with eight key areas. This initiative will provide further assurance by examining/audit the ACS. During 2014 the new SPG on-line system was designed, developed and implemented by the National Business Support Unit, which is now part of the Compliance Unit. This system is being implemented on a phased basis with an on-going requirement for development work to achieve full automation of the governance process including documentation and controls assurance processes	Q1	1.0	0.040	0.212	0.252	1.0	0.080	0.235	0.315
							Totals:		24.0	0.749	0.479	1.227	24.0	1.497	0.630	2.127

Office of the CIO - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
Office of the CIO	CIOS01	1	Programme and Project Delivery	a) Supporting the delivery of the Knowledge and Information Plan. ICT project managers and ICT technical support for Acute, Community and Social Inclusion systems to support the 100+ projects that are underway and to provide capacity to begin the implementation of strategic systems. (10 GM, 14 VIII, 2 VII) b) Supporting the delivery of the Knowledge and Information Plan. Establishment of the Enterprise Architecture Function within the Office of the CIO (1 AND)	Goal 5	2	Support the approved target operating model by additional Project Management Resources to plan and implement a range of OoCIO projects. Significant Deficits in the ICT resource capacity to deliver on the Health Service reform Inability to implement the solutions within the timeframe required by the service	Q1	27.0	1.093	0.246	1.338	27.0	2.185	0.328	2.513
Office of the CIO	CIOS02	2	Service operational Excellence	a) Supporting the delivery of the Knowledge and Information Plan. Service management staff to enable the establishment of the function within the OoCIO (2 GM's 4 G8's, 2 G7's) b) Supporting the delivery of the Knowledge and Information Plan. Technical support for the delivery of project infrastructure and management of same (2 GM's, 3 VIII, 3 VII) c) Supporting the delivery of the Knowledge and Information Plan. Service Support staff to enable the establishment of Ehealth Ireland (1 G8, 1 G 4, 1 G 3) d) Corporate and Clinical Systems Business Intelligence Delivery (1GM, 2 VII) e) Analytics Development and Support f) Supports the development of ICT within the Hospital Groups. The ICT AND will have a key role to ensure that ICT is on the Hospital Group strategic agenda and will support the operational delivery of ICT within the Group (7 Asst. National Directors)	Goal 5	2	Support the approved target operating model in the establishment of the Service Management, key Technical support and the supports for E-Health Ireland within the OoCIO. Inability to provide a support service to wider HSE staff	Q1	33.0	1.334	1.709	3.043	33.0	2.667	2.048	4.715
								Totals:	60.0	2.426	1.955	4.381	60.0	4.852	2.376	7.228

System Reform - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs				Full year WTE impact and costs			
									WTE Impact	Pay €m	Non Pay €m	Total €m	WTE Impact	Pay €m	Non Pay €m	Total €m
System Reform	SRS01	1	New Service delivery Model including: Hospital Groups, Community Healthcare Organisations, National Ambulance Service, Primary Care (Service Improvement) and PCRS	In line with the Future Health Policy and the Department of Health Statement of Strategy 2015 -2017 (Reform Operational Systems to drive high performance) the Reform Programme will drive the implementation of Hospital Groups and Community Healthcare Organisations. It will implement reform programmes in the National Ambulance Service, Primary Care Service Improvement and the reconfiguration of Health and Wellbeing (National services, CHO and Hospital Group based) in addition to driving reform within the Primary Care Reimbursement Service (PCRS). While scoping and detailed planning for these programmes has commenced in 2015, the implementation of this plan in addition to the development of Strategic Plans required by DoH in 2016 will require a set of Programme Management Offices (including programme and project managers, change managers, lean and process experts and RAID management) for each of the following: 7 Hospital Groups and a National Co-ordinating PMO; 9 CHOs and a National Co-ordinating PMO; National Ambulance Service PMO, Primary Care PMO, Health & Wellbeing PMO and the PCRS PMO. The WTE requested will be appointed on Fixed Term Contracts of 3 years reflecting the planned duration of the current Reform Programme.	Goal 5	3	Health Reform	Q1	126.0	3.126	10.463	13.589	126.0	6.252	12.713	18.965
System Reform	SRS02	2	Clinical Strategy and Programmes (Integrated Care Programmes)	In line with Future Health Policy and the Department of Health Strategy Statement 2015 - 2017, the Integrated Care Programmes are a priority for ensuring person centred services are successfully implemented across the new service delivery system. This will include the establishment of Programme Management Offices (including programme and project managers, change managers, lean and process experts and RAID management) to support the development of the 3 priority Integrated Care Programmes, Older Persons, Chronic Disease and Patient Flow and the development of the clinical design authority for service delivery. The WTE requested will be appointed on Fixed Term Contracts of 3 years reflecting the planned duration of the current Reform Programme.	Goal 5	3	Health Reform	Q1	27.0	0.647	1.825	2.472	27.0	1.293	2.704	3.997
System Reform	SRS03	3	System Reform Group	The System Reform Group provide support, challenge and assurance on the entire Reform Programme for the Health Service. Resourcing the SRG appropriately is critical in order to support the Reform Programme and assess progress to provide assurance to the DG and DoH that the objectives of the Reform Programme and DoH Strategy Statement 2015 - 2017 are met.	Goal 5	3	Health Reform	Q1	8.0	0.296	0.847	1.143	8.0	0.592	0.941	1.533

System Reform - Summary of New Monies Submission, 2016

Service Area	Estimates Identifier (For office use only)	Priority no.	Area (e.g. PCRS, disability services, , etc.)	Initiative / Brief Description	Relevant Corporate Plan 2015-2017 Strategic Goal	Funding requested under 1 = Demographic pressure 2 = Critical service 3 = Ministerial priority	Reason for Request and Service Impact if not Funded	Start Date 2016 (Q1, Q2, Q3 or Q4)	2016 WTE impact and costs WTE Impact	Pay €m	Non Pay €m	Total €m	Full year WTE impact and costs WTE Impact	Pay €m	Non Pay €m	Total €m
System Reform	SRS04	4	Enabling Programmes Including; The Centre Programme, Quality Assurance Reform Programme; Quality Improvement Reform Programme; eHealth Reform Programme; Human Resources Reform Programme; Finance Reform Programme and the Business Intelligence Reform Programme	The complex reforms to be implemented in the Service Delivery System require significant reform of our enabling services to support the changes with new technologies (EHR), operating models, funding mechanisms (Activity Based Funding), workforce planning (People Strategy). The Department of Health Strategy Statement 2015 - 2017 calls for improvements to funding mechanisms, ICT infrastructure and systems and the implementation of a nationally integrated workforce supply chain. These enabling programmes will require Programme Management Offices (including programme and project managers, change managers, lean and process experts and RAID management) to support the reform of the enabling functions and how they will operate with and within HGs, CHOs and the Ambulance Service. The significant change and reform envisaged for the Service Delivery System for health and social care requires an equally significant change in the nature of the functions that have been managed through the National Divisions of the HSE. Such change must be managed in tandem with the service delivery system programmes and will require a Programme Management Office to support the reform of the Centre Functions in the context of the new service delivery model. The WTE requested will be appointed on Fixed Term Contracts of 3 years reflecting the planned duration of the current Reform Programme.	Goal 2	3	Health Reform	Q1	22.0	0.546	2.882	3.427	22.0	1.091	3.202	4.293
System Reform	SRS05	5	Accelerated Innovation Programme	The reform of the Health Service will require a governance model and a process by which innovations that achieve operational efficiency and quality/safety improvements in service can be identified, developed / incubated and scaled to a national implementation while ensuring rigorous assessment for achievement of benefits and KPIs. It is proposed to establish an Accelerated Innovation Programme to 1) Identify emerging innovations, 2) Select and target a number of initiatives, 3) Position and sponsor the initiatives at the right level in the Health Service & 4) Evaluate their impact against KPIs. The governance of this programme will be at Leadership level and strict criteria for return on investment, scalability and sustainability will be put in place. The cross divisional governance will also ensure that this funding is focused on innovation.	Goal 5	3	Health Reform	Q1	0.0	0.000	0.900	0.900	0.0	0.000	1.000	1.000
								Totals:	183.0	4.614	16.916	21.530	183.0	9.228	20.560	29.788

Financial Tables for Estimates 2016 submission incorporating Existing Levels of Service and No Policy Change Requirements

i) Summary of HSE Financial Position to end 2015

	Performance Related								Demand Led						Historic	Overall Total
	Acute Hosp.	Social Care	Primary Care	Mental Health	Health & Wellbeing	NAS	Other	Total	PCRS	Local Schemes	SCA	OS Treatment	Pensions	Total		
2015 estimated minimum deficit as previously advised	146	30	5	0	0	0	0	181	153	12	60	0	12	237		418
Less: Move pension deficits to demand led	-7	-9	0	0	0	0	0	-16					16	16		0
Add: Estimate of adjustment required to 2015 deficit (including €14m - Consultants pay potential worst case re incremental starting point and arrears, €12m (minimum) Disability HIQA related costs (net of once off TRS), €8m Other, €16m pensions in voluntaries, €35m HSE Pensions.	16	21	0	0	0	0	8	46	-3	3	0	10	23	33		79
1. Revised estimated minimum deficit 2015	155	42	5	0	0	0	8	211	150	15	60	10	51	286		497
	31%	9%	1%	0%	0%	0%	2%	42%	30%	3%	12%	2%	10%	58%	0%	100%
Add: Initiatives approved and funded in 2015 in addition to NSP 2015 (€74m Delayed discharges initiative, €51m Waiting List initiative, €10m ED / Winter plan initiative)	60	74	1	0	0	0	0	135						0		135
Additional Funding Requirement 2015 - before historic items	215	117	6	0	0	0	8	346	150	15	60	10	51	286	0	632
	34%	18%	1%	0%	0%	0%	1%	55%	24%	2%	9%	2%	8%	45%	0%	100%
Add: Accumulated s.38 voluntary historic deficits €85m* & historic previous accelerated income target €50m **															135	135
Additional Funding Requirement 2015 (Supplementary 2015) - after historic items	215	117	6	0	0	0	8	346	150	15	60	10	51	286	135	767

This €85m relates to both hospital and community and is as at 31/12/13 - tbc

ii) Summary of HSE Financial Position to end 2016

	Performance Related								PCRS	Local Schemes	SCA	OS Treatment	Pensions	Demand Led Total	Historic	Overall Total
	Acute Hosp.	Social Care	Primary Care	Mental Health	Health & Wellbeing	NAS	Other	Total								
Additional Funding Requirement 2015 (Supplementary 2015) - including historic items	215	117	6	0	0	0	8	346	150	15	60	10	51	286	135	767
Less: Once-offs - €51m waiting list initiative and €85m historic items	-51							-51							-85	-136
Less: Once-offs in Pay relating to funding of pay arrears	-6							-6								-6
2. Recurring additional funding requirement 2015 / Opening Position 2016	158	117	6	0	0	0	8	289	150	15	60	10	51	286	50	625
	25%	19%	1%	0%	0%	0%	1%	46%	24%	2%	10%	2%	8%	46%	8%	100%
Add: Full Year cost of NSP 2015 approved developments including disability services for school leavers (€6m) and therapy services (€2m) within Social Care, and Palliative Care and Chronic Illness Servies within Primary Care (€4m).	5	8	4	0	3	1	3	25						0		25
Add: Full Year cost of 2015 initiatives approved in addition to NSP 2015 (€11m re delayed discharges initiative, €32m we ED / Winter plan initiative, Over 70's medical cards, Under 6's free GP care).	24	18	2	0	0	0	0	43	151*					0		43
Add: Pay - Full year cost of "Rate / Price" 2015 pressures including €14m in Social Care Disability re LCR on sleepover and twilight hours and "Volume -related" increases of €5.5m primarily within Mental Health.	2	14	1	13	0	0	0	30						0		30
Add: Pay - 2016 "Rate / Price" changes - primarily LRA, HRA related and increments	89	45	16	14	2	2	18	186						0		186
Add: Non Pay - Full year cost of 2015 pressures - in addition to €28m in Acute Services includes approx. €50m HIQA-driven costs within Social Care and Ambulance Service and €3m for Screening Services within Health & Wellbeing.	28	57	12	1	2	4	2	106						0		106
Add: Non Pay - 2016 cost pressures - including price and volume uplift in major clinical and non clinical non-pay categories within Acute hospitals (€74m), NTPF price increase fair deal (€12m) within Social Care. SCA, Pensions and Overseas have been left at estimated outturn 2015 pending further analysis.	74	28	0	7	3	0	0	112		10				10		122
3. Additional Existing Level of Service (ELS) Related funding requirement in 2016	222	169	35	35	11	8	22	502	0	10	0	0	0	10	0	512
4. Pure Demographics - Estimated within 'New Monies', indicative Division split.	23	44	15	10	4	2	31	131	29					29		160
5. Cost of Standing Still - No Policy Change (2+3+4)	403	330	56	45	15	10	62	922	179	25	60	10	51	325	50	1,297
6. 2016 New Monies - Exclusive of €160m 'Pure Demographics' amount	61	116	40	26	12	6	82	344	75					75		419
7. New Monies plus Cost of Standing Still (5+6)	465	446	96	72	27	16	144	1,266	255	25	60	10	51	401	50	1,716
Pure Demographics within 2016 New Monies	23	44	15	10	4	2	31	131	29	0	0	0	0	29	0	160
2016 New Monies excluding estimate of Pure Demographics	61	116	40	26	12	6	82	344	75	0	0	0	0	75	0	419
Total 2016 New Monies - Per Estimate Bid	85	160	56	37	16	8	114	475	104	0	0	0	0	104	0	579

* To be clarified

iii) Overall Summary

	Acute Hosp.	Social Care	Primary Care	Mental Health	Health & Wellbeing	NAS	Other	Total	PCRS	Local Schemes	SCA	OS Treatment	Pensions	Total	Historic	Overall Total
				Performance Related							**Demand Led**					
2015 estimated minimum deficit as previously advised	146	30	5	0	0	0	0	181	153	12	60	0	12	237	0	418
Revised estimated minimum deficit 2015	155	42	5	0	0	0	8	211	150	15	60	10	51	286	0	497
Additional Funding Requirement 2015 - before historic items*	215	117	6	0	0	0	8	346	150	15	60	10	51	286	135	767
2015 Once - Off Items	-57	0	0	0	0	0	0	-57	0	0	0	0	0	0	-85	-142
Recurring funding requirement 2015 / Opening Position 2016	158	117	6	0	0	0	8	289	150	15	60	10	51	286	50	625
Additional Existing level of Service (ELS) Related funding requirement in 2016	222	169	35	35	11	8	22	502	0	10	0	0	0	10		512
Recurring Existing Level of Service (ELS) Requirement	380	286	41	35	11	8	31	791	150	25	60	10	51	296	50	1,137
Pure Demographics - Estimated within 'New Monies', indicative Division split.	23	44	15	10	4	2	31	131	29	0	0	0	0	29	0	160
Cost of Standing Still - No Policy Change	403	330	56	45	15	10	62	922	179	25	60	10	51	325	50	1,297
2016 New Monies - Exclusive of €160m 'Pure Demographics' amount	61	116	40	26	12	6	82	344	75	0	0	0	0	75	0	419
New Monies plus Cost of Standing Still = 2016 additional funding requirement	465	446	96	72	27	16	144	1,266	255	25	60	10	51	401	50	1,716

* Note 1: Includes new initiatives approved in 2015 including delayed discharge initiative, waiting list initiative and ED / winter plan initiative

iv) Summary of HSE Allocation Requirement to end 2016

	Acute Hosp.	Social Care	Primary Care	Mental Health	Health & Wellbeing	NAS	Other	Total	PCRS	Local Schemes	SCA	OS Treatment	Pensions	Total	Historic	Overall Total
				Performance Related							**Demand Led**					
HSE Allocation Brought 2015 (Excluding €35m Mental Health Funding)	4,002	2,991	720	757	201	144	301	9,117	2,486	218	96	6	212	3,018	0	12,135
Mental Health Development Funding				35												
Total HSE 2015 Budget	4,002	2,991	720	792	201	144	301	9,152	2,486	218	96	6	212	3,018	0	12,170
2015 Additional Funding Requirement (2015 Supplementary)	215	117	6	0	0	0	8	346	150	15	60	10	51	286	135	767
2015 HSE Allocation Required	4,217	3,108	725	792	201	144	310	9,497	2,637	233	156	16	263	3,305	135	12,937
Less Once - Off Items	-57	0	0	0	0	0	0	-57	0	0	0	0	0	0	-85	-142
2016 Opening Allocation Required	4,161	3,108	725	792	201	144	310	9,441	2,637	233	156	16	263	3,305	50	12,795
Additional Existing level of Service (ELS) Related funding requirement in 2016	222	169	35	35	11	8	22	502	0	10	0	0	0	10	0	512
Pure Demographics - Estimated within 'New Monies', indicative Division split.	23	44	15	10	4	2	31	131	29	0	0	0	0	29	0	160
Cost of Standing Still - No Policy Change	4,406	3,321	776	838	216	154	364	10,074	2,665	243	156	16	263	3,343	50	13,467
2016 New Monies - Exclusive of €160m 'Pure Demographics' amount	61	116	40	26	12	6	82	344	75	0	0	0	0	75	0	419
2016 HSE Allocation Required After New Monies (Cost of Standing Still + New Monies)	4,467	3,437	816	864	228	160	446	10,417	2,741	243	156	16	263	3,419	50	13,886

v) Executive Summary - HSE Financial Position 2015 / 2016	Acute	Social Care	Other	Performance Related sub-total	Demand Led	Historic	Overall Total
2015 estimated minimum deficit as previously advised	146	30	5	181	237	0	418
Revised estimated minimum deficit 2015	155	42	13	211	286	0	497
Additional Funding Requirement 2015 - before historic items*	215	117	14	346	286	135	767
2015 Once - Off Items	-57	0		-57	0	-85	-142
Recurring funding requirement (Opening Position 2016)	158	117	14	289	286	50	625
Additional Existing Level of Service (ELS) Related funding requirement in 2016	222	169	111	502	10	0	512
Recurring ELS Requirement	380	286	125	791	296	50	1,137
Pure Demographics Funding estimated within total 2016 new monies	23	44	63	131	29	0	160
Cost of Standing Still - No Policy Change	403	329.9	188.9	922	325	50	1,297
New Monies 2016 excluding Pure Demographics above - Service Improvement 2016	61	116	166	344	75	0	419
New Monies plus Cost of Standing Still = 2016 additional funding requirement	465	446	355	1,266	401	50	1,716

* Note 2: Includes new initiatives approved in 2015 including delayed discharge initiative, waiting list initiative and ED / winter plan initiative

vi) Executive Summary of HSE Allocation Requirement to end 2016	Acute	Social Care	Other	Performance Related sub-total	Demand Led	Historic	Overall Total
Total HSE 2015 Budget	4,002	3,108	2,042	9,152	3,018	0	12,170
2015 Funding Requirement	215	117	14	346	286	135	767
2015 HSE Allocation Required	4,217	3,224	2,056	9,497	3,305	135	12,937
Less Once - Off Items	-57	0	0	-57	0	-85	-142
2016 Opening Allocation Required	4,161	3,108	2,172	9,441	3,305	50	12,795
Additional Existing Level of Service (ELS) Related funding requirement in 2016	222	169	111	502	10	0	512
Pure Demographics - Estimated within 'New Monies', indicative Division split.	23	44	63	131	29	0	160
2016 HSE Allocation Required to 'Stand Still' = No Policy Change	4,406	3,321	2,347	10,074	3,343	50	13,467
New Monies 2016 excluding Pure Demographics above - Service Improvement 2016	61	116	166	344	75	0	419
2016 HSE Allocation Required After New Monies (Cost of Standing Still + New Monies)	4,467	3,437	2,513	10,417	3,419	50	13,886

Non Pay Heading (AFS Categories)	Clinical / Non Clinical	2012	2013	2014	Current Year Approved Allocation	2015 Budget as % 2014 Spend	2015 ytd	2015 Projected	2015 Increase	2013 Inc %	2014 Inc %	2015 inc %	2012 to 2015 Av % Growth	Proj. Growth 2016 %	Basis for Uplift	2016 Projected Growth €
Drugs & Medicines (Excl. D.L.S.)	Clinical	304,672,786	310,529,234	336,359,309	335,130,842	99.6%	177,401,084	357,742,518	21,383,209	1.9%	8.3%	6.4%	5.8%	5.8%	Avg last 3 yrs - holding Est.	20,771,245
Medical/Surgical Supplies	Clinical	312,991,968	328,677,986	337,025,309	335,744,037	99.6%	172,934,181	348,734,675	11,709,365	5.0%	2.5%	3.5%	3.8%	3.8%	Avg last 3 yrs - holding Est.	13,274,804
Laboratory	Clinical	114,916,087	122,637,748	135,310,375	132,580,821	98.0%	71,290,651	143,762,915	8,452,540	6.7%	10.3%	6.2%	8.4%	8.4%	Avg last 3 yrs - holding Est.	12,029,369
Blood/Blood Products	Clinical	104,815,792	98,608,152	96,232,981	96,869,779	100.7%	51,012,507	102,870,526	6,637,544	-5.9%	-2.4%	6.9%	-0.6%	1.0%	Avg last 3 yrs - holding Est.	1,028,705
Supp & Contracts Other Med Equip	Clinical	33,082,199	35,479,543	39,194,386	35,942,262	91.7%	19,903,931	40,137,761	943,375	7.2%	10.5%	2.4%	7.1%	7.1%	Avg last 3 yrs - holding Est.	2,853,442
Medical Gases	Clinical	6,936,906	7,221,720	7,064,646	7,178,594	101.6%	3,732,291	7,526,442	461,796	4.1%	-2.2%	6.5%	2.8%	2.8%	Avg last 3 yrs - holding Est.	213,213
Other Medical Equipment	Clinical	25,660,064	25,950,481	25,355,461	24,566,525	96.9%	12,000,779	24,200,466	-1,154,995	1.1%	-2.3%	-4.6%	-1.9%	-1.9%	Avg last 3 yrs - holding Est.	-458,858
X-Ray/Imaging	Clinical	53,388,913	56,183,586	47,561,617	43,562,821	91.6%	22,101,689	44,569,705	-2,991,911	5.2%	-15.3%	-6.3%	-5.5%	-5.5%	Avg last 3 yrs - holding Est.	-2,454,127
Dental Treatment Services Scheme	Clinical		950	100	100	100.0%						-100.0%		0.0%		0
Bad & Doubtful Debts	Non- clinical	16,987,550	24,141,458	26,118,585	24,843,721	95.1%	21,945,185	44,254,103	18,135,518	42.1%	8.2%	69.4%	53.5%	0.0%	Requires separate consideration - reflect in income targets in some way ?	0
Heat, Power & Light	Non- clinical	50,001,392	57,228,380	54,216,371	53,625,020	98.9%	29,896,272	60,288,062	6,071,691	14.5%	-5.3%	11.2%	6.9%	6.9%	Avg last 3 yrs - holding Est.	4,134,307
Office Expenses Rent/Rates	Non- clinical	58,767,720	63,490,848	67,415,799	64,244,790	95.3%	35,515,712	71,620,082	4,204,283	8.0%	6.2%	6.2%	7.3%	7.3%	Avg last 3 yrs - holding Est.	5,221,048
Transport (Patient)	Non- clinical	14,915,701	16,664,285	16,983,765	16,432,500	96.8%	10,140,873	20,449,826	3,466,062	11.7%	1.9%	20.4%	12.4%	12.4%	Avg last 3 yrs - holding Est.	2,529,145
Maintenance	Non- clinical	38,515,386	43,496,710	44,316,871	41,918,402	94.6%	22,913,543	46,206,869	1,889,998	12.9%	1.9%	4.3%	6.7%	6.7%	Avg last 3 yrs - holding Est.	3,075,822
Cleaning & Washing	Non- clinical	80,071,804	83,366,309	85,975,842	83,413,169	97.0%	43,548,778	87,819,359	1,843,517	4.1%	3.1%	2.1%	3.2%	3.2%	Avg last 3 yrs - holding Est.	2,832,397
Catering	Non- clinical	35,954,371	37,712,085	38,227,691	37,362,447	97.7%	19,696,563	39,719,588	1,491,897	4.9%	1.4%	3.9%	3.5%	3.5%	Avg last 3 yrs - holding Est.	1,386,506
Computer	Non- clinical	24,541,308	26,598,542	28,125,487	27,600,883	98.1%	14,678,427	29,600,143	1,474,656	8.4%	5.7%	5.2%	6.9%	6.9%	Avg last 3 yrs - holding Est.	2,033,880
Education & Training	Non- clinical	10,105,463	9,761,544	10,909,970	9,811,496	89.9%	6,021,662	12,143,130	1,233,160	-3.4%	11.8%	11.3%	6.7%	6.7%	Avg last 3 yrs - holding Est.	816,181
Furniture, Crockery & Hardware	Non- clinical	4,060,424	5,255,561	6,076,422	5,493,470	90.4%	3,332,776	6,720,792	644,370	29.4%	15.6%	10.6%	21.8%	21.8%	Avg last 3 yrs - holding Est.	1,467,809
Vehicles Running costs	Non- clinical	639,061	822,766	1,020,996	932,125	91.3%	589,979	1,189,736	168,741	28.7%	24.1%	16.5%	28.7%	28.7%	Avg last 3 yrs - holding Est.	341,729
Grants to Outside Agencies	Non- clinical	-2,170,391	-387,497	2,053,708	1,578,723	76.9%	1,099,661	2,217,549	163,841	-82.1%	-630.0%	8.0%	-67.4%	0.0%	Assume stable	0
Legal	Non- clinical	1,292,339	1,636,523	1,519,359	1,139,034	75.0%	826,098	1,665,888	146,529	26.6%	-7.2%	9.6%	9.6%	9.6%	Avg last 3 yrs - holding Est.	160,507
Bank Charges	Non- clinical	197,411	260,226	347,930	341,868	98.3%	193,971	391,158	43,228	31.8%	33.7%	12.4%	32.7%	32.7%	Avg last 3 yrs - holding Est.	127,965
Bank loan & Finance Leases	Non- clinical	2,427	12,187	2,093	1,976	94.4%	243	491	-1,603	402.1%	-82.8%	-76.6%	-26.6%	-26.6%	Avg last 3 yrs - holding Est.	-131
Vehicles Purchased	Non- clinical	12,881	112,493	56,110	38,137	68.0%	14,216	28,668	-27,442	773.3%	-50.1%	-48.9%	40.8%	40.8%	Avg last 3 yrs - holding Est.	11,711
Bedding & Clothing	Non- clinical	10,506,190	11,287,072	12,006,007	11,422,230	95.1%	5,915,402	11,928,848	-77,159	7.4%	6.4%	-0.6%	4.5%	4.5%	Avg last 3 yrs - holding Est.	538,434
Bank Interest	Non- clinical	250,014	185,971	350,229	322,355	92.0%	124,019	250,094	-100,135	-25.6%	88.3%	-28.6%	0.0%	0.0%	Avg last 3 yrs - holding Est.	27
Audit	Non- clinical	842,544	821,179	893,666	805,123	90.1%	390,320	787,109	-106,557	-2.5%	8.8%	-11.9%	-2.2%	-2.2%	Avg last 3 yrs - holding Est.	-17,263
Insurance	Non- clinical	4,780,789	4,753,278	3,489,587	3,643,251	104.4%	1,664,643	3,356,876	-132,711	-0.6%	-26.6%	-3.8%	-9.9%	-9.9%	Avg last 3 yrs - holding Est.	-333,271
Cash Allowances	Non- clinical	6,080	3,866	327,120	1,680	0.5%	1,156	2,331	-324,789	-36.4%	8361.2%	-99.3%	-20.6%	0.0%	Assume stable	0
Travel & Subsistence	Non- clinical	7,784,055	7,784,478	8,541,594	8,262,524	96.7%	3,929,015	7,923,151	-618,443	0.0%	9.7%	-7.2%	0.6%	0.6%	Avg last 3 yrs - holding Est.	47,194
Grants to G.P.s	Non- clinical															0
G.P. Unit	Non- clinical		335													0
Miscellaneous		57,781,617	30,200,833	34,735,540	34,846,671	100.3%	17,851,066	35,998,006	1,262,466	-47.7%	15.0%	3.6%	-12.6%	3.6%	same growth as 2015	719,960
Community Drugs Schemes		41,484	30,292	44,962	43,131	95.9%	19,908	40,146	-4,816	-27.0%	48.4%	-10.7%	-1.1%	0.0%	Assume stable	0
Capitation Payments		12,836,469	21,342,635	17,782,071	14,941,274	84.0%	8,775,418	17,696,286	-85,786	66.3%	-16.7%	-0.5%	12.6%	0.0%	Assume stable	0
Professional- Services		29,727,135	38,106,508	36,231,657	28,252,238	78.0%	16,466,023	33,204,963	-3,026,694	28.2%	-4.9%	-8.4%	3.9%	3.9%	Average last 3 years- "holding	1,294,901
Total Non-Pay (Non-Capital I&E)		1,414,915,941	1,469,978,264	1,521,873,617	1,482,894,018	97.4%	795,928,043	1,605,048,263	83,174,646	3.9%	3.5%	5.5%	4.5%	4.6%		73,646,654
Total Clinical		956,464,715	985,288,450	1,024,104,084	1,011,575,682	98.8%	530,377,113	1,069,545,007	45,440,923	3.0%	3.9%	4.4%	3.9%	4.4%		47,257,794
Total Non Clinical / Query		458,451,226	484,689,814	497,769,533	471,318,336	94.7%	265,550,929	535,503,255	37,733,723	5.7%	2.7%	7.6%	5.6%	4.9%		26,388,859