Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Service Plan

2009

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Corporate Planning and Control Processes Directorate
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Contents

Values Charter

Respect

Valuing patients / clients and each other. Recognising the fundamental worth of people through trust, courtesy, mutual communication and collaboration.

- We will respect our patients / clients, their families and each other as individuals
- In our communications we will be caring, loyal, truthful, respectful, kind, considerate and empathetic
- We will actively listen to the views and opinions of all stakeholders and consider them in our actions, and
- We will show dignity, courtesy and professionalism at all times.

Fairness and Equity

Providing health and personal social services based on need and striving for an equitable health service

- We will deliver high quality, reliable, person-centred services, delivered as close to the point-of-care as possible
- We will pursue equality of access and delivery of the full range of services for everyone, based on need, and
- We will ensure that those most disadvantaged and marginalised in our community have their health and personal care needs met.

Excellence

Striving for the highest level of achievement in all aspects of our work

- We will continue to strive to deliver evidence based best practice
- We will continually audit and evaluate our performance / services and act upon the findings
- We will encourage and facilitate continuous training and development for all our staff, and
- We will support innovation and encourage creativity.

Leadership

Directing the future of the HSE

- We all have a role to play in leadership by communicating the vision, taking responsibility, building trust and confidence among colleagues and service users
- Lead by example - We are all human beings with different strengths; we will learn from the strength of others who have enriched our lives, and
- We will respect and acknowledge the role of our staff and instil pride in delivering our services.

Accountability and Responsibility

Honesty, consistency and accountability in decisions, words and actions

- We will provide health and personal social services within our allocated budget
- We will ensure integrity in our processes and practices
- We will encourage and allow individual responsibility and empower staff to manage their services
- We will recognise performance and challenge underperformance and non performance, and
- When something goes wrong, we will acknowledge, we will apologise and find out what happened. We will put mechanisms in place to ensure it will not happen again.

Foreword from the Chief Executive Officer

Our National Service Plan (NSP) 2009 sets out the type and volume of health and personal social services we are planning to provide during 2009.

Ideally we would be able to meet every need. The reality is that funding is finite and we have to make choices. When doing so we strive to be fair and make decisions on the basis of medical and social need, patient safety, quality care and value.

Given our very challenging economic climate, the increase in funding allocated to the HSE by the Government for 2009 is welcome.

The additional funding for new developments in specific areas: cancer care, immunisations, implementation of 'A Fair Deal' programme for older people, suicide prevention, the innovation fund, and therapy supports for school going children, is also very positive.

More with what we have

Taking into account our increasing costs and the growing demand for services from our expanding and ageing population, 2009 will be financially very demanding - maintaining 2008 service levels will be a major challenge, with no scope to fund any unanticipated escalation in demand for service level activity, including demand led schemes, beyond levels outlined in this plan.

We will, therefore, have to do more with what we have. We will have to make a special team effort to maximise our efficiency where we can, streamline how we do things, trim costs, cut out duplication, reduce the over reliance on high cost acute hospitals and provide more integrated community based care.

Among our many targets outlined in NSP 09, we are proposing to increase acute hospital activity by 3% overall (both inpatient and day case combined), see more new patients in outpatient clinics, develop 100 additional primary care teams, open a significant number of additional public beds for older people and employ many new therapists to provide services for people with disability.

Honesty, flexibility and leadership

During 2009 we will continue to make further progress with our Transformation Programme, to build a sustainable health service for future generations. Improving the way we collect data, measure and compare services across the country is central to this programme to allow us to identify and begin to rectify imbalances that exist.

In terms of the way we work, we have to be more flexible. We need to recognise that we work for patients and service users and not see ourselves as working exclusively for either a hospital or community based service. There is no place for this type of delineation in a modern integrated health service.

We need to be honest with each other about the contribution each of us needs to make and uncompromisingly challenge all pay and non pay costs.

We critically need continued leadership and buy in for our change programme from many stakeholders: clinicians, managers, administration staff, indeed all staff funded directly and indirectly by the HSE, union representatives, public representatives and the general public, which in the current climate, I hope will be generous and forthcoming.

Lowering costs

In relation to efficiency savings, I would like to acknowledge the tremendous effort from staff across the country during 2008. Tackling our cost base is never easy but is essential for the success of our modernisation programme.

Our Value for Money Programme (VFM) delivered approximately €280 million in savings in 2008.

During 2009 we will have to repeat this performance. We will also have to reduce or avoid costs by at least a further €250m by reaching new VFM targets and delivering a range of cost containment and management initiatives.

Some of the areas of specific focus will include:

- Travel and subsistence, legal, consultancy, advertising and procurement
- A 3% reduction in management / administrative payroll costs in the HSE and the voluntary hospitals
- A 1% reduction in the allocations (currently in the region of €1 billion) to voluntary disability providers
- A reduction in training expenditure, and
- Implementing the outcome of service reviews in areas such as patient transport, blood usage, laboratory and administrative processes.

The amount spent on medicines has grown dramatically during the past 5 years. A range of efficiency measures will be introduced to slow the increase in expenditure on the medical card, drug payment and other demand led schemes.

These include expenditure limits under the discretionary medical card and hardship schemes, increasing the threshold for the Drug Payment Scheme from €90 to €100 a month, and new guidelines on the prescribing of oral nutritional supplements.

Reconfiguration

There is no acceptable reason why people in Ireland should have to spend longer in an acute hospital than those in comparable countries for the same conditions and procedures. To address this issue and improve on our ability to deliver consistently high quality patient experiences, we will continue to modernise many front line services in keeping with our overall strategic direction as set out in our Corporate Plan 2008-2011.

Our objective is to ensure that the quality of care improves, service levels are maintained, efficiencies realised and processes simplified. These initiatives will involve:

- Continuing to provide more hospital care on a day case basis and reducing the dependence on inpatient facilities
- Continuing to reduce the length of time patients need to stay in acute hospitals
- Strengthening community based mental health services and, in line with Vision for Change, reducing the numbers of clients being cared for on an inpatient basis
- More efficient implementation of the Special Arrangement programmes for children, and
- Further reducing the use of agency staff and staff overtime.

While these initiatives will clearly involve change for staff, suppliers and HSE funded organisations that receive funding from the HSE, they are essential to ensure that front line services and programmes designed to improve the quality and safety of care are maintained and expanded within resources available.

Continuing transformation

Our focus on making services more easily available through enhanced community services is now widely accepted and, as a result of the continued commitment to community based care from Government, more new developments will be rolled out during 2009.

We will also continue to integrate hospital and community based services so we can provide more seamless and streamlined services, support more direct clinical involvement in management and at the same time devolve more responsibility and authority locally within defined national parameters.

Despite the challenges ahead, our direction and focus is strong - we are relentlessly making progress in developing a health service that, in the 21st century, provides improved quality care for the people of Ireland.

The inspiring commitment and enthusiasm of staff to caring for others at the most local level, that I regularly witness in many parts of the country, remains our greatest asset.

Professor Brendan Drumm
Chief Executive Officer

Introduction

The primary purpose of the HSE National Service Plan (NSP) is to meet the legislative requirements under the Health Act, 2004 Section 31 (1) and (2), on the type and volume of health and personal social services to be delivered to the people of the Republic of Ireland for the monies voted by the Oireachtas, and within the approved employment levels set out in Government policy. NSP 09 is the basis on which the Minister for Health and Children evaluates our performance and our annual progress in meeting our legislative obligations. The NSP is submitted in conjunction with the Capital Plan for the year.

NSP 09 is the first full year's implementation plan for the second HSE Corporate Plan 2008 – 2011, translating its strategic objectives into actions and deliverables. Our six objectives are:

- Health and Wellbeing
- Sustainable Services
- Operational Excellence
- Unlocking our Potential
- Quality and Safety
- Trust and Confidence

NSP 09 has been developed in a manner consistent with our strategic corporate objectives and reflects our commitment to improved integration. Since our establishment, supported by our corporate functions, the HSE has operated through three areas of service delivery: primary, community and continuing care, hospitals and acute services and population health services. During 2009 further improvements and organisational modifications will be achieved to ensure maximum effectiveness and efficiency in delivering more integrated care to our service users. Where possible, NSP 09 has been set out under this new integrated approach and demonstrates how we are moving to aligning financial, human resource and activity data with empirical targets and timescales for each care group and programme.

Our patient / client services are supported by a range of corporate and support services functions which provide a range of necessary services to facilitate the smooth running of the organisation, enabling it to fulfil all of its functions. These include developing national standards and guidance, ensuring HSE compliance with statutory and legislative requirements, coordinating strategic and operational planning and providing the necessary services to enable the organisation to function efficiently and cost effectively.

In previous years, in accounting for the totality of the Vote, information on our corporate and support service functions were included in the NSP. This year the NSP 09 only includes direct service delivery elements. Information on the role and functions of our corporate and support services can be found in the HSE Corporate Business Plan.

Our Population - Health, Social and Economic Issues

In considering NSP 09, improving the overall Health and Wellbeing of our population is a major objective for us. In order to facilitate this objective, each year we review what we need to focus on in order to achieve maximum health and social gain, within finite resources. While we as a health service can significantly impact on the health status of the population, many factors outside of our control also impact and must be taken into account. Drivers that affect our provision and delivery of services in 2009 include:

- Growing population: As of April 2008, it is estimated that the population of Ireland is 4,422,100, an increase of over 11% since 2003. Compared to CSO population projections, the current population is at the high end of their projections and can be expected to grow to 4.53 million (a further increase of 2.5%) in 2009. This growth invariably means an increase in people being treated at every level in system. More importantly, there have been above average increases in key age groups which place additional demands on the HSE:
  - There has been an unexpected increase in the number of births. Data from the CSO show that there were 70,620 births registered in 2007, some 5% above their most optimistic projection. Provisional data from the HSE in 2008 would suggest that there could be up to 73,700 births in 2008. The most optimistic projections from the CSO suggested that this level of births would not be reached until 2011 at the earliest. This increase will place significant demands on our already stretched maternity services.
  - The 0-4 years age group increased by 15%: This increase impacts on the demand for infant and childcare services, e.g. immunizations.

  - The 85+ age group increased by 27% over period 2003- 2008: The older population has ever increasing demands for our services with consequential increases in incidence of chronic illness, e.g. diabetes, heart failure, kidney disease, etc.
  - The death rate for Ireland continues to fall steadily, with a corresponding increase in treatable lifespan.
- Economic restraint: It is anticipated that 2009 will be a period of economic challenge for the people of Ireland, with unemployment levels under pressure. The number of persons unemployed has risen from 84,600 in 2003 to 115,500 in 2008 (March-May CSO Data), an increase of almost 40%. The rate of increase has accelerated in the last year in line with macro forecast, with over 15% more unemployed in 2008 than in 2007. Should this trend continue, it is anticipated that at a minimum a further 20,000 persons may become unemployed in the 2008-2009 period. These socio-economic issues will affect health and personal social services in areas such as increase in demand led schemes and community welfare supports.
- Changing health technology: It is well recognised that the last decade has brought about significant health related technological changes which include new and highly effective health care interventions such as stents and statin drugs for heart disease, diagnostic imaging technology such as PET / CT scanning, etc. The literature suggests that health technology is a greater driver of cost than demography. Changes in health technology and changes in clinical practice will continue to put pressure on funding and on our ability to provide such services.

Developing NSP 09

NSP 09 has been framed in a time of economic contraction and a tightening exchequer position, with increasing pressures and demands on services, particularly social services, the demand for which are directly affected by our economic environment. In addition to the environmental impact, NSP 09 has also taken into consideration:

- Objectives and priorities in the HSE Corporate Plan 2008 – 2011
- NSP 2008
- Health and demography of our population and the key health challenges (including demographic shifts) outlined in the Corporate Plan
- HSE Capital Plan 2008 - 2013
- Statement of Revenue Requirements 2009 (Estimates) and the HSE Vote (Including 2008 financial outturn)
- Transformation Programme and the introduction of an Integrated Health and Social Care Model
- Government priorities, as laid out in Departments Statement of Strategy 2008 – 2010
- Towards 2016: Review and Transitional Agreement, 2008 – 2009, and
- Various National strategic and policy documents.

To allocate and use our finite resources consideration has also been given to: mandatory legislative requirements and directives; our commitment to deliver quality services through best practice; and patient safety and risk issues.

Planning Principles

Our priorities or Key Result Areas (KRAs) for 2009 have been identified within the reality of our need to deliver on the Vote and achieve Sustainable Services. We have been guided by the following principles, and constantly strive to live up to them, but acknowledge that, at times, we may not be able to deliver on them in full.

- We will drive efficiency through best practice benchmarking
- We will ensure sustainability of the public health system
- We will focus on core business
- We will do everything possible to protect patient care
- We will do everything possible to minimise risk
- We will comply with our legal duties
- We will strive to deliver an appropriate balance between hospital and community services, and
- We will endeavour to ensure that what we say can be delivered, can be achieved.

Delivering Services within Vote

This service plan is set in the context of the Vote allocated to the HSE through Vote 40 of the Oireachtas for 2009. To operate within the Vote for 2009 we have to maximise efficiencies and implement key business decisions, including reducing 2009 costs. We will achieve this by making a series of changes to the way we provide services and to the level of services we provide.

The following factors are critical to the successful implementation of NSP 09:

- There must be a unified approach and support from Department of Health and Children (DoHC), Government and the social partners
- HR issues must be addressed, including the need for reconfiguration and redeployment of staff
- There must be a commitment to stem the spiraling cost of a number of demand led schemes, through policy and efficiency measures, and
- A co-operative relationship must be maintained between the HSE and the non-statutory sector.

The service plan includes the new service developments specified by the Minister.

It also includes a €115m 2009 Value for Money (VFM) programme, in addition to the maintenance of €280m efficiencies implemented as part of the 2008 VFM programme.

The service plan assumes a reduction in expenditure by approximately 3,000 WTE in pay costs, which will be achieved through actual staff reductions; staff redeployment and pay related savings as a result of changing how some services are provided.

In preparing this plan we have, in as far as possible, sought to make provision for known unavoidable costs as directed in the Minister's letter. This will involve an element of internal budget adjustment across cost headings and, potentially, locations and care groups. The work on these adjustments will take place during November / December 2008 based upon our assessment of the 2008 year end outturn and will be contained within the business plans of the HSE for 2009.

Risks

There are a number of costs to which the HSE could be exposed if income to the organisation is lower, or the planned costs for certain services are higher, due to factors outside of the HSE's control. These include:

- €100m savings in respect of over 70s medical cards
- Savings on costs of wholesale margin for community drug schemes
- The final cost of the consultant contract will not be determinable until 31st December 2008. This plan has been prepared on the basis that the current provision is adequate.
- As the 2009 allocation does not include any provision for the recently negotiated national pay agreement, which will cost approximately €100m in 2009, additional efficiencies to this value will need to be identified and delivered by the HSE, above and beyond the efficiencies needed to support this plan. The HSE has been asked to engage in a separate process with the DoHC on this issue.
- This plan has been prepared on the basis that the level of private income will be maintained. While it has not been possible to cost it, we are aware that in the changing health environment, there may be a risk to the amount of income the HSE might receive for private maintenance charges. These risks arise from the implementation of the new consultant contract, along with the risk of any reduction in the total number of people insured in Ireland, and
- Any accelerated growth in demand led schemes above levels identified.

If any of these risks materialise, the HSE will have to review our abilities to deliver on the overall service levels set out in this plan. In addition, given the necessity that all Vote holders operate within the level of funding allocated, other demands may also necessitate a reconfiguration of proposed service levels. If these types of adjustments are needed, proposals will be submitted to the DoHC prior to their implementation.

In line with our strategic intent to shift the balance of care from acute to community services, in monetary terms the plan favours community services. Our priorities and focus for 2009 will be to continue to develop our cancer services, expand therapy services for children, strengthen primary and community services so the vast majority of patients receive their care at, or as close to, home as possible, increase residential services for older people and maintain overall services at 2008 levels.

2009 Financial Allocation

Income & Expenditure 2009 Allocation	Pay €m	Non-Pay €m	Income €m	Total €m
Statutory (Gross Vote)				
National Hospitals Office	2,322	919		3,241
Primary Community & Continuing Care	2,643	5,375		8,018
Total Statutory	4,965	6,294	0	11,259
Voluntary				
National Hospitals Office	1,646	754	(353)	2,047
Primary Community & Continuing Care	526	131	(83)	574
Total Voluntary	2,172	885	(436)	2,621
National Hospitals Office	3,968	1,673	(353)	5,288
Primary Community & Continuing Care	3,169	5,506	(83)	8,592
Total NHO & PCCC	7,137	7,179	-436	13,880
Population Health & Corporate	246	351		597
Pensions & Repayment Scheme	290	23		313
Grand Total	7,673	7,553	-436	14,790

The total income figure illustrated above represents income collected directly by Voluntary Providers and does not accrue directly to the HSE.

2008 / 2009 Allocation

	2008						2009			
	2008 Original	Additional Long-stay Repayments Funding	Other Adjustments	2008 Projected Outturn	Once-Off funding in 2008	Additional Funding to meet service pressures	Policy Savings (including increased A-in-A)	VFM Measures	Development Funding	Total 2009 Allocation
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
National Hospitals Office	5,051		69	5,120	-72	301	-32	-44	15	5,288
Primary Community & Continuing Care	8,298		-77	8,221	-33	572	-177	-56	65	8,592
Population Health & Corporate	540		4	544	-5	73		-15		597
Corporate pensions & Repayment Scheme	449	77		526	-213					313
Gross Total	14,338	77	-4	14,411	-323	946	-209	-115	80	14,790
Other income	-1,965		349	-1,616	-149		-3			-1,768
HSE generated income made up of:										
NHO	-344			-344			-37			-381
PCCC	-230			-230			-25			-255
Other	-56			-56			-6			-62
Total HSE generated Income	-630			-630			-68			-698
Total Income	-2,595	0	349	-2,246	-149	0	-71	0	0	-2,466
Net Total	11,743	77	345	12,165	-472	946	-280	-115	80	12,324

NB: Rounding applies to all financial tables

Other adjustments include the additional funding in the proposed supplementary estimate offset by savings. HSE generated income refers to income that accrues directly to the HSE such as charges etc. Other income relates to UK Receipts and health levy income.

PCCC by Care Programme	2008 Budget €m	2009 Budget €m
Primary Care	610	623
Primary Care Reimbursement Service	2,316	2,489
Children and Families	570	582
Mental Health	995	1,022
Disability	1,485	1,508
Older People	1,239	1,264
Palliative Care	78	80
Social Inclusion	169	172
Multi Care Group	789	805
Other	46	47
Total PCCC	8,298	8,592

The 2009 budget is estimated by care group based on the 2008 budgets. In relation to PCRS, a budget of €2,489m is shown. In the DLS table the 2009 proposed budget is €2,626m. The difference between the two amounts reflects funding which has yet to be sourced within the organisation to cover the 2008 shortfall in PCRS.

Demand-Led Schemes	PCRS (Medical Cards & Community Drugs) €m	Primary Care Schemes (PCS) €m	Total €m
2008 Original budget	2,317	278	2,595
2008 Projected outturn	2,461	317	2,778
2009 Increase	331	12	343
2009 Savings	-166	-11	-177
2009 Proposed Budget	2,626	318	2,944

Demand led schemes

A particular challenge during 2008, which will continue in 2009, was the impact of the continued decline in the economy and the associated growth in the numbers on the Live Register and uptake of demand led schemes.

During 2008, in order to meet these escalating costs and remain within the Vote, we put in place an additional programme of cost containment and reduction, over and above the already challenging 2008 VFM programme. This required re-directing €150m during the year from our overall service resource.

The targeted levels of activity for demand led schemes provided for in the service plan take account of the 2008 projected outturn (including the additional €150m referred to above), the additional funding provided by Government for projected levels of growth in 2009, together with the reductions in the cost base projected as a result of the implementation of efficiency measures and policy changes announced by the Government in the Budget 2009. These activity targets are based on assumption regarding savings in respect of over 70s medical cards and the wholesale margin for community drug schemes.

The service plan provides for a growth of 81,000 new medical cards and additional claims under the drug payment schemes in the order of 370,000 during 2009. Any accelerated growth above these levels cannot be met without recourse to additional cost containment measures, which would need to be further discussed with DoHC.

Delivering on the 2009 NSP will be extremely challenging and will require a relentless focus on both the financial and service issues contained within it.

Value for Money (VFM)

The Health Act 2004 places a requirement on us to maximise the return on health investment, "*To use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.*"

Our Value for Money (VFM) programme contributes to the difference between the available budget and the cost of the planned service level. VFM is defined as the correct balance between economy, efficiency and effectiveness –

relatively low costs, high productivity and successful outcomes. We know that obtaining VFM is good practice and common sense. However, assessing VFM, particularly in the public sector where delivery of value is more challenging to measure and report, is quite complex.

A key driver in delivering value in the HSE is to create a 'value culture' that provides leadership and encourages individual ownership throughout the organisation to drive and deliver value.

Through our VFM framework, we set an ambitious saving target of €500 million for the period 2007 - 2010. Savings of €63m were realised during 2007, with a further approximate €280m realised in 2008. These savings, in addition to the value generated but not measured in delivering increased amounts of service at higher costs, were delivered through a range of specific plans designed to maximise our contracting potential, to reduce the corporate overhead associated with managing our business and to increase efficiencies at an operational level within the service. This approach was adopted to ensure that frontline services were protected wherever possible from any negative impact of cost management programmes.

The plans and targets for VFM in 2009 are set in the context of the overall financial framework and specific VFM requirements as set out in Estimates 2009. They take into account that, as well as the requirement to continue to deliver economic efficiencies started in 2007 / 2008, there is also the need to specify the value and productivity achievements in delivering a continued or increased level of service in a significantly resource constrained environment.

A target of €115m has been set by the DoHC for specific economies and efficiencies. The detailed targeted cost headings and their sub-allocation by Directorate are outlined in the table below. These targets, as in 2008, will be measured and reported monthly with Directorates by the VFM Unit.

Specific Economy Measures	HSE Target €000	NHO Target €000	PCCC Target €000	Corporate Target €000
Non Pay				
Travel & Subsistence	6,200	740	5,000	460
Legal – Usage	2,000	330	1,236	434
Advertising	1,000	-	-	1,000
Reduction in Nurse Training and Education	5,000	-	-	5,000
National Drugs Formulary	8,000	5,547	2,453	-
Maintenance	3,500	-	-	3,500
Pay				
Mental Health Overtime	12,662		12,662	
Pay Related (non Management / Administration)	8,570	8,570	-	-
3% Reduction in Management / Administration	24,213	11,343	8,200	4,670
Non Statutory				
1% Reduction Disability Providers	10,000	-	10,000	-
Service Reviews 2009				
Patient Transport	3,670	3,670	-	-
Blood Usage	11,800	11,800	-	-
Laboratory	2,000	2,000	-	-
Reconfiguration of Administrative Processes	6,385		6,385	
Reconfiguration of Child Care	10,000		10,000	
Total	115,000	44,000	55,936	15,064

In addition, as part of a multi-annual strategic approach to driving value and productivity, specific deliverables on VFM reviews and initiatives have been set for 2009. Details of these are included in Appendix 3.

Human Resource Management (HR)

We are cognisant that delivering on our NSP for 2009 will present many challenges, not least of all from a HR perspective. 2009 may prove to be the most challenging year that the health services in this country will have experienced over the last twenty years. Set against this new reality, there is a requirement for all health professionals, administrators and local and senior management across the country to clearly understand and support efforts in protecting patient care to the best of our ability. In many instances this will require a changed approach in how we deliver our services within the resources we have, while ensuring that we not only create additional capacity, but use it for greater return than ever before.

In managing our HR challenges during 2009, and in order to achieve our objective of Unlocking our Potential, we will focus on a number of areas. Though not exhaustive, these include:

- The contribution that redeployment / reassignment of staff, both administrative and clinical, can make to ensuring delivery of safe services
- Utilisation of skill mix to ensure resources are deployed as efficiently as possible
- Maximising employment levels while focusing on the protection of base pay
- Adherence to best management practices on travel, subsistence etc; adherence to agreed annual leave plans; encouragement of uptake of non-statutory family friendly policies (term time, career breaks, and unpaid leave); restriction on locum / agency and replacement cover for all staff; restriction on overtime
- Voluntary Early Retirement scheme should be actively explored, subject to Government policy decision
- Completion of Workforce Planning Strategy and analysis of future demand / supply in certain critical professions, and
- Successful completion of contract negotiations (e.g. NCHDs / EWTD) and roll out of new Consultant contract.

The support of the Social Partners is essential to successful implementation of our objectives in 2009. Crucial also will be working with our staff to ensure that collectively we support each other in addressing the key changes required of us in the ongoing development and enhancement of the services we provide.

Employment Control

Over the last number of years, we have been operating within tight employment controls. This has been critical to the delivery of service plans within Vote. The employment control framework continues to be deepened and plays a significant role in the monitoring of employment levels and grade break-down across the health services and trends therein. This monitoring and tracking function within the overall employment control framework, supports the implementation of new service developments, changes in WTE allocations across care groups / programmes and in progressing the skill mix agenda. The challenge of complying with approved employment ceilings is being aided by the emerging budgetary position. In many areas budgetary allocations may be insufficient to support the current employment ceiling and grade mix therein. However, employment ceilings assist service and line managers in effecting better day-to-day management and control of employment levels to assist in balancing budgets while maintaining existing levels of service. As a result, other than Budget Day announcements and the corresponding appropriate ceiling adjustment, it is essential that we do not grow employment beyond current levels, both in terms of WTEs and costs during 2009.

January 2008 Employee Ceiling

At the start of 2008, the employment ceiling was 110,600 WTEs.

2009 Estimate

The projected employment ceiling at the start of 2009 is 112,006 WTEs. This projection is based on the start 2008 approved employment ceiling, amended by 2008 service developments, provided for in the addendum to the NSP 2008, and projected to be in place by the end of 2008, as well as adjustments to provide for the change in the student nurse ratio from 3.5:1 to 2:1 effective from the start of 2009 and the projected filling of posts in the National Ambulance Service arising from a 2005 Labour Relations Commission adjudication. In addition a number of other adjustments / increases to the projected 2009 approved employment ceiling are likely, to provide for amongst others; the takeover of some services and agencies and some external exchequer funding, separate to the HSE's Vote is likely to increase the projected ceiling. A reduction in expenditure by the equivalent of approximately 2,457 WTEs in pay costs, 1,707 of which are in the acute hospital sector and the remaining 750 across primary, community and continuing care services has been factored into this plan. This is in addition to the 3% reduction in management /

administrative grades as announced in the Budget which is likely to have a reducing effect of the order of 500 WTEs on the projected employment ceiling for the end of 2009.

Approximated Allocation of WTEs by Care Group / Programme

The 2008 approved employment ceiling was sub-allocated by main functions and by Local Health Offices, Hospitals and Voluntary Agencies. To sub-allocate the projected 2009 employment ceiling by care group / programmes will necessitate significant remapping of WTEs, and the establishment of a parallel sub-allocation of the overall approved employment ceiling by care group / programmes side-by-side with the current sub-allocations based on organisational structures.

Progress has been made on this in 2008 and will be further progressed in 2009. Additional reporting centres are required to be established and populated to provide for this breakdown of services by programmes and in the context of the integrated model currently being scoped. In addition, the Health Service Personnel Census (HSPC) database requires significant modifications, remapping and upgrading to allow for implementation of the Department's requirements to report WTEs by care groups / programmes. Building on the work to date and through the necessary further integrated engagement between directorates, and assisted by the provision of support, guidance and direction from the DOHC, it is expected that we will make significant progress on this in 2009.

All HR data in this plan, it must be noted, are provisional in nature and in the context of care group data, very much work-in-progress. Data will be amended when the HSPC, at the end of 2008, is compiled to give the actual outturn in employment levels across the health services at the end of the year and when agreement is reached with DoHC as to the approved employment ceiling that is to be applied at the start of 2009. The ceiling at the start of 2009 will subsequently need to be amended to provide for any targeted changes to be implemented by the end of 2009; either by way of new 2009 additional posts (disability, mental health and cancer services: totalling 225 WTEs), targeted reductions in certain grade categories, as well as providing floors for some grades in the staff category of Health and Social Care Professionals and also reconfiguration of services with corresponding reallocations of employment ceilings by function / organisation / care groups.

A supplementary document will be issued in respect of the final HR Framework, following confirmation of the employment ceiling from DoHC.

Improving our Infrastructure

Ensuring that our infrastructure supports us in delivering quality and safe services is essential to achieving all our objectives. The HSE Capital Plan defines the priorities for 2009 and the period 2009 – 2013. Under the Health Act 2004, the Capital Plan requires the approval of the Minister for Health and Children, with the consent of the Minister for Finance (Section 34 of Health Act 2004). The plan is submitted in conjunction with this NSP. All Exchequer expenditure by the HSE requires the approval of the Minister for Health and Children and the sanction of the Minister for Finance (Section 5 of the Health Act 2004, as amended by Section 105 of the Health Act, 2007).

Appendix 5 provides a table of proposed capital projects which will be progressed in 2009 by programme, giving information on the facility, project details, additional and replacement beds, delivery quarter, capital cost 09 and total capital cost, revenue cost 09 and WTE 09.

Monitoring and Measuring NSP 09

NSP 09 is the basis on which the Minister for Health and Children evaluates our performance and our annual progress in meeting our legislative obligations. Responding to the NSP, detailed business plans are developed and implemented at all levels in the organisation. These plans provide consistency for the organisation to ensure that the national agenda is translated into local action. This model is the tool which services use to plan and monitor the delivery of their services and is how the system is held to account. Each National Director is accountable for delivering their services within an allocated budget. Every month, we report on achievement against our objectives, within allocated resources and approved employment levels, and subsequently take the necessary corrective action as appropriate through an agreed Control Process. External controls include quarterly NSP review meetings with DoHC and tripartite monthly meetings with Department of Finance (DoF), DoHC and HSE.

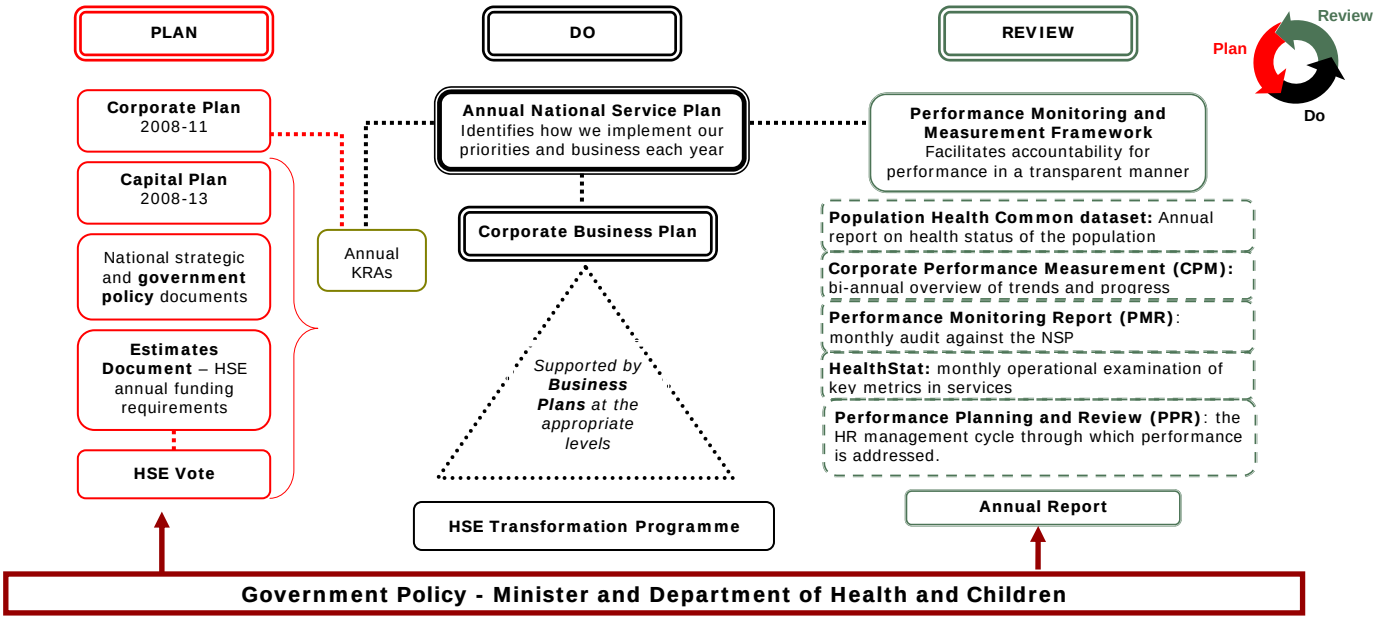
At the end of the planning cycle our Annual Report sets out how the organisation performed in any given year. The DoHC Annual Output Statement for Health Group of Votes reports on the strategic impacts and outputs achieved for the financial and staff resources, for the financial year.

NSP 09 will see improvements in measurement and reporting across the organisation. As a complex organisation, continually striving for information that is consistent, reliable, verifiable and robust, poses many challenges for us, particularly in the non-acute sector where we have limited systems. However challenging, we are committed to developing our processes in order to ensure that the data we produce can be utilised in such a way as to improve the quality and delivery of our services. In order to drive improvements, we need to empower local decision makers – doctors, nurses, other clinicians and managers – and provide them with comparative information on actual performance to encourage, support and ultimately require them to deliver better services.

A Joint DoHC and HSE Performance Information Group is working together to develop a framework for performance information with common datasets. Performance indicators are being developed at four levels:

- Population health common dataset – longer term health and social care outcomes
- Corporate performance measurement (CPM) – this will report biannually an overview of trends and progress against our high level corporate objectives
- Integrated performance monitoring monthly reporting (PMR) - the performance indicators outlined in NSP 09 will be reported in the HSE Performance Monitoring Reports (PMRs) - monthly, quarterly, bi-annually or annually.
- HealthStat - the development of operational metrics as a management tool is being piloted and, in time, will be fully integrated into the PMRs. Healthstat identifies measures under the areas of Access, Integration and Resources.

Figure: HSE Planning, Monitoring, Performance Measurement and Management Framework



Quality and Safety

In our Corporate Plan 2008 – 2011 we outlined how we will address the issue of improving the Quality and Safety of health and personal social services and how we will strive to minimize risks of all kinds.

As a health delivery organisation, working with our partners, we have developed and approved a *Quality and Risk Standard* which provides a framework for achieving excellence in clinical governance through implementation of an integrated quality and risk management system. The full implementation of the framework is a key priority in 2009 and implicitly underpins the service plans for each area of the organisation. Having in place robust systems and processes to identify, manage, review and learn from incidents is an essential element of this framework and is key to building Trust and Confidence in our service.

Working with the Health Information and Quality Authority (HIQA), the implementation of the quality improvement plans to address the recommendations of both internal and external reports about our systems and services will remain a priority in 2009, as will our commitment to focusing on specific clinical safety issues such as reducing health care acquired infections (HCAI).

NSP 09 reiterates our commitment to the development of a robust system of quality and risk management that is embedded in our overall management process, in all areas of our operations. As there is considerable potential for unintended adverse outcomes to arise as a result of decisions made, a risk assessment of all of the actions necessary in order to deliver on this plan will be completed as part of our Corporate Business Plan.

Addressing quality and safety through:

- Implementing the Quality and Risk Framework including a Quality and Risk Management Standard
- Implementing the incident management policy throughout the organisation and HSE funded health services including the Serious Incident Management Policy, Processes and Guidelines for Conducting Inquiries, the development of a Serious Incident Database and the dissemination of the learning from these serious incidents throughout the system
- Implementing the recommendations of the Report of the Commission on Patient Safety and Quality
- Implementing the Quality Improvement Plans to address the recommendations from the HIQA reports on (a) service reviews and (b) investigations, and our internal system analysis recommendations
- Monitoring and auditing of the Quality Improvement Plans based on the Corporate Key Risk Register, and
- Delivering on a programme of audit including Health Care Audit.

Supporting consumer care through:

- Managing complaints
- Implementing the National Strategy for User Involvement
- Undertaking repeat customer satisfaction surveys
- Promoting service user participation through the use of consumer panels, questionnaires, etc, and
- Freedom of Information, data protection, statutory and non-statutory appeals.

Performance Indicators

- During 2009, there will be a focus on the development of a number of performance indicators to monitor performance in the area of quality and safety.

Supports to Service Delivery

NSP 09 reflects our commitment to service reconfiguration and a move to more integrated health care delivery. 2009 will see further improvements and organisational modifications put in place to enable this integration to happen. The plan has been drafted to reflect the type and volume of health and personal social services being provided for the funding we have received. We are cognisant that the achievement of this, and of Operational Excellence, will be enabled and supported by our Population Health Directorate and our Corporate Support Services which include HR, Finance, Estates, ICT, Procurement, Internal Audit, Corporate Planning and Control Processes and the Office of the CEO.

For the purpose of the governance of the HSE, it is essential that both services and support functions are planned for in the same framework and therefore a decision has been taken to develop a 2009 Corporate Business Plan in order for the HSE to be able to plan and account for the totality of its resource. This is being developed in tandem with the NSP, the NSP being a subset of the Corporate Business Plan. A key component of the Corporate Business Plan will be the detailing of the business actions which will need to be undertaken in order financially to be in a position to deliver on the legal commitments made in NSP 09.

There are some core drivers which impact on the achievability of many deliverables in 2009 and are cross system in nature. These underpin the planning and delivery of integrated services and, while not exhaustive, include our population health model of care, our emergency management preparedness, infrastructural enablers and our quality and safety agenda.

1. Enabling a population health model of care through:

- Developing and implementing evidence based approaches, e.g. for chronic illnesses such as diabetes and cardiovascular
- Leading on key health informatics initiatives, e.g. National Client Index (NCI)
- Emergency management including improved HSE preparedness and response capacity for major emergencies and influenza pandemic together with improved interagency co-ordination in emergency planning and response
- National action on suicide prevention, reducing suicide and self harm rates
- Health protection, particularly Health Care Acquired Infections (HCAIs), and
- Health promotion including health determinants and health equalities being addressed; capacity further strengthened to promote health in various settings, while delivering on key projects in the Transformation Programme.

2. Delivering on our regulatory responsibilities:

- Environmental health - Protection of public health through the effective enforcement of the environmental health legislation, e.g. input into monitoring public water supplies, tobacco legislation, food safety / control and Food Safety Authority Ireland (FSAI) contract implemented
- Pre-school inspections
- Nursing home inspections, and
- Relevant provisions of Medical Practitioners Act implemented in 2009.

3. Improving infrastructural supports through:

- ICT enablers, e.g. NIMIS Project: National Integrated Medical Imaging System (PACS / RIS), National Finance and Procurement System (NFPS), Laboratory Information System (LIMS) project, and
- Delivering on our capital estates programme e.g. Mater adult hospital development, national paediatric hospital, primary care estate roll out, community nursing units for older people, mental health capital plan.

4. Advancing education and training through:

- Medical education e.g. METR - National Specialist Registrar / SR Academic Fellowship Scheme, national cross-institutional agreement regarding clinical placements
- Professional nursing and midwifery education e. g. extend the role of nurses and midwives to include prescribing of medicinal products and prescribing of ionising radiation
- Professional medical and allied health professionals development e.g. maintenance and improvement of clinical placement provision and sponsorships, and
- Continued support for medical training bodies following integration of the Post Graduate Medical and Dental Board.

Service Delivery

Since our establishment, the HSE has operated through three management areas of service delivery, Primary Community and Continuing Care (PCCC), National Hospitals Office (NHO) and Population Health (PH). During 2009 further improvements and organisational modifications will ensure maximum effectiveness and efficiency in delivering more integrated care to our service users. These modifications will mean more local responsibility and authority within defined national parameters, more robust area structures and more clinical involvement in the design and management of health and personal social services.

The services we provide in the community:

- Health promotion and health protection services
- Primary and community care services
- Services for children and families
- Services for older people, palliative care and persons with chronic illness
- Mental health services and suicide prevention
- Social inclusion services, and
- Services for persons with disabilities.

Services are also provided by independent contractors (e.g. general practitioners, pharmacists, optometrists, dentists), non-statutory, voluntary and community groups on behalf of the HSE.

The services we provide in our hospitals:

- Acute services are delivered through networks of hospitals. Acute hospitals provide a comprehensive range of assessment, diagnosis, treatment and rehabilitation services on a regional, supra-regional or national basis
- Designated national specialist services incorporate areas of care such as heart / lung / liver / renal transplantation, spinal injuries, paediatric cardiac services and medical genetics. More complex procedures are provided in supra-regional centres, including neurosurgery, cardiac surgery, complex cancer treatments and radiotherapy
- In addition to direct service provision, there are a number of arrangements in place with other service providers in Ireland and abroad for the delivery of specific services, e.g. radiotherapy
- We also provide pre-hospital emergency care services (ambulance and emergency response services), and
- Hospitals also play a key role in undergraduate and post graduate training; the education of medical and health service professionals and essential clinical and related research with universities.

While the organisation is facing into a time of restructuring, this will not affect the delivery of NSP 09. However, as discussed in the introduction, we will be stretched to deliver the quantum of services required, within the Voted allocation.

The fundamental need for the HSE to reconfigure its services has been well documented and every opportunity has been taken to progress this. For many years parts of the Irish health service have been working towards implementing many key features of an integrated health system. Under this preferred health system approach, the majority of care is provided through community-based facilities and appropriate day case procedures, with acute hospitals concentrating on providing specialist and complex care.

The PA Consulting Bed Capacity Review (2007) reaffirms the case for continuing to strengthen the orientation of our system towards a primary and community care model. The review outlined the options, opportunities and challenges in developing the right balance for patients between inpatient, day case and community based care.

Delivery of an integrated health system presents both an opportunity and a challenge to the Irish health service. Change of the scale required in acute hospitals can only be delivered if the full model is implemented. This preferred health system necessitates an increase of capacity, including additional non acute beds, in the community. Implementation not only requires hospitals to do things differently, it also requires services and capacity to be in place in primary and community services that are not currently sufficiently developed. It requires integration of care that enables patients to move easily between hospitals and the community. It presupposes the availability of new

technology and infrastructure to facilitate local services which are better configured around the patient and community services. It also requires changes in behaviours and work practices within both hospitals and primary and community services. The health service in Ireland must be considered as a total system in which a decrease in one area must be balanced by an increase in investment in another service area.

Many of these changes are necessary from the perspective of safety and quality and consistent political and social partnership support for their implementation is essential.

The next section of NSP 09 sets out the type and volume of services we plan to deliver in 2009 under each care group / programme, based on the first full year priorities in our Corporate Plan 2008 - 2011.

Where possible we have shown activity, budget and WTE linkages at the appropriate level. As detailed in the introduction, it must be noted that due to major deficits in our infrastructural finance and HR systems, further work will be necessary in 2009 to build on, and ultimately complete, the alignment of these elements at all levels in the system. It should be noted that HR and finance figures at care group / programme level are approximated / estimated only and are not fully inclusive of all staff working in the area. Connectivity between WTE and finance cannot be assumed at this point.

We are striving to incrementally improve both our measurement of performance and reporting across the organisation. Where possible, NSP 09 distinguishes between activity measures and performance indicators. Our rationale for this is that as our activity baseline data evolves and is validated incrementally, it is subsequently used to develop actual indicators of performance, where actual targets can be set. Some measures and performance indicators are new for 2009 while others are in development, and these are highlighted within NSP 09.

Primary Care

Introduction

Primary care services aim to support and promote the health and wellbeing of the population by providing locally based accessible services. The development of primary care services is informed by the Primary Care Strategy and is a key priority and a cornerstone of our Transformation Programme. The Primary Care Strategy outlines the framework for the future delivery of primary care services through Primary Care Teams (PCTs) and Health and Social Care Networks. This is a key priority for us in 2009, where the aim is to facilitate access into, through and out of the system and ensure quality care is provided in a way that maximises convenience for patients / clients. Between 80% and 90% of health services will be provided through these PCTs and Networks.

The introduction of an inter-disciplinary team-based approach to primary care provision is the evidence supported method of achieving effective and efficient services at local level. Members of the PCT will include GPs, nurses / midwives, home helps, physiotherapists, occupational therapists and administrative personnel. A wider health and social care network of other primary care professionals such as speech and language therapists, social workers, community pharmacists, dieticians, community welfare officers, mental health services, disability services, dentists, chiropodists and psychologists also provide services for the population of each PCT.

There will be an increased emphasis in the PCT on prevention and rehabilitation as well as the traditional focus on diagnosis and treatment. Liaison between primary and secondary care services will be improved. The PCT will have better direct access to hospital services. Discharge planning will also be improved, with the development of individual care plans and the identification of key workers for individuals when appropriate. Integration between primary care and specialist services in the community will be strengthened. The introduction of a team-based approach to primary care will have advantages for users and providers.

During 2008 a detailed design of primary care team development identifying phases of development was drawn up. The deliverables for 2009, including relevant performance indicators, reflect these phases of PCT development.

The following definition of a PCT is used for the purposes of reporting on the n*umber of teams:*

> *'A Primary Care Team includes GPs, PHNs / RGNs, Home Helps, Physiotherapists, Occupational Therapists, administrative personnel and other professionals as may be determined through needs assessment. A team should be based in a single location where possible and cover a defined population. The team should be holding regular clinical team meetings, devising care plans and holding care plan meetings.'*

Individuals will be encouraged to enrol with a PCT and with an individual doctor within the team. It is intended that many services will be provided on an extended hours basis and out-of-hours cover for defined services will be enhanced.

A review of contractual arrangements to ensure that they are reflective of modern health care requirements and to ensure that the various contractual instruments are supportive of our Transformation Programme is underway in relation to general practice, pharmacy and dental services, with a view to finalisation during 2009.

Resources

WTE		
	As at Sept 2008	Ceiling 2009 (Approx)
Total	16,765	16,765

Finance		
	2008 Budget €000	2009 Budget €000
Total	610,000	623,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised, allocated out and reporting mechanisms improve.

HR data includes Community Care, Primary Care – additional HR reporting centres must be put in place and populated in certain areas so as to disaggregate staff in other programmes such as Older People, Palliative Care, Children and Families, Disability Services, etc., which are currently assigned to community care.

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include:

Dublin Mid Leinster

- Pearse St. / Irishtown: Refurbish and extend Irishtown Health Centre, new build project for Pearse Street. These centres will have a range of community based, primary health care professional services in line with the National Primary Care Strategy.
- Dundrum Health Centre: Fit out of leased facility to incorporate the relocation of some services from the current Dundrum HC. This centre will have a range of community based, primary health care professional services in line with the National Primary Care Strategy.
- Chambers House, Tallaght, Co. Dublin: Leased facility to provide support for 10 PC Teams

West

- Dromahair: North Leitrim PCCC, Dromahair
- Strokestown Health Centre: Extension and refurbishment of an existing HSE premises to provide a modern primary care facility.
- Ballyogan : Primary Care Centre Ballyogan
- Glenamaddy: A replacement Health Centre/Primary Care Centre to house all PCCC services in the area including GP, Dental, PHN, CWO, mental Health, Westdoc & visiting services
- Coolaney : Primary Care Centre, Coolaney
- Inishbofin: Inishbofin Health Centre

Performance Activity

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
PCTs															
Number of Primary Care Teams	29	27	30	11	97	31	30	32	11	104	63	51	71	25	210
Number of Primary Care Teams in development	34	24	41	14	113*	32	21	39	14	106	16	20	22	42	100**
Total no. of patients / clients with a Care Plan	---	---	---	---	---	---	---	---	---	---	New measure for collection in 2009				
Orthodontics															
Total number of patients receiving treatment during reporting period			No target set			6,601	5,672	5,928	3,809	22,010	6,601	5,672	5,928	3,809	22,010
Total number of patients with completed treatments during reporting period			No target set			1,131	1,223	1,665	590	4,609	1,131	1,223	1,665	590	4,609
Average waiting time for:															
1. Orthodontic assessment (Category A: Category B:)	---	---	---	---	---	---	---	---	---	---	For collection in 2009				
2. Orthodontic treatment (Category A: Category B:)	---	---	---	---	---	---	---	---	---	---	For collection in 2009				
GP Out of Hours															
No. contacts with GP out of hours	362,000	206,000	101,000	132,000	801,000	362,000	206,000	101,000	132,000	801,000	362,000	206,000	101,000	132,000	801,000

* Refers to teams identified and progressed in 2008
**100 to be progressed as per National Service Plan 2008

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
PCTs															
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)			New Measure			Reporting will begin in 2009					Reporting will begin in 2009				
Child Health															
No. and % of new born babies visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge	71%	71%	71%	71%	71%	81%	85%	70%	58%	74%	---	---	---	---	74%
The percentage uptake of 7-9 month developmental screening by 10 months	---	---	---	---	---	Reporting will begin in 2009					Reporting will begin in 2009				
Immunisations															
Number and percentage of children 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3), Meningococcal group C (MenC3).	---	---	---	---	90%	85%	89%	88%	87%	87%	86%	90%	89%	88%	88%
Number and percentage of children 24 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3), Meningococcal group C (MenC3).	---	---	---	---	93%	92%	94%	92%	91%	92%	93%	95%	93%	92%	94%
Number and percentage of children who have received the Measles, Mumps, Rubella (MMR) vaccine at 24 months	---	---	---	---	90%	87%	89%	88%	87%	88%	89%	91%	90%	89%	90%

Highlighted Measure – Clinical Team Meetings for Primary Care Teams

Why is this measure important?

The holding of clinical teams meetings by Primary Care Teams (PCTs) results in the development and implementation of care plans for specific patients, particularly those with chronic diseases and those presenting with multiple conditions.

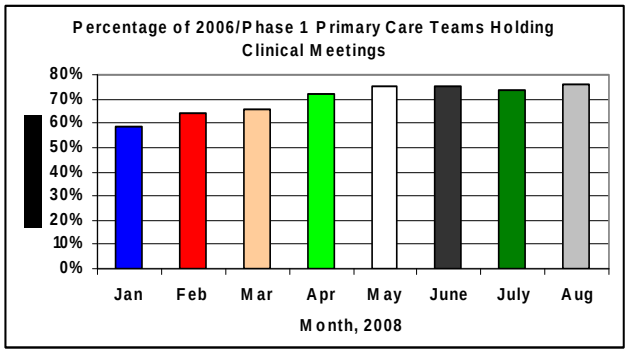
The management of individual patients by multidisciplinary PCTs using a patient care plan is known to result in better health outcomes for patients and reduced requirement for treatment /services in a secondary care environment, thereby reducing pressure on the acute hospital system.

During 2009 the further development of agreed standard protocols and processes involving team development training, information sharing guidelines, referral protocols, clinical team meeting guidelines and key worker roles will facilitate attainment of this target.

What is the target?

100% of 2006 Phase 1 (x 97) PCTs are holding clinical meetings by the end of 2008.

This KPI and related measures will continue to be monitored in 2009 for 2006 Phase 1 teams. During 2009 we will also be collecting and reporting on similar information separately for 2007 Phase 2 teams.



How are we doing?

Area breakdown for PCTs (2006) holding clinical meetings (September 08 data) is as follows:

- South: 22 teams
- West: 24 teams
- DML: 18 teams
- DNE: 10 teams

Giving a total of 74 teams

A further 7 of the 113 PCTs (2007) are holding clinical meetings (6%), giving a combined total of 81 PCTs holding clinical meetings as of September 2008.

Despite the IMPACT action which was specific to, inter alia, the Transformation Programme, considerable progress was made in the development of both 2006 and 2007 Teams.

What actions are we taking?

The following actions are being taken in order to encourage the holding of clinical meetings by PCTs through a combination of shared learning and guidelines / protocols:

- Development of agreed clinical team guidelines.
- Development, in consultation with the Irish College of General Practitioners (ICGP), of agreed information sharing guidelines and referral protocols which will assist teams in progressing to holding clinical team meetings.
- Continue to progress team development training for team members which allows for effective and efficient clinical team meetings.
- Continue to promote key worker roles in clinical team meetings and care planning for patients.
- Promote the use of shared learning from PCTs which are already holding clinical team meetings.

Highlighted Measure – Childhood Immunisation Uptake Rates

Why is this measure important?

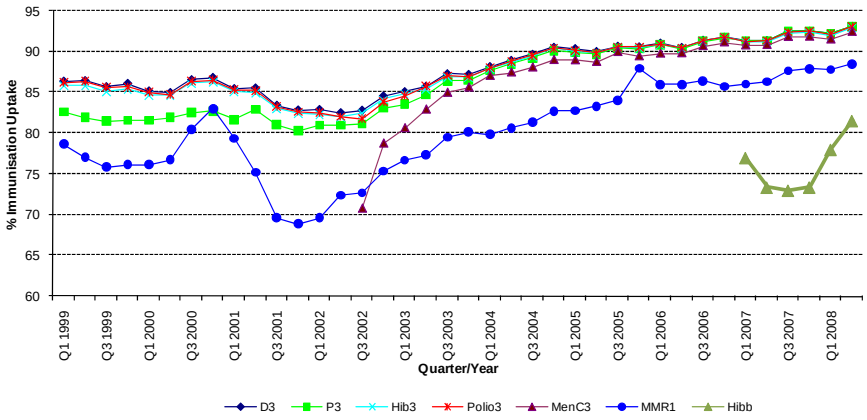
Immunisation is one of the most cost effective public health interventions. Vaccine uptakes need to be above 95% to prevent outbreaks of childhood vaccine preventable diseases.

Ireland is committed to the WHO European strategy for the elimination of measles and congenital rubella and a MMR immunisation campaign will start in 2009 for all those aged 4-18 years who have not received two doses of MMR vaccine.

What is the target?

The target is 95% uptake for all primary childhood immunisations for children at 24 months of age. The plan for 2009 is for 94% uptake of primary childhood immunisation and in excess of 90% for MMR.

National quarterly immunisation uptake rates at 24 months
Health Protection Surveillance Centre (dated Q2, 08)



What actions are we taking?

From 1st July 2008 a new primary childhood immunisation schedule was introduced which includes the addition of vaccines to protect against pneumococcal and hepatitis B diseases. At the same time a pneumococcal vaccine (PCV) catch up campaign was introduced for all children under 2 years of age, which will continue in 2009. Significant reductions in hospitalisations and deaths in both children and adults from pneumococcal disease are expected following the introduction of pneumococcal vaccine. Ongoing surveillance by HPSC will demonstrate a significant decrease in the incidence of invasive Pneumococcal disease caused by one of the 7 serotypes contained in the PCV vaccine in the targeted population by the end of 2009.

The changes to the immunisation schedule are coordinated by the HSE National Immunisation Office (NIO). Part of the planning involved the development of a national immunisation training programme which has been attended by over 2,000 health professionals to date. The NIO has also produced a detailed information pack for health professionals involved in immunisation and information materials have also been produced for parents. These are available on the national immunisation website www.immunisation.ie

The NIO is also responsible for the management of vaccine stocks, ensuring the quality and distribution of all vaccines through the HSE National Cold Chain Service. This enhanced service has also led to a reduction in vaccine expenditure to date.

Vaccine uptake rates will be improved through ongoing standardisation of processes, streamlining of ICT systems and database clean up, identification of LHOs with low uptake and follow up of defaulters.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 8 Configure PCCC Services Contractual Framework *for GMS and other publicly funded services involving GPs*	Written proposal developed to facilitate development of new GP Contract without infringing Competition Law. Proposal reflects service needs of the Transformation Programme from GPs. Process agreed with the DoHC.	New contract framework and associated documentation finalised.	Q4
Dental Treatment Services Scheme	New contract framework and associated documentation brought to an advanced stage.	New contract framework and associated documentation finalised.	Q4
Pharmacy Contract *New contractual arrangement with community pharmacy contractors as a key element in the reform of the community drug scheme.*	Interim contract offered. Report following an independent assessment of fees for the interim contract provided to the Minister.	New contract framework and associated documentation finalised.	Q4
Primary Care Teams - *Progress the establishment of Primary Care Teams (PCTs) and Health and Social Care Networks through reorganization of existing resources (TP 2.1;2.2;2.3; 2.4)*	Development of 2006 Phase 1 (x 97) PCTs to a stage where 100% teams are holding clinical team meetings. Development of 2007 Phase 2 teams to a stage where 26 teams are holding team development meetings and 44 teams have initial team members identified. 60 of the 2006 Phase 1 teams have existing staff reconfigured to the teams. 15 of the 2007 Phase 2 teams have existing staff reconfigured to them.	2006 Phase 1 Primary Care Teams Consolidation of 2006 teams. 2007 Phase 2 Primary Care Teams Further progressed to a stage where 100% of the 113 PCTs are holding clinical meetings. 2008 Phase 3 Primary Care Teams Development of a further 100 teams commenced. New metrics to monitor progress in PCT development, performance and activity agreed and implemented. Recruitment of posts to support the development of PCTs, with particular emphasis on linking posts to the planned programme of developing an extra 200 Primary Care Centres.	Q1 Q1-Q4 Q1-Q4 Q1 Q1 – Q4
Out of Hours GP Services / GP Co-operatives - *Progress out of hours GP services / Co-operatives until available to the whole population. (TP 2.5)*	National review of GP out of hours services to standardise Service Level Agreements (SLAs) arrangements underway.	Review of current GP out of hours services completed. Recommendations of the review implemented. Plan to increase clinical and cost efficiencies implemented.	Q1 Q3 Q1-Q4
Use of Information Technology in Primary Care Teams	Work commenced on the construction of a prioritised plan to guide the approach on the provision of enabling ICT technologies to support multidisciplinary working by the PCTs. Information sharing guidelines developed by a working group made up of service users, GP representatives, and representatives from the Office of the Data Protection Commissioner and HSE staff representatives.	Scope out and design the requirements of an electronic patient record system compatible with the existing GP patient management systems.	Q4
Diabetic Retinopathy		Diabetic retinopathy screening programme commenced in HSE West	Q1-Q4

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 3 Health Protection Immunisations	New Primary Childhood immunisation (PCI) schedule introduced which includes the addition of vaccines to protect against pneumococcal and hepatitis B diseases. PCI 93% uptake. Pneumococcal Conjugate Vaccine (PCV) catch up campaign introduced for all children under 2 years of age. Planning of school based MMR campaign undertaken.	Full year rollout of new PCI commenced in 2008. Pneumococcal Conjugate Vaccine (PCV) catch up campaign completed for those < 2 years, with incidence of vaccine specific disease decreased by 30%. Measles (MMR) elimination campaign commenced for children aged 4 to 18 years. New Development Funding Full Year 2009: €12m – Agreed full year cost of extension of the PCI in 2008 (€18m funded in 2008 with a full year cost of €30m) WTE: -	Q1 – Q4

Community (Demand Led) Schemes

Introduction

Government funded GP, Pharmacy, Dental, Ophthalmic, Immunisation, Addiction Drugs, Domiciliary Care Allowance and other special payments, known in Ireland as Community Schemes or Demand Led Schemes (DLS), account for significant proportions of the HSE's overall budget (17%). In recent years, they constituted a third (34%) of the budget provided for primary, community and continuing care services.

The provision of community (demand led) schemes are categorised under headings of:

- General medical services (GMS) (i.e. Medical Cards / GP Visit Cards)
- Community drugs (i.e. Drugs Payment Scheme, Long Term Illness, High Tech, Dental, Ophthalmic), and
- Primary care schemes (i.e. Domiciliary Care Allowance).

Drivers

There are three principal causal factors behind the growth in demand led schemes in Ireland:

(i) The number of persons eligible for services under the various schemes
(ii) The services, drugs, medicines and appliances reimbursed under the schemes, and
(iii) The volume of these services, drugs, medicines and appliances provided to clients.

Recent trends

A particular challenge for our services in 2008, which will continue in 2009, is the contraction in the economy and the associated growth both in the increasing numbers on the Live Register and in uptake of demand led schemes. Since January 2005 the number of persons registered on the medical card database has increased in absolute terms by some 150,000. At an annual average cost of approximately €1,650 per card, this represents a full year additional cost to the HSE of around €247m. The rate of increase has been particularly acute in the GMS over the first 8 months of 2008, with an additional 48,299 eligible persons (growth of 3.8%).

Expenditure grew by 12% from 2006 to 2007 (€2.29 billion v €2.56 billion) and whilst funding was provided towards this gap in 2008, the growth pattern month on month was considerably greater than expected based on the 2007 trends. This steeper growth in the numbers eligible for services can, in part, be attributed to the ongoing decline in the economy and the associated spike in the number of individuals on the Live Register.

As of 1st September 2008, the total number of eligible persons on Medical Cards was 1,324,477, representing approximately 30% of the total population. This compares to 1,259,806 at August 2007 and 1,204,390 at August 2006.

Year on year, the demand for these services is growing and continually presents significant financial and operational challenges to the HSE.

2009 Outlook

In order to meet these escalating costs, the HSE put in place an additional programme of cost containment and reduction over and above the already challenging VFM programme which required the re-direction of €150m during the year from our overall service resource, thus reducing our capacity to respond to other areas of service need.

The targeted levels of activity for demand led schemes provided for in the NSP 09 take account of the 2008 projected outturn (including the additional €150m referred to above) and the additional funding provided by Government for current projected levels of growth in 2009, together with the reductions in the cost base projected as a result of the implementation of efficiency measures and policy changes announced by the Government in the budget.

These activity targets are based on the assumption that the €100m savings in respect of over 70s medical cards envisaged in the budget announcement will be fully realised and that arrangements are put in place to meet drugs costs associated with a shortfall in wholesale margin in 2009.

The NSP 09 provides for a growth of 81,000 new medical cards and additional claims under the drug payment schemes in the order of 370,000 during 2009. Any accelerated growth above these levels cannot be met without recourse to the implementation of additional cost containment measures which will put overall service levels set out in this plan under severe strain.

Additional costs associated with such accelerated growth for Medical Cards and DPS would result in the following:

- 1,000 additional medical cards will cost an additional €1.65m
- 1,000 additional people benefiting from Drugs Payment Scheme will cost €460,000

Resources

Demand-Led Schemes	PCRS (Medical Cards & Community Drugs) €m	Primary Care Schemes (PCS) €m	Total €m
2008 Original budget	2,317	278	2,595
2008 Projected outturn	2,461	317	2,778
2009 Increase	331	12	343
2009 Savings	-166	-11	-177
2009 Proposed Budget	2,626	318	2,944

Performance Activity

	Projected Outturn 2008	Expected Activity 2009
Demand Led Schemes		
No. of GP Visit Cards issued	95,458	142,148
No. persons covered by Medical Cards	1,342,966	1,423,830
Long Term Illness		
No. of claims	556,873	592,885
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
No. of items	2,565,944	2,742,951
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
Drug Payment Scheme		
No. of claims	3,814,934	4,183,687
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
No. of items	14,455,916	15,944,205
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
GMS		
No. prescriptions	---	For collection in 2009
No. of items	---	---
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
No. of claims – Special items of Service	---	For collection in 2009
No. of claims – Special Type Consultations	---	For collection in 2009
HiTech		
No. of claims	301,119	315,904
DTSS		
No. treatments (above the line)	1,007,091	1,049,791
No. treatments (below the line)	108,900	113,518
Community Ophthalmic Scheme		
No. of treatments	540,929	578,263
Adult	---	For collection in 2009
Children	---	For collection in 2009
Domiciliary Care Allowance		
No. of persons in receipt of DCA	23,000	25,000

Key Performance Indicators

	Projected Outturn 2008	Target 2009
	Total	Total
Medical Cards		
% of Medical Cards issued within 15 working days of application	---	To be developed in 2009
Mean time between date of application and issuing of Medical Card	---	To be developed in 2009
GP Visit Cards		
% of GP Visit Cards issued within 15 working days of application	---	To be developed in 2009
Mean time between date of application and issuing of GP Visit Card	---	To be developed in 2009

Key Result Area

Key Result Area	Output 08	Deliverable 09	Target Timescale
Demand Led Schemes *Progress with the Demand Led Schemes 9 Point Action Plan (TP 2.5)*	Review of Demand Led Schemes completed. 9 Point Action Plan (9 high level initiatives) developed.	9 Point Action Plan implemented.	Q1-Q4

Children and Families

Introduction

Our services aim to promote and protect the health and well being of children and families, particularly those who are at risk of abuse and neglect. In this regard, we are responsible under the Child Care Act, 1991 and other legislation to promote the welfare of children who are not receiving adequate care and protection. Child protection and welfare services are also provided in accordance with the Children Act 2001 and the UN Convention on the Rights of the Child, ratified in 1992.

A wide range of services are provided, including early years services, family support services, child protection services, alternative care, services for homeless youth, search and reunion (post adoption) services, psychological services, child and adolescent psychiatric services, staff training and development, registration and inspection of children's residential centres in the voluntary sector and monitoring of children's residential centres in the voluntary and statutory sectors. These services are provided directly by us, or indirectly on our behalf under Section 38 of the Health Act 2004, or by agencies grant aided to provide similar or ancillary services under Section 39 of the Health Act 2004.

The focus for children and family services in 2009 is on implementing the recommendations of "The Agenda for Children's Services", 2007. Building on the significant increase in the number of children placed in relative care and the establishment of multidimensional treatment foster care services, we will continue working to improve quality in foster and residential care, including care planning, standardisation of child protection assessments, provision of effective community-based services for children with 'additional needs' and separated children seeking asylum, the rationalisation of special arrangements and maximising occupancy rates of residential units.

Resources

WTE		
	As at Sept 2008	Ceiling 2009 (Approx)
Total	2,300	2,300

Finance		
	2008 Budget €000	2009 Budget €000
Total	570,000	582,000

Note: WTE information based on 2007 census, which includes social workers, support workers, etc.

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised, allocated out and reporting mechanisms improve.

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include:

Dublin North East

- Springboard, Muirhavamore: Relocate this child care service to appropriate purpose-built accommodation
- Castlefield: Castlefield Child Residential Unit. Purchase of a residential house for six children which will require refurbishment of the ground floor for a child with a disability
- St. Helena's Resource Centre, Finglas: Consolidation of 2 Nursery facilities into one building with an increased capacity from 60 - 90 child care

West

- Bolands Meadows, Foynes: Time Out Facility. A short stay residential and recreational break centre.

Performance Activity

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Family Support Services															
Total no. of referrals to Family Welfare Conferences	124	116	124	80	444	124	116	124	80	444	124	116	124	80	444
Total no. Family Welfare Conferences convened	74	66	40	47	227	74	66	40	47	227	74	66	40	47	227
No. of Springboard family referrals	134	276	184	192	786	134	276	184	192	786	132	273	182	190	777
No. of Teen Parent Support Programme active cases	256	527	168	249	1,200	256	527	168	249	1,200	256	527	168	249	1,200

*Figure for residential care will reduce in 09 based on work towards achieving not more than 7% target of children in out of home residential care.

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Residential and Foster Care															
Total number of children in care:	1,414	1,063	1,510	1,347	5,334	1,414	1,063	1,510	1,347	5,334	1,414	1,063	1,510	1,347	5,334
i) No. and % of children in residential care	84 (6%)	54 (5%)	150 (10%)	138 (10%)	426 (8%)	84 (6%)	54 (5%)	150 (10%)	138 (10%)	426 (8%)	84 (6%)	54 (5%)	150 (10%)	138 (10%)	426* (8%)*
ii) No. and % of children in foster care	898 (64%)	688 (65%)	894 (59%)	716 (53%)	3,196 (60%)	898 (64%)	688 (65%)	894 (59%)	716 (53%)	3,196 (60%)	898 (64%)	688 (65%)	894 (59%)	716 (53%)	3,196 (60%)
iii) No. and % of children in foster care with relative	385 (27%)	275 (26%)	424 (28%)	446 (33%)	1,530 (29%)	385 (27%)	275 (26%)	424 (28%)	446 (33%)	1,530 (29%)	385 (27%)	275 (26%)	424 (28%)	446 (33%)	1,530 (29%)
iv) No. and % of children in other care placements / at home under care order	47 (4%)	46 (4%)	42 (3%)	47 (4%)	182 (4%)	47 (4%)	46 (4%)	42 (3%)	47 (4%)	182 (3%)	47 (4%)	46 (4%)	42 (3%)	47 (4%)	182 (3%)
Care Planning															
No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995.	82%	96%	75%	61%	78%	82%	96%	75%	61%	78%	---	---	---	---	82%
i) Residential care	90%	96%	71%	72%	82%	90%	96%	71%	72%	74%	---	---	---	---	90%
ii) Foster care	75%	95%	69%	47%	72%	75%	95%	69%	47%	72%	---	---	---	---	90%
iii) Foster care with relatives	71%	100%	63%	48%	71%	71%	100%	63%	48%	71%	---	---	---	---	90%
iv) Other care placements / at home under care order	90%	94%	96%	76%	89%	90%	94%	96%	76%	89%	---	---	---	---	90%
No. and % of children who came into care during the reporting period who had a care plan drawn up prior to placement	44%	50%	31%	29%	39%	44%	50%	33%	31%	40%	44%	50%	33%	31%	40%
No. and % of children in care who have an allocated social worker	88%	96%	80%	89%	88%	88%	96%	80%	89%	88%	88%	96%	80%	89%	88%
i. Residential care	58%	100%	88%	92%	85%	58%	100%	88%	92%	85%	58%	100%	88%	92%	85%
ii. Foster care	96%	98%	76%	88%	90%	96%	98%	76%	88%	90%	96%	98%	76%	88%	90%
Iii Foster care with relatives	99%	99%	65%	87%	86%	99%	99%	65%	87%	86%	99%	99%	65%	87%	86%
Iv Other care placement	98%	87%	89%	87%	90%	98%	87%	89%	87%	90%	98%	87%	89%	87%	90%
Pre-School															
No. and % of notified current operational pre-school centres where an Annual Inspection took place	622	709	487	327	2,145	622	709	487	327	2,145	622	709	487	327	2,145
No. of pre-school Advisory Visits that took place during the year	407	414	435	207	1,463	407	414	435	207	1,463	407	414	435	207	1,463
Child Abuse															
No. of notifications made of child abuse or neglect	---	---	---	---	---	---	---	---	---	---	Progress during 2009 – note this will be reported on from Q2 2009 and will refer to activity within the Local Health Offices where standardised business processes have been rolled out as part of the development of the Child Care Information System. Extension of this measure beyond the pilots is contingent on the successful rollout of the revised business process.				
No. and % of assessments conducted following notifications	---	---	---	---	---	---	---	---	---	---					
No. and % of children on waiting lists for assessments following notification of child abuse or neglect	---	---	---	---	---	---	---	---	---	---					
Average time spent on waiting list for assessment following	---	---	---	---	---	---	---	---	---	---					

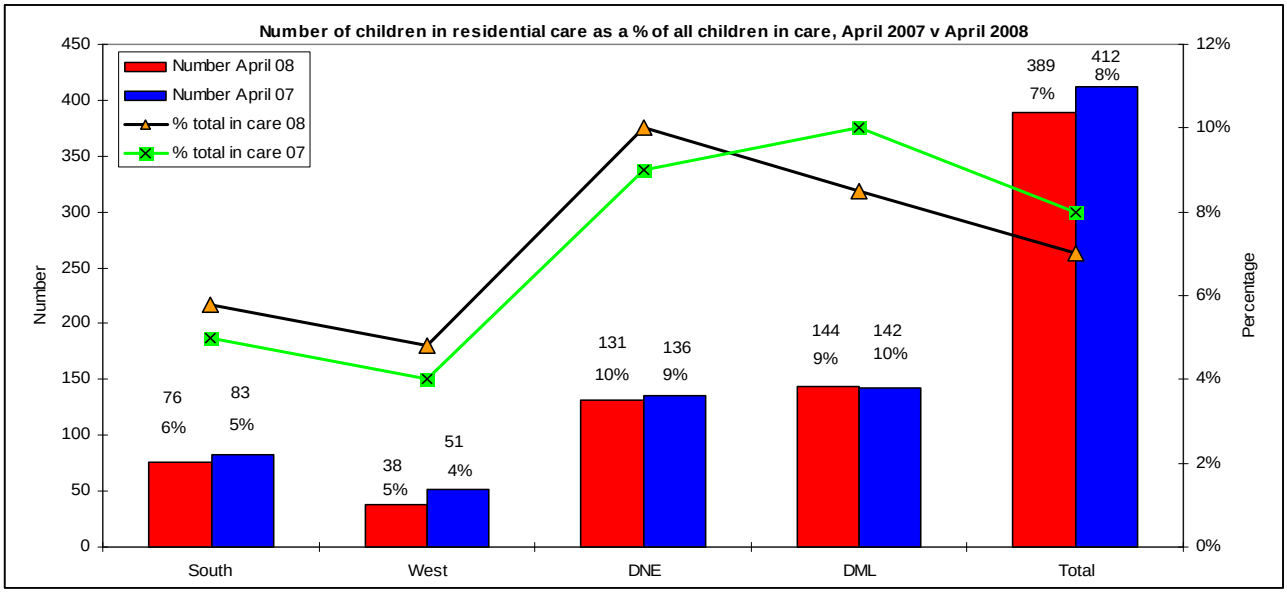
	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
notification of child abuse or neglect															
Inter Country Adoption	---	---	---	---	---	---	---	---	---	---					
% ICA assessments completed during the year (Oct to September)	---	---	---	---	---	---	---	---	---	---	New measure – for collection in 2009				

*Figure for residential care will reduce in 09 based on work towards achieving not more than 7% target of children in out of home residential care.

Highlighted Measure - Children in Residential Care as a Percentage of all Children in Out-of-Home Care

Why is this measure important?

- Ensure that appropriate care planning processes are in place for this vulnerable age cohort and that we will aim to ensure quality service provision for children in our care.
- Ensure provision is in line with HIQA requirements.
- Ensure compliance with 1995 Child Care Regulations.
- To monitor the placement of children aged 12 and under to ensure that they are placed appropriately and ensure appropriate use of services.



What is the target?

No more than 7% of the total numbers of children in out of home care are in residential care during 2009.
Work on ensuring no more than 5% of children in out of home care are in residential care by 2013.

How are we doing?

- Nationally the total number of children in care as of April 2008 was 5,419.
- There is variation across the HSE Areas, ranging from 5% to over 10% in some areas.
- Of all 32 LHOs, approximately one third meet our target of having <5% of children in residential care as a proportion of all children in out of home care by 2013.

What actions are we taking?

- An annual national fostering campaign, in conjunction with the Irish Foster Care Association, to encourage more appropriate care placements and avoid inappropriate residential care placements, will be developed.
- Implementation of the recommendations of the review of special arrangements and single occupancy units.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 13 Children and Families Agenda for Children - *Implement Agenda for Children and all its components*	Development of 'Agenda for Children's Services' National Child Care Policy (in compliance with Towards 2016). Agenda for Children disseminated and implementation process commenced.	Agenda for Children's services and other initiatives in line with PCCC service reconfiguration implemented, including Social Work services. Organisational capacity review conducted to facilitate implementation of Agenda.	Q4
Care Planning	Standardised care plan developed.	Standardised care plan implemented.	Q2
Improved Quality and Safety processes	Key risks for children & family services identified	PCCC Risk Register Action Plan implemented on a phased basis. Standards and guidelines for prevention of abuse for children receiving HSE services implemented.	Q4 Q1-Q4
Improving Quality in Foster Care	Draft protocol for child placements in foster care completed. Review of foster care standards to identify issues arising completed.	Foster care standards implemented on cost neutral basis. Further treatment foster care services established for children with challenging behaviour, within existing levels of service. (10 children in placement). Recommendations of the review implemented. Organisational emergency placement capacity reviewed.	Q4 Q4 Q4 Q4
Child Protection Assessments - *Standardised Child protection process to be implemented in all areas.*	Standardised initial assessment process implemented in 6 LHOs as part of the development of national childcare information system.	Standardised assessment process in all remaining LHOs implemented.	Q1-Q4
Separated Children Seeking Asylum - *Provide effective community-based services for separated children seeking asylum which will be developed as an integrated part of HSE Alternative Care services.*	A standardised template agreed between all stakeholders. National protocol regarding children who go missing from care developed. A plan for country wide provision developed.	Standardisation of the management of care and welfare of separated children seeking asylum. Implementation of national protocol. Phased implementation of plan completed. Transfer of €3.5m from the Dept of Justice Vote to that of the HSE effective from 1st January, 2009 for funding of the accommodation element of separated children / unaccompanied minors seeking asylum.	Q1-Q4
Special Arrangements - *Rationalisation of Special Arrangements and maximising occupancy rates of existing residential units.*	Strategic review of High Support and Special Care commenced in Q2. 2 Multidimensional Treatment Foster Care (MTFC) Projects established. Current placement review of children aged 12 and under and single occupancy placements completed.	Recommendations of Strategic Review of High Support and Special Care. Schedule in place to maximise occupancy levels of existing residential units.	Q4
Pre-School Services		In collaboration with the Office of the Minister for Children and Youth Affairs (OMCYA) and Pobal, establish a national census of pre-school places.	Q4

Mental Health

Introduction

Mental health services span all life stages and include a broad range of primary and community based services as well as specialised services for children and adolescents, adults and older persons. In recent years we have seen increasing specialisation including rehabilitation, liaison, forensic psychiatric services and mental health and intellectual disability. Services are delivered across a continuum, from home and community based services to inpatient acute care and, when required, residential care services.

Services are provided in a number of different settings including inpatient facilities, outpatient clinics / departments, day hospitals and day centres, low support and high support community accommodation. There are 61 centres registered as approved centres under the Mental Health Act (2001) for the admission and treatment of acutely ill patients and approximately 800 other centres that provide community based services. Currently, there are approximately 1,892 acute inpatient beds in mental health services throughout the country and 721 long stay beds. An additional 366 inpatient beds are provided nationally in the form of continuing care, old age psychiatry, rehabilitation etc.

Mental health services foster positive mental health promotion and services which are provided in partnership with service users, their families, carers, statutory, non-statutory, voluntary and locally based community groups, with the aim of achieving the best quality of life for each individual through the provision of seamless, high quality person-centred services. Active service user participation in ongoing service developments is also promoted.

Considerable improvement continues to take place in the mental health services in the context of the Mental Health Act, 2001 and the provision of mental health services within Primary Care Teams and Health and Social Care Networks, all of which have significant implications for the manner in which mental health services are planned and delivered. One of the most significant drivers of change in mental health services is implementation of the recommendations of *'A Vision for Change, 2006'* which details a comprehensive model of mental health service provision for Ireland. This policy envisions a flexible and community based mental health service where the need for hospital admission will be greatly reduced. A programme of capital and non-capital funding, including investment of proceeds from sale of lands, is in train to progress these priorities.

NSP 09, therefore, includes a mixture of measures aimed at improving service users' health, independence and experience, while continuing to reconfigure service delivery to focus on the treatment of patients in community settings. This will also facilitate a reduction in our reliance on overtime and agency and the transfer of older persons to appropriate settings. We continue to pursue the strategic objectives set out in the national mental health policy framework, '*A Vision for Change', 2006*.

Resources

WTE		
	As at Sept 2008	Ceiling 2009 (Approx)
Total	8,546	8,546

Finance		
	2008 Budget €000	2009 Budget €000
Total	995,000	1,022,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised, allocated out and reporting mechanisms improve.

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include:

Dublin Mid Leinster

- St Vincent's Fairview: Child and Adolescent Unit - 6 bed Unit (Funded from Mental Health Allocation)
- Bloomfield Hospital: Provision of 50 high dependency psycho-geriatric beds, 12 respite beds, occupational therapy, physiotherapy, training centre and conference facilities.
- Blackrock Avila Day Hospital, Carmona, St John of Gods

South

- Gorey: New Mental Health Day Hospital: Day Hospital and base for multi-disciplinary sector team. The services provided will include outpatient Psychiatrist, Psychology, Social Work, Occupational Therapy, Counselling and Nursing Services
- Clonmel: Mental Day Centre and Day Unit (Morton St)

West

- University College Hospital Galway: Extension to the psychiatric unit providing 7 assessment and observation beds. This new extension will cater for selected inpatients for initial assessment and will also cater on an ongoing basis for patients who become acutely disturbed

Performance Activity

	Target 2008					Projected Outturn 2008*					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Admissions															
Total number of admissions to acute inpatient units (adults and children)			No target set			4,931	4,053	4,173	3,073	16,230	---	---	---	---	15,905
No. of readmissions as a % of total admissions*			No target set			64%	75%	72%	69%	70%	64%	70%	70%	68%	68%
Total number of involuntary admissions*			No target set			392	355	352	288	1,387	388	351	348	285	1,372
Child & Adolescent Mental Health															
No. of Child and Adolescent Mental Health Teams (as outlined in a Vision for Change)	13	13	17	12	55	11	11	15	10	47	13	13	17	12	55
No. of new child / adolescent referrals received by Mental Health Services	---	---	---	---	---	---	---	---	---	---	New measure – to be progressed in 2009				
Total number of child / adolescent patients seen by a member of the CAMH teams (new and existing)	---	---	---	---	---	---	---	---	---	---	New measure – to be progressed in 2009				
Total number of new child / adolescent referrals assessed	---	---	---	---	---	---	---	---	---	---	New measure – to be progressed in 2009				

*Calculated using Q3-Q4 2007 and Q1-Q2 2008 data, HRB. Target 09 uses reduction of 1% in number of involuntary admissions.

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Acute Units															
a) Number of inpatient places per 100,000 population	32.5	33.0	28.1	29.1	30.7	32.5	33.0	28.1	29.1	30.7	---	---	---	---	25
b) First admission rates to acute units (that is, first ever admission), per 100,000 population															
Annual rate	128.4	107.6	92.8	92.8	105.6	128.4	107.6	92.8	92.8	105.6	128.4	107.6	92.8	92.8	105.6
Quarterly rate	32.1	26.9	23.2	23.2	26.4	32.1	26.9	23.2	23.2	26.4	32.1	26.9	23.2	23.2	26.4
c) Inpatient readmission rates to acute units per 100,000 population															
Annual rate	329.6	309.2	253.2	230	280.5	290.7	298	247.6	228.3	266.2	---	---	---	---	260.3
Quarterly rate	82.4	77.3	63.3	57.5	70.1	82.4	77.3	63.3	57.5	70.1	72.7	74.5	61.9	57.0	66.6

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
d) Rate of involuntary admissions per 100,000 population (Quarterly rate)			No target set			9.0	8.7	7.2	7.8	8.2	---	---	---	---	Reduce by 1%
Median length of stay in inpatient facilities	12	12	10	13	12	12	12	10	13	12	12	12	10	13	12
Children and Adolescent Waiting List															
Waiting times for assessment and treatment by CAMH Teams	---	---	---	---	---	To be progressed in 2009 Target to reduce waiting times in 2010 using 2009 data as base position					To be progressed in 2009 Target to reduce waiting times in 2010 using 2009 data as base position				
Overall number on waiting list; No. and % seen <3months; 3-6months; 6-9 months; 9-12months, >12moths	---	---	---	---	---										
% of new versus existing child / adolescent patients seen by a member of the CAMH team	---	---	---	---	---	---	---	---	---	---	To be progressed in 2009				
No. of repeat deliberate self harm presentations at ED	---	---	---	---	---	---	---	---	---	---	To be progressed in 2009				

*Calculated using Q3-Q4 2007 and Q1-Q2 2008 data, HRB.

Highlighted Measure - Number of Involuntary Admissions to Acute Units / Hospitals in each HSE Area

Why is this measure important?

The Mental Health Act 2001 places a strong emphasis on human rights and treatment to benefit the patient. Such rights are enshrined in the Irish Constitution. Legislative requirement under Section (9) (b) of the Mental Health Act 2001 provides for an application to be made by an authorised officer to a registered medical practitioner where it is proposed to have a person (other than a child) involuntarily admitted to an approved centre.

The "best interests of the person concerned" and "least restrictive treatment measures" will be the principal considerations in making an application under Section (9) (b) of the Mental Health Act 2001.

The legal and civil status of a person who is the subject of an application is the same as any other person. It is incumbent on the HSE to track areas such as improvements in upholding human rights and least restrictive treatment measures etc.

What actions are we taking?

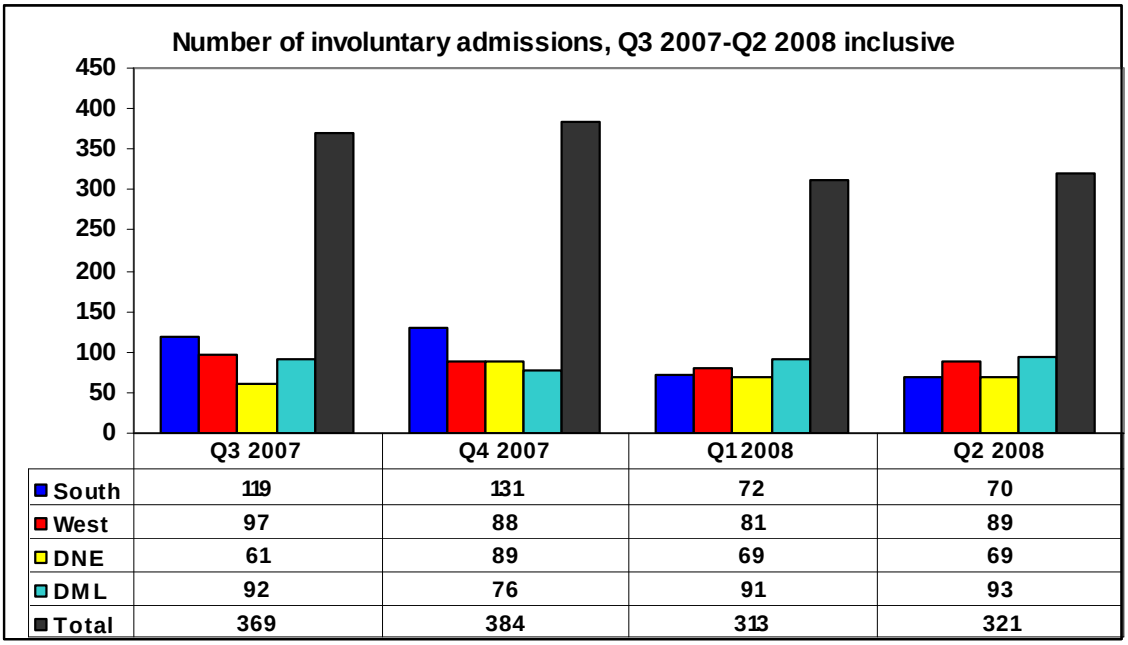
Implementation of the Mental Health Act, 2001.

Provide a standard training programme for Authorised Officers.

The introduction of a full national Authorised Officer service in 2009 will help to reduce the number of involuntary admissions.

What is the target?

The Mental Health Commission reported a reduction of 25% in involuntary admissions since the introduction of the Mental Health Act 2001 and it is planned to reduce the number by a further 1% during 2009 from 1,387 to 1,372 nationally.



	Q3 2007	Q4 2007	Q1 2008	Q2 2008
South	119	131	72	70
West	97	88	81	89
DNE	61	89	69	69
DML	92	76	91	93
Total	369	384	313	321

How are we doing?

The Mental Health 2001 was implemented on 1st November 2006. The process of implementation is monitored by the Mental Health Act Implementation Group.

An interim Authorised Officer service was established on commencement of the Act. A 'train the trainer' programme was completed in September 2008 and 160 staff will have completed a five day training programme by Q4 2008.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 11 Mental Health Services Vision for Change - *Progress Implementation of recommendations in A Vision for Change TP 2.6*	Targeted action plan developed which focuses on six key areas for 2008. Detailed action plan for 2009-2013 developed to address remaining recommendations. Closure plans in respect of current psychiatric hospitals developed and timeframe for closure of hospitals agreed.	Implementation of the HSE's action plan / implementation plan for Vision for Change continued, taking cognisance of the VFM Report on Long-Stay Beds and building on the work to date in respect of the following areas: • Child and adolescent psychiatry • Modernisation of mental health infrastructure • Mental health services for people with an intellectual disability • Community based mental health teams Building on the work to date, new / revised catchment areas implemented as per catchment definition.	Q1-Q4
Implementation of Mental Health Act - *Section 9 (1) (b) of the Mental Health Act 2001 provides for an application to be made by an authorised officer to a registered medical practitioner where it is proposed to have an individual (other than a child) involuntarily admitted to an approved centre.* *The Mental Health Act, 2001 Sections 13 and 27 refer to staff of the approved centre assisting in removing / returning a person to an approved centre. This procedure is referred to as an assisted admission. The HSE has an obligation to provide for this service.*	Completion of a five day national training programme for 16 "Train the Trainers" and 160 Authorised Officers. Agreement reached with staff representative bodies regarding the implementation of a full Authorised Officer Service. Agreement reached on a contract extension of the independent provider for assisted admissions. Negotiations commenced with staff representative bodies regarding the expansion of in-house assisted admission provision. Planning commenced on a national training programme for staff participating in assisted admissions. Legal obligations met as required.	Full Authorised Officer service implemented. Negotiations continued with staff representative bodies regarding the expansion of in-house assisted admission provision. A national training programme developed and provided for staff participating in assisted admissions. A comprehensive assisted admissions service provided within resources. Legal obligations met in all aspects of the Mental Health Act, as it pertains to the HSE.	Q1-Q4
Acute Inpatient and Long Stay Beds - *Reconfiguration of mental health services to community based settings in line with the PCCC Transformation Programme (Primary Care Teams and Health & Social Care Networks) supported (TP 2.6)*	Closure plans in respect of current psychiatric hospitals developed and timeframe for closure of hospitals agreed.	Process of reconfiguration of mental health services to community based settings commenced, with a reduction in reliance on inpatient beds in 2009.	Q1-Q4
Child and Adolescent Mental Health Teams - Develop additional CAMHs in line with Vision for Change (TP 2.6)	Agreement reached on recruitment of 12 Consultants for the 8 teams within the four HSE administrative areas. CAMHs waiting list initiative developed.	Recruitment of Consultants for the 8 teams completed. Recruitment of staff to support these teams completed. Number of children assessed monitored. Recommendation of the CAMHS waiting list initiative implemented.	Q1-Q4 phasing

Key Result Area	Output 08	Deliverable 09	Target Timescale
		New Development Funding Full Year 2009 € / WTE €2.8m / 35 * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.8m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change.	Q2
Child and Adolescent Inpatient Beds		14 Additional child and adolescence inpatient beds opened in line with Vision for Change.	Q1
		40 Additional child and adolescent inpatient beds constructed in line with Vision for Change, 20 bedded unit Cork and 20 bedded unit in Galway.	Q1-Q4
Role out and implement Quality Framework for Mental Health Services (TP 2.9)		Work in partnership with the Mental Health Commission to advance the provision of individual care and treatment plans for all inpatients in approved centres as per Article 15, S.I. Number 551 of 2006.	Q1-Q4
Standards		Hygiene audit completed in up to 20 mental health facilities.	Q1
Information System – WISDOM	The Department of Finance (CMOD) sanctioned the resources necessary to run WISDOM as a Proof Of Concept (POC) Project in the Donegal Local Health Area.	Continue to work with the HRB and other stakeholders to develop an information system to expand the data currently collected from in-patient and community settings. Further develop WISDOM as a Proof of Concept (POC) Project nationally.	Q1-Q4
Suicide Prevention Services		Service Level Agreement with Console to benchmark services against agreed national and local quality standards (€100k).	Q4
		Programme 'Your Mental Health' further developed for whole population and a mental health awareness programme developed, targeting young people (€900k).	Q2
		New Development Funding Full Year 2009 € / WTE €1m (once-off) / -	Q2
Progressing Vision for Change Mental Health Promotion		Recommendations of Vision for Change from a Service User and Carers perspective advanced through effective communication and information dissemination initiatives.	Q2
		Early Intervention Services for mental illness further developed.	Q2
		New Development Funding Full Year 2009 € / WTE €750,000 (once off) / -	

Disability Services

Introduction

Services for persons with disabilities seek to enable each individual with a disability to achieve his / her full potential and maximise independence, including living as independently as possible.

The development of services for persons with disabilities is informed by the National Disability Strategy (2004), which provides a framework of new supports for people with disabilities. The strategy builds on a strong equality framework, which is reflected in several pieces of equality legislation. It puts the policy of mainstreaming of services for people with disabilities on a legal footing.

Key elements of the National Disability Strategy which have been implemented to date include the commencement of the Disability Act for children under 5 and the delivery of a Multi-Annual Investment Programme between 2005 and 2008, which significantly increased capacity in the areas of residential, respite, day care and home support / PA services, along with increased levels of multi-disciplinary supports.

The prevalence of disability increases significantly with age, from a 2% prevalence rate in young people (aged 0-17 years), to a 7% rate in the 18-64 years group, to a 31% rate in the 65 years and over group.

The needs of people with disabilities are identified and planned for through the National Intellectual Disability Database and the National Physical and Sensory Disability Database. These databases detail the existing level of specialised health service provision and an assessment of need for the upcoming five-year period. The 2007 Annual Report of the National Intellectual Disability Database Committee shows a total register of 25,613 – an increase of 0.4% from the 25,518 persons identified in 2006. Of the 25,613 persons registered on the National Intellectual Disability Databases, 97% are receiving a service. One percent (305) of those registered, who are without services at present, are identified as requiring appropriate services in the period 2008 – 2012. A further 2% (410) who are not availing of services have no identified requirement for services during the planning period 2008 – 2012. Forty five percent of these (186) are in the mild or not verified range of intellectual disability.

In June 2007, there were 29,089 persons registered on the national physical and sensory database, representing 65.2% of the estimated target national coverage.

Information contained on both databases consists of information supplied on a voluntary basis by people with disabilities or their families, and may not represent a complete and accurate picture of either service delivery or needs. The HSE, with the DoHC, have identified the need to review the information and data collection requirements in respect of disability services in the context of the introduction of the Disability Act.

Services to people with disabilities are provided either directly by the HSE or, in respect of the majority of services, in partnership with non-statutory voluntary service providers.

Resources

WTE		
	As at Sept 2008	Ceiling 2009 (Approx)
Total	15,725	16,425

Finance		
	2008 Budget €000	2009 Budget €000
Total	1,485,000	1,508,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised, allocated out and reporting mechanisms improve.

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include:

Dublin Mid Leinster

- Mullingar: St. Loman's Mullingar Springfield Centre extension

- Balgaddy: Balgaddy Primary Care & Disability Unit

South
- St. Dympna's: Kelvin Grove, Intellectual Disability Unit
- Clonbrusk, Atlone : Disability Day Centre
- Cork - Cope Foundation : The construction of an 8 bed replacement residential facility

West
- Sligo Children's Respite (6 places)
- Roscommon IWA Donamon Respite Centre

Performance Activity

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Day Services															
No. of persons with intellectual disability and autism in sheltered services	---	---	---	---	7,100**	---	---	---	---	4,650**	---	---	---	---	4,650**
No. of sheltered work places provided for people with intellectual disability and autism	---	---	---	---	4,185	---	---	---	---	4,185	---	---	---	---	4,185
No. of sheltered work places provided for people with physical and/or sensory disability	---	---	---	---	---	---	---	---	---	---	To be developed in 2009				
No. of persons with physical and /or sensory disability in sheltered work services	---	---	---	---	---	---	---	---	---	---	To be developed in 2009				
No. of persons (all disabilities) in Rehabilitative Training (RT)***	---	---	---	---	2,800	730	800	765	505	2,800	730	800	765	505	2,800
No. of persons with intellectual disability and autism in Other Day Services (excluding RT and Sheltered work)	---	---	---	---	---	---	---	---	---	9,251	---	---	---	---	9,251
No. of persons with a physical and / or sensory disability in Other Day Services (excluding RT)	---	---	---	---	---	---	---	---	---	---	To be developed in Q1 2009				
Residential and Respite Services															
No. of residential places for persons with an intellectual disability and autism	---	---	---	---	*	1,972	2,086	2,145	1,402	7,605	1,972	2,086	2,145	1,402	7,605
No. of persons who benefit from such places	---	---	---	---	---	2,075	2,195	2,258	1,476	8,004	2,075	2,195	2,258	1,476	8,004
No. residential places for persons with a physical and / or sensory disability	---	---	---	---	834	---	---	---	---	914	---	---	---	---	914
No. of persons who benefit from such places	---	---	---	---	---	---	---	---	---	---	To be developed in 2009				
No. respite places for persons with intellectual disability and autism (estimated)	---	---	---	---	*	---	---	---	---	700	---	---	---	---	700
No of persons who benefit from such places	---	---	---	---	---	---	---	---	---	---	To be developed in 2009				
No. of respite places for persons with a physical and/	---	---	---	---	---	---	---	---	---	---	To be developed in 2009				

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
or sensory disability															
Total no. of persons who benefit from such places	---	---	---	---	---	---	---	---	---	---	To be developed in Q1 2009				
No of hours of Personal Assistance /Home support	---	---	---	---	3.2m	---	---	---	---	3.2m	---	---	---	---	3.2m
No. of persons with a physical and / or sensory disability benefiting from Home Support / PA hours	---	---	---	---	---	---	---	---	---	---	To be developed in 2009				
Inappropriate Settings No. of persons with an intellectual disability inappropriately placed in Mental Health settings/ Other inappropriate placements, transferred to more appropriate settings.	---	---	---	---	No Target Set	0	0	0	0	0	0	0	17	0	17

*Target in 08 related to number of persons in receipt rather than places. The base position is currently being validated. The estimated number of recipients and places outlined is based on 2007 National Intellectual Disability Database (NIDD) Report and 2007 / 2008 impact of MAIP. It also excludes psychiatric facilities for residential places. This may not include all individuals with autism and intellectual disability who may not be included in NIDD.

**Includes ID, physical and sensory and mental health. Variance between Target 08 and Outturn 08 relates to day care attendances / places.

*** Includes ID, physical and sensory and mental health.

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Under 5 Assessments															
a) The no. of requests for assessments received	---	---	---	---	---	896	500	689	512	2,597	900	500	690	510	2,600
b) The no. of assessments commenced as provided for in the regulations.	---	---	---	---	---	688	532	552	272	2,044	700	555	565	280	2,100
c) The no. of assessments commenced within the timelines as provided for in the regulations	---	---	---	---	---	604	316	496	212	1,628	700	555	565	280	2,100
d) The no. of assessments completed as provided for in the regulations	---	---	---	---	---	324	292	232	188	1,036	700	555	565	280	2,100
e) The no. of assessment completed within the timelines as provided for in the regulations	---	---	---	---	---	116	184	112	100	512	700	555	565	280	2,100
f) The no. of service statements completed.	---	---	---	---	---	116	184	112	100	512	665	527	537	266	1,995
g) The no. of service statements completed within the timelines as provided for in the regulations.	---	---	---	---	---	110	175	106	95	486	665	527	537	266	1,995

Highlighted Measure –Assessments for Children Aged 5 years and Under

What is being measured?

Compliance with timeframes for completed assessments as outlined in the Disability Act 2005 for children aged 5 years and under:

- Of the assessments commenced in a given period, the % of assessments commenced within the time frames
- Of the assessments completed in a given period, the % completed within the timeframes

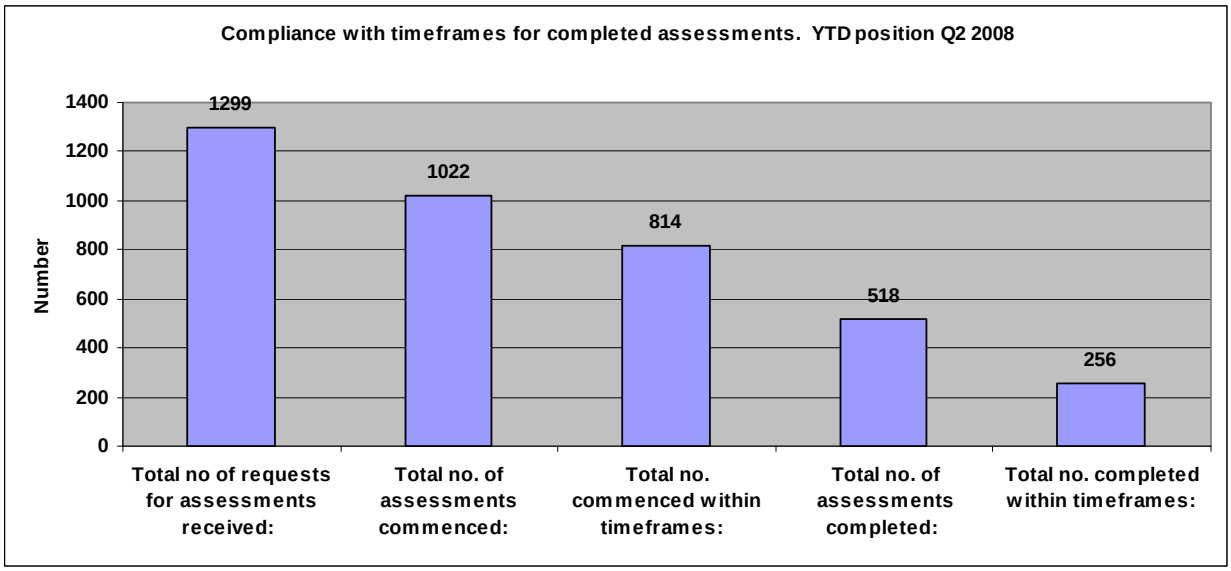
Why is this measure important?

The Disability Act 2005 is a key element of the National Disability Strategy, and Part II of the Act has been implemented for children under 5 years from 1st June 2007.

Sustained implementation of the Act would indicate that applications for assessments are commenced and completed in compliance with the legislative requirement.

What is the target?

Assessments commenced within the timeframe – target is 100%
Assessments completed within statutory timeframes – target is 100%



How are we doing?

- Of the 1,022 assessments which commenced within the first half of 2008, 814 (79%) commenced within the timeframes
- Of the 518 assessments which were completed within the first half of 2008, 256 (49%) were completed within the timeframes

What actions are we taking?

- Employment of 140 additional multidisciplinary staff in 2008 from disability development funding.
- Implementation of a co-ordinated early intervention service in each Local Health Area.
- Agreeing transition arrangements for assessment of autism in line with Vision for Change.
- Continuing to review assessment processes to minimise administrative delays.
- Preparing detailed guidelines on the definition of disability in the Act.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 12 Disability Services Implementation of the National Disability Act 2005. *Part II of the Disability Act 2005 established a system for the assessment of individual health service needs and, where appropriate, educational needs. TP 2.6*	Implementation of Part II of the Disability Act for children aged under 5 years.	Part II of the Disability Act for children under 5 years of age implemented. Plan implemented to ensure coordinated Early Intervention Service in each LHO prepared. Plan for provision of autism assessment in the Greater Dublin Area prepared.	Q1-Q4
Disabilities Assessment & Intervention Services.		Development and enhancement of assessment and intervention, services improving outcomes and impacting on waiting times to children of school going age with disabilities, (to include Speech & Language Therapy, Occupational Therapy, Physiotherapy and Clinical Psychology).	Q3
		Plan for delivery of health services to children aged 5-18 years to meet current needs and to facilitate future compliance with the EPSEN and Disability Acts.	Q3
		New Development Funding Full Year 2009 € / WTE €7.2m / Cost equivalent to 90 posts	Q1-Q2
		Arrangements agreed to increase coordination of health and education services in respect of children with disabilities or special educational needs.	Q1-Q4
		Performance indicators developed for multi disciplinary teams working with children with complex disabilities.	Q3
Emergency placements		Provision of emergency residential and day places	Q3
Implementation of the Strategic Review of Adult Day Services *TP 2.6*	Strategic Review of HSE funded adult day services completed.	Reconfiguration of all adult day service provision commenced, to ensure compliance with Disability Act 2005, Equality legislation and best practice. Review and agree priority findings of the national review of HSE funded adult day services.	Q1-Q4
Implementation of the Review of Congregated Settings *TP 2.6*	Review of congregated settings complete. HSE/Federation of Voluntary Bodies Project Plan completed.	Priority findings of the Working Group on Congregated Settings reviewed and agreed.	Q1-Q4
Implementation of McCoy Report	Guidance documents piloted in ten centres. Audit commenced of the policies and procedures in place to respond to allegations of sexual abuse in all services for people with intellectual disability.	Guidance documents on residential services rolled out to support service providers in implementing the quality criteria required. Audit on incidents of abuse completed.	Q1-Q4
HIQA Standards *for residential disability facilities*	Draft HIQA Standards developed. PCCC Hygiene Audit Tool for use in 24 hour residential facilities developed (approved by UK Infection Prevention Society (IPS).	Preparation of disability facilities for the implementation of HIQA standards commenced. Relevant disability facilities prepared for hygiene audit standards, as they arise from PCCC baseline disability hygiene audit. Hygiene audits completed in up to 10 disability facilities.	Q1-Q4

Older People

Introduction

Services for Older People aim to support older people to remain at home in independence for as long as is possible or, where this is not possible, in an alternative appropriate residential setting. A range of services are provided in partnership with older people themselves, their families, carers, statutory, non-statutory, voluntary and community groups. The principles of person-centredness and empowerment of service users underpin service delivery.

During 2009, almost 12 million home help hours will be delivered to approximately 54,500 people, of which 85% will be allocated to older people.

Where home / community supports are not viable for an individual, HSE and Government policy aims to provide high quality residential care.

Resources

WTE		
	As at Sept 2008	Ceiling 2009 (Approx)
Total	10,193	10,293

Finance		
	2008 Budget €000	2009 Budget €000
Total	1,239,000	1,264,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised and allocated out and reporting mechanisms improve.

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include:

Dublin Mid Leinster

- Clonskeagh: The provision of a new 100 bed Community Nursing Unit. (Fast Track)
- St. Joseph's, Longford: Complete Female Wing (St. Joseph's)
- Riada House Tullamore: Replacement of existing beds and provision of an additional 20 bed unit
- Simpson's Hospital: Modern extension to existing facility
- Donnybrook, Royal Hospital Fast Track: 30 bed extension to existing facility and refurbishment of one existing ward.(A&E Initiative/Additional beds)
- Harold's Cross: A new 50 bedded unit & day care unit for older people along with 50 replacement beds to transfer existing patients from two-storey building the development will also incorporate the consolidation of therapy, day care & ancillary facilities on the campus
- Inchicore: The provision of a 50 bed replacement Community Nursing Unit (CNU) for Bru Caoimhin
- Cherry Orchard: Completion of 100 bed CNU

Dublin North East

- St. Mary's, Phoenix Park: The provision of an additional 50 bed CNU and catering department for the entire Campus
- St. Mary's, Phoenix Park: The provision of a new 100 bed CNU and Day Hospital
- St. Joseph's Raheny: The provision of a new 100 bed CNU. (Fast Track)
- Incorporated Orthopaedic Hospital Clontarf: This project incorporates 32 replacement beds and 32 additional secondary rehab beds for older persons including the range of support services
- Ashgrove: Refurbishment of existing unit

South

- St. Mary's Cork City: 50 Bed CNU
- St. John's Enniscorthy Replacement of hospital Ph2 - Cons & Equip (St. John's Enniscorthy). (Fast Track)
- Mayfield Day Care & Family Resource Centre: Provide Family Resource Centre with childcare facilities and new Day Care Centre for older people on a site at old Youghal Road, Mayfield
- An Daingean Dingle: Provision of a 68 bed CNU and Day Hospital
- St. Vincent's Dungarvan : New 32 Bed Unit & 15 Place Day Hospital Design Fees

- Tralee: Provide a 50 bed CNU and Day Hospital on a site at Manor West, Tralee to support the requirements of the Tralee area.
- Ballingcollig: 100 Bed CNU
- Fearnlee Rd: 100 Bed CNU
- Fermoy Community Hosp: 30 bed extension to existing

West

- St. Ita's, Newcastle West: EMI AND Ambulant Care Unit. Extension to provide an additional 8 beds
- Mohil Arus Carolan: Refurbishment of existing 30 bed CNU
- Castlebar, SHS: Refurbishment and reconfiguration of existing facility.
- St. Camillus, Limerick: Refurbishment achieved through minor capital works and additional 6 beds

Performance Activity

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Total Home Help Hours provided	3.86m	3.45m	2.10m	2.37m	11.78m	3.909	3.497	2.151	2.403	11.96m	3.914	3.502	2.156	2.408	11.98m
Total no. in receipt of home help service	14,400	14,300	12,200	12,100	53,000*	14,700	14,400	12,500	12,900	54,500	14,700	14,400	12,500	12,900	54,500
Persons in receipt of home care packages	---	---	---	---	8,035	1,880	1,690	1,830	3,300	8,700	1,880	1,690	1,830	3,300	8,700
No. of HCPs (equivalents)	---	---	---	---	4,710	---	---	---	---	4,607	---	---	---	---	4,710
No. of Cash Grant Packages	---	---	---	---	---	---	---	---	---	---	For collection in 2009				
Total no. of new HCP clients	---	---	---	---	---	---	---	---	---	---	For development in 2009				
Total no. of day care places	---	---	---	---	21,300	---	---	---	---	21,300	---	---	---	---	21,645
No. benefiting from day care places	---	---	---	---	No target	---	---	---	---	---	For collection in 2009				
Total no. of clients in receipt of meals on wheels	---	---	---	---	No target	---	---	---	---	---	For collection in 2009				
Total no. in receipt of subvention (monthly average)**	---	---	---	---	No target	2,641	3,253	1,853	1,332	9,079	2,646	3,259	1,858	1,337	9,100
Total no. in receipt of enhanced subvention (monthly average)**	---	---	---	---	No target	1,837	807	991	1,248	4,883	1,842	811	995	1,252	4,900
No. and % of people in long-term residential care availing of the Fair Deal broken down by public, private and voluntary facilities	---	---	---	---	---	---	---	---	---	---	For collection in 2009				
No. and proportion of those who qualify for ancillary state support who chose to avail of the deferred charge	---	---	---	---	---	---	---	---	---	---	For collection in 2009				
No. of statutory inspections of nursing homes carried out (1st and 2nd inspections amalgamated)	240	268	228	136	872	240	268	228	136	872	240	268	228	136	872
No. of public, private and voluntary beds***	2,938	2,613	3,384	1,510	10,445	---	---	---	---	10,543	---	---	---	---	11,243
Total no. of clients in HSE funded sheltered housing	---	---	---	---	---	---	---	---	---	---	Progress in 2009				

* No target over and above outturn 08 was set for clients in receipt of home help as the service is needs led.
** Subvention / Enhanced Subvention: monthly average –September position used. Implementation of a Fair Deal will impact on this measure during 2009.
*** The figure of 10,445 represents the number of public and voluntary beds in the system in April 2008. It does not include the number of private beds – this will be reported on during 2009. The projected outturn 2008 fig of 10,543 is currently being validated as part of the annual review of bed numbers and bed designation, and includes public and voluntary beds only. The expected 2009 activity figure of 11,243 represents the additional 715 beds to be delivered through the capital plan (including fast track) but bed closures that may occur due to refurbishment or health and safety issues etc are not reflected in this projection. Again, private bed numbers are not included here but will be reported on during 2009.

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
No. and % of the population aged 75 years and over in residential care continuing care settings, i.e. HSE Area and other residential continuing care settings, including private and voluntary, as a percentage of the total population aged 75 years and over	---	---	---	---	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%
% uptake of influenza vaccine among the GMS population aged over 65 years	---	---	---	---	---	---	---	---	---	59%	---	---	---	---	Work towards 75% (2010)

Highlighted Measure - Residential Care Setting

What is being measured?

The number of people aged 75 years and over in residential continuing care settings, i.e. HSE Area and other residential continuing care settings, including private and voluntary, as a percentage of the total population aged 75 years and over.

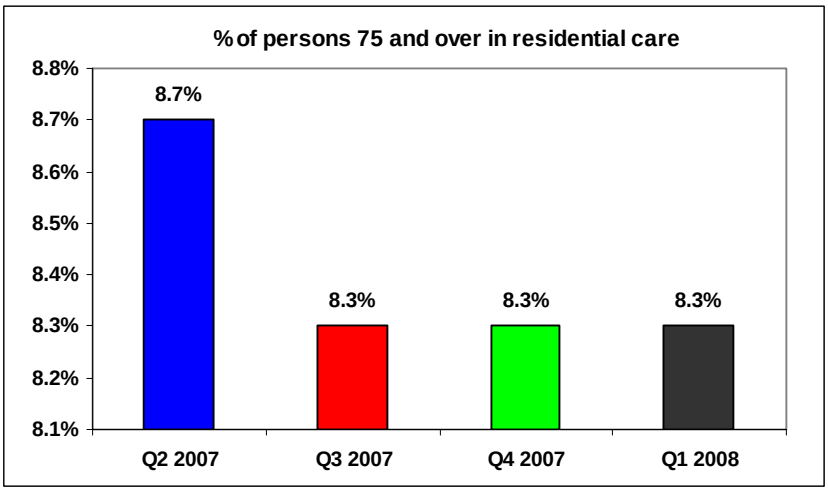
Why is this measure important?

At least 90% of persons aged 75 and over should be able to live at home in independence.

What is the target?

Not more than 10% of the population aged 75 years and over in residential care.

To achieve by 2013 not more than 4% of the population aged 65 years and over in residential care.



** Data collection for this measure began in Q2 2007. The drop from 8.7% in Q2 2007 to 8.3% in Q3 relates to data definition / collection issues which have since been resolved.*

What actions are we taking?

Provide home and community based services and supports such as home help hours and home care packages, in addition to core community services (such as Public Health Nursing, GP services, etc) aimed at:

- Maintaining older persons in their own homes
- Facilitating timely discharge from acute hospital settings
- Avoiding unnecessary admission to hospital, thus freeing up acute hospital beds, and
- Reducing pressure on Emergency Departments (EDs).

During 2009:

- 11.98m home help hours provided to benefit approximately 54,000 individuals.
- Approximately 8,700 people will benefit from a HCP at any one time, with 11,500 benefiting in total during 2009, and
- Approximately 21,645 day care places will be provided.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 9 Older People Services A Fair Deal and Associated Work - *Implementation of 'A Fair Deal' Nursing Home Subvention Scheme and components*	Significant progress in preparation for the implementation of 'A Fair Deal' and all its components.	In conjunction with the National Treatment Purchase Fund (NTPF) and DoHC, national implementation of the new nursing home support scheme - 'A Fair Deal', following approval by the Oireachtas. New Development Funding: Full Year 2009 € €55m; WTE 0	Q1-Q4
Residential Care for Older Persons		Reduce the number of long-stay residential beds in some parts of the country, particularly where the provision is above the norm and / or the standard is poor.	Q1 –Q4
Public Fast Track Beds *to support the provision of extended care, rehabilitation and respite to older people. Timely discharge of patients who have completed the acute phase of their care (delayed discharge)(TP 2.5 / 2.6)*	Public Fast Track Initiatives projected 360 beds end 08. Further 14 replacement beds provided.	Additional 715 (including 483 fast track beds) delivered, with an additional 492 replacement beds progressed. *Due to the phased provision of the above developments, including residential beds being provided through the fast track process, the revenue provision will be utilised on a once-off basis to provide additional interim private contracted beds to support the acute system* Proceed with implementation of Fast-Track beds and additional capital developments for Older People as part of the National Development Plan.	Q1 –Q4
Common Assessment Process and Clinical Pathways for Long Term Care	Full national implementation of Common Summary Assessment Record (CSAR).	Implementation of CSAR reviewed.	Q3
Home Care Packages (HCP) *Support over and above existing mainstream community services to maintain the older person at home. Targeted particularly at those at risk of admission to long term care, inappropriate admission to acute hospital or requiring discharge to home from acute hospital (TP 2.5 and 2.6)*	Evaluation of HCPs completed.	Implementation of the findings of the evaluation of HCPs within existing resources. Outcome considered in National Guidelines.	Q4
Home Help Services	National Home Help Agreement finalised and preparations for national implementation complete.	Implementation of the National Home Help Agreement concluded. Standardised approach implemented for the allocation of home help hours.	Q2
Geriatrician-led Teams in Community - *Capacity development to meet the more complex needs of older people and to support implementation of 'A Fair Deal' (TP2.5)*	Finalised job descriptions specific to the 4 locations and recruitment process commenced.	Four Geriatrician-led Teams appointed, working across hospital and community settings to meet the more complex needs of older people (1 in each of the 4 Areas). Appointments linked to the development of age appropriate diagnostics in these locations, in conjunction with the Innovation Fund.	Q4
Service & Standards Improvements	Preparation work commenced for implementation of Standards for Residential Care Settings for Older People developed by HIQA. Audit Tool for use in PCCC 24 hour residential care settings developed. Approved by the UK Infection	Quality standards framework in readiness for registration with HIQA, including standards to prevention elder abuse (Risk 6) implemented. Hygiene audits in up to 70 residential facilities for older persons undertaken, in preparation for future HIQA standards.	Q1-Q4

Key Result Area	Output 08	Deliverable 09	Target Timescale
	Prevention Society (IPS).		
Nursing Home Inspection and Registration	Preparatory work undertaken and arrangements put in place to transfer inspections to HIQA.	Inspection and registration function transferred to HIQA.	Q3
Elder Abuse		Detailed data in relation to referrals of cases of alleged elder abuse to Senior Case Workers collected and analysed monthly.	Q1-Q4
		All structures in place and operating effectively to ensure a consistent approach to overseeing the services needed to respond to elder abuse.	Q1-Q4
		Public awareness campaign, commenced in 2008, completed.	Q1
		Policies and procedures completed and disseminated.	Q2
		A body of work will be developed for the National Research Centre for Older People in UCD.	Q1
		Participate in the annual *Say No to Ageism Campaign.*	Q2
		Training plan for key staff finalised.	Q1
CP 3 Health Protection Influenza Vaccine	Flu vaccine uptake 59%	Work towards Flu vaccine uptake rate of 75% for GMS card holders aged 65 years and older	Q4

Palliative Care

Introduction

We strive to achieve the best possible quality of life for our patients and their families, when their disease is no longer responsive to treatment. In conjunction with the voluntary sector, we provide services across a broad range of settings: acute hospitals, specialist palliative care inpatient units, day care, and community based supports including intermediate level of inpatient care in community / district hospitals and bereavement supports.

Palliative care is defined as "the active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families facing the problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments." (*World Health Organisation, 2002)*

The goal of palliative care is the achievement of the best possible quality of life for patients and their families. Specifically, palliative care is concerned with the following:

- Providing relief from pain and other distressing symptoms
- Affirming life and regarding dying as a normal process
- Integrating the psychological and spiritual aspects of patient care
- Offering a support system to help patients live as actively as possible until death
- Offering a support system to help the families cope during the patient's illness and in their own bereavement
- Using a team-based approach to address the needs of patients and their families, including bereavement counselling, and
- Enhancing quality of life and positively influencing the course of illness.

Resources

WTE		
	As at Sept 2008	Ceiling 2009 (Approx)
Total	572	607

Finance*		
	2008 Budget €000	2009 Budget €000
Total	78,000	80,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised and allocated out and reporting mechanisms improve.

**This figure does not include all palliative care provision in acute settings.*

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include an extension to St. Ita's Newcastle West to provide an additional 8 palliative beds:

Performance Activity

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Specialist Palliative Care															
No. patients treated in specialist inpatient units	35	85	175	35	330	56	114	168	35	373	57	116	171	35	379
No. of patients in receipt of domiciliary based specialist palliative care	540	820	640	500	2,500	728	809	694	559	2,790	768	850	729	586	2,933
No. patients in receipt of intermediate palliative care in community hospitals	30	30	20	<5	80	31	35	32	5	103	31	35	32	5	103
No. patients in receipt of day care	35	75	90	60	260	64	76	100	52	292	69	82	108	56	315

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
No. specialist palliative care beds per 100,000 population	---	---	---	---	---	---	---	---	---	---	New measure - monitor during 2009 and use this as baseline for target 2010				

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 10 Palliative Care Services Progress the implementation of recommendations in the Report of the National Advisory Committee on Palliative Care 2001	National Action Plan 2009 – 2013 completed	Priorities identified for 2009.	Q1-Q4
Management of Quality and Safety	Programme developed for the management of quality and safety within palliative care services in line with PCCC overall management plan.	Key Risks (such as management of medications) within palliative care services identified and managed through specific projects / programmes. Quality agenda further developed.	Q1-Q4
Implement Minimum Data set for Palliative Care nationally	Project group continued developing the minimum data set and devising methodology for collation.	Development of minimum data set completed and national implementation progressed.	Q1-Q4

Social Inclusion

Introduction

Social inclusion services improve access to mainstream services, target services to marginalized groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. The following services are provided under social inclusion:

- Homeless services
- Services for minority ethnic communities
- Traveller health services
- Drug and alcohol services
- Services for lesbian, gay, bisexual, transsexual / transgender (LGBT) communities
- Community welfare services
- Community development
- HSE RAPID and CLÁR programmes
- HIV / STI services

There are two significant Social Inclusion capital funding programmes for 2009:

The HSE RAPID Fund will allocate overall funding of €4.6m for the 2008 / 2009 Scheme which will focus on providing enhanced services and facilities for older people (over 65 years) that will enable them to lead independent lives within their communities. Projects identified and endorsed by the RAPID Area Implementation Teams will be co-funded on a 50 / 50 basis by the Department of Community, Rural and Gaelteacht Affairs and the HSE. Each RAPID area has been allocated total funding of €100,000.

The HSE CLÁR Fund 2008-2010 will allocate funding to 31 projects located in CLÁR areas. The total cost of the proposal is almost €9m, of which the Department of Community, Rural and Gaeltacht Affairs will provide €3m and the HSE will provide €6m.

Resources

Finance		
	2008 Budget €000	2009 Budget €000
Total	169,000	172,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised and allocated out and reporting mechanisms improve.

Improving Our Infrastructure

Capital works which will be commissioned and in place before the end of 2009 and can be funded within our 09 allocation include:

Dublin Mid Leinster

- Clondalkin: New purpose built Addiction Centre providing psychiatry, GP, counselling, pharmacy, nursing, psychology & family therapy services.
- Pearse St.: Refurbishment and upgrade of Drug Treatment Centre, Pearse St.
- CLÁR & Rapid: Community Care HQ & Health Centre-new health centre and local health office accommodation.

Performance Activity

	Target 2008					Projected Outturn 2008					Expected Activity 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Addiction Services															
Average no. clients in methadone treatment (Total)*	---	---	---	---	---	---	---	---	---	8,765	---	---	---	---	8,765
a) Average no. of clients in methadone treatment per Area	85	180	3,870	2,865	7,000	153	229	4,276	2,978	7,636	153	229	4,276	2,978	7,636
b) Average no. of clients in methadone treatment - Prisons	---	---	---	---		---	---	---	---	612	---	---	---	---	612
c) Average no. of clients in methadone treatment – Drug Treatment Centre Board	---	---	---	---		---	---	---	---	517	---	---	---	---	517

*No Area breakdown for total number of clients in treatment as this figure includes data from prisons and the Drug Treatment Centre Board which provide national totals only.

Key Performance Indicators

	Target 2008					Projected Outturn 2008					Target 2009				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
The no. and % of substance misusers for whom treatment as deemed appropriate has commenced															
1. Within one calendar month of assessment*	---	---	---	---	84%	547 96%	349 84%	510 64%		1,406 84%	547 96%	349 84%		510 64%	1,406 84%
2. Later than one calendar month*	---	---	---	---	16%	6 4%	4 16%	259 36%		269 16%	6 4%	4 16%		259 36%	269 16%
The no. of substance misusers under 18 years of age for whom treatment as deemed appropriate was commenced within:															
1. Within one calendar month*	---	---	---	---	---	53 100%	30 100%	23 62%		106 88%	53 100%	30 100%		23 62%	106 88%
2. Later than one calendar month*	---	---	---	---	---	0 0%	0 0%	14 38%		14 12%	0 0%	0 0%		14 38%	14 12%
Homeless Services															
No. and % of acute providers, including voluntary, hospitals / acute mental health units / psychiatric hospitals operating a formal discharge policy for homeless people.	---	---	---	---	100%	26 100%	8 42%	12 71%	13 72%	59 74%	26 100%	19 100%	17 100%	18 100%	80 100%
No. and % of LHO's operating a formal Leaving and Aftercare Support Service for young people leaving care	---	---	---	---	100%	4 44%	5 62%	6 66%	6 100%	21 66%	9 100%	8 100%	9 100%	6 100%	32 100%

*DML and DNE data combined.

Highlighted Measure - Addiction Services – Substance Misuse

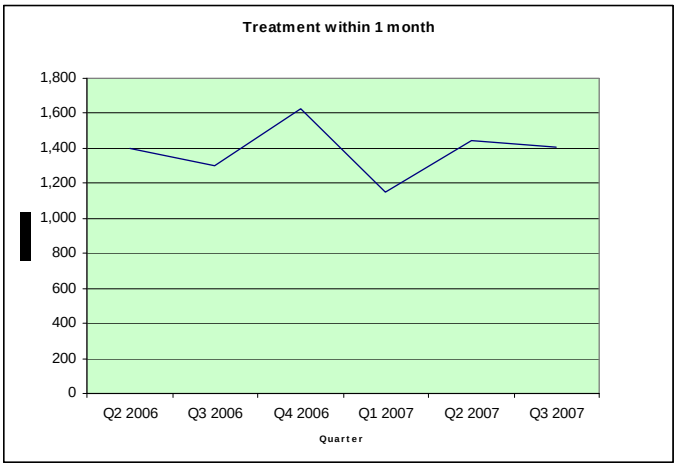
What is being measured?

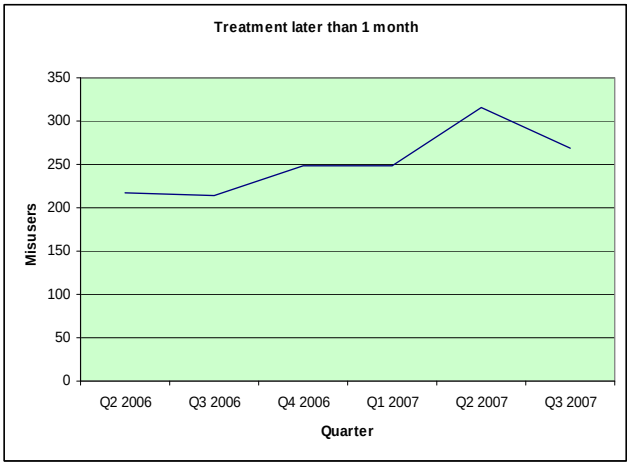
The HSE carries very significant responsibility in providing a range of drug and alcohol services incorporating education and prevention, harm reduction, treatment, stabilisation, rehabilitation and aftercare support to those affected by addiction.

The number of substance misusers for whom treatment, as deemed appropriate, has commenced:
a) within 1 calendar month
b) later than 1 calendar month

Why is this measure important?

Good practice suggests that substance misusers should have immediate access to professional assessment, followed by commencement of treatment as deemed appropriate, not later than one month after assessment.





What is the target?

84% of clients commence treatment within 1 calendar month.

How are we doing?

Nationally we are meeting this target of 84%. However, there are some variations at area level, with the South exceeding the national target by over 10% at 96%. DNE and DML combined are currently below the national target, at 64%.

What actions are we taking?

- Implementation of the HSE components of the National Drugs Strategy 2001-2008, specifically Action 49 which prioritises access for those aged under 18 years who are seeking the service.
- Joint HSE and DoHC process undertaken into new National Drugs Strategy 2009-2013 and planning undertaken for implementation of HSE components of same.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 14 Social Inclusion Enhancement of addiction services *Progress the implementation of the recommendations of the 2007 Report of the Working Group on Drugs Rehabilitation*	Area addiction plans developed Recruitment of a Rehabilitation Coordinator underway. Development of National Drug Rehabilitation Implementation Committee underway.	Further development of multi-disciplinary teams for provision of services to under 18 year-olds. This will facilitate the further development of harm reduction services, including needle exchange and methadone services. Implementation of the Rehabilitation Strategy (to include appointment of Coordinator). Addiction services training programme.	Q1-Q4
Development of new National Drugs Strategy	HSE / DOHC Submission to NDS Review.	Planning undertaken for implementation of HSE components of the new National Drugs Strategy 2009-2013.	Q1-Q4
National Drug Task Force	Mainstreaming process agreed with the Department of Community, Rural and Gaelteacht Affairs (DCRAGA) and DOHC.	Progression of mainstreaming of 169 Local Drugs Task Force (LDTF) as appropriate.	Q2-Q4
Homeless Services *Progress the implementation of the 2008 Homeless Strategy*	The Way Home – A Strategy to Address Adult Homelessness in Ireland 2008-2013 published.	Homeless Forums membership reviewed. Case management approach to managing homeless persons implemented. Youth Homeless Forums and Adult Homeless Forums supported.	Q1 –Q4
Review of Homeless Services	Mapping undertaken of existing homeless services by LHO.	HSE funding allocation process reviewed to ensure that there is a protocol in place to determine national criteria for funding.	
Ethnic Minority Services - *Progress the implementation of the National Intercultural Strategy and develop performance indicators to support the identification of HSE progress in the rollout of the strategy*	National Intercultural Strategy launched.	Plan the implementation of the PCCC component of the National Intercultural Strategy Action Plan.	Q1-Q4
Traveller Health *Complete the All Ireland Traveller Health Study (AITHS)* *Implementation of the Traveller Primary Health Care Project*	Implementation of the All Ireland Traveller Health Study. Operational structure to support study in place. Communication structure developed.	Implementation of the All Ireland Traveller Health Study supported. Implementation of the Traveller Primary Health Care Projects.	Q1-Q4 Q4
Community Supports HSE RAPID Programme *The RAPID Programme is a Government initiative, which targets 46 of the most disadvantaged areas in the country.*	HSE RAPID Strategy completed and operationalised. New round of HSE leverage funding commenced and new financial control measures put in place.	New round of HSE RAPID funding implemented. HSE RAPID Strategy implemented.	Q1-Q4
HSE CLÁR Programme *The CLÁR programme is a targeted investment programme in rural areas.*	New round of HSE CLÁR funding finalised.	HSE CLÁR projects commenced.	Q1-Q4

Key Result Area	Output 08	Deliverable 09	Target Timescale
Develop the HSE strategy for provision of services to lesbian, gay, bisexual, transsexual & transgender communities	Report on health and social service provision for LGBT people completed.	Planning for development of HSE strategy for LGBT services.	Q1-Q4
Community Welfare Services *Support the implementation of the Core Functions of the Health Service Report.*	Progress continued on the transfer of PCCC Schemes to the Department of Social and Family Affairs (DSFA). Position papers finalised and agreed by DSFA and HSE and submitted to unions.	Supplementary Welfare Allowance Scheme and associated resources transfer to the Department of Social and Family Affairs facilitated / supported. Reconfiguration arrangements for delivery of health and social service elements of Community Welfare Services implemented, pending the completion of cross-departmental work.	Q1-Q4
STAMP OUT STIGMA Campaign – *Challenging HIV and AIDS Discrimination*		Participate in the Stamp Out Stigma Campaign.	Q1-Q4

Acute Services and Pre-Hospital Emergency Care

Introduction

A wide range of services including assessment, diagnosis, treatment and acute rehabilitation are delivered across 50 hospitals grouped into 8 hospital networks.

A number of key national reports in recent years have highlighted the need for reform and reconfiguration of the profile of acute services, taking into account issues of accessibility, patient safety, clinical standards and quality of services. There is a significant body of international and national evidence which indicates that acute complex healthcare, particularly for emergency medicine, complex surgical services and critical care services should be provided in hospitals with high volume activity. Better clinical outcomes and safe, high quality 'round the clock' services for people needing this complex acute care are best achieved by bringing together a critical mass of expert workforce with a matching critical mass of clinical workload. However, the majority of patients, those who require only a routine / straightforward level of urgent or planned care, can be safely managed locally, with treatment being delivered at home or as close to home as possible. The development of a comprehensive pre-hospital emergency service is central to this model of care.

These principles will continue to drive the ongoing hospital reconfiguration work in 2009. The acute sector Transformation Programme is focusing on improving hospital performance and reconfiguration of hospital services to provide the full range of secondary, tertiary and quaternary services and national specialties that fit appropriately into the integrated care model and are evidence-based, efficiently run and quality-assured.

The ongoing demographic changes - population growth, rising birth rate, diversity in the population base, increase in the elderly population - and the acknowledged relative underdevelopment of pre and post hospital services, continue to place significant demands on acute hospitals nationally.

The historical overdependence on the acute sector, combined with demographic trends, is reflected in year on year increased activity levels, with hospitals continuing to report an overall trend of increasing emergency presentations and higher patient acuity. The majority of inpatient admissions in the public acute system are emergency admissions. The increasing number of delayed discharges, associated with constraints in the overall system in meeting post acute care requirements, continues to impact on scheduling of elective workload. These issues are being addressed by us, both strategically and operationally, and this will continue in the acute sector in 2009. However, the environment of ongoing increases in demand for services, along with the resource constraints right across the system, means that 2009 will continue to be a challenging year for acute hospital services.

Against this backdrop, the acute sector focus for 2009 is to continue to provide for the emergency admission workload while controlling the overall level of acute inpatient work. In managing overall volume of inpatient activity, focus will be on managing elective workloads within resource available, encouraging provision of care on a day case basis where appropriate and on performance improvements, such as day of surgery admission and minimising length of stay.

Quality and Safety

Ensuring quality and safety of services continues to be a primary concern for us. Our main role corporately is to enable effective implementation of safety, quality and risk management systems and assure process and outcome through performance monitoring and reporting. We achieve this through having safety, quality and risk management systems in place throughout the organisation. The standard for these systems has been defined by the Office of the CEO and operationalised for hospitals through the Quality and Risk Framework.

Resources

	WTE			Finance	
	As at Sept 2008	2009 ceiling		2008 Budget €000	2009 Budget €000
Total	53,200*	52,959*	Total	5,051,000	5,288,000

Note: All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised, allocated out and reporting mechanisms improve.

**Figure inclusive of the National Cancer Control Programme*

Infrastructural improvements for acute services are detailed in Appendix 5.

A key objective for 2009 is to reduce costs overall in order to manage the delivery of activity targets within available resource in 2009. The profile of planned activity levels in 2009, set out in the tables which follow, facilitate such cost reductions through a combination of actual staff reductions, staff redeployment and pay related savings associated with conversion of inpatient work to day case work, control of elective workloads within target and a focus on reducing patient length of stay. The overall treatment capacity, including beds available in the system, will be managed throughout 2009 in line with activity targets.

Performance Activity

	Inpatient Discharges			Day Cases		
	Target 2008	Projected Outturn 2008	Expected Activity 2009	Target 2008	Projected Outturn 2008	Expected Activity 2009
South Eastern Hospitals Group	69,686	69,153	66,580	33,990	36,703	40,660
Southern Hospitals Group	87,248	82,461	79,720	89,623	95,172	98,720
North Eastern Hospitals Group	48,238	50,456	46,730	29,396	32,066	30,900
Dublin North Hospitals Group	70,667	72,377	69,370	88,486	89,670	94,480
Western Hospitals Group	107,001	107,991	103,860	105,505	112,028	117,100
Mid Western Hospitals Group	46,454	46,155	45,300	33,056	33,735	35,980
Dublin Midlands Hospitals Group	95,917	100,190	96,320	76,387	76,773	84,190
Dublin South Hospitals Group	68,648	73,454	65,480	133,573	141,815	144,970
National Totals	593,859	602,237	573,360	590,016	617,962	647,000

Inpatient / Day case: Overall activity levels planned for 2009 are 3% higher than target 2008, with an emphasis on a further shift from inpatient to day case activity. The higher total target for 09 reflects the expectation that actual total activity 2008 will exceed target 2008. In real terms, the plan is to maintain existing service level, with overall activity planned in 2009 in line with projected 08 outturn.

	Outpatient Attendances			Births		
	Target 2008	Projected Outturn 2008	Expected Activity 2009	Target 2008	Projected Outturn 2008	Expected Activity 2009
South Eastern Hospitals Group	260,038	281,001	281,020	7,740	8,121	8,660
Southern Hospitals Group	320,085	380,671	380,690	11,032	10,564	10,830
North Eastern Hospitals Group	189,445	263,091	247,880	6,550	6,186	6650
Dublin North Hospitals Group	438,898	536,512	536,530	8,700	8,800	9,100
Western Hospitals Group	398,024	436,118	436,120	10,614	11,501	12,080
Mid Western Hospitals Group	157,513	183,888	183,880	5,500	5,379	5,500
Dublin Midlands Hospitals Group	512,643	609,415	609,480	13,526	13,649	14,560
Dublin South Hospitals Group	494,205	557,395	557,400	9,000	9,500	9,500
National Totals	2,770,851	3,248,091	3,233,000	72,662	73,700	76,880

Outpatient: The target for OPD attendances for 2009 is significantly higher than the target for 2008 and is in line with activity projections for 2008. However, all hospitals will be proactively increasing the number of new attendees within the overall attendance numbers. The consultant and nursing capacity freed up as a result of inpatient activity changes will facilitate focus on increasing the number of new attendees. This shift will be achieved by proactive management of appointments and more appropriate discharge of frequent attenders back to primary care services. The national new: return attendance ratio is currently 1:2.8. A specific target has been set for 2009 of a maximum new: return ratio of 1:2 for non chronic specialities such as General Surgery, Orthopaedics and ENT (see highlighted measure later in this section). The performance monitoring unit will continue to track new / return ratios and 'Did Not Attends' (DNA) for all OPD clinics throughout 2009 as part of the OPD Service Improvement Project.

Births: It is too early to predict what effect the economic climate may have on births in 2009. However, in line with previous years and having regard to census projections and hospital bookings, a further 4.3% increase in births is expected in 2009. This trend will continue to place significant demands on our already stretched maternity services. Additional funding is being allocated to maternity services to address demographic related demand.

	Emergency Presentations			Emergency Admissions		
	Target 2008	Projected Outturn 2008	Expected Activity 2009	Target 2008	Projected Outturn 2008	Expected Activity 2009
South Eastern Hospitals Group	159,497	177,262	177,250	50,453	49,288	49,390
Southern Hospitals Group	139,945	140,784	140,790	40,322	40,186	40,290
North Eastern Hospitals Group	105,588	114,281	114,280	37,395	36,336	36,050
Dublin North Hospitals Group	127,971	128,691	128,690	36,809	37,589	37,690
Western Hospitals Group	187,695	200,667	200,660	82,848	82,476	82,580
Mid Western Hospitals Group	109,270	116,754	116,750	28,916	27,164	27,280
Dublin Midlands Hospitals Group	210,258	215,556	215,900	55,927	58,175	58,200
Dublin South Hospitals Group	128,188	128,687	128,680	36,698	35,505	35,520
National Totals	1,168,412	1,222,682	1,223,000	369,368	366,719	367,000

Emergency Presentations / Admissions: Emergency presentations and emergency admissions in 2009 are expected to be in line with actual 2008 levels. The objective is to continue providing for the projected number of emergency attendances and emergency admissions within an environment of overall activity control. Key to this is the timely availability of inpatient beds for emergency admissions, to reduce ED waiting times for admission. Improvements within hospitals in this area will be achieved through the focus on bed utilisation efficiency improvements such as minimising overall patient length of stay, elective surgical patient admission on the day of surgery, proactive discharge planning and senior clinical decision making, better access to assessment / diagnostics and use of day case facilities wherever possible. In addition to work underway on increasing efficiency within hospitals to improve access to beds, the Primary, Community and Continuing Care services will continue to address factors outside the direct control of hospitals, such as access to post acute care to manage the delayed discharge issue, and admission avoidance through provision of alternative community based services. This work is facilitated through the Winter Initiative project.

Activity information shown above is provided at individual hospital level in Appendix 4.

	Dialysis patients		
Modality	Outturn 2007	Projected Outturn 2008	Projected Outturn 2009
Haemodialysis	1,327	1,420	1,580
Peritoneal Dialysis	191	205	210
Total	1,518	1,625	1,790

Dialysis: In Ireland, about 170 -200 people each year reach the end-stage of renal failure and need treatment to replace their non-functioning kidneys. The main forms of treatment, other than renal transplant, are haemodialysis or peritoneal (home) dialysis. Based on international trends, it is estimated that the number of people needing dialysis may double by 2011. This is due to our ageing population and the current number of people with relevant chronic diseases, diabetes and high blood pressure. As a consequence of these demand drivers, a net increase of 165 patients needing dialysis is expected in 2009. We are sourcing additional capacity through the private sector or through public / private partnerships in the short to medium term to meet this demand. Additional funding is being allocated for dialysis provision in recognition of this demographic related demand.

	Ambulance		
	Target 2008	Projected Outturn 2008	Target 2009
Emergency Calls	214,000	214,000	225,000
Urgent Calls	63,000	63,000	68,000
Non Urgent Calls	192,000	192,000	202,000
Community Transport	188,000	420,000	Tbc*

*Tbc = to be confirmed

Ambulance: Community transport is a budgeted service and policy development is needed to ensure that patients are only provided with transport where appropriate e.g. there is an identified medical need that prevents or precludes the use of conventional transport. A community transport operational policy is to be developed and implemented in 2009. The community transport target for 2009 will be determined based on this policy development.

In addition to the information detailed on the previous pages, we will be reporting on the following performance activity.

	Target 2008	Projected Outturn 2008	Expected Activity 2009
Outpatients			
a) no. of outpatient attendances	2,770,851	3,248,091	3,233,000
b) no. of outpatient attendances (new)		858,799	New: return ratio > 1:3 for all hospitals; 1:2 for certain non chronic specialties
c) no. of outpatient attendances (return)	---	2,383,604	
d) no. of new DNAs	---	155,253	101,000
e) no. of return DNAs	---	411,653	279,000
Births			
no. of births	72,662	73,700	76,880
no. and % delivered by Caesarean Section	---	21-33%	20% or below
Emergency Department			
a) no. of emergency presentations	1,168,412	1,222,682	1,223,000
b) no. of ED attendances	---	1,169,000	---
c) no. of emergency admissions	369,368	367,719	367,000
Elective Non Elective and Public / Private Discharges			
a) Number of patients discharged in reporting quarter:			
• Inpatient	---	602,237	573,428
• Elective	---	---	---
• Non Elective	---	---	---
• Day Case	---	617,961	646,943
b) Percentage of Public Patients discharged in current quarter:			
• Inpatient	80%	75%	80%
• Elective	---	69%	80%
• Non Elective	---	78%	80%
• Day Case	80%	80%	80%
Public / Private:			
Public as a % of all patients	80%	75%	80%
Elective as a % of all patients	35%	34%	34%
Public as a % of all inpatient activity based on casemix weighting (as per consultant contract measuring system)	---	New measure for 2009	Monitor in 2009 to determine target for 2010
Public as a % of all day case activity based on casemix weighting (as per consultant contract measuring system)	---	New measure for 2009	Monitor in 2009 to determine target for 2010

Key Performance Indicators

	Target 2008	Projected Outturn 2008	Target 2009
Average Length of Stay (ALOS):			
overall ALOS for all inpatient discharges and deaths	---	6.2	5.9
Bed Days Used			
no. of bed days used for all inpatient discharges and deaths	---	3,742,080	3,390,370
Occupancy Rates			
% occupancy rate for all inpatient discharges and deaths	---	87.4%	80-90%
Day Cases:			
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (General surgery, ENT, Ophthalmology)	---	Approx 52%	55%

	Target 2008	Projected Outturn 2008	Target 2009
Public Inpatient and Day Case (Discharge and Waiting Lists)			
a) Number of Public, Adult, Elective Inpatient and Day Case Discharges.	---	133,554 (IP) 487,261 (DC)	126,876 (IP) 510,159 (DC)
b) Number of Public, Child, Elective Inpatient and Day Case Discharges.	---	9,001 (IP) 25,646 (DC)	8,550 (IP) 26,850 (DC)
c) Number of adults waiting for both Inpatient and Day Case treatment (Public Waiting List Only):	---	---	---
• over 3 months	---	7,968 (IP) / 10,714 (DC)	The national target will relate to waiting time over 6 months for adults and 3 months for children
• over 6 months	---	4,295 (IP) / 5,129(DC)	
• over 12 months	---	1,138 (IP) / 1,126 (DC)	
d) Number of children waiting for both Public Inpatient and Day Case treatment at end of quarter (Public Waiting List Only):			
• over 3 months	---	1,210 (IP) / 1,580 DC)	The national target will relate to waiting time over 6 months for adults and 3 months for children
• over 6 months	---	632 (IP) / 923 (DC)	
Waiting Time from GP Referral			
Median waiting time from GP referral to attendance at outpatients	---	An assessment as to the collectability of this information will be undertaken in 2009.	An assessment as to the collectability of this information will be undertaken in 2009.
Median waiting time from GP referral to admission to hospital	---		
Emergency Department Turnaround Times			
a) Average time from registration to discharge from ED for: i) all patients ii) patients who require admission iii) patients who are not admitted and are discharged *(10 hospitals only in 08)*	---	i) approx 4 hours ii) approx 7 hours iii) approx 3 hours	i) approx 4 hours ii) approx 6 hours iii) approx 3 hours
b) % of patients treated and discharged or admitted within 6 hours of registration	---	New measure for 2009	100%
Day of Surgery			
Overall % of elective inpatient procedures conducted on day of admission	---	New measure for 2009	Monitor in 2009 to determine target for 2010
Appropriate Use of Beds			
a) % of inappropriate admissions	---	12%	reduce to 10%
b) no. of patients inappropriately placed on day of care	---	35%	reduce to 30%
Total no. of Ambulance Transfers			
• emergency	214,000	214,000	225,000
• urgent	63,000	63,000	68,000
• non -urgent	192,000	192,000	202,000
• community	188,000	420,000	Tbc*
No. and % of emergency ambulance calls responded to within pre-determined time bands.			
• <8minutes	--	31%	32%
• <14 minutes	--	61%	62%
• <19 minutes	--	76%	76%
• <26 minutes	86%	86%	86%

*Tbc = to be confirmed

Highlighted Measure – New: Return Attendance Ratio in Outpatient Departments

What is being measured?

An objective for the NHO is to improve access for public patients for outpatient consultations. Among a range of measures that can address this objective is to increase the number of new patients seen by every consultant each month and to achieve a reduction in the ratio of new: return attendances at Outpatient Departments (OPDs). Unnecessary return attendances reduce the capacity of OPDs to see new patients. A reduction in return attendances improves the effectiveness of OPDs and reduces waiting times for new appointments. International evidence suggests that a high number of return patients do not attend (DNA).

One reason is that patients with appointments for 'regular review' may consider that the numbers of follow up appointments are unnecessary. Such DNAs contribute to inefficiencies in the OPD function.

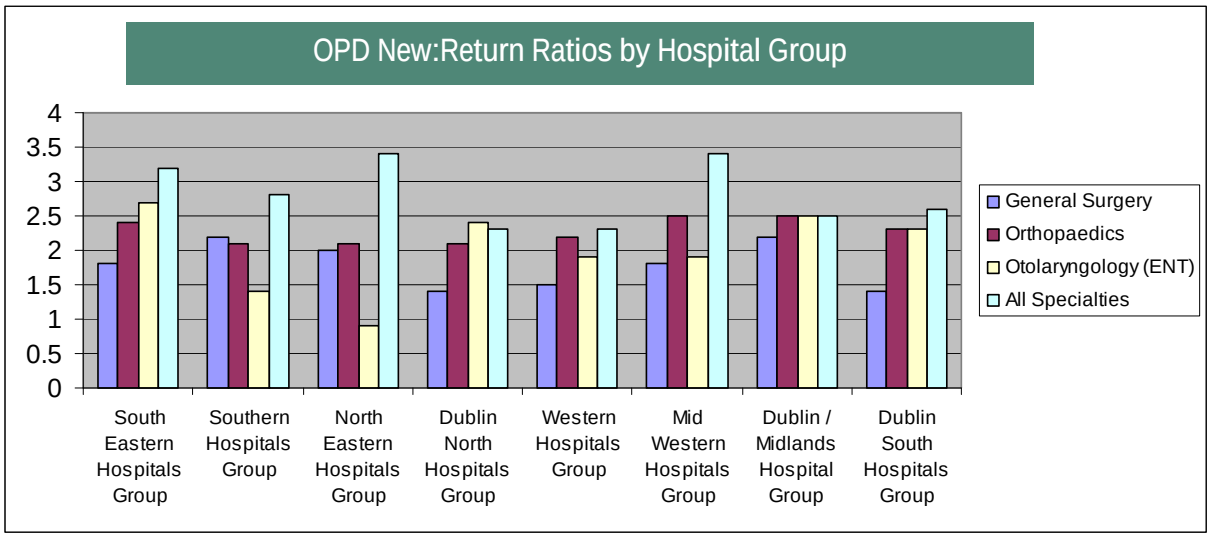
Why is this measure important?

In 2008 there were over 3 million outpatient attendances in all acute hospitals, of which in excess of 2 million were return attendances. The national new: return attendance ratio was 1: 2.8 in 2008. Three specialties in particular should have lower new: return ratios than the national average. These specialties are General Surgery; Orthopaedics and ENT.

Focusing on minimising the number of return attendances is one key aspect of improving OPD functioning in 2009. This will free up slots for more new attendances and reduce waiting times for new appointments.

What is the target?

Standardised number of new OPD patients to be seen per month for treatment at Consultant level (target per speciality to be agreed)
New: return ratio > 1:3 for all hospitals
New: return ratio of 1:2 for non chronic specialties such as General Surgery; Orthopaedics and ENT.



How are we doing?

As per the graph above some hospital groups are showing positive signs in reaching or exceeding the overall target of >1:3 based on 2008 data.

This graph also shows significant variation across the hospital groups of ratios in the 3 specialties of General Surgery, Orthopaedics and ENT. The objective is to reduce this variation and bring all hospitals in line or exceeding target.

What actions are we taking?

We are working with hospitals to ensure proactive management of OPD attendees. The minimisation of unnecessary appointments is critical to the management of OPD waiting lists. Specific actions for 2009 as part of the OPD Service Improvement Project include:

- Clear workload targets for consultants to reduce the variability in new attendance rates across hospitals.
- Clear policy on DNAs and discharging back to GPs where after 2 return appointments a patient is automatically discharged back to primary care (unless a consultant actively intervenes to make a clinical decision to retain the patient in the OPD system).
- Use of pooled referring systems, matching patients with quickest access point.
- Target development of clinical nurse specialists role.

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 16 Reconfigure our Acute Hospital System Reorganise acute services *to ensure the provision, within each network, of both comprehensive 24 / 7 medical and surgical services and planned activity for comprehensive day case and diagnostic workloads*	North East Implementation of the Teamwork review in the north east continued, with detailed project planning underpinning the service shifts in Cavan and Monaghan.	Enabling measures for service reconfigurations in Cavan and Monaghan completed.	Q1
		Detailed project planning for reconfiguration of services in Louth and Meath completed.	Q2
	Mid-West and Southern Hospital Groups Reports of the reviews of services completed, enabling the commencement of detailed planning on implementation.	Implementation plans developed for the reviews of services in Mid-West and Southern Hospital Groups, with a focus primarily on issues of patient safety and quality (i.e. trauma bypass / transfer of acute surgery and critical care from smaller hospitals to larger centres, the development of day surgery and ambulatory care in smaller hospitals and associated reconfiguration of out of hours and ED services).	Q2
		Analysis of acute service in the Midlands undertaken.	Q3
		Implementation plan produced to facilitate the reorganisation of acute services in line with the emerging new clinical model of acute and community services.	Q4
		Lead role taken by South Eastern Hospital Group Executive Management Team and supporting specialty groupings to develop an overall framework for reconfiguration of all services in network.	Q2-Q3
Achieve safer, high quality care for service users	Collaborated on development of Quality and Risk Framework. Standard for quality and risk management specified and a strategy for implementation agreed.	Consistent framework for safety, quality and risk management implemented in the hospitals operated or funded by HSE in line with overall HSE policy.	Q1-Q4
		Recommendations of Commission on Patient Safety commenced.	Q1-Q4
		Hospital service reconfiguration work driven by and reflecting the quality and safety priorities of the organisation at all levels.	Q1-Q4
Introduce a new integrated clinical and corporate governance structure *to support the concept of integrated working practices and clinical networks and also incorporating the university / academic organisations to ensure that service planning and delivery can benefit from academic leadership and clinical best practice.*	Preparatory work on clinical directorate model carried out associated with the negotiations on the new consultant contract.	Agreement with key stakeholders on number and remit of Clinical Directors secured.	Q1
		Clinical Directors appointed in line with provisions of Consultant Contract 2008.	Q1
		Clinical Directorate structure progressed and number of Clinical Directorates within hospital groups expanded as necessary.	Q1-Q4
		Clinical Directorate structures aligned with ongoing reconfiguration.	Q1-Q4
		Clinical Directors operating within clinical governance structures and policies and conform to relevant corporate policies.	Q1-Q4
		Best practice supported by Clinical Directors in education, training and staff development.	Q1-Q4

Key Result Area	Output 08	Deliverable 09	Target Timescale
Emergency Department (ED) Management	Performance improvement culture driven on the ground via eight Local Implementation Teams which worked effectively in addressing the ED waiting time issues as part of the Winter Initiative.	Measurement and reporting of total waiting time in ED from arrival to departure / admission, further developed. Prioritisation of service provision for the projected number of emergency attendances and emergency admissions within an environment of overall activity control. Focus on timely availability of inpatient beds for emergency admissions to reduce ED waiting times for admission. Improved emergency access to beds through the focus on bed utilisation efficiency improvements (such as minimising overall patient length of stay, elective surgical patient admission on the day of surgery, proactive discharge planning and senior clinical decision making, better access to assessment / diagnostics and use of day case facilities wherever possible).	Q1 – Q4
Reconfigure emergency services *to ensure that they serve an appropriate population catchment, and are resourced to provide comprehensive 24 / 7 emergency services and care for other urgent needs and minor injuries*	Mid-West, North East and Southern Hospital Groups Reports of the reviews of services enabled the commencement of detailed planning on appropriate future ED configuration.	Consideration of the rationalisation of ED services across hospitals within networks advanced in line with service review recommendations and best practice in emergency service delivery. Consideration of functioning of smaller ED units in local hospitals advanced in line with service review, activity analysis (including out of hours activity) and clinical directorate recommendations (to ensure services are configured to meet needs whilst reducing the risk of poor clinical outcomes). Existing arrangements reviewed whereby: • 8 hospitals in Dublin provide adult emergency department services on a 24hr 7day basis. • 3 paediatric emergency departments in Dublin provide emergency department services on a 24hr 7 day basis. • 3 hospitals in Cork city provide emergency department services on a 24hr 7 day basis	Q1-Q4 Q1-Q4 Q1-Q2 Q1-Q2 Q1-Q2
Reconfigure critical care services *to ensure that each critical care unit serves an appropriate catchment population and is resourced to provide comprehensive critical care services to that population.*	Independent review of existing adult critical care provision and assessment of the future requirements to 2020 commissioned by the HSE.	Reconfiguration of critical care services commenced, informed by the recommendations of the report and having regard to financial environment.	Q1-Q4
Development of tertiary and national specialist services	Improved access to Beaumont national neurosurgical services.	Beaumont Adult Neurosurgical services developed around two teams, ensuring emergency and elective patients are managed more effectively. Living Donor Programme at Beaumont further developed.	Q1-Q4 Q1-Q4
Reconfigure maternity services *to ensure that all maternity services are developed alongside acute hospitals providing the appropriate range of*	Independent review of maternity / gynaecology and neonatal services in greater Dublin area completed, to inform decisions on future configuration of these services	Reconfiguration of maternity care services in Dublin commenced, informed by the recommendations of the report. Plans advanced to develop Dublin maternity service alongside adult and paediatric hospital services.	Q1-Q2 Q1-Q4

Key Result Area	Output 08	Deliverable 09	Target Timescale
services to support the maternity unit		Investment in fit for purpose infrastructural improvements continued within existing Dublin maternity hospitals, pending relocation.	Q1-Q4
		Reconfiguration plans for maternity service in the Mid-West advanced.	Q1-Q4
Configure the maternity units *to ensure that there are a minimum number of births per unit, to ensure comprehensive safe services for all patients and to offer appropriate patient choice.*		Current delivery model in maternity units nationally examined in light of emerging trends and best practice, both nationally and internationally.	Q1-Q2
		Future minimum number of births per unit determined.	Q2
		Reconfiguration plans developed for existing units where minimum number of births is less than that required for comprehensive safe services.	Q3-Q4
Configure paediatric services *into one national integrated paediatric network with appropriate services provided at national, regional and local level*	Paediatric Neurosurgery Review completed on current Paediatric Neurosurgery Services, with recommendations on the configuration of the national service pending the completion of the National Paediatric Hospital, where all tertiary paediatric neurosurgery will be delivered.	Development of Paediatric Neurosurgery services nationally developed, informed by the recommendations of the Report.	Q1
		Lead Paediatric Neurosurgeon appointed to develop service, consistent with the role of the new children's hospital.	Q1-Q2
		Additional paediatric neurosurgeons and paediatric neuro-anaesthesia in post, to enable the operation of a sub-rota for paediatric neurosurgery.	Q2-Q4
		City wide clinical network for paediatric neurosurgery established.	Q2-Q4
	Paediatric Critical Care Services Review completed on current Paediatric Critical Care Services, with recommendations on the configuration of the national service pending the completion of the National Paediatric Hospital, where all paediatric critical care services will be delivered.	Development of Paediatric Critical Care / Transitional Care Unit facilities and services in the Dublin Children's Hospitals commenced.	Q1
		Paediatric critical care network for Ireland established.	Q1-Q4
		Joint Clinical Lead appointed to develop services consistent with recommendation of the paediatric critical care review.	Q1-Q2
		Paediatric Critical Care as a single / joint clinical department in operation cross Our Lady's Children's Hospital, Crumlin and the Children's University Hospital, Temple Street.	Q1-Q4
		Optimisation of existing paediatric critical care capacity commenced.	Q1-Q3
		Consultant staffing levels increased.	Q1-Q3
		Paediatric Services outside Dublin Development of a model of care for paediatrics commenced, informed by the model set out in the High Level Framework brief for the National Paediatric Hospital, with designated regional hospitals providing secondary inpatient paediatrics.	Q2-Q4
		Services identified that should concentrate into regional centres.	Q1-Q3
		Reorganisation of paediatric services outside of Dublin advanced, with paediatric surgery and anaesthesia a priority.	Q1-Q2
		Referral pathways developed for tertiary services appropriately provided by the Dublin children's hospitals.	Q1-Q3

Key Result Area	Output 08	Deliverable 09	Target Timescale
		Paediatric Retrieval Service	
		Development of paediatric retrieval services considered in conjunction with the neonatal retrieval service.	Q2-Q4
		Co-ordinator appointed to develop service guidelines and work with the referring hospitals to establish the service.	Q1-Q4
Improve internal hospital efficiencies and processes *in line with international best practice.*	Analysis and benchmarking of current hospital practices conducted.	Acute hospitals' participation in the work of HealthStat forum extended to allow comparative analysis of efficiency and sharing of best practice in attaining same.	Q1-Q4
		Findings of the bed utilisation reviews addressed, in terms of the causes of inappropriate days of admission on a hospital specific basis in planning and scheduling activity.	Q1-Q4
Develop hospital performance monitoring systems *to ensure that a comprehensive range of management information is available and utilised at local, network and national level to inform decision-making*	Hospital performance tracked through monthly performance monitoring returns and Health Stat input	Additional focus on outpatient department hospital performance rolled out to all networks, with the following indices to be tracked by consultant: • DNA rates • Total numbers seen • Number of new outpatient attendances • New:review ratios for non-chronic conditions • Waiting times for first appointment • Waiting time from patient arrival to consultation beginning	Q1-Q4
Move to a consultant-delivered rather than a consultant-led acute service, functioning within a well developed clinical directorate structure *Implement the new contract for medical consultants and measure associated service improvements*	186 consultant posts approved by HSE in 2008 (as of 12th September 08). Completion of process for transitioning consultants wishing to take up a new contract.	Recruitment of Consultant posts, approved in 2008, progressed.	Q1-Q4
		Reduction in NCHDs, to fund additional consultant posts, progressed.	Q1-Q4
		Following components of new consultant contract progressed: • 8am-8pm working day. • Consultants scheduled on-site on-call for up to 5 hours on Saturdays, Sundays and public holidays. • Agreed on-site working arrangements introduced on a 5 / 7 or 24 / 7 as provided for in Consultant Contract 2008. • Delivery of 80:20 ratio of public: private practice.	Q1-Q4
Implement the plans for co-location of private hospitals *on public hospital sites*	Co-location project progressed in line with policy	Co-located Hospitals at Cork University Hospital, Midwestern Regional Hospital and Beaumont progressed to construction phase, subject to satisfactory banking arrangements.	Q2
		Co-located Hospitals at St. James and Waterford Regional Hospital post signing of project agreement progressed to design completion and applications for planning permission, subject to satisfactory banking arrangements.	Q2
		Preferred bidder for Connolly Hospital appointed.	Q1
		Preferred bidder for AMNCH, Tallaght selected post tendering.	Q1

Key Result Area	Output 08	Deliverable 09	Target Timescale
		Project agreement for AMNCH progressed to signing stage.	Q2
		Progress to design completion for planning permission application.	Q3 - Q4
Ensure that the ambulance strategy *and the deployment of the Advanced Paramedic emergency workforce is in place to support the reconfiguration*	Chief Ambulance Officer in place to ensure the Ambulance Service is appropriately developed to support the Ambulance Service Strategic Development Plan and the required acute care reconfiguration.	Initial reconfiguration in the North-East achieved from existing workforce capacity. Ambulance reconfigurations to support acute service reconfigurations elsewhere progressed through continuation of training of Advanced Paramedics.	Q4 Q1 – Q4
Initiate National Integrated Management Information system (NIMIS) (PACS / RIS) *to facilitate communication and ease of access to imaging information across the system*	Business Case for the NIMIS project approved by the Project Board. Capital Approval received for the funding required in 2008. Procurement notice for the system posted on e-tenders web-site.	Procurement process advanced. Project progressed in line with capital programme funding availability.	Q1-Q4 Q1-Q4
Introduce new initiatives for improved skill mix *in the acute services and for the expansion of the roles of health care professionals, including nurses and midwives*	Skill Mix project ongoing Ongoing education programmes at Royal College of Surgeons in Ireland (RCSI) and University College Cork (UCC) for nurse prescribing; at September 2008 142 nurses and midwives undergoing or have completed programmes.	Numbers of Health Care Assistants increased to approximately 1,000 from NHO in academic year 2009 / 2010. Role of nurses and midwives expanded to include prescribing of medicinal products and to include venepuncture and intravenous cannulation. Role of nurses expanded to include prescribing of ionising radiation.	Q1-Q4 Q1-Q4 Q1-Q4

National Cancer Control Programme (NCCP)

Introduction

As reported in *A Strategy for Cancer Control in Ireland, 2006*, National Cancer Registry data indicated that outcomes for cancer patients were generally lower in Ireland than the rest of Europe, and suggested that these rates were due to a number of factors including; limited screening services, low volume surgery and limited access to radiation therapy treatments. Based on population needs, this strategy recommended a National Cancer Control Programme (NCCP) with 4 Cancer Control Networks, each with 2 Cancer Centres, delivering high volume specialised oncology surgery with equitable access to all other cancer modalities. In 2007 the Minister for Health and Children announced a commitment that by the end of 2009, 90% of this transfer would be completed. The NCCP committed to delivering 80% of breast cancer services transferred by the end of 2008, with the remainder of breast and other cancer services totalling 90% transferred by the end of 2009. Monitoring of the investment will commence in 2009, based on a number of the standards in the Health Information and Quality Authority (HIQA) guidelines for breast cancer services and the recommendation of the HIQA reports (March and April 2008).

The programme for 2009 is to invest in a number of areas that have very poor, protracted access to initial diagnostics and, therefore, poor outcomes. Investment will also be provided for improved treatment modalities. The disease sites initially being targeted in 2009 are lung and prostate cancers. The programme will also deliver 3 national centres for specialised, low volume cancer surgery and treatment. All investments outlined will require some additional theatre capacity, and a programme of GP training in relation to community oncology will be delivered. This will include improved referral processes, the implementation of national referral guidelines and also additional patient transport. Delivery of these services will be targeted for the 4th quarter in 2009.

National Plan for Radiation Oncology

The National Plan for Radiation Oncology (NPRO) forms part of the NCCP. A number of key areas of work have been progressed in 2008 and will continue into 2009. These include capital development of radiation oncology facilities, service planning and integration of radiation oncology services and the development of a workforce plan for radiation oncology services.

Resources

	WTE	
	2008 Outturn*	2009 Ceiling
NCCP	101	179
NPRO	63	85
TOTAL	164	264

	Finance	
	2007 / 2008 Budget €000	2009 Budget €000
NCCP	21,750	36,750
NPRO		
TOTAL	21,750	36,750

**2008 Outturn is new development posts only 07 / 08 – disaggregating of WTEs from services to be progressed in 2009. Finance data relates to additionality only. All data under resources is approximate and subject to ongoing corrections in 2009 as WTE ceilings and budgets are finalised, allocated out and reporting mechanisms improve.*

Key Performance Indicators

	Projected Outturn 2008	Target 2009
Symptomatic Breast Cancer Services		
No. and % of cases compliant with HIQA standard of 2 weeks for urgent referrals	New measure for 09	95%
No. and % of women seen, who were waiting longer than 12 weeks for access to symptomatic service	New measure for 09	<5%
No. and % of newly diagnosed breast cancers discussed at MDT	New measure for 09	100%
No. and % of patients with a primary diagnosis of breast cancer who have procedures carried out in one of the 8 designated cancer centres out of the total patients with a primary diagnosis of breast cancer who have procedures carried out	2,000 (80%)	2,500 (98%)
Lung / Colo-rectal / Prostate Cancers:		
Median waiting time from referral by GP to definitive diagnosis	New measure for 09	To commence collection when diagnostics proposed in NSP are in place
Median waiting time from definitive diagnosis to treatment	New measure for 09	
Breast / Colon / Rectal / Prostate Cancers:		
No. of centres providing services for each site specific cancer:		
Breast	11	8

	Projected Outturn 2008	Target 2009
Lung:		
Diagnostics	New measure for 09	8
Surgery	New measure for 09	4
Prostate:		
Diagnostics	New measure for 09	8
Surgery	New measure for 09	4
Colon	New measure for 09	To be determined
Rectal	New measure for 09	4

Key Result Areas

Key Result Area	Output 08	Deliverable 09	Target Timescale
CP 15 National Cancer Control Programme (NCCP) Breast Services	80% of breast cancer surgery transferred to the 8 Specialised Cancer Centres (including the special arrangement for Letterkenny).	Remaining 20% of breast services transferred to the 8 Specialised Cancer Centres. Implementation of single day triple assessment, in compliance with HIQA standards for breast services, resulting in improved access for patients and improved surgical outcomes. Monitoring and reporting of new services commenced, including tracking against standards.	Q2 Q4
Lung Cancer Services	Standards for staffing levels and patient access to diagnostics and treatment of lung cancers developed by National Working Group.	Rapid access diagnostic clinics for lung cancer developed in 8 of the specialised centres, with centralised lung cancer surgery in 4 of these Centres. Access to lung cancer surgery in 4 of the centres improved, now targeted for 4th quarter from 2009 allocations. New Development Funding: 2009 € €3m; WTE 22	Q4
Prostate Cancer Services	Standards for staffing levels and patient access to diagnostics and treatment of prostate cancers developed by National Working Groups	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased, both targeted for 3rd quarter from 2009 allocations. New Development Funding: 2009 € €3.4m; WTE 28	Q4 Q3
National centre for neurosurgical cancer	Designation of the site for the national centre agreed within the NCCP and approved.	National centre for neurosurgical cancer developed New Development Funding: 2009 € €1m; WTE 8	Q3
National centre for complex head and neck, cancer	Designation of the site for the national centre agreed within the NCCP and approved.	National centre for complex head and neck cancer developed. New Development Funding: 2009 € €1m; WTE 8	Q3
National centre for pancreatic cancer	Designation of the site for the national centre agreed within the NCCP and approved.	National centre for pancreatic cancer developed. New Development Funding: 2009 € €1m; WTE 8	Q3

Key Result Area	Output 08	Deliverable 09	Target Timescale
Additional theatre capacity to support the breast programme, lung prostate and national centre programmes		Oncology theatre developments to support the 8 designated centres and their cancer programmes. New Development Funding: 2009 € €1m; WTE 14	Q1-Q4
Community oncology	Staff seconded into NCCP from the HSE for the purpose of rolling out this programme.	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations. New Development Funding: 2009 € €1.53m; WTE 0	Q3
Additional Patient transport support	€0.75m assigned to the Irish Cancer Society to manage patient transport for access to diagnostics and treatment.	Patient transport support scheme rolled out further. New Development Funding: 2009 € 0.5m; WTE 0	Q1
NPRO - Capital development plan in Beaumont and St. James Hospitals, *as part of the National HSE Radiation Oncology Network (Phase 1)*	Tender process for the appointment of a supply contractor for the Phase 1 facilities completed and construction commenced.	Phase 1 construction work continued. New Development Funding: 2009 € €1.7m; WTE 12	Q1-Q4
NPRO - Phase 2 development -*the completion of the National Radiation Network by Public Private Partnership by 2014*	Technical, financial and legal advisors appointed for Phase 2.	Compilation of the Public Sector Benchmark Output specification and exemplar design completed. Public Private Partnership procurement process commenced.	Q2
Workforce Planning	A number of SPR training posts filled. Recruitment campaign for Consultant Radiation Oncologist posts commenced.	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts. New Development Funding: 2009 € €0.87m; WTE 0	Q1-Q4

National Performance Indicator and Activity Suite

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Primary Care		
PCTs		
Number of Primary Care Teams	104	210
Number of Primary Care Teams in development	106	100
Total no. of patients / clients with a care plan	---	New measure for collection in 2009
Orthodontics		
Total number of patients receiving treatment during reporting period	22,010	22,010
Total number of patients with completed treatments during reporting period	4,609	4,609
Average waiting time for:		
1. Orthodontic assessment (Category A: Category B:)	---	New measure for collection in 2009
2. Orthodontic treatment (Category A: Category B:)	---	
GP Out of Hours		
No. contacts with GP out of hours	801,000	801,000

Key Performance Indicator	Projected Outturn 2008	Target 2009
Primary Care		
PCTs		
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	---	New measure for collection in 2009
Child Health		
No. and % of new born babies visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge	74%	74%
The percentage uptake of 7-9 month developmental screening by 10 months	---	New measure for collection in 2009
Immunisations		
Number and percentage of children 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3), Meningococcal group C (MenC3).	87%	88%
Number and percentage of children 24 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3), Meningococcal group C (MenC3).	92%	94%
Number and percentage of children who have received the Measles, Mumps, Rubella (MMR) vaccine at 24 months	88%	90%

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Community (Demand Led) Schemes		
Demand Led Schemes		
No. of GP Visit Cards issued	95,458	142,148
No. persons covered by Medical Cards	1,342,966	1,423,830
Long Term Illness		
No. of claims	556,873	592,885
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
No. of items	2,565,944	2,742,951
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Drug Payment Scheme		
No. of claims	3,814,934	4,183,687
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
No. of items	14,455,916	15,944,205
a) drugs	---	For collection in 2009
b) non drugs	---	For collection in 2009
GMS		
No. prescriptions	---	For collection in 2009
No. of items	---	---
a) Drugs	---	For collection in 2009
b) Non drugs	---	For collection in 2009
No. of claims – special items of service	---	For collection in 2009
No. of claims – special type consultations	---	For collection in 2009
HiTech		
No. of claims	301,119	315,904
DTSS		
No. treatments (above the line)	1,007,091	1,049,791
No. treatments (below the line)	108,900	113,518
Community Ophthalmic Scheme		
No. of treatments	540,929	578,263
Adult	---	For collection in 2009
Children	---	For collection in 2009
Domiciliary Care Allowance		
No. of persons in receipt of DCA	23,000	25,000

Key Performance Indicator	Projected Outturn 2008	Target 2009
Community (Demand Led) Schemes		
Medical Cards		
% of Medical Cards issued within 15 working days of application	---	To be developed in 2009.
Mean time between date of application and issuing of Medical Card	---	
GP Visit Cards		
% of GP Visit Cards issued within 15 working days of application	---	
Mean time between date of application and issuing of GP Visit Card	---	

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Children and Families		
Family Support Services		
Total no. of referrals to Family Welfare Conferences	444	444
Total no. Family Welfare Conferences convened	227	227
No. of Springboard family referrals	786	777
No. of Teen Parent Support Programme active cases	1,200	1,200

Key Performance Indicator	Projected Outturn 2008	Target 2009
Children and Families		
Residential and Foster Care		
Total number of children in care:	5,334	5,334
i. No. and % of children in residential care	426 (8%)	426 (8%)
ii. No. and % of children in Foster Care	3,196 (60%)	3,196 (60%)
iii. No. and % of children in Foster care with relative	1,530 (29%)	1,530 (29%)
iv. No. and % of children in other care placements / at home under care order	182 (3%)	182 (3%)
Care Planning		
No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995.	78%	82%
i. Residential care	74%	90%
ii. Foster care	72%	90%
Iii. Foster care with relatives	71%	90%
Iv. Other care placement	89%	90%
No. and % of children who came into care during the reporting period who had a care plan drawn up prior to placement	40%	40%
No. and % of children in care who have an allocated social worker	88%	88%
i. Residential care	85%	85%
ii. Foster care	90%	90%
Iii. Foster care with relatives	86%	86%
Iv. Other care placement	90%	90%
Pre-School		
No. and % of notified current operational pre-school centres where an Annual Inspection took place	2,145	2,145
No. of pre-school Advisory Visits that took place during the year	1,463	1,463
Child Abuse		Progress during 2009 – note this will be reported on from Q2 2009 and will refer to activity within the Local Health Offices where standardised business processes have been rolled out as part of the development of the Child Care Information System. Extension of this measure beyond the pilots is contingent on the successful rollout of the revised business process.
No. of notifications made of child abuse or neglect	---	
No. and % of assessments conducted following notifications	---	
No. and % of children on waiting lists for assessments following notification of child abuse or neglect	---	
Average time spent on waiting list for assessment following notification of child abuse or neglect	---	
Inter Country Adoption		
% ICA assessments completed during the year (Oct to September)	---	New measure for collection in 2009

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Mental Health		
Admissions		
Total number of admissions to acute inpatient units (adults and children)	16,230	15,905
No. of readmissions as a % of total admissions	70%	68%
Total number of involuntary admissions	1,387	1,372
Child & Adolescent Mental Health		
No. of Child & Adolescent Mental Health Teams (as outlined in a Vision for Change)	47	55

Performance Activity	Projected Outturn 2008	Expected Activity 2009
No. of new child / adolescent referrals received by Mental Health Services	---	New measures for collection in 2009
Total number of child / adolescent patients seen by a member of the CAMH teams (new and existing)	---	
Total number of new child / adolescent referrals assessed	---	

Key Performance Indicator	Projected Outturn 2008	Target 2009
Mental Health		
Acute Units		
a) Number of inpatient places per 100,000 population	30.7	25
b) First admission rates to acute units (that is, first ever admission), per 100,000 population		
Annual rate	105.6	105.6
Quarterly rate	26.4	26.4
c) Inpatient readmission rates to acute units per 100,000 population		
Annual rate	266.2	260.3
Quarterly rate	70.1	66.6
d) Rate of involuntary admissions per 100,000 population (Quarterly rate)	8.2	Reduce by 1%
Median length of stay in inpatient facilities	12	12
Children & Adolescent Waiting List		
Waiting times for assessment and treatment by CAMH Teams	---	To be progressed in 2009
Overall number on waiting list; No. and % seen (<3months; 3-6months; 6-9 months; 9-12months, >12moths)	---	Target to reduce waiting times in 2010 using 2009 data as base position
% of new versus existing child / adolescent patients seen by a member of the CAMH team	---	To be progressed in 2009
No. of repeat deliberate self harm presentations at ED	---	To be progressed in 2009

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Disability Services		
Day Services		
No. of persons with intellectual disability and autism in sheltered work services	4,650	4,650
No. of sheltered work places provided for people with intellectual disability and autism.	4,185	4,185
No. of sheltered work places provided for people with physical and/or sensory disability	---	To be developed in 2009
No. of persons with physical and /or sensory disability in sheltered work services	---	To be developed in 2009
No. of persons (all disabilities) in Rehabilitative Training (RT)	2,800	2,800
No. of persons with intellectual disability and autism in Other Day Services (excluding RT and Sheltered work)	9,251	9,251
No. of persons with a physical and / or sensory disability in Other Day Services (excluding RT)	---	To be developed in Q1 2009
Residential & Respite Services		
No. of residential places for persons with an intellectual disability & autism	7,605	7,605
No. of persons who benefit from such places	8,004	8,004
No. residential places for persons with a physical and / or sensory disability	914	914
No. of persons who benefit from such places	---	To be developed in 2009
No. respite places for persons with intellectual disability and autism (estimated)	700	700
No of persons who benefit from such places	---	To be developed in 2009

Performance Activity	Projected Outturn 2008	Expected Activity 2009
No. of respite places for persons with a physical and/ or sensory disability	---	To be developed in 2009
Total no. of persons who benefit from such places	---	To be developed in 2009
No of hours of Personal Assistance /Home support	3.2m	3.2m
No. of persons with a physical and / or sensory disability benefiting from Home Support / PA hours	---	To be developed in 2009
Inappropriate Settings No. of persons with an intellectual disability inappropriately placed in Mental Health settings/ Other inappropriate placements, transferred to more appropriate settings.	0	17

Key Performance Indicator	Projected Outturn 2008	Target 2009
Disability Services		
Under 5 Assessments		
a) The no. of requests for assessments received	2,597	2,600
b) The no. of assessments commenced as provided for in the regulations.	2,044	2,100
c) The no. of assessments commenced within the timelines as provided for in the regulations	1,628	2,100
d) The no. of assessments completed as provided for in the regulations	1,036	2,100
e) The no. of assessment completed within the timelines as provided for in the regulations	512	2,100
f) The no. of service statements completed.	512	1,995
g) The no. of service statements completed within the timelines as provided for in the regulations	486	1,995

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Older People		
Total Home Help Hours provided	11.96m	11.98m
Total no. in receipt of home help service	54,500	54,500
Persons in receipt of home care packages	8,700	8,700
No. of HCPs (equivalents)	4,607	4,710
No. of cash grant packages	---	No target
Total no. of new HCP clients	---	No target
Total no. of day care places	21,300	21,645
No. benefiting from day care places	---	New measure – for collection in 2009
Total no. of clients in receipt of meals on wheels	---	
Total no. in receipt of subvention (monthly average)	9,079	9,100
Total no. in receipt of enhanced subvention (monthly average)	4,883	4,900
No. and % of people in long-term residential care availing of the Fair Deal broken down by public, private and voluntary facilities	---	New measure – for collection in 2009
No. and proportion of those who qualify for ancillary state support who chose to avail of the deferred charge	---	
No. of statutory inspections of nursing homes carried out (1st and 2nd inspections amalgamated)	872	872
No. of public, private and voluntary beds	10,543	11,243
Total no. of clients in HSE funded sheltered housing	---	Progress in 2009

Key Performance Indicator	Projected Outturn 2008	Target 2009
Older People		
No. and % of the population aged 75 years and over in residential care continuing care settings, i.e. HSE Area and other residential continuing care settings, including private and voluntary, as a percentage of the total population aged 75 years and over	<10%	<10%

% uptake of influenza vaccine among the GMS population aged over 65 years	59%	Work towards 75% (2010)

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Palliative Care		
Specialist Palliative Care		
No. patients treated in specialist inpatient units	373	379
No. patients in receipt of domiciliary based specialist palliative care	2,790	2,933
No. patients in receipt of intermediate palliative care in community hospitals	103	103
No. patients in receipt of day care	292	315

Key Performance Indicator	Projected Outturn 2008	Target 2009
Palliative Care		
No. specialist palliative care beds per 100,000 population		Monitor during 2009 and use this as baseline for target 2010

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Social Inclusion		
Average no. clients in methadone treatment (Total)*	8,765	8,765
a) Average no. of clients in methadone treatment per Area	7,636	7,636
b) Average no. of clients in methadone treatment - Prisons	612	612
c) Average no. of clients in methadone treatment – Drug Treatment Centre Board	517	517

Key Performance Indicator	Projected Outturn 2008	Target 2009
Social Inclusion		
The no. and % of substance misusers for whom treatment as deemed appropriate has commenced		
1. Within one calendar month of assessment	1,406 (84%)	1,406 (84%)
2.Later than one calendar month	269 (16%)	269 (16%)
The number of substance misusers under 18 years of age for whom treatment as deemed appropriate was commenced within:		
1. Within one calendar month	106 (88%)	106 (88%)
2. Later than one calendar month	14 (12%)	14 (12%)
Homeless Services		
No. and % of acute providers, including voluntary, hospitals / acute mental health units / psychiatric hospitals operating a formal discharge policy for homeless people.	59 (74%)	80 (100%)
No. and % of LHO's operating a formal Leaving and Aftercare Support Service for young people leaving care	21 (66%)	32 (100%)

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Acute		
Outpatients		
a) no. of outpatient attendances	3,248,091	3,233,000
b) no. of outpatient attendances (new)	858,799	New: return ratio > 1:3 for all hospitals; 1:2 for certain non chronic specialties
c) no. of outpatient attendances (return)	2,383,604	
d) no. of new DNAs	155,253	101,000
e) no. of return DNAs	411,653	279,000
Births		
no. of births	73,700	76,880

Performance Activity	Projected Outturn 2008	Expected Activity 2009
no. and % delivered by Caesarean Section	21-33%	20% or below

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Emergency Department		
a) no. of emergency presentations	1,222,682	1,223,000
b) no. of ED attendances	1,169,000	---
c) no. of emergency admissions	367,719	367,000
Elective Non Elective and Public / Private Discharges		
a) Number of patients discharged in reporting quarter:		
• Inpatient	602,237	573,428
• Elective	---	---
• Non Elective	---	---
• Day Case	617,962	646,943
b) Percentage of Public Patients discharged in current quarter:		
• Inpatient	75%	80%
• Elective	69%	80%
• Non Elective	78%	80%
• Day Case	80%	80%
Public / Private:		
Public as a % of all patients	75%	80%
Elective as a % of all patients	34%	34%
Public as a % of all inpatient activity based on casemix weighting (as per consultant contract measuring system)	New measure for 2009	Monitor in 2009 to determine target for 2010
Public as a % of all day case activity based on casemix weighting (as per consultant contract measuring system)	New measure for 2009	Monitor in 2009 to determine target for 2010

Key Performance Indicator	Projected Outturn 2008	Target 2009
Acute		
Average Length of Stay (ALOS):		
overall ALOS for all inpatient discharges and deaths	6.2	5.9
Bed Days Used		
no. of bed days used for all inpatient discharges and deaths	3,742,080	3,390,370
Occupancy Rates		
% occupancy rate for all inpatient discharges and deaths	87.4%	86%
Day Cases		
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (General surgery, ENT, Ophthalmology)	Approx 52%	55%
Public Inpatient and Day Case (Discharge and Waiting Lists)		
a) Number of Public, Adult, Elective Inpatient and Day Case Discharges.	133,554 (IP) 487,261 (DC)	126,876 (IP) 510,159 (DC)
b) Number of Public, Child, Elective Inpatient and Day Case Discharges.	9,001 (IP) 25,646 (DC)	8,550 (IP) 26,850 (DC)
c) Number of adults waiting for both Inpatient and Day Case treatment (Public Waiting List Only):	---	---
• over 3 months	7,968 (IP) 10,714 (DC)	The national target will relate to waiting time over 6 months for adults and 3 months for children
• over 6 months	4,295 (IP) 5,129(DC)	
• over 12 months	1,138 (IP) 1,126 (DC)	
d) Number of children waiting for both Public Inpatient and Day Case treatment at end of quarter (Public Waiting List Only):		

Key Performance Indicator	Projected Outturn 2008	Target 2009
• over 3 months	1,210 (IP) / 1,580 DC)	The national target will relate to waiting time over 6 months for adults and 3 months for children
• over 6 months	632 (IP) / 923 (DC)	
Waiting Time from GP Referral		
Median waiting time from GP referral to attendance at outpatients	An assessment as to the collectability of this information will be undertaken in 2009.	An assessment as to the collectability of this information will be undertaken in 2009.
Median waiting time from GP referral to admission to hospital		
Emergency Department Turnaround Times		
a) Average time from registration to discharge from ED for: i) all patients ii) patients who require admission iii) patients who are not admitted and are discharged	i) approx 4 hours ii) approx 7 hours iii) approx 3 hours	i) approx 4 hours ii) approx 6 hours iii) approx 3 hours
b) % of patients treated and discharged or admitted within 6 hours of registration	New measure for 2009	100%
Day of Surgery		
Overall % of elective inpatient procedures conducted on day of admission	New measure for 2009	Monitor in 2009 to determine target for 2010
Appropriate Use of Beds		
a) % of inappropriate admissions	12%	reduce to 10%
b) no. of patients inappropriately placed on day of care	35%	reduce to 30%

Performance Activity	Projected Outturn 2008	Expected Activity 2009
Ambulance		
Total no. of Ambulance Transfers		
• emergency	214,000	225,000
• urgent	63,000	68,000
• non -urgent	192,000	202,000
• community	420,000	tbc
No. and % of emergency ambulance calls responded to within pre-determined time bands.		
• <8 minutes	31%	32%
• <14 minutes	61%	62%
• <19 minutes	76%	76%
• <26 minutes	86%	86%

Key Performance Indicator	Projected Outturn 2008	Target 2009
National Cancer Control Programme		
Symptomatic Breast Cancer Services		
No. and % of cases compliant with HIQA standard of 2 weeks for urgent referrals	New measure for 09	95%
No. and % of women seen, who were waiting longer than 12 weeks for access to symptomatic service	New measure for 09	<5%
No. and % of newly diagnosed breast cancers discussed at MDT	New measure for 09	100%
No. and % of patients with a primary diagnosis of breast cancer who have procedures carried out in one of the 8 designated cancer centres out of the total patients with a primary diagnosis of breast cancer who have procedures carried out	2,000 (80%)	2,500 (98%)
Lung / Colo-rectal / Prostate Cancers:		To commence collection when diagnostics proposed in NSP are in place
Median waiting time from referral by GP to definitive diagnosis	New measure for 09	
Median waiting time from definitive diagnosis to treatment	New measure for 09	
Breast / Colon / Rectal / Prostate Cancers:		
No. of centres providing services for each site specific cancer:		

Key Performance Indicator	Projected Outturn 2008	Target 2009
Breast	11	8
Lung:		
Diagnostics	New measure for 09	4
Surgery	New measure for 09	4
Prostate:		
Diagnostics	New measure for 09	4
Surgery	New measure for 09	4
Colon	New measure for 09	To be determined
Rectal	New measure for 09	4

Key Performance Indicator	Projected Outturn 2008	Target 2009
Developmental Screening		
Number of boys 0 - 4 years (inclusive) undergoing orchidopexy (ICD-10 AM 37803-01, 37803-00) as a percentage of all boys aged 0 - 14years (inclusive) undergoing orchidopexy	62.3% (2006 data)	70%

Key Performance Indicator	Projected Outturn 2008	Target 2009
Smoking		
% of population smoking by gender and by age	23.4% of total pop. >15yrs Males 24.4%; females 22.8%	23.4% of total pop >15yrs Males 24.4%; females 22.8%

Key Performance Indicator	Projected Outturn 2008	Target 2009
Safety and Quality		
MRSA bacteraemia notification rate per 1,000 bed days used	0.15 per 1,000 (Quarter 1 data)	6% reduction

Key Performance Indicator	Projected Outturn 2008	Target 2009
Environmental Health		
No. of inspections and / or programmes to ensure compliance with Public Health Tobacco Acts:		
i) smoke-free workplaces (inspections)	--	New measure for 2009
ii) sales to minors and test purchase (programmes)	--	New measure for 2009
No. of inspections of food premises	45,000	44,000

Key Performance Indicator	Projected Outturn 2008	Target 2009
Capital		
No. and % of capital projects (with a capital cost of €2m or greater) successfully delivered and operational:	---	New measure – for collection in 2009
a) Within projected capital costs	---	
b) Within projected revenue costs	---	
c) Within projected WTE requirement	---	
d) Within projected time lines	---	

Appendix 1 Finance Information

2009 view of all schemes	2008 Original Budget €m	2008 Projected Outturn €m	2009 Budget Available €m	2009 Increased Allocation €m	2009 Projected Savings €m	2009 Proposed Budget €m
Medical Cards	1,664	1,774	1,769	260	(141)	1,888
Community Drugs schemes						
Drug Payment Scheme	308	314	314	14	(25)	303
Long Term Illness scheme	125	135	134	21	-	156
Hardship	0	0	0	0	-	0
High Tech	101	116	116	34	-	150
Dental Treatment Services	59	61	61	3	-	64
Health Amendment Act	2	2	2	(0)	-	1
Community Ophthalmic Scheme	21	22	22	2	-	24
Methadone Treatment	14	15	15	4	-	19
Childhood immunisation	6	6	6	(0)	-	6
Doctors Fees / Allowances	17	17	17	(1)	-	16
Sub Total	653	688	686	78	(25)	739
Total PCRS	2,317	2,461	2,455	338	(166)	2,626
Primary Care Schemes						
Domiciliary Care	94	121	102	36	-	138
Mobility allowance	17	16	16	(1)	-	15
Capitation	12	10	12	(2)	-	9
Infectious diseases	0	0	0	(0)	-	0
Blind welfare allowances	9	10	9	1	-	10
Maternity cash grants	0	0	0	(0)	-	0
Drug Payment Scheme	44	40	43	(6)	-	37
Long Term Illness scheme	7	9	8	0	-	8
High Tech	1	7	3	0	-	3
Hardship medicine	65	75	68	12	(11)	69
Refund of Drugs	25	25	25	0	-	25
Health Amendment Act	3	4	3	0	-	3
Dental Treatment Services	0	(1)	0	0	-	0
Total PCS	278	317	290	39	(11)	318
Grand Total	2,594	2,779	2,744	377	(177)	2,944

NB: Rounding applies to all financial tables

Appendix 2a Summary of New Service Developments

Key Result Area	Deliverable 09	Funding	WTE	Timescale
Primary Care				
Immunisations	Full year costs to support the recent extension of the New Primary Childhood immunisation (PCI) schedule (€18m funded in 2008 towards programmes with a full year cost of €30m)	€12m	-	Q1–Q4
	Totals	€12m	-	
Mental Health				
Suicide Prevention Positively influence attitudes to mental health	Service Level Agreement agreed with Console to benchmark services against agreed national and local quality standards	€100,000	-	Q4
	Programme 'Your Mental Health' further developed targeting whole population and specifically young people	€900,000	-	Q2
Progressing Vision for Change	Involvement of service users in mental health services further developed (detail in the care group section)	€500,000	-	Q2
	Early intervention services for mental illness further developed(detail in the care group section)	€250,000	-	Q2
Child and Adolescent	Additional support staff. * Full year cost of posts for Child & Adolescent Mental Health in 2010 will be €2.85m. In 2009, €1.75m will be spent on a once-off basis on Suicide Prevention and Progressing Vision For Change.	€1.05m*	35	Q2
	Totals	€2.8m (€1.75m once off)	35	
Disability Services				
Disabilities Assessment and Intervention Services	Development and enhancement of assessment and intervention services to children of school going age with disabilities and recruitment of therapy posts to support implementation of the Disability Act .* Costs equivalent to 90 posts	€7.2m*	90	Q3
	Totals	€7.2m	90	
Older People				
A Fair Deal and Associated Work	In conjunction with the National Treatment Purchase Fund (NTPF) and DoHC, national implementation of the new nursing home support scheme - 'A Fair Deal', following approval by the Oireachtas	€55m	-	Q1–Q4
	Totals	€55m	-	
National Cancer Control Programme				
Lung Cancer Services	Access to lung cancer surgery in 4 of the centres improved	€3m	22	Q4
Prostate Cancer Services	Rapid access diagnostic clinics for prostate cancer developed in 8 of the Specialised centres. Prostate brachytherapy seed programme developed. Access to prostate surgery increased	€3.4m	28	
National centre for neurosurgical cancer	National centre for neurosurgical cancer developed	€1m	8	
National centre for complex head and neck, cancer	National centre for complex head and neck cancer developed	€1m	8	
National centre for pancreatic cancer	National centre for pancreatic cancer developed	€1m	8	
Additional theatre	Oncology theatre developments are required to support the 8 designated centres and their cancer programmes.	€1m	14	
Community oncology	Programme of GP training to aid with cancer referral and surveillance delivered – part delivery in 2009 from allocations.	€1.53m	-	
Additional Patient transport support	Patient transport support scheme rolled out further.	€500,000	-	
NPRO Capital development plan	Phase 1 construction work continued in Beaumont and St. James's Hospitals	€1.7m	12	
Workforce Planning	Further recruitment to commence in relation to National Plan For Radiation Oncology Posts.	€870,000	-	
	Totals	€15m	100	
Innovation				
Innovation Funding	Delivery of Innovation projects approved by Minister for Health and Children.	€21m	-	
	Totals	€21m		
All Services				
Demographic related for service pressures	Supporting a range of demographic and services pressures (details shown in Appendix 2b).	€120m		Q1–Q4
	Totals	€120m		
	TOTAL	€233m	225	

Appendix 2b Demographic Service Pressures

Key Result Area	Deliverable 09	Funding €	Target Timescale
Acute Services			
	Supporting a range of demographic and services pressures demand led / risk related as discussed with DOHC :		Q1–Q4
	Renal Services	€7.5 m	
	Maternity Services	€10m	
	Paediatrics	€6.3 m	
	Adult Critical Care Services	€1.8 m	
	Haematology / Haemophilia Services	€2.15m	
	Blood / Tissue Directives	€1m	
	Pre Hospital Emergency Care Service Development	€3m	
	Reconfiguration of Acute Services- initial support for South / Mid West / North East	€3m	
	Metabolic Diseases	€2m	
	Transplant Services	€2.2m	
	CF Services	€1.6 m	
	Neurosciences	€0.850m	
	Cardiovascular	€0.6m	
	Initiate priority consultant posts, including rheumatology, infectious disease , neurology and 100+	€8m	
	TOTAL	€50m	
Primary, Community and Continuing Care			
Primary Care			
Primary Care Teams	Recruitment of 300 posts to support the development of Primary Care Teams, with particular emphasis on linking posts to the planned programme of developing an extra 200 Primary Care Centres.	€16m	Q1–Q4
Mental Health			
Child and Adolescent Mental Heath Teams (CAMHT)	Child and Adolescent Mental Health Teams	€10.6m	Q2
Interim Beds	Interim Beds	€8.6m	Q1
Disability Services			
Emergency Placements	Provision of emergency residential places and day places	€8.5m	Q3
Older Persons			
Public Fast Track Beds	Proceed with implementation of 483 new beds (bringing it to a total of 715 additional beds and 492 replacement Fast-Track beds and additional capital developments for Older People as part of the National Development Plan. *Due to the phased provision of the above developments, including residential beds being provided through the fast track process, the revenue provision will be utilised on a once-off basis to provide additional interim private contracted beds to support the acute system*	€20m	Q4
Social Inclusion			
Addiction services	Further development of Treatment Services for Under 18 year-olds (€3.65m) Appointment of Coordinator to lead the implementation of the Rehabilitation Strategy (€0.100m) Commence roll-out of rehabilitation Strategy (€0.200m) Addiction Services Training Programme (€0.250m)	€4.2m	Q1–Q4
Traveller Health	Implementation of the Traveller Primary Health Care Projects	€0.5m	Q1
Children and Families			
Residential Childcare	Costs associated with transfer of Ferryhouse Children's Residential Centre from Department of Education to HSE	€1.6m	Q2
	TOTAL	€70m	
	OVERALL TOTAL	€120m	

Any WTE implications for the above are within existing ceiling and do not require a ceiling adjustment.

Appendix 3 - VFM

Multi-Annual VFM Programme

In acknowledgement of the need for a multi-annual strategic approach to driving value and productivity, our detailed Business Plans will set out the terms of reference and 2009 deliverables associated with specific VFM reviews and initiatives, some of which have identified 2009 budget reductions and cover the following range of services / areas:

- Non statutory provided disability services and the scope for increased economy, efficiency and effectiveness whilst maintaining and improving the standard front-line delivered services to clients. The objective is to achieve this without impacting significantly on frontline services. Areas where these savings may be achieved might include:
  - Further significant efficiencies in advertising, PR, consultancy, travel costs not related to clinical service delivery etc.
  - Significant reduction in management and administration costs to cover all areas of management, including clinical management, and
  - Review of transport arrangements, procurement, administration functions, staff training.
- Blood products and the minimisation of wastage by supporting the development of best practice in blood utilisation and stock management without impacting adversely on safety / quality
- Management of medical card and community drugs schemes and the scope for a centralised national processing centre, while reviewing the governance / probity of these schemes
- Out of hours services review and rationalised arrangements for costs of call centres for emergency services and GP co-operatives. The purpose of this review is to collect the relevant information relating to the different co-op models in existence, to review the current arrangements and to recommend an appropriate model of service delivery. The anticipated benefits of the review include the provision of a standardised level of service available throughout the country with equitable access for all patients to effective and efficient out of hours General Practitioner services. This holistic approach will be commensurate with the development and implementation of the HSE Transformation Programme and will emphasise a team-based approach to delivering multi-disciplinary out-of-hours care
- Dental treatment service and benefits schemes and the scope for rationalisation, as well as a review of the existing child dental services in the context of the development of a new oral health policy
- Laboratory services and an implementation / action plan towards an improved, more cost effective service as outlined in the recent review
- Facilities management and the scope in areas such as catering, laundry, cleaning etc., and benchmark against private sector performance to deliver significant improvements
- Non-emergency patient transport and the scope for greater efficiencies, as well as a more fundamental cross-sectoral review, and
- Procurement related efficiencies - A further range of largely procurement related efficiencies have also been specified as cost avoidance targets estimated at approximately €25m in 2009. These targets are set as part of the implementation over a 5 year period of the previously outlined procurement operating model, estimated as driving savings in that period of €133m. The detailed contract and logistics management initiatives summarised below will be set out in the business plans. In recognition of the dependency between these types of cost avoidance measures and the management of cost growth, these targets will also be measured and reported within Directorates as part of the VFM reporting.

Procurement	Target €'000	Description		Procurement	Target €'000	Description
Portfolio & Category Mgt				**Portfolio & Category Mgt**		
Professional Services	6,700	Legal Services		Pharma/Medica	5,000	Haemodialysis
		Telephony				WoundCare
		Banking				Medical/Surgical Supplies
		Consultancies				NonClinical Waste
		Security				Nutritional Products
Hotel	5,400	Fuel/Oil				Unlicenced Drugs
		Gas/Electricity				Blood & Blood Products
		Provisions				X-Ray and Lab Consumables
		Other Catering/Cleaning Washing & Furniture Crockery		Other	600	Negotiated Contracts
EquipDiag	2,300	Incontinence		**Logistics**		
		Minor Capital		Inventory & Demand Mgt	5,000	Point of Use, Price, Stock etc.

Appendix 4 NHO Activity by Hospital

	Inpatient Discharges			Day Cases		
	Target 2008	Projected Outturn 2008	Target 2009	Target 2008	Projected Outturn 2008	Target 2009
Orthopaedic Hospital - Kilcreene	1,044	993	990	157	264	280
South Tipperary General Hospital	12,605	12,933	12,440	5,123	4,189	4,570
St Luke's Hospital - Kilkenny	15,816	15,800	15,200	8,073	8,957	9,970
Waterford Regional Hospital	23,871	23,431	22,550	16,406	17,499	19,190
Wexford General Hospital	16,350	15,996	15,400	4,231	5,794	6,650
SEHG Total	69,686	69,153	66,580	33,990	36,703	40,660
Bantry General Hospital	2,783	2,883	2,760	1,136	1,258	1,310
Cork University Hospital	26,796	25,229	24,220	42,361	44,093	45,880
CUMH for Cork University Maternity Hospital	16,367	14,218	14,215	2,614	3,750	3,860
Kerry General	14,708	14,778	14,190	6,492	6,683	6,970
Mallow General Hospital	4,599	4,545	4,360	2,254	2,322	2,470
Mercy Hospital	9,795	9,603	9,220	15,522	16,178	16,530
South Infirmary - Victoria Hospital	8,744	8,876	8,520	17,906	19,666	20,410
St. Finbarr's Hospital - Cork	1,018					0
St. Mary's Hospital - Gurranabraher	2,438	2,329	2,235	1,338	1,222	1,290
SHG Total	87,248	82,461	79,720	89,623	95,172	98,720
Cavan / Monaghan Hospital Group	15,436	16,584	14,760	12,403	14,753	13,080
Louth / Meath Hospital Group	32,802	33,872	31,970	16,993	17,313	17,820
NEHG Total	48,238	50,456	46,730	29,396	32,066	30,900
Beaumont Hospital (+ St. Josephs)	21,102	21,342	20,730	36,531	37,403	40,630
Cappagh Orthopaedic	2,749	2,257	2,080	7,396	6,844	6,610
Connolly Hospital - Blanchardstown	8,752	9,577	8,470	7,837	7,464	6,610
Mater Misericordiae Hospital	15,794	16,394	15,400	28,329	30,337	32,130
Rotunda Hospital	14,714	15,424	15,370	2,571	3,052	2,830
Temple Street Children's Hospital	7,556	7,383	7,320	5,822	4,570	5,670
DNHG Total	70,667	72,377	69,370	88,486	89,670	94,480
Letterkenny General Hospital	20,105	20,177	19,600	21,382	15,334	16,360
Mayo General Hospital	16,501	17,011	16,570	10,385	11,758	12,280
Portiuncula Hospital Ballinasloe	11,006	11,237	11,000	5,864	6,261	6,670
Roscommon County Hospital	4,836	4,829	4,700	3,628	3,428	3,670
Sligo General Hospital	17,550	15,565	14,820	16,150	19,677	21,030
GUH	37,003	39,172	37,170	48,096	55,570	57,090
WHG Total	107,001	107,991	103,860	105,505	112,028	117,100
Ennis General Hospital	4,807	5,018	4,900	2,596	2,073	2,340
Nenagh General Hospital	4,533	4,279	4,160	3,612	3,289	3,620
Regional Hospital - Dooradoyle	23,297	22,861	22,790	19,421	19,358	21,180
Regional Maternity Hospital - Limerick	8,341	8,768	8,090	21	10	10
Regional Orthopaedic Hospital - Limerick	1,706	1,633	1,610	2,179	2,486	2,590
St. Johns Hospital - Limerick	3,770	3,596	3,750	5,227	6,519	6,240
MWHG Total	46,454	46,155	45,300	33,056	33,735	35,980
Adelaide & Meath Hospital Inc NCH	22,265	23,976	22,900	28,409	27,573	29,380
Coombe Women's Hospital	17,480	17,912	17,160	2,044	1,852	2,740
Longford / Westmeath Regional Hospital - Mullingar	16,685	18,528	17,470	6,619	6,753	7,830
Midland Regional Hospital - Portlaoise	10,811	11,447	10,650	3,725	3,490	4,050
Midland Regional Hospital - Tullamore	10,282	9,916	9,720	19,245	19,952	21,750
Naas General Hospital	7,600	7,758	7,800	3,306	3,076	3,600
Our Lady's Hospital For Sick Children	10,794	10,653	10,620	13,039	14,077	14,840
DMHG Total	95,917	100,190	96,320	76,387	76,773	84,190
National Maternity Hospital	16,215	18,468	18,460	290	777	780
Royal Victoria Eye and Ear	3,265	3,111	1,180	3,582	3,629	3,630
St. Columcilles Hospital	4,482	4,231	2,930	3,265	2,665	2,665
St. James Hospital	22,006	22,856	21,610	87,785	84,634	87,785
St. Luke's Hospital - Dublin	1,826	1,856	1,710	2,962	2,761	2,760
St. Michaels Hospital DLaoire	4,883	6,675	5,510	4,599	4,127	4,130
St. Vincents Hospital Elm Park	15,971	16,257	14,080	31,090	43,222	43,220
DSHG Total	68,648	73,454	65,480	133,573	141,815	144,970
National Totals	593,859	602,237	573,360	590,016	617,962	647,000

	Outpatient Attendances			Births		
	Target 2008	Projected Outturn 2008	Target 2009	Target 2008	Projected Outturn 2008	Target 2009
Orthopaedic Hospital - Kilcreene	4,281	5,057	5,060			
South Tipperary General Hospital	38,207	45,363	45,370	1,137	1,153	1,250
St Luke's Hospital - Kilkenny	39,574	52,159	52,160	1,853	2,026	2,120
Waterford Regional Hospital	120,111	121,692	121,700	2,500	2,625	2,840
Wexford General Hospital	57,865	56,730	56,730	2,250	2,317	2,450
SEHG Total	260,038	281,001	281,020	7,740	8,121	8,660
Bantry General Hospital	10,918	11,634	11,630			
Cork University Hospital	133,130	135,853	135,860			
CUMH for Cork University Maternity Hospital	23,340	60,736	60,740	9,232	8,704	8,900
Kerry General	44,111	57,001	57,000	1,800	1,860	1,930
Mallow General Hospital	8,125	10,690	10,690			
Mercy Hospital	41,071	34,580	34,580			
South Infirmary - Victoria Hospital	51,695	55,297	55,300			
St. Finbarr's Hospital - Cork	3,958	3,365	3,370			
St. Mary's Hospital - Gurranabraher	3,737	11,515	11,520			
SHG Total	320,085	380,671	380,690	11,032	10,564	10,830
Cavan / Monaghan Hospital Group	70,668	85,788	78,230	1,750	1,993	2,200
Louth / Meath Hospital Group	118,777	177,303	169,650	4,800	4,193	4,450
NEHG Total	189,445	263,091	247,880	6,550	6,186	6,650
Beaumont Hospital (+ St. Josephs)	131,700	147,959	147,960			
Cappagh Orthopaedic	5,994	8,068	8,070			
Connolly Hospital - Blanchardstown	45,811	56,823	56,820			
Mater Misericordiae Hospital	156,258	186,875	186,880			
Rotunda Hospital	54,089	82,923	82,930	8,700	8,800	9,100
Temple Street Children's Hospital	45,046	53,864	53,870			
DNHG Total	438,898	536,512	536,530	8,700	8,800	9,100
Letterkenny General Hospital	65,127	78,149	78,150	1,895	2,081	2,185
Mayo General Hospital	48,235	54,163	54,160	1,776	1,814	1,905
Portiuncula Hospital Ballinasloe	37,584	39,363	39,360	1,943	2,210	2,320
Roscommon County Hospital	12,155	12,646	12,650			
Sligo General Hospital	84,192	78,918	78,920	1,600	1,715	1,800
GUH	150,731	172,879	172,880	3,400	3,681	3,870
WHG Total	398,024	436,118	436,120	10,614	11,501	12,080
Ennis General Hospital	13,621	11,887	11,890			
Nenagh General Hospital	10,782	9,963	9,960			
Regional Hospital - Dooradoyle	97,242	118,807	118,800			
Regional Maternity Hospital - Limerick	16,014	21,702	21,700	5,500	5,379	5,500
Regional Orthopaedic Hospital - Limerick	7,677	8,552	8,550			
St. Johns Hospital - Limerick	12,177	12,977	12,980			
MWHG Total	157,513	183,888	183,880	5,500	5,379	5,500
Adelaide & Meath Hospital Inc NCH	209,304	228,196	228,270			
Coombe Women's Hospital	70,995	81,589	81,590	8,820	8,674	8,870
Longford / Westmeath Regional Hospital - Mullingar	32,546	52,969	52,970	2,528	2,700	3,290
Midland Regional Hospital - Portlaoise	32,522	44,057	44,060	2,178	2,275	2,400
Midland Regional Hospital - Tullamore	66,139	81,004	81,000			
Naas General Hospital	29,959	35,894	35,890			
Our Lady's Hospital For Sick Children	71,178	85,706	85,700			
DMHG Total	512,643	609,415	609,480	13,526	13,649	14,560
National Maternity Hospital	57,973	80,326	80,330	9,000	9,500	9,500
Royal Victoria Eye and Ear	38,558	37,047	37,050			
St. Columcilles Hospital	23,521	42,341	42,340			
St. James Hospital	166,751	194,196	194,200			
St. Luke's Hospital - Dublin	50,356	61,805	61,800			
St. Michaels Hospital DLaoire	19,739	18,013	18,010			
St. Vincents Hospital Elm Park	137,307	123,667	123,670			
DSHG Total	494,205	557,395	557,400	9,000	9,500	9,500
National Totals	2,770,851	3,248,091	3,233,000	72,662	73,700	76,880

	Emergency Presentations			Emergency Admissions		
	Target 2008	Projected Outturn 2008	Target 2009	Target 2008	Projected Outturn 2008	Target 2009
Orthopaedic Hospital - Kilcreene						
South Tipperary General Hospital	29,950	32,907	32,900	8,385	9,152	9,150
St Luke's Hospital - Kilkenny	32,740	36,727	36,730	11,560	11,156	11,160
Waterford Regional Hospital	62,633	67,865	67,860	17,326	16,360	16,360
Wexford General Hospital	34,174	39,763	39,760	13,182	12,620	12,720
SEHG Total	159,497	177,262	177,250	50,453	49,288	49,390
Bantry General Hospital						
Cork University Hospital	57,782	58,959	58,960	17,837	18,336	18,440
CUMH for Cork University Maternity Hospital						
Kerry General	34,094	35,196	35,200	10,399	10,124	10,120
Mallow General Hospital						
Mercy Hospital	24,908	24,079	24,080	7,494	7,239	7,240
South Infirmary - Victoria Hospital	23,161	22,550	22,550	4,592	4,487	4,490
St. Finbarr's Hospital - Cork						
St. Mary's Hospital - Gurranabraher						
SHG Total	139,945	140,784	140,790	40,322	40,186	40,290
Cavan / Monaghan Hospital Group	25,674	27,201	27,200	9,529	9,541	9,450
Louth / Meath Hospital Group	79,914	87,080	87,080	27,866	26,795	26,600
NEHG Total	105,588	114,281	114,280	37,395	36,336	36,050
Beaumont Hospital (+ St. Josephs)	46,410	48,055	48,060	16,001	16,343	16,440
Cappagh Orthopaedic						
Connolly Hospital - Blanchardstown	32,227	33,623	33,620	7,831	7,929	7,930
Mater Misericordiae Hospital	49,334	47,013	47,010	12,977	13,317	13,320
Rotunda Hospital						
Temple Street Children's Hospital						
DNHG Total	127,971	128,691	128,690	36,809	37,589	37,690
Letterkenny General Hospital	31,724	32,534	32,530	15,013	16,728	16,830
Mayo General Hospital	30,359	32,838	32,840	14,154	13,820	13,820
Portiuncula Hospital Ballinasloe	20,313	21,220	21,220	7,317	7,120	7,120
Roscommon County Hospital	13,347	14,672	14,670	5,212	4,347	4,350
Sligo General Hospital	33,916	36,660	36,660	12,634	11,102	11,100
GUH	58,036	62,743	62,740	28,518	29,359	29,360
WHG Total	187,695	200,667	200,660	82,848	82,476	82,580
Ennis General Hospital	18,741	21,038	21,040	4,701	4,586	4,590
Nenagh General Hospital	16,370	17,252	17,250	4,283	3,757	3,760
Regional Hospital - Dooradoyle	55,344	59,405	59,400	17,398	16,536	16,640
Regional Maternity Hospital - Limerick						
Regional Orthopaedic Hospital - Limerick						
St. Johns Hospital - Limerick	18,815	19,059	19,060	2,534	2,285	2,290
MWHG Total	109,270	116,754	116,750	28,916	27,164	27,280
Adelaide & Meath Hospital Inc NCH	78,217	76,113	76,450	19,439	20,042	20,070
Coombe Women's Hospital						
Longford / Westmeath Regional Hospital - Mullingar	35,105	36,995	37,000	12,015	12,848	12,850
Midland Regional Hospital - Portlaoise	38,995	41,367	41,370	10,085	10,909	10,910
Midland Regional Hospital - Tullamore	30,971	32,852	32,850	7,071	7,262	7,260
Naas General Hospital	26,970	28,229	28,230	7,317	7,114	7,110
Our Lady's Hospital For Sick Children						
DMHG Total	210,258	215,556	215,900	55,927	58,175	58,200
National Maternity Hospital						
Royal Victoria Eye and Ear						
St. Columcilles Hospital	23,469	24,082	24,080	4,343	3,627	3,630
St. James Hospital	47,062	46,873	46,870	18,789	18,518	18,520
St. Luke's Hospital - Dublin						
St. Michaels Hospital DLaoire	16,788	15,400	15,400	1,362	1,346	1,350
St. Vincents Hospital Elm Park	40,869	42,332	42,330	12,204	12,014	12,020
DSHG Total	128,188	128,687	128,680	36,698	35,505	35,520
National Totals	1,168,412	1,222,682	1,223,000	369,368	366,719	367,000

Appendix 5 – 2009 Proposed Capital by Programme

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
PRIMARY CARE										
Dublin Mid Leinster										
PCCC	Primary Care	Pearse St. / Irishtown	Refurbish and extend Irishtown Health Centre, new build project for Pearse Street. These centres will have a range of community based, primary health care professional services in line with the National Primary Care Strategy.			Q2 2009	4	13.37		
PCCC	Primary Care	Dundrum HC	Fit out of leased facility to incorporate the relocation of some services from the current Dundrum Health Centre. This centre will have a range of community based, primary health care professional services in line with the National Primary Care Strategy.			Q2 2009	1.2	2.90		
PCCC	Primary Care	Chambers House, Tallaght, Co. Dublin	Leased facility to provide support for 10 PC Teams			Q4 2009	2.5	4	2	0.8
West										
PCCC	Primary Care	Dromahair	North Leitrim PCCC, Dromahair			Q4 2009	0.28	0.69		
PCCC	Primary Care	Strokestown HC	Extension and refurbishment of an existing HSE premises to provide a modern primary care facility.			Q2 2009	0.26	1.47		
PCCC	Primary Care	Ballyogan	Primary Care Centre Ballyogan			Q4 2009	1.0	`1.93	-	-
PCCC	Primary Care	Glenamaddy	A replacement Health Centre/Primary Care Centre to house all PCCC services in the area including GP, Dental, PHN, CWO, mental Health, Westdoc & visiting services			Q 4 2009	0.65	2.27	-	-
PCCC	Primary Care	Coolaney	Primary Care Centre - Coolaney			2008	0.10	0.95		
PCCC	Primary Care	Inishbofin	Inishbofin HC			2008	0.20	0.76		
			Totals:	0	0		10.19	28.34	0	0.8

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
CHILDREN AND FAMILIES										
Dublin North East										
PCCC	Children and Families	Springboard, Muirhavamore	To relocate this child care service to appropriate purpose-built accommodation.			Q3 2009		0.80		
PCCC	Children and Families	Castlefield	Castlefield Child Residential Unit. Purchase of a residential house for six children which will require			Q3 2009	0.25	0.41		

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
			refurbishment of the ground floor for one of the children who is disabled.							
PCCC	Children and Families	St. Helena's Resource Centre, Finglas	Consolidation of 2 Nursery facilities into one building with an increased capacity from 60 - 90 child care.			Q2 2009	Pending	Pending	-	-
West										
PCCC	Children and Families	Bolands Meadows, Foynes	Foynes Time Out Facility. A short stay residential and recreational break centre.			Q2 2009	0.38	3.01		0.03
			Totals:	0	0		0.63	4.22	0	0.03

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
MENTAL HEALTH										
Dublin Mid Leinster										
PCCC	Mental Health	St Vincent's Fairview	Child and Adolescent Unit - 6 bed Unit (Funded from Mental Health Allocation)	6		Q1 2009		2.50	-	-
PCCC	Mental Health	Bloomfield Hospital	Provision of 50 High Dependency Psycho-geriatric beds, 12 Respite beds, Occupational Therapy, Physiotherapy, Training Centre and Conference facilities.		62	Q3 2009	2.5	16.90	-	-
PCCC	Mental Health	Blackrock	Avila Day Hospital, Carmona, St John of Gods			Q3 2009	1	1.20	-	-
South										
PCCC	Mental Health	Gorey	New Mental Health Day Hospital: Day Hospital and base for multi-disciplinary Sector team. The services provided will include outpatient Psychiatrist, Psychology, Social Work, Occupational Therapy, Counselling and Nursing Services.			Q2 2009	0.10	2.00	-	-
PCCC	Mental Health	Clonmel	Mental Day Centre and Day Unit (Morton St)			Q4 2009	0.60	1.58	-	-
West										
PCCC	Mental Health	University College Hospital Galway	Extension to the psychiatric unit providing 7 assessment and observation beds. This new extension will cater for selected inpatients for initial assessment and will also cater on an ongoing basis for patients who become acutely disturbed.			Q2 2009	0.40	1.50		
National Projects										
PCCC	Mental Health	Various	Mental Health Special Funding				6.00	23.78		
			Totals	6	62		10.6	49.46	0	0.00

Programme	Sub Programme	Facility	Project Details	Additional	Replacement	Completion	Capital Cost (€m)	2009 Implications

							2009	Total	WTEs	Revenue Costs (€m)
DISABILITY										
Dublin Mid Leinster										
PCCC	Disability	Mullingar	St. Loman's Mullingar Springfield Centre extension			Q3 2009	0.6	2.83	-	-
PCCC	Disability	Balgaddy	Balgaddy Primary Care & Disability Unit			Q2 2009	0	5.5	-	-
South										
PCCC	Disability	St. Dympna's	Kelvin Grove, Intellectual Disability Unit.	20		Q3 2009	1.23	9.23	-	0.24
PCCC	Disability	Clonbrusk, Atlone	Disability Day Centre			Q2 2009	3	7.99	-	-
PCCC	Disability	Cork - Cope Foundation	The construction of an 8 bed replacement residential facility.	8		Q4 2009	1.70	6.20	-	-
West										
PCCC	Disability	Sligo	Children's Respite (6 places)			Q3 2008	0.1	1.4	-	0.50
PCCC	Disability	Roscommon	IWA Donamon Respite Centre			Q4 2009	0.35	0.5	-	-
National Projects										
PCCC	Disability	Various	Disability Special Funding - projects approved				25.00	118.26		
			Totals	28	0		31.98	151.91	0	0.74

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
OLDER PERSONS										
Dublin Mid-Leinster										
PCCC	Older People	Clonskeagh	The provision of a new 100 bed Community Nursing Unit. Fast Track	50	50	Q3 2009	9.37	16.00	69.5	0. 300
PCCC	Older People	St. Joseph's, Longford	Complete Female Wing (St. Joseph's)			2008	0.1	0.65	-	-
PCCC	Older People	Riada House Tullamore	Riada House Tullamore - Replacement of existing beds and provision of an Additional 20 Bed Unit	20		Q3 2009	1.4	7.64	34.5	1.30
PCCC	Older People	Simpson's Hospital	Modern extn to existing facility		38	Q1 2009	0.6	4.8	-	-
PCCC	Older People	Donnybrook, Royal Hospital Fast Track	30 Bed Extension to existing facility and refurbishment of one existing ward.(A&E Initiative/Additional beds)	30		Q2 2009	3.1	7.50	49.5	-
PCCC	Older People	Harold's Cross	A new 50 bedded unit & day care unit for older People along with 50 replacement beds to transfer existing patients from two-storey building the development will also incorporate the consolidation of therapy, day care & ancillary facilities on the campus.	50	50	Q3 2009	6	12.50	17.0	0.710
PCCC	Older People	Inchicore	The provision of a 50 bed replacement CNU for Bru Caoimhin		50	Q4 2009	7	11.50	-	-
PCCC	Older People	Cherry Orchard	Completion of 100 bed CNU			2008	0.2	20	-	0.550

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
PCCC	Older People	Other DML	South Dublin Location	32		2009			41	1.265
Dublin North East										
PCCC	Older People	St. Mary's, Phoenix Park	The provision of an additional 50 bed Community Nursing Unit and catering department for the entire Campus.		50	Q3 2009	6.00	12.00	-	-
PCCC	Older People	St. Mary's, Phoenix Park	The provision of a new 100 bed Community Nursing Unit and Day Hospital.			2008	0.50	18.24	-	0.575
PCCC	Older People	St. Joseph's Raheny	The provision of a new 100 bed Community Nursing Unit. Fast Track	100		Q4 2009	11.50	16.54	-	3.8
PCCC	Older People	Clontarf	Incorporated Orthopaedic Hospital Clontarf. This project incorporates 32 replacement beds and 32 additional secondary rehab beds for older persons including the range of support services.	64	-	Q4 2009	5.00	16.80	90.0	2.235
PCCC	Older People	Ashgrove	Refurbishment of existing unit.	12	17	Q4 2009	1.0	3.35	19	0.110
PCCC	Older People	Other DNE	To be decided	30		Q3 2009			41.39	-
South										
PCCC	Older People	St. Mary's Cork City	50 Bed CNU	50		Q4 2009	7.00	11.00	69.5	1.9
PCCC	Older People	St. John's Enniscorthy	Replacement of hospital Ph2 - Cons & Equip (St. John's Enniscorthy). Fast Track	12	60	Q2 2009	3.20	15.08	26.0	1.14
PCCC	Older People	Mayfield Day Care & Family Resource Cent	Provide Family Resource Centre with childcare facilities and new Day Care Centre for Older People on a site at old Youghal Road, Mayfield.			Q2 2009	0.05	4.12	-	-
PCCC	Older People	An Daingean Dingle	Provision of a 68 bed Community Nursing Unit and Day Hospital	25	43	Q2 2009	2.92	16.00	57.0	1.628
PCCC	Older People	St. Vincent's Dungarvan	New 32 Bed Unit & 15 Place Day Hospital Design Fees	8	24	Q1 2009	1.25	10.06	18.0	1.025
PCCC	Older People	Tralee	Provide a 50 bed Community Nursing Unit and Day Hospital on a site at Manor West, Tralee to support the requirements of the Tralee area.	50		Q2 2009	1.00	9.88	69.51	2.75
PCCC	Older People	Ballingcollig	100 Bed CNU	100		Q4 2009	8	16	138.5	-
PCCC	Older People	Fearnlee Rd	100 Bed CNU	50	50	Q4 2009	6.5	16	69.5	-
PCCC	Older People	Fermoy Community Hosp	30 bed extension to existing		30	Q3 2009	3.55	7.8		-
West										

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
PCCC	Older People	St. Ita's, Newcastle West	EMI AND Ambulant Care Unit. Extension to provide an additional 8 beds	6		Q1 2009	0.1	2.71		0.406
PCCC	Older People	Mohil	Arus Carolan, Refurbishment of existing 30 bed CNU		30	2008	0.05	1.41	-	-
PCCC	Older People	Castlebar - SHS	Refurbishment and reconfiguration of existing facility.	20		Q2 2009	1.25	3.5	-	-
PCCC	Older People	St. Camillus, Limerick	Refurbishment achieved through minor capital works and additional 6 beds	6		2008				0.306
			Totals	715	492		86.89	262.13	809.9	20.000

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
PALLIATIVE CARE										
West										
PCCC	Palliative Care	St. Ita's, Newcastle West	Extension to provide an additional 8 Pal care beds.	8		Q1 2009	0.20	1.54	-	-
			Totals	8	0		0.20	1.54	0	8

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
SOCIAL INCLUSION										
Dublin Mid-Leinster										
PCCC	Social Inclusion	Clondalkin	New purpose built Addiction Centre providing Psychiatry, GP, Counselling, Pharmacy, nursing, Psychology & Family Therapy Services.			Q3 2009	1.5	4.76		0.68
PCCC	Social Inclusion	Pearse St.	Refurbishment and upgrade of Drug Treatment Centre, Pearse St.			Q4 2009	1.21	3.74	-	-
PCCC	Mixed PCCC	CLÁR & Rapid	Community Care HQ & Health Centre-new health centre and local health office accommodation.				2.00	9.96		
			Totals	0	0		4.71	18.46	0	0.68

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
ACUTE SERVICES										
Dublin Mid-Leinster										
Acute		Crumlin, Our Lady's Hospital for Sick Children	National Centre for Medical Genetics			Q1 2009	0.27	1.97		

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
Acute		Laois/Offaly	Ambulance Service. Phase 1 Communications Upgrade This equipment will enhance a system that has almost reached the end of its effective life. It will compliment and upgrade the operational functions of the communications system and enhance activation tim			Q3 2009	0.19	0.30	-	-
Acute		Mullingar MRH	Phase 2B Stage 1	24	210	Q2 2009	0.5	23.82	-	-
Acute		Naas General Hospital	The provision of a HSSD to service 3 Theatres, a Day Services Unit and the Emergency Dept			2008	0.2	2.23	-	-
Acute		St. James's	Critical Care Upgrade. To provide an additional 7 ICU Beds and 8 replacement High Dependency Beds	7	8	Q4 2009	1.5	5.22	*	*
Acute		St. James's	Refurbishment of Rialto Ward		16	Q2 2009	0.4	0.76	-	-
Acute		St. James's	Upgrade of Pharmacy, Catering and Physiotherapy			2008	0.05	1.56	-	-
Acute		St. James's	Supply and Installation of PET Scan			Q2 2009	0.9	6.69	-	-
Acute		St. James's	Regional Veins Unit			Q2 2009	0.7	1.20	-	-
Acute		St. James's	To upgrade Medical gaslines to comply with HTM2022			Q2 2009	0.57	0.87	-	-
Acute		St. Vincent's University Hospital	Main Development Phase 1.Interim Cystic Fibrosis Unit	4	30	Q2 2009	4	206.34	-	-
Acute		Tullamore, MRH	Provide Hydrotherapy Pool - New Hosp			Q2 2009	1	1.32	-	-
Acute		Tullamore, MRH	Extension to Dialysis Unit - new hospital	6		Q2 2009	0.63	0.74	-	-
Dublin North East										
Acute		Beaumont	Neurosurgery Upgrade			Q4 2009	1.00	4.95	-	-
Acute		Beaumont	Living Donor Programme and Recommissioning of Theatres			Q3 2009	1.00	4.22	-	-
Acute		Beaumont	Services and Building			2008	1.00	4.51	-	-
Acute		Beaumont	Equipping & Refurbishment programme in ward block and other areas.			Q2 2009	0.68	40.60	-	-
Acute		Beaumont	The provision of a new Hep C Unit			2008	0.30	2.00		
Acute		Beaumont	AMU and additional 8 HDU beds (4 isolation) and 2 ICU beds and isolation facilities over.	10		Q4 2009	1.50	5.04	*	*
Acute		Beaumont	Radiology Dept upgrade and provision of MRI Scanner			Q3 2009	0.50	5.20		
Acute		Cappagh	St Paul's Ward Isolation (50% HSE Funding)		10	Q2 2009	0.40	1.60	-	-
Acute		Cavan General Hospital	Facility for MRI			Q2 2009	0.50	1.00		
Acute		Cavan General Hospital	Ward and Theatre Fit out (Phase 1) - Includes one additional Theatre and 21 beds including 4 HDU beds	21		2008	0.08	5.53	-	--
Acute		Cavan General Hospital	Special Care Baby Unit Extension			Q3 2009	1.45	3.50		
Acute		Connolly Hospital Blanchardstown	Interim Works - Various			Q2 2009	0.25	1.00	-	-
Acute		Connolly Hospital Blanchardstown	Refurbishment Surgical Block to provide accommodation for Dept of Medicine for Older People,		56	Q2 2009	1.55	16.66	-	-

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
			Day Medical Unit and Respiratory Medicine.							
Acute		Connolly Hospital Blanchardstown	Replacement CT Scanner			Q4 2009	1.80	2.91	-	-
Acute		Mater Hospital	Walk-in Lung Care Centre			Q1 2009	0.28	1.58		
Acute		Mater Hospital	High Dependency Unit (4 Bed facility)	4		Q1 2009	0.50	1.00	*	*
Acute		Mater Hospital	The provision of a National Bacterial Isolation Unit	8		2008	0.20	5.75		
Acute		Mater Hospital	Kitchen Upgrade			Q4 2009	0.50	1.52	-	-
Acute		Mater Hospital	Provision of a 2nd CT in conjunction with an A&E Expansion			Q4 2009	0.35	2.76	-	-
Acute		Monaghan General Hospital	Ward Upgrade This project involves upgrading and refurbishing of 2 existing 25 bed wards.		50	2008	0.08	3.82	-	-
Acute		Our Lady of Lourdes Hospital	This project consists of the upgrading and extension of the Kitchen to comply with HACCP regulations.			Q1 2009	0.40	3.42		-
Acute		Our Lady of Lourdes Hospital	ED Department			Q2 2009	10.5	27.35		
Acute		Rotunda	Extension to Emergency Department incorporating a new Entrance/Reception			2008	0.30	4.26	-	-
South										
Acute		CUH	Replacement 64 Slice CT's for AMNCH and CUH			Q2 2009	1.50	1.50	-	-
Acute		CUH	The development of a Day Procedures Unit over the new ED. This includes two theatres for use for surgical procedures and two endoscopy rooms. There is provision for 35 recovery places as well as waiting and changing area.			2008	0.50	28.31		
Acute		CUH	Interim Renal Unit and Cat.3 Lab. To provide greatly enhanced capacity to address cardiac, renal and oncology services.			Q2 2009	0.39	3.76	-	-
Acute		Kilcreen Orthopaedic Hospital	Theatre Upgrade - Health & Safety Works to comply with current regulations			Q4 2009	0.50	1.99	-	-
Acute		St. Luke's Hospital, Kilkenny	Interim OPD, including car park and roads required to enable redevelopment of hospital			Q3 2009	0.65	7.35	-	-
Acute		South Tipperary General Hospital	Provide & Fit out Shell for 23 bed ward Clonmel	23		2008	0.28	2.39	-	-
Acute		Waterford Regional Hospital	Additional Car Park Spaces, WRH			2008	0.11	2.18	-	-
Acute		Waterford Regional Hospital	Cardiac Cath-Lab, WRH			Q3 2009	0.80	3.85	-	-
Acute		Waterford Regional Hospital	Refurbishment Medical Ward Oncology (St Theresa's)			Q1 2009	0.50	4.12	-	-
Acute		Waterford Regional Hospital	High Dependency Unit (4 Additional Beds)	4		Q2 2009	0.28	0.88	*	*

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
Acute		Wexford General Hospital	Refurbishment - St Brigid's Ward (Phase 2)			2008	0.26	1.50	-	-
Acute		Wexford General Hospital	On-Call Accommodation			2008	0.20	2.35	-	-
Acute		Wexford General Hospital	New Oncology Day Care Unit			Q1 2009	0.40	1.64	-	-
West										
Acute		Letterkenny General Hospital	Review of the current Development Control Plans (DCP) (1994).			Q2 2009	0.20	0.25	-	-
Acute		Letterkenny General Hospital	Oncology Ward			2008	0.11	1.74	-	-
Acute		Letterkenny General Hospital	Maternity Unit (Equipping)			2008	0.10	0.76	-	--
Acute		Ennis General Hospital	Radiology Department upgrade and the provision of a CT Scanner			Q4 2009	0.40	1.00		
Acute		Merlin Park Regional Hospital	Renal Dialysis Ph1 New Water treatment plant. Existing plant obsolete. Inadequate capacity to deal with future demands.			2008	0.10	0.96	-	-
Acute		Merlin Park Regional Hospital	Sexual Assault Treatment Unit			Q2 2009	0.40	0.82	-	-
Acute		Mid West Regional Limerick	Ward 2C refurbishment, upgrade and extension. (ENT Ward)		22	2008	0.10	1.91	-	-
Acute		MWRH Nenagh	Extension A&E, Radiology, Pathology			2008	0.15	2.75	-	-
Acute		Portiuncula Hospital Ballinasloe	Existing A&E Dept will extend into the adjacent Physiotherapy Dept and the adjacent consulting rooms.			Q4 2009	0.20	3.05	-	-
Acute		Portiuncula Hospital Ballinasloe	Upgrade and expansion of the Special Care Baby Unit.	3		2008	0.10	1.23		-
Acute		Portiuncula Hospital Ballinasloe	Upgrade of 3 Radiology Rooms			Q1 2009	0.80	1.14	-	
Acute		Sligo General Hospital	MRI			2008	0.14	2.08	-	-
Acute		Sligo General Hospital	Electrical Upgrade			Q3 2009	0.50	1.74	-	-
Acute		Sligo General Hospital	Development Control Plans			Q2 2009	0.10	0.25	-	-
Acute		University College Hospital Galway	HSSD			Q3 2009	1.00	3.40		
Acute		University College Hospital Galway	Symptomatic Breast Unit			2008	1.24	5.54		
Acute		University College Hospital Galway	Recompression chamber and ancillary accommodation to replace the existing chamber.			Q3 2009	0.65	2.41	-	-
Acute		University College Hospital Galway	CT scanner and x-ray equip, Endoscopes UCHG,			Q2 2009	0.60	1.60		-
National Projects										

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
Acute		National Cancer Care Strategy	Transfer of Symptomatic Breast Care Services to 8 Cancer Centres			2009	1.40	2.40	1.0	
			Totals	116	402		50.69	500.07	*	*

*Note the 2009 service plan includes additional revenue provision of €1.8m for adult critical care services. The amount allocated from this fund to the new critical care /HDU facilities above will be informed by the recommendations of the Adult Critical Care Review Report to be available early 2009.
Other acute capital projects coming on stream in 2009 will be funded on an ELS basis within 2009 allocation.

Programme	Sub Programme	Facility	Project Details	Additional Beds	Replacement Beds	Completion	Capital Cost (€m)		2009 Implications	
							2009	Total	WTEs	Revenue Costs (€m)
National Projects										
Professional Education & Training		Medical Education & Training	Medical Education				5.00	47.06		
			Totals	0	0		5.00	47.06	0	0.00

Abbreviations

AIR	Access, Integration, Resources
ALOS	Average Length of Stay
CAMHT	Child & Adolescence Mental Health Team
CEO	Chief Executive Officer
CLÁR	Ceantair Laga Árd-Riachtanais
COPD	Chronic Obstructive Pulmonary Disease
CPM	Corporate Performance Measurement
CSAR	Common Summary Assessment Record
CSO	Central Statistics Office
DLS	Demand Led Schemes
DNA	Did Not Attend
DOF	Department of Finance
DOH&C	Department of Health and Children
DOSFA	Department of Social and Family Affairs
EAG	Expert Advisory Group
ED	Emergency Department
EPSEN	Education for People with Special Educational Needs
GP	General Practitioner
HCAI	Health Care Acquired Infection
HCP	Health Care Package
HIPE	Hospital Inpatient Inquiry System
HIQA	Health Information Quality Authority
HR	Human Resources
HSE	Health Service Executive
HSNPF	Health Services National Partnership Forum
HTA	Health Technology Assessment
ICT	Information Communication Technology
IPS	Infection Prevention Society, UK
KRA	Key Result Area
LGBT	Lesbian, Gay, Bisexual and Transgender
LHO	Local Health Office
LRC	Labour Relations Committee
METR	Medical Education, Training and Research
MMR	Measles, Mumps, Rubella vaccine
MRSA	Methicillin-resistant Staphylococcus aureus
NAPS	National Anti Poverty Strategy
NCI	National Client Index
NCCP	National Cancer Control Programme
NCHD	Non-Consultant Hospital Doctor
NCSS	National Cancer Screening Service
NCR	National Cancer Registry
NGO	Non-governmental organisation
NHO	National Hospitals Office
NIO	National Immunisations Office
NPRO	National Plan for Radiation Oncology
NSP	National Service Plan
NTPF	National Treatment Purchase Fund
OMC	Office of the Minister for Children
OPD	Outpatient Department
PACS / RIS	Picture Archive and Communication Systems / Radiology Information System
PCCC	Primary, Community and Continuing Care
PCRS	Primary Care Reimbursement Scheme
PCT	Primary Care Team
PET / CT	Positron Emission Tomography / Computerised Tomography
PMR	Performance Monitoring Report
PPR	Performance Planning Review
PQ	Parliamentary Question
QUADS	Quality in alcohol and drug services
RAPID	Revitalising Areas by Planning, Investment and Development
SLA	Service Level Agreement
SPR / SR	Specialist Registrar
TP	Transformation Programme
VFM	Value for Money
WHO	World Health Organisation
WTE	Whole Time Equivalent

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