Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Service Executive

Dublin North East Regional Service Plan 2012

Contents

Introduction from the Regional Director of Operations

HSE Dublin North East Region (DNE) is one of four HSE regions and covers Louth, Meath, Cavan and Monaghan and Dublin city and county, north of the Liffey. We are responsible for the direct and indirect provision of public health and personal social services to a population of 1,019,658, which has increased by 91,039 (9.8%) since the 2006 census, the largest percentage increase of any of the four HSE regions. We take as a core value the goal of putting patients at the centre of our decision making and our service delivery arrangements. Measuring our progress towards achieving this goal requires us to balance the requirement to maintain and improve the quality of our services, the speed and priority of access to our services with the need to do so within the limits of the finite total resource available to us.

The bulk of HSE services provided within DNE come under the responsibility of myself as Regional Director of Operations and the DNE Regional Management Team (RMT). There are some exceptions, including the National Ambulance Service, Primary Care Reimbursement Service (including Medical Cards), Environmental Health and, since 1st January 2012, Children and Family services.

Since March 2011 we have operated four Integrated Services Areas (ISAs) in Dublin North East, each with an Area Manager, who is a member of the RMT, responsible for hospital and non-hospital services for the local populations of:

- Cavan Monaghan (C/M)
- Louth Meath (L/M)
- Dublin North City (DNC)
- North Dublin (NDub)

The HSE's National Service Plan 2012 (NSP 2012) sets out the type and volume of services to be provided by the HSE in 2012 and was approved by the Minister for Health on the 13th January. This DNE Regional Service Plan serves the same purpose in respect of services within this region.

Addressing the risks and patient experience issues around Emergency Department waits (Trolley Waits) is a key ministerial priority which is fully shared by DNE. Core to resolving this issue, in addition to the significant clinical process and management process changes which are underway and are facilitated by the National Clinical Programmes, is the need to resolve the issue of "hospital egress" i.e. provision of sufficient options including intermediate care beds and additional complex home support packages for patients who are finished the acute hospital phase of their treatment. DNE is very happy to be involved in a national pilot with the service delivery unit (SDU) in the department and the relevant National Clinical Programmes which is seeking to develop innovative solutions to this issue.

The 2012 budget for DNE requires us to reduce our costs by a total of €120.55m (6.2%) and to reduce approximately 961 staff while delivering the maximum volume of safe services and improving access times. Between 2009 and 2012 our funding has reduced by €493.5.m and our staff levels are due to reduce by over 3,588 WTE. The major focus of resource reductions in 2009/2010 was pay rate reductions while in 2011 the focus was procurement and non pay costs. In 2012 the focus will be our staffing levels and overall pay costs, including agency and overtime, which will form the core of our cost reduction efforts. Health is very much a service provided by people to people, and consequently, as our staffing levels reduce our capacity to provide services is coming under increasing pressure.

This plan is heavily dependent both in staffing and financing terms on the extent to which staff retire during the year and in particular by the end of February. It will be reviewed in March once the full extent and impact of retirements to the end of February is known. Our services have and will continue to manage the risks associated with staff departures, including those to the end of February. This is part of the ongoing challenging but basic core responsibility of professional clinical and general managers.

Despite the budget reductions affecting all of our services, DNE has a 2012 budget totalling €1,755m and a staffing level (direct and indirect funded) of 20,453 WTE. In addition to this resource, DNE is expected to benefit from in excess of €25m[1] revenue investment / ring-fenced funding to assist with maintenance and improvement of services during 2012 as well as benefitting from the expected €110m[2] to be allocated to DNE Capital Projects during 2012.

[1] See key investments in DNE 2012 – Executive Summary for further details.
[2] Subject to formal approval by the Minister of the HSE Capital Plan

At a time of sustained and somewhat unstructured (due to the nature of staff exits) reduction in resources it is essential that we maintain and, in fact, increase our focus and investment on quality and patient safety (QPS).

Resources (money, staff, equipment and infrastructure) allow us to provide service capacity (beds, places, clinics, appointments, theatre slots, etc.) and capacity allows us to provide services (assessment, treatment, care, support, etc.) to a volume of service users (clients, patients, etc.). We will pro-actively implement our National Clinical Programmes and related efficiency measures to ensure that resource reductions translate into the minimum reduction in services. We must, however, be realistic about what further efficiencies can be achieved after three years of sustained resource reductions, and so it will not be possible to fully maintain the same level of services in 2012 as in 2011. Where it is necessary to reduce or delay a service we will seek to prioritise those most in need of our reduced services.

Change has become a constant within the health service over the last ten years, and so we should look forward with confidence to the impending health reform recently announced by the Minister including the expected move to hospital groups (Networks) in the coming months as a precursor to the establishment of Hospital Trusts. While structural change is an important element of the overall improvement of our services, for the majority of our staff the key focus for the coming year should be on changing how we provide our services for the better in line with the various national policies and strategies which we are currently implementing, including the National Clinical Programmes.

The Public Service Agreement (Croke Park) has already made a significant contribution to enabling Dublin North East to reduce its costs safely while maintaining and improving how we provide our services. In making the necessary changes to successfully implement this plan there is a significant onus on us to make even greater use of the flexibility this agreement facilitates and this will be a core element of how we do our business during 2012.

Our Children & Family Services has been moved to a wholly separate governance structure within the region with effect from 1st January, 2012, in line with the health reform plan to create a separate agency for Child and Family services. Integration between these services and the rest of our health and personal care services must remain a high priority and we will need to work hard to maintain this integration so that the structural change does not have unintended consequences for any of our service users.

I want to acknowledge our staff at all levels in DNE, whether directly employed or within our funded partner agencies in the voluntary and not-for-profit sector. A time of sustained change, during a period of exceptional resource reduction and increasing demand for services every day may feel like a challenge, and in the vast majority of cases our staff are meeting that challenge with dedication and respect for the dignity of our service users. In 2012 we will need to try even harder to do more, safely, with less.

I also want to acknowledge our service users and their families for their patience and tolerance in times when we do not always provide services to a standard they or we would wish for, or when we have to make changes to services which often cause anxiety and sometimes annoyance. We will endeavour to communicate better about what we can and cannot commit to and to be fully transparent in terms of open access to relevant information.

Stephen Mulvany
Regional Director of Operations
Dublin North East
31st January 2012

Executive Summary – DNE Regional Service Plan 2012

Introduction

Guided by the HSE National Service Plan 2012 this summary of the Dublin North East Service Plan sets out the type and volume of services to be provided in 2012.

Our priorities for 2012:

- Deliver the maximum level of safe services possible within allocated resources.
- Deliver the cost reductions needed to achieve a balanced budget in 2012.
- Implement reform programmes including the HSE National Clinical Care Programmes.
- Implement key elements of the *Programme for Government* particularly in children and families, mental health, primary care and acute hospitals.

The 2012 budget for DNE requires us to reduce our costs by a total of 6.2% (including agency and overtime costs) and reduce staffing by up to 961 WTE. In 2009/10 the service impact of budget reductions was lessened by the fact that a significant element was met by reductions in the rate of pay for staff. In 2011, overhead, procurement, drug costs and similar reductions mitigated the impact on services. In 2012, however, the necessary cost reductions will primarily focus on our pay costs and on further more significant reductions in staffing levels than in previous years. Health is very much a service provided by people to people, and consequently as our staffing levels reduce our capacity to provide services is coming under increasing pressure.

It is also clear that we cannot continue to provide services in the way we have done to date and therefore, the continuing resource reductions provide us with both a challenge and indeed, an opportunity to significantly change how we provide services in order to sustain the maximum amount of safe services. In all our deliberations we have strived to ensure that those most vulnerable are protected in so far as possible. Activity levels and service reductions are detailed in the Regional Service Plan 2012.

Key Investments in DNE 2012:

Despite the budget reductions affecting all services DNE is in a position to make (or benefit from) priority investments in maintaining and improving services during 2012 including:

- € 6m - National Clinical Programmes, including Stroke and Acute Medicine (full year cost).
- €10m & net additional 200 – 240 long term care beds via national €55m Fair Deal investment (net of any public bed closures)[3].
- €4m - €5m & 70 staff - ring fenced investment in Mental Health Services (from €35m national fund)[4].
- €4m - 5m & 75 staff - replacement for priority Primary Care Service frontline staff (from €20m national fund)[1].
- €1m (national) – Disability Services priority investment in autism services.
- €1.5m - Children & Families – regional improvement project to clear case backlogs.
- Dublin North East will invest €190k - develop a Specialist Palliative Care outpatient community nursing service at St. Francis Hospice.

Quality and Patient Safety

At a time of a sustained and somewhat unstructured (due to the nature of staff exits) reduction in resources it is essential that we maintain and, in fact, increase our focus and investment on quality and patient safety (QPS). In 2012, this will include improving governance and investing in maintaining and enhancing support at regional, area, and local level to assist staff to meet their responsibilities around providing safe services.

Resource Framework

It is important to acknowledge that a significant effort has been made this year to ensure that cost reduction measures are implemented in a way which minimises the impact on frontline services at regional and local level. A process to monitor monthly progress of cost reduction measures is being put in place within the region. As well as this internal process DNE will work with the SDU to implement a financial early warning system in the region with an initial focus on the acute sector. Initiatives which seek to improve (reduce) underlying costs service delivery and regional corporate functions are needed and we will seek to progress same with the support of stakeholders at local, regional and national level including the SDU.

[3] Fair deal is a national scheme and its rules mean it is not possible to make specific regional allocations therefore these are estimate based pro-rata on the approx 18.5 % DNE share of total Fair Deal places as at 31st December

[4] No allocations made yet – pro-rata estimate for illustration purposes only

In order to deal with the budget reduction outlined above and the embedded deficit DNE is required to reduce its costs by €120.546m which represents 6.2% of 2011 allocated resources.

Table 1. Summary of DNE Finances for 2012

	DNE excluding Children and Family Services		Children and Family Services		Total DNE	
	€'000	%	€'000	%	€'000	%
Final 2011 Spend	1,784,022		172,894		1,956,916	
Final 2011 Budget	1,763,023		169,553		1,932,576	
2011 Deficit	20,999	1.2%	3,341	2.0%	24,340	**1.3%**
Total budget reductions 2011	(167,532)	(9.5%)	(9,968)	(5.9%)	(177,500)	**(9.2%)**
Opening 2012 budget	**1,595,491**		**159,585**		**1,755,076**	
Budget Reductions made up of:						
1. Cost neutral/service neutral reductions	(105,610)	(6.0%)	(4,525)	(2.7%)	(110,135)	**(5.7%)**
2. Service budget impacting reductions	(61,922)	(3.5%)	(5,443)	(3.2%)	(67,365)	**(3.5%)**
Total Cost Reduction 2012						
1. Service Budget impacting reductions	(61,922)	(3.5%)	(5,443)	(3.2%)	(67,365)	**(3.5%)**
2. Increased cost pressures 2012	(20,867)	(1.2%)	(1,952)	(1.2%)	(22,819)	**(1.2%)**
3. Incoming deficit from 2011 (adjusted**)	(22,864)	(1.3%)	(7,498)	(4.4%)	(30,362)	**(1.6%)**
Total cost reduction 2012	(105,653)	(6.0%)	(14,893)	(8.8%)	(120,546)	**(6.2%)**
Reduction as % of 2011 spend	(5.9%)		(8.6%)		(6.2%)	
Total agency and overtime cost 2011	130,062		5,628		135,690	
Expected min staff reductions 2012						

*** The incoming deficit from 2011 is adjusted to reflect improvements or dis-improvements in the level of monthly expenditure during the last quarter of 2011 and therefore is different from the total 2011 deficit*

Human Resource Management (HR)

We in DNE have worked closely with staff and staff associations to deliver the necessary changes required during 2011 and will continue to build on this in 2012. With a permanent reduction in the overall levels employed in our services, managers will be required to prioritise services to ensure that the impact on frontline services is kept to a minimum. Such an approach will require redeployment and reassignment of staff across all of our services.

Like all areas of the public service DNE needs to reduce it s staffing levels further during 2012. At the 1st January 2012 DNE is over its WTE ceiling (staffing limit) by 108 WTE[5]. DNE expect a reduction to its staff ceiling of up to 4% (852 WTE) when the 2012 Employment Control Framework is notified to us. If confirmed this will require a total reduction in staffing levels during 2012 of up to 961 WTE (108 plus 852).

Expected retirements to the end of February 2012 will reduce our staff numbers by 400 from the 1st January 2012 level, which means that additional staff up to 561 (961 minus 400) will need to leave the service in addition to the retirees who are expected to go at the end of February. In addition there is a requirement to reduce agency costs by up to 50%.

The above level of staff reductions will be needed before any priority replacement staff are recruited however this will be mitigated particularly in the areas of Primary Care and Mental Health by the allocation to DNE of funding from the monies ring fenced nationally as previously referenced (Mental Health €35m, Primary care €20m). To be effective these allocations will need to be accompanied by additional staff ceiling approval.

[5] This 108 represents the difference between the actual WTE value of the staff employed at the end of December 2011 and the approved staff ceiling (limit) allowed for DNE. This variance of 108 WTE includes 237 WTE related to the reporting for the first time in November / December 2011 of "nurse bank" staff employed within some of the Dublin hospitals as part of a previous HSE approved project for which no ceiling has as yet been allocated to DNE. This issue is being pursued nationally. Excluding the "nurse bank" staff DNE was 129 WTE below its ceiling at the end of 2011.

Implementing our Change Programmes

The Public Sector Agreement (PSA) continues to provide the framework for delivering on this significant change programme across the health sector. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing costs and improving quality.

Service Delivery

Primary Care Services

The aim of Primary Care Services is to manage the health of the population, as far as possible, within a primary care setting, with the population very rarely requiring admission to a hospital. Primary care services are delivered geographically through a structure of Primary Care Teams (PCT) operating within a wider Health and Social Care Network (HSCN). The DNE region also works with the Primary Care Reimbursement Service (PCRS) which provides a wide range of primary care services across 12 community health schemes to the general public, through 6,500 primary care contractors (including GPs, Pharmacists and Dentists).

Unlike other care group services, primary care does not involve any significant level of residential services, and compared to other care groups the level of agency and overtime involved is significantly lower. Accordingly, making significant cost reductions within Primary Care Services inevitably involves a reduction and non-replacement in the level of Primary Care Team (PCT) and Health and Social Care Network (HSCN) frontline professional staff. The main service areas are Child Health Services (Immunisations and Development Screening), School Health Services (Immunisations and development screening), Community Led Geriatrician Teams, Community Intervention Teams, GP Out of Hours and GP Training. In DNE, staff reductions in primary care services will be mitigated by national funding of €20m which has been ring-fenced by the Minister of State with responsibility for primary care, to fill as many vacancies as possible and to expand existing arrangements where sessional services are provided by allied health professionals.

In 2012, the Primary Immunisations Services will be protected as there is evidence-based research to support the importance of immunisations. Audiology Services will not be impacted by the budget reduction.

In 2012 we will: -

- Operate within a budget of €143.8m, which is €8m (5.3%)* less than €151.8m 2011 budget, of which **€7.6m (5%)** will be a service impacting budget reduction.
- In order to deal with the budget reduction outlined above and the embedded deficit, DNE is required to reduce our costs by **€17.7m**, which represents 11.7% of 2011 allocated resources.
- **Assume** approximately €7m of this €17.7m relates to unfunded costs within three national schemes i.e. Maternity and Infant, Immunisation and GP Vocational Training. Every effort has and will continue to be made to work with colleagues at national level to ensure these schemes are transferred to an appropriate national funding model and therefore that these deficits do not have to be managed within DNE through the further reduction of other frontline Primary Care Services.
- **Assume** the balance of the cost reduction of approximately €10m will be primarily delivered by reduced staffing levels and equates to approximately 180 less primary care staff – albeit mitigated by the perhaps €4-5m / 75 plus staff DNE allocation from €20m national ring-fenced funding for priority staff replacements previously referred to.
- Deal with the net impact of these assumptions i.e. deal with the remaining financial challenge for DNE Primary Care Services – a **net** cost reduction of €5-€6m and a **net** staff reduction of approximately 100 WTEs.
- Significantly reduce the level of agency / overtime from 2011 levels of €3.6m.
- Maintain/improve Child Health Immunisation Programmes as recommended by the National Programme, while recognising that outturn for 2011, was 5-10% less than the recommended targets.
- Continue Child Health Screening and Development Programmes as recommended by the National Programme, prioritising programmes to children under 1 year and vulnerable families, while recognising that outturn in 2011 was up to 25% less than recommended targets. These outturns for 2012 are likely to disimprove unless key staffing levels can be maintained via ring fenced funding referenced above.
- Provide 100 Primary Care Teams (PCTs), which is an increase of 15 from 2011 levels. Subject to the availability of sufficient frontline staff to ensure continued GP engagement.[6]
- Progress the 26 Health and Social Care Networks (HSCNs) necessary to support the PCTs in the provision of specialist community based services and care group services, subject to the development of a national governance structures. This will include services such as social inclusion, mental health, disability, older people and child protection amongst others.
- Continue training on three GP Training Schemes.[7]
- Further develop services within the six Primary Care Centres opened in 2011.
- Continue health promotion development in schools, the workforce and the community.
- Continue to provide funding for the two GP Out of Hours cooperatives NEDOC and DDOC - albeit at reduced funding levels compared to 2011. We will continue to review HSE provided components of both services with a view to creating greater efficiencies between the two services.

[6] The work involved in reconfiguring existing and reducing levels of DNE Primary Care staff into Primary Care teams has been completed and what remains is to fully operationalise the remainder of our teams, which involves securing direct GP engagement in a number of teams where it has not been possible to date.

[7] Subject to note above re transfer to national funding model.

* This total budget reduction includes technical adjustments, which have no impact on service budgets.

- The recommendations of the National Review of the Public Health Nursing Service will inform and assist HSE Areas to allocate scarce resources, maximising nursing staff allocation, supervision and skills mix across PCTs and specialist HSCN teams. DNE sees Public Health Nurses as an essential core resource within the overall community nursing provision now and into the future. In the short to medium term, reflecting their training as clinical nurse specialists and experience as nurse managers public health nurses should play a more obvious leadership role within a changed community nursing skill mix that provides an essential resource across a range of care groups
- Revised mapping of PCTs/HSCNs from six former Local health offices (LHOs) to four HSE Areas will increase efficiencies and effectiveness of PCT/HSCN team working arrangements.
- The implementation of the interim governance structure will clarify the role of Primary Care Management Teams (PCMT) in each HSE Area.
- Standard Operating Procedures will be implemented by the PCMT to support the ongoing development of PCTs/HSCNs services in DNE.
- Undertake a health needs assessment in two pilot sites to inform and influence service developments at local level in each designated operational area.
- Continue implementation of the National Audiology Review, including establishing a Regional Audiology Service and roll out of the National Newborn Hearing Screening programme within DNE
- Work is underway nationally and regionally to clarify community supports including aids and appliances administered by local regions and areas and charged to PCRS. This plan assumes that any adjustments resulting from this work will be cost and service neutral during 2012

Hospital Services

In partnership with all key stakeholders, a range of inpatient, outpatient and day case services will be provided by our acute hospitals in HSE DNE to a population of 1,019,658, and to a broader population for certain specialist services. The move to establish hospital groups (networks) as a precursor to Trusts for all hospitals including current statutory hospitals as part of the governments health reform programme is expected in the coming months. This is a key development which we will need to effectively manage within the overall implementation of this plan.

In 2012, our approach to reducing costs is underpinned by our commitment to achieving maximum delivery, within available resources, on all Key Performance Indicators across the Balanced Scorecard of Quality, Access and Resources. While we will seek efficiencies in terms of the staffing costs of existing capacity, we will also need to reduce capacity in order to try and live within available resources. Initially, capacity reductions will focus on scheduled care, that is, elective inpatient and day case combined. There is not a simple linear relationship between capacity and activity (the number of patient consultations/procedures carried out at inpatient and outpatient settings). Therefore, we aim to achieve further efficiencies by seeing proportionately more patients with less capacity (staff, beds, clinics, theatre schedules etc) to further limit reductions in activity volume and access times. We will use the opportunities presented by the National Clinical Programmes to assist this process. It is intended that further increases in our day case and day of admission rates will improve efficiency.

It is important to note that the improvements we will implement under the National Clinical Care Programmes are important in their own right, and will help mitigate the impact of the necessary service reductions but do not unfortunately provide an alternative to those reductions.

Activity levels for inpatient discharges and day cases in 2012 will be reduced by 3% of projected outturn 2011 (elective inpatient and day case combined). Emergency activity, although demand-led, has reduced in 2011, however it is not possible to be certain if this trend will continue. Given the scale of the financial challenge, it is necessary to reduce overall activity levels which could result in bed closures in the region of 100 beds across the hospital system in DNE. The decision regarding bed closures will be subject to the outcome of an ongoing assessment of medical and surgical bed capacity requirements (which can be provided within allocated budgets) and improved hospital egress options. Birth rates and dialysis treatments are purely demand-led and are expected to continue to rise.

The role of the smaller hospitals in the region will be reviewed in the context of the Minister's framework for smaller hospitals, available resources and ongoing reconfiguration plans. It is our intention to make our smaller hospitals busier during 2012 by increasing the amount of non-complex day and diagnostic workload going through these hospitals while significantly reducing their costs. Cost containment strategies will include reducing agency staff costs and optimising permanent staff rosters. We will engage early with the SDU around any further hospital reconfiguration within the region and we will continue to deliver reconfiguration on the basis of integrated plans which address the balance of capacity, demand resource and associated risks within the region.

In 2012 we will:

- Operate within a budget of €797.4m, which is €71.3m (8.21%)* less than €868.7m 2011 budget, of which **€37.1m (4.3%)** will be a service impacting budget reduction.
- In order to deal with the budget reduction outlined above and the embedded deficit DNE are required to reduce our costs by €68m which represents 7.8% of 2011 allocated resources.
- Significantly reduce the level of agency overtime from 2011 levels of €89.6m.
- Provide for 103,276 inpatient discharges and 137,268 day case discharges, - total combined 240,544, a reduction of 7,439 cases (3%) of projected outturn 2011.
- Provide for 15,406 births, an increase of 458 births (3%) of projected outturn 2011.
- Provide 475 - 495 dialysis treatments (haemodialysis and home therapies) an increase of 9- 29 treatments (2-6%) of projected outturn 2011.

- Prioritise unscheduled care (ED trolley waits) particularly in the peak capacity pressure periods.
- Build on progress made in 2012 whereby DNE eliminated all adult elective waits over 12 months by seeking to comply with the new 9 month maximum wait time.
- This will requires us to prioritise those who are waiting longest and given the overall reduction in capacity and activity will be balanced by a likely increase in average waiting times.
- Prioritise urgent elective/planned cases including relevant cancer cases, in gynaecology and other specialities to ensure they are not negatively impacted.
- Invest €6m (full year costs) in National Clinical Care Programmes.
- Engage fully with the health reform programme including the impending establishment of hospital groups (networks) as a precursor to the establishment of Independent Hospital Trusts.
- Where not already in place, deliver 7 day early morning ward rounds by a senior decision maker achieving a significant increase of weekend discharges and a balanced distribution of discharges by day of week.
- Deliver final implementation of the estimated date of discharge EDD process for each patient linked to an explicit treatment plan and best practice.
- Meet the deliverables and schedules of the Clinical Care Programmes as provided for in the National Service Plan and as defined explicitly by the programmes within available resources.

Older People Services

In line with national policy, our aim is to maintain older people in their own home for as long as possible and where this is not possible, to provide high quality residential care, appropriate intermediate rehabilitation step-up / step-down and respite beds.

In DNE we will maintain and where possible enhance (by means of reconfiguration of public long term care capacity) the provision of intermediate care beds (complex discharge, respite, rehabilitation, step-down etc). Within home support services we will maximise the provision of personal care supports with particular emphasis on clients with complex needs.

Home Help Hours 2012 will be reduced by no more than the national reduction rate of 4.5%. Significant work is ongoing (and has been completed for the Cavan Monaghan Area) to forensically review and improve the data collection and reporting around Home Help Hours as part of a significant governance review in this area of service. This process will lead to a more accurate restating of 2011 and 2012 Home Help Hours figures for DNE however, based on the analysis to date, we are satisfied that other than the 4.5% there will be no reduction in the actual number of hours provided between 2011 and 2012 to our clients.

Despite the overall financial reductions affecting all services the HSE nationally will provide a net additional 1,270 long term care beds (public, private and contract/subvented). Dublin North East expects to provide within the region of a net additional 200-250[8] long term care beds during 2012. [9] It is expected that a total of more than 4,400 long term care beds will be funded in DNE this year.

We are committed to keeping as many of our public long term care beds open as far as is practical and appropriate during 2012. However given the scale of financial and staffing challenge the closure of some beds is unavoidable. It is not expected that the closure of public long term care beds in DNE in 2012 will exceed 105 beds[10]. This limit assumes public units are reimbursed as expected during 2012 at their current cost of care and that patients continue to choose our public beds thereby maintaining current occupancy levels. Currently two of our twenty one public residential units are being considered for closure (St. Joseph's, Ardee and The Cottage Hospital, Drogheda - total 54 beds). A decision to close units will only be made following a process which will involve consultation with residents and their families. There will be a requirement of 6 months notice to HIQA before any unit closures.

In 2012 we will:

- Operate within a budget of €95.4m which is €7.5m (5.5%)* less than equivalent 2011 budget, of which **€7.5m (7.7%)** will be a service impacting budget reduction.
- In order to deal with the budget reduction outlined above and the embedded deficit DNE are required to reduce our costs by €5m, which represents 2.9% of 2011 allocated resources.
- Significantly reduce the level of agency overtime from 2011 levels of €13.2m.
- Provide home help services for 9,486 clients in receipt of home help services – maintain projected outturn 2011.
- Provide home care packages to 3,545 clients - maintain projected outturn 2011.

[8] This is an expected net additional 200-250 long term care beds (public and private combined) after account is taken of the expected closure of 105 public long term care beds.

[9] Due to the national and sequential nature of the Fair Deal scheme it is not possible to predict definitively how many additional beds, within the national estimate of 1,270, will be allocated to each of the 4 regions.

[10] The range estimated in the National Service Plan was 105 – 180 public long term care bed closures.

* This total budget reduction includes technical adjustments, which have no impact on service budgets.

- Provide a net additional 200-250 long term care places (public/private and contract/subvented) from additional national funding, provided in the National Service Plan.
- Continue to engage in a pilot project with the Special Delivery Unit to examine the provision of additional "hospital egress options" including additional intermediate care beds.
- Reduce public residential care beds by a maximum of 105 beds on actual outturn 2011, referred to above.
- Engage with local interest groups regarding costs of residential units, where local concerns are raised.
- Enhance assessment and decision making process for long term residential care placements, to ensure the full range of support options (home care/respite/rehabilitation/intermediate care) are explored before long term care is deemed necessary.
- Maintain and where possible increase intermediate care bed capacity (step up/step down, respite and rehabilitation).
- Day care – provide minimum 5,715 day care places in 104 day care centres.
- Engage with the National Clinical Programme for Older People, to move towards an improved and more integrated model of care.
- Participate in the National Review of Home Support.

Mental Health Services

HSE DNE provide a broad range of acute, community and specialised inpatient mental health services for children, adolescents, adults and older people. DNE's strategic objective is to provide timely access to appropriate primary/community and secondary care mental health services thereby supporting people's recovery from mental health illness.

DNE will continue to reconfigure acute and other inpatient services in line with *A Vision for Change* and strengthen Community Adult and Child and Adolescent Teams, as part of the €35m Programme for Government investment in mental health. Efficiency measures will occur as a result of the reconfiguration programme. Mental health services in DNE are under considerable pressure as demand for services continues to grow partly as a result of the increase in population which at 91,039 (plus 9.8%) since the 2006 census is the largest percentage increase of any of the four HSE regions. This coupled with the financial challenge will result in significant challenges for the region's mental health services in 2012.

In 2012 we will;

- Operate within a budget of €137m, which is €9.2m (6.25%)* less than €146.3m 2011 budget, of which **€8.1m (5.5%)** will be a service impacting budget reduction.
- Need to significantly reduce the level of agency overtime from 2011 levels of €11.9m.
- In order to deal with the budget reduction outlined above and the embedded deficit DNE are required to reduce our costs by €10.96m, which represents 7.5% of 2011 allocated resources.
- Continue to maintain and enhance community based mental health services in the context of DNE allocation from €35m national funding provided for mental health in the National Service Plan (approx 70 wte and €4-5m).
- The expected DNE allocation from within the national €35m ring fenced funding should mitigate the budget reduction to €6m – approximately 4% or less in overall terms however this will vary between inpatient and community services and between Mental Health areas.
- Continue to progress the preparatory work for the opening of the new acute psychiatric unit at Beaumont Hospital in 2013.
- Provide 205 acute adult inpatient beds. This represents a reduction of 6 beds following the closure of a ward in St. Davnet's[11] Hospital, Monaghan in December 2011. Further reductions in inpatient capacity will be considered as services transition to the newly established Dublin North and Dublin North City Areas so as to bring DNE nearer to the 17 acute beds per 100,000 population served recommended in *A Vision for Change*.
- Provide 153 long stay / continuing care / rehabilitation beds (plus 23 low - secure beds in St. Brendan's Hospital which, serve Dublin, Wicklow and Kildare). This represents a reduction of 25 beds on 2011 service levels.
- Provide a maximum of 407 residential places in low/medium/high community residences. This represents a reduction of 15 high support places on 2011 service levels.
- Provide a minimum of 137 day hospital places.
- Provide a maximum of 326 day centre places.
- Provide 29 General Adult Community Mental Health Teams; five Psychiatry of Old Age Community Mental Health Teams and four Rehabilitation Community Mental Health Teams. Some General Adult Community Mental Health Teams may need to merge and serve populations greater than the 50,000 recommended in *A Vision for Change*.
- Provide 11 Child and Adolescent Community Mental Health Teams.
- Provide 12 Adolescent inpatient beds. This includes six additional beds due to come on-stream in St. Vincent's Hospital, Fairview in 2012.
- Provide accommodation for clients in more appropriate care settings within the level of available resource. Staff released through inpatient bed reductions will be redeployed to support the development of community-based services including the filling of vacancies to agreed levels.
- Progress the new acute unit for Louth/Meath in Drogheda, to contractual commitment stage by year end.

[11] This closure of beds in the old institutional building is in line with the *Vision for Change* policy of establishing acute mental health facilities on the grounds of acute general hospitals. The St. Davnet's site will continue to play an important role as a location for a wide range of primary and community services.

* This total budget reduction includes technical adjustments, which have no impact on service budgets.

Disability Services

In partnership with the non-statutory sector service providers and in collaboration with service users and their families, the HSE DNE provides a range of health and personal social services to children and adults with disabilities. In recent years service provision has been moving towards a community based and inclusive model in line with the National Disability Strategy 2004. The emerging DoH policy direction in 2012 (*Value for Money and Policy Review)* coupled with recommendations from HSE national working groups will further the independence of people with disabilities in a manner which is efficient and cost-effective.

The financial allocation for the disability service will reduce by an average of 3.7% nationally, a minimum of 2% of which will be achieved through service efficiencies from both HSE and non-statutory service providers. There will be a maximum reduction of 1.7% in day, residential and respite services. In DNE, we will work to minimise the impact on clients services in so far as is practical. We will maintain existing levels of personal support/home support hours through reducing the costs per hour and progress alternative models of care with less reliance on residential care. In reducing costs in 2012, we will strive to meet the challenge of providing for school leavers and emergency placements without additional funding. We will benefit from €1m national investment for autism services, provided in the National Service Plan.

In 2012 we will:

- Operate within a budget of €333.7m, which is €12.6m (3.6%)* less than €346.3m 2011 budget, of which **€12.6m (3.6%)** will be a service impacting budget reduction.
- In order to deal with the budget reduction outlined above and the embedded deficit DNE are required to reduce our costs by €19.1m, which represents 5.5% of 2011 allocated resources.
- Significantly reduce the level of agency overtime from 2011 levels of €8.87m.
- Provide 424,254 personal assistant / home support hours – maintain projected outturn 2011.
- Provide 1,837 residential places – a reduction of 32 (1.7%) on projected outturn 2011.
- Provide 30,300 respite nights - a reduction of 524 (1.7%) nights on projected outturn 2011.
- Provide day services to 4,258 clients, maintain projected outturn 2011.
- Progress alternative and innovative models of respite provision with less reliance on residential care.

Children & Family Services

Under existing legislation, [Child Care Act, 1991] the HSE has a statutory duty for the care and protection of children and their families. In partnership with non statutory service providers, HSE Dublin North East provides a range of health and personal social services to children and their families. The primary focus in 2012 is the implementation of the comprehensive (national) change programme. Under the Programme for Government, this will see Children & Family Services move to a new agency in January 2013. New governance arrangements for Child & Family Services in DNE came into effect on 1st January 2012.

In 2012 we will:

- Operate within a budget of €161.6m, which is €7.92m (4.7%)* less than €169.5m 2011 budget, of which **€5.4m (3.2%)** will be a service impacting budget reduction.
- The 2011 deficit on DNE Children and Family Services was €2.3m which included the benefit of once off funding of in excess of €3m which is unlikely to be available in 2012. A cost containment plan was put in place during 2011 which if fully implemented in 2012 would see the elimination of the bulk of this underlying 2011 deficit of close to €6m. The calculation of the overall embedded deficit coming into 2012 and therefore the full extent of the 2012 financial challenge will be impacted by the final decisions around disaggregation of Children & Family Services including budgets from the remainder of HSE services.
- In order to deal with the budget reduction outlined above and the embedded deficit, DNE are required to reduce our costs by €14.9m, which represents 8.8% of 2011 allocated resources.
- Significantly reduce the level of agency overtime from 2011 levels of €5.6m.
- Ensure that due diligence work is completed effectively in preparation for transfer to the new Children & Families Agency in 2013. In doing so, we will seek to maintain the maximum amount of integration practical before and after this change.
- Achieve 100% compliance of children in care with an allocated social worker, written care plan and care plan reviews.
- Achieve 100% compliance of foster carers who are approved and have an allocated social worker.
- Pre-school services will be protected.
- Reductions will be sought in the cost of external placements.
- HSE residential units will be optimised.
- Social work will prioritise the delivery of statutory requirements.
- Maintain, and where possible increase capacity in High Support/Special Care.
- Achieve efficiencies in terms of better rostering, reductions in overtime and agency, reduced absenteeism and enhanced skill-mix.

* This total budget reduction includes technical adjustments, which have no impact on service budgets.

Palliative Care Services

Palliative care provides the best possible quality of life for patients and their families when their disease is no longer responsive to treatment. Services are provided directly by the HSE and in partnership with voluntary agencies via a service level agreement.

In 2012 we will:

- Operate within a budget of €11.3 m, which is €0.5m (4.3%)* less than €11.8m 2011 budget, of which **€0.4m (3.7%)** will be a service impacting budget reduction.
- Provide 19 Specialist Palliative Care inpatient beds – plan to maintain existing level of services in 2011.
- Provide five Community based Specialist Palliative Care teams (3 x HSE in ISA's Louth/Meath & 2 x St. Francis Hospice, Raheny, Dublin) – plan to maintain existing level of services in 2011.
- Provide Specialist Palliative Care day care services provided in the ISAs of Dublin North and Dublin North City - plan to maintain existing level of services in 2011.
- Provide Specialist Palliative Care services provided in acute hospitals: Our Lady of Lourdes Hospital, Drogheda, Our Lady's Hospital, Navan, Cavan General Hospital, Beaumont, Mater and Connolly Hospitals - plan to maintain existing level of services in 2011.
- Provide Specialist Palliative Care outpatient service provided at acute general hospitals: Drogheda, Cavan, Beaumont & Mater Hospitals - plan to maintain existing level of services in 2011.
- Provide seven intermediate care palliative care beds (4 x St. Mary's Hosp. Phoenix Park plus 3 x St. Christopher's Unit, Cavan) - plan to maintain existing level of services in 2011.

Social Inclusion Services

Social Inclusion Services improve access to mainstream services, target services to marginalized groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. Efficiencies will be achieved in non pay expenditure in core budgets and committee core budgets.

In 2012 we will:

- Operate within a budget of €34.8m, which is €2m (5.5%)* less than €36.8m 2011 budget, of which **€1.3m (3.6%)** will be a service impacting budget reduction.
- While Social Inclusion had a projected embedded surplus, DNE are required to continue to reduce our costs as much as possible to ensure financial breakeven within year.
- Reduce the level of agency/overtime from 2011 levels of €2.4m.
- *Drug and Alcohol Services* - provide 3,300 weekly treatments for substance misuse, 22 community based detoxification beds, 155 residential rehabilitation beds and 28 step down beds
- *Homeless Services* - provide 1,582 beds/units in 60 homeless facilities, 4 women's facilities/refuges, 5 HSE emergency hostels (138 beds), 34 private emergency accommodation (944 beds), 11 transitional /supported living facilities (283 beds), 7 long term residential facilities (181 beds) and 1 Outreach Service
- *Traveller Services* – provide funding for 1.5 Traveller Health Units and 8 Traveller Primary Healthcare projects
- *Other Social Inclusion Services* – provide 4 counselling / alternative therapy services for mental health issues, 3 information support and advocacy services for ethnic minorities, 1 asylum seekers unit and 2 women's health services providing approx 10,000 procedures for 2011.
- A review of the systems and processes for collection and reporting of KPI data relating to addiction and homelessness will be undertaken to achieve improvement and standardisation across DNE.

Capital Programme – Improving our Infrastructure

The Government published its *Infrastructure and Capital Investment 2012-2016: Medium Term Exchequer Framework* in November 2011. Of the total investment of €17bn announced, €1.87bn has been allocated to the HSE. The HSE has been allocated €334m capital each year for investment in infrastructure and a further €40m each year for ICT projects. DNE allocation is €110m for 2012. Details of Capital Projects by Care Group are provided in the DNE Regional Service Plan.

* This total budget reduction includes technical adjustments, which have no impact on service budgets.

Resource Framework

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 Estimate (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, values and objectives of the organisation.

Finance

The total financial challenge facing HSE DNE in 2012 is estimated to be in the region of €120.5m or 6.2% i.e., this is the extent of the total cost reduction required during the year to live within our available resources. In summary this total cost reduction is made up of the following elements;

1. Service impacting budget reduction €67.4m / 3.5%
2. Imbedded deficits (estimate) €30.4m / 1.6%
3. Cost pressures 2012 (initial estimate) equals €22.8m / 1.2%

Total cost reduction required €120.5m / 6.2%.

These figures are summarised in table one below and service impacting budget reductions are summarised in table two with imbedded deficits and increased costs shown in table three below.

Table 1. Summary of DNE Finances for 2012

	DNE excluding Children and Family Services		Children and Family Services		Total DNE	
	€'000	%	€'000	%	€'000	%
Final 2011 Spend	1,784,022		172,894		1,956,916	
Final 2011 Budget	1,763,023		169,553		1,932,576	
2011 Deficit	20,999	1.2%	3,341	2.0%	24,340	**1.3%**
Total budget reductions 2011	(167,532)	(9.5%)	(9,968)	(5.9%)	(177,500)	**(9.2%)**
Opening 2012 budget	1,595,491		159,585		1,755,076	
Budget Reductions made up of:						
1. Cost neutral/service neutral reductions	(105,610)	(6.0%)	(4,525)	(2.7%)	(110,135)	**(5.7%)**
2. Service budget impacting reductions	(61,922)	(3.5%)	(5,443)	(3.2%)	(67,365)	**(3.5%)**
Total Cost Reduction 2012						
1. Service Budget impacting reductions	(61,922)	(3.5%)	(5,443)	(3.2%)	(67,365)	**(3.5%)**
2. Increased cost pressures 2012	(20,867)	(1.2%)	(1,952)	(1.2%)	(22,819)	**(1.2%)**
3. Incoming deficit from 2011 (adjusted**)	(22,864)	(1.3%)	(7,498)	(4.4%)	(30,362)	**(1.6%)**
Total cost reduction 2012	(105,653)	(6.0%)	(14,893)	(8.8%)	(120,546)	**(6.2%)**
Reduction as % of 2011 spend	(5.9%)		(8.6%)		(6.2%)	
Total agency and overtime cost 2011	130,062		5,628		135,690	
Expected min staff reductions 2012						

*** The incoming deficit from 2011 is adjusted to reflect improvements or dis-improvements in the level of monthly expenditure during the last quarter of 2011 and therefore is different from the total 2011 deficit*

Table 2. 2012 Service impacting reductions in budget

	DNE Excluding Childcare	Childcare	Total Including Childcare
	€ 000's	€ 000's	€ 000's
Pay and cost reduction measures	32,387	2,478	34,865
Procurement	7,975	1,382	9,357
Care group reductions	8,914	3,581	12,495
Community based drug schemes			0
Income Voluntary bodies			0
Pay reductions student nurses			0
Long stay repayments			0
Other	12,646	(1,998)	10,648
Total	**61,922**	**5,443**	**67,365**

Table 3. 2012. 2012 Increased costs and embedded deficits

	DNE Excluding Childcare	Childcare	Total Including Childcare
	€ 000's	€ 000's	€ 000's
Embedded deficits from 2011	22,864	7,498	30,362
VAT	7,171	670	7,841
2012 Pay increments	9,775	913	10,688
Loss of private income	425		425
Other pay related	2,319		2,319
Increased cots ref increased Maternity	914		914
Other	263	369	632
Total	**43,731**	**9,450**	**53,181**

Allocation Bases

Table 4 below shows the total 2011 and 2012 budget for HSE DNE by care group [6] and the percentage of the total 2012 budget each Care Group represents.

Table 4. 2012 Allocations vs 2011

	2011 budget	2012 budget	% of budget
	€ 000's	€ 000's	%
Acutes	868,704	797,390	45.4%
Non Acutes			
Primary Care	151,833	143,788	8.2%
Mental Health	146,341	137,092	7.8%
Disability	346,296	333,709	19.0%
Older Persons	176,926	95,381	5.4%
Palliative care	11,802	11,290	0.6%
Social Inclusion	36,871	34,838	2.0%
Other	24,250	39,957	2.3%
Sub total Non Acutes	894,319	796,055	45.4%
Children & Families	169,553	161,631	9.2%
TOTAL	**1,932,576**	**1,755,076**	

Profiling

The funding and therefore cost reduction assumptions contained within the Regional Service Plan will be reviewed in March once the full extent and impact of retirements by the end of February is known.

The intention to move funding and expenditure for the Maternity and Infant Scheme and the Primary Immunisation Scheme from the four regions to the Primary Care Reimbursement service, as set out in the National Service Plan[12], is noted and welcome. This Regional Service Plan assumes that this transfer will move current DNE total budget and actual expenditure to PCRS.

Work is underway nationally and regionally to clarify community supports including aids and appliances administered by local regions and areas and charged to PCRS. This plan assumes that any adjustments resulting from this work will be cost and service neutral during 2012.

Significant national work is underway to facilitate the full disaggregation of Children and Family Services including budgets and staff resources from the remainder of services currently provided by Health Service Executive. This work has many aspects including assessment and decision making regarding the final range of service elements to be included under the auspices of Children and Family Agency. In that context future national and regional budget and staffing adjustments between Children and Family Services and the rest of current HSE services may be necessary and this plan and its implementation maybe subject to change depending on the finalisation and impact assessment of this process.

* Embedded deficits relate to deficits from 2011 which need to be addressed during 2012 and have been calculated by reference to monthly expenditure levels in the last quarter of 2011 adjusted for any once off items etc.

* Care Group analysis of funding and staffing levels will change as national definitions are adjusted and data validation continues.

[12] Page 12 NSP 2012

Capital Programme – Improving our Infrastructure

The Government published its *Infrastructure and Capital Investment 2012-2016: Medium Term Exchequer Framework* in November 2011. Of the total investment of €17bn announced, €1.87bn has been allocated to the HSE. The HSE nationally has been allocated €334m capital each year for investment in infrastructure and a further €40m each year for ICT projects.

The plan prioritises the development of the National Children's Hospital, the replacement of the Central Mental Hospital and the National Project for Radiation Oncology. It also focuses on primary health care as a key component of Government strategy to deliver care locally and reduce pressure on the acute hospital sector.

The HSE's Draft National Capital Plan which has been submitted to DoH for approval identifies a total of €110m allocated to DNE for 2012. This investment in our infrastructure which is aligned fully with our service objectives will result in both new and improved facilities which will assist in achieving our required standards and operational efficiencies.

The Draft National Capital Plan proposes that in the order of €60m will be invested **in 2012** in DNE acute hospital infrastructure. The most significant project being the delivery of the new Mater Hospital, which will provide state of the art theatres, wards, OPD and related accommodation. This and the other acute projects will greatly improve the patient experience and assist in the area of risk management, infection control and service delivery.

Major capital investment continues to be made in mental health facilities. Work has commenced on the construction of the replacement facility for Grangegorman and on the construction of the new Acute Admissions Unit in Beaumont Hospital. The completion of these projects will facilitate the decanting of patients from the old, inappropriate settings at St Brendan's Hospital and St. Ita's Hospital in line with *A Vision for Change*. This has been a key objective of HSE DNE and will be a most welcome achievement. The overall capital spend on mental health **in 2012** in DNE will be in the order of €26m.

Primary Care accommodation is being provided in the main by way of Public Sector Lease arrangements. It is planned that 5 new Primary Care Centres will become available to us in 2012. These centres will have general practitioners located in the centres along with HSE Primary Care staff.

In the areas of Older People Services, a programme of refurbishment has commenced in 2011. This programme is phased to be progressed over the period of 2012 to 2015. €3.8m will be invested in DNE in 2012 on this refurbishment programme (total €10m 2012 – 2015). This investment is being targeted for units which are assessed as having the most sustainable future in terms of operational efficiencies and infrastructural status.

In addition to capital expenditure on major projects, HSE DNE is engaged in an ongoing capital programme of works to ensure that infrastructural risks are addressed in existing facilities. In excess of €8.5m will be spent in 2012 across the region in the areas of fire safety, electrical systems, heating systems, roofing, windows, structural works, water quality upgrades and associated building & asset integrity works.

Approximately €11.7m capital investment is also allocated in 2012 for a variety of works in the areas of disability, diagnostics, ambulance services, palliative care, paediatric care and primary care centres.

Human Resource and Workforce Management

The *Public Service Reform* plan, November 2011, will have an overarching impact on human resource and workforce management right across the public health sector for the next four years, with the main foundations laid in 2012. The key message from the plan is that we cannot sustain the current system of public service delivery, including health services, and we must change. Against the backdrop of reduced budgets and reduced staffing resources, the critical impediment to the safe delivery of services in DNE in 2012 is the availability of adequate numbers of appropriate staff. A robust workforce plan is critical to maximise and mobilise staff to deliver the objectives of this regional service plan.

Employment Control Framework and Estimated Ceiling 2012

HSE Dublin North East	Dec 11 WTE value	Dec 11 DoHc Ceiling	Dec 11 Variance to Final End Ceiling 2011	WTE Reduction on required to meet Final End Ceiling 2012	Total Retirements at 28th Jan2012	WTE Reduction required to meet Final End Ceiling 2012 (Excluding the total retirements at 28th Jan 12)	Total Actual Ceiling cut of 3- 4%	Final End Ceiling Dec 12 with 3-4% Cut	% WTE Reduction/ Increase Actual wte Dec 11 to Ceiling Dec 12
Cavan Monaghan Health ISA	2,063	2,094	(31)	(53)	65	12	(84)	2,010	(2.6%)
Louth Meath ISA	4,731	4,675	57	(244)	107	(137)	(187)	4,488	(5.1%)
Sub Total - Dublin North ISA	5,520	5,423	97	(314)	76	(238)	(217)	5,206	(5.7%)
Sub Total - Dublin North City ISA	8,812	8,647	166	(511)	132	(379)	(346)	8,301	(5.8%)
DNE HSE Areas Care Group Total	**21,126**	**20,839**	**289**	**(1,122)**	**380**	**(742)**	**(834)**	**20,005**	**(5.3%)**
Office of RDO (Inclusive of NVRL)			0						
RDO Office	286	467	(180)	161	6	167	(19)	448	56%
DNE Region Total	**21,413**	**21,305**	**108**	**(961)**	**386**	**(575)**	**(852)[1]**	**20,453**	**(4.5%)**

[1] It is anticipated that a 2012 ceiling reduction of between 3% -4% will be applied to DNE as part of the national ceiling allocation process which is currently being finalised. The table above assumes 4%.

We in DNE have worked closely with staff and staff associations to deliver the necessary changes required during 2011 and will continue to build on this in 2012. With a permanent reduction in the overall levels employed in our services, managers will be required to prioritise services to ensure that the impact on frontline services is kept to a minimum. Such an approach will require redeployment and reassignment of staff across all of our services.

Like all areas of the public service DNE needs to reduce its staffing levels further during 2012. At the 1st January 2012 DNE is over its WTE ceiling (staffing limit) by 108 WTE13. DNE expect a reduction to its staff ceiling of up to 4% (852 WTE) when the 2012 Employment Control Framework is notified to us. If confirmed this will require a total reduction in staffing levels during 2012 of up to 961 WTE (108 plus 852).

Expected retirements to the end of February 2012 will reduce our staff numbers by 400 from the 1st January 2012 level which means that additional staff up to 561 (961 minus 400) will need to leave the service in addition to the retirees who are expected to go at the end of February. In addition there is a requirement to reduce agency costs by up to 50%.

The above level of staff reductions will be needed before any priority replacement staff are recruited however this will be mitigated particularly in the areas of Primary Care and Mental Health by the allocation to DNE of funding from the monies ring fenced nationally as previously referenced (Mental Health €35m, Primary care €20m). To be effective these allocations will need to be accompanied by additional staff ceiling approval.

Allocation of Resources in DNE 2012

The setting of the 2012 ceilings within DNE and the allocation of HR resources is informed by the following principles:

1. The need to prioritise total resource across the region to deal effectively with quality and risk issues, as well as service priorities.
2. The need for equity in as far as is practical and to recognise motivational factors around past performance in terms of managing within staff ceilings.
3. The need for ceiling reductions to take account of the level of financial reductions being put in place for 2012 so that affordability of posts is a feature in the overall ceiling assigned to any manager or service area in 2012.

[13] This 108 represents the difference between the actual WTE value of the staff employed at the end of December 2011 and the approved staff ceiling (limit) allowed for DNE. This variance of 108 WTE includes 237 WTE related to the reporting for the first time in November / December 2011 of "nurse bank" staff employed within some of the Dublin hospitals as part of a previous HSE approved project for which no ceiling has as yet been allocated to DNE. This issue is being pursued nationally. Excluding the "nurse bank" staff DNE was 129 WTE below its ceiling at the end of 2011.

4. Where possible, within headcount and budget, examination of the potential to convert agency and overtime in order to fundamentally reduce overall levels of agency staffing in 2012.
5. Implications of staffing reductions through retirements/ resignations to be considered within the context of cost containment measures for 2012 currently under consideration.
6. Inclusion of Dublin Academic Teaching Hospitals (DATHs) Nurse Bank for the first time since November / December 2011 **without** the allocation of any additional ceiling. Discussions are ongoing with colleagues nationally in respect of this matter.

Impact of the 'Grace Period' retirements

	General Support	Health and Social Care professionals	Management / Admin	Medical / Dental	Nursing	Patient and Client Care	Other	Total
Retirement analysis by no. of staff	82	55	56	18	290	67	16	584
Retirement analysis by WTE	54.01	42.31	40.34	15.61	198.34	47.77	0.54	398.92

Figures at 30th January 2012

A number of services will experience particular challenges in 2012 as a result of a range of factors including budget reductions, the requirement to reduce agency costs in 2012 by up to 50% and the 'Grace Period' retirements. In many instances, it is not possible to specifically isolate the impact of the 'Grace Period' retirements from the impact of these other challenges.

Retirements amongst frontline clinical staff, particularly nursing staff, will impact on a number of services including:

- Acute hospitals and/ or hospital groups across a range of specialties including maternity services
- Public long term residential care units for the elderly
- Mental health acute and long stay services
- Public health nursing
- Residential services in the disability sector
- Childcare
- Clinics for dental and other primary care services
- Some specialist management and administration grades (e.g., HR, finance etc.).

DNE is committed to minimising in as far as possible the impact of budget and staffing reductions on frontline services. The impact of the Grace Period retirement requires a range of local, regional and national responses which will be managed with the assistance of local PSA implementation groups. Contingency plans to address the impact of the retirements include the following measures:

- **Staff redeployment**: Staff redeployment options are being progressed across all services.
- **Streamlining**: Some management structures and services will be amalgamated and streamlined. Cross-cover arrangements will be put in place wherever possible, and where clinical management numbers have been reduced. In addition, revised staff rosters and skills mix options are also being utilised.
- **Targeted recruitment**: replacement of posts in critical care areas (ICU/ITU/Nursing and Midwifery staff)
- **Outsourcing:** Some potential requirement for outsourcing has been identified. This is a medium term solution that is being pursued in the context of the Pubic Service Agreement.

Maximising the role of remaining staff to deliver on the objectives of this service plan will require a strong focus in Dublin North East in 2012.

Public Service Agreement 2010-2014

The Public Sector Agreement (PSA) continues to provide the framework for delivering on this significant change programme across the health sector. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing costs and improving quality.

A major theme of the HSE DNE Regional Service Plan 2012 is to continue the implementation of National Clinical Programmes across our acute hospitals and commence their implementation within our community services including around elderly care and chronic disease. In addition to these national programmes, our reconfiguration plans for the acute hospital services and rostering, staffing level and skill mix changes facilitated via the Regional Sustainability Project 2012-2014, will continue as core elements of the change programme in the region. Similarly, a range of innovative change programmes will be implemented across our social care services and care groups. The implementation of the change programmes highlighted above will support the reconfiguration and development of service across primary, community and hospitals to focus on the complete needs of the patient or client, while also prioritising effective working relationships and providing a more responsive and accountable service.

In 2011 HSE DNE delivered major change programmes in both acute and community services:

- The reconfiguration of services in Cavan Monaghan Hospital and in the Louth Meath Hospital Group has seen the benefits of the centralisation of acute medical, surgical and emergency medical services into larger hospitals, with the smaller hospitals moving to the provision of locally accessible ambulatory and planned services, diagnostics, and non-acute inpatient care. Building on this reconfiguration process the Cavan Monaghan Hospital Group, within existing resources, has significantly improved its emergency department care to children by opening a paediatric assessment unit which has been very successful and very well received by patients locally.
- The formation of the four ISAs in the region has facilitated required changes to the delivery of integrated patient-centred care that are complementing the benefits of interdisciplinary working in the established and emerging primary care teams. Staff changing their work patterns to work across organisational boundaries or in multi-disciplinary structures assists the delivery of integrated care. Physiotherapists, for example, now work across administrative boundaries between Beaumont Hospital and community settings in north Dublin.
- In Dublin North, a joint framework for staff grade rotations in therapy services is being prepared by the Irish Society of Chartered Physiotherapists, the Association of Occupational Therapists of Ireland, and the Irish Association of Speech and Language Therapists. Cross-site rotation of therapy staff already exists in some areas within the DNE region.
- The centralisation of acute psychiatric services in HSE Cavan Monaghan at the Cavan General Hospital site has taken place, with consequent changes to services and staffing at St. Davnet's campus in Monaghan.
- In the two HSE Areas (Dublin North City and North Dublin) that have encompassed the primary and community services of the three former Local Health Offices in north Dublin, staff in all Primary Care Service disciplines have been engaged in planning for restructuring of services and boundaries to reflect the new HSE Integrated Services Areas. This allows us to reduce our costs and address staffing reductions safely while streamlining the provision of services.
- Catering services throughout the region have been under review with recommendations for investment in fewer units serving hospitals and other residential settings. This will facilitate a significant reduction in costs and staffing in this non-clinical area which will allow us to limit funding and staffing reductions in direct frontline clinical service areas.

Monitoring and Measuring DNE Service Plan 2012

Performance evaluation and management is a cornerstone to the improvement and more efficient delivery of health services in DNE. We are committed to the evaluation and the management of performance at all levels. Progress has been made in this plan to incorporate links between funding, staffing, and service priorities and an improved set of activity measures, performance indicators and deliverables in key service areas have been included. This plan sets out information at regional and HSE area/care group level on performance expectations.

Performance indicators (PIs) and agreed targets for activity during 2012 are set out in each of the care group /programme sections. A sub set of key performance indicators is represented by the performance scorecard. Progress will be published at specified intervals. Other data sets may be retained and used at regional or care group / programme level for performance management purposes and will be available as required. During 2012 a number of improved or new measures will be developed to support us in measuring:

- The priorities as set out under the Special Delivery Unit **(SDU)** in the areas of quality and access to emergency and scheduled care.
- Measures in relation to outpatients and diagnostics will also be developed with the SDU during 2012.
- The implementation of the **National Clinical Programmes**.
- **Enhancement of services** such as immunisations, primary care and cancer services.
- **Outcomes** for people with disabilities and for people who may be socially excluded.

Stringent processes are in place in DNE at regional level to monitor compliance with this Regional Plan. HealthStat, an operational performance information and improvement system for regional and local managers, reports a joint view on the performance of hospitals and community areas at regional level.
All our performance reports are published monthly on www.hse.ie.

NSP 2012 Performance Scorecard

	Acute Care Programme Areas		Non-Acute Care Programme Areas	
	Performance Indicator	**Target 2012**	**Performance Indicator**	**Target 2012**
Quality	**HCAI** Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used.	< 0.067	**Health Protection** % of children 24 months of age who have received three doses of 6 in 1 vaccine.	95%
	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used.	< 3.0	% of children 24 months of age who have received the MMR vaccine.	95%
	Re-Admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge.	9.6%	% of first year girls who have received the third dose of HPV vaccine by August 2012.	80%
	Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2).	95%	**Child Health** % of new born babies visited by a PHN within 48 hours of hospital discharge.	95%
	Stroke Care % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis.	At least 7.5%	% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age.	95%
	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%	**Child Protection and Welfare Services** % of children in care who have an allocated social worker at the end of the reporting period.	100%
	ACS % STEMI patients (without contraindication to reperfusion therapy) who get PPCI.	50%	% of children in care who currently have a written care plan, as defined by *Child Care Regulations 1995*, at the end of the reporting period.	100%
			Primary Care No. of Health and Social Care Networks in development.	16
Access and Activity	**Unscheduled Care** % of all attendees at ED who are discharged or admitted within 6 hours of registration.	95%	**Child and Adolescent Mental Health** % on waiting list for first appointment waiting > 12 months	0%
	% of patients admitted through the ED within 9 hours from registration.	100%	**Disability Services** No. of PA/home support hours used by persons with physical and/or sensory disability.	424,524
	Elective Waiting Time % of adults waiting more than 9 months for an elective procedure.	0%	**Older People Services** % of complete NHSS (*Fair Deal*) applications processed within four weeks.	100%
	% of children waiting more than 20 weeks for an elective procedure.	0%		
	Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy.	0	No. of people being funded under NHSS in long term residential care at end of reporting month.	Min of 4,246
	% of people waiting over 3 months following a referral for all gastrointestinal (GI) scopes.	≤ 5%	No. of persons in receipt of a Home Care Package.	3,545
	ALOS Medical patient average length of stay (ALOS).	5.8	% of elder abuse referrals receiving first response from senior case workers within 4 weeks.	100%
	Delayed Discharges Reduction in bed days lost through delayed discharges.	Reduce by 10%	**Palliative Care** % of specialist inpatient beds provided within 7 days.	91%
	Cancer Services % of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral.	95%	% of home, non-acute hospital, long term residential care delivered by community teams within 7 days.	79%
	% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral.	90%	**Social Inclusion** Traveller Health – No. of clients to receive health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) through the Traveller Health Units / Primary Health Care Projects.	10% proportion of targeted population in DNE
	% of patients undergoing radiotherapy treatment for breast, prostate, lung or rectal cancer who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist.	90%		
Resources	**Finance**		**Human Resources**	
	Variance against Budget: Income and Expenditure	≤ 0%		
	Variance against Budget: Income Collection	≤ 0%	Variance from approved WTE ceiling	≤ 0%
	Variance against Budget: Pay	≤ 0%	Absenteeism rates	3.5%
	Variance against Budget: Non Pay	≤ 0%		
	Variance against Budget: Revenue and Capital Vote	≤ 0%		

Potential Risks to Delivery DNE Regional Service Plan 2012

The implementation of any plan including a Regional Service Plan requires the identification and assessment of potential risks and implementation of actions to manage and mitigate those risks. At a summary level the potential risks to the delivery of this plan include the following which we will need to manage and mitigate carefully during 2012;

- Change management risks and in particular delays around implementing the necessary changes to rosters and resource levels to reflect the reduced funding and staffing levels available to us.
- The availability of adequate staff numbers and types available to deliver services based on the ongoing impact of the moratorium, of retirement levels associated with the end of grace period of 29 February 2012, together with the lack of staff generally impacting on frontline service delivery.
- Significant challenges in maintaining staffing in certain specialties and locations, and in maximising potential staff flexibility through the PSA.
- Risk to the continuity of services and patient care in the HSE DNE arising from unavailability of adequate temporary staffing arising from the introduction of contracts with agencies.
- Risk to service continuity and delivery in acute hospitals and mental health services due to an inability to recruit adequate numbers of NCHDs.
- Potential uncertainty caused by impending health structure changes and the potential negative impact of same on the speed of which necessary decisions are made and implemented within the delivery system
- Work is underway nationally and regionally to clarify community supports including aids and appliances administered by local regions and areas and charged to PCRS. This plan assumes that any adjustments resulting from this work will be cost and service neutral during 2012. Any change to this assumption will bring significant additional risks to frontline primary care service delivery.
- Significant national work is underway to facilitate the full disaggregation of Children and Family Services including budgets and staff resources from the remainder of services currently provided by Health Service Executive. This work has many aspects including assessment and decision making regarding the final range of service elements to be included under the auspices of Children and Family Agency. In that context future national and regional budget and staffing adjustments between Children and Family Services and the rest of current HSE services may be necessary and this plan and its implementation maybe subject to change depending on the finalisation and impact assessment of this process.

Improving Quality and Delivering Safe Services

Introduction

Designing and delivering services, to ensure high quality safe services for all our patients and clients, is our primary concern. HSE DNE is committed to supporting the development and implementation of safe quality healthcare, where all service users attending our services receive high quality treatment at all times, are treated as individuals with respect and dignity, are involved in their own care, have their individual needs taken into account, are kept fully informed, have their concerns addressed, and are treated/cared for in a safe environment based on best international practice. Further, we also are focusing on achieving compliance with existing national standards in an environment that is safe for our staff.

At a time when we are reducing costs and staffing levels at an unprecedented level over a sustained period of years we need to invest more not less in building our capacity around quality and patient safety and HSE Dublin North East will continue to do so during 2012.

The *National Standards for Safer Better Healthcare*, when launched, will outline to the public what can be expected from their healthcare services, while also outlining to service providers what is expected of them. The standards will help to drive improvements for patients by creating a common understanding of what makes a good, safe, health service. We will embrace the National Standards and will seek to support frontline services to drive quality improvement in response to these standards. We will also seek to support service providers by ensuring the overall burden of regulation and standards is managed in a coherent fashion. This is particularly important as we prepare for the roll out of licensing of healthcare provision.

Whilst improving quality and delivering safe services is implicit and embedded in the delivery of all our services in 2012, there will be a focus on performance and improvement through the use of relevant quality metrics contained within the performance indicators of the appropriate service sections in this plan. Work will be progressed on the presentation of these metrics in a manner that will assist managers in identifying areas where improvement is required.

Our priorities for 2012:

- Prioritise **the filling of senior clinical supervisory posts** including nursing to ensure we have continuity of strong leadership to mitigate the risks inherent in a sustained period of resource reduction. This will be done while at the same time acknowledging that there are areas in which we will have to rationalise the number and / levels of supervisory roles to more sustainable levels.

- Develop a strong system of **corporate and clinical governance** throughout HSE Dublin North East, which in 2012 will involve:

    - Establishing our Regional Quality and Patient Safety Committee reporting to the Regional Management Team and comprised mostly of non-executive members including a number of service users/service user representatives.
    - Establishing/reconfiguring Regional Care Group based governance/reference groups.

- Continue to replace, maintain and enhance Quality and Patient Safety staff at regional, area and local level to provide the necessary support and facilitation to clinical and other managers in meeting their obligations.
- Improve prevention, control, and management of **healthcare-associated infections** and improve antimicrobial stewardship. Through our Regional HCAI Governance Group established in 2011 we will develop and implement a plan to ensure more co-ordinated and robust access to, advice on and decision making around the various report and performance indicators relating to HCAI.
- Ensure there is a system-wide co-ordinated approach to the **quality agenda** that spans the spectrum of service provision and covers regulatory standards, recommended practices, and quality and safety issues.
- Implement national and international **standards** and recommended **policies / guidelines** developed by HSE, the National Clinical Effectiveness Committee, government and other regulatory bodies. Continue our preparations/readiness in relation to the new national standards *National Standards for Safer Better Healthcare.*
- Strengthen **patient and service user** input through developing and implementing best practice models of customer care and service user involvement.

- Further embed integrated **risk management** across all services. Utilise the risk register mechanism as part of the HSE control framework. Learning from the HSE incident experience must inform the work, and the priorities, for the risk register and controls assurance.
    - Provide transparency and accountability to the public about **quality and safety of care** by: Responding to, reporting on, and learning from incidents and adverse events.
    - Implementing learning from report and review recommendations, risk analysis, serious incidents, audits, complaints, and surveys, and ensure that best practice is shared and distilled. This will prevent and minimise avoidable repeat incidents.
    - Enhance quality, clinical and social care audit and assurance.
- Continue to provide assurance to the organisation on the **implementation, monitoring and evaluation** of the above priorities.
- Capture and provide robust intelligence information and evidence to support decision making.

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Clinical Governance	Support the continuous development and implementation of Corporate Governance and Accountability Frameworks for Clinical Governance and Patient Safety.	Support the mapping of governance arrangements for quality and patient safety within the region.	Q4
Implementing National Standards	Continue to progress the programme of change required to deliver compliance with these standards.	Support the national approach through the development of a regional programme of change.	Ongoing
Standards, Recommended Practice and Guidance	Continue to support the development and implementation of standards, recommended practice and guidance in key areas.	Establish a programme of self assessment and monitoring for PCHAI, medical devices, post mortem and consent.	One for each quarter
Patient Radiation Protection Regulatory Requirements	Ensure patients are adequately protected from unnecessary harmful effects of ionising radiation through issuing of national guidelines, external clinical audit, monitoring of incidents, and liaising with other regulatory bodies.	Regional QPS committee to scope feasibility of preparing a standardised report as a basis of assuring RDO regarding compliance with Patient Radiation Protection Regulations.	Q4
Stakeholder Engagement	Improve communications, engagement and working arrangements with all stakeholders	Ongoing development of patient forums and service users panels together with provision of key advisory services to funded agencies to facilitate compliance with relevant legislative and policy requirements.	Q1-Q4
Advocacy and Service User Involvement	Develop and implement best practice models of customer care, and service user involvement throughout the HSE in line with National Strategy for Service User Involvement and Patient Charter of Rights and Responsibilities, You and Your Health Service	• Advocacy programmes developed for Elderly residential units. • Volunteer advocates training programme continued. • Consumer participation developed within Primary care local Implementation Groups.	Q1-Q4
Clinical Audit	Implement Irish Audit of Surgical Mortality (IASM).	Establish potential for inclusion of key measures from this audit in Hospital Quality Profile.	Q2
	Implement Irish National Orthopaedic Register (INOR).	Develop assurance reporting to allow monitoring through the Regional Quality and Patient Safety Committee.	Q3
Quality & Patient Safety Audit	Continue to develop a structured programme of healthcare audits.	Identify from analysis of quality and patient safety, information areas for inclusion in the healthcare audit programme.	Q3
	Develop and support implementation of guidance for local clinical audit.	In conjunction with the RQ&PS Committee identify key audit topics for inclusion in local clinical audit forward plans.	Q4
Integrated Risk Management	Continue to implement the HSE Integrated Risk Management Policy with particular focus on risk management, incident and complaints management.	• Area Level Risk Registers developed. • Facilitated incident review training programme developed. • Risk and HR staff trained in use of IDT.	Q2
Monitoring and Learning	Progress the development of a comprehensive data collection, processes support, analysis, and information system to enable the extraction of key learning from complaints, incidents, reports and other sources for dissemination to services.	Development of guidance for Care Group Reference Groups to identify key areas for improvement from a range of intelligence sources to assist in highlighting and prioritising areas for action.	Q2
	Develop and implement systematic processes for the ongoing learning across the system of the lessons learned from all reports, reviews, international experience and investigations into services	Continue to develop mechanisms for sharing learning across the region via the Regional Quality and Patient Safety Forum and Regional Management Team.	Q3
National Organ Donation and Transplantation Office	Ensure implementation of EU directive and oversee the quality and safety of donation and transplantation services in Ireland.	Submit DNE business case to national office.	
Healthcare-Associated Infections	Healthcare Associated Infections.	• Implement a HCAI Quality Dashboard for acute hospitals. • Map accountability arrangements for HCAI in the region. • Regional participation in National Hospital Prevalence Study.	Q4 Q2 Q3
	Ensure antimicrobials used appropriately (antimicrobial stewardship).	Develop, implement and monitor a standardised surveillance report in relation to hospital antimicrobial consumption.	Q2
	Prevent medical device related infections (such as IV lines and urinary catheters).	• Ascertain level of implementation in region with care bundles (peripheral line and urinary catheter). • Increase level of implementation of care bundles by 50%.	Q2 Q4
Robust Intelligence Information and Evidence	Capture and provide robust intelligence information and evidence to support decision making through continued development of Health Atlas and other knowledge resources.	Participate as required.	Ongoing

Promoting and Protecting Health

Introduction

Promoting, protecting, and improving health, and reducing health inequalities are key priorities for our organisation. To do this, it is essential to re-orientate our health services from a curative focus towards one of preventing ill health and promoting positive health. Evidence shows that the most effective practices are achieved through approaches that influence the determinants of health and health inequalities. These include ethnicity, race, gender, lifestyle factors, education, socio-economic status, environment and living conditions. Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle health determinants such as smoking, alcohol consumption and drug consumption, physical inactivity and obesity.

There is, however, a clear relationship between socio-economic status and health behaviour; the higher an individual's education, the healthier they are. In order to address this, a key principle of improving health is working collaboratively, not just internally within the organisation, but externally with all our stakeholders, including statutory and non-statutory bodies and the voluntary sector.

Promoting and protecting the population's health requires many interventions, which often occur when people are not ill or even aware of the intervention, or when we are supporting people to make healthy decisions. It also involves creating a healthier environment (green spaces for physical activity, safe food, hygienic facilities and a safe environment) where communities are supported to live healthy lives. Environmental health services play a key role in protecting the population through enforcement of legislation and the promotion of activities to assess, correct, control and prevent those factors in the environment which can potentially adversely affect the health of the population. These include controls on food safety, tobacco, cosmetic products, pest control, poisons, etc.

Childhood vaccinations continue to be one of the most cost-effective public health interventions and, while we are showing significant improvements in uptake over the decade, we need to address particular areas, both geographically and socially, where uptake rates are not improving at the same level.

Child Health Programmes including developmental screening and immunisation are delivered through primary care services. The delivery of these programmes is dependent on the availability of community and public health staff, and public health nursing services staff, which are now severely depleted as a consequence of restrictions on staff replacement in recent years. In 2012, the impact of cost containment measures within Primary Care Services will inevitably involve a further reduction or non replacement of these front line health professional staff which in turn will challenge us to meet Key Performance Indicators (KPI) set nationally for child health programmes. (In 2011 DNE performance was 5-25% below recommended targets). In 2012, we will prioritise primary immunisations in the delivery of primary care services.

Our priorities for 2012:

Health Promotion

- Implement the Health Promotion Strategic Framework within the three priority areas of education, community and health promoting health service. There will be specific targeting of tobacco, obesity, alcohol, breastfeeding and positive mental health.
- Implement the recommendations of *Your Health is Your Wealth: A Policy Framework for a Healthier Ireland 2012-2020*, when finalised.
- Establish evidence based interventions, which will ensure the priorities of promoting and protecting health are applied across and within clinical programmes.
- Sustain the impact of the work of the crisis pregnancy programme and work in partnership to co-ordinate sexual health promotion across the health service.
- Implement *HSE Health Inequalities Framework 2010-2012*.

Crisis Pregnancy

Fulfil statutory responsibilities and implement a new integrated national strategy in line with the *Health (Miscellaneous Provisions) Act 2009*.

Child Health Screening and Surveillance

- Implement revised immunisation programmes such as Human Papilloma Virus (HPV).
- Progress the National Immunisation Register.
- Ensure a national approach to child health screening and surveillance.

Health Protection

- Focus on the control of measles, tuberculosis (TB) and sexually transmitted diseases.

Emergency Management

- Plan and prepare for major emergencies.

Environmental Health

- Reconfigure environmental health services nationally to ensure equity of service delivery.
- Implement national protocols and Environmental Health Information System to ensure consistency of service delivery.
- Continue to monitor and enforce existing and new environmental health functions including food, tobacco, international health, cosmetic product and pest control, poisons licensing, environmental impact assessment and waste licensing assessment, fluoridation and safety of drinking water supplies on behalf of HSE and external agencies.

Tobacco Control

- Implement the recommendations of the *HSE Tobacco Control Framework* and the Government's strategy *Towards a Tobacco Free Society: Report of the Tobacco Free Policy Review Group.*

Service Improvement

- School Health/Immunisation Teams will be introduced in each HSE Area, in line with national policy, in order to provide a uniform approach to the delivery of school health/immunisation programmes. Consideration will be made in defining appropriate staffing levels per team including supervision and skills-mix.
- The recommendations of the Community Medicine Review will inform and assist HSE Areas in targeting scarce resources, maximizing staff allocation, supervision and skills mix.
- Public Health, Health Promotion and Primary Care Services will work together to progress Community Health Needs Assessment, including health inequality audit for two pilot sites in DNE region.

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Policy Framework for Public Health	Implement recommendations of Your Health is Your Wealth: A Policy Framework for a Healthier Ireland 2012-2020 in conjunction with other sectors, when finalised, and develop campaigns to support implementation.	Regional approach agreed and an implementation plan commence 2 month after receipt of published document.	Ongoing
Public Health	**Infectious Diseases**	• Surveillance of communicable diseases as per new extended list including notifiable disease investigations and communicable disease outbreak identification and investigation. • Enhanced surveillance of selected nationally agreed diseases. • Provide advice on infectious diseases, vaccination and environmental issues.	Ongoing
	Environmental health	• Provide input to regional and national committees. • Assist in management of incidents in order to minimise public health risk. • Provide advice to the local authorities as required. Liaise with Environmental Protection Agency on environmental issues.	Ongoing
	Epidemiology/Monitor health status of population	• Undertake research and advocate for healthy public policy. • Contribute to national and HSE alcohol strategies.	Ongoing
	Injury Prevention	Report on hospitalisations following road injury and use to advocate for safety interventions.	Ongoing
	Health Service Planning and transformation	• Provide epidemiological data and functional support in respect of capacity planning. • Provide support to the Clinical Leads in respect of the disease programmes.	Ongoing
Health Promotion Strategic Framework	**Health Promotion Cross Setting Strategy and Policy Development** Expand community breastfeeding support.	Health Promotion will continue to support breastfeeding i.e., national/regional programmes and provide support groups, trained facilitators, phone services, a website and resources and work with community groups.	Ongoing
	Prevent Overweight and Obesity Implement a Physical Activity Action Plan,	Health Promotion will continue our obesity prevention and Cookit programmes continue to implement our regional physical activity framework embracing , community, school, workplace health etc.	Ongoing
	Review and standardise health promotion programmes in relation to obesity.	Support the National Director for Obesity, in reviewing and providing a framework for a standardised health promotion programme in relation to obesity.	Ongoing
	Promote and advocate healthy weight management throughout the lifecycle.	Support the National Director for Obesity, in promoting and advocating healthy weight management throughout the lifecycle.	Ongoing
	Implement a national standardised school based immunisation programme.	Regional approach agreed and HSE Area implementation in line with national policy.	Ongoing
	Develop Adult Hospital Weight Management Treatment Services (1 per HSE area) and National Paediatric Hospital Service.	Develop and provide an Adult Hospital Weight Management Treatment Service in Connolly/Blanchardstown and continue to support the development of a National Paediatric Hospital Service.	Ongoing
	Alcohol Develop and implement action plan based on relevant recommendations of the National Substance Misuse Strategy, when published.	Action plan in place and will continue collaborative working/training for VInter's Association, Gardai, schools staff and HSE staff.	Ongoing
	Tobacco Implement Tobacco Free Campus.	Implement in four hospitals and all newly opened primary care sites. 25% of all remaining sites will implement a campus-wide tobacco-free policy. Will provide brief intervention training to selected staff and smoking cessation in hospitals, schools and communities across the region.	Ongoing
	Positive Mental Health Support mental health promotion priorities in partnership with mental health structures in line *with A Vision for Change*.	Enhance resilience & capacity by delivering, 25 assist workshops and 76 safetalks across the region. Will work with PCTs and ICGP to deliver iniatives as per *A Vision for Change*.	Ongoing
	Health Promoting Community Setting Develop and implement a model for health promoting communities.	A broad framework for community health promotion has been developed and ongoing refinement will provide an agreed model in 2012.Our training programme will include 39 centrally organised programme (see prospectus) and approx 60-70 partnership arrangements, Smart Start, Cookit, Healthy Food Made Easy etc. These are delivered in community, health and shared settings.	Ongoing
	Develop community participation, community health needs assessment and health equity audit within all services.	Community health needs settings assessments/health equality audit will commence in 2 primary care settings in 2012.	Ongoing
	Support participating cities to establish new Irish healthy cities network.	Support nationally the refocusing and enhance healthy cities programmes in Dublin.	Ongoing

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Health Promotion Strategic Framework contd	**Health Promoting Health Service Setting** Develop and deliver to health care staff a national model for brief intervention training (smoking, alcohol, diet, mental health) in partnership with other stakeholders.	Brief invention - see tobacco training - see community	Ongoing
	Health Promoting Education Setting Implement nationally agreed model for health promoting schools.	Continue to support the delivery of SPHE in 56 schools, Games for Life in 12 schools and Health Promoting Schools in 15 schools. In line with this, assist with the development of a nutrition policy, an alcohol prevention policy and a substance misuse policy in several schools.	Ongoing
	Development of health promoting tools and resources to support the development of the health promoting education setting.	Continue to conduct physical activity audits in all recruited schools, deliver oral health, internet safety, substance misuse, CPR and emotional health training to the entire school community.	Ongoing
	Sexual Health Coordinate and standardise sexual health promotion activities and agree regional sexual health promotion plans	Coordinate and standardise sexual health promotion model in region.	Ongoing
Health Inequalities	Develop health inequalities related tools and resources.	Regional approach agreed and an implementation plan to commence two months after receipt of the national health inequalities related tools and resources.	Q4
	Develop key performance indicators and measures to inform planning.	Regional approach agreed and an implementation plan to commence two months after receipt of the national key performance indicators and measures to inform planning.	Q3
National Immunisation, Infectious Diseases and Child Health	**National Immunisation** Develop a national immunisation registry for all immunisations.	Participate as requested to the development of a national immunisation registry for all immunisations.	Ongoing
	Deliver a National Immunisation Programme, with vaccine uptake rates in accordance with international targets.	Continue to deliver the Immunisation programme in line with the National Immunisation Programme. A Regional Immunisation committee will be formalised to oversee and monitor uptake of both primary immunisation and schools immunisation programmes ensuring coordination of service delivery and achievement of national targets. .	Ongoing
	Implement a measles elimination plan, with MMR catch-up programme.	Regional approach agreed and HSE Area implementation in line with national policy.	Ongoing
	Implement a national standardised school based immunisation programme.	Regional Approach agreed and HSE Area implementation in line with national policy	Ongoing
	Increase influenza vaccination uptake rates in General Medical Services (GMS) and doctor only card holders aged 65 years and older.	Increase influenza vaccination uptake rates in general medical services (GMS) and doctor-only card-holders aged 65 years and older.	Ongoing
	Improve uptake of influenza vaccine among healthcare workers.	Improve uptake of influenza vaccine among healthcare workers.	Ongoing
	Improve prevention, control and management of infectious diseases: Implement tuberculosis (TB) guidance 2010	Regional TB committee will ensure that national guidelines are followed, TB awareness is fostered and that coordination of healthcare activities is maximised.	Ongoing
	Develop and implement TB Action Plan which reflects the World Health Organisation (WHO) consolidated Action Plan to combat TB	WHO action plan will be implemented in diagnosis, surveillance, treatment and contact follow-up activities.	Ongoing
	Develop and implement a plan to reduce sexually transmitted illnesses and improve sexual health.	Advocate for the development of a national sexual health strategy in order to develop a plan to reduce sexually transmitted illnesses and improve sexual health.	Ongoing
	Reduce the impact of vaccine preventable diseases.	Implement surveillance and control measures for vaccine-preventable infections.	Ongoing
	Implement requirements of the International Health Regulations.	IHR requirements for infectious diseases, environmental health and port health to be developed and applied.	Ongoing
Tobacco Control	**Tobacco Control Framework** Review smoking cessation services. Develop and roll out standardised national model to include national database.	Health Promotion will carry out a review of smoking cessation and roll out a standardised, quality assured model.	Q4
	Deliver standardised training in brief intervention for smoking cessation to 3,521 frontline healthcare workers, prioritising settings going tobacco free in 2012 - DNE 1,083.	Smoking Cessation Service will deliver 50 BI training sessions and train 1083 healthcare staff in the process.	Ongoing
	Continue national roll out of tobacco free campus policy: DNE – five hospitals, all newly opened primary care sites, all administration sites.	Louth County Hospital, Our Lady of Lourdes Hospital, general hospitals in Navan, Cavan and Monaghan, and Beaumont Hospitals, all newly opened primary care sites and all administration sites will become tobacco-free.	Ongoing
	Develop and implement a national policy to protect staff from second-hand smoke exposure while working in domestic settings.	DNE will agree an approach and develop an implementation plan two months after receipt of the national policy.	Ongoing
	Develop and implement a national policy to protect children in care from tobacco exposure.	DNE will agree an approach and develop an implementation plan two months after receipt of the national policy.	Ongoing
	Maintain social marketing QUIT campaign.	The national campaign will be supported locally with a number of initiatives including broadcasts and hospital programmes.	Ongoing
	Continue to monitor and evaluate the effectiveness of tobacco control measures.	Smoking cessation services in the community will be evaluated.	Ongoing
	Maintain tobacco legislation enforcement.	Refer to Environmental Health Services - part of enforcement.	Ongoing

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Tobacco Control contd	**HSE National Tobacco Control Office** Implement recommendations of Towards a Tobacco Free Society: Report of the Tobacco Free Policy Review Group and the Tobacco Control Framework.	Health promotion will implement recommendations.	Ongoing
	Support the implementation of the DoH's Tobacco Policy Review Group recommendations (when finalised).	DNE will agree an approach and develop an implementation plan 2 months after receipt of the national policy.	Ongoing
	Fulfil statutory obligations under Tobacco legislation.	Continue to fulfil statutory obligations under tobacco legislation.	Ongoing
Emergency Management	Develop & maintain HSE policies, standards and guidance in Emergency Management.	• Implement crowd event procedures compliant with legislative requirements & HSE procedures. • Commence Hospital Major Emergency/Major Incident plan template compliance. • Implement procedures for the management of biological incidents. • Implement procedures for the management of chemical incidents. • Conduct two Emergency Management exercises in the region (one of which must involve a CMT). • Exercise Seveso site external plans in accordance with EU Directive and HSE National policy. •	Q1 Q4 Q2 O4 Q2 to Q4 Q1 to Q4
	Work with other response agencies and their parent Government Departments to further develop national and regional interagency plans and procedures in emergency management.	• Finalise interdepartmental & interagency reviews of Severe Weather Response. • Input in to the improving of the system of national joint appraisal to deliver on regional compliance with the interagency framework and its associated guidance and protocols. • Work with the other framework agencies to develop and deliver on programs of interagency training. • Work with the other framework agencies in the development and conduct 4 interagency exercises within the region.	Q1 to Q4 Q2 Q1 to Q4 Q1 to Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Immunisations						
% children (aged 12 months) who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	95%	95%	88%	90%	95%	95%
Dublin North West [1] [2]	95%		80%		95%	
Dublin North Central [1]	95%		88%		95%	
Dublin North City ISA	***		***		**95%**	
North Dublin ISA	**95%**		**90%**		**95%**	
Louth [1]	95%		91%		95%	
Meath [1]	95%		90%		95%	
Louth/Meath ISA	**95%**		***		**95%**	
Cavan/Monaghan ISA	**95%**		**92%**		**95%**	
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	95%	95%	87%	89%	95%	95%
Dublin North West [1] [2]	95%		80%		95%	
Dublin North Central [1]	95%		86%		95%	
Dublin North City ISA	**95%**		***		**95%**	
North Dublin ISA	**95%**		**90%**		**95%**	
Louth [1]	95%		87%		95%	
Meath [1]	95%		89%		95%	
Louth/Meath ISA	**95%**		***		**95%**	
Cavan/Monaghan ISA	**95%**		**92%**		**95%**	
% children at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC2)	95%	95%	87%	89%	95%	95%
Dublin North West [1] [2]	95%		80%		95%	
Dublin North Central [1]	95%		86%		95%	
Dublin North City ISA	**95%**		***		**95%**	
North Dublin ISA	**95%**		**90%**		**95%**	
Louth [1]	95%		87%		95%	
Meath [1]	95%		89%		95%	
Louth/Meath ISA	**95%**		***		**95%**	
Cavan/Monaghan ISA	**95%**		**92%**		**95%**	
% children (aged 24 months) who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	95%	95%	94%	95%	95%	95%
Dublin North West [1] [2]	95%		90%		95%	
Dublin North Central [1]	95%		95%		95%	
Dublin North City ISA	**95%**		***		**95%**	
North Dublin ISA	**95%**		**94%**		**95%**	
Louth [1]	95%		94%		95%	
Meath [1]	95%		96%		95%	
Louth/Meath ISA	**95%**		***		**95%**	
Cavan/Monaghan ISA	**95%**		**97%**		**95%**	
% children (aged 24 months) who have received 3 dose Meningococcal C (MenC3) vaccine	95%	95%	83%	95%	95%	95%
Dublin North West [1] [2]	95%		79%		95%	
Dublin North Central [1]	95%		80%		95%	
Dublin North City ISA	**95%**		***		**95%**	
North Dublin ISA	**95%**		**86%**		**95%**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
% children (aged 24 months) who have received 3 dose Meningococcal C (MenC3) vaccine						
Louth [1]	95%		85%		95%	
Meath [1]	95%		83%		95%	
Louth/Meath ISA	**95%**		***		**95%**	
Cavan/Monaghan ISA	**95%**		**87%**		**95%**	
% children (aged 24 months) who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	NEW PI 2012		NEW PI 2012		95%	95%
Dublin North West [1] [2]					95%	
Dublin North Central [1]					95%	
Dublin North City ISA					**95%**	
North Dublin ISA					**95%**	
Louth [1]					95%	
Meath [1]					95%	
Louth/Meath ISA					**95%**	
Cavan/Monaghan ISA					95%	
% children (aged 24 months) who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	NEW PI 2012		NEW PI 2012		95%	95%
Dublin North West [1] [2]					95%	
Dublin North Central [1]					95%	
Dublin North City ISA					**95%**	
North Dublin ISA					**95%**	
Louth [1]					95%	
Meath [1]					95%	
Louth/Meath ISA					**95%**	
Cavan/Monaghan ISA					**95%**	
% children (aged 24 months) who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	95%	90%	91%	95%	95%
Dublin North West [1] [2]			86%		95%	
Dublin North Central [1]			90%		95%	
Dublin North City ISA			***		**95%**	
North Dublin ISA			**92%**		**95%**	
Louth [1]			92%		95%	
Meath [1]			91%		95%	
Louth/Meath ISA			***		**95%**	
Cavan/Monaghan ISA			**94%**		**95%**	
% children (aged 4-5 years) who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	NEW PI 2012		NEW PI 2012		95%	95%
% children (aged 4-5 years) who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	NEW PI 2012		NEW PI 2012		95%	95%
% children (aged 11-14 years) who have received 1 dose Tetanus, low dose Diphtheria, Accelular Pertussis (Tdap) vaccine	NEW PI 2012		NEW PI 2012		95%	95%
No. and % of first year girls who have received third dose of HPV vaccine by August 2012	NEW PI 2012		NEW PI 2012		NEW PI 2012 80%	
No. and % of sixth year girls who have received third dose of HPV vaccine by August 2012	NEW PI 2012		NEW PI 2012		NEW PI 2012 80%	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Child Health / Developmental Screening						
% of newborns who have had newborn bloodspot screening (NBS)	NEW PI 2012		NEW PI 2012		100%	100%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%	95%	70%	83%	85%	95%
Dublin North West [1] [2]	95%		73%		85%	
Dublin North Central [1]	95%		64%		85%	
Dublin North City ISA	**95%**		***		***	
North Dublin ISA	**95%**		**78%**		**85%**	
Louth [1]	95%		70%		85%	
Meath [1]	95%		50%		85%	
Louth/Meath ISA	**95%**		***		***	
Cavan/Monaghan ISA	**95%**		**85%**		**85%**	
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	90%	90%	90%	82%	95%	95%
Dublin North West [1] [2]	90%		95%		95%	
Dublin North Central [1]	90%		81%		95%	
Dublin North City ISA	**90%**		***		**95%**	
North Dublin ISA	**90%**		**92%**		**95%**	
Louth [1]	90%		79%		95%	
Meath [1]	90%		94%		95%	
Louth/Meath ISA	**90%**		***		**95%**	
Cavan/Monaghan ISA	**90%**		**100%**		**95%**	
Tobacco Control						
No. of sales to minors test purchases carried out		80		292		216
No. of offices, per region, carrying out sales to minors test purchase activities		2 per region		13		2 per region (different offices)
No. and % HSE hospital campuses with tobacco-free policy	NEW PI 2012		NEW PI 2012		7	17 34%
No. of frontline staff trained in brief intervention smoking cessation across primary care and acute campuses	NEW PI 2012		NEW PI 2012		1,083	3,521
Food Safety						
% of Category 1, 2 food businesses receiving inspection target as per FSAI Guidance Note Number 1		100%		92%		100%
Cosmetic Product Safety						
No. of cosmetic product inspections	NEW PI 2012		NEW PI 2012			750
International Health Regulations						
All designated ports and airports to receive an inspection to audit compliance with the IHR 2005		8		8		8

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Health Inequalities						
No. of hospitals implementing a structured programme to address health inequalities (as outlined in the HSE Health Inequalities Framework and specified in this metric)	NEW PI 2012		NEW PI 2012			5
No. of PCTs implementing a structured programme to address health inequalities (as outlined in the HSE Health Inequalities Framework and specified in this metric)	NEW PI 2012		NEW PI 2012			10

[1] Former Local Health Office
[2] Dublin North West will be divided between ISA's Dublin North & Dublin North City
*** Disaggregated data not available.

Primary Care and other Community Services

Introduction

The aim of primary care services is to manage the health of the population, in so far as is possible, within a primary care setting, with the population seldom requiring admission to a hospital. Primary care services are delivered geographically through a structure of Primary Care Teams (PCTs) operating within a wider Health and Social Care Network (HSCN). There are 100 Primary Care Teams (PCT) in DNE within 26 Health and Social Care Networks (HSCNs) who co-ordinate all care required with specialist services in the community and for hospital attendance, through integrated care pathways. In 2012 there will be an increase of 15 PCTs [1] in DNE and services will be further developed within six primary care centres which opened in 2011, to accommodate 8 PCTs. We will begin the process of undertaking a health needs-assessment within a HSCN to inform and influence service developments at local level in each operational area. The DNE region will continue to work with the Primary Care Reimbursement Service (PCRS), which provides a wide range of primary care services to the general public, through 6,500 primary care contractors, across 12 community health schemes.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012***	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%
1. Incoming Embedded Deficit/(Surplus) 2011 *	1,747	1,260	1,258	18	4,520	8,803
2. Increased Cost Pressures 2012	433	298	166	414	0	1,311
3. Service Impacting Budget Reduction for 2012	1,508	1,497	1,435	2,510	642	7,592
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	3,688	3,056	2,859	2,942	5,162	17,706
Total Financial Challenge % 2012	12.2%	10.2%	10.0%	5.9%	40.2%	11.7%

Agency & Overtime Costs 2011

	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011	864	618	978	974	195	3,629

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

Despite the need for budget reductions across all of our services, national funding of €20m has been ring-fenced by the Minister of State with Responsibility for Primary Care to fill as many vacancies as possible and to expand existing arrangements where sessional services are provided by allied health professionals. No allocation has yet been made from this funding; however, DNE hopes to receive €4 to €5m on a full year cost basis.

In 2012, priorities in primary care services in DNE will be progressed in the context of a challenging macroeconomic environment coupled with socioeconomic and demographic trends. This will be coupled with a total financial challenge of 11.7% and a reduction or non-replacement of frontline professional staff. This total €17.7m / 11.7% financial challenge (cost reduction required) is expected to be significantly mitigated based on the following:

- Approximately €7m of this €17.7m relates to unfunded costs within three national schemes i.e., Maternity and Infant, Immunisation and GP Vocational Training. Every effort has and will continue to be made to work with colleagues at national level to ensure these schemes are transferred to an appropriate national funding model and therefore that these deficits do not have to be managed within DNE through the further reduction of other frontline primary care services.

- The balance of the cost reduction of approximately €10m will be primarily delivered by reduced staffing levels and equates to approximately 180 less primary care staff – albeit mitigated by the perhaps €4-5m/75 plus staff DNE allocation from €20m national ring-fenced funding for priority staff replacements previously referred to.

[1] The work involved in reconfiguring existing and reducing levels of DNE Primary Care staff into Primary Care Teams has been completed and what remains is to fully operationalise the remainder of our teams which involves securing direct GP engagement in a number of teams where it has not been possible to date- subject to note above the transfer to national funding model

The net impact of the above assumptions is that the remaining financial challenge for DNE Primary Care Services is expected to be in the region of €5/€6m, which is approximately 1.5-2% and requires a net reduction in staff, after priority replacements, of approximately 100 WTE.

Work is underway nationally and regionally to clarify community supports including aids and appliances administered by local regions and areas and charged to PCRS. This plan assumes that any adjustments resulting from this work will be cost and service neutral during 2012.

Our priorities for 2012 for Primary Care:

- Ensure that the health of the population will, for the most part, be delivered in primary care settings.
- Continue developing **Primary Care Teams** (PCTs) and **Health and Social Care Networks (HSCNs**) in DNE.
- Commence plans for the management of **chronic disease** in primary care.
- Maximise opportunities to develop **Community Intervention Teams (CITs).**
- Implement **national programmes** through PCTs.
- Implement recommendations of the **National Review of GP Out of Hours Services.**
- Participate in the development of **ICT electronic referrals systems** within and from primary care to the acute sector.
- Implement the agreed national framework for **service-user** involvement in PCTs.
- Implement recommendations from the **review of Audiology Services**.
- Mitigate the impact of staffing reductions on our services however we must acknowledge that it is likely our clients will face additional waiting times for some services during 2012. We will seek to prioritise those most in need of access.

Our priorities for 2012 for Community (demand-led) Schemes:

DNE will continue to work with PCRS to:

- Advance the process of transforming primary care services provided by GPs by working with them to ensure their service arrangements support health service provision reconfiguration.
- Harness community pharmacy to build the capacity in primary care, optimise medicines usage in the community, encourage self care as appropriate and to provide lifestyle advice to enable people to keep active and well for as long as possible.
- Support the DOH to progress the development of new contracts with GPs and community pharmacists, which clearly define and articulate the core professional services to be provided by them within a standard based framework.
- Support key strategic projects with the objective of continuously enhancing primary care services during 2012.

Approach to reducing costs:

A significant portion (circa €7m) of the financial deficit in primary care services relates to unfunded costs within three key schemes. Two of these schemes are the Maternity and Infant Scheme and Immunisation Scheme. In the National Service Plan (p.12) it is expected that the funding for these schemes will move in Quarter 1 to a national budget, and therefore DNE primary care services will not be required to reduce frontline services, to meet these deficits. This is a welcome development.

The third scheme relates to GP Vocational training and we will work with national colleagues in 2012 to advance options to address the deficit on these schemes. Our approach will be to differentiate between “training costs” for GPs and the “service cost / benefit” provided by GPs trainees in their 3rd and 4th year, when they operate at registrar grade providing clinical services within GP practices. This approach allows for a much greater proportion of the DNE need for GPs to be met over time within the existing training budget. It is an assumption of this Regional Service Plan that there will be no requirement in 2012 to make service impacting adjustments to primary care services in DNE to meet the current unfunded deficit in the GP vocational training scheme.

Other than the above, the bulk of the costs in our primary care services are direct frontline staff, therefore the areas for implementing service neutral cost reduction measures is more restricted than other care groups. Inevitably this will involve a reduction and non-replacement in the level of PCT and HSCN frontline professional staff, albeit mitigated by €20m national ring-fenced funding referenced above. Reduction in staffing levels will impact in the main at the interface of the PCT and specialist teams working in the HSCN such as child health teams (developmental screening), school health teams (developmental screening and immunisation) home help/home care assessment specialists/teams and Community Led Geriatrician Teams.

The Primary Immunisation Services has been identified in DNE as a priority and will not be impacted by cost reduction measures. It is recognised that Specialist HSCN teams in particular school health schemes are already significantly affected by staff reductions. Service improvement measures including establishing school health / immunisation teams will be introduced to deliver these programmes.

Audiology service has been identified as a priority services and will not be impacted by cost reduction measures. It is intended to progress the establishment of a fully integrated regional audiology service during 2012 within DNE.

In DNE we will utilise all measures available in the PSA to manage the impact of retirements and cost reduction measures in 2012. A number of examples initiated in 2011 will continue into 2012 whilst the detailed 2012 PSA DNE Plan is being finalised in conjunction with the Service Plan. For example, in the two HSE Areas that have encompassed the primary and community services of the three former Local Health Offices in north Dublin, staff in all Primary Care Service disciplines have been engaged in planning for restructuring of services and boundaries to reflect the new integrated services areas.

Service Improvement

- The implementation of the interim governance structure will clarify the role of Primary Care Management Teams (PCMTs)
- Standard Operating Procedures will be implemented by the PCMT to support the ongoing development of PCTs/HSCNs services in DNE.
- Revised mapping of PCTs/HSCNs from six former Local health offices (LHOs) to four HSE Areas will increase efficiencies and effectiveness of PCT/HSCN team working arrangements.
- The recommendations of the National Review of the Public Health Nursing Service, will inform and assist HSE Areas to allocate scarce resources, maximizing nursing staff allocation, supervision and skills mix across PCTs and specialist HSCN teams. DNE sees Public Health Nurses as an essential core resource within the overall community nursing provision now and into the future. In the short to medium term, reflecting their training as clinical nurse specialists and experience as nurse mangers public health nurses should play a more obvious leadership role within a changed community nursing skill mix that provides an essential resource across a range of care groups
- We will continue to review HSE provided components of the GP Out of Hour services, such as, call taking with a view to creating greater efficiencies between the two services in the DNE Region (DDOC & NEDOC).
- Newborn Hearing Screening will be implemented during 2012 in our three maternity units (Rotunda, Our Lady of Lourdes, Drogheda and Cavan General Hospital).
- During 2012 we will finalise our assessment and prioritisation of the phased infrastructural and equipping improvements necessary to support the intended move to an integrated regional audiology across DNE.

Improving our Infrastructure

Capital projects that are to be completed and / or to become operational in 2012.

Dublin North East

- Mulhuddart, Co. Dublin – primary care centre, by lease agreement
- Ashbourne, Co. Meath – primary care centre, by lease agreement
- Kingscourt, Co. Cavan – primary care centre, by lease agreement
- Blanchardstown, Dublin – primary care centre, by lease agreement
- Cavan town – primary care centre, by lease agreement

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Primary Care Teams and Health and Social Care Networks	Commence phased roll out of chronic disease management for diabetes.	Regional approach agreed and HSE Areas implementation plan to commence phased roll out of chronic disease management for diabetes within one month of receipt of national plan.	Q4
	Increase access to primary care services through 489 PCTs.	Increase access to primary care services through 100 PCTs. 85 PCTs in place at the end of 2011. 15 PCTs to be developed during 2012.	Q3
	Enhance service integration through development of HSCNs, this being enabled through reconfiguration of existing resources.	Enhance service integration through development of HSCNs, this being enabled through reconfiguration of existing resources in line with National Plan.	Q4
	Develop clinical leadership and implement clinical governance and service management for PCTs.	Continue to implement the Interim Governance Structure until a national governance and service management for PCTs/HSCNs structure is agreed. • Network Lead Clinician to be assigned for each HSCN by assigning a Heads of Discipline (HOD) from the PCMT to this clinical supportive role. • Network Administrator to be assigned for each HSCN by reconfiguration of staff at Grade 5 and above to this business support role. • PCT Coordinator to be assigned from the PCT members on a rotational basis (9months) for each PCT. • 0.5 PCT Administrative Support to be assigned for each PCT by reconfiguration of staff below Grade 5. • Continue to develop consistent and uniform processes across PCTs/HSCNs through implementing Standard Operating Procedures.	Q2
Multidisciplinary Complex Care	Improve direct access to childcare and disability services, and community mental health services through PCTs.	Regional approach agreed and HSE Areas implementation improving direct access to childcare and community mental health services through PCTs/HSCNs. Continue implementation of the "Report of the National Reference Group on Multidisciplinary Disability Services for Children Aged 5-18 years".	Q4
	Develop protocols signposting referral pathways between specialist addiction / homeless / traveller services and primary care services.	Regional Approach agreed and HSE Areas implementation plan for the development of protocols signposting referral pathways between specialist addiction / homeless / traveller services and primary care services in line with National Plan.	Q3
Enhance Primary Care Services	**Maximise opportunities to develop Community Intervention Teams (CIT)** Expand services in existing six CITs within primary care settings.	Regional approach agreed and HSE Areas implementation plan following analysis of existing governance for CIT/CRT/CRehabT [Two CIT services; currently operating in Louth (1) and Dublin Areas (1)].	Ongoing
	Implement National Programmes through PCTs Deliver Community Cancer Control Programmes through PCTs.	Continue implementation of National Programmes through PCTs/HSCNs in line with National Plan. Deliver Community Cancer Control Programmes through PCTs.	Ongoing
	Promulgation of training for practice nurses and public health nurses.	Promulgation of training for practice nurses and public health nurses.	Ongoing
	Development of e-learning programmes in prevention, early detection and cancer care for GPs and for community nurses.	Delivery of GP information and training sessions in association with the ICGP and GP Continuing Medical Education (CME) networks.	Ongoing
	Delivery of GP information and training sessions in association with the ICGP and GP Continuing Medical Education (CME) networks.		Ongoing
	Further implementation of electronic referral processes via GP software systems to have 20% of cancer referrals made electronically (i.e. for those specialties where electronic referral processes have been developed – breast, prostate and lung).	Further implementation of electronic referral processes via GP software systems to have 20% of cancer referrals made electronically (i.e. for those specialties where electronic referral processes have been developed – breast, prostate and lung).	Ongoing
	Development of a standardised approach to brief intervention training in smoking cessation for all health care professionals.	Development of a standardised approach to brief intervention training in smoking cessation for all health care professionals.	Ongoing
	Falls Prevention Deliver falls prevention programmes through PCTs.	Regional Approach agreed and HSE Areas implementation plan for falls prevention programmes through PCTs/HSCNs 2 months after receipt of national plan.	Ongoing

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Accommodation	**Sufficient and appropriate accommodation available to enable successful functioning of PCTs** Open 19 additional primary care centres accommodating 27 PCTs.	Sufficient and appropriate accommodation available to enable successful functioning of PCTs Open 6 additional primary care centres accommodating 8 PCTs.	Ongoing
GP Training	Conclude the transfer of the GP Training Scheme to the ICGP as contracted service providers.	Continue to work with national office in concluding the transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q3
GP Out of Hours	Implement recommendations of National Review of GP Out of Hours Services.	Review the recommendations of National Review of GP Out of Hours Services in light of the new HSE Areas structures and implement recommendations as appropriate.	Ongoing
	Validate payments to GPs who are members of out of hour co-ops by reference to claims recorded on the co-op system, and submit to PCRS via agreed process using specified electronic files.	Continue to validate payments to GPs who are members of out of hour co-ops by reference to claims recorded on the co-op system, and submit to PCRS via agreed process using specified electronic files.	Ongoing
New GP Contract	Participate in the development of new GP contract to meet emerging service requirements (led by DoH).	Regional approach agreed and HSE Area implementation of the new GP contract to meet emerging service requirements (led by DoH) within 2 months of receipt of national agreement.	Ongoing
Audiology Services	**Improve Audiology Services** **Progress Implementation of Recommendations from National Review of Audiology Services to include:** Restructure services into integrated audiology service, and recruitment of national clinical lead and other key clinical support posts.	Continue regional implementation of Recommendations from the National Review of Audiology Services: Restructure services into integrated audiology service, and recruitment of national clinical lead and other key clinical support posts.	Ongoing
	Further roll out of Newborn Hearing Screening Programme to include clinical education, infrastructure and equipping requirements.	Roll out of Newborn Hearing Screening Programme in three hospital sites and ensure follow up through the 2nd tier Regional Integrated Audiology Service. Roll out accompanying clinical education and equipping requirements and progress an agreed regional infrastructure.	Ongoing
	Progress consultation and negotiation of workforce planning recommendations including MSc Sponsorship Programme requirements.	Participate in the progression of consultation and negotiation of workforce planning recommendations including MSc Sponsorship Programme requirements.	Ongoing
	Progress Audiology IT / Patient Management System.	Participate in the progression of Audiology IT / Patient Management System.	Ongoing
	Roll out of Bone Anchored Hearing Aid Programme (BAHA).	Participate in the roll out of Bone Anchored Hearing Aid Programme (BAHA).	Ongoing
Oral Health	Implement Independent Strategic Review of the Delivery and Management of HSE Dental Services.	Continue regional implementation of Independent Strategic Review of the Delivery and Management of HSE Dental Services.	Ongoing
	Establish standards for eligible and most vulnerable patients under the Dental Treatment Services Scheme.	Establish standards for eligible and most vulnerable patients under the Dental Treatment Services Scheme.	Ongoing
	Reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.	Reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.	Ongoing
	Commence implementation of Phase 1 HIQA Infection Control Standards for Dental Services.	Regional approach agreed and HSE Area implementation of Phase 1 HIQA Infection Control Standards for Dental Services.	Ongoing
	Regionally reconfigure primary care dental services.	Regional approach agreed and implementation of Regionally reconfigure primary care dental services	Q3

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Primary Care Teams (PCTs)						
No. of PCTs that are implementing structured GP Chronic Disease Management for Diabetes to incorporate the structured management of chronic diseases within the cohort of patients	NEW PI for 2012		NEW PI for 2012		Dependent upon timing of commencement of Programme	
No. of Health and Social Care Networks in operation	NEW PI for 2012		NEW PI for 2012		10	50
Dublin North West [1] [2]					0	
Dublin North Central [1]					2	
Dublin North City ISA					**2**	
North Dublin ISA					**3**	
Louth [1]					1	
Meath [1]					2	
Louth/Meath ISA					**3**	
Cavan/Monaghan ISA					**2**	
No. of Health and Social Care Networks in development	NEW PI for 2012		NEW PI for 2012		16	79
Dublin North West [1] [2]					0	
Dublin North Central [1]					4	
Dublin North City ISA					**4**	
North Dublin ISA					**6**	
Louth [1]					1	
Meath [1]					3	
Louth/Meath ISA					**4**	
Cavan/Monaghan ISA					**2**	
% of Operational Areas with community representation for PCT and Network Development	NEW PI for 2012		NEW PI for 2012		4	17 100%
Dublin North West [1] [2]					0	
Dublin North Central [1]					1	
Dublin North City ISA					1	
North Dublin ISA					1	
Louth [1]					0	
Meath [1]					1	
Louth/Meath ISA					1	
Cavan/Monaghan ISA					1	
GP out of Hours						
No. of contacts with GP out of hours	159,720	968,000	178,651	957,126	178,651	957,126
Dublin North	89,860		98,651		98,651	
North East	69,860		80,000		80,000	
Physiotherapy Referrals						
No. of patients for whom a primary care physiotherapy referral was received in the reporting month	NEW PI for 2012		NEW PI for 2012		30,972	169,006
Dublin North West [1] [2]					3,945	
Dublin North Central [1]					4,581	
Dublin North City ISA					**8,526**	
North Dublin ISA					**4,348**	
Louth [1]					4,856	
Meath [1]					5,242	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Physiotherapy Referrals contd						
Louth/Meath ISA					**10,098**	
Cavan/Monaghan ISA					**8,000**	
Health Care Associated Infection: Antibiotic Consumption						
Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	NEW PI for 2012			21.7(Q2 data)	21	21
Orthodontics						
Total no. of patients receiving active treatment during reporting period		18,000	2,044	13,777	2,044	13,777
No. of patients in retention during reporting period	To be disaggregated in 2011		785	3466	785	3466
No. of patients who have been discharged with completed treatments during reporting period		2,000	274***	1,423	274***	1,423

[1] Former Local Health Office
[2] Dublin North West will be divided between ISA's Dublin North & Dublin North City
*** Data used in NSP was Quarterly Data. Actual DNE Outturn is 1,029 and Projected Expected Activity 2012 is 1,029.

Hospital Services

Introduction

The hospitals in the DNE region deliver a wide range of services for acute, complex and non-urgent conditions to a population in excess of 1,019,658 and to a broader population for certain specialist services. In recent years, DNE has restructured these services through its reconfiguration and transformation programmes.

The move to establish hospital groups (networks) as a precursor to Trusts for all hospitals including current statutory hospitals as part of the governments health reform programme is expected in the coming months. This is a key development which we will need to effectively manage within the overall implementation of this plan.

DNE's hospital budgets are under considerable pressure as demand for services continues to grow. In 2012, our acute hospital services will need to reduce their costs by a total of **€68m (7.8%)** taking account of the average budget cuts of **4.3%** coupled with increased cost pressures and incoming deficits from 2011.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012* **	**4.1%**	**5.5%**	**4.0%**	**3.6%**	**16.5%**	**4.3%**
1. Incoming Embedded Deficit/(Surplus) 2011 *	5,389	9,967	6,968	4,193	(8,857)	**17,660**
2. Increased Cost Pressures 2012	1,592	2,619	4,154	4,908	0	**13,273**
3. Service Impacting Budget Reduction for 2012	3,224	9,607	12,780	10,299	1,211	**37,121**
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	10,205	22,193	23,902	19,400	(7,646)	**68,054**
Total Financial Challenge % 2012	**12.9%**	**12.7%**	**7.4%**	**6.8%**		**7.8%**

Agency & Overtime Costs 2011

	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011	13,416	27,328	27,817	21,051		**89,612**

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

Despite the overall budget reductions in all services in 2012 Dublin North East is investing over €6m on a full year cost basis on implementing the National Clinical Programmes to deliver improvements in clinical services including stroke care, acute medicine, emergency medicine, surgery and chronic disease management.

In planning for the delivery of our hospital services in 2012, DNE is committed to:

- Minimising service impacts and properly managing quality and risk issues for patients.
- Delivering the maximum possible proportion of 2011 scheduled care (planned / elective) activity levels.
- Treating planned / elective patients in strict chronological order for both inpatient and day case to achieve the elective waiting time (PTL) targets – the exceptions being clinically urgent[14] cases including cancer patients.
- Taking necessary corrective measures as appropriate at the start of the year so that there is less likelihood of having to restrict services further later in the year.
- Prioritising unscheduled care (ED-trolley waits) particularly in the peak capacity pressure periods.
- Build on progress made in 2012 whereby DNE eliminated all adult elective waits over 12 months by complying with the new 9 month maximum wait time
- This will require us to prioritise those who are waiting longest and given the overall reduction in capacity and activity will be balanced by a likely increase in average waiting times.

[14] Clinical urgency will need to be properly established and evidenced and will be subject to ongoing monitoring.

Our priorities for 2012:

- Reduce **costs safely** – despite the requirement to reduce staffing levels and costs we will maintain our focus on quality and patient safety. While rationalizing the number of senior clinical management roles we will prioritise permanent replacement of the remaining key roles including within nurse management.
- Address **hospital egress** –as we improve internal hospital clinical and discharge planning processes an emerging need for the provision of additional home support and intermediate care places has been identified. DNE will work with national colleagues, including the SDU, to address this need with the aim of maximising inpatient capacity.
- Stabilise the level of services that can be provided for the **available resource.**
- Continue to roll-out the **National Clinical Care Programmes**, prioritising the Acute Medicine, Emergency Medicine, Elderly Care and Surgery programmes.
- **Integration** - the establishment of our Integrated Services Area in 2011 provided significant opportunities to work closely between hospital and community services, which played an important role in the improved ED performance across the winter pressure period, and this enhanced integration will be continued focus for 2012.
- Secure the future viability of our **smaller hospitals** by safely making them busier and more cost efficient.
- Increase the **levels of activity in our smaller hospital sites**, including Monaghan and Dundalk.
- Continue the implementation of the Acute Medicine Programme at Navan Hospital and move towards Model II status at that hospital. (Subject to continued improvement in the ED patient experience wait times in Our Lady of Lourdes, Drogheda). We will engage early with the SDU around any further hospital reconfiguration within the region and we continue to deliver reconfiguration on the basis of integrated plans which address the balance of capacity demand resource and associated risks within the region.
- Implement **cost containment measures** and target pay related costs through DNE's (draft) Sustainability Plan 2012- 2014.
- Work with the **SDU to improve access** to emergency care / planned surgery / outpatient diagnostic services, in accordance with the national key performance indicators.
- Progress **the OPD Data Quality Programme** in all hospitals.
- Commence implementation of a national model of **paediatric** care.
- Ensure that patients are treated in a setting appropriate to their clinical acuity by optimising the **safe transfer of patients** between hospitals in the region.

Approach to reducing costs:

Given our need to reduce costs by €**68m (7.8%),** there will be an average reduction of 3% in hospital activity. Our approach to reducing costs as set below is underpinned by our commitment to achieving maximum delivery within available resources on all key performance indicators across the Balanced Scorecard of Quality, Access and Finance.

- We need to reduce capacity (clinics / theatre sessions / beds etc), to reflect a similar % reduction to our cost reductions, given the reasonably direct link between cost and capacity. However, we will work to achieve greater efficiencies in how we organise staff and capacity to limit the restrictions in so far as is possible. The extent of the % reduction in capacity will also be affected by the need to target any capacity reductions away from unscheduled care (ED- trolley waits) in so far as is practical, thereby placing a higher burden on other aspects of hospital services.
- There is not a simple linear relationship between capacity and activity (the number of patient consultations/procedures as inpatients/outpatients). Therefore, we aim to achieve further efficiencies in the throughput of our capacity to further limit reductions in activity volume and access times and will use the opportunities presented by the National Clinical Programmes to assist with this.
- There has been an ongoing programme of cost reductions in DNE for the last number of years. We have to be realistic in terms of what further efficiencies can be achieved and must acknowledge that we will not be able to maintain 2011 levels of total activity / access / capacity.
- Within overall activity there are different levels of clinical priority. In DNE, we aim to target activity reductions to ensure clinically urgent cases including cancer cases are not affected. Clinical priority is the key factor in deciding which activity may be delayed.
- In the context of the above it may be necessary to reduce overall acute bed capacity in the region of **100 bed closures** across the hospital system. The decision regarding bed closures will be subject to the outcome of an ongoing assessment of medical and surgical bed capacity requirements (which can be provided within allocated budgets) and improved hospital egress options as previously referred to.
- In DNE we will utilise all measures available in the Public Service Agreement (Croke Park) (PSA) to manage the impact of retirements and cost reduction measures in 2012. A number of examples initiated in 2011 will continue into 2012 whilst the detailed 2012 PSA DNE Plan is being finalised in conjunction with the Service Plan. The reconfiguration of services in Cavan Monaghan Hospital and in the Louth Meath Hospital Group has seen the benefits of the centralisation of acute medical, surgical and emergency medical services into larger hospitals, with the smaller hospitals moving to the provision of locally accessible ambulatory and planned services, diagnostics, and non-acute inpatient care.
- We will engage fully with the SDU around our cost containment plans as the year progresses. Where draft cost containment measures are assessed as having a potential significant impact on our key performance indicators we will share our assessment and risk rating of same with the SDU prior to implementation.

Service Improvements 2012:

- €850,000 investment in preparing our three National Colorectal Screening candidates sites at Cavan General, Louth County Hospital and Connolly Hospital.
- €1m priority investment at Our Lady of Lourdes Hospital, Drogheda to facilitate expansion of medical assessment unit hours and additional bed capacity.
- €885,000 ring-fenced funding for clinical priorities to assist with birth rate pressures at Rotunda Hospital.
- Additional funding for Newborn Hearing Screening will be sought to enhance community nursing and midwifery services.
- National Clinical Programmes 2012 expected investment approximately (full year cost of investment excess of €6m):
    - Beaumont - €1.3m
    - Mater - €1.1m
    - Connolly - € 440,000
    - Louth /Meath Hospital Group - €550,000
    - Cavan / Monaghan Hospital Group €250,000
    - Cappagh - €80,000
    - Regional priorities to be finalised - €850,000 in consultation with national clinical programmes
    - An additional capital allocation of €580,000 has been secured for the regions hospitals to support the care programmes
- Where not already in place develop systems and processes for inter-hospital transfer to ensure the timely and safe transfer of patients who require critical care.
- Enhance the provision of renal dialysis services by working with the providers of additional satellite dialysis centres in HSE Dublin North East.
- Commence regional Bone Anchored Hearing Aid Service in Mater Hospital.
- To deliver 7 day early morning ward rounds by a senior decision maker achieving a significant increase of weekend discharges and a balanced distribution of discharges by day of week.
- To deliver final implementation of the estimated date of discharge EDD process for each patient linked to an explicit treatment plan and best practice.
- To meet the deliverables and schedules of the Clinical Care Programmes as defined explicitly by the programmes.
- Implementation of the National Clinical Programmes and reconfiguration of our acute hospitals in 2012, incorporating capacity, demand, resources and associated risks will be submitted to the SDU.

Improving our Infrastructure

Capital projects that are to be completed and / or to become operational in 2012.

Dublin North East – Total DNE 2012 Capital investment in excess of €60m

- Completion of new adult Mater Hospital with a total capital project cost of €205m
- €1.5m installation of MRI scanner at Connolly Hospital, Blanchardstown
- Completion of MAU at Our Lady of Lourdes Hospital, Drogheda
- Refurbishment of Endoscopy Unit at Louth County Hospital

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Clinical Programmes We will further develop and implement clinical programmes with a particular focus on delivering guidelines, protocols, pathways, clinical decision making tools and associated metrics. This will provide implementation support by way of education and clinical leadership engagement.	**Acute Medicine** Acute Medicine model fully operational in 18 initial sites National Early Warning operational in a targeted number of sites.	AMP fully operational in 6 sites with functioning AMU/MAU units in Beaumont, Mater, Connolly, Our Lady of Lourdes Hospital, Drogheda, Our Lady's Hospital, Navan and Cavan. Complete roll-out of EWS in L/M, C/M, Mater, Beaumont /Connolly	Q4 Q4
	Emergency Medicine Programme Implement improved patient access to Consultant delivered care, improve ED throughput and establish Emergency Care networks.	Recruit ED consultants to Mater, Connolly OLOL & Beaumont. Improve discharge planning and overall hospital clinical processes in DNE EDs which will contribute to reduction in PET and trolley count. Establish ED networks as determined nationally.	Q4
	Stroke Stroke units operational to KPI standard. Explore development of stroke rehabilitation units in a targeted number of sites. Provision of 24/7 thrombolysis in all hospitals admitting acute stroke patients. All patients to have rapid access to specialist TIA (transient ischemic attack) services. Implement the stroke register in 80% of all hospitals admitted acute stroke patients.	Acute stroke units established in 5 sites Beaumont, Mater, Connolly, Cavan and OLOL, each reporting via HIPE portal, data which demonstrates achievement of KPI targets. Provision of 24/7 thrombolysis service in remaining recommended sites in DNE in association with NAS access protocols for FAST positive patients. All DNE patients will have rapid access to TIA services as required. Register 80% DNE stroke patients on stroke register.	Q4
	Heart Failure Roll out of heart failure guidelines and protocols.	Achieve reduction in ALOS and readmission rates by providing access to specialist team for HF patients in 5 hospitals: Beaumont, Cavan, Connolly, Mater and Our Lady of Lourdes Hospital, Drogheda.	Q3
	Acute Coronary Syndrome Pre-hospital protocols for all ACS (STEMI and non-STEMI ACS) in place.	Achieve reperfusion targets for STEMI and non-STEMI patients. Have agreed policies in place for pre- hospital transfer to Mater by NAS.	Q3
	Chronic Obstructive Pulmonary Disease (COPD) Implementation of COPD register / data set.	Achieve reduction in ALOS and admission rates by providing access to specialist hospital and outreach COPD services.	Q4
	Asthma Development of a national model of care for Asthma and implementation plan for same.	Develop asthma education programme at all hospital sites with particular focus on ED and AMU staff.	Q3
	Diabetes Commence phased roll out of chronic disease management for diabetes. Roll out of subcutaneous CSII for treatment (for under fives) (insulin pumps). Continue to implement the national diabetic retinopathy screening programme. Implement the national foot care programme. Develop national guidelines for diabetes in pregnancy.	Reduce the incidence of active foot ulceration and amputations in diabetics by improving access to foot care as per national model. Apply national programmes for chronic disease, under 5s and pregnancy as required.	Q4
	Renal Maintain / increase number of renal transplants performed by NRTP and the no. of patients accessing home therapies. Complete tenders for National Peritoneal Dialysis and consumables. Commission six contracted satellite haemodialysis units. Roll-out of Kidney Disease Clinical Patient Management System (KDCPMS) to the remaining networks.	Subject to available donors and related resources, provide up to 200 transplants at Beaumont hospital in 2012 and home therapies to 70-80 patients in region. Provide dialysis services closer to home by provision of 2 additional satellite centres in DNE. All dialysis patients registered on KDCPMS.	Q4
	Radiology Optimise service to meet turnaround times for unscheduled care in line with AMP/EMP programmes.	Provision of timely access to diagnostic radiology services in all hospitals with ED/ AMU which facilitates maximum PET of 9 hours.	Q4
	Outpatient Antimicrobial Therapy OPAT Award tender for national compounder and establish regional centres. Roll-out of national registry.	Establish Mater as regional centre once guidelines agreed nationally.	Q3
	Palliative Care Develop palliative care competency framework.	Apply PC competency framework once approved nationally.	Q3
	Care of the Elderly Roll out comprehensive geriatric service model.	Improve unscheduled care services for frail elderly in hospitals. Reduce ALOS and improve intermediate care services for elderly medical patients.	Q4
	Outpatient programmes: dermatology, neurology, orthopaedics, epilepsy, rheumatology 30% increase in activity. Implementation of national clinical guidelines and pathways new patient attendances and PTL targets achieved. Six Regional Epilepsy Centres operational. 12 MSK clinics operational.	Achieve OPD PTL targets as agreed by SDU. Achieve recommended levels of activity for new and review attendances in specialities with large waiting lists. Epilepsy; Increase number of beds in EMU Beaumont and commence satellite clinics. An excess of 2000 patients from OPD waiting lists will be seen by MSK physiotherapists.	Q4
	Obstetrics and Gynaecology Services Develop strategic 5 year workforce plan for obstetrics and gynaecology. Establish local process improvement / implementation teams in the 19 maternity sites. Develop, disseminate and implement national guidelines.	Continue to implement national guidelines and recommendations in maternity services in DNE through the Rotunda Hospital LIT and NE Regional Women's Health Clinical Network Team.	Q4

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Clinical Programmes contd	**Audiology Services** Appoint National and Regional Leads. Develop patient management system. Implement workforce planning recommendations of NARG Report. Integration of community and acute audiology.	Reduce Paediatric Community waiting lists and prepare for roll-out of Newborn Hearing Screening service. Establish framework for DNE integrated audiology services.	Q4
	Rehabilitation Develop regional networks, local rehab teams and associated protocols etc. Define an enhanced model for community based rehabilitation services.	Develop regional networks and develop plan to increase rehab capacity in DNE.	Q4
	Medication Management Develop strategic plan for medicines management for elderly. Undertake analysis of biologic infusion therapy.	Contribute to the development of national model as required.	Q2
	Haemochromatosis Implement national model of care and guidelines for Haemochromatosis treatment. Establish three regional walk-in venesection clinics.	Once 3 sites are selected nationally establish as required in DNE.	Q4
	Blood Transfusion Reduction in platelet, Red cell and O neg Blood usage as per NSP. Identify and execute savings in procurement.	Reduce platelet, Red cell and O neg Blood usage as per NSP KPIs in DNE hospitals.	Ongoing
Resource Allocation Pilot *Complete an initiative which commenced in 2011 to pilot a change to procedure-based funding of hospital services instead of block grants*	Extend prospective funding model to remaining elective orthopaedic sites and develop a plan to roll-out the prospective funding model to other elective surgery services.	Achieve agreed activity targets for elective orthopaedic surgery in Navan and Cappagh and track associated improvements in DOSA rates.	Q4
Cystic Fibrosis	National Model of Care and associated guidelines designed. Continue Planning for the extension or opening of CF Units.	Beaumont CF continues to provide specialist services for CF patients.	Ongoing
Hospital Laboratories	Continue the consolidation of cold laboratory work in 2012.	Progress the consolidation of cold laboratory work in DNE.	Ongoing
Endoscopy Services *Provision of high quality, timely and accurate services with associated quality patient experience*	Complete phase 2 of the procurement project for the Electronic Reporting System (ERS). Develop plans for the installation of ERS in remaining 10 public hospitals. Complete specification for the national database.	Roll out and installation of ERS (a Clinical Information System) at remaining sites: Connolly Hospital, Cavan General Hospital, Our Lady of Lourdes Hospital, Drogheda and Louth Co Hospital, Dundalk. Develop plans for an ERS for Our Lady's Hospital, Navan, and Monaghan Hospital.	Q4 Q4
Smaller Hospitals *Re-organisation of Smaller Hospitals*	Publish in conjunction with the DOH, the Framework for Smaller Hospitals and the re-organisation plans for 9 smaller hospital sites. Undertake a public communication and consultation process nationally and with HIQA on same.	Provide DNE support as required.	Ongoing
European Working Time Directive for NCHDs	Establish a National Working Group on EWTD Implement EWTD in respect of interns. Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance. Report on consequent reduction in hours.	Medical manpower managers liaise and co-operate with the National Group. Continue to work towards full implementation of the EWTD Report progress on reduction in hours to the National Working group.	Ongoing Ongoing Q4
Pre-Hospital Emergency Care Services *Re-configure Ambulance Services to respond to changing models of service*	**Prepare the National Ambulance Service to support changes to Acute Hospital Services:** Roll-out of Education and Competency Assurance Plan to support ACS Clinical Care Programme and revised Clinical Practice Guidelines. Develop and implement Pre Hospital National Appropriate Hospital Access Protocols for Paediatrics, Obstetrics, Stroke, ACS and Trauma in conjunction with Clinical Care Programmes. Continue to develop suite of key performance indicators with HIQA on pre-hospital emergency care.	All training requirements arising from the ACS Clinical Care Programme will be met by the completion of the 2011-2012 Education and Competency Plan. Pre Hospital national protocols for Paediatrics, Stroke, Trauma complete and implemented. ACS protocol will be implemented in line with the National Model of Care. Medical Directorate progressing the development of a suite of Clinical Outcome Indicators for NAS.	Q2 Q1 Q1

Note: The 2012 DNE deliverables not associated with 2011 Appendix 2 posts, will be subject to availability of additional resources in 2012 as appropriate.

2. Performance indicators (including SDU reporting requirements) (see attached excel spreadsheet)

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Discharges Activity						
Discharges Activity: Combined Inpatient and Day Case	250,800	1,329,100	247,983	1,341,335	240,544	1,301,095
Cavan General Hospital	23,824		23,764		21,707	
Monaghan General Hospital	5,475		4,400		5,369	
Cavan/Monaghan ISA	**29,299**		**28,164**		**27,076**	
Louth County	8,385		8,484		9,222	
Our Lady of Lourdes	29,308		27,578		24,841	
Our Lady's Hospital - Navan	10,655		9,316		9,291	
Louth/Meath ISA	**48,348**		**45,378**		**43,354**	
Beaumont Hospital	68,542		66,624		65,778	
Connolly Hospital - Blanchardstown	19,536		19,510		19,351	
North Dublin ISA	**88,078**		**86,134**		**85,129**	
Mater Misericordiae Hospital	54,710		56,487		53,981	
Cappagh Orthopaedic	11,169		11,371		10,742	
Rotunda Hospital	19,196		20,449		20,262	
Dublin North City ISA	**85,075**		**88,307**		**84,985**	
Discharges Activity: Inpatient	107,700	574,000	106,904	585,861	103,276	568,285
Cavan General Hospital	14,800		14,754		13,721	
Monaghan General Hospital	0		0		0	
Cavan/Monaghan ISA	**14,800**		**14,754**		**13,721**	
Louth County	2,302		444		350	
Our Lady of Lourdes	20,370		19,890		18,829	
Our Lady's Hospital - Navan	5,846		4,589		4,511	
Louth/Meath ISA	**28,518**		**24,923**		**23,690**	
Beaumont Hospital	21,007		21,698		21,124	
Connolly Hospital - Blanchardstown	10,010		10,010		9,775	
North Dublin ISA	**31,017**		**31,708**		**30,899**	
Mater Misericordiae Hospital	15,230		16,834		16,214	
Cappagh Orthopaedic	2,332		2,254		2,063	
Rotunda Hospital	15,803		16,431		16,689	
Dublin North City ISA	**33,365**		**35,519**		**34,966**	
Discharges Activity: Day Case	143,100	755,100	141,079	755,474	137,268	732,810
Cavan General Hospital	9,024		9,010		7,986	
Monaghan General Hospital	5,475		4,400		5,369	
Cavan/Monaghan ISA	**14,499**		**13,410**		**13,355**	
Louth County	6,083		8,040		8,872	
Our Lady of Lourdes	8,938		7,688		6,012	
Our Lady's Hospital - Navan	4,809		4,727		4,780	
Louth/Meath ISA	**19,830**		**20,455**		**19,664**	
Beaumont Hospital	47,535		44,926		44,654	
Connolly Hospital - Blanchardstown	9,526		9,500		9,576	
North Dublin ISA	**57,061**		**54,426**		**54,230**	
Mater Misericordiae Hospital	39,480		39,653		37,767	
Cappagh Orthopaedic	8,837		9,117		8,679	
Rotunda Hospital	3,393		4,018		3,573	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Discharges Activity contd						
Dublin North City ISA	**51,710**		**52,788**		**50,019**	
% of Discharges which are Public						
% Discharges which are public : Inpatient		80.0%	79.0%	78.0%	80.0%	80.0%
Cavan General Hospital			81.8%		82.0%	
Monaghan General Hospital			0.0%		0.0%	
Cavan/Monaghan ISA			***		**82.0%**	
Louth County			77.4%		80.0%	
Our Lady of Lourdes			78.6%		80.0%	
Our Lady's Hospital - Navan			74.3%		80.0%	
Louth/Meath ISA			***		**80.0%**	
Beaumont Hospital			74.3%		80.0%	
Connolly Hospital - Blanchardstown			95.2%		95.0%	
North Dublin ISA			***		**87.5%**	
Mater Misericordiae Hospital			81.6%		82.0%	
Cappagh Orthopaedic			76.8%		80.0%	
Rotunda Hospital			70.9%		80.0%	
Dublin North City ISA			***		**80.0%**	
% Discharges which are public: Day Case		80.0%		85.0%	80.0%	80.0%
Applies all hospitals in DNE						
Unscheduled Activity						
No. of emergency presentations	240,200	1,199,900	237,017	1,172,168	236,000	1,195,700
Cavan/Monaghan ISA (Cavan Gen)	**32,581**		**31,500**		**32,950**	
Our Lady of Lourdes	59,983		55,500		54,606	
Our Lady's Hospital - Navan	20,143		19,318		19,466	
Louth/Meath ISA	**80,126**		**74,818**		**74,072**	
Beaumont Hospital	48,600		50,345		50,231	
Connolly Hospital - Blanchardstown	31,405		31,450		31,316	
North Dublin ISA	**80,005**		**81,795**		**81,547**	
Dublin North City ISA: Mater	**47,488**		**48,904**		**47,431**	
No. of emergency admissions	71,800	361,400	69,010	371,499	68,000	357,600
Cavan/Monaghan ISA (Cavan Gen)	**11,129**		**10,870**		**10,707**	
Our Lady of Lourdes	19,069		16,110		15,893	
Our Lady's Hospital - Navan	4,369		3,690		3,635	
Louth/Meath ISA	**23,438**		**19,800**		**19,528**	
Beaumont Hospital	16,686		16,510		16,262	
Connolly Hospital - Blanchardstown	8,334		8,490		8,363	
North Dublin ISA	**25,020**		**25,000**		**24,625**	
Dublin North City ISA: Mater	**12,213**		**13,340**		**13,140**	
Outpatients Activity; No. of outpatient attendances	810,800	3,591,700	No data available due to reclassification of metrics		To be confirmed by Quarter 1 2012	
To apply in all DNE ISAs						
Births Activity: Total No. of Births	14,596	74,200	14,948	73,490	15,406	73,216
Cavan/Monaghan ISA (Cavan Gen)	**1,980**		**2,073**		**2,054**	
Louth/Meath ISA (OLOL)	**3,705**		**3,705**		**4,033**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Births Activity contd						
Dublin North City ISA (Rotunda)	**8,911**		**9,170**		**9,319**	
Dialysis Modality: Haemodialysis	397	1,650-1,740	397	1,670	405-415	1,760-1,870
Dialysis Modality: Home Therapies	69	245-270	69	245	70-80	280-290
Dialysis Modality: Total	466	1,895-2,010	466	1,915	475-495	2,040-2,160
Average Length of Stay (ALOS)						
Overall ALOS for all inpatient discharges and deaths excluding		5.6		6		5.6
Cavan General Hospital	5.6		4.6		4.6	
Monaghan General Hospital	5.6					
Cavan/Monaghan ISA	**5.6**		**4.6**		**4.6**	
Louth County	5.6					
Our Lady of Lourdes	5.6		4.7		4.7	
Our Lady's Hospital - Navan	5.6		6.5		5.6	
Louth/Meath ISA	**5.6**		***		***	
Beaumont Hospital	5.6		8.6		5.6	
Connolly Hospital - Blanchardstown	5.6		6.6		5.6	
North Dublin ISA	**5.6**		***		**5.6**	
Cappagh Orthopaedic	5.6		5.4		5.4	
Mater Misericordiae Hospital	5.6		9.6		5.6	
Rotunda Hospital	5.6		3.2		3.2	
Dublin North City ISA	**5.6**		***		***	
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days		5		4.7	4.5	4.5
New PI to apply in all DNE ISAs	5				4.5	
Inpatients						
% of elective inpatients who had principal procedure conducted on day of admission	75%	75%	48%	49%	75%	75%
Cavan General Hospital	75%		79%		75%	
Monaghan General Hospital	75%				75%	
Cavan/Monaghan ISA	**75%**		**79%**		**75%**	
Louth County	75%		93%		75%	
Our Lady of Lourdes	75%		28%		75%	
Our Lady's Hospital - Navan	75%		28%		75%	
Louth/Meath ISA	**75%**		**32%**		**75%**	
Beaumont Hospital	75%		49%		75%	
Connolly Hospital - Blanchardstown	75%		66%		75%	
North Dublin ISA	**75%**		***		**75%**	
Mater Misericordiae Hospital	75%		38%		75%	
Rotunda Hospital	75%		54%		75%	
Cappagh Orthopaedic	75%		54%		75%	
Dublin North City ISA	**75%**		***		**75%**	
Note: Plan to move towards a hospital specific target which factors in on-site specialties and service priorities visa vie basket of procedures for day of admission %						
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	NEW PI 2012		NEW PI 2012		≤9.6%	9.6%

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Inpatients contd						
No. of people re-admitted to ICU within 48 hours	NEW PI 2012		NEW PI 2012		NEW PI 2012. Baseline to be established 2012	
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	NEW PI 2012		80%		95%	95%
No. of first presentations to hospital with a primary diagnosis of development dysplasia of hip (DDH) at 1 year of age or older	NEW PI 2012		NEW PI 2012		NEW PI 2012	
Delayed Discharges						
No. of hospital delayed discharges			253	817	169	Reduce by 10%
Cavan General Hospital			14		12	
Monaghan General Hospital			0		0	
Cavan/Monaghan ISA			**14**		**12**	
Louth County			0		0	
Our Lady of Lourdes			16		14	
Our Lady's Hospital - Navan			11		10	
Louth/Meath ISA			**27**		**24**	
Beaumont Hospital			90		81	
Connolly Hospital - Blanchardstown			53		47	
North Dublin ISA			**143**		**128**	
Mater Misericordiae Hospital			67		30	
Cappagh Orthopaedic			2		1	
Dublin North City ISA			**69**		**31**	
Reduction in bed days lost through delayed discharges	NEW PI 2012		NEW PI 2012		NEW PI 2012	
To apply in all DNE ISAs						
Day Case						
% of day case surgeries as % of day case plus inpatients, for a specified basket of procedures		75%		72%		75%
Cavan General Hospital	75%		72%		75%	
Monaghan General Hospital	100%		100%		100%	
Cavan/Monaghan ISA	***		***		***	
Louth County	75%		67%		75%	
Our Lady of Lourdes	75%		40%		75%	
Our Lady's Hospital - Navan	75%		79%		79%	
Louth/Meath ISA	**75%**		***		***	
Beaumont Hospital	85%		76%		76%	
Connolly Hospital - Blanchardstown	75%		70%		75%	
North Dublin ISA	***		***		***	
Mater Misericordiae Hospital	75%		82%		82%	
Rotunda Hospital			88%		88%	
Cappagh Orthopaedic	77%		81%		81%	
Dublin North City ISA	***		***		***	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Outpatients (OPD)						
An agreed set of OPD metrics will be in place and reported by Quarter 2 2012					To be confirmed by Q1 2012	
Births						
% delivered by Caesarean Section		20%		27%		20%
CM ISA (Cavan General)	20%		28.7%		20%	
LM ISA (OLOL)	20%		29.6%		20%	
DNC ISA (Rotunda Hospital)	20%		29.0%		20%	
Colonscopy / Gastrointestinal Service						
No. of people waiting more than 4 weeks for an urgent colonoscopy		0		0		0
DNE ISAs have no patients waiting more than 4 weeks.					0	
No. and % of people seen within 3 months for all gastrointestinal scopes	NEW PI 2012		NEW PI 2012		< 5%	< 5% New PI 2012
New PI for all ISAs. No data yet available.						
Unscheduled Care						
% of all attendees at ED who are discharged or admitted within 6 hours of registration		100%	Data in 2011 was not inclusive of all hospitals.		95%	95% by Sept. 2012
No. and % of patients who were admitted through ED within 9 hours from registration	New reporting time band 2012		New reporting time band 2012		100%	100%
Scheduled Care						
No. and % of adults waiting > 9 months (inpatient)	New reporting time band 2012		New reporting time band 2012			0 0%
No. and % of adults waiting > 9 months (day case)	New reporting time band 2012		New reporting time band 2012			0 0%
No. and % of children waiting > 20 weeks months (inpatient)	To apply in all DNE ISAs	0		1,294 60%		0 0%
No. and % of children waiting >20 weeks (day case)		0		1,312 53%		0 0%
Consultant Public: Private Mix						
Casemix adjusted public private mix by hospital for inpatients		80 : 20	Under review baseline to be established.		80:20 except Rotunda, which is 70:30	80 : 20
Casemix adjusted public private mix by hospital for daycase		80 : 20	Under review baseline to be established.		80:20	80 : 20
Consultant Contract Compliance						
% of consultants compliant with contract levels by hospital type (Type B / B* / C)		100%	Under review baseline to be established.			100%
Blood Policy						
No. of units of platelets ordered in the reporting period		22,000		22,210	3%	21,500 (3% reduction)
For all hospitals, apart from Rotunda, which is to TBC						
% of units of platelets outdated in the reporting period, all hospitals		<10%		<4.5%	<10%	<10%
% usage of O Rhesus negative red blood cells, all hospitals		<11%		<12.9%	<11%	<11%
% of red blood cell units rerouted to hub hospital, all hospitals		<5%		<4.4%	<5%	<5%

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Blood Policy contd						
% of red blood cell units returned out of total red blood cell units ordered		<2%		<1.1%	<2%	<2%
Health Care Acquired Infection (HCAI)						
Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used		0.085	0.071 (Q2 data)	0.071 (Q2 data)	<0.067	<0.067
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	New PI for 2012			3.2 (Q2 data)		<3.0
Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital		76	86 (combined Q1 and Q2 data)	86 (combined Q1 and Q2 data)	83	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used) in all hospitals		23		22.7 (combined Q1 and Q2 data)	23	23
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool in all health care settings	New PI for 2012			75%		85%

*** Disaggregated data not available.

Clinical Programme Performance Indicators

A number of key performance indicators have been developed which will support implementation of the clinical programmes and these are set out below. Some targets have been set and can be seen in the full Performance Indicator and Activity Suite. Some programmes will establish indicator baselines during the year, and only then will reporting commence. These will then inform the setting of targets in 2013. In addition, we will develop new performance indicators for other clinical programmes during 2012 (such as neurosurgery, etc.)

Acute Medicine

- % of all new medical patients attending the acute medical unit (AMU) who spend less than 6 hours from ED registration to AMU departure
- Medical patient average length of stay

Emergency Medicine Programme

- % of all patients arriving by ambulance wait < 20 mins for handover to doctor / nurse
- % of new ED patients who leave before completion of treatment
- % of patients spending less than 24 hours in Clinical Decision Unit

Stroke

- % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit
- % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis
- % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit

Heart Failure

- Rate (%) re-admission for heart failure within 3 months following discharge from hospital
- Median LOS and bed days for patients admitted with principal diagnosis of acute decompensated heart failure
- % patients with acute decompensated heart failure who are seen by HF programme during their hospital stay

Acute Coronary Syndrome

- % STEMI patients (without contraindication to reperfusion therapy) who get PPCI
- % reperfused STEMI patients (or LBBB) who get timely PPCI or thrombolysis
- Median LOS and bed days for a) STEMI and b) Non-STEMI pts

COPD

- Mean and median LOS (and bed days) for patients with COPD
- % re-admission to same acute hospitals of patients with COPD within 90 days
- No. of acute hospitals with COPD outreach programme
- % of acute hospitals and Operational Areas with access to Pulmonary Rehabilitation Programme

Asthma

- % nurses in primary and secondary care who are trained by national asthma programme
- No. of asthma bed days prevented annually
- No. of deaths caused by asthma annually

Diabetes

- % reduction in lower limb amputation from Diabetes
- % reduction in hospital discharges for lower limb amputation and foot ulcers in diabetics
- % of registered Diabetics invited for retinopathy screening

Epilepsy

- % reduction in Median LOS for epilepsy inpatient discharges
- % reduction in no. of bed days for epilepsy inpatient discharges

Dermatology OPD

- No. of new patients waiting > 3 months for dermatology OPD appointment
- Referral: New Attendance ratio

Rheumatology OPD

- No. of new rheumatology outpatients seen per hospital per year
- Referral: New Attendance ratio

Neurology OPD

- Length of time patients are waiting for neurology outpatient appointment
- Referral: New Attendance ratio

Cancer Services

Introduction

The National Cancer Control Programme is responsible for all aspects of cancer care, with the exception of palliative care. DNE is committed to implementing the NCCP regionally. The goals of the programmatic approach to cancer services, which were initiated in 2007 by the National Cancer Control Programme (NCCP), are to improve cancer prevention, detection and increase survival rates. This is being achieved through the development of a comprehensive national service, based on evidence and best practice.

NCCP is working to ensure that designated cancer centres for individual tumour types have adequate case volumes, expertise and a concentration of multi-disciplinary specialist skills. Symptomatic breast diagnosis and treatment and rapid access lung and prostate clinics will continue to be monitored through the collection of monthly key performance indicators. Lung surgery has been centralised into four regional centres. The new radiation oncology units (Phase 1) in Beaumont Hospital (and St. James' Hospital) opened in 2011. Five site-specific expert tumour groups were also established in 2011 with the objective of developing evidence based diagnostic and treatment guidelines for breast, prostate, lung, gastrointestinal and gynaecological cancers. This work will be further developed late in 2012, with additional tumour groups to be established for other cancers. In 2012, the NCCP will initiate measures to support optimal management of cancer drugs and will pursue the appointment of new consultant medical oncologists.

Our priorities for 2012:

- Plan for the extension upwards of the age range (to 65-69 year olds) for **BreastCheck** screening.
- Continue **CervicalCheck** programme and prepare for the **colorectal** screening programme.
- Deliver **cancer surgical services**, within multidisciplinary diagnostic and therapeutic environments.
- Progress the **National Medical Oncology Programme.**
- Progress the **radiation oncology programme** to create appropriate radiotherapy facilities.
- Assist and support national **expert groups for common cancers**.
- Assist in the scoping and development of **national cancer information system.**
- Assist in developing **professional staff knowledge.**

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
National Cancer Screening Services	**BreastCheck** Continue to provide breast screening to women aged 50-64.	Continue on going support to NCCP for this service.	Ongoing
	Plan for the extension of screening to 65-69 year old age range.	Engage with NCCP as required for the extended roll out to 65-69 age group.	Q4
	CervicalCheck Continue to provide cervical screening and Colposcopy services to women aged 25-60 years on a 3 or 5 year basis, dependent on age.	Continue to provide cervical and colposcopy services and monitor compliance with Service Level Agreement.	Ongoing
	Introduce HPV testing post treatment.	Support NCCP in provision of this service.	Q1
	Colorectal Screening Continue to roll out national colorectal screening programme.	Continue to plan for accreditation of selected candidate screening sites.	Ongoing
	Appoint 20 candidate Advance Nurse Practitioners to the approved gastroenterology training programme.	Support the Advanced Nurse Practitioners assigned to HSE DNE.	Q1-Q4
	Continue to develop initiatives to promote participation in all screening programmes by marginalised groups.	Ensure Health Promotion promote the programmes and access to services.	Ongoing
HSD DNE Access to Eight Cancer Centres	**Rapid Access Lung and Prostate Clinics** Monitor activity and KPIs across rapid access clinics.	Monitor Care Pathway for HSE DNE to designated centres.	Ongoing
	Prostate Cancer Surgery Complete transfer of prostate cancer surgery into six centres.	Monitor Care Pathway for HSE DNE to designated centres.	Ongoing
	Rectal Cancer Surgery Complete transfer of rectal cancer surgery into eight cancer centres and continue to monitor implementation and impacts on other surgical services in the centres.	Monitor Care Pathway for HSE DNE to designated centres. Continue to monitor implementation and impacts on other surgical services in the centres.	Ongoing Ongoing
	Pancreatic Surgery Complete establishment of pancreatic satellite unit in CUH linking into St. Vincent's National Centre.	Monitor Care Pathway for HSE DNE to designated centres.	Ongoing
	Upper GI Evaluate and select upper gastro-intestinal (GI) cancer surgical centres.	Monitor transition of Upper GI Cancer services from Connolly Hospital to Beaumont.	Q3
	Skin Cancers Develop services for treatment of skin cancers.	Participate as required in the evaluation.	Q4
	Gynaecological Cancer Plan regional centres for gynaecological cancers.	Engage with NCCP in planning regional centres for gynaecological cancers.	Q2
	Haematological malignancies Evaluate services for haematological malignancies.	Participate as required in the evaluation.	Q2
	Other Cancers Analyse scope of cancer head and neck services.	Participate as required in the evaluation.	Q4
	Continue to consolidate regional and national clinical governance models in collaboration with regional partners.	Engage with NCCP and support the consolidation and governance model.	Ongoing
National Medical Oncology Programme	Review medical oncology services from a quality assurance (QA) and safety perspective.	Participate as required in National Review.	Q4
	Continue to assess new drugs and related predictive laboratory tests through the Health Technology Review Committee and present to HSE Management Team for approval.	Monitor the approvals of new drugs and related tests and the implications they may have to the service provided.	Ongoing
	Assist in the development of mechanisms for the management of the cancer budget within the Community (demand-led) Schemes section.	Assist as required in development of mechanisms for management of Community cancer budget.	Q1
	Develop national protocols for drug usage, and standardise practice nationally.	Support the implementation of protocols, usage and standardisation of practice within HSE DNE.	Ongoing

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Radiation Oncology Services	Continue to increase capacity at centres at St. James' Hospital and Beaumont Hospital as required until fully functional (Phase 1).	Continue to increase capacity at Beaumont until Phase 1 fully functional.	Q1
	Progress the radiation oncology programme with the development of facilities as set out in the National Plan for Radiation Oncology (NPRO) within a single clinical framework.	Participate as required.	Ongoing
	Continue the development of the National Radiation Oncology Network by: Implementation of national clinical guidelines and standards. Implement the national performance management and monitoring system established to drive quality and service improvement.	Support the roll out of national clinical guidelines and standards. Support the roll out of national performance management and monitoring systems.	Q2
	Continue to establish performance management and monitoring systems to drive service quality and service improvement.	Assist NCCP as required to establish appropriate systems and quality improvements.	Q2
	Direct and facilitate the cohesive national specialist clinical networks established for the purpose of clinical audit, sharing of good practice and problem solving for breast, lung, prostate and rectal cancers.	Participate and support within HSE DNE.	Q1-Q4
Quality and Safety: National Expert Tumour Groups	Drive and guide the five national expert tumour groups established for breast, lung, prostate, gastrointestinal and gynaecological cancers in the development of national evidence based clinical practice guidelines.	Participate as required in the expert tumour groups. Disseminate the development and the learning to improve guidelines for clinical practice.	Q1-Q4
	Continue to define appropriate parameters to devise and monitor quality domains across cancer services.	Participate as required.	Q1-Q4
National Cancer Information System (NCIS)	Scope the development of an integrated national cancer information system which will enable audit, evaluation, programme monitoring and programme planning for the purposes of cancer control and will satisfy the requirements for cancer registration.	Assist as required.	
	Develop National / Regional IT connectivity across all medical oncology units to support electronic prescribing.	Assist with the regional IT connectivity.	Q4
	Disseminate information on standards of care, treatment protocols, cancer management guidelines, and cancer outcomes to health professionals, patients, and the public via website.	Ensure current information is disseminated and adhered to.	Ongoing
	Promulgate use of standardised electronic referral processes developed for common tumours.	Assist as required.	
	Partnership with ICGP to implement integrated cancer care.	Support and monitor progress on implementation of integrated cancer care in the community.	Ongoing
Quality Care in the Community	Enhance smoking cessation training for all health care professionals including e-learning in partnership with primary care specialists.	Support the smoking cessation training and e learning initiatives.	Ongoing
	Expand delivery of community nurse training programme for cancer care in association with specialist services.	Support the delivery of the training programmes.	Q4
	Deliver training courses for Primary Care Nurses and develop e-learning format.	Support the delivery of the training programmes.	Q3
	Interface with specialist services and GPs to deliver appropriate follow up cancer care of common cancers in the Primary Care setting.	Engage with NCCP in relation to monitoring the follow up provided.	Q4
Education and Research	Promote the goals and objectives of the NCCP through educational sessions in primary care and also through collaboration with consultant staff nationally including conference presentations	Promote the goals and objectives of NCCP within HSE DNE.	Q1-Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Symptomatic Breast Cancer Services						
No. of urgent attendances		13,000		13,690	2,902	13,000
Beaumont Hospital					687	
Mater Misericordiae Hospital					2,215	
No. of non urgent attendances		26,000		24,666	6,911	25,000
Beaumont Hospital					3886	
Mater Misericordiae Hospital					3,025	
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals (No. and % offered an appointment that falls within 2 weeks)		12,350 95%		13,590 99.3%	2,757 95%	12,350 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals (No. and % offered an appointment that falls within 12 weeks)		25,000 95%		23,441 95%	6,566 95%	23,750 95%
Breast Cancer Screening						
No. of invited women who attend for breast screening	NEW PI for 2012		NEW PI for 2012		29,000	140,000
Lung Cancers						
No. of attendances at rapid access lung clinic	NEW PI for 2012			1,924	To be determined	
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre		95%		1,713 89%		95%
Prostate Cancers						
No. of centres providing surgical services for prostate cancers		5		7	2	6
No. of new / return attendances and DNAs at rapid access prostate clinics	NEW PI for 2012		NEW PI for 2012		To be determined	
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	NEW PI for 2012		NEW PI for 2012		95%	95%
Rectal Cancers						
No. of centres providing services for rectal cancers		8		13	2	8
Radiotherapy						
No. of patients who completed radiotherapy treatment for breast, lung, rectal or prostate cancer in preceding quarter	NEW PI for 2012		NEW PI for 2012		To be determined	
Beaumont Hospital						
No. and % of patients undergoing radiotherapy treatment for breast, prostate, lung or rectal cancer who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist	NEW PI for 2012		NEW PI for 2012		1	90%

Older People Services

Introduction

The services provided in DNE aim to support older people to remain independent, in their own home or within their community environment for as long as possible.

The main challenge for Older People Services in 2012 will be to respond to the increasing demand for services as a result of the ageing population coupled with a financial challenge of 2.9%.

Despite the overall financial reductions affecting all services the HSE nationally will provide a net additional 1,270 long term care beds (public, private and contract/subvented). Dublin North East expects to provide within the region of a net additional 200-250[15] long term care beds during 2012. [16] It is expected that a total of more than 4,400 long term care beds will be funded in DNE this year.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012****	4.3%	4.3%	0.2%	4.8%	4.4%	4.3%
1. Incoming Embedded Deficit/(Surplus) 2011 *	1,840***	(1,788)	(43)	(3,404)	(558)	(3,953)
2. Increased Cost Pressures 2012	247	428	66	738	0	1,479
3. Service Impacting Budget Reduction for 2012	849	1,995	30	4,643	20	7,537
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	2,936	635	53	1,977	(538)	5,063
Total Financial Challenge % 2012	14.7%	1.4%	0.4%	2.0%	(115.7%)	2.9%

Agency & Overtime Costs 2011

	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011	1,357	3,090	490	7,868	493	13,298

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
****Cavan Monaghan Services for Older Persons operated within its budget during 2011 by managing over runs against available **once off** funding. For 2012 the underlying deficits including €1.1m in residential units and excess €300k in community support will have to be dealt with.*
***** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

We are committed to keeping as many of our public long term care beds open as far as is practical and appropriate during 2012. However given the scale of financial and staffing challenge the closure of some beds is unavoidable. It is not expected that the closure of public long term care beds in DNE in 2012 will exceed 105 beds[17]. This limit assumes public units are reimbursed as expected during 2012 at their current cost of care and that patients continue to choose our public beds thereby maintaining current occupancy levels. Currently two of our twenty one public residential units are being considered for closure (St. Joseph's, Ardee and The Cottage Hospital, Drogheda - total 54 beds). A decision to close units will only be made following a process which will involve consultation with residents and their families. There will be a requirement of 6 months notice to HIQA before any unit closures.

Our priorities for 2012:

- Improve **access** to services for older people.
- Provide the supports required for older persons to live independently, in their own homes, for as long as possible through the use of **high quality home support services** targeted at those in need of support for personal care.
- Maximise the sustainable **retention of public long term residential care beds** by addressing occupancy, funding and cost of care issues.
- Maintain and where possible enhance **intermediate care beds.**
- Enhance assessment and decision making process for **long term residential care placements**, to ensure the full range of support options (home care/respite/rehabilitation/intermediate care) are explored before long term care is deemed necessary.
- Improve the **quality of home care services** being delivered by implementing the *National Quality Guidelines for Home Care Support Services.*

[15] This is an expected net additional 200-250 long term care beds (public and private combined) after account is taken of the expected closure of 105 public long term care beds.
[16] Due to the national and sequential nature of the Fair Deal scheme it is not possible to predict definitively how many additional beds, within the national estimate of 1,270, will be allocated to each of the 4 regions.
[17] The range estimated in the National Service Plan was 105 – 180 public long term care bed closures.

- Progress the **Single Assessment Tool (SAT)** to determine patient/client need, and ensure equitable access to services based on need.
- To respond to referrals of allegations of **elder abuse** in a timely and appropriate manner in accordance with *Protecting Our Future.*

Approach to reducing costs

In implementing €5m cost reductions in 2012 we will:

- Fully utilise the opportunities presented by the Public Service Agreement (Croke Park) to work with staff to reduce costs safely.
- Review and where appropriate change staffing levels, supervision and skill mix within public residential units to increase the viability of these units while safely reducing costs.
- Ensure that potential closure of public residential units will be planned and managed in an agreed process as referred to previously in this chapter.
- Engage with local interest groups regarding costs of residential units, where local concerns are raised.
- Maintain existing levels of Home Care Packages, which enable the most dependent older people to remain at home.
- Home Help Hours 2012 will be reduced by no more than the national reduction rate of 4.5%. Significant work is ongoing (and has been completed for the Cavan Monaghan Area) to forensically review and improve the data collection and reporting around Home Help Hours as part of a significant governance review in this area of service. This process will lead to a more accurate restating of 2011 and 2012 Home Help Hours figures for DNE however, based on the analyses to date, we are satisfied that other than the 4.5% there will be no reduction in the actual number of hours provided between 2011 and 2012 to our clients.

Service Improvements

- We will maintain, and where possible increase, intermediate care bed capacity (rehabilitation step up/step down, respite) and provide additional community services. The increase in community services and intermediate care will be achieved by reconfiguring public long term care capacity and acute bed capacity where possible.
- DNE is fully engaged with the National Clinical Programme for Older People to move towards an improved and more integrated model of care.
- We are participating in the National Review of Home Support which will continue to improve the governance and other aspects of our home support services.
- An additional €55m has been allocated nationally to support 1270 additional places in the NHSS in 2012 with DNE expecting to benefit from approximately 200-250 places.
- We will continue to enhance the integration of our community and elderly services with our hospital services. This will affect the appropriate and timely discharge of patients from hospital as soon as possible after their acute care episode.
- Dublin North East is engaged in a pilot project with the SDU to examine the provision of additional "hospital egress options" including additional intermediate care beds.

Improving our Infrastructure

€3.5m is being invested in 2012 in the refurbishment programme for public long term care / residential units in DNE.
Capital projects that are to be completed and / or to become operational in 2012.

Dublin North East

- Cuan Ros, Community Unit, Dublin - refurbishment
- Seanchara Community Unit, Dublin - refurbishment
- Lusk Community Unit, Co. Dublin - refurbishment
- St. Oliver Plunkett Hospital, Dundalk - refurbishment

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Nursing Homes Support Scheme – A Fair Deal	**Nursing Homes Support Scheme (NHSS) – A Fair Deal** Full utilisation of NHSS – A Fair Deal within the funding allocated under Subhead B12.	Establish regional office based on proposals to management team, Oct 2011.	Q3
	Support 23,611 clients under NHSS in 2012 (based on an average of public bed closures).	Demand led scheme - access to this scheme is processed chronologically & access to services in DNE is provided based on same.	Ongoing
	Centralise administration and financial management of the scheme in a central national office (CNO), including the National Placement List.	DNE have commenced participation in the centralisation process and will continue during 2012 as per national plan.	Ongoing
Public Care Settings for Older People	Reconfiguration / rationalisation / closure of a minimum of 555 beds to occur in 4 regions: DNE = 105 (NB: proposed bed closures only, and include a small number of units for closure). However, any decision to close a unit will only be taken following an extensive consultation process with the clients and staff of the identified long stay units.	DNE bed/unit closures will take place within agreed national parameters and under the auspices of the Bed Reconfiguration Group, DNE, as mandated by RDO in October 2011. Such closures will be minimised in so far as practical and appropriate.	Ongoing
	Efficiency Examine skill mix to ensure appropriate staffing is provided to meet needs of residents by reviewing current skill mix configuration and human resource deployment in HSE residential care units in line with regional reconfiguration objectives, and make recommendations inclusive of best practice and cost effectiveness.	• DNE participation in national group to examine skill-mix and propose staffing models for residential care. • Outputs from national working group on skill mix will be considered by the DNE bed reconfiguration group for implementation as appropriate.	Q1 National Dependency Q2 National Dependency
	Examine elements of cost of care in public long term residential care e.g.,rostering arrangements.	National cost of care outcomes will be considered within DNE when available, and relevant efficiency measures implemented in conjunction with service reconfiguration and staff redeployment.	Q3 National Dependency
Older People Clinical Programme	**Service Model & Reconfiguration of Public Residential Facilities** • Work with the clinical programmes and consultant geriatricians to develop a geriatric service model. • Identify, within public bed stock, number of beds that can be converted to meet short term bed requirements. • Review and determine short term bed requirements for rehabilitation (<12months) / respite, short stay, step up / step-down and assessment.	• DNE structured input to Older People Clinical Programme will be arranged. • Bed requirements finalised and reconfiguration plan prepared by DNE Bed Reconfiguration Group.	Q2-Q3 Q3
Community and Home Supports	**Intermediate and Home Care** Identify and implement innovative models of care for people requiring intermediate and home care with a view to preventing inappropriate admissions to acute hospitals / long term residential care and addressing delayed discharges, etc. in a more timely way.	Will work with acute hospital sector to advance within DNE.	Ongoing
	Home Care Complete the National Quality Guidelines for Home Care Support Services & Implement on a phased basis.	Implement National Quality Guidelines for Home Support Services within timeframes of national implementation plan, when agreed.	Q4 National Dependency
	Home Help Service • Complete the National Home Help Guidelines and implement on a phased basis. • Implement regular reviews of home help clients to ensure optimal use of available resource. • Examine home help delivery model with a view to value for money (VFM) and service improvement.	• Implement the National Home Help Guidelines when completed. • Within DNE, develop a plan to implement regular reviews of home help clients to ensure optimal use of available resource. • Continue to examine home help delivery model within DNE in relation to issues arising from Primetime Review & enhance VFM and service improvement.	Q4 National Dependency
	Home Care Packages • Undertake reviews of home care package clients to ensure optimal use of available resource. • Finalise and implement the procurement process for home care packages. • Ensure regional governance of implementation of Approved Provider Panel.	• Continue to implement the National Home Care Package Guidelines. • Develop and implement a plan to review clients in accordance with the guidelines and to ensure VFM & optimal use of available resource within DNE. • As an outcome of the national procurement tender process, provide all new HCPs through approved providers per former LHO areas. • Implement and monitor SLAs with all approved providers. • A regional monitoring process of HCP Approved providers will be put in place as per national SOP.	Q4

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Keep Older People Healthy and Out of Hospital	Select four demonstration sites and complete the planning phase of the HSE/Genio Dementia Project to outline community based supports and commence implementation.	Pilot Genio Dementia Projects in successful areas subject to the outcome national selection process.	Pilot Q3-Q4
	Work with Ageing Well Network in the national development of Age Friendly counties.	Louth initiatives will continue in 2012. Initiatives in Meath and Fingal will commence in 2012.	Q1-4
	Liaise with the primary care service to ensure the identified needs of older people are met through the PCTs, Primary Care Networks and Community Intervention Teams.	• The development of links between older person's services & primary care will continue. • The mapping to PCTs of older person's services is ongoing, e.g., residential care within the context of bed re-configuration process.	Q2-4
Elder Abuse	**Protection of Older People – Protecting Our Future** • Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures. • Review all referrals of abuse at least six monthly.	Continued implementation	
Standardised Assessment in Community and Acute Settings	Single Assessment Tool (SAT). Conclude pilot SAT and analyse findings.	Conclude national pilot (DNE pilot sites, DNW and Connolly hospital) and await outcome for implementation.	Q2/Q3

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Home Care Packages (HCP)						
Total no. of persons in receipt of a HCP	3,385	10,230	3,545	10,870	3,545	10,870
Dublin North West [1] [2]	616		603		603	
Dublin North Central [1]	508		556		556	
Dublin North City ISA	**1,124**		**1,159**		**1,159**	
North Dublin ISA	**828**		**821**		**821**	
Louth [1]	308		409		409	
Meath [1]	590		516		516	
Louth/Meath ISA	**898**		**925**		**925**	
Cavan/Monaghan ISA	**535**		**640**		**640**	
No. of HCPs provided (calculated based on actual spend divided by standard weekly planning cost)	1,253	5,300	1,253	5,300	1,253	5,300
No. of new HCP clients	1,150	4,400	1,771	5,629	1,100	4,800
Dublin North West [1] [2]			348		216	
Dublin North Central [1]			362		224	
Dublin North City ISA			**710**		**440**	
North Dublin ISA			**438**		**272**	
Louth [1]			257		160	
Meath [1]			160		100	
Louth/Meath ISA			**417**		**260**	
Cavan/Monaghan ISA			**206**		**128**	
Home Help Hours						
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	2,423,691	11.98m	2,150,000	11,200,000	2,060,000	10,700,000
Dublin North West [1] [2]	148,027		Home Help Hours 2012 will be reduced by no more than the national reduction rate of 4.5%. Significant work is ongoing (and has been completed for the Cavan Monaghan Area) to forensically review and improve the data collection and reporting around Home Help Hours as part of a significant governance review in this area of service. This process will lead to a more accurate restating of 2011 and 2012 Home Help Hours figures for DNE however, based on the analyses to date, we are satisfied that other than the 4.5% there will be no reduction in the actual number of hours provided between 2011 and 2012 to our clients.			
Dublin North Central [1]	580,477					
Dublin North City ISA	**728,504**					
North Dublin ISA	**420,421**					
Louth [1]	263,038					
Meath [1]	463,634					
Louth/Meath ISA	**726,672**					
Cavan/Monaghan ISA	**548,094**		**435,744**		**356,689**	
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	12,900	54,000	9,486	50,623	9,486	50,002
Dublin North West [1] [2]	1,111		992		992	
Dublin North Central [1]	2,947		2,547		2,547	
Dublin North City ISA	**4,058**		**3,539**		**3,539**	
North Dublin ISA	**2,800**		**1,863**		**1,863**	
Louth [1]	1,463		1,512		1,512	
Meath [1]	1,413		1,465		1,465	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Louth/Meath ISA	**2,876**		**2,977**		**2,977**	
Cavan/Monaghan ISA	**3,166**		**1,107**		**1,107**	
Day Care						
No. of day care places for older people	Baseline to be set		National survey to be undertaken Q4 to inform 2012 targets		Targets to be determined	
Nursing Home Support Scheme (NHSS)						
No. of people being funded under NHSS in long term residential care at end of reporting month	Baseline to be set		4246	22,341	Centralised in 2012	23,611
Number and proportion of those who qualify for ancillary state support who chose to avail of it.	Baseline to be set		731.2	3,744	Demand Led	
% of complete applications processed within four weeks		100%	100%	100%		100%
Subventions and Contract Beds						
No. in receipt of subvention - No new subventions being processed as now dealt with under Fair Deal	Dependent on uptake of NHSS		250	1,300	250	760
No. in receipt of enhanced subvention - No new subventions being processed as now dealt with under Fair Deal	Dependent on uptake of NHSS		255	720	150	540
No. of people in long-term residential care who are in contract beds	New PI for 2012		New PI for 2012		To be reported in 2012	
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)	New PI for 2012		New PI for 2012		To be reported in 2012	
Public Beds						
No. of beds in public residential care setting for older people - sub-set of overall long term care beds - see note	1,300	8,200	1,349	7,987	** 1,169 -1,244	7,089-7,432
Dublin North West [1] [2]			450			
Dublin North Central [1]			105			
Dublin North City ISA			**555**			
North Dublin ISA			**150**			
Louth [1]			210			
Meath [1]			135			
Louth/Meath ISA			**345**			
Cavan/Monaghan ISA			**299**			
Elder Abuse						
No. of new referrals by region	Demand Led		466	2,213	390	2,000
No. and % of new referrals broken down by abuse type:						
i). physical,	Baseline to be set		64	335 (11%)		
ii). Psychological,	Baseline to be set		188	897 (30%)		
iii). Financial	Baseline to be set		113	587 (19%)		
iv). Neglect	Baseline to be set		113	482 (16%)		
Number of active cases	NEW PI for 2011		310	1,798		
% of referrals receiving first response from Senior Caseworkers within 4 weeks		100%	100%	100%		100%

* Based on actual outturn 2011. Not NSP expected activity of 2,150,000/ ** Actual number of public beds at the end of December 2011 is 1320, based on the correct range for expected activity 2012 is 1,140-1,215.

1 Former Local Health Office / 2 Dublin North West will be divided between ISAs Dublin North & Dublin North City

Mental Health Services

Introduction

In the DNE region, Mental Health Services are provided directly by the HSE and by voluntary sector partners in a number of different settings. DNE is committed to *A Vision for Change (2006)*, the policy guiding the development of our service albeit there is a significant disparity between the additional resource levels on which it was predicated and the reality of sustained resource reductions in recent years. DNE has already made considerable progress in reconfiguring acute inpatient capacity. In 2012, implementation of the policy will focus on continuing to progress the closure of traditional psychiatric hospitals and providing more appropriate accommodation, for patients requiring acute inpatient admission.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012***	5.7%	5.2%	0.4%	7.6%	9.5%	5.5%
1. Incoming Embedded Deficit/(Surplus) 2011 *	759	(234)	3,615	(2,568)	278	1,850
2. Increased Cost Pressures 2012	294	209	(94)	601	0	1,010
3. Service Impacting Budget Reduction for 2012	1,195	1,145	117	5,152	488	8,097
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	2,248	1,120	3,638	3,185	766	10,957
Total Financial Challenge % 2012	10.7%	5.1%	12.1%	4.7%	14.8%	7.5%

Agency & Overtime Costs 2011

	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011	2,732	529	3,191	5,185	276	11,913

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

Mental health services in DNE are under considerable pressure as demand for services continues to grow partly as a result of the increase in population which at 91,039 (9.8%) since the 2006 census is the largest increase of any of the four HSE regions. This coupled with the financial challenge of 7.5% (mitigated by national €35m funding – see below) will result in significant challenges for the regions mental health services. We will not be able to deliver the same level of service as in previous years. We will prioritise community based services particularly in areas where we are at or in some cases above the guideline levels of acute and other bed capacity recommended in *A Vision for Change.*

While acknowledging the need to develop both a regional and local community-based mental health and intellectual disability (MHIC) service response, this will be particularly challenging in the current environment. However, in 2012, in conjunction with our non-statutory partners in disability services, we will confirm our strategic plan and commence the establishment of a dedicated community based mental health service for people with an intellectual disability.

Despite the reduction in budgets across all services the Minister for State with responsibility for Mental Health has ring-fenced €35m nationally for investment in Mental Health Services. This will fund approximately 400 critical front line posts nationally which will be targeted primarily at improving community based teams. Investment in the provision of psychotherapy in primary care settings will help to ameliorate increasing demands on specialist mental health services. No allocations have been made from this resource as of yet however, DNE would expect to attract 70 WTE and €4m - €5m in addition to the budget already in place for 2012. The expected DNE allocation from within the national €35m ring fenced funding should mitigate the budget reduction to €6m – approximately 4% or less in overall terms however this will vary between inpatient and community services and between Mental Health areas.

Furthermore, Dublin North East will be investing €800,000 full year cost and 10 WTE to open 6 additional Child and Adolescent acute inpatient beds at St. Vincent's Hospital, Fairview. This increases the number of beds at the unit to 12 and the investment will enhance Child and Adolescent Day Hospital and community-based services.

Our priorities for 2012:

- Stabilise the level of services that can be provided within the **available resource.**
- Promote **positive mental health and prioritise suicide prevention,** in particular, implement outstanding actions in *Reach Out – National Strategy for Action on Suicide Prevention***.**
- Strengthen General Adult Community Mental Health Team (CMHT) by ensuring, a minimum of at least one of each mental health discipline is on each team*
- Strengthen Child and Adolescent Community Mental Health Team (CAMHT) by ensuring, a minimum of at least one of each mental health discipline is on each team*.
- Maintain and increase **child and adolescent acute inpatient capacity.**
- Continue to review the number and location of **acute and continuing care beds** so as to rationalise inpatient provision.
- Continue to work with all stakeholders to plan for the closure to admissions to the **traditional psychiatric hospitals**.
- Develop the capacity to effectively manage mental health needs appropriate to a **primary care setting**.
- Ensure access to quality **psychotherapy and counselling services** for medical card holders and doctor visit only card holders within primary care.
- Progress the project plan to relocate Central Mental Hospital to St. Ita's, Portrane and progress associated national forensic infrastructure to include Forensic CAMHS Unit, Forensic Mental Health Intellectually Disability (MHID) Unit and provision of four Intensive Care Rehabilitation Units (ICRUs).
- Implement agreed **clinical care programmes in mental health**.
- Develop effective partnerships with **voluntary and statutory agencies** to deliver integrated care for service users.
- Develop the **service user and carer partnership** by ensuring service user representation on Area Mental Health Management Teams.

Approach to reducing our costs

- The implementation of efficiency measures to services may result in the closure of inpatient beds and high support community residences. Some of these measures will occur as a result of the reconfiguration of acute and other inpatient services to bring DNE nearer to17 acute beds per 100,000 populations served, as recommended in *A Vision for Change.*
- Maintaining the staffing levels of Community Mental Health Teams has been particularly challenging, nevertheless, despite the high number of retirements DNE will continue to make concerted efforts to maintain the numbers of community-based psychiatric nurses and minimize the need to roster nursing staff back into approved centres.
- In DNE we will utilise all measures available in the Public Service Agreement (Croke Park PSA) to manage the impact of retirements and cost reduction measures in 2012. A number of examples initiated in 2011 will continue into 2012 whilst the detailed 2012 PSA DNE Plan is being finalised in conjunction with the Service Plan. The centralisation of acute psychiatric services in HSE Cavan Monaghan at the Cavan General Hospital site has taken place, with consequent changes to services and staffing at St. Davnet's campus in Monaghan.

Service Improvements

- There will be an increase in the number of inpatient child and adolescent beds in DNE from 6 to 12 during 2012.
- The DNE share of the 400 posts allocated in the NSP 2012 in the context of €35m ring fenced funding for mental health will assist in maintaining and enhancing community – based mental health services.
- We expect to bring the planned new acute unit for Louth / Meath at Drogheda to contractual commitment stage before the end of the year.
- Staff and service related preparatory work will be advanced during 2012 in advance of the opening of the new acute psychiatric unit at Beaumont in mid 2013.

Improving our Infrastructure

Capital projects that are to be completed and / or become operational in 2011.

Dublin North East – Total 2012 DNE Mental Health Capital investment of €26m

- St. Vincent's Hospital, Fairview, Dublin – 6 additional beds in St Joseph's adolescent unit.
- Grangegorman, Dublin – replacement accommodation on existing site for all services, including accommodation for residents and a day hospital.
- Beaumont Hospital, Dublin – 44 bed acute psychiatric unit.

* Subject to sufficient allocation from the national €35m ring fenced mental health funding.

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Positive Mental Health and Suicide Prevention	Implementation of Reach Out – National Strategy for Action on Suicide Prevention and the Management of Self-Harm Presentations to ED Clinical Programme.	In collaboration with the National Office for Suicide Prevention (NOSP), roll-out 'Reach Out' actions identified in the Programme for Government.	Q4 National Dependency
	Mental Health Promotion Continue the roll-out of ASIST and Safetalk programmes by training an additional 4,000 and 2,000 people, respectively, per annum.	In collaboration with the National Office for Suicide Prevention, continue the roll-out of 25 ASIST and 76 Safetalk programmes.	Ongoing
General Adult Community Mental Health Teams	Expand and rationalise the membership of general adult CMHTs to ensure improved multidisciplinary representation. (The allocation of additional resources to professionally complete General Adult CMHTs is contingent on those teams implementing the mental health clinical programmes when agreed).	Validate gap analysis of multidisciplinary membership of general adult CMHTs and recruit accordingly.	Q1 - Q4
	DNE - merge CMHTs to achieve economies of scale coterminous with Health and Social Care Networks.	Realign, and where necessary merge, CMHTs to ensure coterminous CMHT and Health and Social Care Network boundaries in accordance with the recommendations in A Vision for Change.	Q1-Q4
Child and Adolescent Community Mental Health Teams	Complete the multidisciplinary profile of the existing Child and Adolescent CMHTs to include at least one of each profession (medical, nursing, clinical psychology, social work, occupational therapist, speech and language therapist, child care worker).	Validate gap analysis of multidisciplinary membership of child and adolescent CMHTs and recruit accordingly.	Q1-Q4
Child and Adolescent Acute Inpatient Capacity	Implement measures to increase acute inpatient capacity: DNE: Additional six beds in Phase 2, St. Vincent's Fairview capital project completed.	Complete building works and fully commission additional six beds in St. Joseph's Adolescent Unit in St. Vincent's Hospital, Fairview.	Q2
Enhance Young People's Mental Health	In partnership with Headstrong, progress the six new Jigsaw sites in development through the allocation of €1m Innovation Funding.	In partnership with Headstrong, progress the Jigsaw projects in Dublin 15 and North Fingal.	Ongoing
Rationalise Acute Inpatient Provision in line with A Vision for Change	Reduction of a minimum of 153 adult acute inpatient beds nationally. DNE 205 acute beds currently: Closure plans for St. Brigid's Ardee will be progressed in line with the new unit in Drogheda. Closure of acute inpatient beds in St Vincent's Hospital, Fairview will be progressed in line with the furbishishment of the acute beds at Mater Hospital.	• Advance the planning of the new acute inpatient unit capital project in Drogheda. • Advance the planning for refurbishment of the acute beds in the Mater Hospital.	Q1-Q4
	Discontinue direct medium and low support housing provision managed by the mental health services (this does not impact on the provision of clinical support).	• Review current stock of medium and low support community residences. • Conduct comprehensive needs assessment for existing residents. • Liaise with local authorities / seek competent partner agencies to operate medium and low support community residences	Q1 Q2 Q3-Q4
Closure of old psychiatric hospitals to acute inpatient admissions	Continue to work with all stakeholders to plan for the closure to admissions of old psychiatric hospitals DNE– closure of St. Brigid's Ardee will be progressed in line with the new unit in Drogheda.	Advance the planning of the new acute inpatient unit capital project in Drogheda.	Q1-Q4
Inappropriate Placements	Establish a Working Group with Disability Services to address people with intellectual disability inappropriately placed in psychiatric settings.	When established, DNE Mental Health Services will participate in the Working Group to develop a plan to address the needs of people with intellectual disability inappropriately placed in psychiatric settings.	Q1 National Dependency
Mental Health in Primary Care and Access to Psychotherapy Services	**Mental Health in Primary Care** Continue participation by PCTs in the team based approaches to mental health in the Primary Care Accredited Programme, as funding permits.	Support the participation of successful applications by DNE PCTs.	Q1
	Provide access to psychotherapy and counselling for GMS and DVO.	Establish the Counselling in Primary Care service in Dublin North and Dublin North City Areas.	Q1-Q4 National Dependency
National Forensic Mental Health Services	**Replacement of Central Mental Hospital (CMH)** Progress the project plan to relocate CMH to St. Ita's Portrane and progress associated national forensic infrastructure to include Forensic CAMHS Unit, Forensic Mental Health Intellectual Disability (MHID) Unit and provision of 4 ICRUs.	Participate in the planning of the capital project to establish a new replacement Central Mental Hospital and ICRU on the St. Ita's Campus, Portrane.	Q1-Q4

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Clinical Care Programmes in Mental Health	Prepare a detailed plan for the implementation of the agreed mental health clinical programme.	• Participate in the planning and development of the mental health clinical programmes, as appropriate. • When agreed, commence implementation of the Mental Health Clinical Programmes in accordance with national guidelines, policies and procedures.	Q2-Q4 National Dependency Q4 National Dependency
Voluntary and Statutory Agencies	Continue to work with statutory and voluntary agencies to improve social inclusion for service users – housing authorities, GardaÍ, educational and training agencies.	Continue to work with statutory and voluntary agencies to improve social inclusion for service users in accordance with nationally agreed MOUs /collaborative protocols.	Ongoing National Dependency
	Continue to work with voluntary partners in mental health to ensure co-ordinated delivery of services across agencies in line with objectives of A Vision for Change.	Use nationally agreed organisational objectives in the development of new and/or the strengthening of existing Service Level Agreements with statutory and voluntary mental health service providers.	Ongoing National Dependency
Service User and Carer Partnership	Ensure service user representation on Area Mental Health Management Teams.	Invite regionally elected NSUE representatives to represent service user views on Area Mental Health Management Teams.	Ongoing
Embed Recovery Ethos	Implement the guidelines for the delivery of recovery-focused mental health services.	National guidelines awaited on delivering recovery-focused mental health services; when received will be implemented.	Q2-Q4 National Dependency
Mental Health Services Management	Complete the multidisciplinary Mental Health Services Management Teams in all operational areas through reconfiguration of existing management roles.	• National guidance on, establishing / completing multidisciplinary Mental Health Service Management Teams including ECD, DoN and Business Manager roles awaiting sign off. Will implement national guidance when received (e.g. expressions of interest and skills matching meetings etc.).	Q2 National Dependency
	Establish the business requirements for a national Mental Health Information System.	• Participate in establishing the business requirements for a national Mental Health Information System.	Q2 National Dependency

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Adult Inpatient Services						
No. of admissions to adult acute inpatient units	2,686	14,908	2,699	14,163	2,699	14,163
Dublin North West	564		594		594	
Dublin North Central	696		736		736	
Dublin North City ISA	**1,260**		**1,330**		**1,330**	
North Dublin ISA	**592**		**630**		**630**	
Louth/Meath ISA	**646**		**581**		**581**	
Cavan/Monaghan ISA	**188**		**158**		**158**	
Median length of stay	10.00	10.50	9.00	11.00	9.00	11.00
Dublin North West	10.00		11.60		11.60	
Dublin North Central	7.50		8.20		8.20	
Dublin North City ISA	***		***		***	
North Dublin ISA	**7.00**		**6.20**		**6.20**	
Louth/Meath ISA	**9.00**		**8.60**		**8.60**	
Cavan/Monaghan ISA	**10.00**		**17.00**		**17.00**	
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter	72.60	88.10	73.00	83.50	66.40	77.30
Dublin North West	72.60		89.6		82.30	
Dublin North Central	72.60		125.3		118.23	
Dublin North City ISA	***		***		***	
North Dublin ISA	**67.70**		**70.9**		**64.60**	
Louth/Meath ISA	**59.80**		**53.4**		**47.70**	
Cavan/Monaghan ISA	**36.60**		**33.2**		**29.90**	
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	24.80	26.70	28.00	26.70	25.50	24.60
Dublin North West	24.80		44.5		40.90	
Dublin North Central	24.80		30.8		29.07	
Dublin North City ISA	***		***		***	
North Dublin ISA	**20.75**		**22.9**		**20.90**	
Louth/Meath ISA	**24.80**		**27.2**		**24.30**	
Cavan/Monaghan ISA	**11.35**		**12.4**		**11.10**	
Acute re-admissions as % of admissions	63%	69%	62%	68%	62%	68%
Dublin North West	61%		50%		50%	
Dublin North Central	57%		75%		75%	
Dublin North City ISA	***		***		***	
North Dublin ISA	**63%**		**67%**		**67%**	
Louth/Meath ISA	**59%**		**49%**		**49%**	
Cavan/Monaghan ISA	**63%**		**62%**		**62%**	
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment per quarter	47.60	61.40	45.00	56.90	40.90	52.70
Dublin North West	53.10		45.1		41.45	
Dublin North Central	58.95		94.5		89.15	
Dublin North City ISA	***		***		***	
North Dublin ISA	**48.40**		**47.9**		**43.70**	
Louth/Meath ISA	**36.20**		**26.2**		**23.39**	
Cavan/Monaghan ISA	**52.2**		**20.8**		**18.73**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area per quarter	21.40	24.20	21.40	24.20	20.10	22.60
Dublin North West	29.50		29.6		27.10	
Dublin North Central	31.30		31.3		29.50	
Dublin North City ISA	***		***		***	
North Dublin ISA	**16.60**		**13.5**		**12.30**	
Louth/Meath ISA	**20.20**		**20.2**		**18.00**	
Cavan/Monaghan ISA	**21.00**		**21.0**		**18.90**	
No. of adult involuntary admissions	248	1,332	250	1,388	250	1,388
Dublin North West	100		67		67	
Dublin North Central	40		34		34	
Dublin North City ISA	**140**		**101**		**101**	
North Dublin ISA	**32**		**49**		**49**	
Louth/Meath ISA	**44**		**69**		**69**	
Cavan/Monaghan ISA	**32**		**31**		**31**	
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	6.68	7.86	6.80	8.20	6.20	7.60
Dublin North West	9.30		10.1		9.20	
Dublin North Central	6.80		5.8		5.46	
Dublin North City ISA	***		***		***	
North Dublin ISA	**3.60**		**5.5**		**5.03**	
Louth/Meath ISA	**4.00**		**6.3**		**5.66**	
Cavan/Monaghan ISA	**6.75**		**6.5**		**5.86**	
Child & Adolescent Mental Health						
No. of child and adolescent Community Mental Health Teams	10	54	10	56	11	57
Dublin North West (Team A)	1		1		1	
Dublin North Central (Team B)	1		1		1	
DML Teams	2		2		2	
Dublin North City ISA	**4**		**4**		**4**	
North Dublin Teams C&D and Team E (2 Teams)	2		2		2	
North Dublin ISA	**2**		**2**		**2**	
Louth (1 Teams)	1		1		1	
Meath (2 Teams)	2		2		2	
Louth/Meath ISA	**3**		**3**		**3**	
Cavan/ Monaghan (2 Teams)	1		1		2	
Cavan/Monaghan ISA	**1**		**1**		**2**	
No. of child and adolescent Day Hospital Teams	1	3	1	2	1	2
No. of Paediatric Liaison Teams	1	3	1	3	1	3
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	N/A	220	42	140	42	140
No. of children / adolescents admitted to adult HSE mental health inpatient units	N/A	<100	N/A	130	N/A	80
i).<16 years	N/A		N/A	4	N/A	0
iI).<17 years	N/A		N/A	33	N/A	16
iii). <18 years	N/A		N/A	93	N/A	64

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. and % of involuntary admissions of children and adolescents (annually)	N/A	16 5%		16 5%		16 5%
No. of child / adolescent referrals (including re-referred) received by Mental Health Services	2,218	11,319	2,520	12,493	2,520	12,493
Dublin NW (Team A)	210		212		212	
Dublin NC (Team B)	162		126		126	
Castleknock (DML)	212		289		289	
Blanchardstown (DML)	235		208		208	
Dublin North City ISA	**819**		**835**		**835**	
North Dublin Team C&D	327		343		343	
North Dublin Team E	340		388		388	
North Dublin ISA	**667**		**731**		**731**	
Louth (1 Teams)	223		256		256	
Meath North	143		228		228	
Meath South	79		193		193	
Louth/Meath ISA	**445**		**677**		**677**	
Cavan/ Monaghan (2 Teams)	287		277		277	
Cavan/Monaghan ISA	**287**		**277**		**277**	
No. of child / adolescent referrals (including re-referred) accepted by Mental Health Services	1,465	7,925	1,651	8,461	1,651	8,461
Dublin NW (Team A)	165		159		159	
Dublin NC (Team B)	115		80		80	
Castleknock (DML)	96		116		116	
Blanchardstown (DML)	60		65		65	
Dublin North City ISA	**436**		**420**		**420**	
North Dublin Team C&D	278		270		270	
North Dublin Team E	285		332		332	
North Dublin ISA	**563**		**602**		**602**	
Louth (1 Teams)	154		200		200	
Meath North	103		130		130	
Meath South	53		134		134	
Louth/Meath ISA	**310**		**464**		**464**	
Cavan/ Monaghan (2 Teams)	153		165		165	
Cavan/Monaghan ISA	**156**		**165**		**165**	
Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen	1,426	7,503	1,371	7,824	1,371	7,824
Dublin NW (Team A)	163		148		148	
Dublin NC (Team B)	139		98		98	
Castleknock (DML)	113		99		99	
Blanchardstown (DML)	71		113		113	
Dublin North City ISA	**486**		**458**		**458**	
North Dublin Team C&D	220		185		185	
North Dublin Team E	240		219		219	
North Dublin ISA	**460**		**404**		**404**	
Louth (1 Teams)	161		168		168	
Meath North	76		97		97	
Meath South	62		101		101	
Louth/Meath ISA	**299**		**366**		**366**	
Cavan/ Monaghan (2 Teams)	181		143		143	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen						
Cavan/Monaghan ISA	**181**		**143**		**143**	
Number and % of new / re-referred cases offered first appointment and seen i) <3 months	823	5,088 68%	858 54%	5,367 61%	70%	70%
Dublin NW (Team A)	N/A		78%		70%	
Dublin NC (Team B)	N/A		86%		70%	
Castleknock (DML)	N/A		60%		70%	
Blanchardstown (DML)	N/A		33%		70%	
Dublin North City ISA	N/A		***		70%	
North Dublin Team C&D	N/A		36%		70%	
North Dublin Team E	N/A		36%		70%	
North Dublin ISA	N/A		***		70%	
Louth (1 Teams)	N/A		44%		70%	
Meath North	N/A		83%		70%	
Meath South	N/A		78%		70%	
Louth/Meath ISA	N/A		***		70%	
Cavan/ Monaghan (2 Teams)	N/A		77%		70%	
Cavan/Monaghan ISA	N/A		77%		70%	
Number and % of new / re-referred cases offered first appointment and seen ii) >12 months	116	720 9%	56 3%	623 7%	0%	0%
Number and percentage of cases closed / discharged by CAMHS service	NEW PI 80% of accepted referrals		1,845 89%	7,740 109%	1,845 80%	7,740 80%
Dublin NW (Team A)	N/A		189		80%	
Dublin NC (Team B)	N/A		159		80%	
Castleknock (DML)	N/A		257		80%	
Blanchardstown (DML)	N/A		222		80%	
Dublin North City ISA	N/A		**827**		**80%**	
North Dublin Team C&D	N/A		220		80%	
North Dublin Team E	N/A		301		80%	
North Dublin ISA	N/A		**521**		**80%**	
Louth (1 Teams)	N/A		135		80%	
Meath North	N/A		108		80%	
Meath South	N/A		75		80%	
Louth/Meath ISA	N/A		**318**		**80%**	
Cavan/ Monaghan (2 Teams)	N/A		179		80%	
Cavan/Monaghan ISA	N/A		**179**		**80%**	
Total no. on waiting list for first appointment at end of each quarter	317	2,221 reduce no. waiting by < 5%	275	1,856	259	1,799 reduce no. waiting by< 5%
No. and % on waiting list for first appointment at end of each quarter by wait time						
< 3 months	167	802	105 38%	646 35%	100 39%	624 35%
3 - 6 months	75	570	84 31%	460 25%	80 31%	452 25%

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. and % on waiting list for first appointment at end of each quarter by wait time						
6-9 months	75	570	83 30%	462 25%	40 15%	365 20%
9-12 months				New PI	39 15%	358 20%
> 12 months	0	277	3 1%	288 16%	0	0
Self Harm						
No. of suicides in arrears per CSO Year of Occurrence	New PI			506 (2008 validated)		
No. of repeat deliberate self harm presentations in ED		1,342 1% reduction on 2010		1,348		1,348

[1] Former Local Health Office

[2] Dublin North West will be divided between ISA's Dublin North & Dublin North City

*** ISA medians and rates per 100,000 population are not stated as disaggregated data is not available.

Disability Services

Introduction

In partnership with the non-statutory sector service providers, HSE DNE provides a range of services for people with disabilities. In recent years service provision has been moving towards a community-based and inclusive model in line with the National Disability Strategy 2004. The emerging DoH policy direction in 2012 (*Value for Money and Policy Review*), coupled with recommendations from HSE national working groups will further the independence of people with disabilities in a manner which is efficient and cost-effective.

The disability services in DNE are under considerable pressure as demand for services continues to grow. The financial challenge (total cost reduction) of an average of 5.5% coupled with the requirement to meet emerging service pressures within existing budgets will have significant challenges for the regions disability services.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012****	3.7%	3.7%	3.7%	3.6%	3.7%	3.7%
1. Incoming Embedded Deficit/(Surplus) 2011 *	209	655	209	2,701***	(510)	3,264
2. Increased Cost Pressures 2012	323	472	284	2,199	0	3,278
3. Service Impacting Budget Reduction for 2012	902	1,781	1,899	7,009	1,012	12,603
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	1,434	2,908	2,392	11,909	502	19,145
Total Financial Challenge % 2012	5.9%	6%	4.7%	6.1%	1.8%	5.5%

Agency & Overtime Costs 2011						
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011	204	2,675	101	5,888		8,868

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** In excess of €2m of this embedded deficit in DNC is within the statutory services and relates to unfunded costs of external placements for clients with challenging behaviour. A regional approach to reducing this cost pressure appropriately is being progressed in 2012.*
***** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

Despite the reduction in budgets affecting all services, provision has been made for investment of €1m nationally for autism and DNE will benefit from this additional resource. This will be used to address waiting times for specialist therapy services for children who have been diagnosed with autism and for the development of Early Intervention Teams.

Our priorities for 2012:

- **Maximise the provision of services** within available resources, including meeting the demand for new placements for 2012 school leavers and emergency placements.
- Implement measures to ensure that children assessed under the ***Disability Act 2005***, receive assessments within the standards and timeframes set out in the legislation.
- Develop systems and processes to **mainstream all services in the community** in collaboration with primary care and network teams.
- Develop and continue a **total system reconfiguration** of service provision through the implementation of national policies.
- Support organisations in the delivery of high quality and safe services, in preparation for the commencement of a **system of registration and inspection of residential services** for adults and children with disabilities.
- Review the current **information systems and information needs** for disability services and make recommendations for future planning.
- Develop an action plan including short, medium and long-term goals, for the implementation of the recommendations of the ***VFM and Policy Review.***

Approach to reducing our costs

While the financial allocation for disabilities will reduce by an average of 3.7% nationally, a minimum of 2% will be achieved through service efficiencies from both the HSE and non-statutory service providers. We will seek to minimise the impact on client services in so far as is practical. In summary:

- We will maintain existing levels of personal support/home support hours.
- There will be a maximum reduction of 1.7% in day, residential and respite services. We will work to improve intregration of staffing levels/ skill-mix between day, transport and residential / respite services, to achieve cost reductions safely.
- We will strive to meet the challenge of providing for school leavers and emergency placements without additional funding.

Service Improvements

- Building on the successful transition of children from St. Mary's, Baldoyle to more appropriate settings which was completed in 2011, during 2012 we will seek to agree a funded plan to see the transfer of the remaining 26 adults to more appropriate residential community homes over the next 2 years.
- Progress with cooperation between providers as evidenced by the **planned merger of Medway Services and Prosper Fingal,** which HSE DNE is fully supportive of. We share the hope that this will be a model nationally and it demonstrates the commitment of both organizations to sustainable delivery of quality services.
- The recently convened DNE Regional Disability Forum provides us with a structure to ensure better integration and co-operation between providers and the HSE across the region.
- An initial example of this cooperation is the development of an alternative model and approach to dealing with the unsustainable rise in external costs associated with challenging behaviour. This is being led by St. Michael's House on behalf of the providers across the region including DNE.
- Progress alternative and innovative models of respite provision with less reliance on residential care.

Improving our Infrastructure

Capital projects that are to be completed and / or become operational in 2012.

- Oakridge Day Unit, Daughters of Charity Blanchardstown, Dublin – Early Intervention and Assessment Unit

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Service Provision and Total System Reconfiguration	Develop systems and processes to ensure that, where appropriate, people with disabilities access services in the mainstream of primary care services.	Embed in all Regional and Local Disability Strategy Implementation Plans, the principle of access to primary care as the first point of reference for people with disabilities requiring health and personal social services.	Ongoing
	Develop new models of service provision, such as Host Family Support, to improve the choice available to people with disabilities.	Identify and complete action plan to progress identification of potential host family respite and residential services within existing resources.	Ongoing
	In conjunction with the National Disability Authority (NDA), develop a resource allocation model reflective of the service arrangements and the recommendations of the VFM and policy review.	Contribute to the National development of a resource allocation model in line with the VFM & Policy Review and the Service Arrangement Process.	Q3 National Dependency
	Test a system of resource allocation through demonstration projects.	Undertake a demonstration project within the region to test the agreed system of resource allocation.	Q4 National Dependency
	Develop an action plan to implement the recommendations of the VFM and Policy Review.	Regional approach agreed with all Service Areas for development of Regional Action Plan to implement the recommendation of the VFM process within one month of receiving National Action Plan.	Q3 National Dependency
	Progressing Disability Services for Children and Young People Continue development of Regional and Area level implementation plans.	Complete Implementation Plans in all Service Areas and agree priority actions for immediate implementation in 2012.	Q2-Q3
	Establish clear pathways and links to school services.	Include DOE&S representatives in local implementation groups and prioritise the establishment of clear pathways and links with school services within local area implementation plans.	Q3
	In those areas where plans are completed, commence the reconfiguration of available resources with key stakeholders.	Prioritise the reconfiguration of resources within local area implementation plans and commence the process of reconfiguration promptly.	Q4
	Review of Autism Services Link with children's disability services programme and engage with service providers and education sector.	Through the structure of Regional Consultative Forum, arrange for the outcome of the Review of Autism to be communicated to stakeholders (when national report published).	Q1 National Dependency
	Develop regional and area level implementation plans and commence implementation based on the review's recommendations, taking cognisance of relevant aspects of other policies such as the Congregated Settings and New Directions reports.	Through the structure of Regional Consultative Forum, develop Regional and Area Implementation Plans to commence implementation of the recommendations of the Review of Autism (when national report published).	Q4 National Dependency
	Disability Act 2005 Continue to refine the processes under the Act and integrate into services for children and young people as they are reconfigured, in order to develop more efficient provision of children's therapy services.	Ensure that compliance with the Disability Act is a key focus of within local area implementation plans.	Ongoing
	Implement the recommendations of the NDAs study of the determinants of an efficient and effective Assessment of Need (AON).	Arrange for local AON implementation plans to reflect the recommendations of the NDA study.	Ongoing
	Child Protection and Welfare Agency Maintain close co-operation with services for children and families during the development of the Child Welfare and Protection Agency to ensure that services for children with disabilities are delivered appropriately and develop clear protocols in this regard.	Through the National and Regional Consultative Fora, arrange with the National Disability Unit, for all stakeholders involved in the provision of services to children with disabilities to be kept informed regarding progress in the development of the Child Protection and Welfare Agency.	Q1 & 2 National Dependency
	Adult Day Services Continue to liaise with the DoH and the relevant Government Departments, through the mechanism of the Cross Sectoral Working Group on an Employment Strategy for People with Disabilities, on arrangements for the transfer of Sheltered and Supported Employment to the appropriate Department/Agency.	Regional implementation approach to be agreed within one month of National Disability Unit agreeing implementation approach within the cross-sectoral structure.	Q2 National Dependency
	Develop a high-level, National implementation plan taking a phased approach and working with those providers already progressing the agenda for change, or in readiness for same (In conjunction with key Government Departments).	Contribute to the development of the national implementation plan for New Directions and include in the process, providers in DNE that have already commenced reconfiguration of day services in line with the recommendations contained in New Directions.	Q1 National Dependency
	Develop Regional and Area level implementation plans, based on the National implementation plan.	Once the National Implementation Plan has been agreed, arrange for the development of Regional and Local Area Implementation Plans within the structure of the Regional Consultative Forum.	Q3 National Dependency
	Congregated Settings – Reconfiguration of Residential Services Monitor current projects to ensure they deliver on expectations and disseminate the learning from the projects.	Through the structure of the Regional Consultative Forum, arrange for the sharing of learning regarding service innovations targeted to address the recommendation contained in Time to Move On From Congregated Settings.	Ongoing

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Service Provision and Total System Reconfiguration contd	In conjunction with Genio, identify and implement a number of demonstration sites to test feasibility and identify best practice.	Within the structure of the National Implementation Group for Congregated Settings, agree locations to participate in demonstration projects to support the progression of recommendations.	Q4 National Dependency
	In conjunction with the Department of Environment, Community and Local Government develop a high-level, national framework to ensure co-ordination between the implementation of the recommendations of the report on Congregated Settings and the *National Housing Strategy for People with a Disability.*	Participate in the National Implementation Group for Congregated Settings and the development of a framework that will ensure congruity between the recommendations contained in Time to Move on from Congregated Settings and the National Housing Strategy for People with Disabilities.	Q1 National Dependency
	Develop a National Implementation Plan taking a phased approach and working with those providers already progressing the agenda for change, or in readiness for same.	Participate in the Development of a National Implementation Plan and include providers in the process who have already made progress in moving people on from Congregated Settings.	Q2 National Dependency
	Develop regional and area level implementation plans in consultation with key stakeholders and based on the national implementation plan.	Within the Structure of the Regional Consultative Forum, arrange for the development of a Regional Implementation Plan once the National Plan has been agreed.	Q4 National Dependency
	Relocation of Persons with ID inappropriately placed in psychiatric settings Continue to transfer people to more appropriate settings, progressed through an agreed Implementation Plan.	Identify the Regional cohort of people with ID who remain in Mental Health inappropriate placements and develop a Regional Implementation Plan to progress their relocation to appropriate services in line with the principles of the report -Time to Move on from Congregated Settings.	Q2
	Establish a working group with Mental Health Services to progress.	Work with Regional Mental Health Services to progress the appropriate placement of people with ID currently inappropriately placed in Mental Health Services.	Q2
	Neuro-Rehabilitation Strategy Work with the Rehabilitation Medicine Programme to support the development of an implementation plan based on the recommendations of the National Neuro-Rehabilitation Strategy.	Participate in the development of a National Implementation Plan to progress the recommendations contained in the Neuro Rehabilitation Strategy. Within the structure of the Regional Consultative Forum, arrange for the development of a Regional Implementation Plan in line with the Nationally agreed plan.	Q4 National Dependency
	Establish Regional Rehabilitation Networks.	Establish Regional Rehabilitation Network in line with National Implementation Plan for Neuro Rehabilitation Strategy.	Q3 National Dependency
	Commence development of Regional inpatient rehabilitation facilities.	Include the development of regional inpatient rehabilitation facilities as part of the Regional Implementation Plan for progressing recommendations of the Neuro Rehabilitation Strategy.	Q4 National Dependency
Registration and Inspection of Residential Services for Adults and Children with Disabilities	Update and maintain database for adults and for children in residential and respite services.	Through the Service Arrangement process, update the database of all Residential Service locations for children and adults with disabilities in the Region.	Q1
	Share the learning from the self audit of a percentage of adult residential services with all providers via the umbrella organisations to develop the next phase of preparation.	Through the structure of the Regional Consultative Forum, arrange for the sharing of learning in connection with the self assessment audit of residential units completed in 2011.	Q1 National Dependency
	Develop an action plan and self-audit tool for children's residential services to support quality improvement, assurance and compliance with the draft standards.	Arrange for the developed self assessment tool to be trialled in the Region in line with the agreed National Action Plan.	Q4 National Dependency
Information Systems	Carry out a review of the existing information systems in disability services in both the Statutory and Non-Statutory Sectors.	Participate in the National review of information systems within disability services - both Statutory and Non-Statutory.	Q2
	Carry out a review of information needs in both sectors.	As part of the National review of disability information systems, arrange for DNE information needs to be represented.	Q2
	Make recommendations for future planning in this regard.	Ensure that the recommendations agreed at National level arising from the review of information systems and needs adequately reflect DNE governance and performance monitoring requirements.	Q3
Thalidomide in Ireland	Continue to work with Beaumont Hospital to support the development of an agreed Multidisciplinary Team (MDT) assessment process.	National deliverable.	

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Day Services						
No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	196	1,393	187	1,613	184	1,578
Dublin North West [1] [2]	81		63		62	
Dublin North Central [1]	7		10		10	
Dublin North City ISA	**88**		**73**		**72**	
North Dublin ISA	**41**		**43**		**42**	
Louth [1]	30		27		27	
Meath [1]	0		0		0	
Louth/Meath ISA	**30**		**27**		**27**	
Cavan/Monaghan ISA	**37**		**44**		**43**	
No. of persons with ID and / or autism benefiting from work / work-like activity services	399	2,731	383	3,084	383	3,084
Dublin North West [1] [2]	151		97		97	
Dublin North Central [1]	19		20		20	
Dublin North City ISA	**170**		**117**		**117**	
North Dublin ISA	**73**		**74**		**74**	
Louth [1]	73		82		82	
Meath [1]	2		2		2	
Louth/Meath ISA	**75**		**84**		**84**	
Cavan/Monaghan ISA	**81**		**108**		**108**	
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	4	58	5	73	5	71
Dublin North West [1] [2]	2		2		2	
Dublin North Central [1]	1		1		1	
Dublin North City ISA	**3**		**3**		**3**	
North Dublin ISA	**0**		**0**		**0**	
Louth [1]	0		0		0	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**0**		**0**	
Cavan/Monaghan ISA	**1**		**2**		**2**	
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	6	112	7	138	7	138
Dublin North West [1] [2]	2		2		2	
Dublin North Central [1]	3		3		3	
Dublin North City ISA	**5**		**5**		**5**	
North Dublin ISA	**0**		**0**		**0**	
Louth [1]	0		0		0	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**0**		**0**	
Cavan/Monaghan ISA	**1**		**2**		**2**	
No. of Rehabilitative Training places provided (all disabilities)	451	2,624 NEW PI	446	2,627	446	2,627
Dublin North West [1] [2]	73		73		73	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of Rehabilitative Training places provided (all disabilities)						
Dublin North Central [1]	94		93		93	
Dublin North City ISA	**167**		**166**		**166**	
North Dublin ISA	**149**		**149**		**149**	
Louth [1]	44		35		35	
Meath [1]	35		40		40	
Louth/Meath ISA	**79**		**75**		**75**	
Cavan/Monaghan ISA	**56**		**56**		**56**	
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	519	2,915	526	2,991	526	2,991
Dublin North West [1] [2]	84		87		87	
Dublin North Central [1]	100		112		112	
Dublin North City ISA	**184**		**199**		**199**	
North Dublin ISA	**197**		**188**		**188**	
Louth [1]	41		38		38	
Meath [1]	40		44		44	
Louth/Meath ISA	**81**		**82**		**82**	
Cavan/Monaghan ISA	**57**		**57**		**57**	
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	1976	14,077	2,515	12,430	2,515	12,430
Dublin North West [1] [2]	432		647		647	
Dublin North Central [1]	257		585		585	
Dublin North City ISA	**689**		**1,232**		**1,232**	
North Dublin ISA	**543**		**258**		**258**	
Louth [1]	275		399		399	
Meath [1]	262		319		319	
Louth/Meath ISA	**537**		**718**		**718**	
Cavan/Monaghan ISA	**207**		**307**		**307**	
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	840	3,924	827	2,581	827	2,581
Dublin North West [1] [2]	50		76		76	
Dublin North Central [1]	397		487		487	
Dublin North City ISA	**447**		**563**		**563**	
North Dublin ISA	**61**		**22**		**22**	
Louth [1]	137		39		39	
Meath [1]	78		87		87	
Louth/Meath ISA	**215**		**126**		**126**	
Cavan/Monaghan ISA	**117**		**116**		**116**	
Residential Services						
No. of persons with ID and / or autism benefiting from residential services	1,702	8,350	1,672	8,416	1,644	8,416
Dublin North West [1] [2]	475		469		461	
Dublin North Central [1]	97		369		363	
Dublin North City ISA	**572**		**838**		**824**	
North Dublin ISA	**506**		**268**		**264**	
Louth [1]	355		325		319	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of persons with ID and / or autism benefiting from residential services						
Meath [1]	142		119		117	
Louth/Meath ISA	**497**		**444**		**436**	
Cavan/Monaghan ISA	**126**		**122**		**120**	
No. of persons with physical and / or sensory disability benefiting from residential services	151	894	196	708	193	708
Dublin North West [1] [2]	19		83		82	
Dublin North Central [1]	16		29		29	
Dublin North City ISA	**35**		**112**		**110**	
North Dublin ISA	**49**		**27**		**27**	
Louth [1]	28		18		18	
Meath [1]	25		27		27	
Louth/Meath ISA	**53**		**45**		**44**	
Cavan/Monaghan ISA	**14**		**12**		**12**	
Respite Services						
No. of bed nights in residential centre based respite services used by persons with ID and / or autism	27,064	139,456	22,571	142,704	22,187	139,565
Dublin North West [1] [2]	5,367		3,424		3,366	
Dublin North Central [1]	2,472		6,244		6,137	
Dublin North City ISA	**7,839**		**9,668**		**9,503**	
North Dublin ISA	**8,059**		**2,482**		**2,440**	
Louth [1]	4,588		3,448		3,389	
Meath [1]	4,149		4,017		3,949	
Louth/Meath ISA	**8,737**		**7,465**		**7,338**	
Cavan/Monaghan ISA	**2,429**		**2,956**		**2,906**	
No. of persons with ID and / or autism benefiting from residential centre based respite services	967	4,681	729	5,115	729	5,115
Dublin North West [1] [2]	171		134		134	
Dublin North Central [1]	114		100		100	
Dublin North City ISA	**285**		**234**		**234**	
North Dublin ISA	**340**		**148**		**148**	
Louth [1]	110		67		67	
Meath [1]	144		129		129	
Louth/Meath ISA	**254**		**196**		**196**	
Cavan/Monaghan ISA	**88**		**151**		**151**	
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	393	6,461	8,253	14,092	8,113	13,782
Dublin North West [1] [2]			1,095		1,077	
Dublin North Central [1]			1,152		1,132	
Dublin North City ISA			**2,247**		**2,209**	
North Dublin ISA			**1,760**		**1,730**	
Louth [1]			964		948	
Meath [1]			1,650		1,622	
Louth/Meath ISA			**2,614**		**2,570**	
Cavan/Monaghan ISA			**1,632**		**1,604**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	482	2,979	207	1,220	207	1,220
Dublin North West [1] [2]	91		14		14	
Dublin North Central [1]	54		11		11	
Dublin North City ISA	**145**		**25**		**25**	
North Dublin ISA	**110**		**8**		**8**	
Louth [1]	89		75		75	
Meath [1]	79		71		71	
Louth/Meath ISA	**168**		**146**		**146**	
Cavan/Monaghan ISA	**59**		**28**		**28**	
Personal Assistant (PA) / Home Support Hours						
No. of PA / home support hours used by persons with physical and / or sensory disability	Original target NSP '11 required reclassification due to definitional issues.		423,608	1,680,000	423,608	1,640,000
Dublin North West [1] [2]	65,000		104,286		104,286	
Dublin North Central [1]	107,470		92,674		92,674	
Dublin North City ISA	**172,470**		**196,960**		**196,960**	
North Dublin ISA	**160,498**		**60,788**		**60,788**	
Louth [1]	55,378		55,281		55,281	
Meath [1]	80,798		71,723		71,723	
Louth/Meath ISA	**136,176**		**127,004**		**127,004**	
Cavan/Monaghan ISA	**27,490**		**38,856**		**38,856**	
No. of persons with physical and / or sensory disability benefiting from PA / home support hours	Original target NSP '11 required reclassification due to definitional issues.		646	11,571	646	11,571
Dublin North West [1] [2]	67		150		150	
Dublin North Central [1]	142		122		122	
Dublin North City ISA	**209**		**272**		**272**	
North Dublin ISA	**180**		**51**		**51**	
Louth [1]	122		110		110	
Meath [1]	114		114		114	
Louth/Meath ISA	**236**		**224**		**224**	
Cavan/Monaghan ISA	**87**		**99**		**99**	
Disability Act Compliance						
No. of requests for assessments received	483	3,006	476	3,305	524	3,636
Dublin North West [1] [2]	106		149		153	
Dublin North Central [1]	10		10		21	
Dublin North City ISA	**116**		**159**		**174**	
North Dublin ISA	**169**		**156**		**159**	
Louth [1]	10		26		36	
Meath [1]	158		95		105	
Louth/Meath ISA	**168**		**121**		**141**	
Cavan/Monaghan ISA	**30**		**40**		**50**	
No. of assessments commenced as provided for in the regulations	415	2,645	476	3,020	479	3,327
Dublin North West [1] [2]	97		149		149	
Dublin North Central [1]	8		10		11	
Dublin North City ISA	**105**		**159**		**160**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of assessments commenced as provided for in the regulations						
North Dublin ISA	**137**		**156**		**156**	
Louth [1]	8		26		27	
Meath [1]	104		95		96	
Louth/Meath ISA	**112**		**121**		**123**	
Cavan/Monaghan ISA	**61**		**40**		**40**	
No. of assessments commenced within the timelines as provided for in the regulations	415	2,645	420	2,199	479	3,327
Dublin North West [1] [2]	97		129		149	
Dublin North Central [1]	8		8		11	
Dublin North City ISA	**105**		**137**		**160**	
North Dublin ISA	**137**		**135**		**156**	
Louth [1]	8		25		27	
Meath [1]	104		86		96	
Louth/Meath ISA	**112**		**111**		**123**	
Cavan/Monaghan ISA	**61**		**37**		**40**	
No. of assessments completed as provided for in the regulations	555	2,346	479	3,209	479	3,327
Dublin North West [1] [2]	143		149		149	
Dublin North Central [1]	9		11		11	
Dublin North City ISA	**152**		**160**		**160**	
North Dublin ISA	**180**		**156**		**156**	
Louth [1]	9		27		27	
Meath [1]	135		96		96	
Louth/Meath ISA	**144**		**123**		**123**	
Cavan/Monaghan ISA	**79**		**40**		**40**	
No. of assessments completed within the timelines as provided for in the regulations	555	2,346	209	725	479	3,327
Dublin North West [1] [2]	143		88		149	
Dublin North Central [1]	9		1		11	
Dublin North City ISA	**152**		**89**		**160**	
North Dublin ISA	**180**		**73**		**156**	
Louth [1]	9		13		27	
Meath [1]	135		13		96	
Louth/Meath ISA	**144**		**26**		**123**	
Cavan/Monaghan ISA	**79**		**21**		**40**	
No. of service statements completed	555	2,346	345	2,252	407	2,828
Dublin North West [1] [2]	143		134		140	
Dublin North Central [1]	9		5		5	
Dublin North City ISA	**152**		**139**		**145**	
North Dublin ISA	**180**		**169**		**177**	
Louth [1]	9		18		26	
Meath [1]	135		12		32	
Louth/Meath ISA	**144**		**30**		**58**	
Cavan/Monaghan ISA	**79**		**7**		**27**	
No. of service statements completed within the timelines as provided for in the regulations	555	2,346	191	1,205	407	2,828

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of service statements completed within the timelines as provided for in the regulations						
Dublin North West [1] [2]	143		44		140	
Dublin North Central [1]	9		3		5	
Dublin North City ISA	**152**		**47**		**145**	
North Dublin ISA	**180**		**125**		**177**	
Louth [1]	9		6		26	
Meath [1]	135		10		32	
Louth/Meath ISA	**144**		**16**		**58**	
Cavan/Monaghan ISA	**79**		**3**		**27**	
Services for Children and Young People						
% progress towards completion of local implementation plans for progressing disability services for children & young people	NEW PI		NEW PI		100%	100%

1 Former Local Health Office

2 Dublin North West will be divided between ISA's Dublin North & Dublin North City

Child Protection and Welfare Services

Introduction

The HSE's Child & Family Services aims to protect the health and wellbeing of children and families, particularly those who are vulnerable to abuse or neglect. The primary focus of HSE DNE for children and families in 2012 is the implementation of the comprehensive (national) change programme. The need for this has arisen from recent reviews and reform initiatives.
Under the Programme for Government, this will see Children & Family Services move to a new agency in January 2013. New governance arrangements for Child & Family Services in DNE came into effect on 1st January 2012.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012***	4.9%	4.8%	4.6%	0.1%	4.7%	3.2%
1. Incoming Embedded Deficit/(Surplus) 2011 *					7,498	7,498
2. Increased Cost Pressures 2012	78	250	1,110	514	0	1,952
3. Service Impacting Budget Reduction for 2012	320	1,234	3,086	74	730	5,444
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	398	1,484	4,196	588	8,228	14,894
Total Financial Challenge % 2012	6.1%	5.8%	6.3%	1.1%	53.4%	8.8%

Agency & Overtime Costs 2011						
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011		707	964	3,341	616	5,628

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*
***Note 1**: the 2011 deficit on DNE Children and Family Services was €2.3m which included the benefit of once off funding of in excess of €3m which is unlikely to be available in 2012. A cost containment plan was put in place during 2011 which if fully implemented in 2012 would see the elimination of the bulk of this underlying 2011 deficit of close to €6m. The calculation of the overall embedded deficit coming into 2012 and therefore the full extent of the 2012 financial challenge will be impacted by the final decisions around disaggregation of Children & Family Services including budgets from the remainder of HSE services.*

Significant national work is underway to facilitate the full disaggregation of Children and Family Services including budgets and staff resources from the remainder of services currently provided by Health Service Executive. This work has many aspects including assessment and decision making regarding the final range of service elements to be included under the auspices of Children and Family Agency. In that context future national and regional budget and staffing adjustments between Children and Family Services and the rest of current HSE services may be necessary and this plan and its implementation maybe subject to change depending on the finalisation and impact assessment of this process.

The change will be informed by the need for:

- A commitment to putting the well being and interests of children first.
- Transparent accountability and clearly articulated levels of responsibility, and,
- Increased community engagement and a commitment to deliver inclusive, accessible services.

Our priorities for 2012:

- Promote the **major culture change** required in planning and delivering services to children and their families.
- Implement consistent child protection procedures in line with the revised national guidelines - ***Children First, 2011 –National Guidance for the Protection and Welfare of Children.***
- Continue the reforms necessary to provide a comprehensive range of high quality services for **children in care**.
- Improve effective **multidisciplinary shared practice** and efficient **community engagement.**

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Delivery of statutory services	Maintain progress to ensure that all children in need of care and protection are assessed in a timely fashion, have an allocated social worker and defined care plans, which are reviewed as per the regulations	DNE has established a service improvement project team to progress these outputs with clear targets to eliminate deficits by the end of Q2	Q2
Cultural Change	Implement procedures whereby all children are consulted about decisions that affect them, and children's collective views influence policy development	DNE will continue it's partnership with Empowering Children in Care (EPIC) and further develop our consultative processes in all aspects of children's services	Q4
	Develop and implement a Quality Assurance and Audit Framework across child protection, welfare, and alternative care services	DNE will advance the implementation of self service audits from residential care to community services and will fully participate in national frameworks as they are issued	Q4
	Consolidate arrangements to learn more from practice including serious case reviews	DNE will submit current processes and disseminate to staff through learning events	Q1
Revise and implement consistent child protection procedures in line with revised national guidelines - Children First	Devise , in conjunction with interdepartmental group, a project plan to support the consistent implementation of the Children First National Guidance across all relevant government sectors	Service level agreements will be amended by Q1 to incorporate adherence to Children First and will participate in all developments regarding joint HSE / Garda training and inputs with our voluntary partners.	Q4
	Ensure that child protection services can be readily accessed by local communities	DNE will contribute and implement when complete a new national service model	Q1
	Policy framework to revise and develop a consistent Child Protection system	DNE will contribute and implement when complete case conference process; care thresholds; risk assessment tools; work load allocation system and a national child protection register	Q3
	Re-enforce consistent, objective, evidence-based initial and core assessments which clearly assess the level of risk	DNE will assist in review of standard business processes; participate in review of Out of Hours Services and complete implementation of report for persons who display sexually harmful behaviour.	Q4
Complete a series of reforms necessary to provide a comprehensive range of high quality services for children in care	Provide time in care which is commensurate with the child's needs through the development and implementation of an integrated children services programme	DNE will assist with and implement the review of capacity of alternative care services and the corporate parenting strategy.	Q4
	Ensure that there is up to date, timely, and accurate data on the number and circumstances of all children in the care system	DNE will assist with and implement national child care information system as soon as it is deployed.	Q3
	Complete the reform and modernisation of the special care service and associated therapeutic interventions	DNE in collaboration with procurement will prepare necessary documentation to go to tender for high tariff alternative care placements and will contribute to the modernisation of special care services.	Q3
	Ensure that homeless children are given full access to children and family services under the Child Care Act 1991	DNE will conclude pilot on exit interviews of children leaving care; will collect data regarding children from ethnic minority back grounds and will implement Section V of Child Care Act in Q1	Q3
Promote effective multidisciplinary shared practice and efficient community engagement	Take forward consistent family support arrangements as per the Family Support Action plan	DNE will assist in development of community / voluntary commissioning system; early intervention strategies; enhanced counselling services for survivors of abuse and care forums for young people.	Q4
	Continue to support the children's services committees and contribute to the departmental review of future initiatives in this area	DNE will continue to support and contribute to the review	Q4
	Implement the National Standards for Pre-School Services in a cross-departmental and cross-agency manner	DNE will contribute to and implement an inspection framework for early childhood care & education; implement pre-school standards and nationally agreed business related processes.	Q4

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Work Force Development	Develop a Children and Family Services Workforce Development Strategy incorporating a national structure and work programme that reflects national priorities and addresses continuous professional development needs for relevant staff	DNE will deliver focused practice related training and implement all staff support policies.	Q4
Work to ensure that the priorities as identified in the Programme for Government are implemented relating to children and family services	Prepare for the establishment of the New Children Agency	DNE will assist with and action any initiatives that assist in the establishment of the new agency while retaining focus on core business areas.	Q1

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Residential and Foster Care						
No. and % of children in care by care type	1448	5985	1504	6215	1579	6256
Dublin North West [1] [2]			446		476	
Dublin North Central [1]			382		422	
Dublin North City ISA			**828**		**898**	
North Dublin ISA			**150**		**155**	
Louth [1]			231		231	
Meath [1]			138		138	
Louth/Meath ISA			**369**		**369**	
Cavan/Monaghan ISA			**157**		**157**	
i No. and % of children in Special Care		<0.2%	0.20%	0.30%		0.30%
Dublin North West [1] [2]			1		1	
Dublin North Central [1]			1		1	
Dublin North City ISA			**2**		**2**	
North Dublin ISA			**0**		**0**	
Louth [1]			0		0	
Meath [1]			1		1	
Louth/Meath ISA			**1**		**1**	
Cavan/Monaghan ISA			**0**		**0**	
ii No. and % of children in High Support		<0.5%	0.10%	0.50%		0.50%
Dublin North West [1] [2]			0		0	
Dublin North Central [1]			2		2	
Dublin North City ISA			**2**		**2**	
North Dublin ISA			**2**		**2**	
Louth [1]			1		1	
Meath [1]			0		0	
Louth/Meath ISA			**1**		**1**	
Cavan/Monaghan ISA			**0**		**0**	
iii No. and % of children in Residential Care (Note: Include special arrangements)		<6.3%	8.50%	6.50%		<7%
Dublin North West [1] [2]			46		46	
Dublin North Central [1]			50		50	
Dublin North City ISA			**96**		**96**	
North Dublin ISA			**12**		**12**	
Louth [1]			9		9	
Meath [1]			4		4	
Louth/Meath ISA			**13**		**13**	
Cavan/Monaghan ISA			**1**		**1**	
iv No. and % of children in Foster Care (not including day fostering)		60%	55.90%	61.20%		59%
Dublin North West [1] [2]			206		206	
Dublin North Central [1]			180		180	
Dublin North City ISA			**386**		**386**	
North Dublin ISA			**71**		**71**	
Louth [1]			153		153	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
iv No. and % of children in Foster Care (not including day fostering						
Meath [1]			127		127	
Louth/Meath ISA			**280**		**280**	
Cavan/Monaghan ISA			**101**		**101**	
v No. and % of children in Foster Care with Relatives		30%	32.10%	28.90%		30%
Dublin North West [1] [2]			187		187	
Dublin North Central [1]			140		140	
Dublin North City ISA			**327**		**327**	
North Dublin ISA			**55**		**55**	
Louth [1]			64		64	
Meath [1]			20		20	
Louth/Meath ISA			**84**		**84**	
Cavan/Monaghan ISA			**26**		**26**	
vi No. and % of children in other care placements		3%	3.10%	2.50%		3%
Dublin North West [1] [2]			7		7	
Dublin North Central [1]			9		9	
Dublin North City ISA			**16**		**16**	
North Dublin ISA			**10**		**10**	
Louth [1]			4		4	
Meath [1]			12		12	
Louth/Meath ISA			**16**		**16**	
Cavan/Monaghan ISA			**3**		**3**	
No. and % of children in private residential care (Note: Include special arrangements)	New PI		New PI			0%
No. and % of children in foster care private	New PI		New PI			1%
No. of children in single care residential placements		0	1	12	0	0
Dublin North West [1] [2]			0		0	
Dublin North Central [1]			0		0	
Dublin North City ISA			**0**		**0**	**0%**
North Dublin ISA			**1**		**0**	
Louth [1]			0		0	
Meath [1]			0		0	
Louth/Meath ISA			**0**		**0**	
Cavan/Monaghan ISA			**0**		**0**	
No. of children in residential care age 12 or under		0	16	46	10	0
Dublin North West [1] [2]			5		4	
Dublin North Central [1]			5		3	
Dublin North City ISA			**10**		**7**	
North Dublin ISA			**3**		**2**	
Louth [1]			2		1	
Meath [1]			1		0	
Louth/Meath ISA			**3**		**1**	
Cavan/Monaghan ISA			**0**		**0**	
No. of children in care in third placement within 12 months		0	40	150	40	0
Dublin North West [1] [2]			11		11	
Dublin North Central [1]			11		11	
Dublin North City ISA			**22**		**22**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of children in care in third placement within 12 months						
North Dublin ISA			**10**		**10**	
Louth [1]			2		2	
Meath [1]			2		2	
Louth/Meath ISA			**4**		**4**	
Cavan/Monaghan ISA			**4**		**4**	
Children in Care in Education						
i). No. of children in care aged 6 to 16 inclusive		New PI	1,098	4,158	1,153	4,365
Dublin North West [1] [2]			343			
Dublin North Central [1]			271			
Dublin North City ISA			**614**			
North Dublin ISA			**118**			
Louth [1]			143			
Meath [1]			104			
Louth/Meath ISA			**247**			
Cavan/Monaghan ISA			**119**			
ii). No. and % of children in care between 6 and 16 years, in full time education		100%	1,082 98.5%	4,072 97.9%		100%
Dublin North West [1] [2]			340			
Dublin North Central [1]			269			
Dublin North City ISA			**609**			
North Dublin ISA			**116**			
Louth [1]			140			
Meath [1]			101			
Louth/Meath ISA			**241**			
Cavan/Monaghan ISA			**116**			
Allocated Social Workers						
No. and % of children in care, by care type, who have an allocated social worker at the end of the reporting period:	100%	100%	1,304 86.7%	5,789 93.1%	100%	100%
Dublin North West [1] [2]	100%	100%	74%		100%	100%
Dublin North Central [1]	100%	100%	95%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**95%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	93%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**83%**		**100%**	**100%**
i) No and % of children in special care	100%	100%	3 100%	20 100%	100%	100%
Dublin North West [1] [2]	100%	100%	100%		100%	100%
Dublin North Central [1]	100%	100%	100%		100%	100%
Dublin North City ISA	**100%**	**100%**	**100%**		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	100%		100%	100%
Louth/Meath ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
ii) No and % of children in high support	100%	100%	2 100%	29 93.5%	100%	100%
Dublin North West [1] [2]	100%	100%	100%		100%	100%
Dublin North Central [1]	100%	100%	100%		100%	100%
Dublin North City ISA	**100%**	**100%**	**100%**		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	100%		100%	100%
Louth/Meath ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**
iii) No and % of children in residential General care	100%	100%	127 99.2%	404 99.8%	100%	100%
Dublin North West [1] [2]	100%	100%	100%		100%	100%
Dublin North Central [1]	100%	100%	96%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	100%		100%	100%
Louth/Meath ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**
iv) No and % of children in foster care	100%	100%	737 87.6%	3,550 93.3%	100%	100%
Dublin North West [1] [2]	100%	100%	83%		100%	100%
Dublin North Central [1]	100%	100%	92%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	92%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**87%**		**100%**	**100%**
v) No and % of children in foster care with relatives	100%	100%	394 81.6%	1,641 91.2%	100%	100%
Dublin North West [1] [2]	100%	100%	59%		100%	100%
Dublin North Central [1]	100%	100%	97%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**87%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	90%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**73%**		**100%**	**100%**
vi) No and % of children in other care placements	100%	100%	41 87.2%	145 94.2%	100%	100%
Dublin North West [1] [2]	100%	100%	57%		100%	100%
Dublin North Central [1]	100%	100%	100%		100%	100%
Dublin North City ISA	**100%**	**100%**	**100%**		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	100%		100%	100%

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
vi) No and % of children in other care placements						
Louth/Meath ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**33%**		**100%**	**100%**
Care Planning						
No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995, at the end of the reporting period	100%	100%	1,231 81.8%	5,713 91.9%	100%	100%
Dublin North West [1] [2]	100%	100%	64%		100%	100%
Dublin North Central [1]	100%	100%	65%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**94%**		**100%**	**100%**
Louth [1]	100%	100%	95%		100%	100%
Meath [1]	100%	100%	62%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**90%**		**100%**	**100%**
i). No. and % of children in special care	100%	100%	3 100%	20 100%	100%	100%
Dublin North West [1] [2]	100%	100%	100%		100%	100%
Dublin North Central [1]	100%	100%	100%		100%	100%
Dublin North City ISA	**100%**	**100%**	**100%**		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	0%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**
ii). No. and % of children in high support	100%	100%	2 100%	29 93.5%	100%	100%
Dublin North West [1] [2]	100%	100%	100%		100%	100%
Dublin North Central [1]	100%	100%	100%		100%	100%
Dublin North City ISA	**100%**	**100%**	**100%**		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	100%		100%	100%
Louth/Meath ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**
iii). No. and % of children in residential general care	100%	100%	116 90.6%	391 96.5%	100%	100%
Dublin North West [1] [2]	100%	100%	84%		100%	100%
Dublin North Central [1]	100%	100%	86%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Louth [1]	100%	100%	67%		100%	100%
Meath [1]	100%	100%	100%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**
iv). No. and % of children in foster care	100%	100%	705 83.8%	3,524 92.6%	100%	100%
Dublin North West [1] [2]	100%	100%	65%		100%	100%

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
iv). No. and % of children in foster care						
Dublin North Central [1]	100%	100%	58%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**97%**		**100%**	**100%**
Louth [1]	100%	100%	95%		100%	100%
Meath [1]	100%	100%	64%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**91%**		**100%**	**100%**
v). No. and % of children in foster care with relatives	100%	100%	370 76.6%	1,614 89.7%	100%	100%
Dublin North West [1] [2]	100%	100%	59%		100%	100%
Dublin North Central [1]	100%	100%	68%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**89%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	55%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**88%**		**100%**	**100%**
vi). No. and % of children in other care placements	100%	100%	35 74.5%	133 86.4%	100%	100%
Dublin North West [1] [2]	100%	100%	57%		100%	100%
Dublin North Central [1]	100%	100%	33%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**90%**		**100%**	**100%**
Louth [1]	100%	100%	100%		100%	100%
Meath [1]	100%	100%	42%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**33%**		**100%**	**100%**
Foster Care						
Total number of Foster Carers	New PI		917	4,060	963	4,263
Dublin North West			259		272	
Dublin North Central			194		213	
Dublin North City ISA			**453**		**485**	
North Dublin ISA			**103**		**108**	
Louth			156		158	
Meath			95		98	
Louth/Meath ISA			**251**		**256**	
Cavan/Monaghan ISA			**110**		**114**	
No. and % of foster carers approved by the foster care panel	New PI		617 67.3%	3,391 83.5%	867 90%	3,837 90%
Dublin North West			107		214	
Dublin North Central			80		185	
Dublin North City ISA			**187**		**399**	
North Dublin ISA			**77**		**101**	
Louth			148		155	
Meath			95		98	
Louth/Meath ISA			**243**		**253**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. and % of foster carers approved by the foster care panel						
Cavan/Monaghan ISA			**110**		**114**	
No. and % of relative foster carers where children have been placed for longer than 12 weeks whilst the foster carers are awaiting approval by the foster care panel, Part III of Regulations		**0%**	New PI		Baseline to be established in 2012	
No. and % of approved foster carers with an allocated worker	100%	100%	520 84.3%	3,046 89.8%	100%	100%
Dublin North West	100%	100%	52%		100%	100%
Dublin North Central	100%	100%	90%		100%	100%
Dublin North City ISA	**100%**	**100%**	***		**100%**	**100%**
North Dublin ISA	**100%**	**100%**	**95%**		**100%**	**100%**
Louth	100%	100%	99%		100%	100%
Meath	100%	100%	66%		100%	100%
Louth/Meath ISA	**100%**	**100%**	***		**100%**	**100%**
Cavan/Monaghan ISA	**100%**	**100%**	**100%**		**100%**	**100%**
Children & Homelessness						
No. of children placed in youth homeless centres/units for more than 4 consecutive nights (or more than 10 separate nights over a year)	New PI		New PI		Baseline to be established in 2012	
No. and % of children in care placed in a specified youth homeless centre / unit	New PI		New PI		Baseline to be established in 2012	
Out of Hours						
No. of referrals made to the Emergency Out of Hours Place of Safety Service	New PI		68	377	71	395
No. of children placed with the Emergency Out of Hours Placement Service	New PI		51	257	54	270
Total number of nights accommodation supplied by the Emergency Out of Hours Placement Service	New PI		79	523	83	549
Early Years Services						
No. of notified pre-school services in LHO area		4,461	1,073	4,841	1,073	4,841
% pre-school services which received an inspection		100.0%	49.1%	59.0%	100.0%	100.0%
No. and % early years services that are fully compliant	New PI				Baseline to be established in 2012	
No. of notified full day early years services.		New PI	400	1569	400	1569
Dublin North West			67			
Dublin North Central			56			
Dublin North City ISA			**123**			
North Dublin ISA			**105**			
Louth			52			
Meath			66			
Louth/Meath ISA			**118**			
Cavan/Monaghan ISA			**54**			
% of full day services which received an annual inspection		100%			100%	100%

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of early years services in the operational area that have closed during the quarter	New PI		18		Demand Led	
Dublin North West			2			
Dublin North Central			16			
Dublin North City ISA			**18**			
North Dublin ISA			**0**			
Louth			0			
Meath			0			
Louth/Meath ISA			**0**			
Cavan/Monaghan ISA			**0**			
No. of early years service complaints received	New PI		New PI		Demand Led	
% of complaints investigated		100%	New PI			100%
No. of prosecutions taken on foot of inspections in the quarter	New PI		New PI		Demand Led	
After Care						
No. of young adults aged 18 to 21 in receipt of an aftercare service on the last day of the reporting period	NEW PI				Baseline to be established in 2012	
No. of young adults aged 18 to 21 in receipt of an aftercare service who are in full time education on the last day of the reporting period	NEW PI				Baseline to be established in 2012	
Child Protection - Child Abuse						
i). No. of referrals of child abuse and welfare concerns	To be reported in 2011				Demand Led	
ii). % of referrals of child abuse where a preliminary enquiry took place within 24 hours		78%			Baseline to be established in 2012	
iii). % of referrals which lead to an initial assessment		New PI			Demand Led	
iv). % of these initial assessments which took place within 21 days of the referral		100%			Baseline to be established in 2012	
v). % of initial assessments which led to the child being listed on the child protection notification system (CPNS)		New PI			Demand Led	
Family Support Services						
No. of children referred during the reporting period	New PI		New PI		Baseline to be established in 2012	
No. of children in receipt of a family support service at the end of the reporting period	New PI		New PI		Baseline to be established in 2012	

[1] Former Local Health Office

[2] Dublin North West will be divided between ISA's Dublin North & Dublin North City

*** Disaggregated data not available.

Palliative Care

Introduction

In Dublin North East, services are provided by statutory and voluntary agencies. Palliative care is an approach that improves the quality of life of patients and their families, facing the challenges associated with life-limiting illness. In recent years, the scope of palliative care has broadened and includes supporting people through non-malignant and chronic illness, in addition to cancer related diseases.

Palliative care services are organised, according to a collaborative, inclusive model that incorporates care provided by generalist and specialist providers to meet population needs. The term 'generalist palliative care provider' refers to all those health and social care professionals who have a 'first contact' relationship with the person with life-limiting illness. These professionals should be able to effectively meet many of the palliative care needs of patients, their families and carers. However, a significant number of patients experience unstable symptoms or complex problems as a consequence of their illness and therefore, may require input from specialist palliative care services.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012***	3.7%	3.1%	4.5%	0.0%	1.7%	3.7%
1. Incoming Embedded Deficit/(Surplus) 2011 *	15	(34)	385	50	(467)	(51)
2. Increased Cost Pressures 2012	12	22	42	0	0	76
3. Service Impacting Budget Reduction for 2012	31	73	308	0	30	442
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	58	61	735	50	(437)	467
Total Financial Challenge % 2012	7.0%	2.6%	10.6%	0.0%	(25.2%)	4.0%

Agency & Overtime Costs 2011

	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Cost 2011	0	0	0	0	0	0

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefore estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

Based on the recommendations in the *Report of the National Advisory Committee on Palliative Care 2001* and the *Palliative Care Services – Five Year / Medium Term Development Framework (2009 – 2013),* our goal for palliative care is to ensure that patients with life-limiting conditions and their families can easily access a level of palliative care service that is appropriate to their needs, regardless of age, care setting or diagnosis. We will also ensure that a uniformly high standard of palliative care is available in all healthcare settings.

Despite the pressure on budgets across all of our services, Dublin North East is in a position to invest €190,000 to develop a specialist palliative care outpatient community nursing service at St. Francis Hospice, Blanchardstown, including the provision of services to patients with non-malignant diseases.

Our priorities for 2012:

- Expand the provision of **specialist palliative care services for adults** within existing resources.
- Progress the development of **paediatric palliative care** services.
- Work with the National Clinical Programmes to develop **national standardised admission, discharge and referral criteria** to increase efficiency and uniformity of care.
- Support the delivery of generalist and specialist palliative **care in the community** through the development and implementation of **evidence-based guidelines**, and tailor standardised and optimised **clinical pathways** for generalist and specialist palliative care practitioners.
- Improve collaboration with primary care teams, specifically for out-of-hours services.
- Improve the quality of palliative care provision in the **hospital setting** and improve the environment of care for those who are dying, bereaved, or deceased.
- Strengthen **service user and family involvement** through a national advance care planning programme to empower patients and their families to express their wishes about treatment choices and care provision towards the end of life.

- Educate staff and support **research programmes** in palliative care that promote evaluation and development of services, and improve approaches to care provision.
- Strengthen the quality, efficiency and effectiveness of existing service provision through the development and collection of **evidence-based performance measures** that support the quality improvement cycle.

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Specialist Palliative Care Services – Inpatient Unit	Develop specialist palliative care outpatient community nursing at St. Francis' Hospice, Blanchardstown, including the provision of services to patients with non-malignant disease.	Substantial Services developed within existing available resources.	Q4
Paediatric Palliative Care	Progress the implementation of recommendations in the national policy document Palliative Care for Children with Life-Limiting Conditions in Ireland (2009):	Regional Status Assessment completed and implementation plan updated.	Q4
	Implement the national Education and Governance Framework for outreach nurses for children with life-limiting conditions.	Regional Status Assessment completed and implementation plan updated.	Q4
	Complete the national needs assessment for respite facilities for children with life-limiting conditions, and their families, in each HSE region.	Completed for DNE and DML by Irish Hospice Foundation in conjunction with Children's Sunshine Home, 2010.	
	Complete a feasibility study on the establishment of a national database for the identification of children with life-limiting conditions under the oversight of the National Development Committee on Children's Palliative Care. Develop a national dataset for children with life-limiting conditions. Develop a strategic plan for a children's 'Hospice at Home' service model.	DNE representative on National Development Committee will liaise closely with Clinical Care Programme to implement this K.R.A.	Q1-Q4 National Dependency
Access, Assessment of Need and Referral to Specialist Palliative Care Services	Develop national standardised admission, discharge and referral criteria to increase efficiency and uniformity of care. Establish and implement a benchmark for time from referral of patient to specialist palliative care services to first point of contact. Develop a national referral form for specialist palliative care services. Develop a systematic process of assessment of need, resulting in the development of care plans for people with life-limiting conditions.	DNE representatives will contribute to and inform these national projects. Following sign-off nationally DNE implementation plan will commence.	Q4 National Dependency
Integration and Governance	Develop a Role Delineation Framework that defines levels of palliative care services and outlines appropriate access to services. This will facilitate strategic planning and evaluation and clearly define HSE service provision for patients with palliative care needs. Develop a Palliative Care Competence Framework to support organisations across the sector in recruitment, workforce planning and development, role redesign, career progression and skill - mix.	DNE representative on National Palliative Care Governance Group will work closely with Clinical Care Programme in implementation of these framework documents.	Q4 National Dependency
Generalist and Specialist Palliative Care in the Community	Develop and implement evidence-based guidelines and clinical pathways for generalist and specialist palliative care practitioners. Develop and implement guidelines and pathways to improve out of hours services.	DNE representative will work closely with National Lead, Clinical Care Programme re implementation of this new KRA.	Q4 National Dependency
Palliative Care in the Hospital Setting	Undertake a national review of criteria and function of palliative care support beds in order to determine optimal local configuration and development of these beds.	DNE representative will work closely with Clinical Care Programme and liaise as appropriate with local hospital management as appropriate in this review process.	Q4 National Dependency

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Design and Dignity Grant Scheme	Work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme in order to assist projects that are designed to enhance the dignity of people who die in hospitals.	DNE Project Progressed.	Ongoing
Education and Research	Collaborate with the All-Ireland Institute of Hospice and Palliative Care, Education Centres in Specialist Palliative Care Units, professional bodies, and universities, to provide programmes that ensure health and social care staff have the necessary training to better identify and respond to people with palliative care needs, to help staff initiate discussions about their preferences for care, and to enable them provide quality end of life care.	Will facilitate communication channels with the new All Ireland Institute of Hospice and Palliative Care in the development phase.	
Involving Patients and their Families	Support services to develop good practice in advance care planning through the development of national guidelines, an e-learning programme and a national recording system. Promote the importance of involving families and carers in decisions about care through advance care planning and needs assessment processes. Provide organisations with readily available information on local palliative care services. Provide organisations with information on how to access bereavement support services.	Will work with relevant bodies in Clinical Care Programme in the development of this work. Continue the work of involving families in daily clinical practice in the management of patient care. Continue the distribution of Information Leaflets for (i) Patients and (ii) Health Care Professionals on Specialist Palliative Care Services. Continue the development of information and literature on bereavement support services.	
Develop Evidence-based Performance Measures	Develop additional datasets within the National Palliative Care Minimum Dataset to collect data on specialist palliative care activity in: Acute hospitals, outpatient services and bereavement services. Strengthen the mechanism for the collection and analysis of data to support the development and evaluation of palliative care services.	DNE will continue to fully support national initiatives in this regard.	Q4 National Dependency

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Waiting Times Inpatient						
i) Specialist palliative care inpatient bed within 7 days		92%	94%	91%	94%	91%
Dublin North West [1] [2]	88%		88%		88%	
Dublin North Central [1]	100%		100%		100%	
Dublin North City ISA	***		***		***	
North Dublin ISA	**92%**		**92%**		**92%**	
Louth [1]	0		0		0	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**0**		**0**	
Cavan/Monaghan ISA	**0**		**0**		**0**	
ii) Specialist palliative care inpatient bed within 1 month	98.1%	98.2%	100.0%	98.0%	100.0%	98.0%
Dublin North West [1] [2]	100%		100%		100%	
Dublin North Central [1]	100%		100%		100%	
Dublin North City ISA	**100%**		**100%**		**100%**	
North Dublin ISA	**100%**		**100%**		**100%**	
Louth [1]	0		0		0	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**0**		**0**	
Cavan/Monaghan ISA	**0**		**0**		**0**	
Waiting Times Community						
Specialist palliative care services in the community (home care) provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital)		78%	62%	79%	62%	79%
Dublin North West [1] [2]	53%		53%		53%	
Dublin North Central [1]	55%		55%		55%	
Dublin North City ISA	***		***		***	
North Dublin ISA	**50%**		**50%**		**50%**	
Louth [1]	79%		79%		79%	
Meath [1]	63%		63%		63%	
Louth/Meath ISA	***		***		***	
Cavan/Monaghan ISA	**90%**		**90%**		**90%**	
Specialist palliative care services in the community (home care) provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital)	94%	98%	92%	97%	92%	97%
Dublin North West [1] [2]	89%		89%		89%	
Dublin North Central [1]	85%		85%		85%	
Dublin North City ISA	***		***		***	
North Dublin ISA	**83%**		**83%**		**83%**	
Louth [1]	100%		100%		100%	
Meath [1]	100%		100%		100%	
Louth/Meath ISA	**100%**		**100%**		**100%**	
Cavan/Monaghan ISA	**100%**		**100%**		**100%**	
Inpatient Units						
No. of patients in receipt of treatment in specialist palliative care inpatient units	38	326	42	349	42	349
Dublin North West [1] [2]	12		12		12	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of patients in receipt of treatment in specialist palliative care inpatient units						
Dublin North Central [1]	14		12		13	
Dublin North City ISA	**26**		**24**		**25**	
North Dublin ISA	**12**		**16**		**17**	
Louth [1]	0		0		0	
Meath [1]	0		2		0	
Louth/Meath ISA	**0**		**2**		**0**	
Cavan/Monaghan ISA	**0**		**0**		**0**	
No. of admissions to specialist palliative care inpatient units	297	2,617	350	2,865	350	2,865
No. of discharges, transfers from the specialist palliative care inpatient unit i) Discharges	6	277	0	148	0	148
No. of discharges, transfers from the specialist palliative care inpatient unit ii) Transfers	237	1,486	52	970	52	970
No. of discharges, transfers from the specialist palliative care inpatient unit iii) Deaths			243	1,389		
Community Home Care						
No. of patients in receipt of specialist palliative care in the community	543	2,851	604	3,026	604	3,026
Dublin North West [1] [2]	75		77		77	
Dublin North Central [1]	68		56		56	
Dublin North City ISA	**143**		**133**		**133**	
North Dublin ISA	**77**		**91**		**91**	
Louth [1]	107		124		124	
Meath [1]	110		134		134	
Louth/Meath ISA	**217**		**258**		**258**	
Cavan/Monaghan ISA	**106**		**122**		**122**	
Day Care						
No. of patients in receipt of specialist palliative day care services	48	277	61	320	61	320
Dublin North West [1] [2]	15		20		20	
Dublin North Central [1]	21		20		20	
Dublin North City ISA	**36**		**40**		**40**	
North Dublin ISA	**12**		**21**		**21**	
Louth [1]	0		0		0	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**0**		**0**	
Cavan/Monaghan ISA	**0**		**0**		**0**	
Community Hospitals						
No. of patients in receipt of care in designated palliative care support beds	6	125	8	154	8	154
Dublin North West [1] [2]	3		2		2	
Dublin North Central [1]	0		0		0	
Dublin North City ISA	**3**		**2**		**2**	
North Dublin ISA	0		0		0	
Louth [1]	0		1		1	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**1**		**1**	

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
No. of patients in receipt of care in designated palliative care support beds						
Cavan/Monaghan ISA	**3**		**5**		**5**	
New Patients						
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile) i). Specialist palliative care inpatient units	22	120	26	174	26	174
Dublin North West [1] [2]	6		7		7	
Dublin North Central [1]	7		8		8	
Dublin North City ISA	**13**		**15**		**15**	
North Dublin ISA	**9**		**11**		**11**	
Louth [1]	0		0		0	
Meath [1]	0		0		0	
Louth/Meath ISA	**0**		**0**		**0**	
Cavan/Monaghan ISA	**0**		**0**		**0**	
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile) ii). Specialist palliative care services in the community (home care)	120	605	125	645	125	645
Dublin North West [1] [2]	18		19		19	
Dublin North Central [1]	13		13		13	
Dublin North City ISA	**31**		**32**		**32**	
North Dublin ISA	**23**		**24**		**24**	
Louth [1]	18		19		19	
Meath [1]	19		20		20	
Louth/Meath ISA	**37**		**39**		**39**	
Cavan/Monaghan ISA	**29**		**30**		**30**	

[1] Former Local Health Office

[2] Dublin North West will be divided between ISA's Dublin North & Dublin North City

*** Disaggregated data not available.

Social Inclusion

Introduction

Social Inclusion Services improve access to mainstream services, target services to marginalised groups, address inequalities in access to health services and enhance the participation and involvement of socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. The budget reduction for Social Inclusion Services in DNE amounts to €1.3M which represents a 3.6% reduction. Efficiencies will be achieved in non-pay expenditure in core budgets.

There are very clear linkages between our Social Inclusion services and in particular our Primary Care services and total available resources will continue to be used across these care groups to support the maintenance of overall frontline service provision.

Resource Challenge 2012

FINANCE	Integrated Services Area					
	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
% Service Impacting Budget Reduction 2012****	4.3%	3.6%	3.5%	3.4%	54.6%	3.6%
1. Incoming Embedded Deficit/(Surplus) 2011 *	(452)	(118)	(139)	(2,233)***	209	(2,733)
2. Increased Cost Pressures 2012	0	10	4	279	0	293
3. Service Impacting Budget Reduction for 2012	20	43	29	1,175	77	1,344
Total Cost Reduction/Potential Growth 2012 (1+2+3)**	(432)	(65)	(106)	(779)	286	(1,096)
Total Financial Challenge % 2012	(95.7%)	(5.3%)	(13.0%)	(2.3%)	202.2%	(3.0%)

Agency & Overtime Costs 2011

	C/M	L/M	NDub	DNC	Other/ Regional	DNE Total
Agency & OT Costs 2011				2,363		2,363

** Embedded Deficits/Surpluses are based on projected spend patterns less expected budget and are therefo estimates based on best information available at the time.*
*** All Monetary values in €000's*
**** Once off available resources from within this and other areas have enabled DNC to operate within its over budget in recent years despite the very significant financial pressures including within Primary Care, Disabilities and Children & Family Services*
***** Issuing of budgets to individual service units are subject to final discussion with Area Managers and may involve variations to the percentage cuts outlined above.*

Our priorities for 2012:

- Implement/co-ordinate a range of **national social inclusion strategies and policies**. These include actions in areas such as addiction services, homelessness, intercultural health, travellers' health, lesbian, gay, bisexual and transgender health (LGBT). To provide additional capacity to achieve this, we will replace on a more permanent basis the role of the regional service improvement specialist for social inclusion.
- Continue to implement **quality standards** in both the statutory and voluntary-managed **addiction services** by enabling services to become QuADS (Quality in Addiction and Drug Services), or equivalent, compliant.
- Continue to implement the **National Drugs Strategy 2009-2016** actions in relation to treatment, rehabilitation and prevention.
- Prioritise and implement recommendations of anticipated **National Substance Misuse Strategy**.
- Prioritise and implement recommendations of anticipated **HSE National Hepatitis C Strategy**.
- Implement **National Homeless Strategy** in conjunction with other key partners.
- Continue to progress recommendations of the **HSE National Intercultural Health Strategy 2007 - 2012**.
- Continue to progress priority actions informed by the **All Ireland Traveller Health Study 2011**.
- Develop health strategy and associated action plan for **lesbian, gay, bisexual and transgender** people (LGBT) across all appropriate care groupings.
- Continue to progress priority actions agreed by the **National AIDS Strategy's** Education and Prevention sub-committee.

Key Result Areas

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Addiction Services	**Implementation of the National Drugs Strategy (NDS) 2009-2013** **Implement recommendations from HSE Opioid Treatment Protocol:**		
	Establish a national data collection, collation and analysis group to maximise the use of current data, identify new data, and develop a brief outcome monitoring process for individuals.	DNE current models of data collection – sampling complete. Feasibility study complete re collection of data in DNE once IT system improved and recognised by NDRIC and NAAGG.	Q4 National Dependency
	Develop joint clinical guidelines on the treatment of opioid addiction across the full range of drug services by the ICGP, ICP, PSI and the HSE. The guidelines will include an implementation plan for the move to less urine testing and a greater clinical focus on the use of the results of drug testing samples.	Revised 'Quality & Patient Safety Committee' established to look at recommendations in report and discuss ways of implementation. Implementation plan and productivity / efficiency plan, incorporating urine sample frequency and drug consumption testing alternatives finalised and implementation underway.	Q4 National Dependency
	Produce a quarterly analysis report on methadone waiting list.	Drug Treatment Centre provide reports, the information is collected and data reconfigured into areas.	ongoing
	Produce a quarterly analysis report on exits from the methadone treatment list.	Drug Treatment Centre provide reports, the information is collected and data reconfigured into areas.	Q2 – Q4
	Implement Report of the Working Group on Residential Treatment and Rehabilitation (Substance Users) 2007 and HSE National Drugs Rehabilitation Framework 2010:		
	Conduct an analysis of HSE's National Drugs Rehabilitation Framework for usefulness for the following groups: Service users, case managers, key workers within other disciplines and service managers.	Evaluation of Addiction Services in North Dublin to commence in Q1.	Q4
	Measure client care plan progression over the course of 2012.	Client progression through pilot sites for NDRIC monitored on trial basis with view to commencing implementation of web based data collection tool.	Q4
	Identify the barriers that hinder care planning / case management at the systemic and individual client level.	DNE will participate fully in national process to reflect issues such as: • Need for interagency protocols. • Need for common reporting systems / common data collection tools. • Greater standardisation and strategy to enhance buy in and participation by various stakeholders.	Q4
	Prioritise and implement HSE actions in the National Substance Misuse Strategy, following its publication:		
	Develop an annual training plan, which targets emerging trends in addiction and reflects best practice via the HSE National Addiction Training Programme.	Relevant elements of national training plan implemented in DNE.	Q4
	Implement Quality Standards (Quality in Addiction and Drug Services, QuADS) in both the statutory and voluntary-managed addiction services.	Current pilot implementation of QuADS in DNE will continue and assessment by operational management committee will be progressed.	On-going
	Conduct an effectiveness review exercise on all current forms of needle exchange provision currently funded by the HSE.	Evaluation of service effectiveness completed for North Dublin in conjunction with NAAGG and Irish Needle Exchange Forum. Scoping exercise completed on revised reporting arrangement potentially utilising client tracking data to be piloted by NDRIC projects.	Q4

Key Result Area	NSP Deliverable Output 2012	DNE Deliverable Output 2012	DNE Target Completion Quarter
Addiction Services contd	Launch an alcohol public education / awareness campaign.	Joint approach to development of national / regional awareness campaign explored and documented with partner agencies. Supply reduction work re alcohol availability progressed.	Ongoing
	Further develop web based information and awareness systems for addiction.	A communication plan around these additional resources will be implemented with relevant voluntary agencies and local drug taskforces.	Q4 National Dependency
	Develop a national drug and alcohol service directory to include in-depth information on treatment and rehabilitation and geo-mapping for staff and service (linked with HSE Health Intelligence Unit and Health Atlas).	Participate as required in this national project. Ensure DNE mapping of services completed within set timescales.	Q4 National Dependency
Homelessness	**Implement The Way Home – A Strategy to Address Adult Homelessness in Ireland in conjunction with other key partners:**	Work with statutory and voluntary agencies to implement the national strategy to address adult homelessness as resources allow in 2012.	Q1-Q4
	Agree interagency referral and care pathways between in-reach and targeted health services for homeless people, travellers and other social inclusion targeted groups, and mainstream health services in community and hospital settings.	Participate in the process to agree interagency referral and care pathways for socially excluded groups.	Q1-Q4
	Ensure that the existing care plan / key worker system is operating effectively to support the introduction of the proposed care and case management approach across the homeless services sector.	Work with homeless service providers who are funded by the HSE to operate the care and case management approach and ensure client's needs are assessed and care plans are prepared. Where this process does not currently exist service providers will be encouraged to commence the process.	Q1-Q4
	Review existing discharge protocols for homeless persons leaving acute care in each operational area to ensure that the recommended practices of the HSE Code of Practice for Integrated Discharge Planning are fully implemented.	Review existing discharge protocols for homeless clients to determine effectiveness. When review is complete DNE will work to improve integrated discharge planning for homeless clients.	Q2-Q4
Intercultural Health	Implement recommendations from the HSE National Intercultural Health Strategy:	Work with the national social inclusion office to implement the recommendations from the HSE National Intercultural Health Strategy as resources allow.	Ongoing
	Enhance accessibility, improve data and support staff in ensuring culturally competent service delivery.	Support staff to deliver culturally appropriate services and work with NGO's funded by the HSE to improve accessibility and improve data collection.	Ongoing
	Extend the roll-out of the ethnic identifier to capture key health information of minority ethnic groups in each HSE region.	Assist in the roll out of the Ethnic Identifier on a phased basis in conjunction with the acute sector.	Q1-Q4
	Develop a national database to support staff in accessing and developing appropriate translated health related material.	Participate in the process to develop a national database of translated health related materials.	Q4
LGBT Health	Finalise and launch health strategy and action plan for LGBT people.	Participate in the development of the health strategy and action plan for lesbian, gay, bisexual and transgender people and will raise awareness of the health issues for this client group.	Q1-Q4
	Develop LGBT health specific actions in respect of identified priority areas such as transgender health, mental health and lesbian health.	Assist in the development of LGBT health specific actions as required by the national social inclusion office.	Q4
National Hepatitis C Strategy	Implement prioritised, resource neutral recommendations of HSE National Hepatitis C strategy once published.	Examine the priority areas of the National Hepatitis C strategy when finalised to determine how best to implement the recommendations of the new strategy within existing recourses.	Q2-Q4
HIV / AIDS	Deliver a social marketing campaign on HIV prevention and decrease in the rate of HIV infections.	Raise awareness of the HIV campaign to help decrease the rate of HIV infection.	Q4

Performance Activity and Performance Indicators

	Expected Activity / Target 2011		Projected Outturn 2011		Expected Activity / Target 2012	
	DNE	National	DNE	National	DNE	National
Methadone Treatment						
No. of clients in methadone treatment (outside prisons)	3,050	8,500	3,062	8,622	3,050	8,640
No. of clients in methadone treatment (prisons)		500		564		520
Substance Misuse						
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment		100%	61 91%	1,025 95.8%		1,260 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment		100%	6 100%	86 100%		105 100%
Homeless Services						
No. of individual service users admitted to statutory and voluntary managed emergency homeless services who have medical cards	75%	NEW PI for 2011 75%	272 88%	1,346 81%	272	1,346 75%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week			NEW PI for 2012		80%	80%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities who have a written care plan in place within two weeks			NEW PI for 2012		80%	80%
Needle Exchange						
No. of pharmacists recruited to provide Needle Exchange Programme			NEW PI for 2012			45 in Q1 65 in Q3
Traveller Health Screening						
No. of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects			NEW PI for 2012		10% proportion of targeted population in each region	1650

Regional Breakdown unavailable in 2011. A review of the systems and processes for collection and reporting of KPI data relating to Addiction and Homelessness will be undertaken to achieve improvement and standardisation across DNE.

Abbreviations

ALOS	Average Length of Stay
AMP	Acute Medicine Programme
AMU	Acute Medical Unit
ANP	Advanced Nurse Practitioner
CAMHS	Child and Adolescent Mental Health Services
CEO	Chief Executive Officer
C/M	Cavan/Monaghan
CME	Continuing Medical Education
CMHT	Community Mental Health Team
CNU	Community Nursing Unit
CPP	Crisis Pregnancy Programme
DNA	Did Not Attend
DML	Dublin Mid Leinster
DNE	Dublin North East
DOF	Department of Finance
DOHC	Department of Health
DOSA	Day of Surgery Admissions
DTSS	Dental Treatment Services Scheme
EAG	Expert Advisory Group
ECD	Executive Clinical Director
ED	Emergency Department
EMP	Emergency Medicine Programme
ESP	Elective Surgery Programme
GI	Gastrointestinal
GMS	General Medical Service
GP	General Practitioner
HCAI	Health Care Associated Infection
HCP	Home Care Package
HIQA	Health Information and Quality Authority
HPV	Human Papilloma Virus
HR	Human Resources
HSCN	Health and Social Care Network
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
ICRU	Intensive Care Rehabilitation Unit
ICT	Information Communication Technology
ICU	Intensive Care Unit
ICV	Intermediate Care Vehicle
IDU	Intravenous Drug User
ISA	Integrated Service Area
ISD	Integrated Services Directorate
ISP	Integrated Services Programme
LIT	Local Implementation Teams
L/M	Louth/Meath
LGBT	Lesbian, Gay, Bisexual and Transgender
LHO	Local Health Office
MAU	Medical Assessment Unit
MDS	Minimum Data Set
MDT	Multi-Disciplinary Team
MHC	Mental Health Commission
MSK	Musculoskeletal
MMR	Measles, Mumps, Rubella vaccine
MRSA	Methicillin-resistant Staphylococcus Aureus
MUH	Mercy University Hospital
NCCIS	National Child Care Information System
NCCP	National Cancer Control Programme
NCHD	Non-Consultant Hospital Doctor
NCR	National Cancer Registry
NHSS	Nursing Homes Support Scheme
NQS	National Quality Standards
NRS	National Recruitment Services
NSP	National Service Plan
OLCH	Our Lady's Children's Hospital
OPD	Outpatient Department
PCI	Percutaneous Coronary Intervention
PCRS	Primary Care Reimbursement Scheme
PCT	Primary Care Team
PHN	Public Health Nurse
PI	Performance Indicator
PR	Performance Report
PSA	Public Service Agreement
PTS	Patient Transport Service
QCC	Quality and Clinical Care
RMT	Regional Management Team
RT	Rehabilitative Training
RTA	Road Traffic Accident
SAT	Single Assessment Tool
SDU	Special Delivery Unit
SIVUH	South Infirmary Victoria University Hospital
SLA	Service Level Agreement
STEMI	ST Elevation Myocardial Infarction
VER	Voluntary Early Retirement
VRS	Voluntary Redundancy Scheme
VFM	Value for Money
WTE	Whole Time Equivalent

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