Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE National Service Plan 2010

Easy Access

Public Confidence

Staff Pride

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Performance Directorate
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Submitted to
Minister for Health
and Children on
15th January 2010
and approved on 5th
February 2010

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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

This National Service Plan (NSP) details the type and volume of service the HSE will provide directly, and through hundreds of voluntary agencies, during 2010 based on funding provided by Government.

As demand for health and social care services will always exceed the funding available, preparation of this plan has involved careful choices. While many factors influence these choices, foremost is our relentless focus on improving access, quality and value - they are central to all funding decisions.

During 2009, we made solid progress in these three areas and at the same time reached, and in many cases exceeded, targets set out in NSP 2009.

While we will face new challenges in 2010, our Transformation Programme will continue to concentrate on making it easier for patients and clients to access quality services in a timely fashion. Central to this will be realising the benefits of our Clinical Director structure, hospital reconfiguration, further developing our primary care teams and our integrated services programme. All were well advanced during 2009 and we are moving rapidly to an organisational structure that will deliver many tangible benefits to patients and clients.

For our service to function optimally for the public, clinicians such as nurses, doctors, therapists need to be centrally involved in planning and managing how our resources are used. Our new Quality and Clinical Care Directorate has taken shape and coupled with the team of Clinical Directors now in place we have a solid foundation upon which to rejuvenate clinical leadership, management and performance, and to strengthen relationships between clinicians and managers.

A major focus for the Directorate will be implementing a programmatic approach to delivering care. The initial concentration will be on areas which absorb substantial resources such as asthma, stroke, diabetes and heart failure. While this approach will not necessarily impact on budgets immediately it will improve access and quality of care in the short term.

Building on the learning from the hospital reconfiguration projects in the north-east, mid-west and south, the reconfiguration of local and regional acute hospital services will continue to gather momentum during 2010 as will our programme of building first class primary care teams and facilities in communities across the country. By the end of 2011, this programme of development will, I believe, deliver one of the best primary care structures in the world.

Our work on integrating services within and between hospital and community based services has led to our new regional structure under the Integrated Services Directorate (ISD). During 2010, work will continue on developing Integrated Service Areas, with a view to simplifying and supporting our operations, integrating service at a local level and enabling us to make more decisions closer to the people who are affected by these decisions. It will support team working across hospital and community services, with more transparency and accountability and improved access and quality.

During 2010 we will continue to increase our productivity and reduce costs. We have made huge strides in these areas during the past three years. During 2008 / 2009 we delivered over €500m in efficiency savings. In 2010 we aim to not only repeat this but also introduce additional efficiencies valued at over €400m. In 2010 we plan to deliver more than €900m in efficiencies ahead of our 2007 position.

With renewed vigour, we must embrace the challenge of change and the opportunities that change brings. Naturally this will require flexibility and meaningful teamwork. Given the huge commitment of our staff to change over the past four years I have every confidence we can continue to make substantial progress during 2010 and advance closer to a health service that is easy to access and attracts public confidence and staff pride.

Professor Brendan Drumm
Chief Executive Officer

Introduction

Under the legislative framework of the *Health Act, 2004, Section 31*, the primary purpose of the annual *HSE National Service Plan (NSP)* is to set out how the Vote (budget) allocated to the HSE will be spent in the given year on the type and volume of health and personal social services delivered to the people of Ireland, within the approved employment levels set out by Government. It is guided by the vision, mission and objectives of the organisation as set out in the three year *HSE Corporate Plan 2008 – 2011*.

In conjunction with the NSP, *HSE Capital and ICT Capital Plans* are submitted to the Minister for Health and Children within 21 days after the publication by Government of the *Estimates for Supply Services* for that financial year.

Our Population - Health, Social and Economic Issues

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 our control also impact and must be taken into account. Drivers that affect our provision and delivery of services in 2010 include:

- Changing population: As of April 2009, it is estimated that the population of Ireland is 4,459,300, an increase of 37,200 (+0.8%) from 2008. This growth invariably means an increase in people being treated at every level in the system. More importantly, there have been increases in key age groups which place additional demands on the HSE:
  - There continues to be an increase in the number of births. Data from the CSO show that there were over 75,000 births registered in 2008. Provisional HSE 2009 data would suggest that there will be little, if any, fall off in births in 2009 / 2010. This level of births will continue to place significant demands on our already stretched maternity services.
  - The 0-4 years age group increased by 2.8% since last year, less than had been projected. This increase impacts on the demand for infant and childcare services, e.g. immunizations.
  - The 65+ age group continues to increase, up 2.8% since last year. The older population has ever increasing demands for our services with 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 consequential increase in lifespan.
- Economic constraint: It is anticipated that 2010 will continue to be a period of economic challenge for the people of Ireland, with unemployment levels under further pressure. The number of persons unemployed has risen from 84,600 in 2003 to 115,500 in 2008 to 279,800 (October 2009). These socio-economic issues will affect health and personal social services in areas such as increase in demand-led schemes and community welfare supports. Mental heath support services have also seen an increase in demand as a direct result of stresses and strains placed on individuals in times of economic turbulence.
- 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.
- Consumer experience and expectations: It is important that people who use health services have confidence in them. The results of the Euro Health Consumer Index (ECHI), an independent overview of performance using a consumer lens, were published in September 2009 and show progress overall (Ireland climbed two places to 13 out of 33 countries) and in health outcomes in particular. Consumer experience will continue to be a focus for the HSE in 2010. Measurement to help managers and clinicians understand enablers and blocks around access to services and to provide specific data on waiting times will be progressed over the year. Areas which will be examined include experience from GP referral to OPD clinics and OPD attendance to admission.

Developing Our Plans for 2010

This plan has been framed in a time of economic contraction and a difficult exchequer position, with ongoing 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, the plan has also taken into consideration:

- Objectives and priorities in the HSE Corporate Plan 2008 – 2011
- NSP 2009
- Health and demography of our population and the key health challenges (including demographic shifts) outlined in the HSE Corporate Plan
- HSE Capital Plan 2010 – 2014 and ICT Capital Plan 2010
- Statement of Revenue Requirements 2010 (Estimates) and the HSE Vote (Including 2009 financial outturn)
- Introduction of the Integrated Services Programme
- Continuation of the Transformation Programme
- Government priorities, as laid out in DoHC and other Departments' Statements of Strategy 2008 – 2010, 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 evidence-based best practice; patient safety and risk issues and demographic pressures.

Delivering Services within Vote

To deliver on the Vote, our planning principles and focus for 2010 is to:

- Deliver quality and safe sustainable services
- Reconfigure core services and deliver an appropriate balance between hospital and community services
- Further develop the role of clinicians in defining and delivering care processes nationally
- Maintain value for money derived from previous years base budgets and continue to drive further value, driving efficiency through best practice benchmarking
- Support the development of a flexible workforce in line with public sector reform initiatives, and
- Reduce our pay spend and employment levels in a structured manner.

The plan is set within the context of a challenging fiscal and human resource (including industrial relations (IR)) environment. We have, in as far as possible, sought to make provision for all known unavoidable costs and known parameters in line with the direction of the Minister for Health and Children while recognising the dual needs as emphasised by the Minister to deliver a similar level of service as in 2009 and make reasonable provision for costs that will emerge.

The HSE strategic direction has a focus on access, quality and financial sustainability. In line with this in 2010 we will continue to protect and develop non-acute services, building on ongoing work to ensure that services are delivered in the most appropriate setting from both a quality and cost point of view. The focus for acute services will be to provide for emergency needs and other priority services, including elective surgery, by managing and controlling the overall level of acute hospital admissions. Planned shifts from inpatient to day case service and a focused programmatic approach to managing key chronic illnesses will lead to a reduced reliance on inpatient hospital care whilst both improving quality and managing the delivery of planned service level with a reduced budget base.

Risks for the Organisation

In developing this service plan the HSE has, where possible, identified the impact pre-existing and future risks could have on delivering the planned service levels outlined while continuing to operate within its Vote. The key identified risks are outlined below. In addition, the HSE will actively monitor and assess all of these and other risks that emerge, as 2010 proceeds and depending on their impact may need to adjust planned service levels during the year to ensure it can operate within its Vote. This plan has made provision for costs relating to the financial risks within the monies provided by Vote 40 of the Oireachtas.

- The key risk to delivering the planned service levels in 2010 is the potential impact the recruitment moratorium will have on the number and type of staff who will be available to provide services. The moratorium is effectively a process of unstructured downsizing, resulting in an inability to replace some key staff needed to maintain safe

continuity of services. The HSE will address this risk on a site by site basis by reconfiguring and redeploying staff. However, our capacity to maintain safe services at the 2009 level in all facilities will be significantly impacted by firstly the number and type of our staff that have left the organisation and those that choose to retire or leave the organisation in 2010 and cannot be replaced especially in nursing and care staff, and secondly the practicality of redeploying staff.

- The retirement arrangements announced in the December 2010 Budget, which means that public servants who retire in 2010 will not be affected by the recently introduced public sector salary reductions, significantly increases the likelihood that more staff than normal will retire. It is therefore not possible to accurately predict the number of staff who will retire from the HSE and HSE funded agencies during 2010. Currently there are over 13,000 or 11% of all employees in the HSE or HSE funded agencies that are over 55 years of age and it is reasonable to consider them in the 'at risk of leaving' category. Due to the absolute requirements for the HSE to pay statutory lump sums to retirees and pay their recurring annual pension from within its own core budget, this may create a higher than expected cost for the organisation. This service plan is based on 1,500 retirements during 2010 .The assumptions underlying the projection of costs associated with pensions have been shared with and agreed by the DoHC subject to the approval of this plan by the Minister. If there is significant variation from this number, it is likely that service levels will need to be adjusted as funds will need to be diverted from services to fund the increased demand for lump sums and pension payments.
- This is a challenging service plan which is dependent on considerable changes to the way services are delivered and how health sector staff work. The current industrial relations environment, whereby the public sector trade unions have outlined their intention to withdraw cooperation with transformation, change and modernisation, including redeployment, will impact on the pace with which these necessary changes can be introduced during 2010. Moreover, unless the industrial relations environment provides for greater, rather than less, flexibility in terms of working hours and rostering, a reduction in service in some locations is inevitable. The HSE will, over the course of the 2010 service plan, continue to work with the health sector trade unions but where agreement cannot be achieved, it has a responsibility to implement change where it is clear that the needs of patients and clients require this to happen.
- The employment ceiling for 2010 has not been confirmed at the time of completion of this service plan and it will be reviewed in light of any amendments to the ceiling that could impact upon service provision. There are risks to services as a result of the reduction in nursing levels and the requirement that one experienced nurse is required to leave to accommodate two student nurses for most of the year. Furthermore, there is a requirement to reduce the workforce by 1,600 WTEs further in 2010. How this reduction is achieved in a controlled manner, where no voluntary redundancy scheme is in place, poses significant risks to the delivery of safe and appropriate levels of services. The Incentivised Scheme for Early Retirements (ISER), if introduced, will assist in meeting this target but will not contribute enough in 2010.

Other risks include:

- Total income raised by the HSE could decline in 2010. The financial allocation of the HSE for 2010 includes challenging income generation targets which have to be collected by the HSE during a period of deteriorating economic conditions.
- The possibility of higher than predicted successful appeals under the long term repayment scheme.
- The risk of the savings associated with the cost of drugs not materialising.
- The potential risk associated with the 2010 cost of the H1N1 Flu Pandemic funding.
- The risk of unanticipated costs associated with the Clinical Indemnity Scheme.
- Trends in medical cards and other schemes are difficult to predict. This plan is based upon a reasonable view of the likely trend in schemes, but any accelerated growth beyond this level is not provided for in this plan. The HSE will closely monitor the trends in these schemes as the year progresses. The assumptions underlying the projection of costs associated with these schemes have been shared with and agreed by the DoHC subject to the approval of this plan by the Minister.
- The requirement to comply with the European Working Time Directive (EWTD) and related national legislation poses risks to the HSE in terms of our capacity to continue to operate acute services in all existing sites, our capacity to provide safe services in sites with low numbers of Non Consultant Hospital Doctors (NCHD) and / or Consultants. In addition, non-compliance with EU and national law may result in significant financial costs arising from enforcement of the legislation at national or EU level and associated court action.

Finance

2010 Financial Allocation

Income and Expenditure 2010 Allocation	Pay €m	Non Pay €m	Income €m	Net €m
Statutory				
Hospitals	2,144	784	0	2,928
Community Services	2,372	5,111	0	7,483
Total Statutory	4,516	5,895	0	10,411
Voluntary				
Hospitals	1,528	838	-454	1,912
Community Services	488	149	-100	537
Total Voluntary	2,015	988	-554	2,449
Total Hospitals	3,671	1,622	-454	4,839
Total Community Services	2,860	5,260	-100	8,020
Population Health and Corporate	221	431	0	652
Pensions	542	0	0	542
Repayment Scheme	0	17	0	17
Grand Total	7,294	7,330	-554	14,070

The HSE is taking a pooled approach to managing some areas of financial risk given the potential for variability under these expenditure headings. The areas of expenditure involved include pension costs, community based schemes and the clinical indemnity scheme. This service plan is prepared on the basis that the provisions for these costs are to be treated as a group. This means that should a surplus arise in any of the three areas it will in the first instance be applied against deficits arising under other headings within this group of costs. The HSE has created a financial contingency for 2010 and deployed it primarily against anticipated increases in pension costs.

2009 / 2010 Allocation

	2009	2010								
	2009 Final	Pay Savings	Economies	Internal Budget Transfer	DLS	Fair Deal	Demographics	State Claims	Other	Total 2010 Allocation
	€m	€m	€m		€m	€m	€m	€m	€m	€m
Hospitals	5,288	-289	-35	-90			41		-75	4,839
Community Services	8,429	-286	-57	-110	-129	117	47		10	8,020
Population Health and Corporate	581	-25	-14	50				44	16	652
Pensions	417			150					-25	542
Repayment Scheme	80								-63	17
Gross Total	14,794	-600	-106	0	-129	117	88	44	-137	14,070
Other Income	-2,261									-2,842
HSE Generated Income Made up of:										
Hospitals	-408								-113	-521
Community Services	-270									-270
Other	-349									-349
Total HSE Generated Income	-1,026									-1,140
Total Income	-3,287	0	0	0	0	0	0	0	0	-3,982
Net Total	11,507	-600	-106		-129	117	88	44	-251	10,089

Note: The internal budget transfer reflects a movement of funding from services to cover pensions, overseas treatment and other minor items

Non Acute Care Group 2010 Allocation

Community Care Programme	2009 Budget €m	2010 Budget €m
Primary Care	351	327
Primary Care Reimbursement Service	2,952	2,787
Children and Families	575	536
Mental Health	787	734
Disability	1,583	1,476
Older People	1,275	1,316
Palliative Care	79	74
Social Inclusion	144	135
Multi Care Group	640	597
Other	43	40
Total Community Care	8,429	8,020

Note: 2009 figures have been restated for service-related changes

Additional financial information can be found in Appendix 1.

Value for Money / Cost Reductions

In reporting on previous years' service plans, we have been able to describe how the HSE Value for Money (VFM) programmes and other efficiency measures throughout 2008 and 2009 delivered the following:

- The required €395 million (m) VFM adjustments (€280m in 2008 and €115m in 2009)
- Financial evidence of reconfiguration measures and / or locally taken actions delivering cost reductions in 2009 beyond VFM contributing significantly to financial breakeven, and
- Financial evidence of cost growth management through non pay cost avoidance in 2008 of approximately €480m with a further €250m projected in 2009.

NSP 2010 requires further economies to the value of €106million, outlined in the table. These economies represent reductions in budget allocations this year which reflect maintenance and continuation of the type of cost management shown in previous years by our services and delivered in cooperation with other supporting programmes such as Procurement, HR etc.

Item	€m
Medical and Surgical Supplies	10.3
Payments to Voluntary Providers	10.0
Insurance	10.0
Drug Cost Management	9.3
Energy Management and Costs	9.7
Office Expenses and Administrative Overheads	7.8
Maintenance	6.5
Legal	5.0
Patient Transport	4.3
Catering	4.2
Laboratory	4.0
Travel and Subsistence	3.5
Professional Services – reduced rates and usage	2.4
Child Care Placements	3.1
Agency Fees and Costs	1.4
Computer Costs	2.6
Cleaning / Washing	2.5
Blood / Blood Products	2.3
Improved management of Security Costs	1.5
X-Ray / Imaging	0.8
Medical Gases	0.8
Banking Costs	0.6
Improved income collection in Non Acute facilities	0.5
Education and Training	0.3
Furniture, Crockery	0.2
Bedding and clothing	0.1
Other miscellaneous non-pay reductions	2.3
TOTAL	106.0

Cost Reductions 2010

It is important to acknowledge that these economies will be challenging not only because of the requirement to maintain VFM from previous years and to continue to manage cost growth, but also, and very significantly, in the context of managing areas of increasing spend and delivering on our broader service reconfiguration and improvement priorities.

It is acknowledged that there are marginal economies remaining for further years in the types of cost management activities driven and delivered to date and that the more significant value and productivity will be gained through delivery of our integrated service reconfiguration and improvement programme. Therefore, in addition to financial reporting of the maintenance and further delivery of VFM within the 2010 Performance Reporting (PR) process, a range of deliverables from the NSP will be specifically identified in which quality improvement and cost management can be planned and implemented side by side. This will provide for a more systematic approach to the corporate goal of aligning improvement in quality and value within services.

Human Resource Management (HR)

Achieving our objective of Unlocking Our Potential will require a strong focus in 2010.

Employment Control Framework and 2009 Approved Employment Ceiling

The revised employment control framework for the health services arising from changes announced during 2009 in Government policy on public service numbers and costs has been particularly challenging and has had a significant impact on recruitment policy, activity, and employment monitoring and controls. The greatest impact of the framework in 2009 arising from the general moratorium on recruitment and promotion, in conjunction with our implemented cost containment measures, was to reduce the overall WTEs being employed across the health services and has allowed the HSE to operate well within its allocated approved employment ceiling. The 2009 employment ceiling was 111,800 WTEs. The HSE operated within this approved employment ceiling from May 2009. Since March, the reduction in WTEs as recorded through Health Service Personnel Census was just over 2,000 WTEs (1,250 compared to December 2008 or 1,230 when compared to adjusted December 2008). This reduction will be offset by recruitment which is at an advanced stage in respect of some 2008 / 2009 new service developments, as well as grades with delegated sanction and other approvals to recruit as sanctioned by the DoHC / Department of Finance (DoF) outside of the general moratorium on recruitment. This impact is currently assessed as being of the order of 800 WTEs.

2010 Employment Control Framework

The employment control environment in 2010 will demand more for less in terms of employment numbers and costs. The moratorium on recruitment and promotions will continue throughout 2010, with the exception of some delegated sanction for a number of specific grades and services. Robust and responsive employment control, with accountability at regional and service manager level, is a key driver for 2010. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current staff will need to underpin the employment control framework in order to deliver government policy and within budgetary allocations.

Care Group / Programmes Projected Sub-allocation 2009 / 2010
Pre-Approved 2010 Ceiling

Care Group / Programme	WTE November 2009	WTE Projected Start 2010
Acute Hospitals	50,582	50,505
Cancer Services	483	482
Ambulance Services	1,466	1,464
Primary Care	13,825	13,804
Disabilities	15,771	15,746
Mental Health	9,772	9,757
Older People	10,888	10,871
Children and Families	1,527	1,525
Palliative Care	597	596
Social Inclusion	455	455
Corporate and National Functions	3,299	3,294
Population Health Services	1,103	1,101
TOTAL	109,769	109,600

Note: Information in this dataset continues to be refined and therefore should be considered indicative only. Patients may be serviced by more than one programme e.g. older people and primary care.

A detailed and robust people plan will be required to scope out the implementation of an approved employment ceiling for the start of 2010, if the initial projected ceiling is confirmed at 109,600 WTEs and in order to address the further reduction of 1,600 over the life of the plan.

2010 WTE Estimated Employment Ceiling

The HSE is awaiting final notification from DoHC of the 2010 approved employment ceiling. For the purpose of this service plan, a projected ceiling for the start of 2010 has been estimated as 109,600 WTEs. This figure requires further discussion between DoHC, DoF and the HSE and may be amended.

Break-down of Projected 2010 Ceiling by Care Group / Programmes

Significant progress on remapping was made during 2009 in a number of regions. Work will continue on validation of data in 2010. When complete, it will allow us to re-visit the projections with regard to the sub-allocation of ceilings by care group / programmes and to also take account of any Government decision on assigning an approved employment ceiling different from 109,600. It should be further noted that changes to the current / or projected sub-allocation of the health services approved employment ceiling can result from any reorganisation or restructuring of the health services as well as changes in Government policy on public service numbers and costs. Accordingly any data on approved employment ceilings and their sub-allocation by organisation structure and care group / programmes as set out in this service plan may need to be revised at a later date.

Additional information on pre-approved 2010 WTE allocations and ceilings by region / grade can be found in Appendix 3.

In addition to employment control, a number of HR areas will remain under focus in 2010:

Mediation

In order to support staff in the workplace, a workplace mediation policy was introduced during 2009 and a panel of qualified employee mediators, working part time, was also launched. Following an analysis of mediation activity carried out in 2009 it is planned to consolidate and expand the use of mediation in the workplace during 2010 through a communications programme and partnership support.

Medical Education, Training and Research

In response to its legislative responsibilities under the *Health Act 2004* and the *Medical Practitioners Act 2007* and to Government policy, the HSE is implementing its strategy and implementation plan for medical education, training and research (METR) and the improved integration of education, training and research across the various health service disciplines.

In 2010, we will continue the implementation of planned developments such as academic clinician posts, integrated clinician scientist training pathways, sponsored training abroad for doctors in higher specialist training, competence based training and generic training for doctors. The HSE will review posts for doctors in specialist training and make proposals

to the Medical Council in line with our statutory responsibilities under the Medical Practitioners Act. In addition, the METR Unit will focus on key strategic areas of development including the reform of the intern year, achieving optimum benefit from funding for medical education and training, the establishment of explicit contractual agreements with training bodies for the provision of postgraduate specialist medical training, the development of a medical workforce database and the implementation of aspects of the NCHD contract related to education and training.

Workforce Planning

The report by the Expert Group on Future Skills Needs (EGFSN) and FÁS 2009 provided a series of quantitative models to determine the demand and supply of a number of critical healthcare occupations. The report also recommended that a number of data gaps be examined, that an integrated approach should be adopted and that workforce planning should be a regular activity.

The overall goal of the *Integrated Workforce Planning Strategy for the Health Services 2009-2012* is to ensure that strategic and operational workforce planning processes are established as key activities in the health services. This is supported by four specific recommendations:

- A health workforce is based on the four principles of patient / client focuses, sustainable, available and flexible
- Support and build an integrated and evidence-based workforce planning process
- Develop excellent capacity and resources for effective integrated workforce planning, and
- Provide the tools and data systems to support the workforce planning function.

Supporting Service Delivery

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. Fulfilment of our NSP will be enabled and supported by our Corporate Support Services which include HR, Finance, Estates, ICT, Procurement, Internal Audit, Corporate Planning and Corporate Performance. Information on our support services can be found in our Corporate Business Plan (CBP) 2010.

The HSE provides detailed monthly performance reports to the DoHC outlining progression of the type of volume of activity detailed in the NSP against agreed targets. Performance indicators (PIs) and measures used to support this process are outlined at the end of each chapter and summarised in a table at the end of this plan.

Each year the suite of performance indicators and measures used for this purpose are reviewed for relevance to the organisation. In 2010 it is our intention to develop processes and systems to support collection and reporting of additional indicators that will further enhance both our reconfiguration and performance agenda.

Further information on monitoring and measuring the NSP and developing PIs is contained in Appendix 6.

Integrated Services Programme

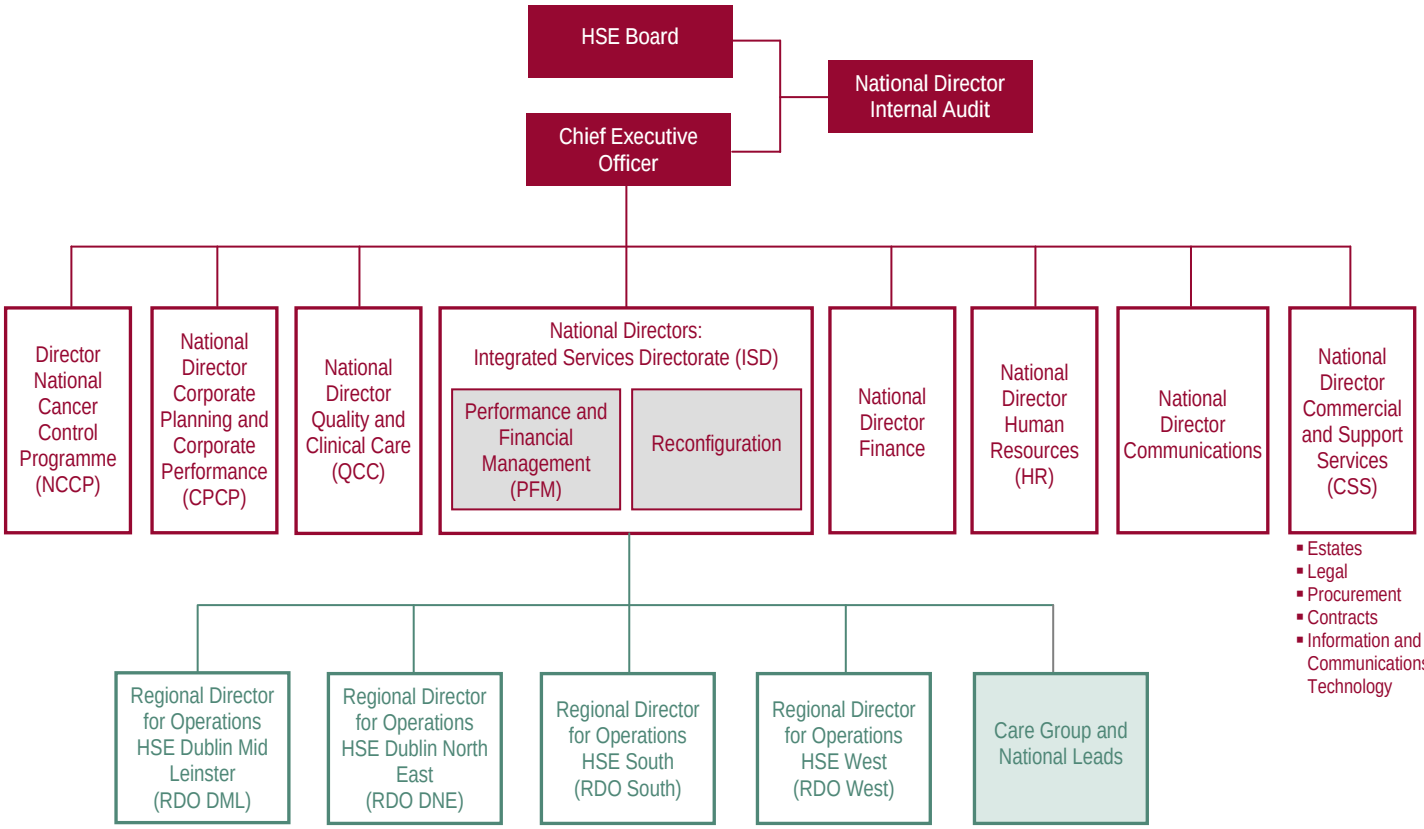
We continue to review and refine our structures and processes in order to respond to the needs of our services and our population. In October 2009, the operational structure that existed since the establishment of the HSE, (National Directorates for Hospitals (NHO) and Primary Community and Continuing Care (PCCC)) ceased to exist and a single national Integrated Services Directorate (ISD) was established. This directorate has responsibility for the delivery, reconfiguration, performance and financial management of all health and personal social services.

Whilst maintaining national direction for the organisation, and in order to deliver a uniform approach across the country, operational and certain support services are now organised within four regions, HSE Dublin Mid Leinster, HSE Dublin North East, HSE South, HSE West and responsibility for the delivery and management of services at a regional level rests with Regional Directors of Operations (RDOs). These regions operate within nationally determined priorities and parameters. In relation to care groups, priorities and parameters are determined by the Care Group Leads.

In addition, a Quality and Clinical Care Directorate has been established. This directorate further strengthens clinical leadership and improves clinical performance, as well as supporting the working relationship between clinicians and managers right across the organisation.

The new, leaner organisational structure is shown in Figure 1.

Fig.1 Organisational Structure of the Health Service Executive



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 and ICT Capital Plan define the priorities for 2010 and the period 2010 - 2014.

Under the *Health Act 2004*, the Capital Plans require 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 the 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.

Appendix 4 provides a table of proposed capital projects which are projected to become operational in 2010 by programme, giving information on the facility, project details, additional and replacement beds, expected completion and operational dates, capital cost 2010 and total capital cost, revenue cost 2010 and WTE 2010, where appropriate.

We are conscious that wherever possible capital projects will become operational as soon as the capital build has been complete.

Quality and Clinical Care

Introduction

The HSE is committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. This is done through constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan.

While quality is implicit and embedded in the delivery of all our services and is reflected in the deliverables we have set ourselves throughout NSP2010, this section focuses on some key organisational structural programmes or areas against which we will measure our progress in 2010.

In our Corporate Plan 2008 – 2011 we outlined how we will build Trust and Confidence and 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. In 2010, quality and safety continues to be a key priority for the HSE.

A Quality and Clinical Care Directorate was established in late 2009 whose role is to further strengthen clinical leadership and improve clinical performance, as well as supporting the working relationship between clinicians and managers right across the organisation. A key driver of service development at national, regional and local level is the participation of clinicians in the management process. Responsibility for implementation of this process lies with the Integrated Services Directorate (ISD).

Having clinicians and social care practitioners directly involved in leading and managing the delivery of high quality care is central to our ongoing programme to modernise all aspects of our service in order to deliver quality care, in a safe environment and, at the same time, reducing the cost of care wherever possible.

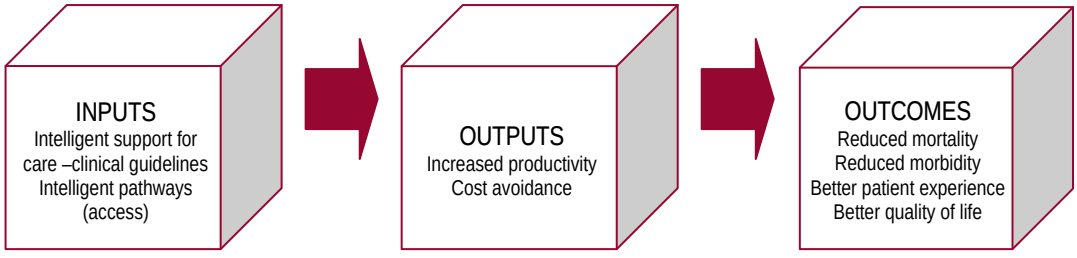
The Quality and Clinical Care Directorate has a central role in:

- The development of a range of care programmes across health and personal social services which will improve care and reduce costs
- Implementing a system where funding will follow the services being provided to patients and clients, rather than generalised allocations to institutions
- Building on the existing work on quality and risk standards
- Ensuring the implementation of *Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance, 2008* and building on implementation of *Quality, Safety and Risk Management Framework* which commenced in 2009 by driving national programmes to support key elements of the framework
- Supporting the organisation in implementing the HIQA recommendations arising from inspections, and
- In conjunction with all stakeholders, supporting the implementation of the *Action Plan for Health Research 2009-2013.*

Programmatic Approach to Improving Care and Reducing Costs

A programmatic approach aimed at improving care particularly in areas associated with high volume, focussing on key service deliverables within main cost drivers will drive specific programmes of work in 2010. As a long term strategy for the reconfiguration and transformation of our operational services, it is acknowledged that this approach will not necessarily impact on budgets immediately but it will enable significant improvements in access to services in the short term, with sustainable and more affordable health care in the longer term.

Programmatic Framework



A number of additional projects are planned which collectively will develop avoidance strategies for emergency department attendances as well as the development of strategies to improve patient experience of these services. Within each of these programmes projects for specific areas will be established. Projects that have tangible deliverables in 2010 are included in Key Result Areas below. New programmes will not have an Output 09.

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP 17 Corporate Quality and Safety Programmatic Approach *Develop and implement a programme for Respiratory diseases*		Chronic Obstructive Pulmonary Disease (COPD)	
		National implementation plan developed.	Q1-Q2
		Baseline study underway the findings of which will enable identification of targets for agreed performance indicators.	Q2
		Implementation of plan commenced.	Q3
		Progress of programme assessed and targets set for 2011.	Q4
		Asthma	
		National implementation plan developed.	Q1-Q2
		Baseline study underway the findings of which will enable identification of targets for agreed performance indicators.	Q2
		Implementation of plan commenced.	Q3
		Progress of programme assessed and targets set for 2011.	Q4
Programmatic Approach *Develop and implement a programme for Cardiovascular diseases*		Stroke	
		National implementation plan developed.	Q1-Q2
		Baseline study underway the findings of which will enable identification of targets for agreed performance indicators.	Q2
		Implementation of plan commenced.	Q3
		Progress of programme assessed and targets set for 2011.	Q4
		Acute Coronary Syndrome	
		National implementation plan developed.	Q1-Q2
		Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators.	Q2
		Implementation of plan commenced.	Q3
		Progress of programme assessed and targets set for 2011.	Q4
		Heart Failure	
		National implementation plan developed.	Q1-Q2
		Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators.	Q2
		Implementation of plan commenced.	Q3
		Progress of programme assessed and targets set for 2011.	Q4
Programmatic Approach *Develop and implement a programme for Diabetes*		Diabetes	
		National implementation plan developed.	Q1-Q2
		Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators.	Q2
		Implementation of plan commenced.	Q3
		Progress of programme assessed and targets set for 2011.	Q4
Programmatic Approach *to optimise ED functionality*		Specific Projects in place to enable improved:	Q1-Q4
		Access to diagnostic imaging.	
		Pathways for acute medically ill patients.	
		Utilisation of surgical resources.	
		Management of delayed discharges.	

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Development of metrics to support programmes for patient and quality initiatives		Performance indicators developed for patient and quality initiatives.	Q2
		Targets for 2011 established and reporting mechanisms in place to enable reporting 2011.	Q4
Programmatic Approach *Develop and implement a resource allocation model for acute hospital funding*		Detailed patient level costing study completed.	Q1-Q2
		Gap analysis of costing infrastructure completed.	Q1-Q2
Colonoscopy Services		Review of colonoscopy services completed.	Q2
		Implementation of recommendations commenced.	Q3
Neuro-Rehabilitation Strategy		Lead identified to develop implementation plan for Neuro-Rehabilitation Strategy.	Q2
Corporate and Clinical Governance Structure *to support integrated working practices and clinical networks*		Governance structure agreed.	Q2
		Implementation commenced for the delivery of services involving managers, clinical directors and clinicians with a focus on quality, safety and resource efficiency.	Q4
Quality and Risk Framework *including Quality and Risk Management Framework*	Implementation of Framework commenced in 2009.	Self assessments completed in all community and acute services.	Q4
Incident Management		Standardised complaint and incident investigation process defined and agreed.	Q4
		Incident Management Policy and Procedures updated.	Q2
Complaint and Incident Framework		Statutory complaints framework implemented.	Q4
CP 3 Health Protection Healthcare Acquired Infection, *(HCAI)*	Continuing implementation of the "*SAY NO TO INFECTION*" Strategy. Self-assessment against national standards for the prevention and control of HCAI (HIQA) completed. ▪ 31% reduction in MRSA bacteraemia rates since 2006 ▪ 5% reduction in antimicrobial consumption in hospitals ▪ 86% increase in alcohol gel consumption in hospitals ▪ 32% reduction in *Clostridium difficile* notifications.	Further implementation of the "*SAY NO TO INFECTION*" Strategy and compliance with national standards for prevention of HCAI ensured with particular focus on performance monitoring through indicators and the development and implementation of care bundles for specific site infections.	Q1-Q4
		National overview of self-assessment exercise prepared relating to national standards for the prevention and control of HCAI (HIQA).	Q1
		In conjunction with ISD, progress monitored in implementation of quality improvement plans to address national standards for the prevention and control of HCAI.	Q1-Q2
Health Care Audit	Healthcare Audit implemented.	Programme of Health Care Audit in place.	Q4
Mediation and Disclosure Policies		Mediation Policy and Open Disclosure Policy developed.	Q2

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Action Plan for Health Research 2009-2013		Work in conjunction with other stakeholders e.g. DoHC and Health Research Board (HRB) to support the implementation of the Programme of Actions as outlined in the *Action Plan for Health Research 2009-2013*.	Q4
CP23 Stakeholder and Relationship Management Service User Involvement	Commencement of implementation phase of Strategy with working groups in place on primary care and children and young people. Work commenced with National Cancer Control Programme.	Systematic plans for implementation of involvement practice developed and implemented in acute hospital services and primary care.	Q3
		Framework for advocacy in healthcare developed.	Q3
		National guidelines implemented and promoted detailing entitlements of service users.	Q3
		Build on approach to systematically capture views of patients / service users on their experience of services with *Insight 07* commenced.	Q3
		Database developed which enables compliance with statutory reporting requirements.	Q4
CP 7 Emergency Management Emergency Management	Range of outputs progressing the preparedness and response capacity of HSE progressed and developed.	HSE preparedness and response capacity for emergencies improved in the following areas: ▪ Generic emergencies ▪ Influenza Pandemic ▪ Other specific emergencies, and ▪ Interagency emergency management between HSE, Local Authorities, An Garda Síochána and other government departments and agencies advanced.	Q1-Q4
Pandemic Vaccine	Advanced purchase agreement for supply of vaccine completed. Planning and implementation of national pandemic vaccination campaign.	Vaccination of priority groups against H1N1 completed. (Decision on extension of campaign to be made by the National Public Health Emergency Team (NPHET).	Q1
		Performance Indicators developed.	Q1
		Pandemic monitored and reported.	Q1-Q4
		Development Funding: 2010 € €55m; WTE 0	

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Access to Treatment															
No. and % of patients with ST elevation myocardial infarction who have undergone angiography/primary PCI within 120 minutes of first medical contact	---	---	---	---	---	---	---	---	---	---					New PI for 2010
No. and % of patients with ST elevation myocardial infarction who have received thrombolysis or cardiac catheterisation within the following 24 hours	---	---	---	---	---	---	---	---	---	---					New PI for 2010
No. and % of patients with acute ischemic stroke who have undergone thrombolysis within 4.5 hours of onset of symptoms.	---	---	---	---	---	---	---	---	---	---					New PI for 2010

	Expected Activity / Target 2009						Projected Outturn 2009						Expected Activity / Target 2010				
	South	West	DML	DNE	Total		South	West	DML	DNE	Total		South	West	DML	DNE	Total
Service Level Agreements																	
% of agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place	---	---	---	---	---		---	---	---	---	---						New PI for 2010
Service User Involvement																	
% of PCTs with engagement with the local community	---	---	---	---	---		---	---	---	---	---						New PI for 2010
% of hospitals or hospital networks that have established service user panels	---	---	---	---	---		---	---	---	---	---						New PI for 2010
% of hospitals or hospital networks that have completed patient satisfaction surveys	---	---	---	---	---		---	---	---	---	---						New PI for 2010
MRSA																	
MRSA bacteraemia notification rate per 1,000 bed days used					6% reduction		---	---	---	---	9%						5% reduction
Antibiotic Consumption																	
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital					4% reduction		---	---	---	---	5%*						4% reduction
Blood Policy**																	
% of red blood bell units discarded / returned out of total red blood cell units ordered	---	---	---	---	---		---	---	---	---	---						3%
No. of units of platelets ordered in 2010	---	---	---	---	---		---	---	---	---	---						3% lower than no. of units ordered in 2009

*Figures are one year in arrears because of denominator data. **Data source - Irish Blood Transfusion Service (IBTS)

Development of New Indicators and Measures

In addition to those outlined above, a commitment has been given to work with DoHC to develop new indicators to measure patient outcomes and patient safety.

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 HSE is currently making significant organisational changes to enable it to deliver hospital and community services in an integrated manner. This will result in a less hospital-oriented system and will see hospital resources reallocated in favour of expanding community based services. The focus on simplifying service delivery will be supported by robust management control systems.

The development of primary care services is informed by the *Primary Care Strategy- A New Direction, 2001* and is a key priority and a cornerstone of our Transformation Programme. The strategy outlines the framework for the future delivery of primary care services through Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs). The establishment of PCTs creates a supportive environment to facilitate structured approaches to chronic disease management, enhanced multi-disciplinary working and integration between primary, secondary and tertiary services. The HSE is on target to have 530 teams in operation by the end of 2011 - everyone in the country should ultimately be able to access up to 95% of the care they need within their local community.

Members of the PCT include General Practitioners (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. The assignment of social workers to PCTs and HSCNs provides additional resources in relation to meeting the HSE's statutory obligations on child protection matters; the primary role of these social workers is to ensure that these critical organisational priorities are met.

Acknowledging the limiting economic conditions that face our national and local services in 2010, we will continue to promote the standardisation of services across all PCTs. This will work towards ensuring that a consistent approach is adopted nationally while maintaining the flexibility of teams to develop programmes specific to the identified needs of the local population. In the main these will include:

- Chronic disease management programmes for diabetes, asthma, COPD and cardiovascular diseases
- Direct linkages with mental health services and the provision of mental health promotion programmes in the community
- Hospital integration and avoidance initiatives including Warfarin, dressings / leg ulcers, diagnostics, minor surgery, intra-venous (IV) therapy, falls prevention programmes and cancer services, and
- Health promotion initiatives including immunisation / child health screening, men and women's health.

In addition, as part of the overall rationalisation of State Agencies, the Crisis Pregnancy Agency will be integrated into the HSE from the 1st January 2010. In line with its statutory responsibility under the *Health (Miscellaneous Provisions) Act 2009* "*to produce periodic reports on progress and to propose remedial action where required*", quarterly reports outlining progress on the implementation of the *Strategy: Leading an Integrated Approach to Reducing Crisis Pregnancy, 2007-2011* will be produced for the DoHC.

Resources

WTE		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	13,825	13,804

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	308
Voluntary	---	19
Total	351	327

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

A significant number of Primary Care Centres across the country are expected to be operational in 2010, the majority by lease agreement in accordance with our strategy. A full list of these centres can be found in Appendix 4.

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP8 Configure Primary Community and Continuing Care Primary Care Teams (PCTs) - *Progress the establishment PCTs and Health and Social Care Networks through reorganisation of existing resources*	100% of Phase 1 and Phase 2 PCTs (210) holding clinical team meetings. Phase 3 teams' core staff members assigned to the developing teams and formulative work commenced. Recruitment of 300.2 frontline posts assigned to PCTs. Draft key performance activity measures tested over a 1 week period in 4 PCTs with 'core' PCT members including GPs, Physiotherapy, Occupational Therapy and Public Health Nursing.	Phase 1 and Phase 2 Teams (210) Appropriate management and clinical governance structures for PCTs in operation. Phase 3 Primary Care Teams Progress to a stage where 100% of 184 new Teams are holding clinical meetings. Phase 4 Primary Care Teams Development of a further 136 teams commenced. Development of Network Services and general principles of referral processes and shared care arrangements agreed. Development and roll out of new metrics to capture activity in PCTs. PCT Evaluation conducted to measure the effectiveness of PCTs including potential benefits.	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
Use of Information Technology in PCTs	€784,000 secured to purchase hardware for PCTs in operation. Established the requirements of an electronic patient record system compatible with the existing GP patient management systems.	Electronic patient management system progressed for use in PCTs.	Q1-Q4
GP Out of Hours (OOH) Review	Review of OOH completed.	Implementation of recommendations commenced.	Q1-Q4
CP23 Stakeholder and Relationship Management Service User Involvement		Opportunities for engagement with local communities provided through PCTs in a systematic way in accordance with the principles and guidelines endorsed in the *National Strategy for Service User Involvement in the Irish Health Service 2008-2013.*	Q2-Q4
CP3 Health Protection Immunisations	Primary Childhood Immunisation (PCI) vaccine uptake of 93% DTP and 90% MMR at 24 months. Pneumococcal Conjugate Vaccine (PVC) catch up campaign completed for those < 2 years of age with 60 % uptake for campaign cohort. MMR vaccination campaign targeting, 4th, 5th and 6th year second level school pupils (120,000) in April – June, in response to mumps outbreak, with 70% uptake.	Education and training of healthcare staff improved. Implementation of standard procedures to improve uptake rates. Report on pneumococcal conjugate vaccine catch up campaign completed. Measles (MMR) elimination campaign for 4-l5 year olds.	Q1-Q4 Q1-Q4 Q1-Q4 Q2
Environmental Health: *Protection of public health through the effective enforcement of the environmental health legislation*	Statutory obligations complied with regarding: 1. Food safety 2. Tobacco control 3. Cosmetic product control. 4. International health and communicable disease controls.	1. Food Safety Authority Ireland contract implemented and compliance with EU National legislation in place. 2. Business plan agreed and implemented in conjunction with the Office of Tobacco Control and DoHC. 3. Implementation of a national programme underway	Q1-Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
	5. Risk contamination and fluoridation of water supplies. 6. Medical ionising radiation. 7. Agency services.	on the Cosmetics Control legislation in conjunction with the DoHC and the Medicines Board. 4. HSE capacity / structures developed to implement the international health regulations effectively and consistently. 5. Monitoring of fluoride in public water supplies continued and capital developments implemented. Protocols and procedures agreed with Environmental Protection Agency and local authorities in relation to at risk contaminated water supplies. 6. Awareness monitored and raised of compliance with national legislation on Radiation Protection of Patients; national register maintained, National Radiation Safety Committee supported and framework developed for clinical audit. 7. Existing funded level of services provided to local authorities maintained.	
CP2 Health Promotion Health Promotion Strategic Framework for the HSE	Health Promotion Strategic Framework developed by the HSE.	Key actions to improve health status identified and delivered through the strategic framework.	Q1-Q4
	Key elements of Task Force report on alcohol implemented. Tobacco framework completed and signed off. 2010 implementation plan developed. Key elements of National Breastfeeding Action Plan implemented. Phase 2 of Obesity Action Plan implemented. HSE Health Inequalities Framework completed.	Action plans 2010 developed and priority actions implemented in the following areas: ▪ Obesity ▪ Health Inequalities ▪ Alcohol ▪ Tobacco ▪ Breastfeeding	Q4

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Primary Care Teams (PCTs)															
Number of PCTs holding clinical meetings	63	51	71	25	210	63	51	71	25	210	40 (103)	41 (92)	44 (115)	59 (84)	184 (394)
Number of PCTs in development	16	20	22	42	100	*40	*41	*44	*59	*184	35	30	35	36	136
Total no. of patients / clients with a care plan	---	---	---	---	---	---	---	---	---	4,800	---	---	---	---	14,000
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	---	---	---	---	---	95%	95%	95%	95%	95%	100%	100%	100%	100%	100%
% of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	---	---	---	---	---	---	---	---	---	---					New PI for 2010

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
No of patients / clients formally partaking in structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	---	---	---	---	---	---	---	---	---	---					New PI for 2010
% of PCTs that are implementing structured asthma prevention and care (as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines, 2008)	---	---	---	---	---	---	---	---	---	---					New PI for 2010
No patients / clients partaking in formal structured asthma prevention and care (as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines 2008)	---	---	---	---	---	---	---	---	---	---					New PI for 2010
Orthodontics															
Total no. of patients receiving treatment during reporting period	---	---	---	---	---	---	---	---	---	22,130	---	---	---	---	22,130
Total no. of patients with completed treatments during reporting period	---	---	---	---	---	---	---	---	---	2,000	---	---	---	---	2,000
Average waiting time for:															
1. Orthodontic assessment (Grade 5: Grade 4 :)															Targets to be determined.
2. Orthodontic treatment (Grade 5: Grade 4:)	---	---	---	---	---	---	---	---	---	---					
GP Out of Hours															
No. of contacts with GP out of hours	362,000	206,000	101,000	132,000	801,000	397,760	226,160	110,880	145,200	880,000	397,760	226,160	110,880	145,200	880,000
Immunisations															
No. and % 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)	86%	90%	89%	88%	88%	---	---	---	---	88%	95%	95%	95%	95%	95%
No. and % 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%	95%	92%	93%	94%	---	---	---	---	93%	95%	95%	95%	95%	95%
No. and % of children 24 months of age who have received the Measles, Mumps and Rubella (MMR) vaccine	89%	91%	90%	89%	90%	---	---	---	---	89%	95%	95%	95%	95%	95%
Child Health / Development Screening															
No. and % new born babies visited by a PHN within 48 hours of hospital discharge (72 hour data collection to also be developed in 2010)	---	---	---	---	---	---	---	---	---	---	100%	100%	100%	100%	100%
The percentage uptake of 7-9 months developmental screening by 10 months (PHN)**	---	---	---	---	---	---	---	---	---	---	90%	90%	90%	90%	90%

	Expected Activity / Target 2009						Projected Outturn 2009						Expected Activity / Target 2010				
	South	West	DML	DNE	Total		South	West	DML	DNE	Total		South	West	DML	DNE	Total
Environmental Health																	
No. of inspections and / or programmes to ensure compliance with Public Health Tobacco Acts:																	
i) smoke-free workplaces (inspections)	---	---	---	---	---		---	---	---	---	11,064		To be agreed with DoHC and Office of Tobacco Control				
ii) sales to minors and test purchase (programmes)	---	---	---	---	---					6 programmes			To be agreed with DoHC and Office of Tobacco Control				
No. of inspections of food premises	---	---	---	---	---		---	---	---	---	45,000		---	---	---	---	42,000

*These PCTs (in development) will commence holding clinical meetings in 2010 and will no longer be considered in development.

**Note this data will report on activity / screening generated by PHNs only. Area Medical Officer data (which generally relates to Tier 2 assessments) will not be reported on.

Development of New Indicators and Measures

In addition to those outlined above, a commitment has been given to work with DoHC to develop new indicators to measure progress in PCT development, performance and activity.

Community (Demand-Led) Schemes

Introduction

Community Schemes or Demand-Led Schemes (DLS) are the State funded GP, Pharmacy, Dental, Ophthalmic, Addiction Drugs and other special payments which account for a sizable portion of the HSE's overall budget (20%).

The provision of Community DLS are categorised under the following headings:

- General Medical Services (GMS) (i.e. Medical Cards / GP Visit cards)
- Community Schemes (i.e. Drugs Payment, Long Term Illness, High Tech, Dental, Ophthalmic), and
- Primary Care Schemes (i.e. Maternity and Infant Scheme).

Drivers

The overarching factors which have influenced, and continue to influence, growth include:

- The population is ageing and has more chronic illness
- New and more expensive therapies are being developed
- Increased number of patients being treated
- Treatable life expectancy has increased
- Medicines being used in preference to invasive surgery, and
- Sector specific strategies, such as cancer and cardiovascular.

In summary there are three components which give rise to increased activity and costs under the DLS:

(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

The sustained deterioration in the Irish economy during 2009 coupled with increasing numbers on the Live Register and associated uptake of DLS, presents an unprecedented challenge for services in 2010.

During the period 1st January 2005 to 31st December 2008 the number of persons registered on the medical card database has increased in absolute terms by 207,037. The rate of increase has been particularly acute in the GMS (Medical/GP Visit Cards) in 2009, with an additional 126,440 eligible persons granted medical cards, representing a growth of 9% over the same period in 2008.

As of 31st December 2009, the total number of eligible persons on medical cards was 1,478,560, representing approximately 33% of the total population and a growth of 3% population coverage since December 2008. There is also sustained growth in the number of Long Term Illness (LTI) claims and Dental Treatment Services Scheme (DTSS) activity levels.

2010 Outlook

During 2009 there was a significant acceleration in the number on the Live Register. In November 2009 the number was 423,400 compared to 227,000 in the same period last year representing a growth of 196,400 (87%). The standardised unemployment rate rose from 7.8% to 12.5% (a 60% increase) over the same period and the European Commission Autumn Economic forecast estimates that 2010 will see this rate may increase further to 14% with estimated additional persons in the order of 72,000.

The targeted levels of activity for the DLS in 2010 are based on the assumptions that:

- Positive changes in the expenditure cost base (due to efficiency measures and policy changes introduced by Government) are sustained into 2010 to reduce the overall cost to the HSE.
- The current demographic mix is sustained throughout 2010.

It is anticipated that this will provide for a growth of 144,000 new medical cards and additional claim-items under the DPS in the order of 106,000 during 2010. Any accelerated growth above these levels cannot be met within budget allocation. These estimates are based on the assumption that policy, income and fee savings will be achieved as specified by the DoHC.

Targets are based on trend lines in the last quarter of 2009 and are based on the assumption that the implementation of policy initiatives e.g. introduction of a prescription charge for GMS / LTI, extended DPS co-payment limit etc will not impact on 2010 targets figures.

On the basis of these assumptions 2010 provides for growth in services such as medical cards in the range of 144,000 cards against projected outturn 2009. Expected level of activity in 2010 is likely to be in the order of 1.622 million medical cards. The work in relation to validation of medical cards will continue apace. If sufficient linking of interdepartmental information can be achieved then the prospect of improving the client experience and turnaround times, will be greatly enhanced.

Significant progress is being made in the modernisation and streamlining of the schemes through the centralisation project. It is anticipated that further progress will follow, with the decision to centralise the remaining schemes now in place. As these schemes are centralised and the business rules aligned this will enable the standardisation of resource allocation.

Resources

FINANCE			
	2009 Final Budget €m	Projected Outturn 2009 €m	2010 Budget €m
Community (Demand-Led) Schemes	2,952	2,962	2,787

Note: The HSE has received additional monies of €230m for the cost of community schemes in 2010. There are also a number of reductions in budget to reflect savings arising in both 2009 and 2010, giving rise to a reduced overall figure. The 2010 budget is net of €25m receipts by the Primary Care Reimbursement Service.

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Modernisation of Community Schemes	Continual progress on the implementation of key actions.	Continued focus on delivering efficiencies through centralisation of medical cards and schemes.	Q1-Q4
		The centralisation of medical cards.	Q2
		Medical card backlog addressed.	Q2-Q3
DTSS	Project scoped, initiated and review commenced.	Review and assessment completed.	Q1-Q2
Dental Services Review *(including assessment of ICT)*		Clinical lead appointed to ensure the public receive appropriate health and personal social services to enable them maintain their oral health and well-being.	Q1-Q2
Inappropriate prescribing		Inspectorate function implemented.	Q2

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Medical and GP Visit Cards			
No. of GP Visit Cards issued	142,148	98,325	114,436
No. persons covered by Medical Cards	1,423,830	1,478,560	1,622,560
% of Medical Cards issued within 15 working days of complete application	---	---	Targets to be determined To be reported Q4

	Expected Activity / Target 2009		Projected Outturn 2009		Expected Activity / Target 2010
Mean time between date of complete application and issuing of Medical Card	---		---		Targets to be determined To be reported Q4
% of GP Visit cards issued within 15 working days of complete application	---		---		
Mean time between date of complete application and issuing of GP Visit Card	---		---		
Long Term Illness					
No. of Claims	909,926		917,117		1,084,656
a) drugs					*
b) non drugs					
No. of Items	2,742,951		2,916,432		3,449,205
a) drugs					*
b) non drugs					
Drug Payment Scheme					
No. of Claims	6,252,629		4,986,358		5,030,180
a) drugs					*
b) non drugs					
No. of Items	15,944,205		13,525,137		13,631,788
a) drugs					*
b) non drugs					
GMS					
No. prescriptions	16,713,828		16,203,556		18,445,234
a) drugs					*
b) non drugs					
No. of Items	57,241,846		50,393,058		57,364,678
a) drugs					*
b) non drugs					
No. of claims – Special items of Service	657,759		738,336		714,293
No. of claims – Special Type Consultations	982,745		1,107,134		1,084,945
HiTech					
No. of Claims	315,904		349,716		383,324
DTSS					
No. of treatments (above the line)	1,049,791		1,417,068		1,084,517
No. of treatments (below the line)	113,518		143,741		111,428
Community Ophthalmic Scheme					
No. treatments	578,263		622,250		679,310
Adult	---		565,330		617,170
Children	---		56,920		62,140

*Drug / non drug breakdown will be reported quarterly in arrears in 2010

Profiling of Key Activity

Medical Cards and GP Visit Cards

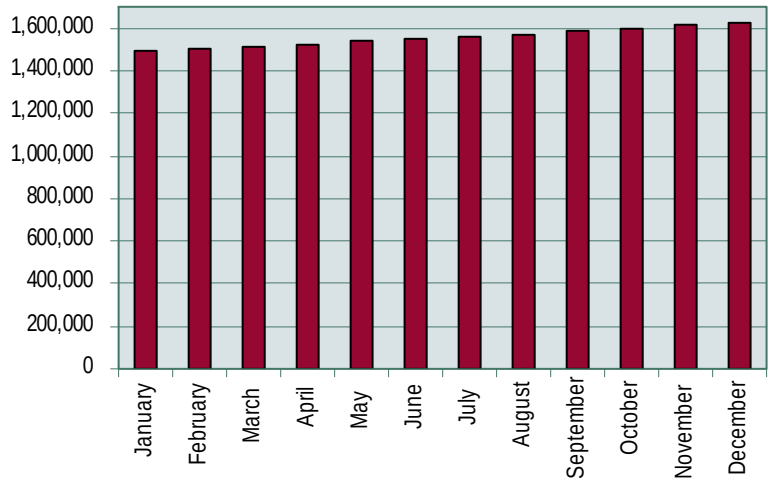
As of 31st December 2009, the total number of eligible persons on medical cards was 1,478,560, representing approximately 33% of the population and a growth of 3% population coverage since December 2008.

During 2009, there was a significant acceleration in the number on the Live Register. In November, 2009 the number was 423,400 compared to 227,000 in the same period last year, representing a growth of 196,400 (87%).

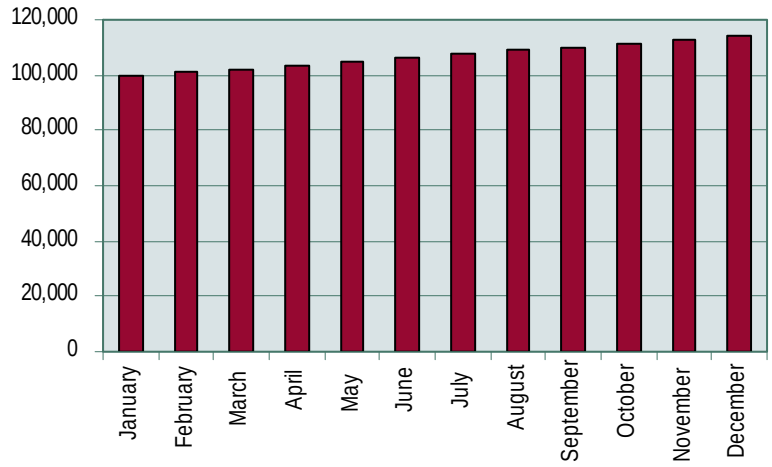
It is anticipated that there will be a growth in the number of persons covered by medical cards in 2010 and the graph here represents this growth to reflect an overall expected target of 1,622,560.

Targets for both medical cards and GP visit cards are based on trend lines in the last quarter of 2009 taking cognisance of the movement in the Live Register. These estimates are based on the assumption that policy, income and fee savings will be achieved as specified by the DoHC.

No. of Persons covered by Medical Cards Profiled for 2010



No. of GP Visit Cards Issued Profiled for 2010



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 2010 is to build on the significant work done by the Task Force on Children and Families to standardise and enhance our services for children and families. We will also focus on implementing the recommendations of both the *Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009* and *The Agenda for Children's Services, 2007*. 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		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	1,527	1,525

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	536
Voluntary	---	---
Total	575	536

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

Capital projects that are to be completed and / or due to become operational in 2010, include:

Dublin North East
- Castlefield Child Residential Unit – work to extend existing building commenced in 2009.
- Rath Na Og, Castleblaney – Phase 2 (design).

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP 13 Children and Families Child Protection Services Task Force on Children and Families	Work of Task Force completed and published.	Standardised child protection referral and assessment processes implemented across all Local Health Offices (LHOs) in line with Task Force outputs.	Q1-Q4
Out of Hours Services	Emergency Place of Safety Services Joint protocol with the Gardai signed and in place.	Emergency Place of Safety Services augmented within existing resources and monitored on an ongoing basis.	Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
	Emergency Place of Safety Services – contract in place and operational with fostering agency.		
Children First National Guidelines for Protection and Welfare of Children	National review guidelines published.	Plan in place to implement revised Children First Guidelines and roll-out of implementation plan commenced.	Q1-Q4
Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009	HSE response to Ryan Report devised.	It is anticipated that resources will be made available following the Revised Estimate Volume for the specific purpose of the implementation of some key recommendations from the Ryan Report on a part year basis. Further discussions are required with the DoHC to confirm full year funding prior to the commencement of recruitment. Following this, the receipt of the 2010 funding, a successful recruitment campaign and a ceiling adjustment, the following will be progressed:	Q1-Q4
		▪ Recruitment of additional 200 social workers for child protection services (50 by Q2, a further 75 by Q3 and the final 75 in Q4). The full year cost is €16m.	Q2-Q4
		▪ Establishment of multidisciplinary assessment services for children and young people at risk and development of a multidisciplinary team for children in care and detention (with IYJS). The WTE requirement is 29.5, at a full year cost of €3m.	Q3
		▪ Provision of additional counselling services. Full year cost is €2m.	Q1-Q4
		▪ Implementation of the recommendations of 2007 Report of Working Group on Treatment Services for Persons with Sexually Abusive Behaviour. The full year cost is €1m, and an additional WTE requirement of 8.	Q3
		▪ Enhancement of services for young people leaving care. The full year cost is €1m, with an additional WTE requirement of 10.	Q3
		▪ Practice placements provided for Social Work practitioners. This will depend on funding and availability of placement places. Full year costs €0.16m, with an additional WTE requirement of 2.	Q3
		▪ Research on social work staff retention issues. Cost €0.03m. No additional WTE requirement.	Q3-Q4
		▪ Audit of resources targeted at children and families across the statutory and non-statutory sector. Cost €0.1m. No additional WTE requirement.	Q4
		▪ Training and ongoing professional development for staff in agencies providing services to HSE. Cost €0.75m. Additional WTE requirement of 10.	Q2-Q4
		▪ Monitoring compliance with Children First. Cost €0.1m. No additional WTE requirement.	Q2-Q4
		▪ Total full year cost is €24.14m. Total WTE: 249.5	

Development Funding	
2010 €	WTE
€14.27m	200*

Note: Deliverables are dependent on allocation of €14.27m as part of the Revised Estimates Volume * Moratorium exempt posts subject to ongoing discussion.

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Alternative Care Care Planning	Standardised care planning template developed.	Standardised care planning template rolled out across all LHOs in 2010.	Q4
National Child Care Information System (NCCIS)	Proposals submitted to CMoD and have undergone Peer Review.	Continued development of NCCIS in line with business plan pending peer review approval and necessary resources being available.	Q1-Q4
Family Support Agenda for Children *Implement Agenda for Children and all its components*	Strategy to support Agenda for Children's services completed.	Implementation of Strategy in line with Task Force outputs to support Agenda for Children services. Ensure agencies providing services for HSE to children and families develop and implement an operational plan based on Agenda for Children.	Q4 Q4
Performance Management Performance measures	Suite of performance measures agreed.	Collection of new and existing performance measures rolled out as agreed.	Q1-Q4
Improved Quality and Safety processes	*Non Acute Risk Register Action Plan* implemented on a phased basis.	Task Force recommendations on quality and safety processes implemented.	Q1-Q4

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	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	119	117	117	123	477	119	117	117	123	477
Total no. of Family Welfare Conferences convened	74	66	40	47	227	82	74	69	48	268	82	74	69	48	268
No. of Springboard family referrals	132	273	182	190	778	158	375	192	267	992	158	375	192	267	992
No. of Teen Parent Support Programme active cases	256	527	168	249	1,200	206	481	224	236	1,147	206	481	224	236	1,147
Residential and Foster Care															
Total number of children in care:	1,414	1,063	1,510	1,347	5,334	1,638	1,110	1,508	1,444	5,700	1,638	1,110	1,508	1,444	5,700
i. No. and % of children in residential care	84	54	150	138	426 (8%)	73	43	154	129	399 (7%)	73	43	154	129	399 (7%)
ii. No. and % of children in Foster Care	898	688	894	716	3,196 (60%)	1,053	755	984	775	3,477 (61%)	1,053	755	984	775	3,477 (61%)
iii. No. and % of children in Foster Care with Relatives	385	275	424	446	1,530 (29%)	409	272	428	487	1,596 (28%)	409	272	428	487	1,596 (28%)
iv. No. and % of children in other care placements / at home under care order	47	46	42	47	182 (3%)	103	40	32	53	228 (4%)	103	40	32	53	228 (4%)
Foster Carers															
No. and % of approved foster carers during reporting period who have an allocated social worker	---	---	---	---	---	93%	77%	73%	83%	81%	100%	100%	100%	100%	100%
Care Planning															
No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995.	82%	82%	82%	82%	82%	79%	98%	81%	85%	85%	100%	100%	100%	100%	100%
i. No. and % of children in residential care	---	---	---	---	90%	99%	97%	77%	89%	88%	100%	100%	100%	100%	100%
ii. No. and % of children in Foster Care	---	---	---	---	90%	79%	98%	82%	89%	86%	100%	100%	100%	100%	100%
iii. No. and % of children in Foster Care with Relatives	---	---	---	---	90%	76%	97%	76%	81%	81%	100%	100%	100%	100%	100%
iv. No. and % of children in other care placements / at home under care order	---	---	---	---	90%	70%	100%	61%	88%	78%	100%	100%	100%	100%	100%

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
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%	40%	24%	48%	19%	2%	23%	44%	50%	31%	29%	40%
No. and % of children in care who have an allocated social worker	88%	96%	80%	89%	88%	82%	93%	85%	72%	83%	100%	100%	100%	100%	100%
i. No. and % of children in residential care	58%	100%	88%	92%	85%	55%	93%	90%	89%	82%	100%	100%	100%	100%	100%
ii. No. and % of children in Foster Care	96%	98%	76%	88%	90%	89%	94%	79%	77%	85%	100%	100%	100%	100%	100%
iii. No. and % of children in Foster Care with Relatives	99%	99%	65%	87%	86%	91%	92%	83%	61%	80%	100%	100%	100%	100%	100%
iv. No. and % of children in other care placements / at home under care order	98%	87%	89%	87%	90%	91%	93%	88%	60%	83%	100%	100%	100%	100%	100%
Pre-School															
No. and % of notified current operational pre-school centres where an Annual Inspection took place	622	709	487	327	2,147	622	709	487	327	2,145	622	709	487	327	2,147
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 referrals of child abuse or neglect	---	---	---	---	---	---	---	---	---	---	Reporting to commence 2010				
No. and % of initial assessments conducted following a referral of child abuse or neglect	---	---	---	---	---	---	---	---	---	---	Reporting to commence 2010				
No. and % of children on waiting lists for initial assessments following a referral of child abuse or neglect	---	---	---	---	---	---	---	---	---	---	Reporting to commence 2010				
Average time spent on waiting list for assessment following a referral of child abuse or neglect	---	---	---	---	---	---	---	---	---	---	Reporting to commence 2010				

Development of New Indicators and Measures

In addition to those outlined above, a commitment has been given to work with DoHC to develop new indicators to measure children in residential and after care services, together with child abuse.

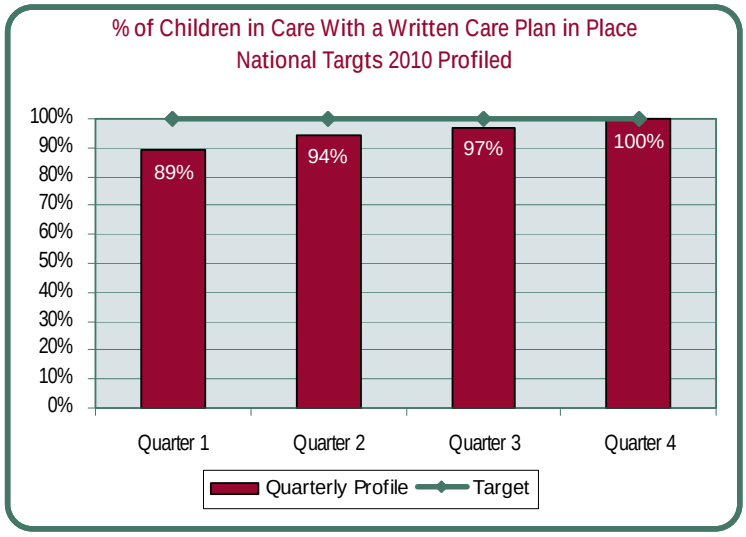
Profiling of Key Activity

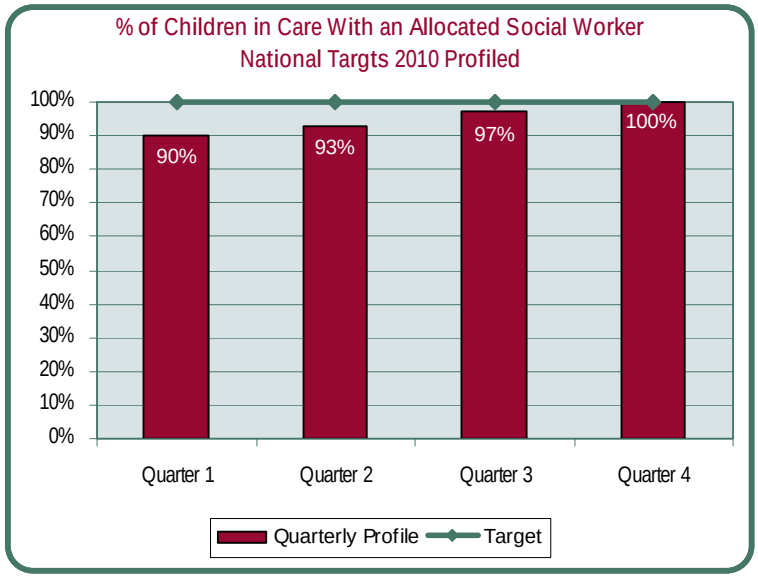
Children in Care With a Written Care Plan and Children in Care With an Allocated Social Worker

It is a statutory requirement under the Child Care Act 1991 to ensure that all children in HSE care have a written care plan and that there are regular scheduled reviews of these care plans.

The graphs here reflect the incremental progress over each quarter to achieve the target set down in legislation in respect of children in care with written care plans and children in care with an allocated social worker.

The number of children in care with a written care plan is recommended in the Ryan Report to be 100%. A timed action plan to achieve will be implemented in 2010.





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 and recovery, liaison, forensic psychiatric services and mental health and intellectual disability. Services are provided in a number of different settings including from home, inpatient facilities, outpatient clinics / departments, day hospitals and day centres, low support and high support community accommodation. We continue to pursue the strategic objectives set out in the national mental health policy framework, *A Vision for Change, 2006* which is underpinned by principles, values, service ethos and a recovery approach and which places service users at the centre of decision making, seeking to involve them and their families at all levels of service provision.

Mental Health services aim to foster positive mental health promotion and services 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.

We continue to effect considerable changes in the context of developing Executive Clinical Directorates, the closure and reconfiguration of existing long stay mental health facilities, developing multidisciplinary Community Mental Health Teams (CMHTs) and the provision of mental health services within primary care. The *Mental Health Act, 2001* and the *Health (Miscellaneous Provisions) Act, 2009* have also significant implications for the manner in which mental health services are planned and delivered.

NSP 2010 includes a mixture of measures aimed at improving service user health, independence and experience and, at the same time, continuing to reconfigure service delivery to ensure increased efficiency. This, in combination with the Capital Investment in mental health announced in the recent Budget, will progress the modernisation of the mental health services in line with the recommendations of A Vision for Change.

This will entail a continued shift to community-based services to support people living as independently as possible. Our purpose is to provide a service for people of all ages who need specialist assessment, care and treatment for mental illness. In doing so, our strategic objectives are to:

- Support people's recovery from mental illness so that they can gain as much independence as possible
- Continue to develop community-based services
- Provide access to appropriate primary / community and secondary care services in a timely manner
- Work in partnership with service users, carers, primary care and colleagues, both statutory and voluntary
- Advance the national and local governance arrangements, and
- Develop the workforce, buildings and information systems to support improved, cost-effective care and treatment.

Resources

WTE		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	9,772	9,757

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	718
Voluntary	---	16
Total	787	734

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

A number of capital projects that are to be completed and / or due to become operational in 2010, include:

West	South
▪ New 50-bed CNU (Phase 1) Ballinasloe, Galway. ▪ 20 bed Child and Adolescent Inpatient Unit, Galway	▪ 40 Bed Residential Unit, St Luke's, Tipperary. ▪ 20-bed Child and Adolescent Inpatient Unit, Cork

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP 11 Mental Health Services Vision for Change: *Progress Implementation of recommendations in A Vision for Change*	Detailed action plan for 2009-2013 agreed by HSE Board. Assistant National Director for Mental Health and 14 Executive Clinical Directors appointed. Guidance document on development of CMHTs finalised. WISDOM Mental Health ICT Proof of Concept commenced in Donegal Mental Health Services.	Executive Clinical Directorates established including a national Forensic Service. Transfer of WISDOM ownership from HRB to HSE and completion and evaluation of Proof of Concept.	Q1-Q4 Q3
VFM report on Long Stay Beds Closure and Reconfiguration of Existing Long Stay Mental Health Facilities	VFM report completed. Closure plans in respect of current psychiatric hospitals developed subject to funding for alternative accommodation.	Implementation plan developed to action recommendations of the VFM report on long stay care to support reconfiguration.	Q1
Implementation of Mental Health Act: *Involuntary Admissions* *Assisted Admissions*	Full Authorised Officer Service initially introduced. However, a number of staff representative bodies reverted to the interim Authorised Officer service pending the outcome of a Labour Relations Commission (LRC) hearing. Negotiations with staff representative bodies regarding the expansion of in-house Assisted Admission provision continued. National training programme for staff participating in Assisted Admissions developed.	Full Authorised Officer service implemented. Negotiations concluded with staff representative bodies regarding the expansion of in-house Assisted Admission Provision, with associated training programme. National e-learning resource developed to assist in staff education and training on the operation of the Mental Health Act.	Q1-Q4 Q2 Q3
Inpatient Beds *Reconfiguration of mental health services to community based settings*	Closure plans in respect of current psychiatric hospitals developed.	Process of reconfiguration of mental health services to community based settings continued with a reduction in inpatient capacity nationally in line with 2010 available resources.	Q1-Q4
Child and Adolescent Mental Health Teams *Develop additional CAMHs in line with Vision for Change* *Child and Adolescent Mental Health Units*	Recruitment of 8 Consultants for the 8 new CAMH teams within the four HSE regions completed. Recruitment process commenced for 35 WTEs. National Audit of CAMHS completed. Additional Interim CAMHS inpatient beds commissioned in Galway, Cork and Fairview Dublin. Recruitment of multidisciplinary staff for the new inpatient CAMH services at Cork and Fairview underway.	Recruitment of 2009 staff to support the newly established CAMH teams completed. "Headstrong" initiatives developed in Kerry and Meath.	Q1 Q1-Q4
Role out and implement Quality Framework for Mental Health Services	Work commenced in partnership with the Mental Health Commission. Project Officer appointed to advance the quality framework for Mental Health Services.	Planning and selection of pilot sites completed and implementation of individual care and treatment plans for all patients in approved centres on these sites as per *Article 15, S.I. Number 551 of 2006* commenced.	Q1–Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Resource Utilisation and Access	Resource Utilisation and Access Working Group established.	A population based methodology devised and agreed, to guide resource allocation to address inequity in service access.	Q2
National Office for Suicide Prevention Implementation of Reach Out, the National Strategy for Suicide Prevention in Ireland 2005-2014	Evaluation of the first three years of *Reach Out* undertaken.	Outcome of evaluation of the first 4 years of implementation of *Reach Out* assessed and plans developed as appropriate.	Q2
Responding to Deliberate Self Harm (DSH)	Workshop held with key stake holders to develop a coordinated response to DSH.	Effective response to self harm presentations further developed in line with action area 12 in *Reach Out*.	Q2

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	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)	---	---	---	---	15,905	4,654	4,206	3,864	2,994	15,718	4,650	4,202	3,860	2,990	15,702
No. of children / adolescents admitted to adult HSE mental health services (reported on a quarterly basis)															
▪ <16 years and length of stay	---	---	---	---	---	---	---	---	---	*12	Target of no admissions for <17 years by end 2010				
▪ <17 years and length of stay	---	---	---	---	---	---	---	---	---	42					
▪ <18 years and length of stay	---	---	---	---	---	---	---	---	---	101					
Admissions to HSE CAMH Units															
▪ <16 years	---	---	---	---	---	---	22	30	3	55	Expected level of activity to accommodate >160 admissions in 2010				
▪ <17 years	---	---	---	---	---	---	7	8	13	28					
▪ <18 years	---	---	---	---	---	---	2	3	11	16					
No. of readmissions as a % of total admissions	64%	70%	70%	68%	68%	3,341 72%	3,100 74%	2,748 71%	2,085 69%	11,274 (72%)	3,255 (70%)	2,941 (70%)	2,586 (67%)	1,973 (66%)	10,677 (68%)
Total no. of involuntary admissions	388	351	348	285	1,372	388	351	348	285	1,372	388	351	348	285	1,372
Inpatient Services															
No. of inpatient places per 100,000 population	---	---	---	---	25	---	---	---	---	28.5	---	---	---	---	26.6
First admission rates to acute units (that is, first ever admission), per 100,000 population	128.4	107.6	92.8	92.8	105.6	138.0	112.6	112.4	78.5	105.0	---	---	---	---	105.5
Inpatient readmission rates to acute units per 100,000 population	290.8	298.0	247.6	228	260.3	---	---	---	--	265.8	---	---	---	---	235.8
Median length of stay in inpatient facilities	12.0	12.0	10.0	13.0	12.0	12.5	11.0	11.5	10.6	11.4	11.0	10.0	11.0	10.0	10.5
Rate of involuntary admissions per 100,000 population	12.1	10.8	9.1	8.4	10.3	12.1	10.8	9.1	8.4	10.3	11.1	9.8	8.1	8.4	9.3
Self Harm															
No. of repeat deliberate self harm presentations in ED	Reduce by 1% each year					1% reduction to 21% repeat presentations					1% further reduction to 20% repeat presentations				
Child and Adolescent Mental Health															
No. of Community Child and Adolescent Mental Health Teams	13	13	14	10	50	12	12	17	9	50	13	13	18	11	55

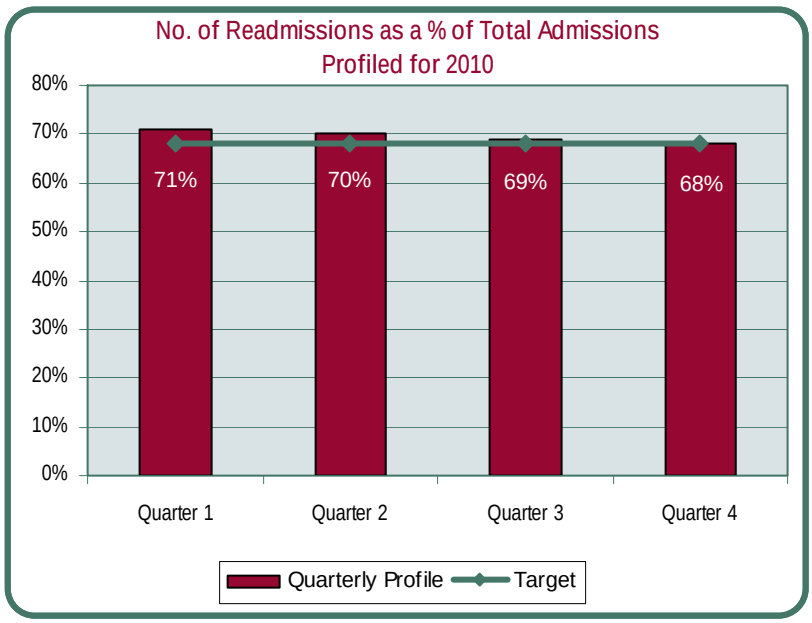
	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
No. of Day Hospital Teams (per Vision for Change)	---	---	1	1	2	---	---	1	1	2	---	---	2	1	3
No. of Paediatric Liaison Teams (per Vision for Change)	---	---	2	1	3	---	---	2	1	3	---	---	2	1	3
Referrals / patients seen															
No. of new child / adolescent referrals received by Mental Health Services	---	---	---	---	---	201	208	306	176	891	Reporting to commence in 2010				
No. of new child / adolescent referrals accepted by Mental Health Services	---	---	---	---	---	135	173	225	117	650	For reporting in 2010				
No. of new child / adolescent patients seen by a member of community CAMH team	---	---	---	---	---	114	163	216	147	640	For reporting in 2010				
Children and Adolescent Waiting Time to First Appointment with CAMH															
New cases seen by wait time to first appointment:															
▪ 0-1 month	---	---	---	---	---	45	94	111	29	279	70% seen within 3 months				
▪ 1-3 months	---	---	---	---	---	27	20	50	48	145					
▪ 3-6 months	---	---	---	---	---	11	8	34	34	87					
▪ 6-12 months	---	---	---	---	---	16	12	12	28	68					
▪ >12 months	---	---	---	---	---	16	29	8	9	62					
Children and Adolescent Waiting List															
Total no. on waiting list at end of each quarter by wait time:															
▪ <3 months	---	---	---	---	---	223	152	249	173	797	To reduce numbers on waiting list by >5%				
▪ 3-6 months	---	---	---	---	---	164	111	161	119	555					
▪ 6-12 months	---	---	---	---	---	239	176	70	93	578					
▪ >12 months	---	---	---	---	---	419	202	37	29	687					

* Note that from 1/7/09 Mental Health Commission guidelines changed; there was only 1 admission after this date to an adult HSE mental health service <16 years

Profiling of Key Activity

No. of Readmissions as a % of Total Admissions

The projected outturn for the number of readmissions as a percentage of total admissions for 2009 is 72% and the graph here indicates our intended progression towards the target we set ourselves for 2010 of 68%.



Disability Services

A range of health and personal social services are provided to children and adults with disabilities with the aim of enabling each individual to achieve their full potential and participate to the maximum level in community activities. These services include interdisciplinary supports, rehabilitative training, day services, home supports, personal assistant, residential centre based respite, residential and supported accommodation services.

Recent years have seen an increasing trend towards the provision of services in community settings rather than institutional campuses. In 2010, this trend will be supported and further developed by HSE strategy documents on adult day services and congregated settings, along with the review of statutory policy direction under the DoHC VFM and policy review, covering both the statutory and non statutory sector.

The development of services for persons with disability is informed by the *National Disability Strategy, 2004* which includes *Part 2 of the Disability Act, 2005* and *Sectoral Plans* in six Government Departments. The strategy emphasises the rights of people with disabilities to access mainstream public services. The strategy also included a multi-annual investment programme between 2005 and 2008 which significantly increased capacity in the areas of residential, respite, day and home support and personal assistant services along with increased levels of multidisciplinary 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 (NIDD) and the National Physical and Sensory Disability Database (NPSDD). These databases detail the existing level of specialised health service provision and an assessment of need for the upcoming five year period. The reporting periods of both databases have been synchronised to allow for reporting in respect of full calendar years in both cases.

The *Annual Report of the NIDD Committee, 2008* shows a total register of 26,023, an increase of 1.6% on the 25,613 persons identified in 2007. Of the 26,023 persons registered on the NIDD, 98% are receiving a service. This is the highest number in receipt of services since the establishment of the database in 1995.

According to the *Annual Report of the NPSDD Committee 2008* 29,946 people were registered on the NPSDD. This represents an increase of 3% on the number registered at the time of the 2007 Annual Report. This figure is influenced by changes which were introduced to the registration criteria. For the purposes of analysis in the report, people aged 66 years or over at the time of reporting (2,643 records) were excluded as responsibility for the provision of services for this group lies within Older People Services in the DoHC and the HSE rather than within Disability Services. The analysis was, therefore, based on the remaining 27,303 records.

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 and DoHC have commenced a review of the information and data collection requirements in respect of people with disabilities consistent with legislative and management information requirements.

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. The HSE is working closely with the voluntary sector to achieve greater efficiency in service delivery in order to respond to emerging needs.

The year 2009 presented increased challenges to the HSE and to non-statutory providers to respond to the requirement for additional services without significant levels of development funding. Demographic factors continue to lead to the need for day and training places for school leavers and to emergency requirements for residential places. Providers had to respond to these needs in the context of reduced levels of funding. Cooperation between HSE and non-statutory providers at national and local level enabled a response to the majority of priority needs. A similar level of cooperation between HSE and non-statutory providers will be required in 2010 to meet these challenges.

The HSE, working in partnership with non-statutory providers, will continue to pursue measures designed to increase value for money in disability services in 2010. This focus will include management and administration costs, transport and other non frontline service costs along with reviewing factors which lead to high service costs for individual services. This ongoing focus on increased efficiency will inform, and be informed, by the VFM review led by the Office for Disability and Mental Health in DoHC.

Resources

WTE		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	15,771	15,746

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	1,026
Voluntary	---	450
Total	1,583	1,476

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

A number of capital projects that are to be completed and / or to become operational in 2010, include:

Dublin North East

- St. Joseph's Intellectual Disability Services - 60 bed bungalow "Streetscape" Knockamann Development, St. Ita's, Portrane.

South

- 30 bed Residential Unit, St. Raphael's Residential Unit, Co. Cork
- Relocation Programme, Wexford County
- Regional Children's Assessment and Treatment Centre, in cooperation with CRC , Waterford
- 8 bed replacement residential facility, Cope Foundation, Cork

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP12 Disability Services Deliver agreed level of services, *including capacity to respond to critical needs for emergency residential, day or PA / Home Support services through increasing efficiencies and maximising effective use of available resources. (Capacity to respond to critical service pressures will be dependent on achieving and reusing these savings through efficiencies)*	Framework agreed nationally for plans in each LHO, including all providers, to respond to emergency residential needs.	Plan finalised and implementation ongoing in each LHO to maximise use of available resources to address emergency residential needs.	Q1-Q4
	Day place and emergency residential needs substantially addressed though creative use of existing resource with some additional resource.		
	Minimum dataset for disability services commenced.	Evaluation of minimum dataset completed.	Q3
	Review of data management systems commenced jointly with DoHC.	Review completed.	Q4
	2% efficiency saving in expenditure to voluntary service providers, implemented in line with national parameters.	Further measures at LHO level implemented in partnership with service providers and in line with national guidelines (designed to maximise cost effectiveness in use of available resources).	Q1-Q4
		Delivery of Intellectual Disability and Physical and Sensory services reviewed by non statutory agencies in specific areas in line with national guidelines to achieve greater efficiency and sustainability.	
		Completion of Service Arrangements with all non statutory service providers and monitoring in place.	

Key Result Area	Output 09	Deliverable 2010	Target Timescale
		National criteria and prioritisation guidelines in place for home support / personal assistant services.	
Maximise compliance with legislative and quality and safety standards.	New guidelines developed, disseminated and implemented for Assessment Officers and clinicians.	Compliance with timeframes for issuing Assessment Reports improved significantly to achieve statutory requirement of 100%.	Q1-Q4
	Process commenced on addressing provision of assessments for Autistic Spectrum Disorder by CAMHS services.	Plan in place in each LHO to respond to needs for assessments under Disability Act including those for children with autism.	Q2
	Work commenced with HIQA to facilitate implementation of standards on a non statutory basis.	Self assessment tool developed and implemented.	Q1
		Outcomes from self audit process reviewed as part of regular meeting with providers under service arrangements.	Q4
	Work completed with HIQA on identification of residential centres in preparation for registration and inspection.	Residential centres for children ready for implementation of HIQA standards.	Q4
	Phase 1 of audit of client protection completed.	Phase 2 of audit of client protection completed.	Q2
Progress reconfiguration of existing services *to introduce more effective and sustainable models of service delivery through implementation of recommendations from "New Directions" (Review of Adults Day Services), report of working group on congregated settings and implementation plan for multi disciplinary services for children with disabilities*	90 additional multi-disciplinary staff employed to complement existing services in each LHO.	Implementation plan in place for co-ordination of EI services in each LHO consistent with implementation of new standards.	Q2
	Report completed by reference group on provision of multi-disciplinary service to school aged children with disabilities.	Review of HSE provided and funded services for persons with autism completed.	Q4
	Framework document on early intervention services completed. Draft standards and criteria prepared for Early Intervention (EI) services. Co-ordinated EI services progressed in small number of LHOs and work commenced in others.	Regional implementation plans in place for reconfiguration of multi-disciplinary services for children with complex disabilities in line with recommendations of reference group and with principles of Transformation Programme.	Q2
	VFM Review	Data collated and analysis completed to inform VFM project outcomes.	Q2
	Review of Adult Day Services completed - *New Directions* Report of National Working Group	The following elements of the *New Directions* implementation plan completed:	Q2
		▪ Review undertaken of status of individuals currently engaged in work/employment activities to enable future decision making on future services.	Q3
		▪ Detailed information collated on HSE funded supported and sheltered employment to advance discussions with the Department of Enterprise, Trade and Employment (DETE) regarding their responsibilities.	Q3
		▪ Identification of individuals receiving a structured day service through a residential funding stream.	Q2
		▪ Production of a quality assurance system to underpin the delivery of *New Directions.*	Q3
		▪ Review of the status of those former day service recipients now involved in work elements within the HSE.	Q2

Key Result Area	Output 09	Deliverable 2010	Target Timescale
		▪ Identification of children inappropriately placed in adult services and attention to their management in the context of childcare guidelines and legislation.	Q2
		▪ Training and awareness in elder abuse code of practice for staff providing day services to those over 65 years.	Q3

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009						Projected Outturn 2009						Expected Activity / Target 2010				
					Total		South	West	DML	DNE	Total		South	West	DML	DNE	Total
Day Services																	
No. of persons with intellectual disability and autism in sheltered work services					4,650		---	---	---	---	---		Reporting to commence 2010				4,650
No. of sheltered work places provided for persons with an intellectual disability and autism					4,185		---	---	---	---	---		Reporting to commence 2010				4,185
No. of sheltered work places provided for people with physical and / or sensory disability					---		---	---	---	---	---		Reporting to commence 2010				
No. of persons with physical and / or sensory disability in sheltered work services					---		---	---	---	---	---		Reporting to commence 2010				
No. of persons (all disabilities) in Rehabilitative Training (RT)					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		---	---	---	---	---		Reporting to commence 2010				9,651
No. of persons with a physical and / or sensory disability in Other Day Services (excluding RT)					---		---	---	---	---	---		Reporting to commence 2010				
No. of persons with intellectual disability and autism in sheltered services					---		---	---	---	---	---		Reporting to commence 2010				
Residential and Respite Services																	
Total no. of residential places available for persons with an intellectual disability and autism					7,605		---	---	---	---	---		2,004	2,080	2,157	1,464	7,705
The no. of adult (18 years +) and children (0-17 years) service users with an intellectual disability and autism benefiting from residential services					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		---	---	---	---	---		Reporting to commence 2010				834
No. of persons who benefit from such places					---		---	---	---	---	---		Reporting to commence 2010				
No. of bed nights in residential centre based respite available for persons with an intellectual disability and autism					---		---	---	---	---	---		Reporting to commence 2010				
No. of persons with an intellectual disability and autism who benefit from such places					---		---	---	---	---	---		Reporting to commence 2010				
No. of respite places for persons with a physical and / or sensory disability					---		---	---	---	---	---		Reporting to commence 2010				
Total no. of persons who benefit from such places					---		---	---	---	---	---		Reporting to commence 2010				
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					---		---	---	---	---	---		Reporting to commence 2010				
Emergency Residential Places																	
No. of individuals with emergency needs for residential services who received residential services					---		---	---	---	---	---		35	33	41	31	140
No. of individuals with emergency needs for residential services which were addressed by other appropriate services					---		---	---	---	---	---		10	9	13	8	40
	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	900	500	590	510	2,600		872	652	716	472	2,712		872	652	716	472	2,712
b) The no. of assessments commenced as provided for in the regulations	700	555	565	280	2,100		728	620	380	612	2,340		728	620	380	612	2,340
c) The no. of assessments commenced within the timelines as provided for in the regulations	700 100%	555 100%	565 100%	280 100%	2,100 100%		544 75%	536 86%	300 79%	528 86%	1,908 82%		728 100%	620 100%	380 100%	612 100%	2,340 100%
d) The no. of assessments completed as provided for in the regulations	700	555	280	565	2,100		568	460	328	336	1,692		568	460	328	336	*1,692

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
					Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
e) The no. of assessment completed within the timelines as provided for in the regulations	700 100%	555 100%	280 100%	565 100%	2,100 100%	104 18%	160 35%	140 43%	108 32%	512 30%	568 100%	460 100%	328 100%	336 100%	1,692 100%
f) The no. of service statements completed	665	527	537	266	1,995	---	---	---	---	----	540	437	312	319	1,608
g) The no. of service statements completed within the timelines as provided for in the regulations	665	527	537	266	1,995	---	---	---	---	----	540	437	312	319	1,608

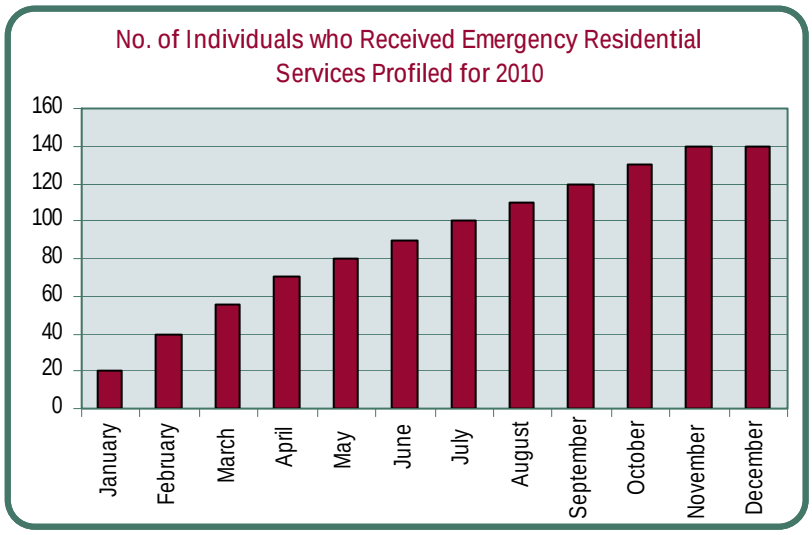
*Does not take into account the assessments which were late for completion at the end of 2009.

Profiling of Key Activity

No. of individuals who received emergency residential services

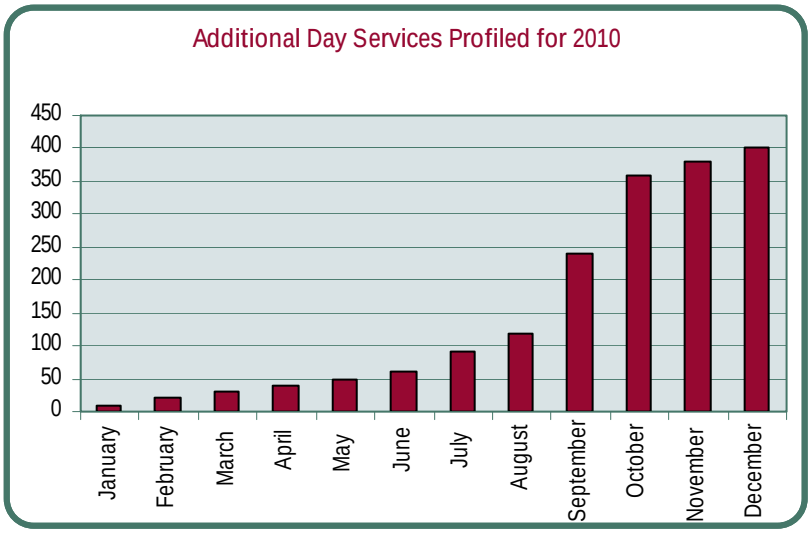
Additional funding of €19.5m has been received to meet 2010 growth in demand for disability services; part of this funding is being targeted at meeting the needs of individuals with emergency needs for residential services; the graph here represents a profiling of this activity throughout the year.

The figures presented are on a cumulative basis.



Additional day services

This graph reflects the provision of 400 additional day services and profiled to take account that the majority of school leaver day services will be provided in the period July to October.



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 HSE aims to 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, and
- Avoiding unnecessary admission to hospital, thus freeing up acute hospital beds.

During 2010 particular focus will be given to implementation of the new *Nursing Homes Support Scheme 'A Fair Deal'*. This is a scheme of financial support for people in need of long term residential care. The legislative basis for the scheme is the *Nursing Homes Support Scheme Act, 2009*. Progress towards achieving our targets will be monitored through the Performance Activity / Performance Indicator suite.

The principles of person-centredness and empowerment of service users underpin service delivery.

During 2010 approximately 11.98 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		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	10,888	10,871

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	1,274
Voluntary	---	42
Total	1,275	1,316

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

A number of capital projects that are to be completed and / or to become operational in 2010, include:

Dublin Mid Leinster
- Riada House, Tullamore
- Harold's Cross, Dublin
- Clonskeagh, Dublin
- Inchicore (replacement for Bru Caoimhin)

West
- St. Joseph's, Ennis
- St. Ita's, Newcastle West
- St. Camillus, Limerick
- Loughrea, Galway
- St. Catherine's, Sacred Heart Roscommon
- Swinford, Mayo
- Ballinasloe, Galway

South
- St. Mary's Cork
- An Daingean, Dingle
- St. Vincent's Dungarvan, Waterford
- St. John's, Enniscorthy
- Tralee, Kerry
- Ballincollig, Cork
- Farranlee Rd., Cork
- Cashel, Co. Tipperary

Dublin North East
- St. Joseph's Raheny
- Incorporated Orthopaedic Hospital, Clontarf, Dublin
- Navan, Meath
- St Vincent's Fairview

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP 9 Older People Services *Nursing Homes Support Scheme – 'A Fair Deal'* and associated work *Implementation of 'A Fair Deal' Nursing Home Support Scheme and components.*	Preparatory work undertaken for the implementation of the *Nursing Homes Support Scheme* (NHSS), which has been accelerated since the enactment of the *Nursing Home Support Scheme Act* on 1st July 2009.	National implementation of the new *Nursing Homes Support Scheme - 'A Fair Deal'* including the establishment of Task Groups to progress key areas of work under the scheme: ▪ Single Assessment Working Group ▪ Discharging Processes / Delayed Discharges Working Group ▪ Ancillary Services Working Group ▪ Cost of Care Working Group ▪ ICT Working Group Development Funding: 2010 € €117m*; WTE 0 *Includes €20m 2009 funding	Q1-Q4
Capital Infrastructure *developments 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)*	Public Fast Track Initiatives provided an additional 50 beds, a further 30 additional bed provided under the auspices of the National Development Plan. 282 replacement beds also provided under the NDP.	Operationalisation of 420 additional beds and 699 replacement beds. Implementation of Fast-Track beds and additional capital developments for Older People as part of the National Development Plan.	Q1-Q4 Q1-Q4
Home Care Packages (HCP) *Support over and above mainstream services to maintain the older person at home. Targeting those at risk of admission to long term care, inappropriate admission to acute hospital or requiring discharge to home from acute hospital*	Evaluation of HCPs completed.	Implementation of findings of the DoHC commissioned evaluation of HCPs within existing resources following publication of the evaluation report. National Standardised Operational Guidelines agreed and implementation plan rolled out during 2010. National procurement framework for Home Care developed, implemented and monitored. Additional performance indicators for HCPs developed. Development Funding: 2010 € €10m; WTE 0	Q1 (roll out to Q4)
Home Help Services	Implementation of National Home Help Agreement.	Implementation of a standardised approach for the allocation of Home Help hours continued. 11.98 million Home Help hours delivered in order to maintain people at home for as long as possible.	Q2
Elder Abuse - Recruitment of Senior Case Workers	Recruitment process commenced in respect of Senior Case Worker vacancies.	Recruitment will proceed with all Senior Case Worker vacancies filled (subject to normal recruitment practices).	Q3
Elder Abuse - Public Awareness Campaign	Elder abuse public awareness campaign continued in 2009 with radio and newspaper advertisements. In addition, the HSE was a partner in the annual Say No to Ageism Campaign and commemorated World.	Development and implementation of elder abuse public awareness campaign.	Q1-Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Geriatrician-led Teams in Community - Capacity development to meet the more complex needs of older people and to support implementation of 'A Fair Deal'.	Appointment of Community Geriatrician led teams progressed in all areas with appointment of Geriatrician in DML and team members in South. Recruitment processes advanced.	Appointment of remaining members of the 4 Geriatrician-led Teams (1 team per Area – 20 WTEs in total) working across hospital and community settings to meet the more complex needs of older people progressed in accordance with requirements of national HR policy and new Consultant Contracts.	Q4
Influenza Vaccine	Flu vaccine uptake 70%.	Work towards WHO target of 75% for flu vaccine uptake rate with target of 72% for 2009 / 2010 for GMS card holders aged 65 years and older.	Q4

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Home Help Hours and HCPs															
Total Home Help Hours provided	3.91m	3.50m	2.16m	2.41m	11.98m	3.95m	3.52m	2.08m	2.34m	11.89m	3.91m	3.50m	2.16m	2.41m	11.98m
Total no. in receipt of home help services	14,700	14,400	12,500	12,900	54,500	14,509	14,008	12,719	12,731	53,967	14,700	14,400	12,500	12,900	54,500
Persons in receipt of home care packages	1,880	1,690	1,830	3,300	8,700	1,917	1,843	1,974	3,099	8,833	2,086	2,006	2,148	3,373	9,613
i) % direct provision	---	---	---	---	---	---	---	---	---	---	New breakdown for 2010				
ii) % indirect provision	---	---	---	---	---	---	---	---	---	---					
iii) % cash grant	---	---	---	---	---	---	---	---	---	---					
iv) % respite	---	---	---	---	---	---	---	---	---	---					
v) % multiple types	---	---	---	---	---	---	---	---	---	---					
No. of HCPs	1,176	1,155	1,291	1,088	4,710	1,176	1,155	1,291	1,088	4,710	1,254	1,233	1,408	1,205	5,100
Total no. of new HCP clients per month	---	---	---	---	---	619	1,242	645	809	3,315	806	1,616	840	1,053	4,315
Day Care															
Total no. of day care places	---	---	---	---	21,600	---	---	---	---	21,300	---	---	---	---	21,300
No. benefiting from day care places	---	---	---	---	---	---	---	---	---	---	For reporting in 2010				
Subvention															
Total no. in receipt of subvention	2,646	3,259	1,858	1,337	9,100	2,648	3,276	1,811	1,375	9,110	Dependent on uptake of 'A Fair Deal'				
Total no. in receipt of enhanced subvention	1,842	811	995	1,252	4,900	1,839	804	890	1,321	4,854	Dependent on uptake of 'A Fair Deal'				
'A Fair Deal'															
No. and % of people in long-term residential care availing of 'A Fair Deal'.	---	---	---	---	---	---	---	---	---	---	New PI for 2010				
No. and proportion of those who qualify for ancillary state support who chose to avail of it.	---	---	---	---	---	---	---	---	---	---	New PI for 2010				
Public Beds															
No. of beds in public residential facilities	3,492	2,940	3,064	1,747	11,243	3,081	2,839	2,856	1,513	10,289	3,195	2,810	2,904	1,627	10,536
Sheltered Housing															
Total no. of HSE clients, over 65 years, in sheltered housing	---	---	---	---	---	---	---	---	---	---	For Reporting in 2010				
Elder Abuse															
No. of referrals by region	---	---	---	---	---	---	---	---	---	---	New PI for 2010				

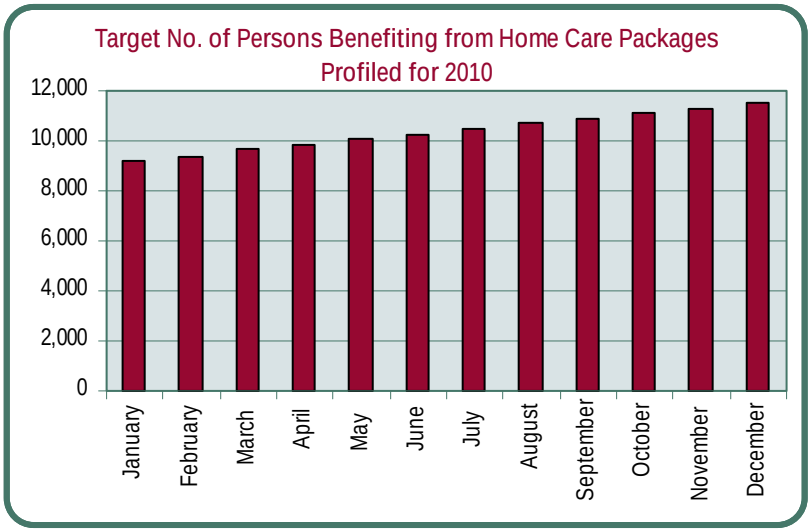
	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
No. and % of referrals broken down by abuse type (4 main categories; physical, psychological, financial and neglect)	---	---	---	---	---	---	---	---	---	---					New PI for 2010
% of cases still ongoing after 6 months	---	---	---	---	---	---	---	---	---	---					New PI for 2010
% of referrals receiving 1st response from Senior Caseworkers within 4 weeks	---	---	---	---	---	---	---	---	---	---					New PI for 2010

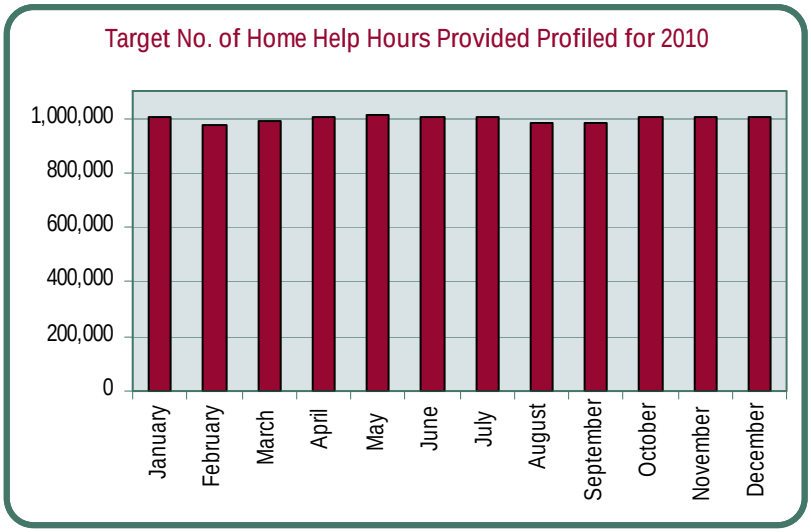
Profiling of Key Activity

Target No. of Persons Benefiting from Home Care Packages and No. of Home Help Hours Provided

Analysis of the trends / demand for the Home Care Packages and Home Helps elements of Services for Older People is based only on one year of data (2009). This is due to the fact that this was the first year that new development funding was not impacting on service delivery. It is therefore prudent to view profiling targets as set out here with caution as significant trends may not have yet emerged.

It should also be noted that data collection in respect of HCPs is set to be reviewed in 2010 in the context of the recommendations of the DoHC Evaluation Report, and therefore may also impact on key activity.





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 provisions of psychological, social and spiritual support is paramount. The goal of palliative care is the 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, 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).*

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.

During 2010 our focus will on the implementation of agreed national priorities to develop specialist palliative care services in a structured and equitable way, building on the work done to date and in conjunction with our stakeholders. Work will continue on the roll out of the Minimum Data Set (MDS) to ensure quality data to inform service management and development and we will continue to work closely with the DoHC in the development of their Paediatric Palliative Care policy.

Resources

WTE		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	597	596

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	42
Voluntary	---	32
Total	79	74

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

Capital projects that are planned to become operational in 2010, include:

West

- Completion of the Ambulatory Care Unit and outreach centre at Milford Hospice, Limerick.
- Completion of Palliative Care Unit extension St. Ita's Newcastle West, Limerick.

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP 10 Palliative Care Services Progress the implementation of recommendations in the Report of the National Advisory Committee on Palliative Care 2001	Framework for future development of Palliative Care services published.	Implementation plan on agreed national priorities developed in conjunction with all stakeholders based on new integrated services.	Q1-Q4
Implement Minimum Data Set *for Palliative Care nationally*	Development of Minimum Data Set (MDS) completed and national implementation progressed. Report commissioned and completed regarding applicability of MDS. Home Care and Inpatient Care data sets prepared for collection throughout the system.	MDS further implemented nationally ensuring the successful roll out of the MDS in relation to Home Care and Specialist Units. Roll out commenced on the collection of relevant sections of MDS in relation to acute hospitals and day care.	Q3-Q4
Paediatric Palliative Care	Worked with DoHC to develop Paediatric Palliative Care policy. Sub-group established to examine the development of a database for children with life limiting illnesses. Examination of existing information undertaken in relation to HIPE data. Liaison with working group in Cardiff who have undertaken similar database development.	Phased implementation of policy with stakeholder involvement. Database progressed through: ▪ Liaison with CSO to assess death data. ▪ Further examination of developments in Cardiff to determine benefits of a joint project. ▪ Commencement of project to examine death date and establish 'cause of death factors'.	Q1-Q4

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	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	57	116	171	35	379	58	122	111	34	325	58	122	111	34	325
No. patients in receipt of domiciliary based specialist palliative care	768	850	729	586	2,929	749	859	696	561	2,865	749	859	696	561	2,865
No. patients in receipt of intermediate palliative care in community hospitals	31	35	32	5	103	32	47	44	4	127	32	47	44	4	127
No. patients in receipt of day care	69	82	108	56	315	67	90	85	55	297	67	90	85	55	297
No. new patients to the service by age a) Specialist inpatient units b) Home care c) Day care d) Intermediate care	---	---	---	---	---	---	---	---	---	---	New PI for 2010				
Wait times for a) Specialist inpatient bed b) Home care c) Day care d) Intermediate care	---	---	---	---	---	---	---	---	---	---	New PI for 2010				

Note: The continued development of reporting structures, processes and focus will enable more accurate service targeting into 2010. These figures reflect monthly averages.

Social Inclusion

Introduction

Social inclusion services aim to ensure that marginalised and at risk communities have access to, and are able to utilise, health and social services in an equitable manner. A key focus in 2010 will be to integrate the recommendations in the *National Drugs and Homeless Strategies* into the provision of mainstream health services, to put in place a national framework for rehabilitation in addiction services, to continue to progress the recommendations in the *National Intercultural Strategy* and to move the mapping exercise Lesbian, Gay, Bisexual, Transsexual / Transgender (LGBT) report, *Towards Meeting the Healthcare Needs of the Lesbian, Gay, Bisexual and Transgender People'* to the next stage which is the development of a strategy. The *All Ireland Traveller Health Study* will conclude in 2010, further work is required to support the Traveller Health Care Units.

In addition, as part of the overall rationalisation of State Agencies, the Drug Treatment Centre Board will be integrated into the HSE in January 2010. The EU has chosen 2010 as the year to combat poverty and social exclusion.

The following services are provided under social inclusion:

- Drug and alcohol services
- Homeless services
- Services for minority ethnic communities
- Traveller health services
- Community development
- HSE RAPID and CLAR programmes
- HIV / STI services
- Services for LGBT communities, and
- Community Welfare Services.

Resources

WTE		
	November 2009	Projected Start 2010
Statutory	---	---
Voluntary	---	---
Total	455	455

FINANCE		
	2009 Budget €m	2010 Budget €m
Statutory	---	135
Voluntary	---	---
Total	144	135

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP14 Social Inclusion Implementation of the National Drugs Strategy (NDS) 2009 – 2013	Input into preparation of NDS completed and strategy launched. Planning undertaken for implementation of HSE components. Rehabilitation Co-ordinator appointed. National Drug Rehabilitation Implementation Committee established. Recruitment of National Liaison Pharmacist underway. National Addiction Training Programme (NATP) developed from pilot stage.	National Rehabilitation Framework in place. National Liaison Pharmacist appointed. Harm reduction and treatment services further developed, including needle exchange and methadone services.	Q2 Q1 Q1

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Development of National Substance Misuse Strategy		Input into development of *National Substance Misuse Strategy* completed. (Co-led by DoHC)	Q4
Homeless Services *Implementation of the National Homeless Strategy*	Homelessness reduced through preventive measures. Housing Forums membership reviewed as part of the *Housing (Miscellaneous Provision) Bill, 2008.* HSE funding allocation process reviewed to ensure a protocol is in place to determine national criteria for funding. Implementation of acute and mental health hospital discharge protocols progressed.	Implementation of National Homelessness Action Plan. (Led by the Department of the Environment, Heritage and Local Government) Forums in place. Action plans completed. HSE code of practice for integrated discharge planning utilised as key tool to ensure timely and appropriate discharge.	Q1-Q4 Q1 Q3 Q1-Q4
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.*	Implementation of the National Intercultural Strategy Action Plan.	Progress discussions with Department of Justice Equality and Law Reform on impact of Direct Provision on physical and mental health of refugee and asylum seekers: ▪ Appropriate forum in place and liaison arrangements agreed. Framework in place to respond to and address health issues with regard to "trafficking" of human beings in Ireland: ▪ Planning, preparation, liaison initiated for development of framework. ▪ Input into development of framework co-ordinated and completed. ▪ Agreed framework in place. Framework in place to address the health related actions of Ireland's national action plan against female genital mutilation.	 Q1 Q1 Q3 Q4 Q2
Traveller Health *All Ireland Traveller Health Study (AITHS) Traveller Primary Health Care Project*	Implementation of the All Ireland Traveller Health Study (AITHS) supported by HSE personnel. Evaluation of the Traveller Primary Health Care Projects undertaken.	HSE input and support to AITHS completed. Evaluation of Traveller Health Units completed.	Q4 Q3
Community Welfare Services *Support the implementation of the core functions of the Health Service Report.*	Transfer of Supplementary Welfare Allowance Scheme and associated resources to the Department of Social and Family Affairs facilitated and supported. Reconfiguration arrangements for delivery of health and social service elements of Community Welfare Services under examination pending the completion of cross-departmental work.	Transfer of Community Welfare Services and associated resources to Department of Social and Family Affairs further progressed by Implementation Team.	Q1-Q4

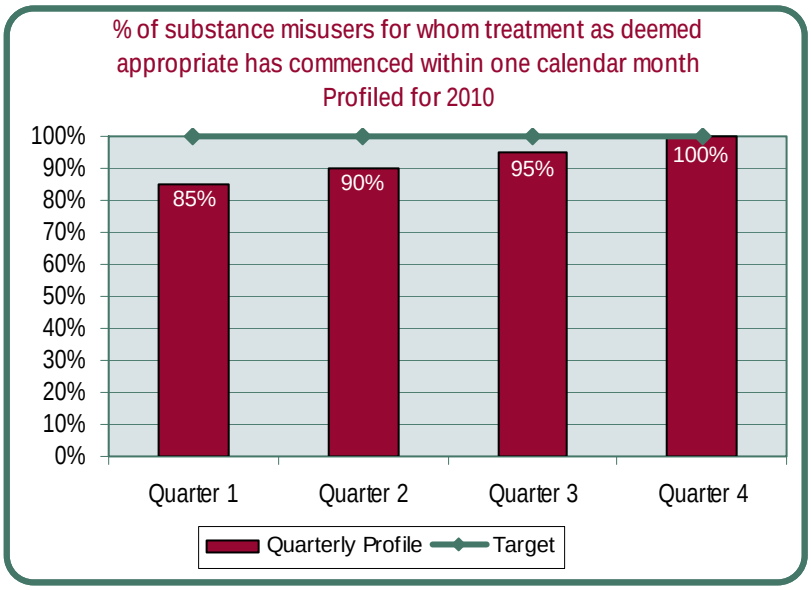
Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009					Projected Outturn 2009					Expected Activity / Target 2010				
	South	West	DML	DNE	Total	South	West	DML	DNE	Total	South	West	DML	DNE	Total
Methadone Treatment															
Total no. of clients in methadone treatment	---	---	---	---	8,765	---	---	---	---	8,775	---	---	---	---	8,775
Total no. of clients in methadone treatment per Area	153	229	4,793	2,978	8,153	187	230	4,841	3,020	8,278	187	230	4,841	3,020	8,278
Total no. of clients in methadone treatment – Prisons	---	---	---	---	612	---	---	---	---	497	---	---	---	---	497
Substance Misuse															
The no. and % of substance misusers for whom treatment as deemed appropriate has commenced:	547	349	510		1,406	513	362	288	202	1,365	520	350	260	250	1,380
1. Within one calendar month of assessment	96%	84%	64%		84%	92%	90%	63%	73%	81%	100%	100%	100%	100%	100%
2. Later than one calendar month	4%	16%	36%		16%	8%	10%	37%	27%	19%	0%	0%	0%	0%	0%
The number of substance misusers under 18 years of age for whom treatment as deemed appropriate was commenced:	53	30	23		106	53	27	18	13	111	50	30	20	15	115
1. Within one calendar month	100%	100%	62%		88%	89%	98%	100%	100%	97%	100%	100%	100%	100%	100%
2. Later one calendar month	0%	0%	38%		12%	11%	2%	0%	0%	3%	0%	0%	0%	0%	0%
Homeless Services															
No and % of acute providers including voluntary, hospitals / acute mental health units / psychiatric hospitals operating the HSE Code of Practice for integrated discharge planning	26 100%	19 100%	17 100%	18 100%	80 100%	26 100%	19 100%	17 100%	18 100%	80 100%	26 100%	19 100%	17 100%	18 100%	80 100%
No. and % of LHOs operating a formal Leaving and Aftercare Support Service for young people leaving care	9	8	9	6	32 100%	9	8	9	6	32 100%	9	8	9	6	32 100%
No and % of LHO funded homeless services who ensure clients have access to medical cards as appropriate	---	---	---	---	---	New PI for 2010					9	8	9	6	32 100%

Profiling of Key Activity

Total no. of substance misusers for whom treatment as deemed appropriate has commenced – within one calendar month of assessment

The projected outturn in respect of the % of substance misusers for whom treatment as deemed appropriate has commenced within one calendar month of assessment is 81%; the graph here indicates our intended progression towards the target we have set ourselves for 2010 of 100%.



Acute Services and Pre-Hospital Emergency Care

Introduction

Fifty acute hospitals, grouped into eight hospital networks within the four HSE areas, deliver a wide range of services to our population including assessment, diagnosis, treatment and acute rehabilitation. While there has been significant progress in key service areas, overall the existing hospital structure is not ideally configured to meet the needs of the service in the 21st century in order to provide optimal quality care for our patients.

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 by local community and hospital services. Local and regional services need to work in a more integrated way with defined roles and clarity regarding the catchment populations that they serve. The development of a comprehensive pre-hospital emergency service and enhanced primary and community services is central to this model of care.

These principles will continue to drive the ongoing hospital reconfiguration work in 2010. The acute 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. This service reconfiguration is also a critical component of achieving European Working Time Directive (EWTD) compliance for doctors in 2010.

Challenges

The historical overdependence on the acute sector, combined with demographic trends, is reflected in year on year increased activity levels and higher patient acuity. The high number of delayed discharges, associated with constraints in the overall system in meeting pre and post acute care requirements, continues to impact on scheduling of all inpatient admissions, and in particular, elective workloads. The environment of ongoing increases in demand for services, along with the resource constraints right across the system, means that 2010 will continue to be a challenging year for acute hospital services. The ongoing demographic changes will impose challenges as diversity in the population base and an increase in births and the elderly population continue to place significant demands on acute hospitals throughout the country. The requirement to comply with the EWTD will pose additional challenges. The overall challenge for hospitals is to continue to meet current service demands within a reduced resource while simultaneously progressing the reconfiguration agenda. Key frontline services such as Emergency Departments (ED), Critical Care, Maternity Services, Cancer Care, Diagnostic Services, etc. rely on maintaining and therefore replacing skilled staff in order to maintain safe levels of service. Flexibility will be required at area level in relation to this issue in order to maintain essential services.

2010 Focus

Against this backdrop, the focus for 2010 is to continue to provide for emergency admissions and priority service workload, including elective surgery, while controlling the overall level of acute work within the context of a reduced resource. People will be treated in a more effective way with no reduction in access to appropriate services. There will be a continued shift to care on a day case basis, with plans to deliver an increase of 6.5% over the day case target set in NSP 2009. This plan is based on a reduction in inpatient bed capacity in line with the strategy outlined in the HSE Corporate Plan; that is to reduce the dependency on inpatient hospital beds and provide more appropriate care in alternative settings. This will be specifically targeted at the 29% of annual emergency admissions who are admitted for less than 48 hours. This not only saves on acute hospital resources but also has been proven to provide improved care and a better patient experience. As a result, the focus will be on managing inpatient care activity levels with individual hospitals delivering more efficient and effective use of beds and actively introducing improved hospital avoidance strategies. This will include:

- A reduction of 33,313 in emergency admissions targeted at those who are admitted for very short periods of time. This will be achieved through increasing access to the specialist skills and senior clinical decision making available in Medical Assessment Units, diagnostics and other ambulatory care services.

- Increasing access to diagnostics for at least 10,000 of those who, on an annual basis, are admitted only for that purpose
- Minimising length of stay with a particular focus on reducing the current variance across different hospitals for similar procedures
- Increasing same day of surgery admission
- Optimising hospital avoidance strategies and using community services to ensure appropriate use of the acute hospital resource
- Building on the work undertaken on discharge planning
- Protection of inpatient beds for elective surgery in order to continue to reduce waiting times
- Focus on the quality and safety of services as we prepare for the licensing of hospitals and the implementation of Building a Culture of Patient Safety: Report of the Commission of Patient Safety and Quality Assurance, and
- Advancing the range and breadth of clinical leadership throughout the acute services as the appointment and the induction of Clinical Directors is rolled out across the system.

Resources

WTE		
	November 2009	Projected Start 2010
Acute Hospitals	50,582	50,505
HSE	---	---
Voluntary	---	---
Pre-Hospital / Ambulance	1,466	1,464
Total	52,048	51,969

FINANCE		
	2009 Budget €m	2010 Budget €m
Acute Hospitals	5,142.3	4,692
HSE	---	2,670
Voluntary	---	2,022
Pre-Hospital / Ambulance	145.7	148
Total	5,288	4,840

Note: All WTE figures are subject to change as re-mapping and validation continues in 2010, when final ceilings for care groups are confirmed.

Improving our Infrastructure

A number of capital projects, planned to become operational in 2010, address priorities within acute hospitals and ambulance services. These include improvements in areas such as diagnostics e.g. dedicated Breast Imaging Units, refurbished facilities and also infrastructural improvements to meet health and safety requirements. A full list of proposed capital projects for acute services in 2010 can be found in Appendix 4.

Key Performance Activity

The key objective is to deliver the quantum of activity outlined below to the highest standard of safety and quality, consistent with the resources available in 2010. The delivery of planned activity in 2010 requires a renewed focus on ensuring the appropriate use of acute resources and control of costs across the pay and non-pay areas. Staff redeployment and greater flexibility on the movement of resources to follow the patient will also be required. The overall treatment capacity, including acute beds open and available in the system, will be managed throughout the year in line with the following activity targets.

Inpatient / Day Case: The overall activity levels planned for 2010 reflect the continued shift from inpatient to day case activity. The plan is to increase day cases by 6.5% and to target a reduction in the level of inpatient care provided of 5.6% over the 2009 targets.

	Inpatient Discharges			Day Cases		
	Target 2009	Projected Outturn 2009	Expected Activity 2010	Target 2009	Projected Outturn 2009	Expected Activity 2010
South	146,300	149,566	135,824	139,380	142,276	144,847
Dublin North East	116,100	120,718	109,800	125,380	137,020	139,518
West	149,160	154,787	140,952	153,080	160,162	162,742
Dublin Mid Leinster	161,800	169,923	154,417	229,160	239,283	242,203
National Totals	573,360	594,994	540,993	647,000	678,741	689,310

Emergency Presentations / Admissions: Emergency presentations in 2010 are expected to be in line with actual 2009 levels. The objective is to provide for the projected number of emergency attendances and a reducing profile of emergency admissions within an environment of overall activity control. Key to this in 2010 will be the targeting of a significant reduction (33,313) in emergency admission demand, whilst providing for the treatment needs of patients. The HSE will develop and implement a range of initiatives aimed at emergency admission avoidance.

Key to the success of this is the development of acute medical and surgical assessment units and the use of medical admission units for emergency admissions. Improvements within hospitals are being achieved through the focus on bed utilisation efficiency such as minimising overall length of stay, elective surgical patient admission on the day of surgery, proactive discharge planning, senior clinical decision-making, better access to assessment / diagnostics and the use of day case facilities wherever possible. In addition to work underway on increasing efficiency within hospitals to improve access to beds, factors outside of hospitals such as admission avoidance measures, access to post-acute care to manage the delayed discharges and the provision of alternative community-based services are to be addressed in 2010.

	Emergency Presentations			Emergency Admissions		
	Target 2009	Projected Outturn 2009	Expected Activity 2010	Target 2009	Projected Outturn 2009	Expected Activity 2010
South	318,040	311,609	311,609	89,680	87,348	80,710
Dublin North East	242,970	246,086	246,086	73,740	72,871	66,366
West	317,410	301,294	301,294	109,860	110,134	98,874
Dublin Mid Leinster	344,580	331,446	331,446	93,720	93,258	84,348
National Totals	1,223,000	1,190,435	1,190,435	367,000	363,611	330,298

Outpatient: The target for OPD attendances for 2010 is in line with the expected outturn for 2009. However, all hospitals will be proactively increasing the number of new attendees within the overall attendance numbers. This shift will be achieved by proactive management of appointments and more appropriate discharge of frequent attenders back to primary care services. The work underway on the national OPD service improvement project is key to assisting hospitals in this area.

Births: While overall births in 2009 are expected to be 1% higher than in 2008 there has been a significant slow down in the birth rate growth from previous years. It is too early to predict what effect the economic climate may have on births in 2010. However, a further 1% increase in births is predicted for the year. This trend will continue to place significant demands on already stretched maternity services.

	Outpatient Attendances			Births		
	Target 2009	Projected Outturn 2009	Target Activity 2010	Target 2009	Projected Outturn 2009	Expected Activity 2010
South	661,710	686,696	686,696	19,490	19,428	19,674
Dublin North East	784,410	813,326	813,326	15,750	15,122	15,100
West	620,000	656,846	656,846	17,580	17,083	17,068
Dublin Mid Leinster	1,166,880	1,238,014	1,238,014	24,060	23,451	23,886
National Totals	3,233,000	3,394,882	3,394,882	76,880	75,084	75,728

Dialysis: Renal Dialysis is a demand led service. In Ireland, about 450 people each year reach the end-stage of renal failure and need treatment or transplant to replace their non-functioning kidneys. The National Renal Office predicts an additional 85-170 people will require dialysis in 2010. Additional capacity is being sourced through the private sector and through public / private partnerships in 2010 to meet this demand.

	Dialysis patients		
Modality	Target 2009	Projected Outturn 2009	Projected Activity Range 2010
Haemodialysis	1,580	1,525 - 1,590	1,650 - 1,780
Peritoneal Dialysis	200	202	202
Total	1,780	1,727 - 1,792	1,852 - 1,982

Ambulance: Challenges continue in the provision of low acuity patient transport. In 2010 it is planned to separate emergency and patient transport services. The development of a policy for non emergency transport will include criteria for access to the service.

	Ambulance		
	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Emergency Calls	225,000	205,367	205,000
Urgent Calls	68,000	61,567	62,000
Non Urgent Calls	202,000	251,371	188,000
Community Transport	---	343,763	280,000

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Elective Non Elective and Public / Private Discharges			
a) No. of patients discharged: (broken down by adult and child)			
• Inpatient	573,360	594,994	540,993
• Elective	---	---	---
• Non Elective	---	---	---
• Day Case	647,000	678,741	689,310
b) % of Public Patients discharged: (broken down by adult and child)			
• Inpatient	80%	75%	80%
• Elective	80%	---	---
• Non Elective	80%	---	---
• Day Case	80%	81%	80%
Average Length of Stay (ALOS):			
Overall ALOS for all inpatient discharges and deaths	5.9	6.2	5.6
Bed Days Used			
No. of bed days used for all inpatient discharges/ deaths	3,390,370	N/A	N/A
Occupancy Rates			
% occupancy rates for all inpatient discharges and deaths	86%	90%	85%
Day Cases			
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (General surgery, ENT, Ophthalmology)	55%	---	75%
Day of Procedure			
Overall % of elective inpatient procedures conducted on day of admission	---	---	75% New PI for 2010
Emergency Department			
a) No. of emergency presentations	1,223,000	1,190,435	1,190,435
b) No. of ED attendances	---	---	---
c) No. of emergency admissions	367,000	363,611	330,298
Emergency Department Turnaround Times			
Average time from registration to discharge from ED: i) all patients ii) Patients who require admission iii) Patients who are not admitted and discharged	---	---	New for 2010
% of patients admitted to hospital within 6 hours of ED registration	---	---	100% New PI for 2010
% of patients discharged within 6 hours of ED registration	---	---	100% New PI for 2010
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration	---	---	100% New PI for 2010
Outpatients			
a) No. of outpatient attendances	3,233,000	3,394,882	3,394,882
b) No. of outpatient attendances (new)	---	913,162	Activity in proportion to the targeted ratio
c) No. of outpatient attendances (return)	---	2,474,294	Activity in proportion to the targeted ratio
New: Return ratio	1:3	1:2.7	1:2

	Expected Activity / Target 2009		Projected Outturn 2009		Expected Activity / Target 2010
% DNA new rate	<15% of new		15%		10%
% DNA return rate	<15% of return		15%		10%
Births					
Total no. of births	76,880		75,084		75,728
No. and % delivered by Caesarean Section	<20%		25%		20%
Public Inpatient, Day Case and OPD Waiting Lists					
Adults					
% of adults waiting > 12 months (inpatient)	---		5.5%		0%
% of adults waiting > 12 months (daycase)	---		1.8%		0%
% of adults waiting > 12 months (OPD)	---		---		0%
% of adults waiting > 6 months (inpatient)	---		24%		0%
% of adults waiting > 6 months (daycase)	---		14%		0%
% of adults waiting > 6 months (OPD)	---		---		0%
% of adults waiting > 3 months (inpatient)	---		---		---
% of adults waiting > 3 months (daycase)	---		---		---
% of adults waiting > 3 months (OPD)	---		---		---
Children					
% of children waiting > 6 months (inpatient)	---		---		0%
% of children waiting > 6 months (daycase)	---		---		0%
% of children waiting > 6 months (OPD)	---		---		0%
% of children waiting > 3 months (inpatient)	---		---		0%
% of children waiting > 3 months (daycase)	---		---		0%
% of children waiting > 3 months (OPD)	---		---		0%
Colonoscopy Services					
% of patients receiving access to colonoscopy for urgent referral within 4 weeks	---		---		100% New PI for 2010
Public / Private: Elective / Emergency					
Public as a % of all patients	80%		75%		80%
Elective as a % of all patients	20%		33%		N/A
Consultant public: private mix					
Casemix adjusted public private mix by hospital for inpatients, daycase, OPD and diagnostics	---		Activity reporting only		80:20 (public:private)
% of consultants compliant with contract levels (overall, Type B / B* and C)'	---		---		95% New PI for 2010
Ambulance					
Emergency Calls	255,000		205,367		205,000
Urgent Calls	68,000		61,567		62,000
Non Urgent Calls	202,000		251,371		188,000
Community Transport	---		343,763		280,000
No. and % of emergency ambulance calls responded to within pre-determined time bands.					
• <8minutes	32%		30%		32%
• <14 minutes	63%		60%		63%
• <19 minutes	76%		73%		76%
• <26 minutes	86%		84%		86%

N/A = Not appropriate

Development of New Indicators and Measures

In addition to those outlined above, a commitment has been given to work with DoHC to develop new indicators, in conjunction with National Treatment Purchase Fund (NTPF), to measure median waiting time from:

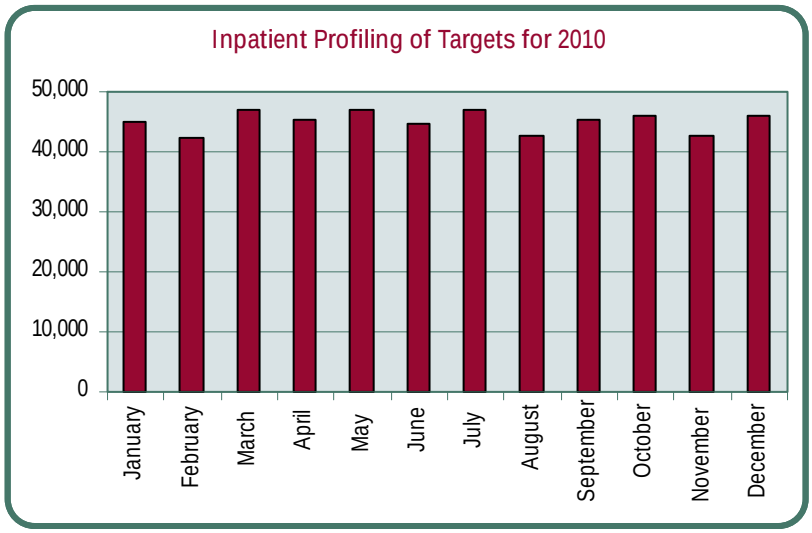
- GP referral to attendance at outpatient
- Outpatient attendance to admission, and
- GP referral to admission.

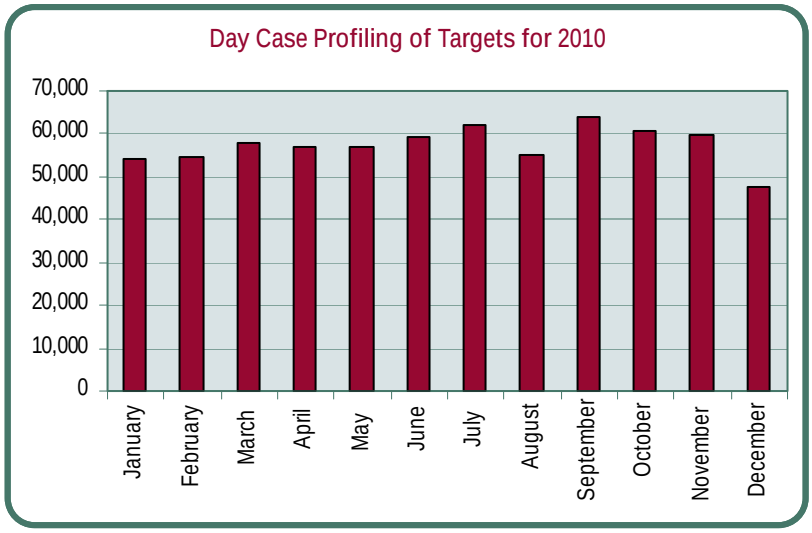
Where available, information on average waiting times will be published by mid year 2010. Work will also commence with HIQA to develop indicators of emergency response times, categorised by A,B and C.

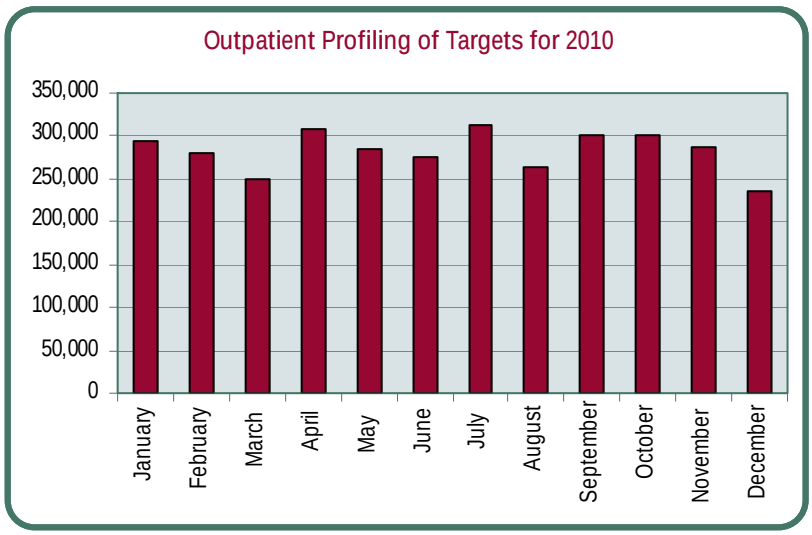
Profiling of Key Activity

Inpatient / Day Case and Outpatient Activity

The profiling of inpatient, day case and outpatient activity in 2010 reflects the seasonal pattern of activity delivered in 2009 and also for day cases and outpatients, the number of weekday working days in each month during 2010.







Key Result Areas

Key Result Area	Output 09	Deliverable 2010	Target Timescale
CP16 Reconfigure our Acute Hospital System Improve internal hospital efficiencies and processes *in line with international best practice.*	Acute hospitals' participation in the work of HealthStat forum extended to allow comparative analysis of efficiency and sharing of best practice. Hospitals undertook their own internal bed utilisation reviews to ensure improved access to, and utilisation of beds.	Achievement of targets in all areas of activity, with the emphasis on re-balancing the profile of activity between inpatient and day case, reducing ALOS and improving access and waiting times for services, particularly ED, admissions, elective surgery, diagnostics and OPD. Achieve new: review ratio, DNA and waiting time targets for OPD. Control of budget and WTEs.	Q1-Q4
ED Waiting Times	Progress on improving ED waiting times continued in 2009 as initiatives such as the Discharge Planning framework were implemented and increasing numbers of medical assessment units and discharge lounges were commissioned. An incentive scheme for hospitals who consistently achieve waiting time targets was announced in late 2009 for implementation in 2010. The C&AG report on ED services was finalised towards the end of year.	Extend total waiting time measurement to 27 hospitals in 2010. Extend total waiting time measurement to remaining hospitals by Q4 as developments in ICT permit. Achievement of target waiting times for examination and treatment in the ED. Achievement of target waiting times for admission to hospital from the ED where admission is necessary. Work will commence on the implementation of the key recommendations of the C&AG report on ED services.	Q1 Q4 Q1-Q4 Q1-Q4 Q1
Enhance Service Integration	Roll out of integrated discharge planning framework. Development of Community Intervention Teams (CITs). Development and Expansion of the role of the Clinical Nurse Specialists (CNS) / Advanced Nurse Practitioners in the area of chronic disease management.	Continuation of roll out of integrated discharge planning framework. The number and role of CITs enhanced as resource capacity from reconfiguration of services permits. Enhancement of the CNS role particularly with regard to outreach services as part of the pathway management of chronic illnesses.	Q1-Q4
Implement the new contract for medical consultants *and measure associated service improvements.*	Consultant Contract 2008 introduced a range of reforms to benefit patients, help develop a consultant-provided service and ensure maximum value for money obtained from the investment in existing and additional Consultant posts. New measurement systems developed in order to meet the requirements of the Contract. Measurement system rolled out to all hospitals through the HIPE system. Consultants issued with a public private mix measurement report every month since January 2009.	Consultant teams rolled out. Clinical governance implemented. Extended working day and working week implemented. Control of private practice to contractual limits achieved. Single waiting list for outpatient diagnostics implemented. Continued roll-out of the clinical directorate model.	Q1 – Q4
EWTD compliance for NCHDs	Detailed work carried out on the requirements for EWTD compliance and implementation arrangements proceeded.	EWTD compliance achieved in each hospital group.	Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
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 Adult Critical Care Services*, undertaken by Prospectus Management Consultants. Report completed and submitted.	Communicate review findings to stakeholders. Critical Care Clinical Lead appointed to support the reconfiguration agenda. Reconfiguration of critical care services commenced, informed by the recommendations of the review having regard to financial environment.	Q1 Q1 Q2-Q4
Reconfigure maternity services *to ensure that all maternity services are co-located with acute hospitals providing the appropriate range of services to support the maternity unit.*	Dublin *Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area* published in February.	Dublin Dublin Maternity service Clinical and Service Reconfiguration Leads appointed to support the reconfiguration agenda. Reconfiguration of maternity care services in Dublin commenced, informed by review recommendations.	 Q1 Q1-Q4
	Mid-West The project brief for relocation of services to the Dooradoyle site was progressed; arrangements for a cost benefit analysis of the project advanced.	Mid-West Project progressed through approval stages for major capital projects.	Q2
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.*	Additional funding received under the demographic service pressures to address priority needs associated with demographic pressures for maternity services. A comprehensive evaluation of maternity units across the country undertaken including analysis of midwifery staffing, models of care and benchmarking.	Maternity service Clinical and Service Reconfiguration Leads appointed to support the reconfiguration agenda. Current delivery model in maternity units nationally examined in light of emerging trends and best practice, both nationally and internationally. Feasibility studies to be carried out on the development and implementation of integrated midwifery-led units in line with the findings of the report of the MidU study produced for the HSE by Trinity College Dublin on midwifery-led services in the North East.	Q1 Q2-Q3 Q2-Q4
Paediatric Services Configure Dublin paediatric services *into an integrated paediatric network in advance of move to the new children's hospital*	HSE facilitated further collaborative working across the paediatric hospitals in a number of key service areas including spinal surgery and critical care services.	Establishment of a HSE Executive Team to manage relationships between the HSE and the acute paediatric community. A comprehensive review of operations of the three children's hospitals with a particular focus on resource levels, usage and controls, budgetary/ service issues and all structures and processes undertaken. Creation of a single budgetary environment for the three hospitals.	Q1 – Q2
Initiate the configuration of paediatric services *into one national integrated paediatric network with appropriate services provided at national, regional and local level*	The Model of Care for Paediatrics developed in a comprehensive report, to form the basis for development of the paediatric services nationally. HSE mapping and profiling of current activity to inform the designation of regional centres for paediatrics.	Creation of formal structures for communication, consultation and progression of joint issues of concern between the HSE and the National Paediatric Hospital Development Board. A programmatic approach developed within HSE for the delivery of paediatric services. Commencement of implementation of new Model of Care for Paediatrics with defined roles for particular hospitals.	Q1 Q1 Q2
		Reorganisation of paediatric services outside of Dublin commenced, with paediatric surgery and anaesthesia a priority.	Q2 – Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
		Referral pathways developed for tertiary services appropriately provided by the Dublin children's hospitals.	Q2 – Q4
Implement Paediatric Neurosurgery Report recommendations	Progressed implementation of key Paediatric Neurosurgery recommendations including: Care of hydrocephalus and spina bifida; Care for children under 1 year of age transferred to the Children's University Hospital from Beaumont Hospital; Transitioning of children under 6 years of age from Beaumont Hospital to the Children's University Hospital; Appointment of Lead Paediatric Neurosurgeon well advanced to develop service, consistent with the role of the new children's hospital.	Further development of Paediatric Neurosurgery services nationally developed, informed by the recommendations of the Report: ▪ Lead neurosurgeon in place. ▪ Appointment of additional consultant paediatric anaesthetists. ▪ Transfer of care for all children under 6 years of age requiring neurosurgery for tumours from Beaumont Hospital to the Children's University Hospital. ▪ Multidisciplinary team for spina bifida services in the Children's University Hospital progressed.	Q1-Q4
Development of Paediatric Critical Care / Transitional Care Unit services and facilities	New post details agreed and additional consultant posts progressed to approval. The Irish Paediatric Critical Care Network established with an independent chair. Work underway on development of a joint clinical department in operation across Our Lady's Children's Hospital, Crumlin and the Children's University Hospital, Temple Street.	Irish Paediatric Critical Care Network to continue to develop the service underpinned by the recommendations of the Report on Paediatric Critical Care Services. The appointment of 3 paediatric intensivists across the two sites progressed and in post. Critical care capital build progressed in Our Lady's Children's Hospital. Process developed to have a bed bureau for access to paediatric critical care beds for referring hospitals.	Q1-Q4 Q2-Q4 Q1-Q4 Q1-Q2
Development of Paediatric Retrieval Service	Irish Paediatric Critical Care Network considered best way to develop paediatric retrieval services in conjunction with the neonatal retrieval service.	Co-ordinator appointed to develop service guidelines and work with the referring hospitals to establish the service. Development of a national paediatric retrieval service continued to be progressed through the Irish Paediatric Critical Care Network.	Q1 Q1-Q4
Review of Paediatric Orthopaedic Service	Collaborative work on spinal surgery initiative led to decision to review wider orthopaedic services.	Review undertaken of delivery of paediatric orthopaedics in the children's hospitals and regionally to identify how they should best be delivered. Implementation commenced for most appropriate model for paediatric orthopaedic services nationally.	Q1-Q2 Q3
Reorganise acute services in each HSE Area *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.*	HSE South Southern Hospital Group Project Director appointed in March 2009. The *Review of Securing Clinically Safe and Sustainable Acute Hospital Services, HSE South (Cork and Kerry)* launched in June 2009 and implementation Forum established. Work of over 40 speciality groups commenced. Review of ED services completed.	HSE South Southern Hospital Group A reconfiguration plan for services in Cork and Kerry published. Implementation plan developed. Implementation commenced.	Q1-Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
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*	Implementation of changes in pre-hospital emergency care in West Cork commenced following a public information campaign.		
	South Eastern Hospital Group A Network Executive Management Board established. Project Manager for acute hospital reconfiguration appointed. Development of an implementation plan progressed. Advisory Groups for Medicine, Surgery and Women and Children established.	South Eastern Hospital Group A framework for reconfiguration completed. Implementation plan developed. Implementation commenced.	Q1-Q4
	HSE West West/North West Hospital Group Internal analysis of surgical services undertaken	HSE West West/North West Hospital Group Commence process of preparing a reconfiguration plan.	Q1-Q4
	Mid-West Hospital Group Emergency Department (ED) services at Ennis and Nenagh hospitals restructured to 8am to 8pm opening times daily. ED services are available at the Mid-West Regional Hospital, Limerick, on a 24 / 7 basis. The transfer of all acute surgery from Ennis and Nenagh to the Mid-West Regional Hospital, Limerick completed September 09.	Mid-West Hospital Group Planning for centralisation of critical care and acute medical care from Ennis General Hospital and Nenagh General Hospital to the Mid-West Regional Hospital, Limerick completed.	Q1-Q4
	HSE Dublin Mid Leinster Midlands Hospital Group Analysis of acute service in the Midlands undertaken.	HSE Dublin Mid Leinster Midlands Hospital Group Process of developing a reconfiguration plan commenced.	Q3-Q4
		Dublin South Hospital Group Reconfiguration plans advanced.	Q3-Q4
	HSE Dublin North East North East Hospital Group Enabling measures for service reconfigurations in Cavan and Monaghan completed. Transfer of Monaghan services July 2009. Steering Group and Project Managers established for reconfiguration of services in Louth and Meath.	HSE Dublin North East North East Hospital Group Changes required to safely centralise acute inpatient services within Louth to Our Lady of Lourdes (OLOL) Hospital Drogheda progressed through Louth Meath Steering Group. Joint department of surgery between OLOL Hospital, Drogheda and Louth County Hospital, Dundalk to be further expanded to include Our Lady's Hospital, Navan.	Q1-Q4
		Dublin North Hospital Group Reconfiguration plans advanced.	Q3-Q4
Ensure that the ambulance strategy *and the deployment of the Advanced*		National Ambulance Service Management Reconfiguration Risk Manager appointed. Senior Management Team reconfigured.	Q1

Key Result Area	Output 09	Deliverable 2010	Target Timescale
Paramedic emergency workforce are in place to support the reconfiguration.	Service Performance Response times to emergency calls within range of % targets improved month on month despite the challenges of the recruitment moratorium. Non Urgent and Community Transport call activity indicate steady increases year on year. Challenges in provision of patient transport where demand driven by service mechanisms outside the Ambulance Service	Service Performance Improve response times to life threatening emergencies with implementation of a medical priority based dispatch system (AMPDS).	Q1-Q2
		Continue to spatially analyse final three regions.	Q2
		Develop the Separation of Emergency and patient transport services.	Q1-Q4
		Time based performance standards and indicators developed in consultation with DoHC/ PHECC /HIQA	Q2
		Clinical Governance Medical Director appointed. Clinical Performance Manager appointed.	Q1
	ICT / Technology investments Advanced Medical Priority -based Dispatch System (AMPDS) rollout. Emergency Call Answering Service (ECAS) - tested Nov / Dec. TETRA (inter-agency digital communications system) - continued rollout. Fleet Management System rolled out and operational. Web Based Rostering System procured.	ICT / Technology investments AMPDS fully operational – extrapolation of Clinical PI material.	Q1-Q2
		ECAS rolled out.	Q1
		TETRA rollout completed.	Q1-Q4
		Web Based Roster System rolled out.	Q2
		Electronic patient care reporting project rolled out.	Q1-Q2
		Automatic vehicle positioning system rolled out.	Q2
		CAD System national procurement and roll out.	Q1-Q2
		Mapping System national procurement and roll out.	Q1-Q2
		Control Centre Reconfiguration Reconfiguration of control function in West and South from 4 to 2 sites.	Q1-Q4
	Reconfiguration North East and Mid West and South 1st phase reconfiguration: Additional Advanced Paramedics trained to administer Prehospital Thrombolysis and deployed in rapid response approach. Low acuity patient transport reconfiguration achieved through deployment of Intermediate Care Vehicles in the North East. 138 interns deployed to support reconfiguration projects and improve relief factor on rosters. 48 members of the workforce trained to Advanced Paramedical Level. Priority given to acute reconfiguring areas.	Reconfiguration Support area-based reconfigurations of services in the North East, Mid West, South and South East.	Q1-Q4
		Further 48 interns trained to Advance Paramedic level.	Q4
Initiate National Integrated Management Information system (NIMIS) (PACS / RIS) *to facilitate communication and ease information*	Tendering process for National Integrated Management Information System complete. Preferred vendor identified and tender process approved. Phase 1 sites for installation	Completion of central system design process. Commencement of installation in Phase 1 and Phase 2 sites. Completion of required infrastructure upgrades in these and some later sites. Go-Live in majority of Phase 1 sites.	Q1-Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
across the system of access to imaging	identified as Sligo, Beaumont, St Luke's Rathgar, and the Mid Western Hospitals Group. Phase 2 sites for installation identified as Waterford Regional, the Mater, Our Lady's Children's Hospital Crumlin, and the North East Hospitals Group.		
Co Location Implement the plans for co – location of private hospitals on public hospital sites	Financial close progressed for four hospitals (Beaumont, Cork University Hospital, Mid-West Regional Hospital, Limerick and St. James Hospital) where the Project Agreements have been signed. Full planning permission granted following appeals to An Bord Pleanala for the co-located hospitals at Beaumont Hospital, Cork University Hospital and the Mid-West Regional Hospital, Limerick. Planning permission granted in June to Beacon Medical Group for a co-located hospital on the Cork University Hospital campus. Decision awaited following planning application for the co-located hospital at the St. James Hospital site submitted Q2. Negotiations in relation to the co-located hospital at the Waterford Regional Hospital site ongoing.	Co-located Hospitals at Cork University Hospital, Midwestern Regional Hospital and Beaumont progressed to construction phase, subject to satisfactory banking arrangements. Co-located Hospital at St. James' progressed to construction phase, subject to receipt of planning permission and satisfactory banking arrangements. Co-located Hospital at Waterford Regional Hospital progressed to planning permission, with signing of project agreement including design completion to be concluded after which the Consortium will pursue banking arrangements.	Q4 Q4 Q1 Q4
	Preferred bidder for Connolly Hospital appointed.	Decision to submit a preferred bidder to HSE Board made.	Q1
	Preferred bidder for AMNCH, Tallaght selected post tendering.	Proceed to tender.	Q2
	Project agreement for AMNCH progressed to signing stage.	Dependent upon tender process.	Q4
	Progress to design completion for planning permission application.	Dependent upon tender process.	Q4
National Specialist Service Organ Donation and Transplantation	Review completed on transplant co ordination arrangements with a view to optimising donation and recovery rates to ensure that programmes like the National Heart and Lung Transplant service continue to expand and meet the needs of our patient population. Preliminary discussions with DoHC on the need for consideration and decision on the establishment of an appropriate national structure to oversee organ donation and transplant activity.	Establishment of an organ donation and transplantation unit within the existing resources and national structures. Assignment of clinical lead to drive the work of this unit. Collation of comprehensive performance data provided by all the transplant centres. Commencement of national reporting, monitoring and assessing of performance of organ donation and transplantation activities.	Q1 Q1 Q2-Q4 Q3-Q4

Key Result Area	Output 09	Deliverable 2010	Target Timescale
	Agreement reached in principle from DoHC that the establishment of a national transplant office is warranted.		
Introduction of Newborn Screening for Cystic Fibrosis	Establishment of steering group and project team to develop project plan for implementation that meets the appropriate governance and quality standards. Project plan for implementation designed and agreed with stakeholders.	Integration of the newborn screening for cystic fibrosis programme into the existing newborn screening programme with an appropriate governance construct. Commencement of implementation of newborn screening for cystic fibrosis.	Q3 Q4

National Cancer Control Programme (NCCP)

Introduction

In response to the publication of the *Strategy for Cancer Control in Ireland, 2006* the HSE established a National Cancer Control Programme (NCCP) with the aim of providing the necessary governance, integration, leadership, operational framework and core support services to create the essential structure for cancer control in Ireland. The NCCP is responsible for all the components of cancer control with the exception of palliative care services. In April 2010, the NCCP will welcome the planned subsuming of the National Cancer Screening Service (NCSS) into the NCCP. In July 2010, NCCP will also welcome the planned integration of St. Luke's Hospital, Dublin into the programme. The majority of the cancer programme is being delivered through 8 regional cancer centres and 4 cancer control networks while another number of components (e.g. cervical screening and community oncology) are provided in a distributed manner through community health centres and in the primary care setting. Objectives of the programme include ensuring that designated cancer centres for individual tumour types have adequate case volumes, expertise and a concentration of multi-disciplinary specialist skills.

Centralising breast cancer diagnosis and surgery was the highest priority to address over the past two years. Symptomatic breast diagnosis and surgery has now transferred into the 8 cancer centres (reduced from 33 hospitals in 2006) with the final transfer, the amalgamation of services in Cork and Kerry into a new dedicated symptomatic breast unit on the site of Cork University Hospital (CUH), on 1st December 2009. In monitoring breast services, in conjunction with HIQA, twenty three Key Performance Indicators (KPIs) were agreed to be collected; five of these will be reported monthly in 2010. Standard Operating Procedures (SOPs) were also developed for the clinical delivery of the symptomatic breast service in 2009. A set of performance indicators around quality and access for the new rapid access clinics will be developed during 2010.

In 2009 a national neurosurgical service was established across Beaumont Hospital, Dublin and CUH; a national lead neurosurgical appointment is expected to be in place during 2010. St. Vincent's Hospital was designated the national centre for complex pancreatic cancers. A planning process commenced in 2009 to realign radical pancreatic cancer surgery into this centre which will continue in 2010. Rapid access lung and prostate clinics opened in some of the centres with the remaining centres due to open in 2010. Telemedicine systems are now in place in all 8 cancer centres and Letterkenny; this system will facilitate internal and multi centre Multi Disciplinary Team Meetings (MDM).

The proposed work programme for 2010 includes additional consultant medical oncology appointments in inpatient units where consultants are working single-handedly, reduction in the number of hospitals carrying out rectal cancer surgery and repatriation of ocular cancers from the UK. The community oncology programme will develop referral guidelines and standard referral forms for GPs which will be integrated with GP electronic systems. Centralised cancer offices will be established in the 8 centres to manage all cancer referrals and GP / patient communication.

National Plan for Radiation Oncology

The National Plan for Radiation Oncology (NPRO) which forms part of the NCCP will continue with the capital development of radiation oncology facilities throughout the country. The network plan for services across the eastern region is expected to be operational in Q4 2010 with the completion of Phase 1 facilities in Beaumont and St. James's, together with the first phase of the transfer of radiotherapy services from St. Lukes Hospital, Dublin.

Resources

WTE			FINANCE		
	November 2009	Projected Start 2010		2009 Budget €m	2010 Budget €m
	483	482		36.75	56.75
TOTAL	483	482	TOTAL	36.75	56.75

Note: All figures are subject to change as re-mapping and validation continues in 2010. WTEs relate to initial reconfiguration and should be considered as a work in progress; disaggregating of WTEs and expenditure from existing services to be completed and transferred in 2010.

Note: Finance data relates to additionality only.

Improving our Infrastructure

A number of capital projects that are to be completed and/or to become operational in 2010, include:

Dublin Mid Leinster
- Phase 1 of the capital development plan for radiation oncology St. James Hospital.

Dublin North East
- Phase 1 of the capital development plan for radiation oncology Beaumont Hospital.

South
- Refurbishment and equipping of existing building in Cork University Hospital to accommodate:
  - Rapid access OPD for lung and prostate.
  - Expansion of laboratory to facilitate transfer of facilities from Mercy University Hospital.

Key Result Areas

Key Result Area	Output 09	Deliverable 10	Target Timescale
CP15 National Cancer Control Programme Lung cancer services	Improved patient access to diagnostics and treatment of lung cancers through the establishment of rapid access lung cancer services in 4 of the 8 specialised centres.	Rapid access diagnostic clinics for lung cancer in remaining specialised centres established, with centralised lung cancer surgery in 4 of these centres. Development funding utilised (see below).	Q1-Q4
Prostate cancer services	Improved patient access to diagnostics and treatment of prostate cancers through the establishment of rapid access cancer clinics in 3 of the 8 specialised centres.	Rapid access diagnostic clinics for prostate cancer in remaining specialised centres with centralised prostate cancer surgery in 4 of these Centres. Development funding utilised (see below).	Q1-Q4
National centre for pancreatic cancer	Planning for the establishment of a national pancreatic unit in St. Vincent's Hospital, Dublin.	Pancreatic cancer services centralised in St. Vincent's Hospital.	Q1-Q4
Radiotherapy Waterford and Limerick Private Units	Discussions with private clinics on costs and activity.	Activity and operational costs of Waterford and Limerick radiotherapy units controlled. Full year cost of 2009 Development Funding for lung prostate and pancreatic developments and any additional costs of private radiotherapy facilities 2010€: €8.6m; WTE: 0	Q1-Q4
Rectal cancer services	Transition commenced in 2009 to centralise rectal surgery in 8 cancer centres.	Number of hospitals carrying out rectal cancer surgery reduced to 8 cancer centres.	Q1-Q4
Community oncology	Consultation with specialist services and GPs in relation to preparation of referral guidelines and standardised referral forms for breast, prostate and lung commenced. Liaison GP appointed in NCCP.	Referral guidelines and standardised referral forms for 7 most common cancers developed. Seven site specific referral forms integrated with GP electronic systems. GP multiple cancer information sessions delivered nationally. Cancer nurse education programme in consultation with HSE senior nursing developed and implemented. Cancer prevention services developed. New Development Funding 2010€: €4m; WTE: 0	Q1-Q3 Q3 Q1-Q4 Q1-Q4 Q1-Q4

Key Result Area	Output 09	Deliverable 10	Target Timescale
Skin cancer services	Assessment of current services and designation of specialist melanoma centres undertaken.	Centres for the treatment of complex skin cancers established. New Development Funding: 2010 € €0.5m; WTE 3	Q4
Ocular cancer services	Consultation undertaken on repatriation of service from UK under E112 treatment abroad scheme to St. Lukes.	Repatriate service from UK under E112 treatment abroad scheme to St. Lukes. New Development Funding: 2010 € €0.4m; WTE 2	Q2
Transfer and integration of St. Luke's Hospital into the NCCP		Transfer and integration of St. Luke's Hospital into the NCCP by July 2010.	Q3
Transfer and integration of National Cancer Screening Service (NCSS) into the NCCP		Transfer and integration of National Cancer Screening Service (NCSS) into the NCCP by April 2010.	Q2
Medical oncology	Assessment of consultant medical oncologists staffing levels completed.	Minimum of 2 medical oncologists in every hospital with inpatient oncology beds. New Development Funding: 2010 € €1.4m; WTE 6	Q4
Cancer Office in 8 specialised centres	Cancer office established in CUH.	Central cancer offices in each cancer centre for receipt, prioritisation and management of all cancer referrals and GP / patient communication established.	Q1-Q3
Additional theatre capacity to support cancer programme centres	Theatre supports provided for breast, lung and prostate	Additional theatre supports for designated centres and other new cancers developed. New Development Funding: 2010 € €1m; WTE 14	Q4
Finance	Identification of cancer expenditure pay and non pay and separate financial reporting commenced.	Existing base cancer expenditure transferred under the control of the NCCP Programme.	Q1
Telesynergy	Telesynergy facilities installed in all 8 cancer centres, St. Lukes and Letterkenny.	NCCP to take ownership of national system and assume responsibility for support and maintenance. New Development Funding: 2010€ €0.1m; WTE 0	Q1
NPRO - Capital development plan in Beaumont and St. James Hospitals, *as part of the National HSE Radiation Oncology Network (Phase 1)*	Decanting and enabling works on each site completed. Construction of the main developments underway. Staffing plan for delivery of network service across 3 Dublin sites completed. Clinical integration and service development groups established with host hospital sites. Expansion of the SpR training programme and consultant workforce. Secured accreditation for the Physicist training programme.	Phase 1 facilities on both sites operational. Delivery of the network service for radiation oncology across 3 sites in the Eastern region. Recruitment of staff for network service complete. Integration of radiation oncology with broader cancer and acute services on both hospital sites. Phase 1 construction work continued. New Development Funding: 2010€ €4m (part year costs – 2011 full year costs are €12m); WTE 54	Q4

Key Result Area	Output 09	Deliverable 10	Target Timescale
NPRO - Phase 2 development *-the completion of the National Radiation Network by Public Private Partnership by 2014*	Completion of the output specifications and exemplar designs for all 6 development sites Q4. Outline planning permission for 2 of the 6 sites obtained and application submitted for the remaining 4 sites.	Finalisation of the ICT output specifications.	Q1
		Obtain approval for PSB and total project costs.	Q1
		Commencement of PPP tender process in line with issue of PQQ.	Q2
		Commencement of enabling works package on 6 sites.	Q1- Q4
		Preparation for issue of full tender package for PPP and initiation of the competitive dialogue process to develop full solutions for all 6 sites with preferred bidders commenced.	Q1- Q4
		Completion of the Public Sector Benchmark mark and total project costs for 2014 and 2020 developments.	Q1- Q4

Performance Activity and Key Performance Indicators

	Expected Activity / Target 2009		Projected Outturn 2009		Expected Activity / Target 2010
Symptomatic Breast Cancer Services					
Total number of urgent referrals	9,500		9,500		10,000
Total number of non urgent referrals seen	20,000		20,000		22,000
No. and % of cases compliant with HIQA standard of 2 weeks for urgent referrals *(No and % offered an appointment that falls within 2weeks)*	9,025 (95%)		8,550 (90%)		9,500 (95%)
No. and % of non urgent referrals seen who were offered an appointment that falls within 12 weeks for access to symptomatic service	19,000 (95%)		17,000 (85%)		20,900 (95%)
No. and % of newly diagnosed breast cancers discussed at MDT	2,000 (100%)		1,998 (99%)		2,500 (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	2,500 (100%)		2,000 (80%)		2,500 (100%)
Lung Cancers					
Waiting against a standard: waiting time from referral by GP to definitive diagnosis (%)			New for 2010		4 weeks (95%) dependent upon expert decision
Waiting against a standard: waiting time from definitive diagnosis to treatment			New for 2010		3 weeks (95%) dependent upon expert decision
No. of centres providing services for lung					
i) Rapid access Diagnostics	8		4		8
ii) Surgery	4		5		4
Prostate Cancers					
Waiting against a standard: waiting time from referral by GP to definitive diagnosis (%)			New for 2010		4 weeks (95%) dependent upon expert decision
Waiting against a standard: waiting time from definitive diagnosis to treatment decision agreed with patient			New for 2010		3weeks (95%) dependent upon expert decision
No. of centres providing services for prostate					
i) Rapid access Diagnostics	8		3		8
ii) Surgery	4		7		4
Rectal Cancers					
Waiting against a standard: waiting time from referral by GP to definitive diagnosis (%)					Rectal cancer measures to be developed during 2010
Waiting against a standard: waiting time from definitive diagnosis to treatment					
No. of centres providing services for rectal cancers	---		25		8
Pancreas Cancers					
No. of centres providing services for pancreas cancers – radical pancreatectomy	1		6		1

National Performance Indicator and Activity Suite

Primary Care

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Primary Care Teams (PCTs)				
No. of PCTs holding clinical meetings	Monthly	210	210	184 (394)
No. of PCTs in development	Monthly	100	*184	136
Total no. of patients / clients with a care plan	Monthly	---	4,800	14,000
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	Quarterly	---	95%	100%
% of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	Quarterly	---	---	New PI for 2010
No of patients / clients formally partaking in structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	Quarterly	---	---	New PI for 2010
% of PCTs that are implementing structured asthma prevention and care (as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines, 2008)	Quarterly	---	---	New PI for 2010
No patients / clients partaking in formal structured asthma prevention and care (as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines 2008)	Quarterly	---	---	New PI for 2010
Orthodontics				
Total no. of patients receiving treatment during reporting period	Quarterly	---	22,130	22,130
Total no. of patients with completed treatments during reporting period	Quarterly	---	2,000	2,000
Average waiting time for :				
1. Orthodontic assessment (Grade 5:Grade 4)	Quarterly	---	---	Targets to be determined
2. Orthodontic treatment (Grade 5:Grade 4)	Quarterly	---	---	
GP Out of Hours				
No. of contacts with GP out of hours	Monthly	801,000	880,000	880,000
Immunisations				
No. and % 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).	Quarterly	88%	88%	95%
No. and % 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).	Quarterly	94%	93%	95%
No. and % of children 24 months of age who have received the Measles, Mumps, Rubella (MMR) vaccine	Quarterly	90%	89%	95%
Child Health / Developmental Screening				
No. and % new born babies visited by a PHN within 48 hours of hospital discharge (72 hour data collection to also be developed in 2010)	Quarterly	---	---	100%
The percentage uptake of 7-9 month developmental screening by 10 months (PHN only)**	Quarterly	---	---	90%
Environmental Health				
No. of inspections and / or programmes to ensure compliance with Public Health Tobacco Acts:				
i) smoke-free workplaces (inspections)	Quarterly	---	11,064	To be agreed with DoHC and Office of Tobacco Control
ii) sales to minors and test purchase (programmes)	Quarterly	---	6 programmes	
No. of inspections of food premises	Quarterly	---	45,000	42,000

*These PCTs (in development) will commence holding clinical meetings in 2010 and will no longer be considered in development.

** Note this data will report on activity / screening generated by PHNs only. Area Medical Officer data (which generally relates to Tier 2 assessments) will not be reported on.

Community (Demand-Led) Schemes

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Medical and GP Visit Cards				
No. of GP Visit Cards issued	Monthly	142,148	98,325	114,436
No. persons covered by Medical Cards	Monthly	1,423,830	1,478,560	1,622,560
% of Medical Cards issued within 15 working days of complete application	Quarterly	---	---	Targets to be determined Reporting to commence in Q4
Mean time between date of complete application and issuing of Medical Card	Quarterly	---	---	
% of GP Visit Cards issued within 15 working days of complete application	Quarterly	---	---	
Mean time between date of complete application and issuing of GP Visit Card	Quarterly	---	---	
Long Term Illness				
No. of claims	Monthly	909,926	917,117	1,084,656
a) By drug and b) By non-drug				*
No. of items	Monthly	2,742,951	2,916,432	3,449,205
a) By drug and b) By non-drug				*
Drug Payment Scheme				
No. of claims	Monthly	6,252,629	4,986,358	5,030,180
a) By drug and b) By non-drug				*
No. of items	Monthly	15,944,205	13,525,137	13,631,788
a) By drug and b) By non-drug				*
GMS				
No. prescriptions	Monthly	16,713,828	16,203,556	18,445,234
a) By drug and b) By non-drug				*
No. of items	Monthly	57,241,846	50,393,058	57,364,678
a) By drug and b) By non-drug				*
No. of claims – special items of service	Monthly	657,759	738,336	714,293
No. of claims – special type consultations	Monthly	982,745	1,107,134	1,084,945
HiTech				
No. of claims	Monthly	315,904	349,716	383,324
DTSS				
No. of treatments (above the line)	Monthly	1,049,791	1,417,068	1,084,517
No. of treatments (below the line)	Monthly	113,518	143,741	111,428
Community Ophthalmic Scheme				
No. of treatments	Monthly	578,263	622,250	679,310
No. of Adult treatments	Monthly	---	565,330	617,170
No. of Children treatments	Monthly	---	56,920	62,140

* Drug / Non drug breakdown will be reported quarterly in arrears in 2010

Children and Families

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Family Support Services				
Total no. of referrals to Family Welfare Conferences	Monthly	444	477	477
Total no. of Family Welfare Conferences convened	Monthly	227	268	268
No. of Springboard family referrals	Monthly	778	992	992
No. of Teen Parent Support Programme active cases	Quarterly	1,200	1,147	1,147
Residential and Foster Care				
Total no. of children in care	Monthly	5,334	5,700	5,700
i) No. and % of children in residential care	Monthly	426 (8%)	399 (7%)	399 (7%)

Children and Families

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
ii. No. and % of children in Foster Care	Monthly	3,196 (60%)	3,477 (61%)	3,477 (61%)
iii. No. and % of children in Foster care with Relatives	Monthly	1,530 (29%)	1,596 (28%)	1,596 (28%)
iv. No. and % of children in other care placements / at home under care order	Monthly	182 (3%)	228 (4%)	228 (4%)
Foster Carers				
No. and % of approved foster carers during reporting period who have an allocated social worker	Monthly	---	81%	100%
Care Planning				
No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995.	Quarterly	82%	85%	100%
i. No. and % of children in residential care	Quarterly	90%	88%	100%
ii. No. and % of children in foster care	Quarterly	90%	86%	100%
iii. No. and % of children in foster care with relatives	Quarterly	90%	81%	100%
iv. No. and % of children in other care placement	Quarterly	90%	78%	100%
No. and % of children who came into care during the reporting period who had a care plan drawn up prior to placement	Quarterly	40%	23%	40%
No. and % of children in care who have an allocated social worker	Quarterly	88%	83%	100%
i. No. and % of children in residential care	Quarterly	85%	82%	100%
ii. No. and % of children in foster care	Quarterly	90%	85%	100%
iii. No. and % of children in foster care with relatives	Quarterly	86%	80%	100%
iv. No. and % of children in other care placement	Quarterly	90%	83%	100%
Pre-School				
No. and % of notified current operational pre-school centres where an Annual Inspection took place	Monthly	2,147	2,145	2,147
No. of pre-school Advisory Visits that took place during the year	Quarterly	1,463	1,463	1,463
Child Abuse				
No. of referrals of child abuse or neglect	Quarterly	---	---	Reporting to commence 2010
No. and % of initial assessments conducted following a referral of child abuse or neglect	Quarterly	---	---	
No. and % of children on waiting lists for initial assessments following a referral of child abuse or neglect	Quarterly	---	---	
Average time spent on waiting list for assessment following a referral of child abuse or neglect	Quarterly	---	---	

Mental Health

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Admissions				
Total number of admissions to acute inpatient units (adults and children)	Monthly	15,905	15,718	15,702
No. of children / adolescents admitted to adult HSE mental health services (reported on a quarterly basis)				Target of no admissions for <17 years by end 2010
▪ <16 years and length of stay	Quarterly	--	*12	
▪ <17 years and length of stay	Quarterly	--	42	
▪ <18 years and length of stay	Quarterly	--	101	
Admissions to HSE CAMH Units				
▪ <16 years	Quarterly	---	55	Expected level of activity to accommodate >160 admissions in 2010
▪ <17 years	Quarterly	---	28	
▪ <18 years	Quarterly	---	16	

Mental Health

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
No. of readmissions as a % of total admissions	Monthly	68%	11,274 (72%)	10,677 (68%)
Total no. of involuntary admissions	Monthly	1,372	1,372	1,372
Inpatient Services				
No. of inpatient places per 100,000 population	Quarterly	25.0	28.5	26.6
First admission rates to acute units (that is, first ever admission), per 100,000 population	Quarterly	105.6	105.0	105.5
Inpatient readmission rates to acute units per 100,000 population	Quarterly	260.3	265.8	235.8
Median length of stay in inpatient facilities	Quarterly	12.0	11.4	10.5
Rate of involuntary admissions per 100,000 population	Quarterly	10.3	10.3	9.3
Self Harm				
No. of repeat deliberate self harm presentations in ED	Bi-annually	Reduce by 1% each year	1% reduction to 21% repeat presentations	Further reduction of 1% to 20% repeat presentations
Child and Adolescent Mental Health				
No. of Community Child and Adolescent Mental Health Teams (per Vision for Change)	Monthly	50	50	55
No. of Day Hospital Teams (per Vision for Change)	Monthly	2	2	3
No. of Paediatric Liaison Teams (per Vision for Change)	Monthly	3	3	3
Referrals / patients seen				
No. of new child / adolescent referrals received by Mental Health Services	Monthly	---	891	Reporting to commence in 2010
No. of new child / adolescent referrals accepted by Mental Health Services	Monthly	---	650	For reporting in 2010
No. of new child / adolescent patients seen by a member of community CAMH team	Monthly	---	640	
Children and Adolescent waiting time to first appointment with CAMH				
New cases seen by wait time to first appointment:	Monthly			
▪ 0-1 month	Monthly	--	279	70% seen within 3 months
▪ 1-3 months	Monthly	--	145	
▪ 3-6 months	Monthly	--	87	
▪ 6-12 months	Monthly	--	68	
▪ >12 months	Monthly	--	62	
Children and Adolescent Waiting Lists				
Total number on waiting list at end of each quarter by wait time:	Quarterly			
▪ <3 months	Quarterly	---	797	To reduce numbers on waiting list by >5%
▪ 3-6 months	Quarterly	---	555	
▪ 6-12 months	Quarterly	---	578	
▪ >12 months	Quarterly	---	687	

* Note that from 1/7/09 Mental Health Commission guidelines changed; there was only 1 admission after this date to an adult HSE mental health service <16 years

Disability Services

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Day Services				
No. of persons with intellectual disability and autism in sheltered work services	Quarterly	4,650	---	4,650 Reporting to commence 2010
No. of sheltered work places provided for persons with an intellectual disability and autism	Quarterly	4,185	---	4,185 Reporting to commence 2010

Disability Services

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
No. of sheltered work places provided for people with physical and / or sensory disability	Quarterly	---	---	Reporting to commence 2010
No. of persons with physical and / or sensory disability in sheltered work services	Quarterly	---	---	Reporting to commence 2010
No. of persons (all disabilities) in Rehabilitative Training (RT)	Quarterly	2,800	---	2,800
No. of persons with intellectual disability and autism in Other Day Services (excluding RT and Sheltered work)	Quarterly	9,251	---	9,651 Reporting to commence 2010
No. of persons with a physical and / or sensory disability in Other Day Services (excluding RT)	Quarterly	---	---	Reporting to commence 2010
No. of persons with intellectual disability and autism in sheltered services	Quarterly	---	---	Reporting to commence 2010
Residential and Respite Services				
Total no. of residential places available for persons with an intellectual disability and autism	Quarterly	7,605	---	7,705
The no. of adult (18 years +) and children (0-17 years) service users with an intellectual disability and autism benefiting from residential services	Quarterly	8,004	---	8,004
No. residential places for persons with a physical and / or sensory disability	Quarterly	834	---	834 Reporting to commence 2010
No. of persons who benefit from such places	Quarterly	---	---	Reporting to commence 2010
No. of bed nights in residential centre based respite available for persons with an intellectual disability and autism	Quarterly	---	---	Reporting to commence 2010
No. of persons with an intellectual disability and autism who benefit from such places	Quarterly	---	---	Reporting to commence 2010
No. of respite places for persons with a physical and / or sensory disability	Quarterly	---	---	Reporting to commence 2010
Total no. of persons who benefit from such places	Quarterly	---	---	Reporting to commence 2010
No. of hours of Personal Assistance / Home support	Quarterly	3.2m	3.2m	3.2m
No. of persons with a physical and / or sensory disability benefiting from Home Support / PA hours	Quarterly	---	---	Reporting to commence 2010
Emergency Residential Places				
No. of individuals with emergency needs for residential services who received residential services	Quarterly	---	---	140
No. of individuals with emergency needs for residential services which were addressed by other appropriate services	Quarterly	---	---	40
Under 5 Assessments				
a) The no. of requests for assessments received	Quarterly	2,600	2,712	2,712
b) The no. of assessments commenced as provided for in the regulations	Quarterly	2,100	2,340	2,340
c) The no. of assessments commenced within the timelines as provided for in the regulations	Quarterly	2,100 (100%)	1,908 (82%)	2,340 (100%)
d) The no. of assessments completed as provided for in the regulations	Quarterly	2,100	1,692	*1,692
e) The no. of assessment completed within the timelines as provided for in the regulations	Quarterly	2,100 (100%)	512 (30%)	1,692 (100%)
f) The no. of service statements completed	Quarterly	1,995	---	1,608
g) The no. of service statements completed within the timelines as provided for in the regulations	Quarterly	1,995	---	1,608

*Does not take into account the assessments which were late for completion at the end of 2009.

Older People

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Home Help Hours and HCPs				
Total Home Help Hours provided	Monthly	11.98m	11.89m	11.98m
Total no. in receipt of home help service	Monthly	54,500	53,967	54,500
Persons in receipt of home care packages	Monthly	8,700	8,833	9,613
i. % direct provision ii. % indirect provision iii. % cash grant iv. % respite v. % multiple types	Monthly	---	---	New breakdown for 2010
No. of HCPs		4,710	4,710	5,100
Total no. of new HCP clients per month	Monthly	---	3,315	4,315
Day Care				
Total no. of day care places	Bi-annual	21,600	21,300	21,300
No. benefiting from day care places	Bi-annual	---	---	For reporting in 2010
Subvention				
Total no. in receipt of subvention	Monthly	9,100	9,110	Dependent on uptake of 'A Fair Deal'
Total no. in receipt of enhanced subvention	Monthly	4,900	4,854	
'A Fair Deal'				
No. and % of people in long-term residential care availing of 'A Fair Deal'	Monthly	---	---	New PI for 2010
No. and proportion of those who qualify for ancillary state support who chose to avail of it.	Monthly	---	---	New PI for 2010
Public Beds				
No. of beds in public residential facilities	Monthly	11,243	10,289	10,536
Sheltered Housing				
Total no. of HSE clients, over 65 years in sheltered housing	Bi-annually	---	---	For reporting in 2010
Elder Abuse				
No. of referrals by region	Quarterly	---	---	New PI for 2010
No. and % of referrals broken down by abuse type (4 main categories; physical, psychological, financial and neglect)	Quarterly	---	---	New PI for 2010
% of cases still ongoing after 6 months	Quarterly	---	---	New PI for 2010
% of referrals receiving 1st response from Senior Caseworkers within 4 weeks	Quarterly	---	---	New PI for 2010

Palliative Care

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Specialist Palliative Care				
No. patients treated in specialist inpatient units	Monthly	379	325	325
No. patients in receipt of domiciliary based specialist palliative care	Monthly	2,929	2,865	2,865
No. patients in receipt of intermediate palliative care in community hospitals	Monthly	103	127	127
No. patients in receipt of day care	Monthly	315	297	297
No. new patients to the service by age (a) Specialist inpatient units and (b) Home care; (c) Day care (d) intermediate care	Quarterly	---	---	New for 2010
Wait times for (a) Specialist inpatient bed and (b) Home care (c) Day care (d) intermediate care	Quarterly	---	---	New for 2010

Note: The continued development of reporting structures, processes and focus will enable more accurate service targeting into 2010. These figures reflect monthly averages.

Social Inclusion

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Methadone Treatment				
Total no. of clients in methadone treatment	Monthly	8,765	8,775	8,775
Total no. of clients in methadone treatment per Area	Monthly	7,636	7,762	7,762
Total no. of clients in methadone treatment – Prisons	Monthly	612	497	497
Substance Misuse				
Total no. and % of substance misusers for whom treatment as deemed appropriate has commenced:	Annual Q3	1,406	1,365	1,380
1. Within one calendar month of assessment	Annual Q3	84%	81%	100%
2. Later than one calendar month	Annual Q3	16%	19%	0%
Total no. of substance misusers **under 18 years of age** for whom treatment as deemed appropriate was commenced:	Annual Q3	106	111	115
1. Within one calendar month	Annual Q3	88%	97%	100%
2. Later than one calendar month	Annual Q3	12%	3%	0%
Homeless Services				
No. and % of acute providers, including voluntary, hospitals / acute mental health units / psychiatric hospitals operating the HSE Code of Practice for integrated discharge planning	Quarterly	80 (100%)	80 (100%)	80 (100%)
No. and % of LHOs operating a formal Leaving and Aftercare Support Service for young people leaving care	Quarterly	32 (100%)	32 (100%)	32 (100%)
No. and % of LHO funded homeless services who ensure clients have access to medical cards as appropriate	Quarterly	---	---	32 (100%) New PI for 2010

Acute Services

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Elective Non Elective and Public / Private Discharges				
a) No. of patients discharged (broken down by adult and child)	Monthly			
• Inpatient		573,360	594,994	540,993
• Elective		---	---	---
• Non Elective		---	---	---
• Day Case		647,000	678,741	689,310
b) % of Public patients discharged(broken down by adult and child)	Monthly			
• Inpatient		80%	75%	80%
• Elective		80%	---	---
• Non Elective		80%	---	---
• Day Case		80%	81%	80%
Average Length of Stay (ALOS):				
Overall ALOS for all inpatient discharges and deaths	Monthly	5.9	6.2	5.6
Bed Days Used				
No. of bed days used for all inpatient discharges and deaths	Monthly	3,390,370	N/A	N/A
Occupancy Rates				
% occupancy rate for all inpatient discharges and deaths	Monthly	86%	90%	85%
Day Cases				
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (General surgery, ENT, Ophthalmology)	Quarterly	55%	---	75%
Day of Procedure				New PI for 2010
Overall % of elective inpatient procedures conducted on day of admission	Monthly	---	---	75%

Acute Services

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Emergency Department				
a) no. of emergency presentations	Monthly	1,223,000	1,190,435	1,190,435
b) no. of ED attendances	Monthly	---	---	---
c) no. of emergency admissions	Monthly	367,000	363,611	330,298
Emergency Department Turnaround Times				
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	Monthly	---	---	New PI for 2010
% of patients admitted to hospital within 6 hours of ED registration	Monthly	---	---	100% New PI for 2010
% of patients discharged within 6 hours of ED registration	Monthly	---	---	
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration	Monthly	---	---	
Outpatients (OPD)				
a) no. of outpatient attendances	Monthly	3,233,000	3,394,882	3,394,882
b) no. of outpatient attendances (new)	Monthly	---	913,162	Activity in proportion to the targeted ratio
c) no. of outpatient attendances (return)	Monthly	---	2,474,294	
New: Return ratio	Monthly	1:3	1:2.7	1:2
% DNA new rate	Monthly	<15% of new	15%	10%
% DNA return rate	Monthly	<15% of return	15%	10%
Births				
Total no. of births	Monthly	76,880	75,084	75,728
No. and % delivered by Caesarean Section	Monthly	<20%	25%	20%
Public Inpatient, Day Case and OPD Waiting Lists				
Adults				
% of adults waiting > 12 months (inpatient)	Monthly	---	5.5%	0%
% of adults waiting > 12 months (daycase)	Monthly	---	1.8%	0%
% of adults waiting > 12 months (OPD)	Monthly	---	---	0%
% of adults waiting > 6 months (inpatient)	Monthly	---	24%	0%
% of adults waiting > 6 months (daycase)	Monthly	---	14%	0%
% of adults waiting > 6 months (OPD)	Monthly	---	---	0%
% of adults waiting > 3 months (inpatient)	Monthly	---	---	---
% of adults waiting > 3 months (daycase)	Monthly	---	---	---
% of adults waiting > 3 months (OPD)	Monthly	---	---	---
Children				
% of children waiting > 6 months (inpatient)	Monthly	---	---	0%
% of children waiting > 6 months (daycase)	Monthly	---	---	0%
% of children waiting > 6 months (OPD)	Monthly	---	---	0%
% of children waiting > 3 months (inpatient)	Monthly	---	---	0%
% of children waiting > 3 months (daycase)	Monthly	---	---	0%
% of children waiting > 3 months (OPD)	Monthly	---	---	0%
Colonoscopy Services				
% of patients receiving access to colonoscopy for urgent referral within 4 weeks	Monthly	---	---	100% New PI for 2010
Public / Private: Elective / Emergency				
Public as a % of all patients	Monthly	80%	75%	80%
Elective as a % of all patients	Monthly	20%	33%	N/A

Acute Services

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Consultant public: private mix				
Casemix adjusted public private mix by hospital for inpatients, daycase, OPD and diagnostics	Quarterly	---	Activity reporting only	80:20 (public:private)
% of consultants compliant with contract levels (overall, Type B / B* and C)'	Quarterly	---	---	95% New PI for 2010

Ambulance

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Total no. of Ambulance Transfers				
• emergency	Monthly	255,000	205,367	205,000
• urgent	Monthly	68,000	61,567	62,000
• non -urgent	Monthly	202,000	251,371	188,000
• community	Monthly	---	343,763	280,000
Response Times				
No. and % of emergency ambulance calls responded to within pre-determined time bands.				
• <8 minutes	Monthly	32%	30%	32%
• <14 minutes	Monthly	63%	60%	63%
• <19 minutes	Monthly	76%	73%	76%
• <26 minutes	Monthly	86%	84%	86%

National Cancer Control Programme

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Symptomatic Breast Cancer Services				
Total number of urgent referrals	Monthly	9,500	9,500	10,000
Total number of non urgent referrals seen	Monthly	20,000	20,000	22,000
No. and % of cases compliant with HIQA standard of 2 weeks for urgent referrals *(No. % offered an appointment that falls within 2 weeks)*	Monthly	9,025 (95%)	8,550 (90%)	9,500 (95%)
No. and % of non urgent referrals seen who were offered an appointment that falls within 12 weeks for access to symptomatic service	Monthly	19,000 (95%)	17,000 (85%)	20,900 (95%)
No. and % of newly diagnosed breast cancers discussed at MDT	Monthly	2,000 (95%)	1,998 (99%)	2,500 (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	Monthly	2,500 (100%)	2,000 (80%)	2,500 (100%)
Lung Cancers				
Waiting against a standard: waiting time from referral by GP to definitive diagnosis (%)	Monthly	---	New PI for 2010	4 weeks (95%) dependent upon expert decision
Waiting against a standard: waiting time from definitive diagnosis to treatment	Monthly	---	New PI for 2010	3 weeks (95%) dependent upon expert decision
No. of centres providing services for lung				
i) Rapid Access Diagnostics	Monthly	8	4	8
ii) Surgery	Monthly	4	5	4

National Cancer Control Programme

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Prostate Cancers				
Waiting against a standard: waiting time from referral by GP to definitive diagnosis (%)	Monthly	---	New PI for 2010	4 weeks (95%) dependent upon expert decision
Waiting against a standard: waiting time from definitive diagnosis to treatment decision agreed with patient	Monthly	---	New PI for 2010	3 weeks (95%) dependent upon expert decision
No. of centres providing services for prostate				
i) Rapid Access Diagnostics	Monthly	8	3	8
ii) Surgery	Monthly	4	7	4
Rectal Cancers				
Waiting against a standard: waiting time from referral by GP to definitive diagnosis (%)				Rectal cancer measures to be developed during 2010
Waiting against a standard: waiting time from definitive diagnosis to treatment				
No. of centres providing services for rectal cancers	Monthly	---	25	8
Pancreas Cancers				
No. of centres providing services for pancreas cancers – radical pancreatectomy	Monthly	1	6	1

Quality and Clinical Care

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2009	Projected Outturn 2009	Expected Activity / Target 2010
Access to Treatment				
No. and % of patients with ST elevation myocardial infarction who have undergone angiography/primary PCI within 120 minutes of first medical contact	Quarterly	---	---	New PI for 2010 Reporting to commence Q4
No. and % of patients with ST elevation myocardial infarction who have received thrombolysis or cardiac catheterisation within the following 24 hours	Quarterly	---	---	
No. and % of patients with acute ischemic stroke who have undergone thrombolysis within 4.5 hours of onset of symptoms.	Quarterly	---	---	
Service Level Agreements				
% of agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place	Quarterly	---	---	New PI for 2010
Service User Involvement				
Number and % of PCTs with engagement with the local community	Monthly	---	---	New PI for 2010
% of hospitals or hospital networks that have established service user panels	Monthly	---	---	New PI for 2010
% of hospitals or hospital networks that have completed patient satisfaction surveys	Monthly	---	---	New PI for 2010
MRSA				
MRSA bacteraemia notification rate per 1,000 bed days used	Quarterly	6% reduction	9%	5% reduction
Antibiotic Consumption				
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	Bi-annually	4% reduction	5%*	4% reduction
Blood Policy**				
% of red blood bell units discarded / returned out of total red blood cell units ordered	Monthly	---	---	3%
No. of units of platelets ordered in 2010	Quarterly	---	---	3% lower than no. of units ordered in 2009

* Figures are one year in arrears because of denominator data.

**Data source - Irish Blood Transfusion Service (IBTS)

Appendix 1 Financial Information

Voluntary Providers

Agency Forecast Outturn 2009

	€m Pay	€m Non Pay	€m Gross	€m Income	€m Net
Voluntary Providers					
Hospitals					
St John's Hospital	23	8	31	-7	24
Mater Misericordiae Hospital	194	91	285	-45	240
Beaumont Hospital	236	100	336	-62	274
The Rotunda Hospital	55	15	71	-18	53
Children's University Hospital	75	27	101	-16	86
Cappagh National Orthopaedic	23	14	37	-7	30
The Adelaide and Meath	200	77	277	-60	217
Coombe Women's Hospital	56	16	71	-18	53
Our Lady's Hospital for Sick Children, Crumlin	120	39	159	-22	137
St James's Hospital	273	157	430	-64	365
St Vincent's University Hospital	183	86	269	-38	231
St Michael's Hospital	28	11	39	-6	33
National Maternity Hospital	53	13	66	-15	50
St Luke's Hospital	34	10	44	-9	35
Royal Victoria Eye and Ear	22	8	30	-6	25
Mercy University Hospital	67	27	95	-24	71
South Infirmary Hospital	52	22	74	-2	72
Community					
Cork Dental Hospital	2	1	2	0	2
Clontarf Orthopaedic	8	2	10	-3	7
St Vincent's Hospital	15	3	18	-2	16
Daughters of Charity	68	9	77	-11	66
St Michael's House	78	13	91	-12	79
Central Remedial Clinic	17	4	20	-4	17
National Rehabilitation Hospital	26	8	33	-6	28
Dublin Dental School	6	3	9	-1	7
Leopardstown Park Hospital	14	3	17	-4	14
Sisters Of Charity	17	3	20	-2	18
The Royal Hospital Donnybrook	20	4	24	-2	22
The Drug Treatment Centre	7	3	10	-1	9
Our Lady's Hospice	32	8	40	-8	32
St John of God	96	28	124	-25	98
Cheeverstown House	24	5	28	-4	25
Kare	15	3	18	-2	16
Sunbeam House Services	20	4	24	-1	22
Inclusion Ireland	1	0	1	0	0
Peamount Hospital	25	6	31	-4	27
Stewarts Hospital	47	9	56	-7	49
The Children's Sunshine Home	4	1	5	-1	4
Disability Federation of Ireland	1	0	2	-1	1
Total Voluntary 2009	2,234	840	3,075	-523	2,552
Statutory Providers					
Hospitals					
Waterford Regional Hospital	121	63	184	-6	177
St Lukes Kilkenny	57	12	69	0	69
Wexford General Hospital	57	13	70	-2	68
St Josephs Hospital	51	12	64	0	64
Our Lady's Hospital N	0	0	1	0	1
Kilcreene Orthopaedic	5	4	9	-1	8
Cork University Hospital	250	113	363	-20	343

	€m Pay	€m Non Pay	€m Gross	€m Income	€m Net
Mallow General Hospital	16	6	22	0	22
Kerry General Hospital	72	23	95	-2	93
Bantry General Hospital	18	6	23	-1	22
Sligo General Hospital	103	34	137	-13	125
Letterkenny General	94	31	125	-8	117
UCH Galway	220	117	337	-39	298
St Columcilles General Hospital	36	11	48	-2	45
Merlin Park Regional	40	17	57	1	57
Mayo General Hospital	70	28	98	-8	90
Roscommon General Hospital	22	6	28	-4	24
Portiuncula Acute Hospital	48	16	64	-9	55
Regional Hospital Dooradoyle	125	68	193	-30	163
Regional Maternity Hospital	21	6	26	-6	21
Regional Orthopaedic Hospital	11	7	19	-5	14
Ennis General Hospital	20	5	25	-1	24
Nenagh General Hospital	19	5	24	-2	22
Our Lady of Lourdes	95	38	133	-23	110
Louth County Hospital	25	10	35	-4	31
Cavan Monaghan General Hospital	53	27	81	-8	73
Monaghan General Hospital	16	7	22	-2	20
Our Lady's Hospital Navan	35	17	51	-6	45
Naas General Hospital	50	18	68	-3	65
Mullingar General Hospital	54	17	71	-7	65
Tullamore General Hospital	68	31	99	-6	93
Portlaoise General Hospital	45	11	56	-4	51
Connolly Memorial Hospital	84	27	111	-8	103
Community					
LHO Kerry	86	74	160	-1	159
LHO West Cork	62	191	253	-2	252
LHO Nth Cork	65	48	113	-1	112
LHO Nth Lee	89	44	134	-1	133
LHO South Lee	87	80	168	-1	166
LHO South Tipperary	71	59	131	-2	129
LHO Waterford	68	84	152	-1	151
LHO Wexford	77	59	136	-2	134
LHO Carlow / Kilkenny	87	86	173	-1	172
LHO Donegal	135	65	200	-11	189
LHO Sligo / Leitrim	110	78	188	-9	179
LHO Mayo	101	89	190	0	190
LHO Roscommon	44	47	91	0	91
LHO Galway	136	169	306	-1	305
LHO Clare	60	71	131	0	131
LHO Limerick	93	101	193	-1	192
LHO Nth Tipperary	46	100	146	0	145
LHO Cavan Monaghan	79	52	131	-7	124
LHO Louth	65	50	115	-7	108
LHO Meath	50	56	106	-4	101
LHO 6 Dublin North	111	119	230	-4	226
LHO 7 Dublin North	60	160	220	-6	214
LHO 8 Dublin North	100	135	235	-5	231
LHO Area 10 Wicklow	55	70	125	-3	122
LHO Area 9 Kildare / West Wicklow	58	65	124	-5	118
LHO Area 11 Laois / Offaly	103	95	198	-6	191
LHO Area 12 Longford / Westmeath	109	55	164	-7	157
LHO Area 1 Dun Laoghaire	48	56	104	-1	102
LHO Area 2 Dublin South East	42	189	231	-15	216
LHO Area 3 Dublin South City	50	63	114	-2	112
LHO Area 4 Dublin South West	56	90	147	-3	144
LHO Area 5 Dublin West	60	57	117	-2	115
Total Statutory 2009	4,467	3,561	8,029	-339	7,690
Total Agency Outturn 2009	6,701	4,402	11,104	-862	10,242

EU Obligations

The amounts shown in the table attached reflect the position statements, as at 31 December 2008, submitted by Member States to, and recorded in the report of, the Rapporteur to the Audit Board of the EU Administrative Commission on Social Security for Migrant Workers. The amounts represent the value of claims the member state has issued and do not take account of payments made, or additional claims issued, during 2009. Claims are subject to verification and accordingly the amounts shown need not necessarily represent actual liabilities.

Member State	Creditors €000
Austria	32
Belgium	-
Bulgaria	1
Cyprus	27
Czech Republic	199
Denmark	-
Estonia	8
Finland	90
France	1,263
Germany	445
Greece	37
Hungary	-
Iceland	10
Italy	1,611
Latvia	-
Lichtenstein	-
Lithuania	6
Luxembourg	-
Malta	55
Netherlands	260
Norway	8
Poland	303
Portugal	257
Romania	3
Slovakia	60
Slovenia	17
Spain	7,648
Sweden	2,984
Switzerland	459
United Kingdom	(a)
Total	15,783
Claims projected in 2010	2,500
Charges to be raised in 2010	-2,500
Estimated invoice payments 2010	-8,000
Balance Due for payment	7,783

Note (a): Ireland operates a bilateral healthcare reimbursement agreement with the United Kingdom whereby, generally, net liabilities are paid on a lump sum payment basis.

Schemes	2009 Forecast Outturn €m	2010 Budget €m
Medical Card Scheme	1,921	2,032
Drug Payment Scheme	381	359
Long Term Illness Scheme	155	148
High Tech	139	157
Dental Treatment Service	87	64
Health Amendment Act	6	5
Community Ophthalmic Scheme	24	24
Methadone Treatment	16	20
Childhood Immunisation	10	6
Doctors Fees / Allowances	20	16
Domiciliary Care	94	-7
Mobility Allowance	17	14
Capitation	10	11
Infectious Diseases	-	-
Blind Welfare Allowances	9	9
Maternity Cash Grants	-	-
Hardship Medicine	72	70
Drug savings to be allocated		-141
Total Schemes	2,962	2,787*

*This figure is net of €25m receipts by the Primary Care Reimbursement Service.

Medical Card Scheme

2009	€m	Card Numbers - both Medical card and Doctor Visit card
Forecast outturn - accruals based	1,921	1,580,674
2010	€m	Card Numbers
2009 base cost for 1,580,674 cards	1,859	
Additional cost of existing cards after FEMPI savings	56	
2010 new cards part year costs plus provision	117	160,647
Total Additional Projected in 2010	173	
Total cost in 2010	2,032	
Cards as Follows:	2009	2010
Medical Cards	1,478,560	1,622,560
GP Visit Only Cards	98,325	114,436
	1,576,885	1,736,996

Service Plan 2010 Income

Income Details	Outturn 2009		Budget 2010	
	A-in-A	Not A-in-A	A-in-A	Not A-in-A
	€m	€m	€m	€m
Superannuation Income	215	160	205	160
Pension Levy	325		341	
Maintenance Charges (Private / Semi Private)	230	65	315	65
In-Patient Charges (Public - Statutory)	42	147	69	147
Out-Patient Charges (Public - Statutory)	13	11	21	11
RTA	8	6	11	6
Long Stay	122	9	141	9
Other Income	58	3	37	3
Health Contributions	1,756		2,431	
EU Receipts	287		280	
Miscellaneous	180	154	131	154
Total Income	3,236	554	3,982	554

Superannuation

	2009 Final Budget €m	2009 Forecast Outturn €m	Variance €m	2010 Projection €m
Pensions	382.6	360.3	22.3	422.6
Lump Sums	57.5	149.2	-91.7	120.0
Superannuation Income	-195.6	-214.8	19.2	-180.3
Net	244.5	294.7	-50.2	362.3

Note: Critical assumptions have been made regarding the projection for 2010. These include an average lump sum of €75,000, an average salary of €55,000 and 1,500 retirements. Any divergence from these assumptions will have a significant impact on the 2010 expenditure.

Appendix 2

Summary of New Service Developments

Key Result Area	Deliverable 09	Funding	WTE	Timescale
Quality and Clinical Care				
H1N1 pandemic	Costs associated with H1N1 pandemic.	€55m	0	Q1–Q4
	Totals	€55m	0	
Children and Families				
Ryan Report	Implementation of recommendations progressed (dependent upon allocation arriving in the REV)	€14.27m	200 (all moratorium exempt)	Q1–Q4
	Totals	€14.27m	200	
Older People				
A Fair Deal	To support the growth in the number of people qualifying for the scheme in line with demographic need (including €20m 2009 funding).	€117m	0	Q1–Q4
Home Care Support	To support the increase in demand for Home Care Packages.	€10m	0	Q1–Q4
	Totals	€127m	0	
Demand Led Schemes				
DLS	To support the growth in the number of people qualifying for medical cards, GP Visit cards and other demand led schemes.	€230m	0	Q1–Q4
	Totals	€230m	0	
National Cancer Control Programme				
Cancer Services	Support the further development of cancers services nationally, including services for National Programme for Radiation Oncology.	€20m	79 (all moratorium exempt)	Q4
	Totals	€20m	79	
Innovation				
Innovation Funding	Delivery of suitable projects that demonstrate innovation in service delivery:			Q1–Q4
	Disability and Mental Health services	€3m		
	Child Welfare Information System	€1m		
	Community Interventions Teams	€3m		
	Quality and Clinical Care Programmes	€10m	80	
	Totals	€17m	80	
All Services				
Demographic related for service pressures	Supporting a range of demographic and services pressures in 2010 (details outlined in Appendix 2b.)	€50m	Itemised on next page	Q1–Q4
	Totals	€70m (inc. €20m 2009 funding)		
	TOTAL	€533.27m	359	

Demographic Service Pressures

Key Result Area	Deliverable 09	Funding	WTE	Timescale
Supporting a range of demographic and services pressures demand led / risk related:				
Acute Services				
Haemodialysis	Provision for estimated net additional 85 -170 new patients requiring dialysis during 2010. Support national renal transplant programme. Extension of home haemodialysis programme to 20 patients.	€5.75m	14	Q1–Q4
Transplant Services	Extension of living donor programme. Support further development of the national liver transplant programme. Support Cochlear Implant Programme.	€2m	20	Q1–Q4
Paediatric Transport / Model of Care Implementation	Support development of neonatal / paediatric retrieval service. Development of an integrated programmatic approach to paediatric healthcare services as part of the new Model of Care.	€1.5m	20	Q1–Q4
Adult Critical Care	Commencement of implementation of recommendations of the national external review of Adult Critical Care.	€3m	32	Q1–Q4
Paediatric Neurosurgery / Critical Care	Continue development of this service in line with the Report on Paediatric Neurosurgery Services (2008). Continue implementation of the review of paediatric critical care services through the Irish Paediatric Critical Care Network. Put in place measures to deal with waiting list for children requiring cardiac surgery.	€1.25m	20	Q1–Q4
Immunology	Support the development of Immunology / Allergy Services.	€1m	5	Q1–Q4
	Acute Sub Totals	€14.5m	111	
Non Acute Services				
Neonatal Hearing Screening	Develop neonatal hearing screening programme.	€0.5m	6	Q1-Q4
Childcare and Fostering	To meet increasing demands of foster care services.	€6m	0	Q1-Q4
Out of Hours Childcare	Piloting of out of hours services in two sites.	€0.5m	0	Q4
Disability Services	Additional funding to meet 2010 growth in demand for 100 residential places, 400 day places and 140,000 personal assistant home support hours. A proportion of this will be met through agencies which are not part of the HSE headcount.	€19.5m	215	Q1-Q4
Mental Health	Additional revenue costs to fully commission two 20 bedded acute units in Cork and Galway which will be ready for commissioning in 2010. (Child and adolescent inpatient beds).	€6m	60 (10 moratorium exempt)	Q1-Q4
Addiction Services	To meet the growing demand in addiction services through reduction in waiting lists for treatment services and development of clinical teams in addiction services.	€3m	18 (6 moratorium exempt)	Q1-Q4
	Non Acute Sub Totals	€35.5m	299	
	Sub Total	€50.0m	410	
	TOTAL	€70.0m (inc. €20m 2009 funding)	410	

Note: Further discussions are required between HSE and DoHC as to WTE implications for the above areas. A considerable number of WTE posts are not moratorium exempt.

Appendix 3 HR Information

Pre-Approved Projected Break-down of Employment Ceiling of 109,600 Start 2010

Function/ Regions	Ceiling Nov 2009	Actual WTE Nov 2009	Outstanding PN posts +/-	November Ceiling realigned for outstanding PN posts	Government Decision (500 Reduction)	Projected Ceiling Start 2010
Acute Hospital Services	16,457	16,562	6	16,463	74	16,138
Primary and Community Services	15,652	15,137	48	15,700	53	15,390
Ambulance Services	445	453		445	1	436
Total ISD Dublin/ Mid-Leinster	**32,554**	**32,153**	**54**	**32,608**	**127**	**31,963**
Acute Hospital Services	11,965	11,987	23	11,988	55	11,751
Primary and Community Services	11,556	11,277	52	11,608	44	11,378
Ambulance Services	139	170		139	0	136
Total ISD Dublin/ North-East	**23,660**	**23,434**	**74**	**23,734**	**100**	**23,265**
Acute Hospital Services	11,339	11,179	17	11,356	47	11,132
Primary and Community Services	12,577	12,287	39	12,616	38	12,367
Ambulance Services	349	394		349	0	342
Total ISD South	**24,265**	**23,860**	**56**	**24,321**	**86**	**23,841**
Acute Hospital Services	11,272	11,350	17	11,289	48	11,066
Primary and Community Services	14,803	14,121	51	14,853	55	14,560
Ambulance Services	404	448		404	1	396
Total ISD West	**26,479**	**25,918**	**68**	**26,546**	**104**	**26,021**
PCRS	152	186		152	4	149
ISD unallocated posts	60			60		59
Total ISD	**107,170**	**105,551**	**251**	**107,421**	**421**	**105,298**
National	695	740	44	738	17	723
Dublin/ Mid-Leinster	506	496		506	11	496
Dublin/ North-East	347	324		347	7	340
South	793	730		793	15	777
West	875	825		875	20	858
Corporate	**3,215**	**3,114**	**44**	**3,259**	**71**	**3,194**
National	47	60		47	1	46
Dublin/ Mid-Leinster	305	301		305	2	299
Dublin/ North-East	231	222		231	2	227
South	282	279		282	2	276
West	255	240		255	3	250
Population Health	**1,120**	**1,103**	**0**	**1,120**	**9**	**1,098**
Total	**111,505**	**109,769**	**295**	**111,800**	**500**	**109,600**

Notes:

1. The table is based on a projected approved employment ceiling of 109,600.
2. Changes to ceiling allocations arising from the new structures are yet to be fully determined by National Directors and again are likely to impact on current / projected sub-allocations.
3. Transfer of resources and staff across functions and regions will further amend the sub-allocation of the overall approved employment ceiling.

Health Service Personnel Census, November 2009

Grade	Total WTE November 2009
Medical / Dental	8,103
Nursing	37,540
Health and Social Care Professionals	15,898
Management/ Admin	17,627
General Support Staff	11,917
Other Patient and Client Care	18,684
Total	**109,769**

Appendix 4 Proposed Capital by Programme

This appendix includes those proposed capital projects that are either:

- Completed in 2009 but did not become operational in 2009
- Facilities due to be built/completed by Estates in 2010
- Facilities that are projected to become operational in 2010

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin Mid Leinster										
Primary Care	Ballyogan	Primary Care Centre Ballyogan	Q1	Q2				0.68		
Primary Care	Naas, Kildare	To be provided by means of the Primary Care Strategy	Q3	Q4				0.00		
Primary Care	Moate	Primary Care Centre. By lease agreement.	Q1	Q2				0.00		
Primary Care	Longford	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
Primary Care	Kinnegad	Primary Care Centre. By lease agreement.	Q1	Q2				0.00		
Primary Care	Newtownmountkennedy	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
Dublin North East										
Primary Care	Kells Meath	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Airside Swords	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Trim	Primary Care Centre. By lease agreement.	Q1	Q2				0.00		
Primary Care	Blanchardstown	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Mulhuddart	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
Primary Care	Cavan PCC	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
South										
Primary Care	Kinsale	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Macroom	Primary Care Centre. By lease agreement.	Q2	Q3				0.00		
Primary Care	Bandon	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Mayfield	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
Primary Care	Tipperary Town	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Passage West	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Bishops Town	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Ballincollig	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Kilkenny City	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Clonmel, South Tipperary	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Mitchelstown, Cork	Primary Care Centre. By lease agreement.	Q1	Q2				0.00		
Primary Care	Mallow	Primary Care Centre. By lease agreement	Q2	Q3				0.00		

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Primary Care	Callan	Primary Care Centre. By lease agreement	Q2	Q3				0.00		
Primary Care	Carlow	Primary Care Centre. By lease agreement	Q2	Q3				0.00		
Primary Care	Gory	Primary Care Centre. By lease agreement	Q1	Q2				0.00		
West										
Primary Care	Galway City East	Primary Care Centre. By lease agreement.	Q2	Q3				0.00		
Primary Care	Oranmore, Galway	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
Primary Care	Roscommon	Primary Care Centre. By lease agreement.	Q3	Q4				0.00		
Primary Care	Ballina, Mayo	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
Primary Care	Swinford, Mayo	Primary Care Centre. By lease agreement.	Q4	Q4				0.00		
		Total			0	0	0	0.68	0	0

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin North East										
Children and Families	Castlefield Child Residential Unit	Purchase of a residential house for six children which will require refurbishment of the ground floor for one of the children who is disabled.	Q2	Q3	1	---	0.19	0.41	0	0
Children and Families	Rath Na Og Castleblaney	Rath Na Og HSU Phase 2(Design), Castleblaney	Q4	Q4	0	0	0.00	2.25	0	0
West										
		Total			1	0	0.19	2.66	0	0

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
South										
Mental Health	Bessboro, Cork	20-Bed Child and Adolescent inpatient Unit	Q3	Q4	12	8	3.48	8.70	30	3
									Demographic funding	
Mental Health	Tipperary South	Provision of a 40 Bed Residential Unit, on the existing site, to accommodate current residents of St Luke's. This will also allow sale of lands to be completed.	Q4	Q1 2011	0	40	4.00	8.00	0	0
West										
Older People / Mental Health	Ballinasloe, Galway	New 50-bed CNU (Phase 1) providing the following services for the over 65s in the Ballinasloe catchment area - to replace beds currently in Loughrea and Ballinasloe.	Q2	Q4	0	50	2.49	10.56	0	0

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Mental Health	Galway	20-Bed Child and Adolescent Inpatient Unit	Q3	Q4	10	10	3.90	8.20	30	3
									Demographic funding	
		Total			22	108	13.87	35.46	60	6

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin North East										
Disability	St. Ita's, Portrane	St. Joseph's Intellectual Disability Service. 60 bed bungalow "Streetscape" Knockamann Development, St. Ita's Hospital, Portrane. (included in SP 2010 for balance of capital funding only)	Completed	Q1	---	60	1.73	16.53	---	---
South										
Disability	St. Raphael's Residential Unit, Co. Cork	The provision of a 30 bed Residential Unit adjacent to existing centre to cater for clients with Intellectual Disability.	Q2	10 beds open Q1	---	30	1.15	6.70	0	0
Disability	Relocation Programme, Wexford	Relocation Programme Wexford County: Provide facilities for Day Activation programmes.	Q1	Q2*	---	---	1.15	6.00	0	0
Disability	Waterford CRC	Regional Children's Assessment and Treatment Ctr. In cooperation with CRC who are providing €2m additional funding.	Q2	Q2	---	---	0.27	3.56	0	0
Disability	Cork - Cope Foundation	The construction of an 8 bed replacement residential facility.	Completed	---	8	---	0.60	5.13	40.71	2.76
									Ongoing discussions with DoHC on this	
		Total			8	90	4.90	37.92	40.71	2.76

* This facility will be opened through voluntary agency support.

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin Mid Leinster										
Older People	Riada House Tullamore Offaly	Riada House Tullamore - provision of an Additional 20 Bed Unit	Q1	Q1	20	0	0.33	7.62	0	0
Older People	Harold's Cross Dublin	20 additional beds and day care unit for older People	Q4	Q1	20	0	1.00	12.23	0	0
Older People	Clonskeagh Dublin	The provision of a new 100 bed Community Nursing Unit (50 additional and 50 replacement beds)	Q1	Q2	50	50	1.41	16.00	0	0
Older People	Inchicore Dublin	The provision of a 50 bed replacement unit for Bru Caoimhin.	Q2	Q2	0	50	1.76	9.50	0	0

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin North East										
Older People	St. Joseph's Raheny	The provision of a new 100 bed Community Nursing Unit.	Q1	Q1	100	0	1.70	20.86	0	0
Older People	Incorporated Orthopaedic Hospital Clontarf Dublin	Incorporated Orthopaedic Hospital Clontarf. This project incorporates 64 additional rehab beds for older persons including the range of support services.	Q1	32 beds open Q2	64	0	0.70	15.18	0	0
									Discussion continuing with acute hospitals to open remaining 32 rehab beds within existing resources	
Older People	Navan Meath	The provision of a new 50 bed Community Nursing Unit including a Day Hospital and a MH Day Hospital.	Q4	Q4	0	50	4.00	11.02	0	2.10
Older People	St Vincent's Fairview Dublin	The provision of a new 100 bed Community Nursing Unit at St Vincent's Fairview.	Q2	Q3	0	100	15.00	16.50	0	5.13
South										
Older People	St. Mary's Cork City	50 Bed CNU	Q1	Q4	0	50	1.70	10.80	0	1.425
Older People	An Daingean Dingle	Provision of a 68 bed Community Nursing Unit Phase 1:- 43 replacement	Q1	Q1	0	43	0.74	16.25	0	0.123
		Phase 2:- 25 beds	Q1	Q4	25					
Older People	St. Vincent's Dungarvan Waterford	8 additional	Q1	Q1	8		1.12	10.77	0	0
Older People	St. John's Enniscorthy Wexford	Replacement of Hospital Ph2 (12 beds in St. John's Enniscorthy).	2009	Q1		12	0.90	12.56	0	0
Older People	Tralee, Kerry	Provide a 50 bed Community Nursing Unit Tralee.	2009	Q1	21	29	0.55	9.80	0	0
Older People	Ballincollig Cork	Provision of a 100 bed Community Unit in Ballincollig	Q1	Q1	100	0	4.34	18.84	0	1.887
Older People	Farranlee Rd Cork	Provision of a 100 bed Community Unit on Farranlea Rd	Q2	Q2	0	100	4.80	18.80	0	1.425
Older People	Cashel, Co. Tipperary	Phase 2 (Completion of Clonmel / Cashel development) Containing 20 Rehab Beds, 15 Convalescent Beds, 25 bed Geriatric Rehab beds, 5 Palliative Care beds and Day Hospital).	Q3	Q4	0	65	3.86	15.20	0	0
West										
Older People	St. Joseph's, Ennis, Clare	Refurbishment programme which includes the complete replacement of the heating system. A window replacement programme and other works.	Q1	Q1	0	0	0.35	6.17	0	0
Older People	St. Ita's, Newcastle West	6 Additional Beds	2009	Q1	6	0	0.12	2.95	0	0
Older People	St. Camillus, Limerick	Refurbishment and provision of additional 6 beds (Minor Capital)	2008	Q1	6	0	0.00	0.00	0	0
Older People	Loughrea, Galway	100-bed CNU (Phase 1) to replace the existing unit Workhouse building. To provide assessment, long-term residential care, respite care, maintenance rehabilitation and care of the terminally ill.	Q2	Q2	0	100	6.50	16.00	0	0

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Older People	St. Catherine's - Roscommon	Upgrade St. Catherine's Ward (Sacred Heart Hospital).	Q2	Q2	0	0	0.86	3.80	0	0
Older People	Swinford Mayo	The refurbishment of the existing facility.	Q4	Q4	0	0	1.50	3.91	0	0
Older People	Ballinasloe, Galway	50 replacement beds.	Q1	Q1	0	50	2.49	10.56	0	0
		Total			420	699	55.73	265.32	0	12.09

Note: All revenue and WTE 2010 implications for older people services are contingent on 'A Fair Deal' funding.

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
West										
Palliative / Chronic Illness	Limerick, Milford	The provision of an Ambulatory Care Unit and outreach centre at Milford Hospice. Part funded by others.	2009 Q1	Building Completed	0	0	0	4.50	53.70	4.4
									Additional requirements	
Palliative / Chronic Illness	St. Ita's, Newcastle West Limerick	Palliative Care Unit (St. Ita's Newcastle). Extension to provide an additional 4 beds.	2009	Building Completed	4	---	0	1.42	19.63	1.4
									Additional requirements	
		Total			4	0	0	5.92	73.33	5.8

Note: These two units cannot open without additional WTE and funding.

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin Mid Leinster										
Mixed Acute	St. James's	To upgrade Medical gas lines to comply with HTM2022	Q4	Q4	0	0	0.20	0.63	0	0
Mixed acute	St. James's	Upgrade water system	Q4	Q4	0	0	0.35	1.55	0	0
Maternity	Coombe	Emergency upgrade works	Q4	Q4	0	0	3.29	6.45	0	0
Major acute	OLCH Crumlin	Stem Cell Lab	Q2	Q2	0	0	0.60	2.50	3	0.296
									Within existing resources	
Dublin North East										
Major Acute	Connolly Hospital Blanchardstown	Refurbishment Surgical Block to provide accommodation for Dept of Medicine for Older People, Day Medical Unit and Respiratory Medicine.	Q1	Q1	0	49 beds and 13 trolleys	0.47	16.30	0	0
Mixed Acute	Beaumont	Neurosurgery Upgrade	Q1	Q2	0	0	1.30	4.87	0	0
Outpatient	Beaumont	Cystic Fibrosis Services (Budget Commitment)	Q2	Q2	0	0	1.70	3.00	4	0.34
									Within existing resources	

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Mixed Acute	Beaumont	Acute Medical Assessment Unit (AMAU)	Completed	Dependent on ability to staff AMAU	36	0	1.48	9.15	0	0
									Ongoing discussion with hospital to deliver within existing resources	
Mixed Acute	Mater Hospital	Neurophysiology OPD	Q3	Q3	0	0	0.20	1.00	0	0
Mixed Acute	Mater Hospital	2nd CT Scanner	Q1	Q1	0	0	1.35	2.76	7	0
									Within existing resources	
Mixed Acute	Mater Hospital	Cath Lab and Interventional Radiology	Q2	Q3	0	0	1.50	3.83	0	0
Outpatients	Mater Hospital	Metabolic Services	Q3	Q3	0	0	0.00	0.61	0.5	0.5
									Within existing resources	
Children's	Temple Street	Theatre Upgrade	Q3	Q4	0	0	0.50	1.90	3	0.5
									Within existing resources	
Emergency	Our Lady of Lourdes Hospital	Ed	Q1	Q1	0	0	5.60	31.50	0	0
Mixed Acute	Our Lady of Lourdes Hospital	Wards over Ed	Q2	Q2	53	0	Inc. above	Inc. above	0	0
South										
Major Acute	CUH	Cardiac Renal Unit – The unit is being commissioned on a phased basis with dialysis projected Q2, non-intervention Q4 and fully operational in 2011.	Q1	Phased from Q2	27	114	19.80	80.80	0	0
Major Acute	CUH	Supply and Installation of PET Scan.	2009	Commissioning Stage – Operational Q4	0	0	1.00	6.85	6.625	2.343
									Within existing resources	
Other	Waterford Regional Hospital	Development Control Plan.	Q2	---	0	0	0.25	0.30	0	0
West										
Major Acute	Mid West Regional Limerick	The fit-out and recommissioning of an existing Theatre and the provision of additional Theatre storage.	Q1	Q1	0	0	0.10	1.60	0	0
PACS	Mid West Regional Limerick	The provision of a new Hospital wide PACS System and a replacement CT.	Q4	Q4	0	0	1.00	2.25	21. 2	0
									Within existing resources	
Mixed Acute	Mid Western Regional Nenagh	Endoscopy facilities and equipment, lifts and associated works.	Q2	Q3	0	0	1.50	2.50	0	0
Mixed Acute	University College Hospital Galway	Decompression chamber and ancillary accommodation to replace the existing chamber.	Completed	Q1	0	0	0.00	2.32	0	0
Outpatient	University College Hospital Galway	Infectious Diseases Clinic Interim Upgrade	Q1	Q1	0	0	0.00	1.00	0	0
Health and Safety	University College Hospital Galway	HSSD	Q1	Q1	0	0	0.07	2.57	0	0
ED	Portiuncula Hospital Ballinasloe	Extension to existing ED will extend into the adjacent Physiotherapy Dept and the adjacent consulting rooms.	Q1	Q1	0	0	0.35	2.52	0	0
PACS	Sligo General Hospital	The procurement and installation of a digital radiology and PACS System.	Q4	Q4	0	0	2.00	3.54	0	0

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Mixed Acute	Sligo General Hospital	Development Control Plans	Q1	---	0	0	0.10	0.20	0	0
Mixed Acute	Letterkenny General Hospital	Review of the current Development Control Plans (DCP) (1994).	Q3	---	0	0	0.15	0.25	0	0
Ambulance										
Ambulance	Manorhamilton	Ambulance Station Upgrade Refurbishment – Manorhamilton.	Q2	Q2	0	0	0.12	0.25	0	0
Ambulance	Ballyshannon	Ambulance Control / HQ / Training Facility.	Q2	Q2	0	0	0.60	1.80	0	0
		Total			116	163 beds *(+13 trolleys)*	45.58	194.80	45.325	3.979

Sub Programme	Facility	Project Details	Projected Completion Qtr	Projected Qtr Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2010 Implications	
							2010	Total	WTEs	Revenue Costs €m
Dublin Mid Leinster										
NCCP	St. James Hospital Radiation Oncology	Phase 1 of the capital development plan for radiation oncology.	Q4	Q4	0	0	41.00	137.00	54 Demographic funding	€4m (€12m full year 2011)
Dublin North East										
NCCP	Beaumont Hospital Radiation Oncology	Phase 1 of the capital development plan for radiation oncology.	Q4	Q4	0	0	41.00	137.00	Included in above	Included in above
South										
NCCP	CUH Provision of dedicated cancer centre	Transfer of Symptomatic Breast Care Services and Diagnostics from SIVH. (Refurbish and Equip existing building CUH). Rapid access OPD for lung and prostate. Expansion of laboratory to facilitate transfer of facilities from Mercy University Hospital.	Q4 2009 Q1 Q2	Q4 2009 Q1 Q2	0	0	2.81	5.75	0	0
		Total			0	0	84.81	279.75	54	4

Appendix 5 Capital Projects – Process and Procedures

Projection Initiation

The PCCC and NHO Capital Steering Committees, established in 2006, will be realigned in 2010 to take account of the lean HSE structure. Each committee comprises of senior services management and representatives from the Finance and the Estates Directorates. Every project is reviewed by the appropriate committee before recommending or rejecting that the project be approved for inclusion in the Capital Plan. All submissions to the Capital Steering Committees are only considered if they include a detailed project brief, needs assessment, a detailed capital appraisal or cost benefit analysis, project budget, revenue implications and a letter of support from the Local Health Manager or Network Manager.

Each project is appraised and managed in accordance with the Department of Finance (DoF) *Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector, 2005* and the *HSE Estates Department's Capital Approval Protocol Manual*. The capital appraisal document submitted with each project is designed to meet the DoF guidelines and when the project cost estimate is over €30m, or of a complex nature, a full cost benefit analysis is required. The capital appraisal / cost benefit analysis takes into account the total capital investment required and the annual revenue costs (both pay and non-pay) for each option considered.

In order to set a uniform context for project selection across a range of services and capital requirements, all submission documentation is measured against a number of generic criteria that form the basis of a "primary filter" in the selection process. These criteria are as follows:

- Project shows good fit with strategic service planning context, including National and Care Group initiatives.
- Project addresses service capacity deficit
- Project deemed necessary to support priority front line services e.g. support office accommodation etc
- Project addresses significant health and safety or other critical risk issue
- Project shows good fit with Transformation Programme objectives, including the integration of services and promotion of teamwork
- Project does not duplicate an existing service that could fill the service need appropriately
- Project has the ability to 'unlock' a greater resource through the commitment of a relatively small capital investment, or give effect to an established partnership arrangement
- Projects that need to be progressed within a limited timeframe due to a compelling external constraint of a statutory, legal or contractual nature
- Service equity, and
- Revenue implications and the distinction between a capital programme directed by avoidance of revenue impact on one hand, and on the other, a programme that would derive purely from a needs assessment basis regardless of revenue implications.

Projects are approved for inclusion in the HSE's Capital Programme with full knowledge of all future capital, revenue and WTE requirements.

Formation of 2010 Capital Plan

The formation of the 2010 Capital Plan is based on a number of factors. These are:

- The National Development Plan (NDP) allocation for 2010
- The NDP allocation for future years
- The progress of projects in 2009
- The contractual commitments resulting from the 2009 Capital Plan
- Availability of revenue funding, and
- Alternative sources of funding.

The key priorities and objectives of the Capital Plan are aligned to NSP2010. These priorities are:

1) To direct the provision of care away from acute settings where appropriate and towards services in the community
2) For those who require care in acute settings, to provide service in line with best international standards, treating the maximum number of patients on a day case rather than inpatient basis, and
3) To deliver services within our Vote and within our employment ceiling.

The Capital Plan 2010 is also aligned to the government priorities as set out in the National Development Plan 2007–2013; Transforming Ireland; A better quality of life for all, 2007; Renewed Programme for Government, 2009;Towards 2016: Ten-Year Framework Social Partnership Agreement 2006–2015, 2006, Local and National Care Group strategies and priorities, and local service need.

The estimated total cost of all candidate projects within the service is greater than the capital funding available from the NDP. However, capital funding availability is not the only relevant resource constraint. Healthcare is a labour intensive activity, and the availability of revenue resources to staff to operate new facilities on their completion is often the primary factor in determining how a project advances. It is necessary, therefore, to focus within this broad development agenda on a means of advancing key priorities that are capable of being implemented from both capital and revenue resources available within this timeframe.

Process

1) Assessment of capital project priorities for 2010 and until the end of the National Development Plan in 2013.

2) Assessment at corporate level to generate a Capital Plan that is:
   - Responsive to HSE service strategy and the service planning agenda
   - Capable of implementation within the bounds of resource availability and policy constraint, and
   - Flexible in order to maximise the use of allocated resources in a manner that maintains focus on investment in strategic objectives, in a structured manner.

3) Capital Plan developed in the context of a set of principles for funding precedence, adopted at corporate level, that reflect those objectives while recognising that there is a fundamental issue in relation to lack of certainty with regard to revenue resources in future years.

Commissioning Following Build Completion

On commencement of a project a Project Team is created with representation from HSE Estates, care group management, local service management and end users. This group will agree the design brief, sign off on the final design, agree equipping requirements and liaise with all stakeholders and deal with any problems/issues which arise during the project. The responsibility of this group is to ensure that the new facility is fit for purpose.

This group, or the local service manager on the group, will normally have the responsibility of ensuring that the service is ready and willing to take charge of the building on completion. They will ensure that the users will be familiar with the new facility and the management structure within the facility, that the staff are ready and willing to redeploy when the facility is commissioned and equipped and that the staff are available to relocate.

All revenue and WTE requirements to operate the new facility will be known from the start of the projects. In so far as possible, the project will only have commenced if the service are committed to making the additional revenue and WTE's available. All additional resources will be identified during the project and all approvals sought in a timely manner to ensure that the facility can commence operations as programmed.

Reporting on Progress of Capital Projects

All the capital projects in the Capital Plan that will be completed in 2010 are detailed in Appendix 4 of the NSP2010. These projects are listed by Region and by Care Group and lists the projected completion date, projected operational date, capital costs and 2010 revenue and WTE implications (if any). These details have been agreed and signed off by the Care Group Leads and the Regional Directors of Operations.

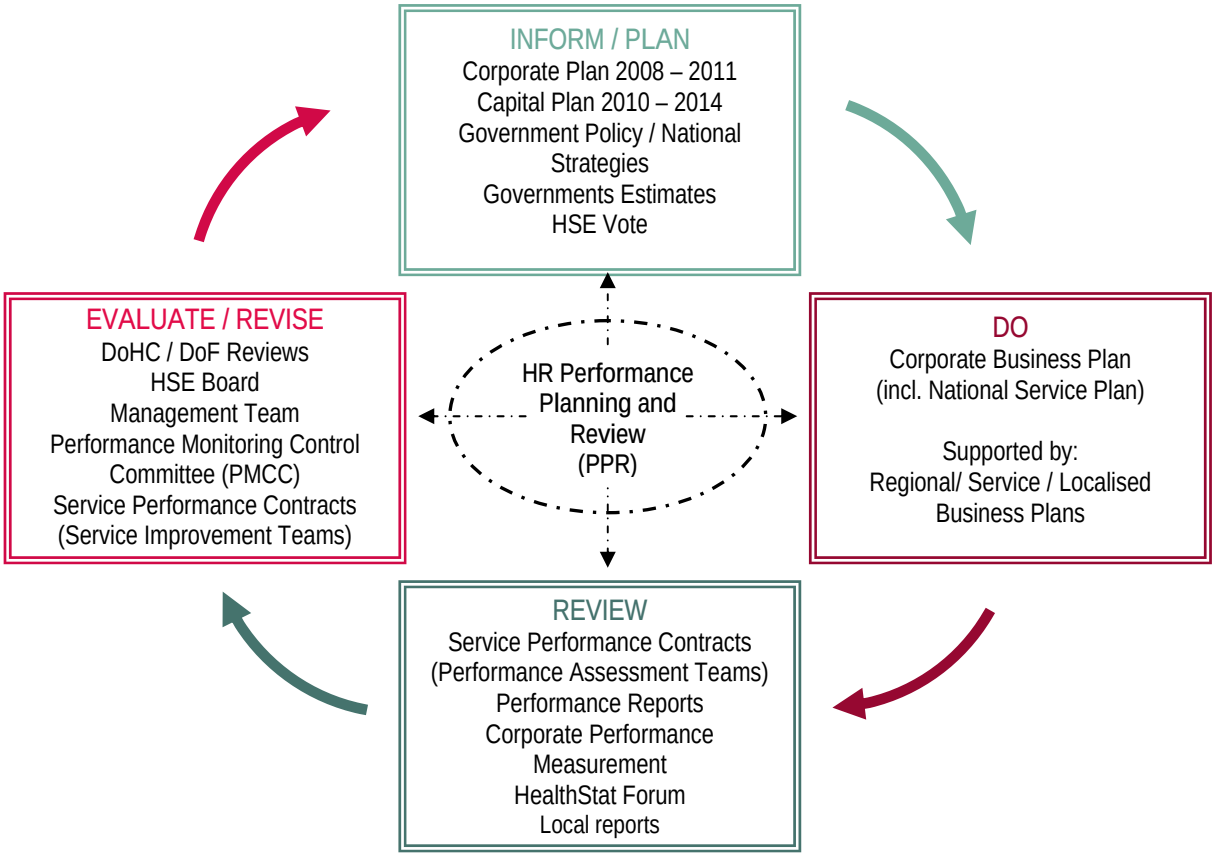
Information contained in Appendix 4 will be reported quarterly through the Performance Reports (PRs) submitted to the Board of the HSE and the DoHC. Commentary from service managers will also be provided as appropriate e.g. projected slippage for operational delivery, reasons why, options being explored to recover, etc.

Appendix 6 Monitoring and Measuring NSP 2010

Monitoring and Measuring NSP 2010

Our **Business Model** sets out the HSE planning, monitoring, performance measurement and management framework for the organisation (see figure below). Each year this is refined to reflect both changes to the organisation and changes in the wider environment.

HSE Business Model 2010
(based on Performance Management Cycle)



Performance Information Framework

Underpinning the business model is a robust information framework. This framework is essential to measure the performance of the organisation. Good information is essential to drive improvements in safety, efficiency, quality, effectiveness and sustainability, as well as to evaluate the performance of the health system. Significant progress was achieved in 2009 in developing frameworks, systems and processes to monitor and measure the performance of the organisation. Working in conjunction with DoHC, central to this was the development of a **Joint Performance Information Framework** to define and utilise performance information for the benefit of both organisations. The framework systematically identifies areas and levels of information sharing and sets out common definitions and rules governing this information. Access to and analysis of these common datasets by both the DoHC and the HSE is critical to service evaluation and to the identification and delivery of service improvements.

Different tiers of performance information in the health system have been identified for reporting. Top level data is essential in the measurement of Ireland's overall performance and data requirements (**Population Health Common Dataset**); the framework then moves through a series of levels through multi-annual **corporate planning and annual**

service planning to data needed for more in-depth analysis and for the day-to-day operational management of service delivery (HealthStat and Casemix). This structure is supported by common definitions, accurate metadata, and robust formats and rules for data delivery and use.

Monitoring, Analysing and Reporting

A centralised Business Intelligence Unit (BIU) was established in late 2009 to develop and simplify systems to eliminate manual data flow and manual reports in favour of electronic processes. During 2010, all business information on performance will be collected, collated, analysed and reported from a central unit. Stakeholders will be provided with the facility to perform their own analysis on the raw data contained within BIU, as well as access to the regular performance reports produced for internal and external stakeholders.

Specific to monitoring the NSP, the HSE provides detailed comprehensive monthly reports to the DoHC on all aspects of progression of the NSP against the agreed targets.

Performance Indicators and Measures

Each year our suite of performance indicators and measures are reviewed for relevance to the organisation. In 2010 it is our intention to develop processes and systems to support collection and reporting of additional indicators that will further enhance both our reconfiguration and performance agenda. These include measures in relation to:

- Chronic obstructive airways disease (COPD), asthma, stroke, acute coronary syndrome, heart failure and diabetes programmes, also linked to developments within Primary Care Teams (PCT)
- Progress in PCT development, performance and activity
- Patients partaking in, and PCTs implementing, structured programmes for diabetes and asthma
- Pandemic influenza vaccine
- Service user involvement in health services
- Children in residential care and after care services
- Child abuse
- Access to child and adolescent mental health services
- Elder abuse incidence
- A Fair Deal - nursing home support scheme
- Home care packages
- Access to palliative services
- Waiting times and appropriate targets for GP referral to attendance at outpatients, outpatient attendance to admission and also GP referral to admission, developed in conjunction with DoHC and National Treatment Purchase Fund (NTPF).
- Patient outcome and patient safety measures
- Waiting times for certain specialist cancer services
- Emergency response times for pre-hospital services in cooperation with HIQA and Pre-Hospital Emergency Care Council (PHECC)
- Blood policies, and
- Financial performance e.g. cost reductions.

As and when each of the measures are rigorously tested and are fit for purpose, reporting will commence through the monthly HSE Performance Reports. It is anticipated that some measures e.g. waiting times for GP referrals will not be possible to report on until fully developed in time for inclusion in NSP2011. We are aware of the burden placed on the organisation as a result of information needs, so every additional information item must be carefully considered and prioritised and in many instances, on a cost / benefit basis, it may not be possible to commit to the collection of particular data items in the absence of better ICT systems to support the process.

Key Result Areas (KRAs)

This service plan outlines the main strategic and prioritised areas of work for the HSE in 2010 by care group / programme. However, it is recognised that these KRAs do not encompass the totality of the work undertaken during the year. The operational business plans at care group / programme at regional / local level contain detailed information on areas of work relevant to those services.

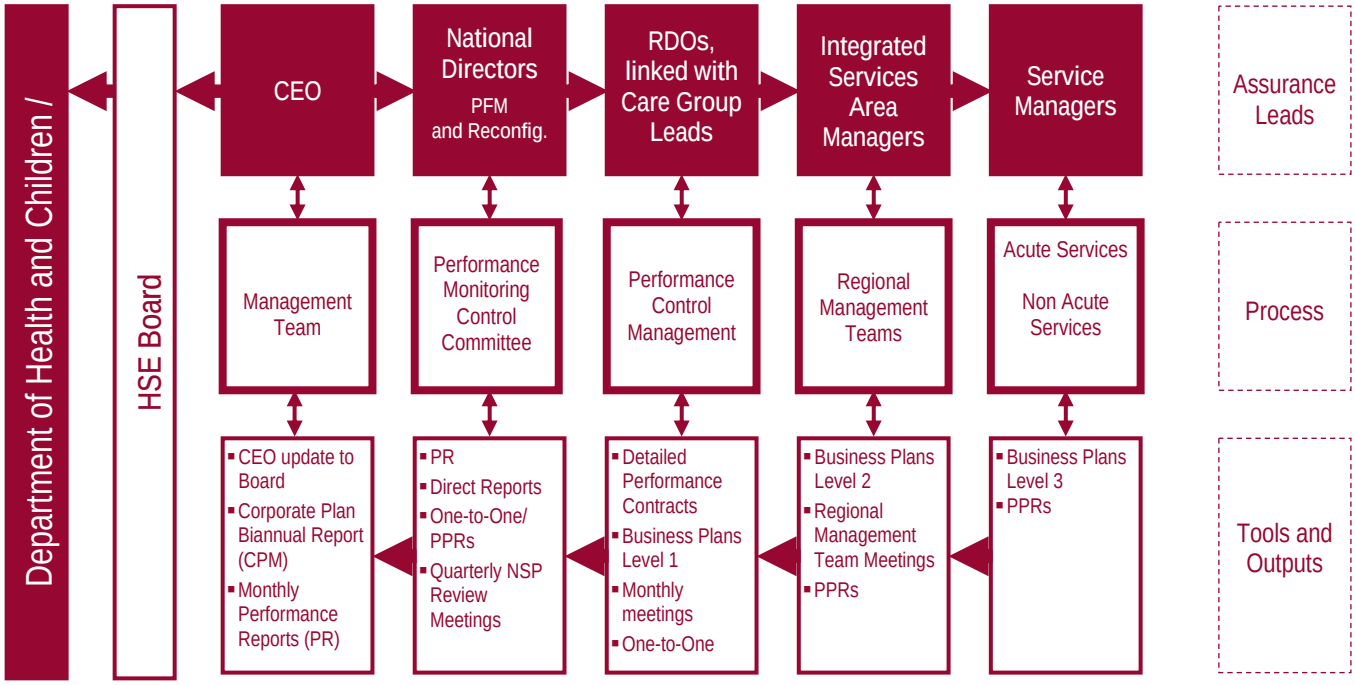
Governance and Accountability

Governance arrangements include:

- Board of the HSE – monthly review of the performance of the organisation
- HSE Board sub-committees
- Service Level Agreements (developed and agreed between the HSE and all voluntary hospitals / institutions).
- HSE Senior Management Team
- Performance Monitoring Control Committee (PMCC) – as a subgroup of HSE Management Team meet regularly to review performance against plan and is responsible for approving the monthly Performance Report (PR) against NSP that is submitted to the Board and DoHC
- DoHC and HSE – Quarterly meetings between the Secretary General, DoHC and the Chief Executive Officer of the HSE, and their respective management teams, to discuss issues arising in relation to implementation and progression of the NSP
- Department of Finance, DoHC and the HSE – tripartite monthly meetings
- Monthly meetings between Performance Evaluation Unit, DoHC and CPCP, HSE, and
- In addition, the HSE officials engage with their counterparts in the individual Policy Units in the DoHC on an ongoing basis in relation to service issues.

Specific to the operational services, an annual **Performance Contract**, which sets out targets and deliverables, is agreed between the National Directors of Integrated Services and each Regional Director of Operations (RDO) and National Care Programme and Service Leads. The contracts are a subset of **Level 1 Business Plans** which set out the services to be delivered and the quantum for each region / area. The figure below outlines the accountability route for delivery of the NSP 2010.

HSE Accountability Chart for Delivery of National Service Plan



Abbreviations

ALOS	Average Length of Stay
CAMHT	Child and Adolescent Mental Health Team
CBP	Corporate Business Plan
CEO	Chief Executive Officer
CLÁR	Ceantair Laga Árd-Riachtanais
COPD	Chronic Obstructive Pulmonary Disease
CPM	Corporate Performance Measurement
CRS	Corporate Reporting System
CSO	Central Statistics Office
DETE	Department of Enterprise, Trade and Employment
DLS	Demand-Led Schemes
DNA	Did Not Attend
DML	Dublin Mid Leinster
DNE	Dublin North East
DOF	Department of Finance
DOHC	Department of Health and Children
DOSFA	Department of Social and Family Affairs
ED	Emergency Department
GP	General Practitioner
H1N1	Pandemic Flu (Swine)
HCAI	Health Care Acquired Infection
HCP	Home Care Package
HIPE	Hospital Inpatient Inquiry System
HIQA	Health Information Quality Authority
HR	Human Resources
HSE	Health Service Executive
ICT	Information Communication Technology
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
NCCIS	National Child Care Information System
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
NIO	National Immunisations Office
NPRO	National Plan for Radiation Oncology
NSP	National Service Plan
OECD	Organisation for Economic Co-operation and Development
OMC	Office of the Minister for Children
OPD	Outpatient Department
PACS / RIS	Picture Archive and Communication Systems / Radiology Information System
PCRS	Primary Care Reimbursement Scheme
PCT	Primary Care Team
PET / CT	Positron Emission Tomography / Computerised Tomography
PR	Performance Report
PPR	Performance Planning Review
PQ	Parliamentary Question
RAPID	Revitalising Areas by Planning, Investment and Development
RDO	Regional Director of Operations
SLA	Service Level Agreement
SPR / SR	Specialist Registrar
VFM	Value for Money
WHO	World Health Organisation
WTE	Whole Time Equivalent

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