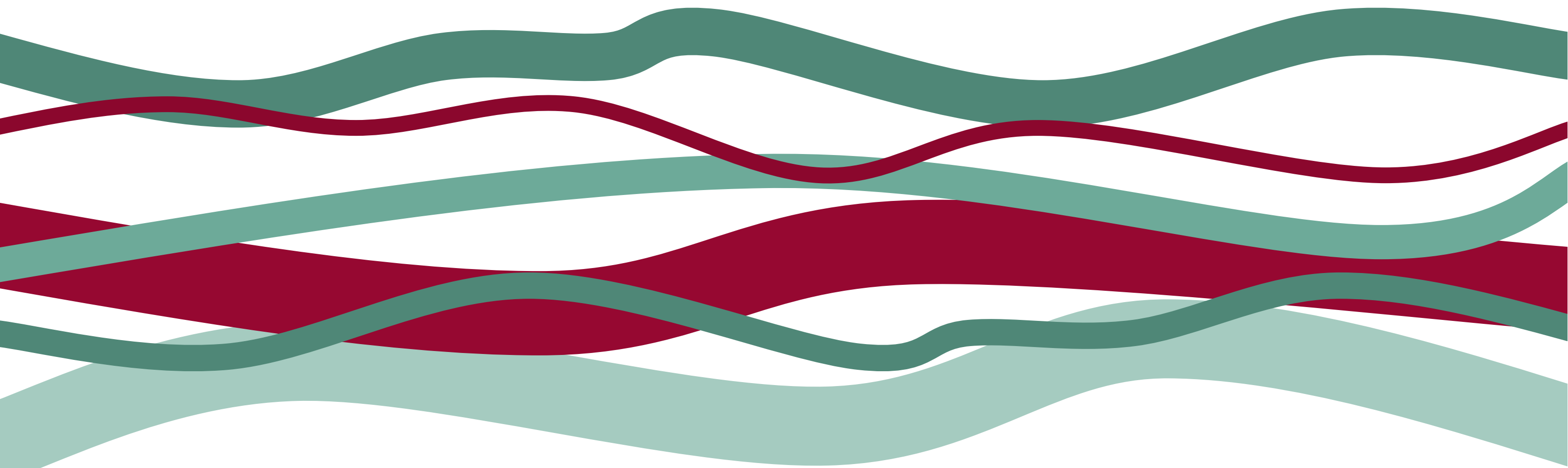
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Dublin Mid-Leinster

Regional Service Plan 2012



Regional Director of Operations
HSE Dublin Mid-Leinster
Oak House
Millennium Park
Naas
Co. Kildare
Tel: 045 882597
Email: rdo.dml@hse.ie

The DML Regional Service Plan is based on the HSE National Service Plan 2012 submitted to the Minister for Health on 23 December 2011 and approved on 13 January 2012

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Introduction from the Regional Director of Operations

The National Service Plan 2012 (NSP2012), which was published on 16 January 2012, sets out the type and volume of service the Health Service Executive (HSE) will provide directly, and through a range of agencies funded by us, during 2012, within the funding provided by Government and within the stipulated employment levels. In developing the NSP2012, the HSE's national priorities for 2012 are to:

- Deliver the maximum level of safe services possible for the reduced funding and employment levels, including addressing insofar as possible the unstructured nature of the downsizing. This involves prioritising some services over others to meet the most urgent needs resulting from demographic growth and Government and service priorities.
- Deliver the cost reductions needed to deliver a balanced Vote in 2012.
- Support the continued implementation of our reform programme 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, and the recommendations of the *Comprehensive Expenditure Report 2012-14.*

In this context, HSE Dublin Mid-Leinster (DML) has commenced the process of implementing the NSP2012, the detail of which is outlined in this document **"HSE Dublin Mid-Leinster – Regional Service Plan 2012"**. This service plan outlines the type and volume of services, key priorities and actions at regional and local level across hospitals and Community Services in local HSE Areas arising out of the NSP2012, to be implemented in DML in 2012.

DML Demographic Profile

DML is the largest of the four HSE regions with a total population of **1,319,754** as per the 2011 CSO Census preliminary figures. The region ranges from Dublin City south of the River Liffey, South County Dublin, Dun Laoghaire/Rathdown, and all of counties Kildare, Wicklow, Laois, Offaly, Longford and Westmeath. It is currently divided into four local HSE Areas (formerly nine Local Health Office [LHO] areas) as shown in the population table below.

The previous census figures from 2006 are also shown for comparative purposes and it should be noted that since the 2006 census there has been **a population increase of 102,906 (8.46%)** across DML, with the current four local HSE Areas all experiencing population increases ranging from 5.45% to 12.13%.

HSE Area	Former Local Health Office (LHO)	Total Population (2011 Census) Preliminary figures	Total Population (2006 Census)	% increase since 2006
Dublin South Central	Dublin South City	143,900	134,344	+7.11%
	Dublin West	146,355	134,020	+9.20%
		290,255	**268,364**	**+8.16%**
Dublin South West / Kildare- West Wicklow	Dublin South West	154,348	147,422	+4.70%
	Kildare/West Wicklow	228,024	203,327	+12.15%
		382,372	**350,749**	**+9.02%**
Dublin South East / Wicklow	Dublin South (Dun Laoghaire)	130,327	126,382	+3.12%
	Dublin South East	116,226	110,487	+5.19%
	Wicklow	118,379	109,202	+8.40%
		364,932	**346,071**	**+5.45%**
Midlands	Laois/Offaly	157,264	137,927	+14.02%
	Longford/Westmeath	124,931	113,737	+9.84%
		282,195	**251,664**	**+12.13%**
	Total:	**1,319,754**	**1,216,848**	**8.46%**

Source: CSO Census 2011 - *preliminary figures*

It is acknowledged that there are many areas of deprivation located within the Dublin Mid-Leinster Region. According to the *National Deprivation Index for Health & Health Services Research (SAHRU Technical Report Dec 2007)* some 45.5% of the 803,719 persons living in the most deprived Electoral Divisions (EDs) are in the Greater Dublin Region comprising Dublin City & County and Counties Wicklow and Kildare. In addition, of the 50 most deprived EDs nationally, 12 are located in the Dublin Mid-Leinster region. This presents additional challenges for DML in the provision of health and personal social services to the community.

DML Regional Structure

The DML RDO is supported by a Regional Team which comprises HSE Area Managers x 5, Assistant National Director for the Midland Hospitals, Assistant National Director for Finance (DML), Assistant National Director for Human Resources (DML), Assistant National Director for Estates (DML), Business Manager, Quality & Patient Safety Manager and Communications Manager. In addition, 2 Local Health Managers – 1 each in the areas of Disabilities and Mental Health respectively – will lead out on the provision of these services in DML. This Regional Team will change in 2012 with one of the HSE Area Managers taking up the new role of Regional Director for Children and Family Services.

As part of the changing structures in Children and Family Services, the DML responsibility for management, budget accountability and other associated matters in relation to these services will pass from the DML RDO to the Regional Director for Children and Family Services in 2012. In this regard the new director will be assisted at local level by Area Managers for Children and Family Services. Children and Family Services will operate as a separate programme within the HSE pending the establishment of the Children and Families Agency.

Also, following on from various announcements by the Minister for Health, HSE DML, in 2012, will continue to participate in structural and related organisational changes as laid down by the Department and in line with the reform agenda contained in the Programme for Government.

In 2012, DML will concentrate on a number of key areas in order to ensure that our services are delivered in a seamless, efficient and cost-effective way that facilitates easy access for our clients and addresses areas of greatest need.

The key **DML Service Priorities for 2012** are:

1. To deliver high quality and accessible health and personal social services to the DML population in the current climate of reduced financial allocation and recruitment moratorium.
2. To monitor, support and improve the performance of our Acute Hospitals in the following areas in particular: Emergency Departments, Admission Waits and Patient Experience Time, OPD Waiting Lists, Elective Surgery and to work with the SDU in this regard.
3. To progress the implementation of the National Clinical Programmes in DML Acute Hospitals.
4. To ensure that the service priorities in all Care Groups (e.g. Child Care, Disabilities, Mental Health, Older Persons, etc.) are monitored for progress against targets and that timely interventions are made to address any issues in this regard, if required.
5. To initiate the appropriate processes in accordance with the Public Service Agreement that will facilitate the redeployment of staff to frontline and other positions that are vacant.
6. To continue the preparation of the three Paediatric Hospitals, Dublin, for migration to the new National Paediatric Hospital.

It should also be noted that the *Key Result Areas* for each Care Group, arising from the HSE National Service Plan 2012, are set out in the relevant chapters of this document and have been assigned to designated service managers for delivery in DML, as appropriate, in 2012.

The Funding Position

National Budget Framework 2012

The gross current Estimate for the HSE is **€13,317.038m** as set out in the published *Estimates of Receipts and Expenditure 2012*. This reflects a net reduction of **€247.6m** (1.86%). This net reduction is made up of a gross reduction of **€554m** less provision for new spending of **€307m.** Additionally the HSE must manage further cost reductions of **€256m** (1.9%) giving a total 2012 cost management target of **€647m**, 4.9% of the 2012 allocation. The 2012 HSE national finances are summarised below in Table 1.

Every Euro of additional spend in 2012 must first be saved by the HSE as well as returning **€247.6m** to Exchequer. There is a risk that if the savings are not achieved then there will be a growing deficit. The successful delivery of the NSP 2012 is critically dependent on achieving significant savings in pay through workforce reductions and drug costs as well as growth in income of €143m. The achievement of the savings in pay is dependent on the number of retirees whilst the achievement on the substantial component of the savings in drugs and income is dependent on the timely passing of legislative changes.

Table 1:
Budget Reduction Framework 2012

Summary of HSE Finances 2012	
	€m
Vote at 31.12.2011	**13,565**
Less once off funding Fair Deal withdrawn	-15
Less 2011 supplementary funding	-148
Revised opening position	13,402
Less Savings specified in the estimate 2012	-391
Plus additional funds set out in estimate 2012	307
Vote at 01.01.2012	**13,317**
Savings specified in the estimate 2012	-391
Potential additional costs	-256
Total required cost reductions	647

DML Regional Position

Arising from the total HSE budget, the **Financial Allocation** for DML ISD for 2012 is **€2,593.929m** (Table 2). This is before extraction of budget for Fair Deal and Childcare. The current indicative figures for extraction for these areas are €162.601m and €146.302m respectively.

This allocation is broken down as follows:

Table 2:

HSE Dublin Mid-Leinster 2012 Financial Allocation	Budget 2012 €m
Acute Services	1,248.067
Community Services & Central	1,345.862
Dublin Mid-Leinster Total Allocation	**2,593.929**

The 2011 Budget Allocation for DML ISD was €2,718.746m. The Net Reduction in 2012 is, therefore, €124.817m (Table 3) which equates to 4.6%.

A summary of the reductions is outlined in Table 3 below.

Table 3:

Reduction	€m
Non-return of Once-off funding in 2012	14.090
Non Pay Efficiency Savings	14.510
Pay Efficiency Savings – *Overtime, Premium, Sick Leave*	7.014
Cost Neutral Early Retirements	49.338
Student Nurses – Pay Scale	3.469
Fair Deal Sub-head	12.455
Care Group Efficiencies – Mental Health	3.014
Care Group Efficiencies – Childcare	2.390
Care Group Efficiencies – Multi Care Group	3.447
Care Group Efficiencies – Acute Services	7.158
Private Bed Charges	5.696
Private Patient Charging	23.148
Top Slice – Childcare Services	17.000
Top Slice – NVRL/Renal Services	5.182
Total Gross Reductions	**167.911**
New Funding Received	43.094
Net Funding Adjustment for 2012	**124.817**

Table 4 below outlines the Estimate of the 2012 Emerging Financial Pressures for which no provision is made in the Allocation: **€92.8m**

Table 4:

Cost Pressure	€m
Closing 2011 Run Rate	45.0
EU Directive on Agency Staff	5.7
Increments	13.0
VAT – 2% increase in rate	8.5
Removal of Relief for Pensions	2.0
Non Pay Inflation	9.0
Laboratory	5.0
Health Insurance – Reduced Membership	3.0
Arrears for Disability Agencies	1.6
Total Emerging Pressures	**92.8**

When account is taken of the Budget Reductions and the Emerging Pressures, the overall financial pressure for DML is €217.6m or 8%.

Care Group Reduction

In line with Ministerial directive, DML has broadly applied the agreed percentage reductions to each Care Group. Some Care Groups require the return of held development funding to achieve the net percentage reduction. The HSE financial systems are a consolidation of multiple legacy systems from the former Health Board and Voluntary structure. In this context coding of budgets by care group is not standard nationally and can be subject to restatement. DML afforded a level of protection to paediatric and maternity services.

Income
The HSE will collect the increased inpatient and day case charges set out by the Minister in the Budget for 2012. The target set for DML in 2012 is €5.696m.

In addition, there is a policy change in 2012 in respect of allowing a charge for all private patients in public hospitals. The target set for DML is €23.148m. A change in current legislation is required and is not anticipated until Qtr 4, 2012. Additionally, DML is actively seeking to accelerate income collections. Gains in this area could be of assistance in the management and the delivery of a balanced Vote in 2012. Several national initiatives were implemented in 2011 and DML is working with these initiatives to reduce the overall debt outstanding.

Non pay expenditure
The national plan is based on savings in non-pay of €50m *(DML's share is €14.501m).* The HSE will be seeking to reduce prices and control volumes of stock of supplies and services used by the HSE and the voluntary sector and this measure should not of itself impact on services. This amount has been deducted from budgets and the Regional Directors of Operations (RDOs) will work with procurement services to deliver the required savings. Monitoring of the achievement of this non pay expenditure will be by way of monthly assessment of regional financial variances.

Children and Families
The provision in the national estimate for Children and Families is €550.7m. For the first time nationally there is a dedicated subhead in the Vote of the HSE showing this amount. As this subhead is being established for the first time, it is to be expected that the actual provision will change.

Service Delivery Impact in 2012

The impact on service delivery in HSE DML in 2012 reflects the impacts shown in the National Service Plan 2012 as set out below.

Acute Hospitals and National Clinical Programmes
- Capacity will have to be tailored in line with available funding.
- Activity levels will be expected to drop by 6%, however, the productivity from the National Clinical Programmes will be expectant to counterbalance by 3%. Therefore, we expect to limit the reduction in activity to 3% overall.
- The ongoing policy of increasing the number of patients who have their elective procedure on the day of admission will continue and this will reduce the average length of stay for in-patients by 5%.
- The hospitals will work with the Special Delivery Unit towards ensuring that nobody waits longer than 9 months for an elective procedure.

Older People
- There will be a national reduction of home help hours by 4.5%, however, there will be a rigorous approach to the allocation of these hours by prioritising Personal Care.
- There will be a focus in DML on increasing intermediate care. This should reduce demand on acute hospital services.
- *Older Persons Units* - these will be reviewed on an ongoing basis across DML during 2012.

Disability
- There will be reductions in terms of day services, residential services and respite services. However, the aim will be to tailor these reductions so as to minimise the impact on service users.
- €1 million will be made available nationally for autism which will be used to reduce waiting times for therapy services for children with autism.
- Disability services will be required to cater for demographic pressures, such as new services for school leavers and emergency residential placements, from within existing budgets.

Mental Health
- €35 million nationally will be invested in Mental Health to support the further implementation of "*A Vision for Change*".
- There will be a reduction to in-patient beds resulting from the loss of staff and budget reductions.
- There will be reduction in payments to external providers and they will be challenged to maximise efficiencies.

Primary Care Services
- An additional €20 million funding nationally will be allocated to fill as many vacancies as possible and to expand existing arrangements where sessional services are provided by Allied Health Professionals.
- Funds have been prioritised for the HPV campaign and the catch-up measles campaign.

Children and Families
- Core services will be prioritised.
- All activities will be delivered in the most cost effective ways.
- There may be some activity reduction in the less targeted activities.

Potential Risks to Delivery

HSE DML as a region faces a number of potential risks to the delivery of its Service Plan in 2012 and these correspond to those outlined in the National Service Plan, as set out below.

The single biggest risk we face in 2012 is lack of capacity to meet real health and personal social services needs in the face of reduced funding and availability of staff. This section identifies, where possible, the impact of other pre-existing or future risks to the delivery of planned service levels outlined in this plan. Potential risks to delivery include:

Service Risks
- The HSE has provided for expected levels of demand for community drug schemes on agreed assumptions for 2012. There is a risk of under estimation of unanticipated additional demands.
- *A Fair Deal* is a cash limited scheme. There is a risk that the resource available may not be adequate to meet demand. This would have an impact upon hospital and community services.
- The implications of the awaited *National Standards for Safer, Better Healthcare* have been taken into account, in as far as possible, whilst developing NSP2012, but a full impact assessment is not yet known.
- Some of the actions within NSP2012 may be subject to legal challenge.
- That voluntary agencies will co-operate with and deliver upon the targets set for services and finances.

HR Risks
- 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 loss of staff generally impacting on front line service delivery.
- Significant challenges in maintaining staffing in certain specialties and locations and maximising potential staff flexibility through the *Public Service Agreement*.

Finance Risks
- NSP2012 includes large cost reduction targets, the achievement of which is critical to delivering a balanced vote. There is a risk that the services will struggle to meet the targets set. The timing of legislation is critical to the successful delivery of community drug schemes and income targets.
- Ability to control the costs of health technology and medicines.
- The absence of a single national financial system and the HSE's dependence on multiple disparate / standalone or legacy systems renders data less reliable. This is problematic in an environment where the vote is being broken into care groups and systems struggle to support this.
- There may be another additional adverse financial impact if the numbers leaving exceed 3,000 WTEs. We would then have to provide for additional lump payments from service budgets.
- The early retirement scheme and associated costs must be cost neutral.
- Extraction of Fair Deal Budgets must be cost neutral.

Change Risk

- Impact of Government reform plans for the HSE.

We will actively monitor and assess all of these and other risks that emerge as 2012 proceeds and, depending on their impact, may need to adjust planned service levels during the year to ensure the HSE can operate within its Estimate.

Quality and Patient Safety

Delivering services that are safe and of a high quality both for those who avail of our services and those who work within them is a key priority of the HSE DML. The provision of such services must be achieved within the resources available which presents both opportunities and challenges across the Region. It is accepted that quality and patient safety is the responsibility of all of our staff, from frontline to senior management level, and we will endeavour to support and assist all of our staff in meeting their responsibilities related to delivering on quality and safety targets.

In order to support staff in the delivery of these targets, HSE DML has established a Quality and Patient Safety Team that reports to the RDO through the Regional Quality and Patient Safety Manager. The team consists of risk management, clinical audit and quality staff and is configured in order to ensure that each Area within the Region has access to quality and risk support and advice. The focus of the team during 2012 will be to work with managers and staff to support the establishment of structures and processes within the Region which will enable us to deliver on the key performance areas identified nationally which relate to quality and patient safety. In addition, the Quality and Patient Safety Team will deliver a staff training programme that covers: the risk management process; developing a Risk Register; incident investigation; clinical audit; and the development of quality systems modules. This training programme will be delivered across the Region during 2012.

It is the aim of HSE DML that by developing the required structures and processes, and by building capacity at local level, we can deliver on quality and safety targets within our available resources.

Data Protection

Data Protection (DP) ensures that an individual's rights to privacy are protected. This is particularly important in the context of patients' clinical and personal information. However, it also protects personal information relating to our many staff in the health services.

In DML training on DP will continue to be rolled out throughout 2012 to ensure that all staff are aware of their responsibilities under the DP Acts.

DML Consumer Affairs staff will work closely with ICT, Data Protection Commissioner and HSE staff to ensure full compliance with our DP Breach Management Policy & Procedure 2009, and will work closely with the National Lead Office in this regard.

Consumer Affairs staff will continue to provide key advisory services to all staff on how to handle DP complaints and/or breaches and will proactively promote good work practices which enhance our compliance with the DP principles.

DML will actively participate in a comprehensive review of our guidance documents, protocols, practices and procedures in relation to DP. This work stream is currently in progress for 2012 and as part of its brief will consider and revise the existing documentation in order to devise a series of binding standards and rules that govern the management and protection of all forms of HSE information. This will include the development of an easily accessible booklet that is comprehensible to all staff members.

Additionally, in 2012 DML staff will actively focus on developing suitable work practices for document management.

Improving Our Infrastructure

The HSE National Capital 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 take pressure off the acute hospital sector.

Details of planned capital developments in DML are set out at the end of each relevant Care Group chapter and in Appendix 3.

Conclusion

Finally, it is widely acknowledged that the forthcoming year will be an extremely challenging one for all involved in the delivery of health and personal social services. DML is committed to working with all our healthcare colleagues in the voluntary sector, the Department of Health, the Special Delivery Unit, staff representative associations, etc., in a spirit of co-operation and resolve to meet the challenges ahead.

DML's primary aim is to endeavour to deliver health services to the highest standard possible to the people we serve, whilst balancing the imperative to remain within our voted budget and in the context of reducing staff numbers.

I do not underestimate the challenges that lie ahead but I am confident that the DML workforce will continue their tradition of dedication and commitment to serving the population of this Region. I would like to thank them for their work over the past year and express my appreciation and good wishes to our other staff members who are retiring now.

Our over-riding focus at all times must be to keep the DML population who require our services at the centre of all our decisions and work plans. We will work diligently to maintain this focus during the coming year.

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 as set out in the *HSE Corporate Plan*.

The data below includes a breakdown of the various resources (Finance, HR, etc.) available within the HSE Dublin Mid-Leinster Region in 2012.

Finance

The HSE finance plan will address the two month period to the 29th February 2012 and adapt to reflect the actual number of retirees which will be known at that stage. Plans may then require adjustment. The HSE will commission in 2012 a review of budgets to align them with the future organisational arrangements, i.e. Care Groups, for health provision. This work can commence once the future structures of the health environment are announced.

Allocation Bases

DML has allocated resources to budget holders both at regional and local level.

The HSE nationally has specifically reallocated €40m from other community services to childcare services as part of the allocation process. *The DML share of this was €17m.* This is in accordance with the direction received from the Minister for Health. The impact of this allocation is to permanently write off certain developments or surpluses and also to transfer resource between Regions in an effort to deal with part of the childcare deficit.

Additionally, the HSE nationally has transferred €43m of budget from other services to the *Nursing Homes Support Scheme: A Fair Deal* on its internal budgeting system to ensure that the subhead total for 2012 remains intact. *The DML share was €12.455m.*

In addition, €20m nationally has been transferred to primary care to support the recruitment of primary care staff to maintain people at home.

Financial Allocation 2012 – ISD HSE Dublin Mid-Leinster

The **DML ISD Financial Allocation** for 2012 is **€2,593.929m** before retraction of budget to the sub-heads of Fair Deal and Childcare**.** This represents a reduction of **€124.817m** from 2011, which equates to a **4.6%** net reduction on last year's funding.

The **Acute/Non-Acute breakdown** of the allocation is as follows:

- Acute Services: **€1,248.067m**
- Non-Acute / Community Services: **€1,345.862m**

Profiling

The profiling of the vote for DML on a monthly basis in 2012, which will be finalised in early February, is based upon the expected timing of implementation of a number of key initiatives. The main factors to consider are as follows:

- The impact of any accelerated retirements by 29th February 2012.
- The timing of legislation to deliver upon the increase in charging and collection of private income in public hospitals.

DML will need to review the profile in early March 2012 to consider the number of retirees and whether this allows for the attainment of the pay savings of €160m included in the vote to the HSE. *The DML share of these pay savings was €49.335m.* The profile may also be impacted by the timing and outcome of the other factors referenced above.

Care Group Subheads

The vote to the HSE now contains two care based subheads namely, long stay residential care and childcare. This provides a level of clarity and transparency relating to HSE expenditures that serves the public interest and is a move in the direction of programme level funding.

The HSE seeks to meet the reporting requirements for these subheads using the seven systems available to it. It should be noted that HSE is organised on a geographic basis and has not until this year had a national lead with budgetary accountability for a single service reflected in a subhead at a national level. The reporting systems of the HSE can and do facilitate area based reporting in accordance with our management structures but are not designed to report through a single financial ledger on a common chart of accounts and codes.

All care group reporting data within the HSE should be considered with some caution until there is a single standardised reporting system designed to specifically meet this purpose. Additionally, significant work requires to be undertaken to determine the actual service and cost components of each care group. The care group figures included in NSP 2012 are HSE corporate finance estimates and will be subject to refinement based upon the actual distribution of reductions at a regional level.

Care Group 2012 Allocation – HSE Dublin Mid-Leinster

The Care Group breakdown of the DML ISD Financial Allocation for 2012, both Voluntary and Statutory services, is as follows:

Care Group by Programme	2011 Budget	2012 Budget
	€m	€m
Primary Care	45.213	44.224
Children & Families	129.617	146.302
Mental Health	184.871	169.550
Disability	448.091	427.035
Older People {Incl Fair Deal}	272.398	255.611
Palliative Care & Chronic Illness	33.427	30.457
Social Inclusion	55.508	51.985
Multi Care Group	216.587	207.686
Acute Services	1,314.794	1,248.067
Other	18.240	13.012
Total:	**2,718.746**	**2,593.929**

The HSE financial systems are a consolidation of multiple legacy systems from the former Health Board structure. In this context, coding of budgets by care group is not standard nationally and can be subject to restatement.

Capital Programme - Improving Our Infrastructure

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.

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 take pressure off the acute hospital sector.

The total Capital Cost in 2012 for DML for capital projects is as included in the HSE National Capital Plan. Details of the capital projects to be progressed / completed in DML in 2012 are set out in Appendix 3. DML will also receive its share of funding for minor capital works and equipment replacement.

Human Resource and Workforce Management

It is acknowledged that, in accordance with the Government's *Public Service Reform Plan*, *November 2011*, the number of staff employed in the public health sector will need to be further reduced over the coming four years.

In this regard, DML will have to reduce its workforce by 990 in 2012. This reduction will be implemented in accordance with the *Employment Control Framework* which is currently being drafted by Corporate HR.

In order to do this in a sustainable way within the overall budget and staff resource outlined, we need to change, reconfigure and develop many of our services to meet best practice both nationally and internationally. With a permanent reduction in the overall levels employed in the public sector, management will be required to prioritise services to ensure that the impact on frontline services is kept to a minimum. Such an approach will require re-deployment and re-assignment of staff right across all of our functional areas.

We will also be maximising the reorganisation of rostering, reduction in overtime and agency, and increasing skill mix and other measures to limit impact on frontline services.

Public Service Agreement (2010 – 2014)

The *Public Service Agreement* (PSA) is the framework for delivering significant change throughout DML. Its potential must be maximised within the HSE to deliver on a credible manpower plan for 2012. There is a need for these changes to be accelerated throughout 2012. The PSA must be seen to deliver changes in a timely manner but not diminishing our requirements in accordance with the agreed processes.

In 2012, formal processes will be put in place throughout DML to deliver the PSA both at regional and local level.

Specifically in 2012 the following will be advanced:

- Revision of rosters in the Central Mental Hospital
- Reconfiguration of Addiction Services
- Progress on *Vision for Change* for each area
- Review of Older Persons Units
- Review of Rosters in Acute Hospitals following analysis of existing roster arrangements
- Laboratory Modernisation to be rolled out to maximise savings
- Revision of Radiology Rosters to be more cost effective
- Review of Disability Services to ensure legislative imperatives are met
- Maximise effective redeployment in DML

2012 Employment Control Framework (ECF)

Significant changes in the ECF will be made for 2012. Robust and responsive employment control with accountability at local area service manager level continues to be a key driver in 2012. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current employees will need to underpin the ECF in order to deliver government policy on public service numbers and costs and within budgetary allocations.

Human Resource Management DML 2012

DML operated within the approved reducing employment ceiling throughout 2011, with an outturn of 31,701 WTEs Dec 2011, 132 WTEs below ceiling. The employment control environment in 2012 will demand even more for less in terms of employment numbers and costs.

The 2012 employment target reduction for DML is 990 WTEs.

Care Group / Programmes Projected Sub-allocation 2011 / 2012 Pre-Approved 2012 Ceiling

Care Group / Programme	WTE * December 2011	Ceiling at start of 2012
Acute Hospitals	16,476	16,575
Cancer Services	78	80
Primary Care	3,282	3,285
Older People	2,938	2,941
Disabilities	4,316	4,320
Mental Health	2,116	2,120
Children and Families	1,010	1,015
Social Inclusion	266	271
Palliative Care	520	526
Quality and Patient Safety / Pop. Health	700	700
TOTAL	**31,701**	**31,833**

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

** Figures for each Care Group are rounded*

These reductions will be a challenge for DML and will be realised by Retirements, particularly by February 2012. Some additional staff will be recruited in 2012 in line with service improvements provided for in the National Service Plan 2012 in areas such as Mental Health, Primary Care and the National Clinical Programmes.

Retirements

In addition to the usual proportion of staff retirements in any given year, as a result of current Government policy and initiatives, there will be an increased number of retirements in DML in 2012 across the various staff categories. These retirements will have an impact on our services for 2012. DML has identified contingency arrangements to manage for these retirements. Services in the following areas will be impacted:

- 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. Superannuation, Employee Relations, Accounting, etc.)

The contingency arrangements include:

- Streamline processes in line with National Clinical Programmes.
- Continue to work with SDU in delivering national identified priorities.
- Periodic closure / reduced activity.
- Reorganisation of beds in 7 and 5 day wards.
- Conversion of agency and overtime into WTE.
- Use of agency in specialist areas (Renal, CCU, SCBU).
- Use of graduate nurses.
- Continued implementation of clinical programmes (medium term contingency).

DML is committed to minimizing, insofar as is possible, the impact on frontline services of budget and staffing reductions. This will have to be achieved through fast tracking new, innovative and more efficient ways of using a reducing resource. The impact of the 'Grace Period' retirements requires a range of strategic national responses, together with specific local responses which will be managed through local PSA implementation groups.

The scope to replace the staff who will retire under the 'Grace Period' arrangements is limited. Addressing the reduction in staff numbers as a result of these retirements, as well as under the wider programme of reducing public sector numbers, requires more significant productivity increases, as well as organisational and work practice changes.

Recruitment

- DML have robust exemption processes which will be closely managed in 2012 in line with development of the clinical programmes.
- DML Human Resources will work with the National Recruitment Service to ensure exemptions and development posts are progressed in a timely manner.

Overtime and Agency Usage Policy

As provided for in the National Service Plan, DML will continue to monitor and manage the use of agency staff in line with a targeted national reduction of 50%.

Managing our Staff

DML is fully committed to continuing to develop and manage our staff in 2012. Throughout 2012 our Human Resource (HR) Department will provide assistance with Performance Management, Succession Management, Conflict Management Retirement Planning, IT training, etc. HR will provide training in Managing Attendance, Induction, Dignity at Work, First Time Managers, Legal Framework, etc. This year we are developing Practical workshops for managers based on their needs in 2012. Continuous improvement programmes will be rolled out in a number of acute hospitals, audiology services and CAMHS. A team development programme will be delivered to Primary Care Teams.

The focus for 2012 will be to develop and deliver bespoke programmes on request to meet specific service needs.

Implementing DML Change Programmes

With regard to *Change Programmes*, the DML Regional Service Plan 2012 aims to develop health and social care networks within the region, develop child and adolescent services, reconfigure mental services, reconfigure hospital services and promote a major culture change in child care. The implementation of the change programmes highlighted above will support the reconfiguration and development of services across primary, community and hospital services to focus on the complete needs of the patient or client, while also prioritising effective working relationships across services and providing a more responsive and accountable service.

Change Management: DML will continue to develop and promote the Change Hub as a way of collaboratively working, sharing information, developing projects and maximising the PSA using Improving our Services Frameworks. This will also support development of the Clinical Programmes.

Employee Relations

The successful implementation of the DML Regional Service Plan 2012 will require stable industrial relations and delivery of initiatives under the PSA in a timely manner. DML Employee Relations staff will continue to work with all the necessary staff associations / personnel to maintain positive industrial relations in the region in 2012.

HR Risks 2012

- Maintaining sufficient staff in specialities and locations in the context of moratorium, retirements and funding position.
- Maximising potential staff flexibility through the PSA
- Maintaining expertise in specific areas.

DML has a dedicated workforce in terms of embracing the changes required in a reducing financial budget. We need to work with our employees to maximize on their commitment to providing a quality health service in the current fiscal challenge. The commitment of all employees to date is very well recognized and their contribution to the future is essential.

Monitoring and Measuring NSP2012

Performance evaluation and management is a cornerstone to the improvement and more efficient delivery of health services. The HSE is 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. The NSP sets out information at national, regional and programme / care group level on performance expectations. More detailed information in regard to DML service activity, finance and staffing is shown in the relevant chapters of this Regional Service Plan.

Performance indicators (PIs) and agreed targets for activity during 2012 are set out in each of the care group / programme sections, with the full suite summarised at the end of this plan. A sub set of key performance indicators is represented by the performance scorecard on page 16. 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 **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 **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 at national and regional level to monitor compliance with the national and regional plans. 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 HSE performance reports are published monthly on *www.hse.ie*.

NSP 2012 Performance Scorecard

Acute Care Programme Areas

	Performance Indicator	Target 2012
Quality	**HCAI** Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.067
	Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 3.0
	Re-Admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%
	Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%
	Stroke Care % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	At least 7.5%
	% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%
	ACS % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	50%
Access and Activity	**Unscheduled Care** % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%
	% of patients admitted through the ED within 9 hours from registration	100%
	Elective Waiting Time % of adults waiting more than 9 months for an elective procedure	0%
	% 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
	% of people waiting over 3 months following a referral for all gastrointestinal (GI) scopes	≤ 5%
	ALOS Medical patient average length of stay (ALOS)	5.8
	Delayed Discharges Reduction in bed days lost through delayed discharges	Reduce by 10%
	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 patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	90%
	% 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**	
	Variance against Budget: Income and Expenditure	≤ 0%
	Variance against Budget: Income Collection	≤ 0%
	Variance against Budget: Pay	≤ 0%
	Variance against Budget: Non Pay	≤ 0%
	Variance against Budget: Revenue and Capital Vote	≤ 0%

Non-Acute Care Programme Areas

Performance Indicator	Target 2012
Health Protection % of children 24 months of age who have received three doses of 6 in 1 vaccine	95%
% of children 24 months of age who have received the MMR vaccine	95%
% of first year girls who have received the third dose of HPV vaccine by August 2012	80%
Child Health % of new born babies visited by a PHN within 48 hours of hospital discharge	95%
% 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%
Child Protection and Welfare Services % of children in care who have an allocated social worker at the end of the reporting period	100%
% 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	79
Child and Adolescent Mental Health % on waiting list for first appointment waiting > 12 months	0%
Disability Services No. of PA / home support hours used by persons with physical and / or sensory disability	1.64m
Older People Services % of complete NHSS (*Fair Deal*) applications processed within four weeks	100%
No. of people being funded under NHSS in long term residential care at end of reporting month	23, 611
No. of persons in receipt of a Home Care Package	10,870
% of elder abuse referrals receiving first response from senior case workers within 4 weeks	100%
Palliative Care % of specialist inpatient beds provided within 7 days	91%
% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	79%
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	1,650
Human Resources	
Variance from approved WTE ceiling	≤ 0%
Absenteeism rates	3.5%

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. We are focusing on 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. We are also focusing on achieving the above standards in an environment that is safe for our staff.

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. The key focus of the DML region during 2012 will be to work on the development, implementation and monitoring of quality improvement plans to meet the National Standards within the resources available across the region.

Improving quality and delivering safe services is implicit and embedded in the delivery of all our services and it is accepted that quality and patient safety is the responsibility of all of our staff from front-line to senior management level; in DML we will endeavour to support and assist all staff in meeting their responsibilities related to delivering on the quality and safety targets identified.

In this regard, relevant quality metrics are contained within the performance indicators of the appropriate service sections within this plan.

The HSE National Priorities in 2012 for *Improving Quality and Delivering Safe Services* are to:

- Progress the development of the **Patient Safety Authority** through engagement with the DoH and Health Information and Quality Authority (HIQA).
- Develop a strong system of **corporate and clinical govern**ance throughout the HSE.
- 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.
- 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.
  - Enhancing quality, clinical and social care audit and assurance.
- Improve prevention, control, and management of **healthcare-associated infections** and improve antimicrobial stewardship.
- 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.

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the DML Regional Priorities in 2012 for *Improving Quality and Delivering Safe Services* are to:

- Provide an integrated **training** and education programme to staff across the region to support them in understanding and using key quality, risk and audit processes to enhance the standards of services provided.
- Provide support and advice to managers and front-line staff to ensure that quality and safety principles are understood and implemented in a consistent manner.
- Assist in the development and implementation of structures to support the quality and patient safety processes within the region, e.g. the development of robust **governance** structures.
- Develop and integrate Risk Registers at all levels so that the Risk Register is used to assist in key decision making and so that it can provide assurance that risks at all levels are being managed effectively within existing resources.
- Implement systems that will ensure that **incidents** that occur are investigated to ensure that all learning is gained from the incidents; in order to prevent recurrence as far as is reasonably practicable; and that such learning is shared.
- Support the development and implementation of systems/tools that will allow quality and safety information to be collated, interrogated and disseminated in the most effective and efficient manner.
- Co-operate and collaborate with other quality and safety staff at a national level and within other regions to improve and enhance existing quality and patient safety programmes.
- Develop a suite of template **Clinical Audit** Tools for key clinical areas and to make these tools available to the relevant services across DML; and to facilitate the completion of clinical audits across DML that are linked to areas of high risk.
- Monitor the effectiveness of quality and patient safety initiatives developed across the region in ensuring compliance with the relevant **standards**.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Patient Safety Authority	Support the development of the Patient Safety Authority through engagement with DoH and HIQA	Fully co-operate with the Patient Safety Authority, when established.	Ongoing	DML HSE Area Managers / DML Quality and Patient Safety Manager
National Clinical Effectiveness Committee	Support the ongoing work of the National Clinical Effectiveness Committee	Work with the national Quality and Patient Safety Directorate to support the ongoing work of the National Clinical Effectiveness Committee.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers./Clinical Directors
Clinical Governance	Support the continuous development and implementation of Corporate Governance and Accountability Frameworks for Clinical Governance and Patient Safety	Establish the current stages of development of governance structures in each HSE DML Area and develop an agreed DML governance structure in line with the national guidance; develop a Quality and Patient Safety training programme and prospectus for staff in DML.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers./Clinical Directors
Implementing National Standards	Continue to progress the programme of change required to deliver compliance with these standards	Participate in change programmes, as required, in order to deliver compliance with national standards as far as is reasonably practicable within available resources.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Standards, Recommended Practice and Guidance	Continue to support the development and implementation of standards, recommended practice and guidance in key areas including: ▪ Healthcare records management ▪ Post Mortem Examination Services ▪ Medical Devices and Equipment ▪ Integrated Care ▪ Medication Safety ▪ Decontamination of Reusable Invasive Medical Devices ▪ Consent ▪ National document development and approval process	Participate, as appropriate and feasible, in the development of standards, policies and guidance developed at national level and support implementation of such standards, recommended practice and guidance in the region.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
Patient Radiation Protection Regulatory Requirements	Ensure patients are adequately protected from unnecessary harmful effects of ionizing radiation through issuing of national guidelines, external clinical audit, monitoring of incidents, and liaising with other regulatory bodies.	Participate, as required and as feasible, in the development of national guidelines and support implementation of such national guidelines; participate in external clinical audits and monitoring of incidents that may occur related to patient radiation protection.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers / Clinical Directors
Stakeholder Engagement	Improve communications, engagement and working arrangements with all stakeholders	Support and enhance communications, engagements and working arrangements with stakeholders in the region in line with national guidance and within resources available.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
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*	Participate, as appropriate and feasible, in the development and implementation of best practice models of customer care and service user involvement in DML in line with national guidance.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
Clinical Audit	Implement Irish Audit of Surgical Mortality (IASM) Implement Irish National Orthopaedic Register (INOR)	Support completion of required audits within resources available; develop a suite of clinical audit tools for key clinical areas in DML; and facilitate clinical audits related to high risk areas across the region	Q4 Q4	DML Quality and Patient Safety Manager / DML HSE Area Managers / Clinical Directors
Quality and Patient Safety Audit	Continue to develop a structured programme of healthcare audits	Fully participate in the planned programme of healthcare audits.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
	Develop and support implementation of guidance for local clinical audit	Input into the development of guidance for clinical audit and implement national guidance developed related to local clinical audits conducted.	Q3	DML Quality and Patient Safety Manager

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Integrated Risk Management	Continue to implement the HSE Integrated Risk Management Policy with particular focus on risk management, incident and complaints management	Ensure that Risk Registers are in place in all Areas in the region and at Care Group level within each Area and that systems for incident management across the region are consistent with HSE policy. Ensure that serious incidents that occur are investigated and that learning is derived from such incidents by (a) establishment of governance structures and (b) delivery of incident investigation training to staff in DML.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
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	Continue to provide support to the development of national information systems; implement such systems as required.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
	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	Develop regional structures that support the implementation of systematic processes for ongoing learning from all reports, reviews, etc.	Q3	DML Quality and Patient Safety Manager / DML HSE Area Managers
National Organ Donation and Transplantation Office	Ensure implementation of EU directive and oversee the quality and safety of donation and transplantation services in Ireland	Implement, at regional level, the relevant EU directive.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers / Clinical Directors
Healthcare Associated Infections	Improve hand hygiene by healthcare staff	Implement, at regional level, the required actions to improve hand hygiene by healthcare staff, as far as is reasonably practicable, and establish processes to assist in monitoring same	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers / Clinical Directors
	Ensure antimicrobials used appropriately (antimicrobial stewardship)	At regional level, co-operate with and implement national initiatives developed to ensure appropriate use of antimicrobials.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers / Clinical Directors
	Prevent medical device related infections (such as IV lines and urinary catheters)	Implement national guidance related to the prevention of medical device related infections.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers / Clinical Directors
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	Continue to provide support to the development of national information systems; implement such systems, as required.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers
	Continue to work with the DoH and the Health Technology Assessment (HTA) function of HIQA to support robust HTA relevant to the clinical requirements of the HSE	Continue to provide support to the development of national information systems; implement such systems, as required.	Ongoing	DML Quality and Patient Safety Manager / DML HSE Area Managers

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, life style 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.

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.

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.

A lot of these activities along with the child health services are very dependent on the availability of community and public health staff, especially public health nurses, which is now severely depleted as a consequence of the restrictions on staff replacement.

The HSE National Priorities for 2012 for *Promoting and Protecting Health* are:

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.
- Implement *HSE Health Inequalities Framework 2010-2012*.
- 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.

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.*

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the **DML Regional Priorities in 2012** for *Promoting and Protecting Health* are to:

Health Promotion
- Deliver on obesity initiatives and continue ongoing co-operation with Dieticians and Health Promotion Physical Activity staff.
- Expand the delivery of the Health Promotion Strategic Framework where resources allow.
- Support the delivery of the Triple P Parenting Programme in the Midlands ISA.
- Support mental health promotion and suicide prevention where resources and staff are available.
- Review work of staff committed to national projects and implement recommendations.

Child Health Screening and Surveillance
- Continue to implement the National HPV programme for 1st year secondary school pupils and the delivery of the catch-up programme to 6th year pupils from 2011 to 2013/14 throughout DML.
- Progress the national immunisation register through DML representation on the National Committee which is leading out on this.
- Ensure national approach to child health screening and surveillance through DML participation in the relevant national groups.

Health Protection
- Continue to promote immunizations, especially the MMR vaccine, to minimize number of measles cases.
- Participate in the MMR catch-up campaign.
- Ensure a prompt public health response to all notifications of measles, thus minimizing spread in the community.
- Raise awareness among all professionals of the symptoms of TB, thus ensuring early diagnosis.
- Ensure prompt actions to minimize spread of TB in the community.
- Support the development and implementation of a national plan to reduce sexually transmitted illness and improve sexual health.

Emergency Management
- Plan and prepare for major emergencies in DML

Tobacco Control
- Support the ongoing work under the Tobacco Control Framework.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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.	Support, in partnership, the roll out of the new health policy Framework	Ongoing	DML Health Promotion Lead
Health Promotion Strategic Framework	**Health Promotion Cross Setting Strategy and Policy Development** Expand community breastfeeding support	Support the work of the National Breastfeeding Co-ordinator where resources allow	Ongoing	DML Health Promotion Lead
	Prevent Overweight and Obesity Implement a Physical Activity Action Plan	Work in partnership within the community and health service settings to implement a physical activity plan	Ongoing	DML Health Promotion Lead
	Review and standardise health promotion programmes in relation to obesity	Support the standardisation of obesity programmes	Ongoing	DML Health Promotion Lead
	Promote and advocate healthy weight management throughout the lifecycle	Through existing resources, support the advocacy for health weight management throughout the lifecycle	Ongoing	DML Health Promotion Lead
	Develop a national system for surveillance and screening of children, according to *Best Health for Children*	Partake and assist in any new development of a national system.	Ongoing	DML Health Promotion Lead
	Develop Adult Hospital Weight Management Treatment Services (1 per HSE area) and National Paediatric Hospital Service with the full multidisciplinary team in each centre to ensure the maximum throughput of patients with severe obesity	Support obesity services in any developed service in conjunction with other departments. This will vary and be dependent on staffing and resources.	Ongoing	DML Health Promotion Lead
	Alcohol Develop and implement action plan based on relevant recommendations of the *National Substance Misuse Strategy*, when published	Deliver training and support for alcohol related actions of National Substance Misuse Strategy throughout DML and nationally	Ongoing	DML Health Promotion Lead
	Tobacco Implement Tobacco Free Campus	DML staff to support the roll out of tobacco free campus. Deliver evidence based supports to quit smoking.	Ongoing	DML Health Promotion Lead
	Positive Mental Health Support mental health promotion priorities in partnership with mental health structures in line with *A Vision for Change*	Support mental health promotion and suicide prevention where staff and resources are available.	Ongoing	DML Health Promotion Lead

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Health Promotion Strategic Framework / contd.	**Health Promoting Community Setting** Develop and implement a model for health promoting communities	Support the development of the model health promoting communities with key communities and population groups. Support the delivery of the Triple P Parenting Programme in the Midlands ISA	Ongoing	DML Health Promotion Lead
	Develop community participation, community health needs assessment, and health equity audit within all services.	Support the roll out of further Community Needs Assessments with pilot PCTs in DML to include health equity audit. Review work of national designated staff and implement recommendations.	Ongoing	DML Health Promotion Lead
	Support participating cities to establish new Irish Healthy Cities network	Support the roll out of Healthy Cities.	Ongoing	DML Health Promotion Lead
	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 intervention training to be delivered to HSE staff in DML in relation to alcohol and smoking cessation.	Ongoing	DML Health Promotion Lead
	Health Promoting Education Setting Implement nationally agreed model for health promoting schools	DML roll out of HealthySchools model in areas where resources allow.	Ongoing	DML Health Promotion Lead
	Development of health promoting tools and resources to support the development of the health promoting education setting	Support the development of Health Promoting education setting tools across DML	Ongoing	DML Health Promotion Lead
	Sexual Health Co-ordinate and standardise sexual health promotion activities and agree regional sexual health promotion plans	Continue to support sexual health priorities and promotion in DML through training and staff support	Ongoing	DML Health Promotion Lead
Crisis Pregnancy	Fulfil all statutory requirements relating to crisis pregnancy prevention and crisis pregnancy support, and implement a strategic plan in line with legislative requirements	Continue to deliver on sexual health priorities and promotion in DML through training and staff support	Ongoing	DML Health Promotion Lead
	Ensure strategic plan is fully aligned across related HSE programmes and agree regional implementation plans			
	Develop a plan to ensure that prevention activity led by the Crisis Pregnancy Programme is co-ordinated with other sexual health education and promotion activity in order to add value to work in this area			

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Health Inequalities	Develop health inequalities related tools and resources	Link in with the national HSE Health Inequalities team to develop a structured programme to address inequalities.	Q3	Hospital lead on inequalities. Community Services Lead on inequalities.
	Develop key performance indicators and measures to inform planning	Report on performance indicators, as appropriate.	Q2	Hospital lead on inequalities. Community Services Lead on inequalities.
National Immunisation, Infectious Diseases and Child Health	**National Immunisation** Develop a national immunisation registry for all immunisations	Participate and work with national group on any new developments towards a new National Immunisation Registry.	Ongoing	DML Child Health Lead
	Deliver a National Immunisation Programme, with vaccine uptake rates in accordance with international targets	HSE DML staff such as PHNs, SMOs and ADPHNs for Immunisations will continue to work with GPs and Practice Nurses to advocate and support parents to have their children vaccinated in accordance with the National Primary Childhood Immunisation Schedule. School immunisations will continue to be delivered in line with national policy, dependant on available resources.	Ongoing	DML Child Health Lead
	Implement a measles elimination plan, with MMR catch-up programme	DML, in accordance with national policy, will endeavour to deliver agreed national programme, dependant on available resources.	Ongoing	DML Child Health Lead
	Implement a national standardised school based immunisation programme	DML will endeavour to implement the national standardised school immunisation programmes, dependant on available resources.	Q3	DML Child Health Lead
	Increase influenza vaccination uptake rates in General Medical Services (GMS) and doctor only card holders aged 65 years and older	Continue to support and advocate the seasonal flu vaccine for this age group.	Ongoing	DML Child Health Lead
	Improve uptake of influenza vaccine among healthcare workers	Continue to provide and promote the national seasonal flu vaccination of HCWs throughout the region.	Ongoing	DML Child Health Lead
	Improve prevention, control, and management of infectious diseases: Implement tuberculosis (TB) guidance 2010	Raise awareness among all health professionals of the best practice management of TB, as outlined in the National TB Guidelines.	Ongoing	Public Health
	Develop (Q3) and implement TB Action Plan which reflects the World Health Organisation (WHO) consolidated Action Plan to combat TB	Contribute to the national TB work on the development and implementation of a TB action plan.	Ongoing	Public Health

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
National Immunisation, infectious Diseases and Child Health / contd.	Develop (Q3) and implement a plan to reduce sexually transmitted illnesses and improve sexual health	Contribute to national work on the development and implementation of a plan to reduce sexually transmitted illnesses and improve sexual health.	Ongoing	Public Health
	Reduce the impact of vaccine preventable diseases	Continue to promote immunizations, especially MMR vaccine, to minimize the number of measles cases.	Ongoing	Public Health
	Implement requirements of the *International Health Regulations*	Participate in the development and roll out of the national plan for the implementation of the *International Health Regulations.*	Ongoing	Public Health and Environmental Health.
	Child Health Reach agreement on revised child health model programme and develop change plan	Participate in any national group to develop a revised child health model and change plan if required.	Q2	DML Child Health Lead
	Review *Best Health for Children* guidelines and develop implementation plan including review of training needs	Participate in any national group to develop this.	Ongoing	DML Child Health Lead
	Progressively implement governance structure for all non cancer childhood national screening programmes	DML is involved in the planning and development of governance structures for NBS but the implementation of this structure is resource dependant. DML is in line to roll out the NBHS programme in 2012 which is also resource dependent.	Q1	DML Child Health Lead
	Develop a Child Injury Prevention plan	DML will participate in any national group who are devising a child injury prevention plan	Q2	DML Child Health Lead
	Review and update Child Health Information Service Project (CHISP) documents and Child Health website for parents / practitioners	DML will participate in any national group set up to do this work.	Q1	DML Child Health Lead

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Emergency Management	Maintain and develop policies, standards and guidance in emergency management, ensuring an effective response to all major emergencies	**Develop:** 1. Crowd Event Procedures. 2. Hospital Major Emergency / Major Incident Plan template. 3. Revise the National Influenza Pandemic Plan. 4. Procedures for the management of biological incidents. 5. Procedures for the management of chemical incidents. 6. A National Weather Plan. **Implement:** 1. Crowd Event Procedures compliant with legislative requirements & HSE Procedures. 2. Commence Hospital Major Emergency / Major Incident Plan template compliance. 3. Procedures for the management of biological Incidents. 4. Procedures for the management of chemical incidents. 5. Two Emergency Management exercises in each region (one must involve a CMT). 6. Seveso site external plans in accordance with EU Directive and HSE National Policy.	 Q1 Q3 Q2 Q2 Q4 Q3 Q1 Q2 Q2 Q4 Each Qtr Each Qtr	 National Lead National Lead National Lead/DoH National Lead National Lead National Leads Regional Lead Regional Lead Regional Lead Regional Lead Regional Lead Regional Lead
	Further develop national and regional interagency plans and procedures in emergency management with other response agencies and governmental departments	1. Finalise interdepartmental & interagency reviews of Severe Weather response. 2. Improve system of national joint appraisal to deliver on regional compliance with the interagency Framework and its associated guidance and protocols. 3. Finalise Module 1 of the interdepartmental Chemical, Biological and Nuclear Protocol. 4. Develop and deliver on programmes of interagency training. 5. Conduct one interagency exercise in each region.	Q1 to Q4 Q2 Q1 Q1 to Q4 Q2 to Q4	National Lead / Regional Lead National Lead / Regional Lead National Lead National Lead / Regional Lead Regional Lead

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Environmental Health	Refer to HSE National Service Plan 2012			
Tobacco Control	**Tobacco Control Framework** Review smoking cessation services, develop and roll out standardised national model to include national database	Support the review of smoking cessation services.	Q3	DML Health Promotion Lead
	Deliver standardised training in brief intervention for smoking cessation to 3,521 frontline healthcare workers, prioritising settings going tobacco free in 2012: ▪ DML 542	Administer brief intervention training towards target of: ▪ DML 542	Ongoing	DML Health Promotion Lead
	Continue national roll-out of tobacco free campus policy: ▪ DML – two hospitals, all newly opened primary care sites, all administration sites.	Support the roll out of tobacco free campus policy, within available resources.	Ongoing	DML Health Promotion Lead
	Develop and implement a national policy to protect staff from second-hand smoke exposure while working in domestic settings	Support national policy to protect staff in relation to exposure to second hand smoke.	Q2	DML Health Promotion Lead
	Develop and implement a national policy to protect children in care from tobacco exposure	Support national policy with local staff in relation to children in care.	Ongoing	DML Health Promotion Lead
	Maintain social marketing QUIT campaign	Support the QUIT campaign, where resources and funding allow.	Ongoing	DML Health Promotion Lead
	Continue to monitor and evaluate the effectiveness of tobacco control measures	Support the evaluation of tobacco control measures.	Ongoing	DML Health Promotion Lead
	Maintain tobacco legislation enforcement	Continue to support national legislation	Ongoing	DML Health Promotion Lead
	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*	National KRA	Ongoing	National KRA
	Support the implementation of the DoH's Tobacco Policy Review Group recommendations (when finalised)	National KRA	Ongoing	National KRA
	Fulfil statutory obligations under Tobacco legislation	National KRA	Ongoing	National KRA

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Immunisations and Vaccines % children (aged 12 months) who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	95%	90%	National = 95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV_2)	95%	90%	National = 95%
% children at 12 months of age who have received two doses of the Meningococcal group C vaccine ($MenC_2$)	95%	90%	National = 95%
% children (aged 24 months) who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	95%	95%	National = 95%
% children (aged 24 months) who have received 3 dose Meningococcal C (Men C_3) vaccine	95%	National = 95%	National = 95%
% children (aged 24 months) who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	New PI 2012	New PI 2012	National = 95%
% children (aged 24 months) who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine	New PI 2012	New PI 2012	National = 95%
% children (aged 24 months) who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	National = 91%	National = 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	National = 95%
% children (aged 4-5 years) who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	New PI 2012	New PI 2012	National = 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	National = 95%
No. and % of first year girls who have received third dose of HPV vaccine by August 2012	New PI 2012	New PI 2012	National = 80%
No. and % of sixth year girls who have received third dose of HPV vaccine by August 2012	New PI 2012	New PI 2012	National = 80%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	New PI 2012	New PI 2012	National = 100%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%	83%	National = 95%
% 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%	81%	95%

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Tobacco Control No. of sales to minors test purchases carried out	National = 80	National = 292	National = 216
No. of offices, per region, carrying out sales to minors test purchase activities	National = 2 per region	National = 13	National = 2 per region (different offices)
No. and % HSE hospital campuses with tobacco-free policy	New PI 2012	New PI 2012	3
No. of frontline staff trained in brief intervention smoking cessation across primary care and acute campuses	New PI 2012	New PI 2012	542
Food Safety % of Category 1, 2 food businesses receiving inspection target as per FSAI Guidance Note Number 1	National = 100%	National = 92%	National = 100%
Cosmetic Product Safety No. of cosmetic product inspections	New PI 2012	New PI 2012	National = 750
International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the IHR 2005	National = 8	National = 8	National = 8
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	National = 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	National = 10

Primary Care and other Community Services

Introduction

Resources

		2011 Budget €m	2012 Budget €m
Finance	Total	45.213	44.224
		Start January 2012	
WTE	Total	3,285	

The HSE's vision for primary care is that the health of the population will be managed, as far as possible, within a primary care setting, with the population very rarely requiring admission to a hospital. Those with additional or complex needs will have plans of care developed with the local Primary Care Team (PCT) who will co-ordinate all care required with specialist services in the community and, for hospital attendance, through integrated care pathways. The PCT will act as the central point and will actively engage on the medical and social needs of its defined population with a wider Health and Social Care Network (HSCN). The HSCN covers a number of PCTs and provides specialist and care group services such as dietetics, ophthalmology, audiology, podiatry, etc.

Implementation of a programmatic approach to improving care will ensure that primary care and acute services are provided in a systematic way, improving outcomes for patients in terms of patient care, health status, and reduced waiting lists, while saving money.

In line with the commitment in the Programme for Government to a significant strengthening of primary care services, additional funding of €20m nationally is being allocated to fill as many vacancies as possible and to expand existing arrangements where sessional services are provided by allied health professionals. This will be increased to €25m nationally if it can be established that there is scope for further savings of €5m nationally in demand-led schemes. The allocation of the extra posts will be subject to approval by the joint DoH / HSE project team overseeing the implementation of Universal Primary Care. The challenging and restricting reducing financial environment impacts on all aspects of primary care services, PCT delivery, PCT and HSCN development and should not be underestimated. This new investment will help to mitigate some of impact of the loss of staff and service delivery through PCTs and HSCNs.

The HSE National Priorities for 2012 for *Primary Care* within available resources are to ensure that the delivery of health services, for the most part, will occur in a primary care setting, with patients very rarely requiring admission to hospital services:

PCTs and HSCNs

- Respond to the episodic care needs of the population through PCTs and HSCNs and develop primary care services by improving access to services through PCTs and further developing HSCNs.

Chronic Disease

- Commence plans for the management of chronic disease in primary care in a number of areas including stroke, heart failure, asthma, diabetes, chronic obstructive pulmonary disease, dermatology / rheumatology and care of the elderly.
- Develop an overall chronic disease watch model of care with initial focus in 2012 on the diabetes programme.

GP and Community Initiatives

- Maximise opportunities to develop Community Intervention Teams (CITs).
- Implement national programmes through PCTs.
- Participate with the DoH in the development of a new general practitioner (GP) contract to meet emerging service requirements.
- Implement recommendations of the *National Review of GP Out of Hours Services.*

ICT Infrastructure

- Develop ICT electronic referrals systems within and from primary care to the acute sector.

Service User Involvement

- Implement agreed national framework for service user involvement in PCTs.

Oral and Audiology

- Implement strategic reviews on both dental and oral health services.
- Implement recommendations from the review of audiology services.

Universal Health Insurance and Eligibility

- Work with the DoH, who has the lead role in this priority, towards phased introduction of Universal Health Insurance (UHI) as required.

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the DML Regional Priorities in 2012 for *Primary Care and other Community Services* are to:

- Continue to provide a co-ordinated approach to care through our Primary Care Teams (PCTs)
- Develop our Health and Social Care Networks (HSCNs) within the Region
- Improve disease management in our PCTs and Networks
- Implement the Newborn Hearing Screening Programme
- Further implement recommendations from the General Practice (GP) Out of Hours review with the establishment of GP Out of Hours in Tallaght and Bray.
- Implement recommendations from the Independent Strategic Review of the Delivery and Management of HSE Dental Services and DoH Oral Health Policy at Area level.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Primary Care Teams and Health and Social Care Networks	Commence phased roll out of chronic disease management for diabetes	A regional approach will be taken to implement the Chronic Disease Watch programmes, and specifically the Diabetes Programme, on receipt of the national plan and resource allocation. This will include identification of pilot sites and monitoring of progress.	Q4	Clinical Programme [Primary Care Lead], Regional Primary Care Lead & Area Managers
	Increase access to primary care services through 489PCTs	Improve access to services through our 140 PCTs. Enhance patient care through greater participation in Clinical Team Meetings with reference to Discharge Planning, Home Care Packages.	Q3	Regional Primary Care Lead & Area Managers
	Enhance service integration through development of HSCNs, this being enabled through reconfiguration of existing resources	Commence reconfiguring our staff into HSCNs, as required. Reconfigure available administrative resource within HSE Areas in order to provide dedicated support to all PCTs.	Q4	Area Managers & other local managers.
	Develop clinical leadership and implement clinical governance and service management for PCTs	On receipt of the national governance document, DML plans to implement this model across our PCTs and HSCNs.	Q3	Regional Primary Care Lead & Area Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Primary Care Teams and Health and Social Care Networks / contd.	Continue to develop ICT electronic referrals systems within and from primary care to acute sector (pilots in HSE South and Tallaght)	Roll out national PCT Electronic Referrals System following the results of pilot in AMNCH, Tallaght. Roll out Health Link following review of pilot in Baggot St. PCT.	Q4	AND Primary Care Services
Multidisciplinary Complex Care	Improve direct access to childcare and disability services, and community mental health services through PCTs	Implement referral pathways between specialist services, HSCNs and PCTs.	Q3	Regional Primary Care Lead & Area Managers
	Develop protocols signposting referral pathways between specialist addiction / homeless / traveller services and primary care services	Implement referral pathways between specialist services, HSCNs and PCTs.	Q3	Regional Primary Care Lead & Area Managers
Enhance Primary Care Services	**Maximise opportunities to develop Community Intervention Teams (CIT)** Expand services in existing six CITs within primary care settings	Expand CIT services in line with resource allocation	Ongoing	Regional Primary Care Lead & Area Managers
	Implement National Programmes through PCTs Deliver Community Cancer Control Programmes through PCTs including: ▪ Promulgation of training for practice nurses and public health nurses ▪ 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 ▪ 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) ▪ Development of a standardised approach to brief intervention training in smoking cessation for all health care professionals	Work with the NCCP to implement programmes through PCTs, as required.	Ongoing	NCCP, AND Primary Care Services Regional Primary Care Lead and Primary Care Operational Managers
	Falls Prevention Deliver falls prevention programmes through PCTs	Implement the national guidelines for falls screening and assessment through PCTs, once they become available.	Ongoing	Regional Primary Care Lead & Primary Care Operational Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Accommodation	**Sufficient and appropriate accommodation available to enable successful functioning of PCTs** Open 19 additional primary care centres accommodating 27 PCTs	Open 3 additional primary care centres and progress a further 4 primary care centres in 2012. (See Appendix 3). Implement Tobacco Free Campus Policy in all new Primary Care Centres opened in 2012.	Ongoing	AND Estates and Area Managers
GP Training	Conclude the transfer of the GP Training Scheme to the ICGP as contracted service providers	Co-operate with the National Primary Care Office and the MET unit to progress this transfer on target.	Q3	AND Primary Care Services Regional Primary Care Lead
New GP Contract	Participate in the development of new GP contract to meet emerging service requirements (led by DoH)	Participate, as required.	Ongoing	AND Primary Care Services, AND PCRS, Contracts Office, Primary Care Lead
Audiology Services	**Improve Audiology Services** **Progress Implementation of Recommendations from *National Review of Audiology Services* to include:** Restructure services into integrated audiology service, and recruit national clinical lead and other key clinical support posts	Implement results, as required.	Ongoing	Clinical Programme [Audiology Lead], AND Primary Care Services & DML Lead for Audiology Review.
	Further roll out of Newborn Hearing Screening Programme to include clinical education, infrastructure and equipping requirements	Roll out Newborn Hearing Screening in DML, to include clinical training and equipping, on receipt of funding.	Ongoing	Clinical Programme [Audiology Lead], AND Primary Care Services & DML Lead for Audiology Review.
	Progress consultation and negotiation of workforce planning recommendations including MSc Sponsorship Programme requirements	Assist in the provision of Clinical Competency requirements for MSc Audiology Students, as required.	Ongoing	Clinical Programme [Audiology Lead], AND Primary Care Services & DML Lead for Audiology Review.
	Progress Audiology IT / Patient Management System	Progress audiology IT / Patient Management System.	Ongoing	Clinical Programme [Audiology Lead], AND Primary Care Services & DML Lead for Audiology Review.
	Roll out of Bone Anchored Hearing Aid Programme (BAHA)	Roll out Bone Anchored Hearing Aid Programme (BAHA) in Tullamore, in line with resource allocation.	Ongoing	Clinical Programme [Audiology Lead], AND Primary Care Services & DML Lead for Audiology Review.

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Oral Health	Implement *Independent Strategic Review of the Delivery and Management of HSE Dental Services*	Implement recommendations of Review at HSE Area level	Ongoing	Regional Primary Care Lead & Area Managers
	Establish standards for eligible and most vulnerable patients under the Dental Treatment Services Scheme	Implement national standards across the Region.	Ongoing	Regional Primary Care Lead & Area Managers
	Reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities	Review existing structures for the delivery of this service.	Ongoing	Regional Primary Care Lead & Area Managers
	Commence implementation of Phase 1 HIQA Infection Control Standards for Dental Services	Implement Phase I HIQA Infection Control Standards across dental services.	Ongoing	Regional Primary Care Lead & Area Managers
	Reconfigure primary care dental services	Review primary care dental services within each area following appointment of Principal Dental Surgeons.	Q1	Regional Primary Care Lead & Area Managers

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012	
	DML	DML	DML	Comment
Primary Care No of PCTs implementing structured GP Chronic Disease Management for Diabetes to incorporate the structured management of chronic diseases within this cohort of patients.	New PI for 2012	New PI for 2012	Dependant upon timing of commencement of programme	
No of Health & Social Care Networks in operation.	New PI for 2012	New PI for 2012	13	
No of Health & Social Care Networks in development.	New PI for 2012	New PI for 2012	22	All remaining networks
% of Operational Areas with community representation for PCT and Network Development.	New PI for 2012	New PI for 2012	4 100%	
GP Out of Hours: No. of contacts with GP out of hours	121,967	127,795	127,795	
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	New PI for 2012	New PI for 2012	41,995	
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	New PI for 2012 National = 21.7 (Q2 data)	New PI for 2012 National = 21	
Orthodontics No. of patients receiving active treatment during reporting period	National = 18,000	4,964	4,964	
No. of patients in retention during reporting period	To be disaggregated in 2011	1,723	1,723	
No. of patients who have been discharged with completed orthodontic treatment during reporting period	National = 2,000	377	377	

Improving our Infrastructure

Capital projects that are to be completed and / or to become operational in DML in 2012. (See also Appendix 3).

Dublin Mid Leinster

- Longford, Co. Longford – Primary Care Centre. By lease agreement.
- Liberties (Pimlico) – Primary Care Centre. By lease agreement.
- Churchtown, Dublin – Primary Care Centre. By lease agreement.

Hospital Services

Introduction

Resources

		2011 Budget €m	2012 Budget €m
Finance	Total Hospital	1,314.794	1,248.067
		Start January 2012	
WTE	Hospital	16,575	

The HSE Dublin Mid-Leinster region provides acute services through a network of fourteen hospitals, named below. The hospitals provide a wide range of services which include assessment, diagnosis, treatment and rehabilitation of both acute complex and non-urgent conditions. Whilst providing secondary care to its local population, a number of hospitals within the region also provide tertiary care in specialist services within centres of excellence to both regional and a national population.

The National Clinical Care Programmes provide a framework for the delivery of care through an integrated model across acute, primary and community settings and ensure that patients receive a high quality of care in a standardised, efficient and safe way.

In order to be responsive to demographic changes, clinical advancements and the increasing demand for services, including those for our elderly population, we will continue our programme of reconfiguration and reorganization throughout 2012. This approach aims to ensure that all patients have increased access to quality services and receive their treatment in the most appropriate setting and at the right time. As hospital budgets and resources come under more pressure in 2012, it is only through remodeling and modernising our existing services that we can ensure that service capacity meets demand.

Monitoring and Measuring Acute Hospital Performance 2012

The performance of acute hospitals across the region will be monitored as outlined in the National Service Plan (2012) Performance Scorecard. Using the criteria of quality, access and resources, DML will specifically focus on the following access and activity targets set out by the SDU.

Unscheduled Care

- Ensure that 95% of all attendees at EDs are discharged or admitted within 6 hours of registration, and that those who need to be admitted through ED wait no more than 9 hours from registration.
- An average length of stay (ALOS) of 5.8 days or less
- A reduction in bed days lost through delayed discharges

Scheduled Care

- Ensure that nobody is waiting more than 9 months for planned surgery
- Ensure that nobody is waiting more than 20 weeks for paediatric elective inpatient or day case surgery
- Ensure that nobody is waiting more than 4 weeks for an urgent colonoscopy
- Ensure that nobody is waiting more than 13 weeks for routine GI endoscopy (colonoscopy/gastroscopy)

DML recognises the need for sufficient flexibility across unscheduled and scheduled care thoughout the service and aims to ensure long term sustainability in service delivery.

DML is committed to developing, in collaboration with the SDU, integrated plans addressing the balance of capacity, demand, resources and associated risks across the region while implementing any changes to how services are delivered. Such reorganisation of services will be in line with national policy and clinical care programmes. Plans will facilitate the SDU requirement to brief the Minister in relation to service reorganization, cost containment plans and ongoing financial monitoring. Plans will also be consistent with the Minister's Framework for smaller Hospitals, and will remain cognisant of the impact of staff retirements and any priority areas as identified by the Minister.

The following are the acute hospitals located within the DML region:

Acute Hospitals – Dublin Mid-Leinster Region

- St. James's Hospital (National Cancer Centre of Excellence)
- St. Vincent's University Hospital (National Cancer Centre of Excellence)
- St. Michael's Hospital, Dun Laoghaire
- St. Columcille's Hospital, Loughlinstown
- National Maternity Hospital, Holles Street
- Royal Victoria Eye & Ear Hospital
- AMNCH (Tallaght Hospital)
- The Coombe Women & Infants University Hospital
- Our Lady's Children's Hospital, Crumlin
- The Children's University Hospital, Temple Street
- Naas General Hospital
- Midland Regional Hospital (MRH) Tullamore
- Midland Regional Hospital (MRH) Mullingar
- Midland Regional Hospital (MRH) Portlaoise

See Appendix 4 for details of individual hospital specialties, where applicable.

The HSE National Priorities for 2012 for the *Hospital Services* are to:

- **Reform** acute services to ensure we achieve best patient outcomes, including continuing to change the roles of many of our hospitals.
- Implement standardised national **clinical programmes** which will ensure generic models of care and efficient service delivery solutions. These will deliver improvements in the delivery, quality and patient safety of services.
- Improve **access** to hospital services by linking the work of the clinical programme with that of the SDU. We will work with the SDU to minimise patient waiting times in emergency care and inpatient facilities as follows:
  - Ensure that 95% of all attendees at EDs are discharged or admitted within 6 hours of registration, and that those who need to be admitted through ED wait no more than 9 hours from registration.
  - Ensure that nobody is waiting more than 9 months for planned surgery.
  - Set and implement targets for improved access to outpatient and diagnostic services in the first quarter of 2012.
- Commence implementation of a national model for **paediatric care**.
- Change the way we **resource hospitals** in order to maintain service levels and drive improvement efficiencies such as funding certain elective orthopaedic procedures in selected hospitals on a cost per procedure (DRG) basis.
- Strengthen hospital management to **improve accountability** for hospital service and budgetary performance.
- Reconfigure **pre-hospital emergency care services** to respond to changing models of service within available resources.

In addition to the HSE National Priorities above, the DML Regional Priorities for 2012 for the *Hospital Services* are to:

- Deliver the services outlined in the National Service Plan 2012 within the allocated budgets.
- Fully support the implementation of standardised national **clinical programmes** where resources allow and drive the improvements in the delivery, quality and patient safety of services.
- Work closely with the SDU to ensure that waiting times for patients are minimised in the emergency, scheduled care and outpatient service settings.
- Keep integration at the heart of our service delivery.
- Whilst recognising the dependencies, the Dublin Mid-Leinster Region will have as a key focus a reconfiguration and reorganisation programme that will aim to ensure that all resources are maximised and that patients will have the best outcomes through services delivered in the most appropriate setting.
- Ensure that all changes in services are communicated clearly and reorganised through a collaborative and consultative framework.
- Work with our colleagues in respect of procurement of services to increase value for money on consumables and outsourced services.

- Put operational models in place to ensure that all hospitals are enabled and monitored as they aim to reach the targets set for 2012. The main focus will be on the following:-
  - Working to match service capacity with demand whilst remaining within budget.
  - Ensuring that 95% of all attendees at EDs are discharged or admitted within 6 hours of registration, and that those who need to be admitted through ED wait no more than 9 hours from registration.
  - Ensuring that nobody is waiting more than 9 months for planned surgery.
  - Improving access to outpatient and diagnostic services in the first quarter of 2012.
- Work with our National colleagues in respect of a national model for paediatric care.
- Continue to change the way we resource hospitals within the region in order to maintain service levels and drive improvement efficiencies such as funding certain elective orthopaedic procedures in selected hospitals on a cost per procedure (DRG) basis.
- Ensure that hospital management is adequate and robust to improve accountability, budgetary performance and drive necessary change

Where resources allow, we will further develop and implement clinical programmes in the following areas:

- Stroke
- Heart Failure
- Acute Coronary Syndrome
- COPD
- Asthma
- Diabetes
- Renal
- Radiology
- OPAT / Home IV Community Intervention Teams
- Care of the Elderly
- Rehabilitation
- Obstetrics and Gynaecology
- Palliative Care
- Neurology / Epilepsy
- Emergency Medicine
- Critical Care
- Day surgery, day of surgery and average length of stay national targets
- Productive theatre
- Surgical audit
- Surgical pathway and guidelines
- Orthopaedics
- Dermatology
- Rheumatology

Key Result Areas

Funding of €7.1m will be allocated to the base budget of the DML Regional Director of Operations to allow for completion of the roll out of key clinical programmes. Progress will be monitored during the course of 2012 to ensure achievement of objectives and where sufficient progress has not been made, funding will be redirected.

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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	Acute Medicine model fully operational in the following sites: • AMNCH Tallaght • St. Vincent's University Hospital • St. James's Hospital • St. Columcille's Hospital • Naas General Hospital • MRH Tullamore • MRH Portlaoise • MRH Mullingar	Ongoing	Relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd. *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 / contd.** National Early Warning operational in a targeted number of sites	National Early Warning operational in the following site: • AMNCH Tallaght	Ongoing	HSE Area Manager / Hospital Manager
	Emergency Medicine Programme Implement improved patient access to Consultant delivered care.	Patient access to Consultant delivered care improved in the following sites: • AMNCH Tallaght • St. James's Hospital • St. Vincent's University Hospital • Our Lady's Children's Hospital, Crumlin	Q2	EMP National plus relevant HSE Area Managers / Hospital Managers
	Improve ED throughput by implementation of process, system and measurement improvements	ED throughput will be improved by implementation of process, system and measurement improvements in the following sites: • AMNCH Tallaght • St. James's Hospital • St. Vincent's University Hospital • Our Lady's Children's Hospital, Crumlin	Q4	EMP National plus relevant HSE Area Managers / Hospital Managers
	Establish Emergency Care networks	DML Hospitals will reflect national progress as it develops.	Q1	EMP National plus relevant HSE Area Managers / Hospital Managers
	Stroke Stroke units operational to KPI standard	Stroke units operational to KPI standard in the following sites: • St. James's Hospital • AMNCH Tallaght • Naas General Hospital • St. Columcille's Hospital • St. Vincent's University Hospital.	Q3	National Stroke Programme plus relevant HSE Area Managers / Hospital Managers
	Explore development of stroke rehabilitation units in a targeted number of sites	DML Hospitals will contribute to the delivery of this national target as appropriate	Q2	National Stroke Programme plus relevant HSE Area Managers / Hospital Managers
	Provision of 24/7 Thrombolysis in all hospitals admitting acute stroke patients	24/7 Thrombolysis provided in the following sites: • AMNCH Tallaght • MRH Tullamore • MRH Portlaoise • MRH Mullingar • Naas General Hospital • St. Columcille's Hospital • St. James's Hospital • St. Vincent's University Hospital.	Q2	National Stroke Programme plus relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	All patients to have rapid access to specialist TIA (transient ischemic attack) services	Rapid access to specialist TIA services available in the following sites: • AMNCH Tallaght • MRH Mullingar • Naas General Hospital • St. James's Hospital • St. Vincent's University Hospital	Q4	National Stroke Programme plus relevant HSE Area Managers / Hospital Managers
	Implement the stroke register in 80% of all hospitals admitting acute stroke patients	Stroke register implemented in the following sites: • Naas General Hospital • St. Columcille's Hospital • St. James's Hospital • St. Vincent's University Hospital • MRH Mullingar • AMNCH Tallaght	Q3	National Stroke Programme plus relevant HSE Area Managers / Hospital Managers
	Critical Care Implement critical care audit nationally on a phased basis	Critical care audit implemented in the following sites in accordance with programme when finalised: • AMNCH Tallaght • St. James's Hospital • St. Vincent's University Hospital	Ongoing	Relevant HSE Area Managers / Hospital Managers
	Heart Failure Roll out of heart failure guidelines and protocols	Heart failure guidelines and protocols rolled out in the following sites in line with national programme: • AMNCH Tallaght • St. James's Hospital • St. Vincent's University Hospital. • St. Columcille's Hospital • MRH Tullamore	Q1	Relevant HSE Area Managers / Hospital Managers
	Structured heart failure programmes operational in 12 acute hospitals	Structured heart failure programmes operational in the following sites: • AMNCH Tallaght • St. James's Hospital • St. Vincent's University Hospital. • St. Columcille's Hospital • MRH Tullamore	Q1	Relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	**Acute Coronary Syndrome**	Regional deliverables: implementation team to be set up and operational.		RDO
	• Pre-hospital protocols for all ACS (STEMI and Non-STEMI ACS) in place	Pre-hospital protocols for all ACS (STEMI and Non-STEMI ACS) in place in the following sites: • AMNCH Tallaght • St. James's Hospital • St. Vincent's University Hospital. • St. Columcille's Hospital • St. Michael's Hospital • Naas General Hospital • MRH Mullingar • MRH Tullamore • MRH Portlaoise	Q2	Relevant HSE Area Managers / Hospital Managers
	Minimum of four Primary PCI centres in operation.	2 PCI centres operational in the following sites: • St. Vincent's University Hospital • St. James Hospital	Q2	Relevant HSE Area Managers / Hospital Managers
	Chronic Obstructive Pulmonary Disease (COPD) Implement COPD register/data set.	COPD register/data set implemented in the following sites: • St. Vincent's University Hospital • St. James's Hospital • St. Michael's Hospital • AMNCH Tallaght • MRH Mullingar	Q3	Relevant HSE Area Managers & Hospital Management
	Structured COPD outreach programme operational in 12 acute hospitals.	Structured COPD outreach programme operational in the following sites: • St. Vincent's University Hospital • St. James's Hospital • St. Michael's Hospital • AMNCH Tallaght • MRH Mullingar	Q1	Relevant HSE Area Managers & Hospital Management

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	**Asthma** Develop national model of care for asthma together with implementation plan.	DML will implement the asthma model of care, when developed, in the following sites: • St. Vincent's University Hospital • St. James Hospital • AMNCH Tallaght • St. Columcille's Hospital • St. Michael's Hospital • Naas General Hospital • MRH Tullamore • MRH Mullingar • MRH Portlaoise • Our Lady's Children's Hospital, Crumlin • National Maternity Hospital, Holles Street • CUH, Temple Street • Coombe Women & Infants University Hospital • Royal Victoria Eye & Ear Hospital	Q3	Asthma Programme in conjunction with relevant HSE Area Managers / Hospital Managers
	Asthma Education Programme operational	Asthma Education Programme operational in the following sites: • St. Vincent's University Hospital • St. James Hospital • AMNCH Tallaght • St. Columcille's Hospital • St. Michael's Hospital • Naas General Hospital • MRH Tullamore • MRH Mullingar • MRH Portlaoise • Our Lady's Children's Hospital, Crumlin • National Maternity Hospital, Holles Street • CUH, Temple Street • Coombe Women & Infants University Hospital • Royal Victoria Eye & Ear Hospital	Q2	Asthma Programme in conjunction with relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	**Diabetes** Commence phased roll out of chronic disease management for diabetes	See Primary Care	Q4	HSE Area Managers & Primary Care
	Roll out of subcutaneous CSII for treatment (for under fives) (insulin pumps)	AMNCH Tallaght is designated as specialist centre for the under fives.	Q3	HSE Area Manager / Hospital Manager
	Continue to implement the national diabetic retinopathy screening programme	DML will work with the NCCP as appropriate to achieve this deliverable	Ongoing	NCCP Relevant HSE Area Managers / Hospital Managers
	Implement the national footcare programme	National footcare programme implemented in the following sites: • MRH Mullingar • MRH Tullamore • St. James's Hospital • AMNCH Tallaght	Q2	Diabetes Programme Relevant HSE Area Managers / Hospital Managers
	Develop national guidelines for diabetes in pregnancy	DML will work with programme as it develops.	Q4	Diabetes Programme Relevant HSE Area Managers / Hospital Managers
	Renal Maintain/increase number of renal transplants performed by National Renal Transplant Programme with a target of 200 procedures 2012	HSE Dublin North East (DNE) Deliverable	Q4	HSE DNE
	Expand the no. of patients assessing home (peritoneal dialysis and home haemodialysis) therapies from 245 in 2011 to 280 procedures 2012	No. of patients accessing home (peritoneal dialysis and home haemodialysis) therapies expanded at the following sites: • AMNCH Tallaght • St. Vincent's University Hospital • MRH Tullamore • Our Lady's Children's Hospital , Crumlin • CUH, Temple Street	Q4	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	National Peritoneal Dialysis Tender in 2012	DML will work with the National Programme to achieve this deliverable.	Q2	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Commission six contracted satellite haemodialysis units to ensure adequate capacity and geographic spread of access for the growth in haemodialysis demand in 2012	DML will work with the National Programme to commission the 2 satellite clinics.	Q4	National Programme / DML Relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	Enhance procurement of equipment and consumables processes to ensure access to the most modern equipment in the remaining two of the eleven networks of renal units in 2012	DML will work with the National Programme to achieve this deliverable.	Q4	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Roll out of Kidney Disease Clinical Patient Management System to the remaining six of the eleven networks of Renal Units in 2012 and 2013.	DML will co-operate with National Programme to achieve this deliverable.	Q4	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Radiology Optimise service to meet turnaround times for unscheduled care in line with AMP/EMP programmes	DML will work with the national radiology programme in achieving this deliverable and in delivering targets in radiology diagnostics in line with the Acute Medical and Emergency Medical programmes.	Q4	National Programme Relevant HSE Area Managers / Hospital Managers
	Outpatient Antimicrobial Therapy OPAT Award tender for national compounder	National Programme	Q2	National Programme
	Establish five regional OPAT centres	OPAT centre established at the following site: • St. James's Hospital	Q4	National Programme / DML Relevant HSE Area Manager / Hospital Manager
	Roll out national registry	National Programme	Q3	National Programme
	Palliative Care Develop palliative care competency framework	DML will work with the National Programme to achieve this deliverable.	Q3	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Care of the Elderly Roll out comprehensive geriatric service model in those sites where configuration of geriatric trained resources is possible	DML will work with the National Programme to achieve this deliverable.	Q2	National Programme / DML Relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	**Surgical Care** Implement Average Length of Stay (AvLOS) Programme and associated reporting tool in six sites	AvLOS Programme implemented in the following sites: • AMNCH Tallaght • St. Vincent's University Hospital • St. Columcille's Hospital • MRH Tullamore • Naas General Hospital • St. Michael's Hospital • Our Lady's Children's Hospital, Crumlin • CUH, Temple Street	Q4	DML Relevant HSE Area Managers / Hospital Managers
	Support the attainment of National Elective Surgery wait list targets	All relevant DML Acute Hospitals	Ongoing	Relevant HSE Area Managers / Hospital Managers
	Establish Acute Surgery Programme	National Programme	Q2	National Programme
	Productive theatre programme operational in nine sites	Productive theatre programme operational in the following site: • AMNCH Tallaght	Q4	DML Relevant HSE Area Manager / Hospital Manager
	Outpatient programmes: dermatology, neurology, orthopaedics, epilepsy, rheumatology 30% increase in new patient attendances and wait list targets achieved	30% increase in new patient attendances and wait list targets achieved in the following sites: • AMNCH Tallaght • St. Vincent's University Hospital • St. James's Hospital • MRH Tullamore • MRH Mullingar • Naas General Hospital • Our Lady's Children's Hospital, Crumlin • CUH, Temple Street	Q4	DML Relevant HSE Area Managers / Hospital Managers
	Implement national clinical guidelines and pathways	National clinical guidelines and pathways implemented in the following sites: • AMNCH Tallaght • St. Vincent's University Hospital • St. James's Hospital • MRH Tullamore • MRH Mullingar • Naas General Hospital • Our Lady's Children's Hospital, Crumlin • CUH, Temple Street	Q4	DML Relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	Six Regional Epilepsy Centres operational	Regional Epilepsy Centre operational at the following site: • St. James's Hospital	Q3	DML Relevant HSE Area Manager / Hospital Manager
	12 musculo-skeletal physiotherapy led clinics for rheumatology and orthopaedics operational	Musculo-skeletal physiotherapy led clinics for rheumatology and orthopaedics operational at the following sites: • St. Vincent's University Hospital • AMNCH Tallaght • St. James's Hospital	Q2	DML Relevant HSE Area Managers / Hospital Managers
	Paediatric Care National Model of Care and associated guidelines designed	DML Paediatric Network will work with the National Programme	Q4	National Programme / RDO and Paediatric Hospital Network
	Neonatal Retrieval Design and implement Phase 1 (Dublin Maternity Hospitals) of a National 24/7 Neonatal Retrieval Transfer Service	DML Paediatric Network will work with the National Programme	Q4	National Programme / RDO and Paediatric Hospital Network
	Obstetrics and Gynaecology Services Develop strategic five year workforce plan for Obstetrics and Gynaecology	National Programme	Q3	National Programme
	Establish local process improvement / implementation teams in the 19 maternity sites	DML teams will continue to work with the National Programme.	Q2	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Develop, disseminate and implement national guidelines	DML will work with National Programme to achieve this deliverable.	Q4	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Audiology Services *These actions are specific to the clinical programmes. Please also see Primary Care.* Appoint National and Regional Leads	DML will work with the Audiology Programme to achieve these deliverables.	Ongoing	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Develop patient management system			
	Implement workforce planning recommendations of *National Review of Audiology Services*			
	Integration of community and acute audiology services into a single managerial and clinical structure			

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Clinical Programmes / contd.	**Rehabilitation** Develop regional networks, local rehabilitation teams and associated protocols, pathways and bundles	DML will work with the National Programme to achieve this deliverable.	Q1	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	In association with other programmes (e.g. Stroke, Care of the Elderly) define an enhanced model for community based rehabilitation services	DML will work with the National Programme to achieve this deliverable	Q2	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Medication Management Develop strategic plan for medicines management for older people	National Programme	Q2	National Programme
	Undertake analysis of biologic infusion therapies	National Programme	Q1	National Programme
	Haemochromatosis Implement national model of care and guidelines for Haemochromatosis treatment.	DML will work with the National Programme to implement when finalized.	Q2	National Programme / Relevant HSE Area Managers / Hospital Managers
	To establish three regional walk-in venesection clinics, each providing care for 1,250 patients per location in an integrated care model with GPs	National Programme	Q4	National Programme
	Blood Transfusion Establish National Transfusion Committee and Task Force in line with the recommendations of the *National Blood Strategy Implementation Group (NBSIG) Report 2004*	DML will work with the National Programme to achieve these deliverables.	Q1	National Programme / DML Relevant HSE Area Managers / Hospital Managers
	Reduction in platelet usage across the hospitals by 3% of 2011 usage – i.e. 2012 usage target of 21,500 units		Ongoing	
	Establish framework to deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012 – 2014			
	Percentage of red cells ordered by hospitals returned unused < 2%; rerouted to hub hospital < 5%			
	Establish methodology to deliver implementation of recommendation 5 of *NBSIG Report 2004*: reduction of excess O negative blood use, by 2014			
	Identify and execute savings in procurement of consumables, disposables and equipment through regional level action			

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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 orthopaedics sites	DML will co-operate with this initiative, as appropriate, and as required.	Q2	National
	Develop a plan to roll out the prospective funding model to other elective surgery services	DML will co-operate with this initiative, as appropriate, and as required.	Q2	National
Cystic Fibrosis	National Model of Care and associated guidelines designed	National Programme	Q4	National Programme
	CF Unit to open in St. Vincent's Hospital (due to be operational Q3, 2012) and planning will continue for the extension of Mayo General Hospital, Beaumont Hospital and Galway University Hospital in line with recommendations of *The Treatment of Cystic Fibrosis in Ireland: Problems and Solutions 2005 (Pollock Report)*	DML will work with the National Programme to achieve this deliverable in the following site: • St. Vincent's University Hospital	Q4	National Programme / DML Relevant HSE Area Manager / Hospital Manager
Hospital Laboratories	Continue the consolidation of cold laboratory work in 2012	Continue work with National Project in this regard.	Q4	Relevant DML Local Health Manager with responsibility for this initiative.
Endoscopy Services *Provision of high quality, timely and accurate services with associated quality patient experience*	Complete phase 2 of the procurement project for the Endoscopy Reporting System (ERS)	National Programme	Q2	National Programme
	Develop plans for the installation of ERS in remaining 10 public hospitals	National Programme	Q3	National Programme
	Complete specification for the national database	National Programme	Q1	National Programme
Smaller Hospitals *Re-organisation of Smaller Hospitals*	Publish in conjunction with the Department of Health, the Framework for Smaller Hospitals and the re-organisation plans for 9 smaller hospital sites (to be agreed with Government)	National Programme	Q1	National Programme
	Undertake a public communication and consultation process nationally on the framework and locally on the re-organisation process that will be implemented in the 9 sites	DML will work in conjunction with the National Communications Directorate re this initiative.	Q1	National Programme / DML Relevant HSE Area Manager / Hospital Manager
	Undertake a communication and consultation process with HIQA on the plans for smaller hospitals and provide monitoring reports as required	DML will work in conjunction with the National Communications Directorate re this initiative.	Ongoing	National Programme / DML Relevant HSE Area Managers / Hospital Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
National Paediatric Hospital	Continue development of joint initiatives between the three hospitals that will make up the National Paediatric Hospital (Our Lady's Children's Hospital Crumlin, Children's University Hospital Temple Street and National Children's Hospital within Adelaide and Meath Hospital Tallaght) to:	DML will continue to work on the following range of joint initiatives between the three paediatric hospitals that will make up the National Paediatric Hospital:		DML RDO and Paediatric Hospital Network
	• Implement the relevant national clinical programmes and prepare to operate under this umbrella in the new hospital	Relevant national clinical programmes implemented at the following sites and preparations made: • Our Lady's Children's Hospital Crumlin • CUH, Temple Street • AMNCH Tallaght	Ongoing	DML RDO and Paediatric Hospital Network
	• Move towards and put in place effective agreed unitary management for the new hospital in line with agreed governance structures for the new hospital to be developed in conjunction with the DoH.	Unitary management for new hospital involving the following to be agreed: • Our Lady's Children's Hospital Crumlin • CUH, Temple Street • AMNCH Tallaght		DML RDO and Paediatric Hospital Network
	• Continue to progress the ongoing capital development process working with the National Paediatric Hospital Development Board and Estates	DML RDO & Paediatric Hospital will work with Estates to support this deliverable.		DML / Estates
National Integrated Management Information System *Enabling radiological Services to be 'filmless', with secure and rapid movement of patient image data through the health services*	Implementation of system completed in designated areas: St. Luke's Rathgar, Our Lady's Hospital for Sick Children, Naas, Connolly, South Infirmary, South East Region, Mid-West Region, Mayo, Kerry, National Rehabilitation Hospital, St. Columcille's, Mallow, Bantry	DML will co-operate with the implementation of this system in the relevant designated areas, as appropriate.	Q4	National Programme / DML
	Integration of existing PACs sites into NIMIS: St. James', Cork University Hospital, University College Hospital Galway, Tullamore, Mullingar, South Infirmary Victoria, Mercy, Letterkenny, Roscommon, Adelaide and Meath incorporating the National Children's Hospital, Temple St.	DML will co-operate with the integration of the relevant designated sites into this system, as appropriate.	Q4	National Programme / DML

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
European Working Time Directive for NCHDs	Establish a National Working Group on EWTD	DML will work with the National Programme to achieve these deliverables	Q1	National Programme / DML
	Implement EWTD in respect of interns		Q2	
	Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximize EWTD compliance		Q2-Q3	
	Report on consequent reduction in hours.		Q4	
	Report progress bi-annually		Q2 and Q4	
Pre-Hospital Emergency Care Services *Re-configure Ambulance Services to respond to changing models of service*	**Implementation of National Ambulance Service Control Centre Reconfiguration Project and associated ICT enabling Projects:** Operationalise Control of National Ambulance Service assets	Refer to National Ambulance Service Business Plan 2012	Q4	National Programme
	Implement a Patient Equipment Replacement Programme to match Product Lifecycles		Q2	
	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	Refer to National Ambulance Service Business Plan 2012	Q3	National Programme
	Develop and implement Pre Hospital National Appropriate Hospital Access Protocols for Paediatrics, Obstetrics, Stroke, ACS and Trauma in conjunction with Clinical Care Programmes		Q4	
	Continue to develop suite of key performance indicators with HIQA on pre-hospital emergency care		Q2	

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, the HSE 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

Acute Hospitals and National Clinical Programmes

Year on year, the HSE faces an increased demand for acute hospital services arising from a range of factors including population ageing and rising levels of chronic disease. Acute hospitals have thus been under considerable budgetary pressure in recent years and capacity will have to be tailored in line with the available funding to ensure financial sustainability. In 2012, hospital budgets will drop on average by 4.4% of last year's allocation and this will require an expenditure reduction of 7.8% when account is taken of incoming closing run rates (deficits).

As a direct result of the budgetary and staff reductions, activity levels would be expected to fall in 2012 by about 6%. Bed capacity in terms of bed days must reduce in proportion to the reduction in resources but increased efficiency of clinical service delivery arising from the impact of the Clinical Programmes will ensure that as many patients as possible will be seen and managed as inpatients or day cases. Therefore, we expect to be able to limit the reduction in activity, as measured by the number of people treated, to an average of 3% against 2011 outturn.

Activity reductions will vary from hospital to hospital depending on local circumstances. Hospitals with the greatest carry forward financial challenge will find it most difficult to maintain activity levels and some will require a high intensity management process which in addition to managing significant clinical change will also focus on targeted cost reductions and maximising income billing and collection.

The priority in 2012 will be to stabilise the level of services that can be provided for the available resource and to continue the work of our change programme. The cornerstones of the change programme are the national clinical programmes of care and the rationalisation of services to ensure that best use is made of each hospital site. The national clinical programmes of care provide a national, strategic and co-ordinated approach to a wide range of clinical services. The primary aim of these is to modernise the manner in which hospital services are provided across a wide range of clinical areas through the standardisation of access to, and delivery of, high quality, safe and efficient hospital services, maximising linkages to primary care and other community services. Funding of €23.4m nationally will be provided in 2012 to hospital budgets to recruit staff to progress the implementation of the Acute Medicine, Emergency Medicine, Stroke, Surgery and other clinical programmes, building on the work started in 2011.

The ongoing policies of moving from inpatient to day case treatment where possible ('stay to day'), increasing the rate of elective inpatients who have their principal procedure performed on day of admission and reducing the average length of stay will further serve to maximise the number of patients being treated while still reducing the number of bed days required. The HSE has targeted a reduction of 5% in average length of stay in 2012.

Decreased hospital activity will impact particularly on elective care, and in this context hospitals will work closely with the Special Delivery Unit (SDU) to ensure that, notwithstanding this reduction, nobody waits longer than 9 months for an elective procedure, thus ensuring equitable access for all. Emergency admissions will be reduced as a result of the impact of the Clinical Programmes as well as ED wait times, which is a critical priority.

Reorganisation of ambulance services will continue in 2012, leading to a more efficient use of resources. However, as no additional funding is available in 2012, our ability to address the newly agreed national targets will be challenging.

Activity, Performance Measures and Indicators

Performance Activity

Discharges Activity * - Inpatient / Day Case:

	Inpatient Discharges			Day Cases		
	Expected Activity 2011	Outturn 2011	Expected Activity 2012	Expected Activity 2011	Outturn 2011	Expected Activity 2012
Dublin Mid Leinster	**174,704**	**180,454**	**174,188**	**273,585**	**277,759**	**271,208**
Adelaide & Meath Hosp inc NCH (Adults)	17,813	18,731	17,124	30,154	30,288	31,800
Coombe Women and Infants University Hospital	18,583	19,453	19,453	18,058	20,354	20,354
Midland Regional Hospital, Mullingar	18,755	19,365	19,000	7,714	7,397	7,500
Midland Regional Hospital, Portlaoise	12,829	13,792	13,900	4,942	5,000	5,300
Midland Regional Hospital, Tullamore	9,115	9,546	9,700	17,158	16,769	16,770
Naas General Hospital	7,797	8,999	8,639	3,733	4,821	5,000
National Maternity Hospital, Holles Street	19,342	17,779	17,500	3,240	3,080	3,300
Royal Victoria Eye and Ear Hospital	2,292	2,415	2,200	5,745	7,251	7,400
St. Columcille's Hospital, Loughlinstown	3,749	3,726	3,726	2,549	2,495	2,495
St. James's Hospital	24,056	25,153	23,500	96,075	93,552	86,386
St. Michael's Hospital, Dun Laoghaire	2,350	2,579	2,538	5,412	5,803	5,803
St. Vincent's University Hospital, Elm Park	14,449	14,631	13,500	53,247	52,395	50,000
Adelaide & Meath Hosp inc NCH (Paediatrics)	5,869	6,343	6,000	3,804	3,184	3,400
Our Lady's Children's Hospital, Crumlin	10,258	9,839	9,808	16,685	18,289	18,300
Children's University Hospital, Temple Street	7,447	8,103	7,600	5,069	7,081	7,400

* The actual breakdown of reductions between inpatient and day cases may vary once detailed hospital business plans are finalised

Unscheduled Activity - Emergency Presentations / Emergency Admissions:

	Emergency Presentations			Emergency Admissions		
	Expected Activity 2011	Outturn 2011	Expected Activity 2012	Expected Activity 2011	Outturn 2011	Expected Activity 2012
Dublin Mid Leinster	**331,700**	**321,968**	**331,700**	**94,500**	**98,885**	**94,500**
Adelaide & Meath Hosp inc NCH (Adults)	74,261	73,158	74,261	20,616	21,065	20,616
Midland Regional Hospital, Mullingar	36,761	35,793	36,761	12,983	13,444	12,983
Midland Regional Hospital, Portlaoise	42,475	41,019	42,475	12,240	13,309	12,240
Midland Regional Hospital, Tullamore	29,405	28,060	29,405	7,078	7,589	7,078
Naas General Hospital	25,837	24,494	25,837	7,245	8,242	7,245
St. Columcille's Hospital, Loughlinstown	21,323	19,874	21,323	3,556	3,537	3,556
St. James's Hospital	44,674	45,760	44,674	18,789	19,629	18,789
St. Michael's Hospital, Dun Laoghaire	14,562	13,704	14,562	1,268	1,385	1,268
St. Vincent's University Hospital, Elm Park	42,402	40,106	42,402	10,725	10,685	10,725

Dialysis:

Modality	Dialysis Patients DML Projected Activity Range 2011	DML Projected Outturn 2011	DML Projected Activity Range 2012
Haemodialysis	400-423	430	454-466
Home Therapies	65-72	55	70-75
Total	**465-495**	**485**	**516-534**

Note: The above DML figures are based on mid-year statistical returns 2011 and are subject to change when year end 2011 activity is known.

Performance Indicators

Performance Indicators	Target 2011 National	Projected Outturn 2011 National	Target 2012 National
ALOS Overall ALOS for all inpatient discharges and deaths	5.6	6	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	5	4.7	4.5
Inpatients % of elective inpatients who had principal procedure conducted on day of admission	75%	49%	75%
% 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%
No. of people readmitted to ICU within 48 hours	New PI 2012	New PI 2012	New PI 2012 Baseline to be established
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	New PI 2012	80%	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	---	817	Reduce by 10%
Reduction in bed days lost through delayed discharges	New PI 2012	New PI 2012	Reduce by 10%
Day case % of day case surgeries as% of day case plus inpatients, for a specific basket of procedures	75%	72%	75%
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%
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0	0	0
No. and % of people waiting over 3 months following a referral for all gastrointestinal scopes	New PI 2012	New PI 2012	New PI 2012 $\leq$ 5%
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. New reporting being introduced in 2012 will capture this data	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%

	Target 2011	Projected Outturn 2011	Target 2012
	National	National	National
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)			0 0%
No. and % of children waiting > 20 weeks (inpatient)	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
Casemix adjusted public private mix by hospital for daycase	80:20		80:20
Consultant Contract Compliance % of consultants compliant with contract levels by hospital type (Type B / B* / C)	100%		100%
Blood Policy No. of units of platelets ordered in the reporting period	22,000	22,210	21,500 (3% reduction)
% of units of platelets outdated in the reporting period	< 10%	< 4.5%	< 10%
% usage of O Rhesus negative red blood cells	< 11%	< 12.9%	< 11%
% of red blood cell units rerouted to hub hospital	< 5%	< 4.4%	< 5%
% of red blood cell units returned out of total red blood cell units ordered	< 2%	< 1.1%	< 2%
Health Care Associated Infection (HCAI) Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	0.085	0.071 (Q2 data)	< 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)	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used)	23	22.7 (combined Q1 and Q2 data)	23
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	New PI for 2012	75%	85%
First Responder response times to potential or actual 112 (999) life threatening emergency calls % of Clinical Status 1 ECHO incidents responded to by first responder in 7 minutes and 59 seconds or less	75%	DML = 60.4%	75%
% of Clinical Status 1 DELTA incidents responded to by first responder in 7 minutes and 59 seconds or less	75%	DML = 25.6%%	75%
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	Baseline to be established	69%	80% by June 2012 85% by Dec 2012
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	Baseline to be established	67%	80% by June 2012 85% by Dec 2012

Improving our Infrastructure

Capital project due to be completed and / or to become operational in 2012. (See also Appendix 3)

Dublin Mid Leinster

- St. Vincent's University Hospital, Dublin – new clinical building including wards, CF unit and dermatology unit

Cancer Services

The National Cancer Control Programme, including its funding, is managed outside of the remit of the Regional Director of Operations, DML.

Introduction

The National Cancer Control Programme (NCCP) is responsible for all components of cancer control with the exception of palliative care services. The National Cancer Screening Service (NCSS) and St. Luke's Hospital, Rathgar were integrated into the HSE in 2010.

In line with its objectives, the programme 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 surgery which transferred into the 8 cancer centres in 2009 will continue to be monitored through the collection of monthly key performance indicators. St. Vincent's University Hospital is the national centre for pancreatic surgery and a satellite unit in Cork University Hospital (CUH) linked into the national centre was established in 2011. In 2012 this satellite arrangement will include a joint multi-disciplinary team meeting. Rapid access lung and prostate clinics are now opened in almost all of the centres. Lung surgery has been centralised into 4 regional centres (St. James, Mater, Galway and Cork University hospitals). In 2012 development of specialist cancer centres will continue with the centralisation of prostate cancer surgery, rectal surgery and upper gastrointestinal (GI) surgery. Essential support services will be delivered within the specialist centres. The quality agenda will continue to be pursued through further the development of national guidelines for diagnosis and treatment of site specific cancers.

The HSE National Priorities for 2012 for *Cancer Services* are to:

- Plan for the extension upwards of the age range for **BreastCheck** screening, continue **CervicalCheck** programme and prepare for the launch of the **colorectal** screening programme in quarter four.
- Deliver **cancer surgical services**, within multidisciplinary diagnostic and therapeutic environments, inclusive of medical and radiation oncology services.
- Progress the **national medical oncology programme,** developing national protocols for drug usage and national practices.
- Progress the **radiation oncology programme** to create a national network of radiotherapy facilities.
- Assist and support national **expert groups for common cancers** established by NCCP for the development of national clinical practice guidelines.
- Scope the development of a **national cancer information system** and support regional IT connectivity to support areas such as electronic prescribing and electronic referral.
- Develop **professional staff knowledge**, through collaboration with relevant colleges and educational bodies. Develop primary care skills in prevention, diagnosis, care, and follow up to facilitate safe, high quality care in the community.

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the DML Regional Priorities in 2012 for *Cancer Services* are to:

- Continue to provide Radiation Oncology through St. Luke's Radiation Network in St. Luke's and St. James's Hospitals, with additional capacity coming on stream in St. James's;
- Continue to monitor HIQA standards, including monthly and quarterly KPIs, for the Symptomatic Breast Services in St. James's and St. Vincent's Hospitals;
- Monitor delivery of additional 7 cancer WTEs approved in 2011 for theatre/ICU nursing;
- Establish the pancreatic MDT between national pancreatic centre in St. Vincent's University Hospital and satellite in Cork.

The number of new development cancer posts approved by NCCP in 2008, 2009, 2010 and 2011 = 40.

The breakdown of these posts by hospital is as follows:-
- St. James's Hospital: 16.0
- St. Vincent's Hospital 23.5
- Royal Victoria Eye and Ear Hospital 0.5

This excludes:
1. Existing cancer posts in place prior to 2008.
2. New radiotherapy posts.
3. WTEs transferred into St. James's Hospital and St. Vincent's University Hospital with the transfer of services from within the region and nationally as relates to pancreatic cancer.

Key Result Areas – (as per HSE NSP)

National Cancer Screening Services

Breast Check

Deliverable Output 2012	Target completion
• Continue to provide breast screening to women aged 50-64	Ongoing
• Plan for the extension of screening to 65-69 year old range	Q4

Cervical Check

Deliverable Output 2012	Target completion
• Continue to provide cervical screening and colposcopy services to women aged 25-60 years on a 3 or 5 year basis, dependent on age	Ongoing
• Introduce HPV testing post treatment	Q1

Colorectal Screening

Deliverable Output 2012	Target completion
Continue to plan for roll out of national colorectal screening programme:	
• Appoint 20 candidate Advance Nurse Practitioners to the approved gastroenterology training programme	Q1
• Procure FIT testing and lab service providers to support the roll out	Q4
• Commence roll out of screening programme	Q4
Continue to develop initiatives to promote participation in all screening programmes by marginalized groups	Ongoing

Development of Eight Cancer Centres (and Letterkenny)

Rapid Access Lung and Prostate Clinics

Deliverable Output 2012	Target completion
• Monitor activity and KPIs across rapid access clinics.	Ongoing

Prostate Cancer Surgery

Deliverable Output 2012	Target completion
Complete transfer of prostate cancer surgery into six centres:	
• DML: Transfer prostate cancer surgery from Adelaide and Meath, incorporating National Children's Hospital, Tallaght (AMNCH) into St. Vincent's and St. James' Hospital	Q4

Rectal Cancer Surgery

Deliverable Output 2012	Target completion
Complete transfer of rectal cancer surgery into eight cancer centres and continue to monitor implementation and impacts on other surgical services in the centres:	
• DML: Transfer rectal surgery from AMNCH into St. James' and St. Vincemt's Hospitals	Q3

Pancreatic Surgery

Deliverable Output 2012	Target completion
• Complete establishment of pancreatic satellite unit in CUH linking into St. Vincent's National Centre	Q1

Upper GI

Deliverable Output 2012	Target completion
• Evaluate and select upper gastrointestinal (GI) cancer surgical centres	Q3

Skin Cancers

Deliverable Output 2012	Target completion
• Monitor recruitment of dermatology posts in Waterford Regional Hospital and Mid-Western Regional Hospital, Limerick • Monitor recruitment of the third skin post • Develop services for treatment of skin cancers	Q1 Q3 Q4

Gynaecological Cancer

Deliverable Output 2012	Target completion
• Plan regional centres for gynaecological cancers	Q2

Haematological malignancies

Deliverable Output 2012	Target completion
• Evaluate services for haematological malignancies	Q2

Other Cancers

Deliverable Output 2012	Target completion
• Analyse scope of cancer head and neck services • Continue to consolidate regional and national clinical governance models in collaboration with regional partners	Q4 Ongoing

National Medical Oncology Programme

Deliverable Output 2012	Target completion
• Review medical oncology services from a quality assurance (QA) and safety perspective • Continue to assess new drugs and related predictive laboratory tests through the Health Technology Review Committee and present to HSE Management Team for approval • Recruit pharmacist to advise on drug utilization costs and pharmacy ICT • Assist in the development of mechanisms for the management of the cancer budget within the Community (Demand-Led) Schemes section • Develop national protocols fro drug usage, and standardize practice nationally	Q4 Ongoing Q1 Q1 Q4

Radiation Oncology Services

Deliverable Output 2012	Target completion

• Continue to increase capacity at Centres at St. James' Hospital and Beaumont Hospital as required until fully functional (Phase 1)
• Develop 5 year operational plan for St. Luke's Hospital pending delivery of Phase 2 facilities
• 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.
• 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 establish to drive quality and service improvement
  • Implement national programmes for prostate brachytherapy
• Continue to establish performance management and monitoring systems to drive service quality and service improvement
	Q1
	Q2
	Ongoing
	Q2
	Q1

Quality and Safety: National Expert Tumour Groups

Deliverable Output 2012	Target completion
• 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. • Drive and guide the five national expert tumour groups established for breast, lung, prostate, gastrointestinal and qynaecological cancers in the development of national evidence based clinical practice guidelines • Continue to define appropriate parameters to devise and monitor quality domains across cancer services • Continue to assist in the development of a National Radiology Quality Assurance Programme, led by the Faculty of Radiologists, including development of diagnostic radiology guidelines • Continue to assist in the development of a National Histopathology Quality Assurance Programme, led by the Faculty of Pathology, including development of QA benchmarks and implementation of a framework for national histopathological reporting • Define strategies for QA for prognostic and predictive cancer tests including molecular testing	Ongoing

National Cancer Information System (NCIS)

Deliverable Output 2012	Target completion
• 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 • Subject to enabling legislation, integrate the National Cancer Registry of Ireland (NCSI) into the NCCP • Develop National / Regional IT connectivity across all medical oncology units to support electronic prescribing • Disseminate information on standards of care, treatment protocols, cancer management guidelines, and cancer outcomes to health professionals, patients and the public via website • Develop a mechanism to enable the electronic transfer of pathology reports to the NCRI and National Cancer Screening Service (NCSS) databases	Ongoing

Quality Care in the Community

Deliverable Output 2012	Target completion
• Promulgate use of standardised electronic referral processes developed for common tumours	Ongoing
• Partnership with ICGP to implement integrated cancer care	Ongoing
• Enhance smoking cessation training for all health care professionals including e-learning in partnership with primary care specialists	Ongoing
• Expand delivery of community nurse training programme for cancer care in association with specialist services	Q4
• Deliver training courses for Primary Care Nurses and develop e-learning format	Q3
• Interface with specialist services and GPs to deliver appropriate follow up cancer care of common cancers in the Primary Care setting	Q4
• Review GP referral guidelines for breast, lung and prostate cancers	Q4
• Develop Strategic Nurse Cancer framework with Office of Director of Nursing and Midwifery Services	Q2
• Support the public health framework to reduce chronic disease incidence and mortality	Ongoing

Education and Research

Deliverable Output 2012	Target completion
• Engage with professional training / educational bodies regarding training, educational needs and workforce planning for cancer staff	Q4
• 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	Ongoing

Performance Activity and Performance Indicators

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	National	National	National
Symptomatic Breast Cancer Services No. of urgent attendances	13,000	13,690	13,000
No. of non urgent attendances	26,000	24,666	25,000
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%	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%	23,750 95%
Breast Cancer Screening No. of women who attend for breast screening	New PI for 2012	New PI for 2012	140,000
Lung Cancers No. of attendances at rapid access lung clinic	New PI for 2011	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	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	90%
Rectal Cancers No. of centres providing services for rectal cancers	8	13	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
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	90%

Older People Services

Introduction

The services we provide aim to support older people to remain independent, in their own home or within their community environment, for as long as possible. This is achieved through the provision of home and community-based support services (including home help services, home care packages, respite care, day care, meals on wheels, health promotion initiatives / programmes, etc). Where this is no longer possible, we support older people in residential care under the Nursing Homes Support Scheme (NHSS). An additional €55m nationally has been allocated for this scheme in 2012.

Resources

		2011 Budget €m	2012 Budget €m
Finance	Older People incl. NHSS	272.398	255.611
WTE		Start January 2012	
	Total	2,941	

The particular challenge for older people services in 2012 will be to respond to the increasing demand for health and social services which is resulting from the growth in the number of older people, particularly in the upper age group (over 75yrs), while reducing the overall expenditure on this programme.

The HSE's priorities for 2012 will be to improve the pathway of care for older people as they access a range of services. This will be supported by the work of the clinical care programmes. Funding will be focused on the maintenance of the delivery of home care services, particularly home care packages and on re-focusing home help services to prioritise personal care. We will also work on optimising the provision and quality of residential care. DML will lead out on the implementation of the National Tender for Home Care Services during 2012.

Intermediate care is underdeveloped and has been identified as a critical element of the older persons care pathway. The HSE is committed to working with the DoH in allocating funding from long-term residential care and potential other sources, such as acute hospitals, to increase intermediate care capacity, i.e. step-up / step-down beds, and to provide additional community services such as Home Care Packages. This should reduce demand on acute hospital services and prevent inappropriate admissions to long-term residential care. Several sites in DML are at the planning stage in the development of this type of service. However, clarification in relation to funding for such services will be required before it can proceed.

In conjunction with the priorities outlined in the National Service Plan for this care group, the DML Regional Priorities for 2012 for *Older Persons* are to:

- Engage with the National Office in relation to the centralization of the administration of the **Nursing Homes Support Scheme**.
- Provide quality **long term residential care** services for older persons who can no longer be maintained at home, in line with available funding under the *Nursing Homes Support Scheme*. This budget capped scheme will support 23,611 clients in 2012, an increase of 1,270 on 2011. The DML share of this expanded resource will depend on the number of applications received during 2012.
- Address the challenges associated with the continued provision of **residential care in public facilities** as a result of staff reductions and the *National Standards for Residential Care Settings for Older People in Ireland* which will impact on the provision of public beds in 2012. In this regard, a number of beds may be closed in DML during 2012. The final figure will depend on the number of staff who retire during the year. The majority of the beds identified are based on consolidation and reduction of public bed capacity in Public Long Stay Units. The number of actual units proposed to be closed will be kept to a minimum but will be as a result of the need to maximize value and sustainability of residential care through the consolidation of units. A 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. Three units in DML are currently subject to a consultation process prior to a decision on their future being taken.
- Work closely with the Clinical Strategy and Programmes Directorate in the development of the **programme for older persons.**

- Continue to improve the **quality of home care services** being delivered by implementing the *National Quality Guidelines for Home Care Support Services*.
- Ensure standard implementation and monitoring of approved providers, following the completion of the national tender for Enhanced Home Care Packages.
- 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.
- Respond to referrals of allegations of **elder abuse** in a timely and appropriate manner, in line with *Protecting Our Future*.
- Progress the **Single Assessment Tool** to determine patient / client need and ensure equitable access to services based on this need.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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	DML will engage in the full utilisation of NHSS – *A Fair Deal* within the funding allocated under Subhead B12	Ongoing	DML Lead Area Manager for Older Persons
	▪ Support 23,611 clients under NHSS in 2012 (based on an average of public bed closures)	DML will support clients under NHSS within the allocated funding.	Q4	DML Lead Area Manager for Older Persons
	Centralise administration and financial management of the scheme in a central national office (CNO), including the National Placement List	Merge NHSS work in the Midlands Area to DML central office in Naas.	Q2	DML Lead Area Manager for Older Persons
	▪ Business Case for NHSS Centralisation completed. From January 1st 2012, block funding for public long stay residential beds will cease	Completed. Meeting to advise stakeholders in region of new arrangements took place on 13th January 2012	Q1	DML Lead Area Manager for Older Persons
	▪ A system will be developed to fund public long stay residential care on a named patient / occupied bed basis	DML will engage with the new system and the NHSS IT System will be updated to meet this deliverable	Q1	DML Lead Area Manager for Older Persons
	▪ Implementation of this new funding system.	DML will co-operate with the implementation of this new funding system.	Q2	DML Lead Area Manager for Older Persons
	Participate in the substantive DoH review of the scheme	DML will participate in the substantive DoH review of the scheme which is In progress.	Q4	DML Lead Area Manager for Older Persons
Public Care settings for Older People	Provide an agreed level of public long term residential beds	Review all public beds to inform the development of the DML strategy for long-stay beds.	Ongoing	DML Lead Area Manager for Older Persons

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Public Care settings for Older People / contd.	Reconfiguration / rationalization / closure of a minimum of 555 beds to occur in 4 regions as follows: ▪ DML = 111 ▪ DNE = 105 ▪ South = 180 ▪ West = 159 Please note the figures referred to above are 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.	Reconfiguration / rationalization of beds is currently under review. Potential units identified for closure. Will undertake consultation process prior to final decision as per High Court Order.	Ongoing	DML Lead Area Manager for Older Persons
	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 Care Units in line with Regional reconfiguration objectives, and make recommendations inclusive of best practice and cost effectiveness	DML will continue the review of current Skill Mix Configuration and Human Resource Deployment in HSE Care Units which is in progress.	Q1	DML Lead Area Manager for Older Persons
	Examine elements of cost of long term residential care in HSE Care Units e.g. rostering arrangements	DML will continue the examination of elements of cost of long term residential care in HSE Care Units which is in progress.	Q2	DML Lead Area Manager for Older Persons
Older People Clinical Programme	**Reconfiguration of Public Residential Facilities** Review and determine short term bed requirements for rehabilitation (<12months) / respite, short stay, step up / step down and assessment	DML will continue the review of short term bed requirements for rehabilitation / respite, short stay, step up/step down and assessment which is in progress.	Q2	DML Lead Area Manager for Older Persons
	Identify, within public bed stock, number of beds that can be converted to meet short term bed requirements	Identification of number of beds within public bed stock that can be converted to meet short term bed requirements in progress in DML.	Q1	DML Lead Area Manager for Older Persons
	Service Model Work with the clinical programmes and consultant geriatricians to develop a geriatric service model	DML will engage with national process	Q2	DML Lead Area Manager for Older Persons
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	Models of care for people requiring intermediate and home care being examined in DML.	Ongoing	DML Lead Area Manager for Older Persons

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Community and Home Supports / contd.	**Home Care** Complete the *National Quality Guidelines for Home Care Support Services*	DML is contributing to the completion of the *National Quality Guidelines for Home Care Support Services* which are currently being finalized.	Q1	DML Lead Area Manager for Older Persons
	Implement on a phased basis	DML will implement on a phased basis the *National Quality Guidelines for Home Care Support Services* when they have been approved / signed off nationally.	Ongoing	DML Lead Area Manager for Older Persons
	Home Help Service Complete the *National Home Help Guidelines* and implement on a phased basis	DML will contribute to the completion, and implementation on a phased basis, of the *National Home Help Guidelines* when they have been approved / signed off nationally.	Ongoing	DML Lead Area Manager for Older Persons
	Implement regular reviews of home help clients to ensure optimal use of available resource	DML will implement regular reviews of home help clients to ensure optimal use of available resource, in line with the relevant national guidance.	Q2-Q4	DML Lead Area Manager for Older Persons
	Examine home help delivery model with a view to value for money (VFM) and service improvement	DML will review the home help service with a view to maximising VFM and service improvements.	Ongoing	DML Lead Area Manager for Older Persons
	Home Care Packages Undertake reviews of home care package clients to ensure optimal use of available resource	DML will undertake reviews of home care package clients to ensure optimal use of available resource in line with national guidance.	Ongoing	DML Lead Area Manager for Older Persons
	Finalise and implement the procurement process for home care packages	DML will co-operate with this process, dependent on approval of Tender and the relevant Standards being signed off.	Q1	DML Lead Area Manager for Older Persons
	Ensure regional governance of implementation of Approved Provider Panel	DML will ensure governance of implementation of Approved Provider Panel, dependent on approval of Tender and the relevant Standards being signed off.	Ongoing	DML Lead Area Manager for Older Persons
	Legislative Framework – Community Services Continue to work with DoH on legislative proposals for community services	DML will co-operate with the work on the legislative proposals for community services, as appropriate.	Q4	DML Lead Area Manager for Older Persons

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Community and Home Supports / contd.	**Provision of equitable ancillary care / aids and appliance services to all older persons** Complete work of National Ancillary Group to put in place standardised processes around the delivery of these services to both the community sector and the residential sector within available resources	DML will co-operate with the implementation of standardised processes regarding the provision of Aids/Appliances, in line with national guidance when received.	Q3	DML Lead Area Manager for Older Persons
	Develop protocol for access to ancillary services for older people in designated centres	DML will engage with this national process	Q1	DML Lead Area Manager for Older Persons
Keep Older People Healthy and Out of Hospital	Work with DoH in developing *National Positive Ageing Strategy* and, when published, in implementing the recommendations	DML will engage with this national process	Q4	DML Lead Area Manager for Older Persons
	Work with DoH towards promotion of European Year of Active Ageing and Solidarity between Generations.	DML will engage with this national process	Ongoing	DML Lead Area Manager for Older Persons
	Work with DoH on development and roll-out of *Dementia Strategy*	DML will engage with this national process	Q4	DML Lead Area Manager for Older Persons
	Select four demonstration sites and complete the planning phase of the HSE / Genio Dementia Project to outline community based supports and commence implementation	DML will engage with this national process	Q2-Q3	DML Lead Area Manager for Older Persons
	Work with the Ageing Well Network in the national development of Age Friendly counties	DML will engage with this national process	Ongoing	DML Lead Area Manager for Older Persons
	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	DML will engage with this national process	Q4	DML Lead Area Manager for Older Persons
	Implement (on a phased basis) recommendations from the *Strategy to Prevent Falls and Fractures in Ireland's Ageing Population*, with the primary care service and the Clinical Strategy and Programmes Directorate	DML will engage with this national process	Ongoing	DML Lead Area Manager for Older Persons
	Complete procurement process for the Telecare project to support for older people at home and implement	DML will engage with this national process	Q1-Q2	DML Lead Area Manager for Older Persons
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	DML will work to provide timely / appropriate responses to allegations of elder abuse and will carry out reviews of all referrals of elder abuse as per national guidelines.	Ongoing	DML Lead Area Manager for Older Persons

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Standardised Assessment in Community and Acute Settings	**Single Assessment Tool (SAT)** Conclude pilot SAT and analyse findings	DML will co-operate, as appropriate, with the Pilot SAT which is in progress currently.	Q1	DML Lead Area Manager for Older Persons
	Prepare business case for consideration	DML will engage with this national process, as required.	Q2	DML Lead Area Manager for Older Persons

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Home Care Packages Total no. of persons in receipt of a HCP:	2,355	2,662	2,662
No. of HCPs provided	1,460	1,460	1,460
No. of new HCP clients	1,000	1,497	1,250
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	2.16m	2.00m	1.91m
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	12,000	12,003	12,003
Day Care No. of day care places for older people	Baseline to be set	National survey undertaken Q4 to inform 2012 targets	Targets to be determined
NHSS No. of people being funding under NHSS in long-term residential care at end of reporting month	Baseline to be set	6,223	Centralised scheme in 2012 (National = 23,611)
No. and proportion of those who qualify for ancillary state support who chose to avail of it	Baseline to be set	1,032	Demand-led
% of complete applications processed within four weeks	National = 100%	100%	National = 100%
Subvention and Contract Beds No. in receipt of subvention	Dependent on uptake of NHSS	270	135
No. in receipt of enhanced subvention	Dependent on uptake of NHSS	130	100
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

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Public Beds No. of beds in public residential care setting for older people	2,300	1,963	1,731 – 1,852 Minimum and maximum range
Elder Abuse No. of new referrals by region	Demand led	290	400
No. and % of new referrals broken down by abuse type: i). Physical	Baseline to be set	61	---
ii). Psychological	Baseline to be set	126	---
iii). Financial	Baseline to be set	101	---
iv). Neglect	Baseline to be set	56	---
No. of active cases	New PI for 2011	290	---
% of referrals receiving first response from senior case workers within four weeks	100%	100%	100%

Improving our Infrastructure

Capital projects that are to be completed and / or to become operational in 2012. (See also Appendix 3).

Dublin Mid Leinster

- Inchicore, Co. Dublin – 50 bed community nursing unit (CNU)
- St. Mary's Unit, Mullingar (Older People / Mental Health) – 100 bed community hospital to accommodate replacement beds from the existing unit

Mental Health Services

Introduction

Resources

Finance		2011 Budget €m	2012 Budget €m
	Total	184.871	169.550
WTE		Start January 2012	
	Total	2,120	

The mental health of the population plays a vital role in the vibrancy and economic life of the country. Therefore, investing in promoting positive mental health and in early intervention is not only an investment in the individual's quality of life but also in the global health status of the nation.

HSE Dublin Mid-Leinster is required to deliver its mental health services within a decreasing budget and headcount. Our mental health services include a broad range of primary and community services as well as specialised secondary care services for children and adolescents, adults, and older persons. In recent years there has been increased specialisation, including rehabilitation and recovery, liaison, forensic, mental health services for people with an intellectual disability, and suicide prevention initiatives. Services are provided by the HSE and voluntary sector partners in a number of different settings including the service users' own home, acute inpatient facilities, community mental health centres, day hospitals, day centres, and supported community residences.

Guiding the development of our services is *A Vision for Change* – a progressive, evidence-based and pragmatic policy document, which proposes a new model of service delivery designed around the service user, one that is recovery-orientated and community-based. *A Vision for Change* is strong on values and sets out a comprehensive change programme for our mental health services. When published, it included a number of very significant commitments on infrastructure, new revenue funding and new multidisciplinary staff (+ 1,800 nationally). Since *A Vision for Change*, the HSE has spent €190m on mental health capital and has further contracted commitments of €57m. The multi annual capital plan also shows non-contracted but planned spend of a further €170m. That means that a total of €417m of investment will be made. This does not include the community facilities that have been acquired under the primary care centre lease programme (estimated equivalent value to date €20m). In that period there has been a total of €37m from sale of lands. *A Vision for Change* states "the value of these assets significantly counterbalances the cost of the new mental health service infrastructure requirement". This has very clearly not been the case, however the full capital investment required in *A Vision for Change* has been met. Within DML the Capital Projects that have been or are in the process of being completed include the new Child and Adolescent Day Hospital in Cherry Orchard, the development of new CNU in St. Mary's Mullingar, the re-furbishment of the Acute Unit in St. Loman's Mullingar to accommodate a Low Secure Unit and the development of Day Centres and Hostels in Dublin. In addition, approval has been given to develop a new In-patient Unit for Child and Adolescent Mental Health in Cherry Orchard and also the development of a new National Forensic Mental Health Hospital to replace the existing Central Mental Hospital.

In 2012, prioritised under the Programme for Government, an additional €35m nationally has been ring-fenced to enhance General Adult and Child and Adolescent Community Mental Health Teams, improve access to psychological therapies in primary care and implement suicide prevention strategies in line with *Reach Out – National Strategy for Action on Suicide Prevention*. Approximately 400 extra staff will be recruited to support these initiatives and DML will be allocated a portion of this budget and staff to be utilized as agreed nationally. In addition, an 8 bed Child and Adolescent Unit in St. Loman's, Palmerstown will open in 2012 which will significantly improve this aspect of Mental Health service provision. Within the additional €35m, €2m nationally will be allocated to Genio projects, some of which will be located in the DML Region.

Like all care areas, other budget reductions as a consequence of the impact of the efficiency, procurement and moratorium savings will be applied, however, these reductions will be mitigated once the additional investment is taken into account. The cumulative impact of staff loss from the mental health services since 2009 and the staff retirements expected in early 2012, continues to challenge us to provide continuity of services to our patients and clients. In this regard, Regional and National services may be impacted in terms of Acute Beds and Continuing Care Beds, however, priority will be given to maintaining community based services, where feasible. There will also be reductions in payments to external agencies who will be challenged to maximise efficiencies.

We will continue to minimise the impact of the above on our obligations under mental health legislative and regulatory directives, wherever possible, with *A Vision for Change* remaining the strategic direction for the future delivery of mental health services in Ireland.

The HSE National Priorities for 2012 for *Mental Health Services* are:

- 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) capacity** by ensuring, at a minimum, that at least one of each mental health professional discipline is on each general adult community mental health team.
- Strengthen **Child and Adolescent Community Mental Health Team (CAMHT) capacity** by ensuring, at a minimum, that at least one of each mental health professional 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 patients eligible under the general medical services 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.
- Continue to develop the **service user and carer partnership** by ensuring service user representation on Area Mental Health Management Teams.

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the DML Regional Priorities for 2012 for *Mental Health Services* are to:

- Stabilise the level of service that can be provided to the level of available resource.
- Transfer the existing Warrenstown In-Patient Child and Adolescent Mental Health Unit to more suitable premises in St. Loman's, Palmerstown and open an additional 8 beds to meet the new Mental Health Commission regulations in relation to admission of under 18yr olds to Adult Units.
- Open new Child and Adolescent Mental Health Day Hospital on the site of Cherry Orchard Hospital.
- Close remaining Units of St. Loman's Hospital in Mullingar through development of Community Nursing Unit in St. Mary's and refurbishment of Acute Unit to accommodate patients from St. Edna's Unit.
- Continue Conditional Discharge of patients from Central Mental Hospital under the terms of the Criminal Law Insanity Act commenced in 2011.
- Develop the Design Brief for new National Forensic Mental Health Service, including ICRUs, Forensic CAMHS Unit and Forensic MHID Unit.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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), implement Reach Out actions as contained in the Programme for Government	Q4	National
	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	To be agreed Regionally with NOSP.	Ongoing	HSE Area Managers
	Maintain the public mental health awareness campaigns to encourage positive mental health and reduce stigma associated with suicide and mental health	To be agreed Regionally with NOSP.	Ongoing	National
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 Audit CMHTs is contingent on those teams implementing the mental health clinical programmes when agreed)	DML will implement as resources and WTEs are made available, as outlined in the Programme for Government.	Ongoing	HSE Area Managers
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)	DML will implement as resources and WTEs are made available across the 19 teams, as outlined in the Programme for Government.	Ongoing	Lead LHM Mental Health
Child and Adolescent Acute Inpatient Capacity	Implement measures to increase acute inpatient capacity: **DML**: Development of 8 bed interim Child and Adolescent Acute Inpatient Unit for St. Loman's, Palmerstown	Premises identified in St. Loman's Palmerstown.	Q1	Lead LHM Mental Health
	DML: Commissioning of Day Hospital in Cherry Orchard	Day Hospital will open in Q1 2012 with limited staffing and will develop range of services as resources allow.	Q1	Lead LHM Mental Health
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	Progress the development of the Jigsaw site in the Tallaght / Clondalkin Partnership Area.	Ongoing	HSE Area Manager
Rationalise Acute Inpatient Provision in line with A Vision for Change	Reduction of a minimum of 153 adult acute inpatient beds nationally **DML** (270 acute beds currently) ▪ Reduction by 10 beds to 260	DML is close to *Vision for Change* Acute bed numbers and further reductions will be considered in light of available resources and Health and Safety requirements.	Ongoing	HSE Area Manager

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Rationalise Acute Inpatient Provision in line with A Vision for Change / contd.	Discontinue direct medium and low support housing provision managed by the mental health services. (This does not impact on the provision of clinical support).	DML will: ▪ Review existing High and Medium Support Hostels ▪ Conduct needs analysis of existing residents Liaise with Local Authorities / Partner Agencies to deliver service	Ongoing	HSE Area Manager
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. **DML –** Complete the closure of the old psychiatric hospital at St Loman's Mullingar	DML will close the remaining old Psychiatric Hospital in St. Loman's in Mullingar.	Ongoing	HSE Area Manager
Inappropriate Placements	Establish a Working Group with Disability Services to address people with intellectual disability inappropriately placed in psychiatric settings.	DML will co-operate / participate in this as required.	Q1	N/A
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	National Issue.	Q1	N/A
	Provide access to psychotherapy and counselling for patients eligible under the general medical services	Establish Primary Care Counselling Service across the Region	Ongoing	National
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.	Design Brief will be developed during 2012 to progress project.	Ongoing	Lead LHM Mental Health and HSE Estates
	DML Complete high support hostel and outreach service for people granted conditional discharge under Criminal Law Insanity Acts	Process begun in 2011 will be fully operationalised in 2012.	Q1	Lead LHM Mental Health
Clinical Care Programmes in Mental Health	Prepare a detailed plan for the implementation of the agreed mental health clinical programme	DML will co-operate as required, in the preparation of the plan.	Q2-Q4	National Issue
Voluntary and Statutory Agencies	Continue to work with statutory and voluntary agencies to improve social inclusion for service users – housing authorities, gardai, educational and training agencies	Ongoing work in this area will continue in 2012	Ongoing	Mental Health Staff
	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*	Ongoing work in this area will continue in 2012.	Ongoing	Mental Health Staff

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Service User and Carer Partnership	Ensure service user representation on Area Mental Health Management Teams	Ongoing work in this area will continue in 2012	Ongoing	Mental Health Staff
Embed Recovery Ethos	Implement the guidelines for the delivery of recovery-focused mental health services	Ongoing work in this area will continue in 2012.	Q2-Q4	Mental Health Staff
Mental Health Services Management	Complete the multidisciplinary Mental Health Services Management Teams in all operational areas through reconfiguration of existing management roles	DML will complete this work, as appropriate, when outstanding issues are resolved	Q2	National
	Establish the business requirements for a national Mental Health Information System	National Issue	Q2	National
Fostering Innovation	Allocation of €2m to Genio to accelerate innovative practice and service modernisation in mental health in line with *A Vision for Change*	National Issue	Ongoing	National

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Adult Inpatient Services No. of admissions to adult acute inpatient units	3,532	3,426	3,426
Median length of stay	11.0	10	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	73.2	69.6	64.7
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	22.4	22.1	20.5
Acute readmissions as % of admissions	70%	68%	68%
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment area	50.8	47.5	44.2
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	20.6	20.6	19.7
No. of adult involuntary admissions	320	320	320
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	6.58	6.6	6.0
Child and Adolescent No. of child and adolescent Community Mental Health Teams	18	19	19
No. of child and adolescent Day Hospital Teams	2	1	1
No. of Paediatric Liaison Teams	2	2	2

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	---	38	38
No. of children / adolescents admitted to adult HSE mental health inpatient units* i). <16 years ii). <17 years iii). <18 years	National figure = <100	National figure = 130 National figure =4 National figure = 33 National figure = 93	National figure = <80 National figure 0 National figure =16 National figure = 64
No and %. of involuntary admissions of children and adolescents	National figure = 16 (5%)	National figure 16 (5%)	National figure 16 (5%)
No. of child / adolescent referrals (including re-referred**) received** by mental health services	3,644	4,033	4,033
No. of child / adolescent referrals (including re-referred) **accepted** by mental health services	2,639	2,895	2,895
Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen	2,272	2,468	2,468
No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	1,608	1,633 57%	National figure = 70%
ii). > 12 months	67	148 5%	National figure = 0%
No. and % of cases closed / discharged by CAMHS service	New PI National = 80% of accepted referrals	2,773 104%	2,773 80%
Total no. on waiting list for first appointment at end of each quarter	628	536	505
No. and % on waiting list for first appointment at end of each quarter by wait time:			
i). < 3 months	260	284 (53%)	270 (53%)
ii). 3-6 months	217	137 (26%)	130 (26%)
iii). 6-9 months	151	110 (21%)	52 (10%)
iv). 9-12 months	---	New PI	52 (10%)
v). > 12 months	0	5 (1%)	0
No. of suicides in arrears per CSO Year of Occurrence	New PI	National = 506 (2008 validated)	---
No. of repeat deliberate self harm presentations in ED	1,342 (National figure) 1% reduction on 2010	National = 1,348	National = 1,348

* The Mental Health Commission Regulations recognise that there will be occasions where it is clinically necessary to admit a child to an adult unit

Improving our Infrastructure

Capital projects that are to be completed and / or become operational in 2012. (See also Appendix 3)

Dublin Mid Leinster

- Ballyfermot Hostel, Cherry Orchard Hospital, Dublin – 17 bed low support hostel
- St. Loman's, Clondalkin Road, Dublin – 17 bed hostel
- St. Loman's Hospital, Mullingar – replacement of St. Edna's ward, to provide a 20 bed special behavioural unit and up to 24 replacement beds
- Grosvenor Road, Dublin – upgrade of hostel
- Cherry Orchard, Ballyfermot, Dublin – new day centre comprising outpatients, adolescents' day hospital and administration
- Ballyfermot, Dublin – new primary care and mental health centre
- St. Mary's Unit, Mullingar (Mental Health / Older People) – 100 bed community hospital to accommodate replacement beds from St Loman's Psychiatric Hospital for patients with continuing care needs

Disability Services

Introduction

Over the past few years a significant change in the model of service delivery within Disability Services has commenced. This will culminate in people with Disabilities living in community settings, having access to a range of supports, in line with Disabilities living in community settings, having access to a range of supports-as part of mainstreaming, as outlined in the Programme for Government.

Resources

		2011 Budget €m	2012 Budget €m
Finance	Total	448.091	427.035
		Start January 2012	
WTE	Total	4,320	

The emerging DoH policy direction (*Value for Money and Policy Review*), coupled with recommendations from HSE national working groups on key service areas such as congregated settings and day services, has emphasised the need for a new model of service provision that, if agreed by Government, will further the independence of people with disabilities in a manner which is efficient and cost-effective. This will include a robust implementation plan which will be developed through the National Consultative Forum and will include a monitoring and evaluation framework. A DML Regional Implementation Plan consistent with the National Plan will be part of the workplan of the Regional Consultative Forum. The Regional Consultative Forum will use the national framework to monitor and evaluate progress. The findings and recommendations of the *Value for Money and Policy Review* will provide the framework within which the constituent parts of the overall change programme will be developed and driven. This radical change is not the sole responsibility of the HSE but, rather, a collaborative responsibility shared between the person, their families and carers, a multiplicity of agencies, Government, and society as a whole.

The allocation for disability services will reduce in 2012 by 3.7% as a consequence of the impact of the efficiency, procurement and targeted pay reduction savings. In addition, disability services will be required to cater for demographic pressures, such as new services for school leavers and emergency residential placements, from within their existing budgets. While the allocation will reduce by 3.7% nationally, there is scope for achieving efficiencies of 2% or more through measures such as consolidation and rationalisation of back office costs. Some providers have made significant progress in this regard in recent years but considerable scope for savings remains in the case of others. All providers will be expected to achieve some efficiency savings but the level of savings will vary depending on the profile of the service provider, efficiency savings achieved to date and the scope for further savings. HSE managers will have the scope, within the national figure of 3.7%, to vary the level of reduction which will apply to individual service providers. The HSE will work closely with the Department in finalising the allocations.

Some reductions in services will be unavoidable even with such efficiencies. These will arise in day services, residential and respite services. The aim will be to tailor such reductions in a way which minimises the impact on service users and their families as much as possible. There is evidence that an accelerated move towards a new model of individualised, person centred service provision in the community can help to achieve efficiencies, particularly in relation to services for those with mild or moderate intellectual disability.

Provision has been made for investment of €1m nationally for autism services. Dublin Mid Leinster will work closely with the National Disability Unit as criteria are agreed for the division of this funding. This will be used to address waiting times for specialist therapy services for children who have been diagnosed with autism and on developing Early Intervention Teams.

Demographic Profile

In Dublin Mid-Leinster there are almost 7,000 individuals registered on the National Intellectual Disability Database and a further 8,000 on the National Physical and Sensory Disability Database. As inclusion on either database is not mandatory the figures do not capture all individuals with disabilities. Criteria for inclusion on either database also prevents some people from registering. Where there are gaps in service data collection the HSE (including DML) is working closely with the DoH to identify and provide solutions in this regard.

The HSE National Priorities for 2012 for *Disability Services* are to:

- **Maximise the provision of services** within available resources.
- Develop and continue a **total system reconfiguration** of service provision though the implementation of:
  - The programme for *Progressing Disability Services for Children and Young People*
  - The *Review of Autism Services*
  - Reconfiguring adult day services as outlined in *New Directions: Report of the National Working Group for the Review of HSE Funded Adult Day Services*
  - Reconfiguring residential services as recommended in *Time to Move on From Congregated Settings*, and
  - *The National Neuro-Rehabilitation Strategy.*
- Develop systems and processes to **mainstream all services in the community** such as speech and language therapy, occupational therapy and physiotherapy in collaboration with primary care and network teams.
- 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.
- Implement measures to ensure that **children assessed under the Disability Act, 2005** receive those assessments in accordance with the standards laid down, and that processes are improved and services reconfigured in order to make progress towards compliance with the timeframes set out in legislation
- 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.***

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the above HSE National Priorities, the DML Regional Priorities for 2012 for *Disability Services* are to:

- Ensure available funding is targeted at the provision of front line services.
- Continue to work towards compliance with the Disability Act 2005.
- Establish Local Consultative Fora in line with regional and national guidelines
- Complete data information collection in relation to inspection and registration of residential and residential respite facilities for individuals with disabilities.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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	DML will participate in the development of systems and processes to ensure that, where appropriate, people with disabilities access services in the mainstream of primary care.	Ongoing	DML Lead Disabilities, in conjunction with Disability Managers.
	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*	DML will participate in this national initiative, as appropriate.	Q3	DML Lead Disabilities, in conjunction with Disability Managers.
	Test a system of resource allocation through demonstration projects	DML will participate, as appropriate, in a system of resource allocation through demonstration projects.	Q4	DML Lead Disabilities, in conjunction with Disability Managers.

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Service Provision and Total System Reconfiguration / contd.	Develop an action plan to implement the recommendations of the *VFM and Policy Review*	DML will work with the National Disability Office to develop a Regional action plan.	Q2	DML Lead Disabilities, in conjunction with Disability Managers.
	Develop new models of service provision, such as Host Family Support, to improve the choice available to people with disabilities	DML will explore new models of service provision, such as Host Family Support, to improve the choice available to people with disabilities	Ongoing	DML Lead Disabilities, in conjunction with Disability Managers.
	Progressing Disability Services for Children and Young People Continue development of regional and area level implementation plans	DML will commence development of Regional and Area level implementation plans in consultation with key stakeholders.	Q2 – Q4	DML Lead Disabilities, in conjunction with Disability Managers / local leads
	Establish clear pathways and links to school services	DML will commence development of Regional and Area level implementation plans in consultation with key stakeholders.	Q3	DML Lead Disabilities, in conjunction with Disability Managers / local leads
	In those areas where plans are completed, commence the reconfiguration of available resources with key stakeholders	DML, having engaged with the relevant stakeholders, will commence the reconfiguration of disability services for children and young people in line with local plans.	Q3	DML Lead Disabilities, in conjunction with Disability Managers / local leads / key stakeholders
	Review of Autism Services Link with children's disability services programme and engage with service providers and education sector	DML will progress recommendations once report is available.	Q1	DML Lead Disabilities, in conjunction with Disability Managers
	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	DML will progress recommendations once report is available.	Q3-Q4	DML Lead Disabilities, in conjunction with Disability Managers
	Disability Act 2005 Continue to refine the processes under the Act and integrate them into the services for children and young people as they are reconfigured, in order to develop more efficient provision of children's therapy services	DML will continue to strive for compliance.	Ongoing	DML Lead Disabilities, in conjunction with General Managers / Disability Managers
	Implement the recommendations of the NDA's study of the determinants of an efficient and effective assessment of need	DML will deliver the recommendations of the NDA study.	Ongoing	DML Lead Disabilities, in conjunction with General Managers / Disability Managers

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Service Provision and Total System Reconfiguration / contd.	**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	Leads for Disabilities and Childcare will collaborate to ensure that services for children with disabilities are delivered appropriately and clear protocols developed in this regard.	Q1-Q2	DML Lead Disabilities, in conjunction with Disability Managers
	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 future provision of sheltered and supported employment by the appropriate department / agency	DML will actively engage in the arrangements for the transfer of sheltered and supported employment to the appropriate department/agency.	Q1-Q2	DML Lead Disabilities, in conjunction with Rehabilitative Training Co-ordinators
	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)	DML will develop a high-level, regional 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).	Q1	DML Lead Disabilities, in conjunction with Rehabilitative Training Co-ordinators
	Develop regional and area level implementation plans, based on the national implementation plan	DML will develop local plans to progress this.	Q3	DML Lead Disabilities, in conjunction with Rehabilitative Training Co-ordinators
	Congregated Settings – Reconfiguration of Residential Services Monitor current projects to ensure they deliver on expectations and disseminate the learning from the projects	DML will develop regional and local plans consistent with national plan.	Ongoing	DML Lead Disabilities and key stakeholders
	In conjunction with Genio, identify and implement a number of demonstration sites to test feasibility and identify best practice	DML will continue to engage in this process.	Q2-Q4	DML Lead Disabilities
	Agree a date for the cessation of admissions to congregated settings	In consultation with the key stakeholders, DML will agree a date for the cessation of admissions to congregated settings.	Q3	DML Lead Disabilities
	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*	DML Regional Consultative Forum will establish a regional sub-group to progress this.	Q1	DML Lead Disabilities

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Service Provision and Total System Reconfiguration / contd.	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	DML will develop a regional implementation plan taking a phased approach and working with those providers already progressing the agenda for change, or in readiness for same.	Q2	DML Lead Disabilities
	Develop regional and area level implementation plans in consultation with key stakeholders and based on the national implementation plan	DML will develop Area level implementation plans in consultation with key stakeholders and based on the national implementation plan.	Q3	DML Lead Disabilities, in conjunction with Disability Managers
	Reconfiguration / rationalisation of residential places (Genio projects): DML - 50 people to be moved from congregated settings	DML successful in acquiring Genio funding for the transfer of clients from HSE services.	Ongoing	DML Lead Disabilities and relevant stakeholders
	Review of Performance Measures / Indicator Set In conjunction with the DoH, carry out a comprehensive review of the full performance indicator set to bring it into line with the new policy direction and make it fit for purpose	DML will participate in the discussions nationally to ensure that what is agreed is fit for purpose.	Q4	DML Lead Disabilities
	Relocation of Persons with ID inappropriately placed in psychiatric settings Continue to transfer people to more appropriate settings, progressed through an agreed implementation plan	DML will continue to transfer people to more appropriate settings, progressed through an agreed implementation plan in conjunction with the appropriate stakeholders.	Q4	DML Lead Disabilities, in conjunction with Disability Managers
	Establish a working group with Mental Health Service to progress	DML will identify the exact number of individuals with ID inappropriately placed in mental health services and will liaise, as appropriate, with the national working group in this regard.	Q1	DML Lead Disabilities in conjunction with all relevant stakeholders
	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*	DML is represented on the national working group for this programme.	Ongoing	DML Lead Disabilities and relevant stakeholders
	Establish Regional Rehabilitation Networks	DML will progress this following publication of the strategy.	Q2	DML Lead Disabilities and relevant stakeholders
	Commence development of regional inpatient rehabilitation facilities	DML will support regional development of in-patient rehabilitation facilities within available resources.	Q3 - Q4	DML Lead Disabilities and relevant stakeholders
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	DML will complete data information collection to facilitate the registration and inspection of disability residential and residential respite services.	Q1	DML Lead Disabilities and relevant stakeholders

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Registration and Inspection of Residential Services for Adults and Children with Disabilities	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	DML will validate the returns from the self audit sites and identify examples of good practice to share with other providers.	Q1	DML Lead Disabilities and relevant stakeholders
	Develop an action plan and self-audit tool for children's residential services to support quality improvement, assurance and compliance with the draft standards	DML will develop an action plan as part of the work of the regional Consultative Forum and will assist with the development of the self audit tool for children's disability residential services.	Q2	DML Lead Disabilities and relevant stakeholders
	Child Protection Audit Using information gathered from phase 1 of the audit, identify findings in relation to policy, process and training in order to inform national policy	DML will engage with the national steering group and implement the relevant learning and recommendations.	Q2	DML Lead Disabilities and relevant stakeholders
Information Systems	Carry out a review of the existing information systems in disability services in both the statutory and non-statutory sectors	DML will engage in a review of the existing information systems in disability services in both the statutory and non-statutory sectors.	Q2	DML Lead Disabilities
	Carry out a review of information needs in both sectors	DML will engage in a review of information needs in both sectors.	Q2	DML Lead Disabilities
	Make recommendations for future planning in this regard	DML will advise the national group on the region's information requirements here.	Q3	DML Lead Disabilities
Thalidomide in Ireland	Continue to work with Beaumont Hospital to support the development of an agreed Multidisciplinary Team (MDT) assessment process	DML will co-operate with the agreed MDT assessment process	Q1	DML Lead Disabilities

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	378	411	404
No. of persons with ID and / or autism benefiting from work / work-like activity services	644	673	673
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	13	12	12
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	37	42	42
No. of Rehabilitative Training places provided (all disabilities)	715	723	723

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	724	721	721
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	---	4,513	4,513
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	---	476	476
Residential Services No. of persons with ID and / or autism benefiting from residential services	2,222	2,291	2,252
No. of persons with physical and / or sensory disability benefiting from residential services	290	220	216
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	40,491	31,482	30,947
No. of persons with ID and / or autism benefiting from residential centre based respite services	1,336	1,683	1,683
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	345	3,231	3,176
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	980	602	602
Personal Assistant (PA) / Home Support Hours No. of PA / home support hours used by persons with physical and / or sensory disability	Original Target NSP11 required reclassification due to definitional issues	302,623	302,623
No. of persons with physical and / or sensory disability benefiting from PA / home support hours	Original Target NSP11 required reclassification due to definitional issues	818	818
Disability Act Compliance No. of requests for assessments received	896	1,093	1,202
No. of assessments commenced as provided for in the regulations	841	977	1,100
No. of assessments commenced within the timelines as provided for in the regulations	841	655	1,100
No. of assessments completed as provided for in the regulations	489	1,145	1,100
No. of assessments completed within the timelines as provided for in the regulations	489	103	1,100
No. of service statements completed	489	753	935
No. of service statements completed within the timelines as provided for in the regulations	489	270	935

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Services for Children and Young People % progress towards completion of local implementation plans for progressing disability services for children and young people	New PI	New PI	National = 100%

Note: Due to regional variations in service developments and budget allocations, data collected under the current performance indicators has become increasingly unreliable. For this reason, and in order to bring the PI set into line with the new policy direction, there will be a comprehensive review in 2012.

Improving our Infrastructure

There are no capital projects in DML Disability Services that are to be completed and / or become operational in 2012.

Child Protection and Welfare Services

Introduction

Resources

Finance		2011 Budget €m	2012 Budget €m
	Total	129.617	146.302
WTE		Start January 2012	
	Total	1,015	

Under existing legislation (*Child Care Act, 1991)*, the HSE has a statutory duty for the care and protection of children and their families. In meeting this statutory responsibility, DML delivers a range of preventative and support services in co-operation and in partnership with children and their families. DML is committed to the principle of supporting families as the basis for ensuring child health and welfare. It is a fundamental belief that loving families, who set clear boundaries for their children, provide the most effective environment for children to grow into full members of society, equipped to play their part as citizens of a modern democratic society with the skills and aptitude to work and learn flexibly, and to embrace change throughout their lives. However, some children do not receive adequate care and protection therefore legislative powers such as emergency, interim and full care orders, as well as supervision orders where a child is deemed to be at risk, are utilised when required to ensure that child protection plans are implemented in full.

Under the *Programme for Government,* fundamental changes as to how child and family services are delivered in Ireland are proposed by Government in order to develop a service that is fit for purpose. These changes will be achieved firstly through the delivery of a major reform programme for family support, child protection and alternative care, accompanied by the associated changes in management structures. The financial challenge in the short to medium term will be examined and the method of allocating resources reviewed. Systems will be strengthened to ensure priorities are determined according to need.

Secondly the programme is aligned to the emerging dimension within the development of the new children's agency under the aegis of the newly established Department of Children and Youth Affairs. 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.

The primary focus of this plan for children and families in 2012 is the implementation of the comprehensive change programme which has consolidated all the reform initiatives arising from recent reviews into a co-ordinated change programme. To facilitate this change programme DML has established a separate programme and structure for Children and Family Services within the region. A Regional Director and four Area Managers for Children and Family services will be in place for 2012. This will facilitate the transition to the Children and Families Agency which is to be established during 2013 under the Department of Children and Youth Affairs.

During 2012 DML will work with the National Office for Children and Family Services and the Department of Children and Youth Affairs to ensure that the priorities as identified in the *Programme for Government* are implemented where they relate to children and family services. This is particularly relevant in relation to establishing the new agency which will assume responsibility for the services presently delivered by the HSE.

The HSE National Priorities for 2012 for *Child Protection and Welfare Services* are to:

- 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.**

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the DML Regional Priorities for 2012 for *Child Protection and Welfare Services* are to:

- Promote the **major culture change** required in planning and delivering services to children and their families.
- Implement consistent child protection procedures in line with revised national guide - **Children First, 2011 – National Guidance for the Protection and Welfare of Children** – for example, develop and implement a new National Delivery Model for children and family services, introduce standardised child protection policy and business process manual, standardised training, etc.
- Continue the reforms necessary to provide a comprehensive range of high quality services for **children in care**.
- Following a national commissioning process for a national **electronic information system**, DML will continue the implementation of the standard business processes and link to the nationally commissioned electronic information system.
- Develop and implement a **data protection / record management policy** that will support the creation/management of accurate, reliable, and useable records for social work practice.
- Promote effective **multidisciplinary shared practice** and efficient **community engagement.** This will include addressing areas such as foster care, therapeutic services, early years services, implementation of the Ferns Reports, implementation of the Family Support Action Plan and other actions to promote children's welfare.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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:** ▪ Participate in the process to review the standards for children in care	DML will participate in the national process to review the standards for children in care	Q1	DML Regional Director for Children and Family Services
	▪ Review the use of supervision orders and establish a national protocol	DML will review the use of supervision orders and implement national protocol	Q1	DML Regional Director for Children and Family Services
	▪ Increase use of supervision and other protective strategies to maintain children at home safely	DML, in line with national office direction, will increase use of supervision and other protective strategies to maintain children at home safely	Q3	DML Regional Director for Children and Family Services
	▪ Monitor the application of the national practice guidance on compliance with Section 3 of the *Child Care Act*	DML will establish a procedure for monitoring the application of the national practice guidance on compliance with Section 3 of the *Child Care Act* in line with national directives.	Q3	DML Regional Director for Children and Family Services
Cultural Change	**Implement procedures whereby all children are consulted about decisions that affect them, and children's collective views influence policy development :** ▪ Develop a set of national standards and training on consultation with children and young people	DML will assist in the development of a set of national standards and training on consultation with children and young people	Q4	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Cultural Change / contd.	▪ Disseminate the *Quick Guide* for staff on working with children and young people	DML will disseminate the *Quick Guide* for staff on working with children and young people	Q1	DML Regional Director for Children and Family Services
	▪ Determine an appropriate participation framework for the new Children and Family Agency	DML will contribute to a nationally agreed determined appropriate participation framework for the new Children and Family Agency	Q4	DML Regional Director for Children and Family Services
	Develop and implement a Quality Assurance and Audit Framework across child protection, welfare, and alternative care services: ▪ Develop a Quality Assurance and audit framework	DML will contribute to the development of a Quality Assurance and audit framework	Q3	DML Regional Director for Children and Family Services
	▪ Introduce an audit tool to assess workload management in each Health Area	DML will introduce an audit tool to assess workload management in each Health Area in line with national directive.	Q3	DML Regional Director for Children and Family Services
	▪ Prepare for the implementation of the HIQA child protection standards	DML will prepare for the implementation of the HIQA child protection standards in line with the nationally agreed approach.	Q2	DML Regional Director for Children and Family Services
	▪ Continue the audit of catholic church congregations and orders	DML will continue the audit of catholic church congregations and orders.	Q1	DML Regional Director for Children and Family Services
	▪ Establish a national system to monitor local serious incidents at national level	DML will ensure compliance with the national serious incident policy and procedure	Q1	DML Regional Director for Children and Family Services
	▪ Complete phase 1 of the set of Practice / Policy Manuals for Child Protection, Foster Care, Residential Care, Aftercare, Children First and Pre-Schools	In line with national direction, DML will complete phase 1 of the set of Practice / Policy Manuals for Child Protection, Foster Care, Residential Care, Aftercare, Children First and Pre-Schools	Q4	DML Regional Director for Children and Family Services
	Consolidate arrangements to learn more from practice including serious case reviews: ▪ Review formal processes for serious case and child death reviews and the analysis and learning from such reviews	Review formal processes for serious case and child death reviews and the analysis and learning from such reviews	Q1	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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 ▪ Review and implement joint Agency / Garda protocols	DML will support the consistent implementation of the Children First National Guidance across all relevant government sectors	Q4	DML Regional Director for Children and Family Services
	▪ Standardise and deliver HSE and An Garda Siochana Joint Children First training provided to child protection social work staff and relevant gardai	Standardise and deliver HSE and An Garda Siochana Joint Children First training provided to child protection social work staff and relevant gardai	Q3	DML Regional Director for Children and Family Services
	▪ Commence joint HSE / Gardai scenario training (HYDRA) to key senior management at multiagency level	Commence joint HSE / Gardai scenario training (HYDRA) to key senior management at multiagency level	Q4	DML Regional Director for Children and Family Services
	▪ Complete Children First briefings for HSE funded agencies	Complete Children First briefings for HSE funded agencies	Q3	DML Regional Director for Children and Family Services
	▪ Enforce adherence to Children First guidance through Service Level Agreements	Enforce adherence to Children First guidance through service Level agreements	Q3	DML Regional Director for Children and Family Services
	▪ Implement a plan to support government departments and non funded services in relation to a consistent standardised implementation of Children First	DML will work with the National Office to ensure implementation of a plan to support government departments and non funded services in relation to a consistent standardised implementation of Children First	Q1	DML Regional Director for Children and Family Services
	▪ Joint HSE / Garda Specialist interview training	DML will continue the roll out of Joint HSE / Garda Specialist interview training and implement learning locally.	Q1	DML Regional Director for Children and Family Services
	Ensure that child protection services can be readily accessed by local communities ▪ Develop a new National Service Delivery Model for children and family services in line with Children First, the Standardised Business Processes, and learning from pilot development sites	In line with the new national service delivery, DML will implement a new national model in line with Children First, the Standardised Business Processes, and learning from pilot development sites. Access to services will be restructured with particular emphasis on duty systems.	Q4	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Revise and implement consistent child protection procedures in line with revised national guidelines Children First / contd.	**Policy framework to revise and develop a consistent Child Protection system** ▪ Standardise the implementation and structure of case conferences	DML will standardise the implementation and structure of case conferences in line with national policy.	Q1	DML Regional Director for Children and Family Services
	▪ Standardise thresholds for care and protection	DML will standardise thresholds for care and protection according to national direction.	Q1	DML Regional Director for Children and Family Services
	▪ Develop and implement a risk assessment and measurement tool	DML will contribute to the development and ensure regional implementation of a risk assessment and measurement tool.	Q1	DML Regional Director for Children and Family Services
	▪ Develop a system for monitoring workloads	DML will ensure implementation of a nationally agreed system for monitoring workloads	Q2	DML Regional Director for Children and Family Services
	▪ Develop a system of how cases are prioritised and allocated	DML will implement in line with national policy and an agreed system of how cases are prioritised and allocated.	Q2	DML Regional Director for Children and Family Services
	▪ Establish a Child Protection Register	DML will contribute to the establishment of a Child Protection Register for the region.	Q2	DML Regional Director for Children and Family Services
	▪ Develop a framework for further assessment	DML will contribute to the national development of a framework for further assessment.	Q2	DML Regional Director for Children and Family Services
	Re-enforce consistent, objective, evidence-based initial and core assessments which clearly assess the level of risk: ▪ Review the implementation of Phase 1 of the standard business process which include implementation of a standardised initial assessment	DML will participate in the review of the implementation of Phase 1 of the standard business process which includes implementation of a standardised initial assessment.	Q2	DML Regional Director for Children and Family Services
	▪ Implementation of Phase 2 of the standard business process	DML will co-operate with the implementation of Phase 2 of the standard business process as directed by the national office.	Q3	DML Regional Director for Children and Family Services
	▪ * Complete the implementation of the recommendations of 2007 *Report on Treatment Services for Persons who Exhibited Sexually Harmful Behaviour*	DML, in line with national direction, will complete the implementation of the recommendations of 2007 *Report on Treatment Services for Persons who Exhibited Sexually Harmful Behaviour.*	Q4	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Revise and implement consistent child protection procedures in line with revised national guidelines Children First / contd.	▪ * Review and evaluate the **out of hours** pilot sites	DML will review and evaluate access to the out of hours services and the emergency place of safety services where applicable.	Q1	DML Regional Director for Children and Family Services
	▪ * Analysis and identification of best practice of addiction services for children nationwide	DML will work with the national office to review and identify best practice in addition services for children in DML.	Q3	DML Regional Director for Children and Family Services
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:** ▪ Design an implementation plan based on the recommendations from the review of capacity within the alternative care services	DML will work with the National Office to design an implementation plan based on the recommendations from the review of capacity within the alternative care services.	Q1	DML Regional Director for Children and Family Services
	▪ Develop a Corporate Parenting Strategy for children and family services	DML will work with the national office to develop a Corporate Parenting Strategy for Children & Family Services.	Q4	DML Regional Director for Children and Family Services
	▪ Establish, in partnership with advocacy agencies, four regional forums for children and young people in care	DML will work with the national office to establish, in partnership with advocacy agencies, a regional forum for children and young people in care	Q3	DML Regional Director for Children and Family Services
	Ensure that there is up to date, timely, and accurate data on the number and circumstances of all children in the care system: ▪ Continue project on Management Information Framework including the development of appropriate performance indicators	DML will work with the National Office to ensure that timely accurate data is collected and that appropriate PIs are agreed.	Q4	DML Regional Director for Children and Family Services
	▪ Select and procure a national case management information system (the national childcare information system)	DML will contribute to the nationally agreed plan to select and procure a national case management information system (the national child care information system)	Q3	DML Regional Director for Children and Family Services
	▪ Prepare the service for the introduction of the national childcare information system	DML will prepare the service for the introduction of the national child care information system	Q3	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Complete a series of reforms necessary to provide a comprehensive range of high quality services for children in care / contd.	*** Complete the reform and modernisation of the special care service and associated therapeutic interventions:** ▪ Establish a national therapeutic team for children in care and detention	DML will contribute to the establishment of a national therapeutic team for children in care and detention.	Q2	DML Regional Director for Children and Family Services
	▪ Establish a national forensic mental health team for children at risk	DML will contribute to establishment of a national forensic mental health team for children at risk.	Q2	DML Regional Director for Children and Family Services
	Ensure efficient and effective liaison with the new adoption authority by establishing a **strategic planning forum** with the Adoption Authority	DML will ensure efficient and effective regional liaison with the national office to facilitate the establishing of a **strategic planning forum** with the Adoption Authority by the National Office.	Q2	DML Regional Director for Children and Family Services
	Introduce and implement procurement process for high tariff alternative care placements	DML will participate in a national procurement process for high tariff alternative care placements.	Q3	DML Regional Director for Children and Family Services
	* Monitor implementation of the HSE **aftercare policy**	Monitor implementation of the HSE **aftercare policy**	Q3	DML Regional Director for Children and Family Services
	Ensure that homeless children are given full access to children and family services under the *Child Care Act 1991*: ▪ Revise policy on Section v of the *Child Care Act 1991* implemented	DML will implement a national policy on Section V of the Child Care Act 1991 in line with national direction.	Q1	DML Regional Director for Children and Family Services
	▪ Implement a policy on the use of accommodation options and on the use of and assessment criteria on supported lodgings providers	DML will implement the national policy on the use of accommodation options and on the use of relevant assessment and approval criteria for supported lodgings providers.	Q3	DML Regional Director for Children and Family Services
	▪ * Project plan for archiving records of all children in care	DML will participate in implementing the project plan for archiving records of all children in care.	Q3	DML Regional Director for Children and Family Services
	▪ * Exit interview conducted with children leaving or changing care placements	DML will work on the development of exit interviews with children leaving care or changing care placements in line with national directives	Q3	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Complete a series of reforms necessary to provide a comprehensive range of high quality services for children in care / contd.	▪ * Data collection regarding children from ethnic minority backgrounds commenced	Under national direction DML will participate in data collection in respect of children from ethnic minority backgrounds.	Q3	DML Regional Director for Children and Family Services
Promote effective multidisciplinary shared practice and efficient community engagement	**Take forward consistent family support arrangements as per the Family Support Action plan:** ▪ Develop a national and local commissioning strategy for community / voluntary sector	In line with national directives DML will implement an appropriate local commissioning strategy of community/voluntary services sector.	Q4	DML Regional Director for Children and Family Services
	▪ Develop a community-based prevention and early intervention strategy	DML will develop a community-based prevention and early intervention strategy in line with an agreed national model.	Q2	DML Regional Director for Children and Family Services
	▪ * Commission additional counselling services for survivors of abuse	DML will comply with the national directive to commission additional counselling services for survivors of abuse	Q3	DML Regional Director for Children and Family Services
	▪ Commence the establishment of partnership with advocacy agencies, four regional care forums for children and young people	DML will, in partnership with relevant advocacy agencies, commence the establishment of a regional forum for children and young people.	Q4	DML Regional Director for Children and Family Services
	Continue to support the children's services committees and contribute to the departmental review of future initiatives in this area	Continue to support the children's services committees and contribute to the departmental review of future initiatives in this area	Q4	DML Regional Director for Children and Family Services
	Implement the *National Standards for Pre-School Services* in a cross-departmental and cross-agency manner: ▪ Develop an Early Years framework inspection model for inspection of Early Childhood Care and Education (ECCE) settings in collaboration with DES Inspectorate (Field Study)	DML will implement an Early Years framework inspection model for inspection of ECCE settings in collaboration with DES Inspectorate (Field Study)	Q3	DML Regional Director for Children and Family Services
	▪ Develop and implement national agreed standard operating policies / procedures with related business processes for the Early Years Inspectorate	DML will implement National agreed Standard Operating Policies/Procedures with related Business Processes for the Early Years Inspectorate.	Q4	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Promote effective multidisciplinary shared practice and efficient community engagement / contd.	▪ Continue phased implementation of the Pre-School Standards	DML will continue phased implementation of the Pre-School Standards under national direction.	Q4	DML Regional Director for Children and Family Services
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	DML will co operate with the Development of 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.	Q4	DML Regional Director for Children and Family Services
	▪ Develop court practice and procedure skills training	DML will work with the national training office to develop and implement Court Practice and Procedure Skills training.	Q4	DML Regional Director for Children and Family Services
	▪ Review of the National Child and Family Services Staff Supervision Policy (2009). Develop an implementation framework of standardised supervision	DML will contribute to the review of the National Child and Family Services Staff Supervision Policy (2009), and the development of an Implementation Framework for standardised supervision.	Q4	DML Regional Director for Children and Family Services
	▪ Implement rotation of social workers across childcare, child protection and welfare teams where appropriate	DML will ensure optimum deployment including rotation of social workers across children in care, child protection and child welfare teams.	Q3	DML Regional Director for Children and Family Services
	▪ Deliver training for supervisors and supervisees	DML will deliver training for supervisors and supervisees.	Q4	DML Regional Director for Children and Family Services
	▪ Deliver leadership development training to 17 Children and Family Managers and senior staff	DML will participate in the development and training for the 17 newly appointed Children and Family Managers and senior staff	Q4	DML Regional Director for Children and Family Services
	▪ Establish a probationary year of limited caseload, supervision and support for newly qualified social workers	DML will introduce mandatory probationary year of limited caseload, supervision and support for newly qualified social workers in place in line with national directives.	Q1	DML Regional Director for Children and Family Services
	▪ Enhance practice placement supports for social work students	DML will review and amend current practice placements arrangements in order to optimise supports for social work students.	Q1	DML Regional Director for Children and Family Services

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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 ▪ Progress transition arrangements with DCYA	DML will participate in progressing transition arrangements.	Q1	DML Regional Director for Children and Family Services
	▪ Develop a services delivery model	DML will contribute to the development of a services delivery model	Q1	
	▪ Carry out a census of staff and resources	DML will co-operate with the completion of a census of staff and resources.	Q1	
	▪ Develop an organisational design at regional and local level	DML will contribute to organisational design at local, regional and national level under national guidance.	Q1	
	▪ Review the change programme in line with the framework of the new agency	DML will review the change programme in line with the framework of the new agency.	Q1	
	▪ Participate in the development of management structure and corporate governance	DML will participate in the development of management structure and corporate governance.	Q1	

** Denotes implementation of actions arising from the Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009 and the Commission to Inquire into Child Abuse.*

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
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	New PI	New PI. Baseline to be set in DML 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	New PI	New PI. Baseline to be set in DML in 2012
Child Protection – Child Abuse i). No. of referrals of child abuse and welfare concerns	To be reported in 2011	New PI	Demand-led
ii). % of referrals of child abuse where a preliminary enquiry took place within 24 hours	---	New PI	78%
iii). % of referrals which lead to an initial assessment	New PI	New PI	Demand-led
iv). % of these initial assessments which took place within 21 days of the referral	100%	New PI	New PI. Baseline to be set in DML in 2012
v). % of initial assessments which led to the child being listed on the Child Protection Notification System (CPNS)	New PI	New PI	Demand-led

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Family Support Services No. of children referred during the reporting period	New PI	New PI	New PI. Baseline to be set in DML in 2012
No. of families in receipt of a family support service at the end of the reporting period	New PI	New PI	New PI. Baseline to be set in DML in 2012
Residential and Foster Care No. and % of children in care by care type	1,580	1,596	1,676
i). Special Care	<0.2%	0.6%	<0.4%
ii). High Support	<0.5%	0.3%	0.3%
iii). Residential General Care (Note: Include special arrangements)	<6.3%	10%	8%
iv). Foster care (not including day fostering)	60%	58.1%	60%
v). Foster care with relatives	30%	29%	30%
vi). Other care placements	3%	2.1%	2.1%
No and % of children in private residential care (Note: Include special arrangements)	New PI	New PI	New PI. Baseline to be set in DML in 2012
No and % of children in foster care private	New PI	New PI	New PI. Baseline to be set in DML in 2012
No. of children in single care residential placements	---	5	
No. of children in residential care age 12 or under	---	22	
No. of children in care in third placement within 12 months (all care types)	---	45	
Children in Care in Education i). No. of children in care aged 6 to 16 inclusive	New PI	1,149	1,206
ii). No. and % of children in care between 6 and 16 years, in full time education	---	1,125 97.9%	100%
Allocated Social Workers No. and % of children in care who have an allocated worker at the end of the reporting period:	100%	91.8%	100%
i). No. and % of children in special care	100%	100%	100%
ii). No. and % of children in high support	100%	100%	100%
iii). No. and % of children in residential general care	100%	100%	100%
iv). No. and % of children in foster care	100%	90.6%	100%
v). No. and % of children in foster care with relatives	100%	91.1%	100%
vi). No. and % of children in other care placements	100%	90.9%	100%

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
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%	92.5%	100%
i). No. and % of children in special care	100%	100%	100%
ii). No. and % of children in high support	100%	100%	100%
iii). No. and % of children in residential general care	100%	98.8%	100%
iv). No. and % of children in foster care	100%	91.6%	100%
v). No. and % of children in foster care with relatives	100%	92.0%	100%
vi). No. and % of children in other care placements	100%	90.9%	100%
Foster Carer Total no. of foster carers	New PI	935	962
No. and % of foster carers approved by the foster care panel	New PI	763 81.6%	854
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	---	New PI	New PI. Baseline to be set in DML in 2012
No. and % of approved foster carers with an allocated worker	100%	664 87.0%	100%
Children and Homelessness No. of children placed in youth homeless centres / units for more than four consecutive nights (or more than 10 separate nights over a year)	New PI	New PI	New PI. Baseline to be set in DML in 2012
No. and % of children in care placed in a specified youth homeless centre / unit	New PI	New PI	New PI. Baseline to be set in DML in 2012
Out of Hours No. of referrals made to the Emergency Out of Hours Place of Safety Service	New PI	69	72
No. of children placed with the Emergency Out of Hours Placement Service	New PI	45	47
No. of nights accommodation supplied by the Emergency Out of Hours Placement Service	New PI	80	120
Early Years Services No. of notified early years services in operational areas	---	1,315	1,315
% early years services which received an inspection	---	55.8%	100%
No. and % of early years services that are fully compliant	New PI	New PI	New PI. Baseline to be set in DML in 2012

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
No. of notified full day early years services	New PI	489	489
% of full day services which received an annual inspection	---	New PI	100%
No. of early years services in the operational areas that have closed during the quarter	New PI	New PI	Demand-led
No. of early years services 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

Palliative Care

Introduction

Palliative care is an approach that improves the quality of life of patients and their families, facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment, and treatment of pain and other physical, psychosocial, and spiritual problems. 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.

Resources

Finance		2011 Budget €m	2012 Budget €m
	Total	**33.427**	**30.457**
WTE		Start January 2012	
	Total	**526**	

Within DML Palliative Care Services are provided through a mix of statutory and non statutory agencies with a very high degree of co-operation between the two.

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.

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. In 2012 we will progress actions to meet these goals.

Given the cost pressure within the Palliative Care Services in DML during 2012 the priority will be to maximize the available resource to reduce the impact on patients.

In conjunction with the priorities outlined in the National Service Plan for this care group, the DML Regional Priorities for 2012 for *Palliative Care* are to:

- Expand the provision of **specialist palliative care services for adults** within existing resources.
- Progress the development of **paediatric palliative care** services.
- Work with the 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	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Specialist Palliative Care Services – Inpatient Unit	Plan for the development of the Specialist Inpatient Units in Kerry and Waterford	Not relevant to DML	Q4 into 2013	N/A
	Develop specialist palliative care outpatient community nursing at St. Francis' Hospice, Blanchardstown, including the provision of services to patients with non-malignant disease	Not relevant to DML	Q4	N/A
Paediatric Palliative Care	Progress the implementation of recommendations in the national policy document *Palliative Care for Children with Life-Limiting Conditions in Ireland (2009)*: ▪ Implement the national Education and Governance Framework for outreach nurses for children with life-limiting conditions	Complete the process of appointment of identified outreach nursing posts for DML	Q1	DML Lead Area Manager for Palliative Care
	▪ Complete the national needs assessment for respite facilities for children with life-limiting conditions, and their families, in each HSE region	Completed	Q2	DML Lead Area Manager for Palliative Care
	▪ 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	DML will engage with the National process on this action	Q4	DML Lead Area Manager for Palliative Care
	▪ Develop a national dataset for children with life-limiting conditions	DML will engage with the National process on this action	Q3	DML Lead Area Manager for Palliative Care
	▪ Develop a strategic plan for a children's 'Hospice at Home' service model	Collaborate accordingly	Q4	DML Lead Area Manager for Palliative Care
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	DML will engage with the National process on this action. Following national sign off DML will commence implementation	Q1	DML Lead Area Manager for Palliative Care
	Establish and implement a benchmark for time from referral of patient to specialist palliative care services first point of contact	DML will engage with the National process on this action	Q3	DML Lead Area Manager for Palliative Care
	Develop a national referral form for specialist palliative care services	DML will engage with the National process on this action	Q2	DML Lead Area Manager for Palliative Care
	Develop a systematic process of assessment of need, resulting in the development of care plans for people with life-limiting conditions	DML will engage with the National process on this action	Q4	DML Lead Area Manager for Palliative Care

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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	DML will engage with the National process on this action	Q3	DML Lead Area Manager for Palliative Care
	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	Collaborate accordingly	Q4	DML Lead Area Manager for Palliative Care
	Complete business plan and develop implementation strategy for optimal redeployment of existing resources to meet the palliative care needs of patients	Collaborate accordingly	Q4	DML Lead Area Manager for Palliative Care
Generalist and Specialist Palliative Care in the Community	Develop and implement evidence-based guidelines and clinical pathways for generalist and specialist palliative care practitioners	Collaborate accordingly	Ongoing	DML Lead Area Manager for Palliative Care
	Develop and implement guidelines and pathways to improve out of hours services	DML will engage with the National process on this action	Q4	DML Lead Area Manager for Palliative Care
Palliative Care in the Hospital Setting	Undertake a national review of the criteria and function of palliative care support beds in order to determine optimal local configuration and development of these beds	DML will engage with the National process on this action and liaise with local services regarding implementation	Q3	DML Lead Area Manager for Palliative Care
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	DML Project to be progressed	Ongoing	DML Lead Area Manager for Palliative Care
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	Services in DML will engage to ensure that all appropriate staff training is accessed	Ongoing	DML Lead Area Manager for Palliative Care
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	DML reps will work with Clinical Care Programmes to facilitate developments in this area	Q4	DML Lead Area Manager for Palliative Care
	Promote the importance of involving families and carers in decisions about care through advance care planning and needs assessment processes	DML reps will work with Clinical Care Programmes to facilitate developments in this area	Ongoing	DML Lead Area Manager for Palliative Care

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Involving Patients and their Families / contd.	Provide organisations with readily available information on local palliative care services	DML reps will work with Clinical Care Programmes to facilitate developments in this area	Q1	DML Lead Area Manager for Palliative Care
	Provide organisations with information on how to access bereavement support services	DML reps will work with Clinical Care Programmes to facilitate developments in this area	Q3	DML Lead Area Manager for Palliative Care
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	DML will engage fully with the national processes to develop these measures	Q3	DML Lead Area Manager for Palliative Care
	▪ Outpatient services		Q4 into 2013	DML Lead Area Manager for Palliative Care
	▪ Bereavement services		Q1	DML Lead Area Manager for Palliative Care
	Strengthen the mechanisms for the collection and analysis of data to support the development and evaluation of palliative care services		Ongoing	DML Lead Area Manager for Palliative Care

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Waiting Times Inpatient i) Specialist palliative care inpatient bed within 7 days	National = 92%	83%	83%
ii) Specialist palliative care inpatient bed within 1 month	95%	96%	96%
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)	National = 78%	82%	82%
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)	99%	99%	99%
Inpatient Units No. of patients in receipt of treatment in specialist palliative care inpatient units	96	108	108
No. of admissions to specialist palliative care inpatient units	727	833	833
No. of discharges, transfers from the specialist palliative care Inpatient unit i). Discharges	84	61	61
ii). Transfers	420	228	228
iii). Deaths *	---	427	---

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Community Home Care No. of patients in receipt of specialist palliative care in the community	618	653	653
Day Care No. of patients in receipt of specialist palliative day care services	74	87	87
Community Hospitals No. of patients in receipt of care in designated palliative care support beds	53	56	56
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	45	54	54
ii). Specialist palliative care services in the community (home care)	154	170	170

NB: it is planned to develop additional indicators during the year as the palliative care clinical programme is implemented.

* Outturn 2011 is actual number as reported in October 2011 Performance Report

Social Inclusion

Introduction

Social Inclusion focuses on addressing health inequalities through the provision of specific targeted services, supporting enhanced responsiveness of mainstream services and facilitating partnership and inter-sectoral working. In parallel, mechanisms for empowerment and greater participation in designing, planning, monitoring and decision making for marginalised groups and communities are put in place alongside provision of appropriate support for staff.

Resources

Finance		2011 Budget €m	2012 Budget €m
	Total	55.508	51.985
WTE		Start January 2012	
	Total	271	

Poverty and social exclusion have a direct impact on the health and well being of the population. Vulnerable and / or people at risk may be unable to access and utilise health services in a fair manner. In response to the needs of this diverse population, services are provided either directly or through funding to non-governmental organisations, community and voluntary sector.

In 2012 we will progress initiatives to ensure that people in low socio-economic groupings or those affected by a range of social exclusion issues can access and use health and personal social services when they need them.

The HSE National Priorities for 2012 for *Social Inclusion* are to:

- 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).
- 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 ***The Way Home – A Strategy to Address Adult Homelessness in Ireland*** 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.

DML will work collaboratively with all relevant stakeholders to deliver on the above National priorities, as appropriate, for 2012.

In addition to the HSE National Priorities, the DML Regional Priorities for 2012 for *Social Inclusion* are to:

- Participate in the implementation of Homeless action plans by the Regional Homeless Consultative Forums located in Kildare, Wicklow and Laois/Offaly.
- Participate in the implementation of the Dublin Regional Homeless Consultative Forum's action plan – Pathway to Home.
- Ensure that all clients in homeless accommodation have a care plan / key worker system.
- Ensure that the hospital discharge protocol for homeless persons is reviewed.
- Assist in the development of a Framework to roll out the All Ireland Traveller Health Study (A.I.T.H.S) and the development of close links between Primary Care Teams and the Traveller Primary Health Care Projects so as to improve access to mental health and addiction services.

- Work with the addiction Geo mapping project to ensure that there is relevant information on the Travelling community as part of improving access to primary care services.
- Assist Travellers in the region to attend National Screening Programmes, Breast Check, Cervical Smear and Blood Pressure testing.
- Scope the need for medical services for the Roma Gypsy population in the Greater Dublin area.
- Progress the development of the Ethnic Identifier in the new Child and Adolescent Mental Health facility on the Cherry Orchard Campus.
- Deliver Methadone treatment to approximately 4,900 persons in the community.
- Assist in the enhancement of clinical guidelines for the treatment of opioid addiction.
- Enable addiction projects in the region to be more QuADS compliant.

Key Result Areas

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
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	DML Reps will participate in National Working Group	Q1	Lead LHM for Social Inclusion / Area Operations Manager
	▪ 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	DML Reps will participate in National Working Group	Ongoing	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Produce a quarterly analysis report on Methadone Waiting list	DML Reps will assist in provision of data	Ongoing	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Produce a quarterly analysis report on exits from the Methadone Treatment list	DML Reps will assist in the gathering of data	Q2-Q4	Lead LHM for Social Inclusion / Area Operations Manager

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Addiction Services / contd.	Implement *Report of 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	DML Reps will assist in the development of focus groups as part of the analysis	Q4	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Measure client care plan progression over the course of 2012	DML Reps will assist in the gathering of data	Q4	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Identify the barriers that hinder care planning / case management at the systemic and individual client level	DML Reps will provide relevant data	Q4	Lead LHM for Social Inclusion / Area Operations Manager
	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	DML Reps will participate in National Working Group	Q1	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Implement Quality Standards (Quality in Addiction and Drug Services, QuADS) in both the statutory and voluntary-managed addiction services	DML Reps will work with and assist National groups	Ongoing	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Conduct an effectiveness review exercise on all current forms of needle exchange provision currently funded by the HSE	Audit of new services will be conducted	Q4	Lead LHM for Social Inclusion / Area Operations Manager
	▪ Launch an Alcohol Public Education / Awareness Campaign	DML Reps will work with National campaign to roll out locally	Q1	Social Inclusion Specialist / Area Operations Manager
	▪ Further develop web based information and awareness systems for addiction	DML Reps will work with National Unit to implement in services locally	Q4	Lead LHM for Social Inclusion / Area Operations Manager

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Addiction Services / contd.	▪ 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)	DML will assist in providing information for Health Atlas	Q3	Lead LHM for Social Inclusion / Area Operations Manager / Social Inclusion Specialist
Homelessness	Implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners ▪ 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	DML Reps will assist in the establishment of care pathways through Service Arrangements	Ongoing	Social Inclusion Specialist / Acting Social Inclusion Manager
	▪ 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	DML Reps will monitor this via the Service Arrangements process	Ongoing	Social Inclusion Specialist / Acting Social Inclusion Manager
	▪ 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	DML will co-operate with this process.	Q2	Social Inclusion Specialist / Acting Social Inclusion Manager
Intercultural Health	Implement recommendations from the HSE *National Intercultural Health Strategy:* ▪ Enhance accessibility, improve data and support staff in ensuring culturally competent service delivery	DML Reps will work with National Group to implement work.	Ongoing	Manager for Social Inclusion / Social Inclusion Specialist
	▪ Extend the roll-out of the ethnic identifier to capture key health information of minority ethnic groups in each HSE region	DML will implement in two sites in DML – as pilots	Q2	Lead LHM for Social Inclusion / Social Inclusion Specialist
	▪ Develop a national database to support staff in accessing and developing appropriate translated health related material	DML Reps will assist in the provision of information to the National Group	Q4	Manager for Social Inclusion / Social Inclusion Specialist

Key Result Area	National Deliverable Output 2012	DML Deliverable Output 2012	Target Completion Quarter	Owner
Traveller Health	Progress delivery of recommendations in the *All-Ireland Traveller Health Study,* with particular reference to those priority areas identified such as mental health, suicide, men's health, addiction / alcohol, domestic violence, diabetes and cardiovascular health	DML Lead National Group to deliver recommendations both regionally and nationally.	Ongoing	DML Lead for Social Inclusion / Social Inclusion Specialist
LGBT Health	Finalise and launch *Health Strategy and Action Plan* for LGBT people	DML Reps to assist the completion of the information.	Q1	Lead LHM for Social Inclusion / Social Inclusion Specialist
	Develop LGBT health specific actions in respect of identified priority areas such as transgender health, mental health and lesbian health	DML Reps to disseminate information and request services to develop frameworks for actions required	Q4	Lead LHM for Social Inclusion / Social Inclusion Specialist
National Hepatitis C Strategy	Implement prioritised, resource neutral recommendations of HSE *National Hepatitis C Strategy* once published	DML will assist with local framework for the delivery of service recommendations in the Hepatitis C strategy	Q2-Q4	Lead LHM for Social Inclusion / Social Inclusion Specialist
HIV / AIDS	Deliver a social marketing campaign on HIV prevention and decrease in the rate of HIV infections	DML will assist in the delivery of appropriate material to client group at risk of HIV	Q4	Lead LHM for Social Inclusion / Social Inclusion Specialist

Performance Activity and Performance Indicators – HSE Dublin Mid-Leinster

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
Methadone Treatment No. of clients in methadone treatment (outside prisons)	4,900	4,948	4,950
No. of clients in methadone treatment (prisons)	National = 500	National = 564	National = 520
Substance Misuse No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	National = 100%	228 92.9%	National = 1,260 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	100%	24 100%	24 100%
Homeless Services No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	New PI for 2011 75%	483 73.9%	483
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	National = 80%

	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
	DML	DML	DML
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	National = 80%
Needle Exchange No. of pharmacists recruited to provide Needle Exchange Programme	---	New PI for 2012	National = 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 - approx 350 in DML

National Performance Indicator and Activity Suite

Promoting and Protecting Health				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Immunisations and Vaccines % children (aged 12 months) who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	AND HP Quarterly	95%	90%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV_2)		95%	89%	95%
% children at 12 months of age who have received two doses of the Meningococcal group C vaccine ($MenC_2$)		95%	89%	95%
% children (aged 24 months) who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)		95%	95%	95%
% children (aged 24 months) who have received 3 dose Meningococcal C ($MenC_3$) vaccine		95%	95%	95%
% children (aged 24 months) who have received 1 dose Haemophilus influenzae type B (Hib) vaccine		New PI 2012	New PI 2012	95%
% children (aged 24 months) who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine		New PI 2012	New PI 2012	95%
% children (aged 24 months) who have received the Measles, Mumps, Rubella (MMR) vaccine		95%	91%	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%
% children (aged 4-5 years) who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine		New PI 2012	New PI 2012	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%
No. and % of first year girls who have received third dose of HPV vaccine by August 2012	AND HP Annually	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%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	AND HP Quarterly	New PI 2012	New PI 2012	100%
% newborn babies visited by a PHN within 48 hours of hospital discharge		95%	83%	95%
% 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	AND HP Monthly	90%	82%	95%
Tobacco Control No. of sales to minors test purchases carried out	AND EH Quarterly	80	292	216
No. of offices, per region, carrying out sales to minors test purchase activities	AND EH Bi-annually	2 per region	13	2 per region (different offices)
No. and % HSE hospital campuses with tobacco-free policy	ND Quality and Patient Safety Quarterly	New PI 2012	New PI 2012	17 34%
No. of frontline staff trained in brief intervention smoking cessation across primary care and acute campuses		New PI 2012	New PI 2012	3,521
Food Safety % of Category 1, 2 food businesses receiving inspection target as per FSAI Guidance Note Number 1	AND EH Quarterly	100%	92%	100%
Cosmetic Product Safety No. of cosmetic product inspections	AND EH Quarterly	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	AND EH Bi-annually	8	8	8

Promoting and Protecting Health				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
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)	AND EH Bi-annually	New PI for 2012	New PI for 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 for 2012	New PI for 2012	10

Primary Care, Community (Demand-Led) Schemes and other Community Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Primary Care No. of PCTs implementing structured GP Chronic Disease Management for Diabetes to incorporate the structured management of chronic diseases within this cohort of patients	AND PC Quarterly	New PI for 2012	New PI for 2012	Dependent upon timing of commencement of programme
No. of Health and Social Care Networks in operation	AND PC Monthly	New PI for 2012	New PI for 2012	50
No. of Health and Social Care Networks in development		New PI for 2012	New PI for 2012	79
% of Operational Areas with community representation for PCT and Network Development	ND Quality and Patient Safety Quarterly	New PI for 2012	New PI for 2012	17 100%
GP Out of Hours No. of contacts with GP out of hours	AND PCRS Monthly	968,000	957,126	957,126
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	AND PC Monthly	New PI for 2012	New PI for 2012	169,006
Health Care Associated Infection: Antibiotic Consumption Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	ND Quality and Patient Safety Bi-annually	New PI for 2012	21.7 (Q2 data)	21
Orthodontics No. of patients receiving active treatment during reporting period	National Lead Oral Health Quarterly	18,000	13,777	13,777
No. of patients in retention during reporting period		Disaggregated in 2011	3,466	3,466
No. of patients who have been discharged with completed orthodontic treatment during reporting period		2,000	1,423	1,423
Community (Demand-Led) Schemes: Performance Activity				
Medical and GP Visit Cards No. persons covered by Medical Cards	AND PCRS Monthly	1,779,585	1,733,126	1,838,126
(Incl. no. persons covered by discretionary Medical Cards)		80,502	76,644	85,000
No. persons covered by GP Visit Cards		138,816	132,097	204,482
(Incl. no. persons covered by discretionary GP Visit Cards)		17,423	16,904	20,000
Long Term Illness No. of claims	AND PCRS Monthly	978,111	825,255	844,241
No. of items		3,178,861	2,731,595	2,794,437
Drug Payment Scheme No. of claims	AND PCRS Monthly	3,836,264	3,187,303	2,726,939
No. of items		11,355,342	9,880,639	8,453,510
GMS No. prescriptions	AND PCRS Monthly	20,364,442	20,336,688	22,154,661
No. of items		63,076,913	57,146,092	61,589,957
No. of claims – Special items of Service		740,274	863,736	859,123
No. of claims – Special Type Consultations		1,098,668	1,108,649	1,074,340

Primary Care, Community (Demand-Led) Schemes and other Community Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
HiTech No. of claims	AND PCRS Monthly	435,345	428,994	452,267
DTSS No. of treatments (above the line)	AND PCRS Monthly	968,784	961,500	1,164,805
No. of treatments (below the line)		53,916	41,989	50,867
No. of patients who have received treatment (above the line)		New PI 2011	---	To be reported during 2012
No. of patients who have received treatment (below the line)		New PI 2011	---	To be reported during 2012
Community Ophthalmic Scheme No. of treatments	AND PCRS Monthly	715,455	708,862	739,579
i). Adult		652,186	648,889	677,007
ii). Children		63,269	59,973	62,572
Community (Demand-Led) Schemes: Performance Indicators				
Medical Cards % of Medical Cards processed which are issued within 15 working days of complete application	AND PCRS Quarterly, reporting commencing Q2	---	---	90%
Median time between date of complete application and issuing of Medical Card		---	---	Baseline to be set in 2012 (for reporting from Q2)
GP Visit Cards % of GP Visit cards processed which are issued within 15 working days of complete application	AND PCRS Quarterly, reporting commencing Q2	---	---	90%
Median time between date of complete application and issuing of GP Visit Card		---	---	Baseline to be set in 2012 (for reporting from Q2)

Hospital Services: Clinical Programmes New Performance Indicators 2012		
Performance Indicators	Reported By and Frequency	Target 2012
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	Clinical Lead Monthly	95%
Medical patient average length of stay		5.8
ED % of all patients arriving by ambulance wait < 20 mins for handover to doctor / nurse	Clinical Lead Monthly	95%
% of new ED patients who leave before completion of treatment		< 5% of new patient attendances
% of patients spending less than 24 hours in Clinical Decision Unit		95%
Stroke % acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	Clinical Lead Bi-annually, commencing Q4	50%
% of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis		At least 7.5%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit		50%
Heart Failure Rate (%) re-admission for heart failure within 3 months following discharge from hospital	Clinical Lead Quarterly Commencing Q3	27%
Median LOS and bed days for patients admitted with principal diagnosis of acute decompensated heart failure	Clinical Lead Quarterly Commencing Q1	7 days
% patients with acute decompensated heart failure who are seen by HF programme during their hospital stay	Clinical Lead Quarterly Commencing Q3	65%

Hospital Services: Clinical Programmes New Performance Indicators 2012		
Performance Indicators	Reported By and Frequency	Target 2012
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	Clinical Lead Quarterly Commencing Q3	50%
% reperfused STEMI patients (or LBBB) who get timely a) PPCI or b) thrombolysis		70% 70%
Median LOS and bed days for a) STEMI b) Non-STEMI pts	Clinical Lead Quarterly Commencing Q1	4 6.5
COPD Mean and median LOS (and bed days) for patients with COPD	Clinical Lead Quarterly	1 day reduction in AVLOS in sites with COPD outreach by end 2012
% re-admission to same acute hospitals of patients with COPD within 90 days		Reduce rate by 15% in hospitals with COPD outreach progs; all other acute hospitals with AMU / AMAU by 5%
No. of acute hospitals with COPD outreach programme	Clinical Lead Bi-annually	15 programmes
% of acute hospitals and Operational Areas with access to Pulmonary Rehabilitation Programme		25%
Asthma % nurses in primary and secondary care who are trained by national asthma programme	Clinical Lead Annually	90%
No. of asthma bed days prevented annually		1,258
No. of deaths caused by asthma annually		55
Diabetes % reduction in lower limb amputation from Diabetes	Clinical Lead Annually	40%
% reduction in hospital discharges for lower limb amputation and foot ulcers in diabetics		40%
% of registered Diabetics invited for retinopathy screening	Clinical Lead Quarterly Commencing Q3	90%
Epilepsy % reduction in median LOS for epilepsy inpatient discharges	Clinical Lead Quarterly	10%
% reduction in no. of bed days for epilepsy inpatient discharges		10%
Dermatology OPD No. of new patients waiting > 3 months for dermatology OPD appointment	Clinical Lead Quarterly, commencing Q2	0
Referral: New Attendance ratio		Baseline to be set in 2012
Rheumatology OPD No. of new rheumatology outpatients seen per hospital per year	Clinical Lead Quarterly, commencing Q2	Baseline to be set in 2012
Referral: New Attendance ratio		
Neurology OPD Length of time patients are waiting for neurology outpatient appointment	Clinical Lead Quarterly, commencing Q2	Baseline to be set in 2012
Referral: New Attendance ratio		

Hospital Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
Performance Activity				
Discharges Activity* Inpatient	AND Acute Services	574,400	585,861	568,285
Day Case		**755,100	**755,474	732,810
% Discharges which are Public Inpatient	AND Acute Services Monthly	80%	78%	80%

Hospital Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity 2011	Projected Outturn 2011	Expected Activity 2012
Day Case		80%	85%	80%
Unscheduled Activity No. of emergency presentations	AND Acute Services	1,199,900	1,172,168	1,195,700
No. of emergency admissions		361,400	371,499	357,600
Outpatients Activity No. of outpatient attendances	AND Acute Services	3,591,700	No data available due to reclassification of metrics	To be confirmed by Q1 2012
Births Activity Total no. of births	AND Acute Services	74,200	73,490	73,216
Dialysis Modality Haemodialysis	National Renal Office Bi-annually	1,650 – 1,740	1,670	1,760 – 1,870
Home Therapies		245 – 270	245	280 – 290
Total		1,895 – 2,010	1,915	2,040 – 2,160
Performance Indicators				
ALOS Overall ALOS for all inpatient discharges and deaths	AND Acute Services Monthly	5.6	6	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days		5	4.7	4.5
Inpatient % of elective inpatients who had principal procedure conducted on day of admission		75%	49%	75%
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	AND Acute Services Monthly	New PI 2012	New PI 2012	9.6%
No. of people re-admitted to ICU within 48 hours	AND Acute Services Monthly	New PI 2012	New PI 2012	New PI 2012 Baseline to be established
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	AND Acute Services Monthly	New PI 2012	80%	95%
No. of first presentations to hospital with a primary diagnosis of development dysplasia of hip (DDH) at 1 year of age or older	AND Acute Services Quarterly	New PI 2012	New PI 2012	New PI 2012
Delayed Discharges No. of hospital delayed discharges	AND Acute Services / AND Older People Monthly	---	817	Reduce by 10%
Reduction in bed days lost through delayed discharges		New PI 2012	New PI 2012	Reduce by 10%
Day case % of day case surgeries as % of day case plus inpatients, for a specified basket of procedures	AND Acute Services Monthly	75%	72%	75%
Outpatients (OPD) An agreed set of OPD metrics will be in place and reported by Quarter 2 2012	AND Acute Services Monthly	---	Data unavailable due to reclassification of metrics in 2011	To be confirmed by Q1 2012
Births % delivered by Caesarean Section		20%	27%	20%
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy		0	0	0
No. and % of people waiting over 3 months following a referral for all gastrointestinal scopes		New PI 2012	New PI 2012	New PI 2012 $\leq$ 5%
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. New reporting being introduced in 2012 will	95% by Sept. 2012

Hospital Services				
Performance Activity / Key Performance Indicator	**Reported By and Frequency**	**Expected Activity 2011**	**Projected Outturn 2011**	**Expected Activity 2012**
			capture this data	
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%
Scheduled Care % of adults waiting > 9 months (inpatient)	AND Acute Services Monthly	New reporting time band 2012	New reporting time band 2012	0 0%
% of adults waiting > 9 months (day case)				0 0%
No. and % of children waiting > 20 weeks (inpatient)		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	AND Acute Services Quarterly	80:20	Under review, baseline to be established	80:20
Casemix adjusted public private mix by hospital for day case		80:20		80:20
Consultant Contract Compliance % of consultants compliant with contract levels by hospital type (Type B / B* / C)		100%		100%
Blood Policy No. of units of platelets ordered in the reporting period	ND Quality and Patient Safety Monthly	22,000	22,210	21,500 (3% reduction)
% of units of platelets outdated in the reporting period		< 10%	< 4.5%	< 10%
% usage of O Rhesus negative red blood cells		< 11%	< 12.9%	< 11%
% of red blood cell units rerouted to hub hospital		< 5%	< 4.4%	< 5%
% of red blood cell units returned out of total red blood cell units ordered		< 2%	< 1.1%	< 2%
Health Care Associated Infection (HCAI) Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	ND Quality and Patient Safety Quarterly	0.085	0.071 (Q2 data)	< 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	ND Quality and Patient Safety Bi-annually	76	86 (combined Q1 and Q2 data)	83
Alcohol Hand Rub consumption (litres per 1,000 bed days used)		23	22.7 (combined Q1 and Q2 data)	23
% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	ND Quality and Patient Safety Bi-annually	New PI for 2012	75%	85%
Ambulance				
First Responder response times to potential or actual 112 (999) life threatening emergency calls % of Clinical Status 1 ECHO incidents responded to by first responder in 7 minutes and 59 seconds or less	AND Ambulance Monthly	75%	49%	75%
% of Clinical Status 1 DELTA incidents responded to by first responder in 7 minutes and 59 seconds or less		75%	26%	75%
% of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		Baseline to be established	69%	80% by June 2012 85% by Dec 2012
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less		Baseline to be established	67%	80% by June 2012 85% by Dec 2012

*The actual breakdown of reductions between inpatient and day cases may vary once detailed hospital business plans are finalised
** Dublin Mid Leinster figures do not include St. Luke's day case activity

Cancer Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Symptomatic Breast Cancer Services No. of urgent attendances	NCCP Monthly	13,000	13,690	13,000
No. of non urgent attendances		26,000	24,666	25,000
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%	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%	23,750 95%
Breast Cancer Screening No. of women who attend for breast screening	NCCP Monthly	New PI for 2012	New PI for 2012	140,000
Lung Cancers No. of attendances at rapid access lung clinic	NCCP Quarterly	New PI for 2011	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	NCCP Quarterly	5	7	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	90%
Rectal Cancers No. of centres providing services for rectal cancers	NCCP Quarterly	8	13	8
Radiotherapy No. of patients who completed radiotherapy treatment for breast, lung, rectal or prostate cancer in preceding quarter	NCCP Quarterly	New PI for 2012	New PI for 2012	To be determined
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	90%

Older People Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Home Care Packages* Total no. of persons in receipt of a HCP	AND SOP Monthly	10,230	10,870	10,870
No. of HCPs provided		5,300	5,300	5,300
No. of new HCP clients		4,400	5,629	4,800
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	AND SOP Monthly	11.98m	11.20m	10.70m
No. of people in receipt of home help hours (excluding provision of hours from HCPs)		54,000	50,623	50,002
Day Care No. of day care places for older people	To be determined	Baseline to be set	National survey undertaken Q4 to inform 2012 targets	Targets to be determined
NHSS No. of people being funded under NHSS in long term residential care at end of reporting month	AND SOP Monthly	Baseline to be set	22,341	23,611
No. and proportion of those who qualify for ancillary state support who chose to avail of it		Baseline to be set	3,744	Demand-led

Older People Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
% of complete applications processed within four weeks		100%	100%	100%
Subvention and Contract Beds No. in receipt of subvention	AND SOP Monthly	Dependent on uptake of NHSS	1,300	760
No. in receipt of enhanced subvention		Dependent on uptake of NHSS	720	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	AND SOP Monthly	8,200	7,987	7,089-7,432 Minimum and maximum range
Elder Abuse No. of new referrals by region	AND SOP Quarterly	Demand-led	2,213	2,000
No. and % of new referrals broken down by abuse type: i). Physical		Baseline to be set	335 11%	---
ii). Psychological		Baseline to be set	897 30%	---
iii). Financial		Baseline to be set	587 19%	---
iv). Neglect		Baseline to be set	482 16%	---
No. of active cases		New PI for 2011	1,798	---
% of referrals receiving first response from senior case workers within four weeks		100%	100%	100%

*The outturn for the number of new HCP clients for 2011 includes additional clients funded under the €8m new development funding and clients approved following implementation of the new standard definition for HCPs in 2011. Therefore the number of new clients for 2012 is expected to be 4,800 overall and is based on turnover within existing funding.

Mental Health Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Adult Inpatient Services No. of admissions to adult acute inpatient units	AND MH Quarterly	14,908	14,163	14,163
Median length of stay		10.5	11	11
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area		88.1	83.5	77.3
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area		26.7	26.7	24.6
Acute re-admissions as % of admissions		69%	68%	68%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area		61.4	56.9	52.7
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area		24.2	24.2	22.6
No. of adult involuntary admissions		1,332	1,388	1,388
Rate of adult involuntary admissions per 100,000 population in mental health catchment area		7.86	8.2	7.6
Child and Adolescent No. of child and adolescent Community Mental Health Teams	AND MH Quarterly	54	56	57
No. of child and adolescent Day Hospital Teams		3	2	2

Mental Health Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
No. of Paediatric Liaison Teams		3	3	3
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	AND MH Monthly	220	140	140
No. of children / adolescents admitted to adult HSE mental health inpatient units* i). < 16 years ii). < 17 years iii). < 18 years	AND MH Quarterly	< 100	130 4 33 93	80 0 16 64
No. and % of involuntary admissions of children and adolescents	AND MH Annually	16 5%	16 5%	16 5%
No. of child / adolescent referrals (including re-referred) **received** by mental health services	AND MH Monthly	11,319	12,493	12,493
No. of child / adolescent referrals (including re-referred) **accepted** by mental health services		7,925	8,461	8,461
Total no. of new (including re-referred) child / adolescent referrals **offered** first appointment and seen		7,503	7,824	7,824
No. and % of new / re-referred cases offered first appointment and seen i). < 3 months		5,088 68%	5,367 61%	70%
ii). > 12 months		720 9%	623 7%	0%
No. and % of cases closed / discharged by CAMHS service		New PI 80% of accepted referrals	7,740 109%	7,740 80%
Total no. on waiting list for first appointment at end of each quarter	AND MH Quarterly	2,221 (reduce no. waiting by > 5%)	1,856	1,799 (reduce no. waiting by > 5%)
No. and % on waiting list for first appointment at end of each quarter by wait time: i). < 3 months		802 ---	646 35%	624 35%
ii). 3-6 months		570 ---	460 25%	452 25%
iii). 6-9 months		570 ---	462 25%	365 20%
iv). 9-12 months		---	New PI	358 20%
v). > 12 months		277 ---	288 16%	0
No. of suicides in arrears per CSO Year of Occurrence	NOSP Annually	New PI	506 (2008 validated)	---
No. of repeat deliberate self harm presentations in ED		1,342 1% reduction on 2010	1,348	1,348

*The Mental Health Commission Regulations recognise that there will be occasions where it is clinically necessary to admit a child to an adult unit

Disability Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	AND Disabilities Bi-annually	1,393	1,613	1,578
No. of persons with ID and / or autism benefiting from work / work-like activity services		2,731	3,084	3,084

Disability Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability		58	73	71
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services		112	138	138
No. of Rehabilitative Training places provided (all disabilities)	AND Disabilities Monthly	2,624 New PI	2,627	2,627
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)		2,915	2,991	2,991
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	AND Disabilities Bi-annually	14,077	12,430	12,430
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)		3,924	2,581	2,581
Residential Services No. of persons with ID and / or autism benefiting from residential services	AND Disabilities Quarterly	8,350	8,416	8,416
No. of persons with physical and / or sensory disability benefiting from residential services		894	708	708
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	AND Disabilities Quarterly	139,456	142,704	139,565
No. of persons with ID and / or autism benefiting from residential centre based respite services		4,681	5,115	5,115
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability		6,461	14,092	13,782
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services		2,979	1,220	1,220
Personal Assistant (PA) / Home Support Hours No. of PA / home support hours used by persons with physical and / or sensory disability	AND Disabilities Quarterly	Original Target NSP11 required reclassification due to definitional issues	1.68m	1.64m
No. of persons with physical and / or sensory disability benefiting from PA / home support hours		Original Target NSP11 required reclassification due to definitional issues	11,571	11,571
Disability Act Compliance No. of requests for assessments received	AND Disabilities Quarterly	3,006	3,305	3,636
No. of assessments commenced as provided for in the regulations		2,645	3,020	3,327
No. of assessments commenced within the timelines as provided for in the regulations		2,645	2,199	3,327
No. of assessments completed as provided for in the regulations		2,346	3,209	3,327
No. of assessments completed within the timelines as provided for in the regulations		2,346	725	3,327
No. of service statements completed		2,346	2,252	2,828
No. of service statements completed within the timelines as provided for in the regulations		2,346	1,205	2,828
Services for Children and Young People % progress towards completion of local implementation plans for progressing disability services for children and young people	AND Disabilities Bi-annually Q2 and Q4	New PI	New PI	100%

Child Protection and Welfare Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
After Care No. of young adults aged 18 to 21 in receipt of an aftercare service on the last day of the reporting period	Office of ND Quarterly	New PI	---	Baseline to be established in 2012

Child Protection and Welfare Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 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	Office of ND Quarterly	New PI	---	Baseline to be established in 2012
Child Protection – Child Abuse i). No. of referrals of child abuse and welfare concerns	Office of ND Quarterly	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	Office of ND Quarterly	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
Residential and Foster Care No. and % of children in care by care type	Office of ND Monthly	5,985	6,215	6,526
i). Special Care		< 0.2%	0.3%	0.3%
ii). High Support		< 0.5%	0.5%	0.5%
iii). Residential General Care (Note: Include special arrangements)		< 6.3%	6.5%	< 7%
iv). Foster care (not including day fostering)		60%	61.2%	59%
v). Foster care with relatives		30%	28.9%	30%
vi). Other care placements		3%	2.5%	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	12	0
No. of children in residential care age 12 or under	Office of ND Quarterly	0	46	0
No. of children in care in third placement within 12 months (all care types)		0	150	0
Children in Care in Education i). No. of children in care aged 6 to 16 inclusive	Office of ND Quarterly	New PI	4,158	4,365
ii). No. and % of children in care between 6 and 16 years, in full time education	Office of ND Bi-annually	100%	4,072 97.9%	100%
Allocated Social Workers No. and % of children in care who have an allocated social worker at the end of the reporting period:	Office of ND Monthly	100%	5,789 93.1%	100%
i). No. and % of children in special care		100%	20 100%	100%
ii). No. and % of children in high support		100%	29 93.5%	100%
iii). No. and % of children in residential general care		100%	404 99.8%	100%
iv). No. and % of children in foster care		100%	3,550 93.3%	100%
v). No. and % of children in foster care with relatives		100%	1,641 91.2%	100%
vi). No. and % of children in other care placements			145	

Child Protection and Welfare Services				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
		100%	94.2%	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	Office of ND Monthly	100%	5,713 91.9%	100%
i). No. and % of children in special care		100%	20 100%	100%
ii). No. and % of children in high support		100%	29 93.5%	100%
iii). No. and % of children in residential general care		100%	391 96.5%	100%
iv). No. and % of children in foster care		100%	3,524 92.6%	100%
v). No. and % of children in foster care with relatives		100%	1,614 89.7%	100%
vi). No. and % of children in other care placements		100%	133 86.4%	100%
Foster Carer Total no. of foster carers	Office of ND Quarterly	New PI	4,060	4,263
No. and % of foster carers approved by the foster care panel		New PI	3,391 83.5%	3,837 90%
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%	3,046 89.8%	100%
Children and Homelessness No. of children placed in youth homeless centres / units for more than four consecutive nights (or more than 10 separate nights over a year)	Office of ND Annually (Q4)	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	Office of ND Quarterly	New PI	377	395
No. of children placed with the Emergency Out of Hours Placement Service		New PI	257	270
No. of nights accommodation supplied by the Emergency Out of Hours Placement Service		New PI	523	549
Early Years Services No. of notified early years service in operational areas	Office of ND Quarterly	4,461	4,841	4,841
% of early years services which received an inspection	Office of ND Monthly	100%	59.0%	100%
No. and % of early years services that are fully compliant	Office of ND Quarterly	New PI	---	Baseline to be established in 2012
No. of notified full day early years services		New PI	1,569	1,569
% of full day services which received an annual inspection		100%	---	100%
No. of early years services in the operational area that have closed during the quarter		New PI	---	Demand-led
No. of early years service complaints received		New PI	---	Demand-led
% of complaints investigated		100%	---	100%
No. of prosecutions taken on foot of inspections in the quarter		New PI	---	Demand-led

Palliative Care				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Waiting Times Inpatient: i) Specialist palliative care inpatient bed within 7 days	AND Acute Services Monthly	92%	91%	91%
ii) Specialist palliative care inpatient bed within 1 month		98.2%	98%	98%
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)	AND Acute Services Monthly	78%	79%	79%
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)		98%	97%	97%
Inpatient Units No. of patients in receipt of treatment in specialist palliative care inpatient units	AND Acute Services Monthly	326	349	349
No. of admissions to specialist palliative care inpatient units		2,617	2,865	2,865
No. of discharges, transfers from the specialist palliative care inpatient unit i). Discharges		277	148	148
ii). Transfers		1,486	970	970
iii). Deaths*		---	1,389	---
Community Home Care No. of patients in receipt of specialist palliative care in the community	AND Acute Services Monthly	2,851	3,026	3,026
Day Care No. of patients in receipt of specialist palliative day care services	AND Acute Services Monthly	277	320	320
Community Hospitals No. of patients in receipt of care in designated palliative care support beds	AND Acute Services Monthly	125	154	154
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	AND Acute Services Monthly	120	174	174
ii). Specialist palliative care services in the community (home care)		605	645	645

* Outturn 2011 is actual number as reported in October 2011 Performance Report

Social Inclusion				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Methadone Treatment No. of clients in methadone treatment (outside prisons)	National Lead SI Monthly	8,500	8,622	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	National Lead SI Quarterly	--- 100%	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%	86 100%	105 100%
Homeless Services No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	National Lead SI Quarterly	New PI for 2011 75%	1,346 81%	1,346 75%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week	National Lead SI Quarterly, commencing Q2	---	New PI for 2012	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%

Social Inclusion				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Needle Exchange No. of pharmacies recruited to provide Needle Exchange Programme	National Lead SI Bi-annually Q1 and Q4	---	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	National Lead SI Bi-annually	---	New PI for 2012	1,650

Governance				
Performance Activity / Key Performance Indicator	Reported By and Frequency	Expected Activity / Target 2011	Projected Outturn 2011	Expected Activity / Target 2012
Quality and Patient Safety Audit Service (QPSAS) % of QPSAS audits commenced as specified in annual QPSAS strategic plan	ND Quality and Patient Safety Quarterly	100%	100%	100%
% of QPSAS audits completed within the timelines agreed in approved QPSAS audit plans		75%	85%	90%
% of audit recommendations from final QPSAS audit reports tracked within timelines		New PI 2012	New PI 2012	100%
% of QPSAS audits incorporating structured service user involvement		New PI 2012	New PI 2012	50%
Service Level Agreements Agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place: i). % of agencies	AND ISD Quarterly	100%	99%	100%
ii). % of funding		100%	99%	100%
Parliamentary Questions % of Parliamentary Questions dealt with within 15 days	ND Communications Quarterly	75%	75%	75%
Complaints % of complaints investigated within legislative timeframe	ND Quality and Patient Safety Quarterly	75%	76%	75%
Finance and HR Variance from budget under: i). I&E	AND Finance Monthly	To be reported in the Annual Financial Statements 2011		≤ 0%
ii). Income collection				≤ 0%
iii). Pay				≤ 0%
iv). Non pay				≤ 0%
v). Revenue and Capital Vote				≤ 0%
Absenteeism rates	AND HR Monthly	3.5%	4.75%	3.5%
Variance from approved WTE ceiling		≤ 0%	-0.76%	≤ 0%

Appendix 1 - Financial Information

DML Agency Budgets 2012

	Budget 2012 €m
Voluntary Providers (DML)	
Hospitals	
Children's University Hospital, Temple Street	74.450
The Adelaide & Meath Hospital, incorporating the NCH, Tallaght	162.111
Coombe Women and Infants University Hospital	44.616
Our Lady's Children's Hospital, Crumlin	120.183
St James's Hospital	297.875
St Vincent's University Hospital	189.937
St Michael's Hospital, Dun Laoghaire	23.992
National Maternity Hospital, Holles Street	40.942
Royal Victoria Eye & Ear Hospital	19.974
Hospital Total	**974.080**
Community	
National Rehabilitation Hospital	23.401
Dublin Dental School and Hospital	5.931
Leopardstown Park Hospital	10.774
Sisters Of Charity of Jesus and Mary, Moore Abbey	15.245
The Royal Hospital Donnybrook	17.832
The Drug Treatment Centre	7.610
Our Lady's Hospice	25.256
St John of God	82.087
Cheeverstown House	21.319
KARE	13.932
Sunbeam House Services	19.385
Peamount	22.963
Stewarts Hospital	41.568
The Children's Sunshine Home	3.535
Community Total	**310.838**
Total Voluntary Providers DML 2012	**1,284.918**
Statutory Providers (DML)	
Hospitals	
St Columcilles General Hospital, Loughlinstown	36.595
Naas General Hospital	53.118
Midlands Regional Hospital Mullingar	56.422
Midlands Regional Hospital Tullamore	76.478
Midlands Regional Hospital Portlaoise	43.846
Other – Contracts and Once-off	7.528
Hospital Total	**273.987**
Community	
Dublin South Central	276.199
Dublin South East and Wicklow	243.543
Dublin South West and Kildare/West Wicklow	196.048
Midlands	275.412
DML Central	43.822
Community Total	**1,035.024**
Total Statutory Providers DML 2012	**1,309.011**
Overall Total Provider Budgets DML 2012	**2,593.929**

Appendix 2 – HR Information

Service and Region	WTE Dec 2010	WTE Dec 2011	Indicative Ceiling 1 Jan 2012	Indicative End Ceiling 2012
Acute Hospital Services	16,819	16,555	16,575	Significant work will be undertaken in 2012 to allocate the ceilings
Primary and Community Services	14,902	14,447	14,537	
Portion of ceiling to be allocated			21	
Other (incl QCC, PH, Corporate)	751	700	700	
Dublin Mid-Leinster	**32,472**	**31,701**	**31,833**	**30,843***

Note 1: DML ceiling to reduce by approx 990 WTE in 2012. End of 2012 ceiling will be approx 30,843* (excl any 2012 adjustments that may arise).
Note 2: Further ceiling adjustments due in 2012 i.e. new service development posts, etc.
Note 3: All information in table has been rounded.

Staffing by Category	Dec 2010	WTE Dec 2011	Indicative Ceiling 1 Jan 2012
Medical / Dental	2,617	2,638	Not allocated
Nursing	11,024	10,858	
Health and Social Care Professionals	5,479	5,435	
Management / Admin	4,807	4,469	
General Support Staff	3,157	2,901	
Other Patient and Client Care	5,388	5,400	
Dublin Mid-Leinster	**32,472**	**31,701**	**31,833**

Appendix 3 – Capital Projects by Care Group / Programme 2012

This appendix outlines capital projects that are:

- Completed in 2010 / 2011 but not operational;
- Due to be completed and operational in 2012; and also
- Projects due to be completed in 2012 but not operational until 2013.

For information purposes, some Primary Care projects that are due to be completed in 2013 are included below.

The full HSE Capital Plan for 2011 is available on www.hse.ie

Care Group	Facility's Location	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2012 Implications	
							2012	Total	WTEs	Revenue Costs €m
Dublin Mid-Leinster										
Primary Care	Kilbeggan, Co. Westmeath	Primary Care Centre, by lease agreement.	Q2 2013	Q3 2013	0	0	0	0	0	0
Primary Care	Terenure, Dublin	Primary Care Centre, by lease agreement.	Q3 2013	Q4 2013	0	0	0	0	0	0
Primary Care	Donnybrook, Dublin	Primary Care Centre, by lease agreement.	Q2 2013	Q3 2013	0	0	0	0	0	0
Primary Care	Longford, Co. Longford	Primary Care Centre, by lease agreement.	Q4	Q4	0	0	0.05	0	0	0
Primary Care	Newbridge, Co. Kildare	Primary Care Centre, by lease agreement.	Q1 2013	Q2 2013	0	0	0	0	0	0
Primary Care	Liberties (Pimlico)	Primary Care Centre, by lease agreement.	Q3	Q3	0	0	0.3	0	0	0
Primary Care	Churchtown, Dublin	Primary Care Centre, by lease agreement.	Q4	Q4	0	0	0.3	0	0	0
				Total	0	0	€0.65m	€0m	0 WTEs	€0m

Care Group	Facility's Location	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2012 Implications	
							2012	Total	WTEs	Revenue Costs €m
Dublin Mid-Leinster										
Acute	St. Vincent's University Hospital, Dublin	Phase 2 - New clinical building including wards, CF unit and dermatology unit.	Q2	Q2/Q3	0	100	25.00	30.00	0	0
				Total	0	100	€25m	€30m	0 WTEs	€0m

Care Group	Facility's Location	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2012 Implications	
							2012	Total	WTEs	Revenue Costs €m
Dublin Mid-Leinster										
Older People	Community Nursing Unit (CNU), Inchicore, Dublin	50 bed CNU.	Q4 2010	Q1	0	50	0	10	0	0
Older People/Mental Health	St. Mary's Unit, Mullingar	100 bed community hospital to accommodate replacement beds from the existing unit.	Q1	Q2	0	50 TBC (see Mental Health)	*1 (see also Mental Health)	*16.50	0	0
				Total	0	100	€1m	€26.5m	0 WTEs	€0m

Care Group	Facility's Location	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2012 Implications	
							2012	Total	WTEs	Revenue Costs €m
Dublin Mid-Leinster										
Mental Health	Ballyfermot Hostel, Cherry Orchard Hospital, Dublin	New 17 bed low support hostel.	Q1	Q1	17	0	2.19	2.80	0	0
Mental Health	St. Loman's Hostel, Clondalkin Road, Dublin	New 17 bed hostel.	Q1	Q1	17	0	2.37	3.00	0	0
Mental Health	St. Loman's Hospital, Mullingar	Replacement of St. Edna's ward to provide a 20 bed special behavioural unit and up to 24 replacement beds.	Q4	Q4	0	44	4.50	6.00	0	0
Mental Health	Grosvenor Road, Dublin	Upgrade of Hostel.	Q1	Q2	0	0	0.40	0.75	0	0
Mental Health (Child and Adolescent)	Cherry Orchard Hospital, Ballyfermot, Dublin	New day centre comprising outpatients, adolescents day hospital and administration.	Q1	Q1	0	0	6.40	9.05	0	0
Mental Health	Ballyfermot, Dublin – Primary Care and Mental Health Centre	New Primary Care and Mental Health Centre.	Q2	Q2	0	0	7.70	12.45	0	0
Mental Health/Older People	St. Mary's Unit, Mullingar	100 bed community hospital to accommodate replacement beds from St Loman's Psychiatric Hospital for patients with continuing care needs.	Q1	Q2	0	50 TBC (See Older People)	*(See Older People)		0	
				Total	34	94	€23.56m	€34.05m	0 WTEs	€0m

Appendix 4 - Acute Hospitals in HSE Dublin Mid-Leinster (including specialties)

- **St. James's Hospital**
  - Specialist Cancer Centre
  - Plastics, Burns, Reconstructive Surgery
  - Haemophilia Services
  - Bone Marrow Transplant Unit
  - Maxillo-Facial Surgery
  - National Medicines Information Centre
  - National Pharmaco-Economics Centre
  - National Dementia Information and Development Centre
  - National MRSA Reference Laboratory
  - National TB Reference Laboratory

  Supra-Regional Specialties /Services
  - Genito-Urinary Medicine/Infectious Diseases
  - Oesophageal Surgery
  - Cardiac Surgery
  - Vascular Surgery
  - Cardiology
  - Gastro-Intestinal Medicine
- **St. Vincent's University Hospital**
  - Specialist Cancer Centre
  - Liver Transplantation
  - National Pancreatic Centre
  - Cystic Fibrosis (National Adult Referral Centre)
- **St. Michael's Hospital, Dun Laoghaire**
- **St. Columcille's Hospital, Loughlinstown**
  - Specialist Obesity Service
- **National Maternity Hospital, Holles Street**
  - National Neo-natal Transfer
- **Royal Victoria Eye & Ear Hospital**
- **AMNCH (Tallaght Hospital)**
- **The Coombe Women & Infants University Hospital**
- **Our Lady's Children's Hospital, Crumlin**

  with National Specialities of:
  - Haematology/Oncology,
  - Cardiology and Cardio Thoracic Surgery,
  - Gastroenterology,
  - Rheumatology,
  - Medical Genetics,
  - Cystic Fibrosis
  - Burns.
- **The Children's University Hospital, Temple Street**
  - National Centre for Inherited Metabolic Disorders
  - National Centre for Paediatric Ophthalmology
  - Paediatric Renal Transplant and Haemodialysis Centre
  - Craniofacial Service
  - National Airways Management Centre
  - Neurosurgery under 6 yrs.
  - Cochlear implant under 6 yrs.
  - National Neonatal Screening Lab.
  - National Meningococcal Ref. Lab.
- **Naas General Hospital**
- **Midland Regional Hospital Tullamore**
- **Midland Regional Hospital Mullingar**
- **Midland Regional Hospital Portlaoise**
- ***(St. Luke's Hospital, Rathgar)*** *under the control of the NCCP*

Abbreviations

ACS	Acute Coronary Syndrome
ALOS	Average Length of Stay
AMP	Acute Medicine Programme
ASIST	Applied Suicide Intervention Skills Training
bn	billion
CAMHS	Child and Adolescent Mental Health Services
CCU	Coronary Care Unit
CF	Cystic Fibrosis
CIT	Community Intervention Team
CMHT	Community Mental Health Team
CNU	Community Nursing Unit
COPD	Chronic Obstructive Pulmonary Disease
CSII	Continuous Subcutaneous Insulin Infusion
CSO	Central Statistics Office
CSSD	Central Sterile Services Department
CTM	Clinical Team Meeting
DATH	Dublin Academic Teaching Hospital
DCYA	Department of Children and Youth Affairs
DES	Department of Education and Skills
DML	Dublin Mid Leinster
DNA	Did Not Attend
DNE	Dublin North-East
DoH	Department of Health
DPS	Drug Payments Scheme
DRG	Diagnosis Related Group
DTSS	Dental Treatment Services Scheme
ECF	Employment Control Framework
ED	Emergency Department
EMP	Emergency Medicine Programme
ERS	Endoscopy Reporting System
EWTD	European Working Time Directive
FSAI	Food Safety Authority of Ireland
GI	Gastrointestinal
GMS	General Medical Services
GP	General Practitioner
HCAI	Health Care Associated Infection
HCP	Home Care Package
HDU	High Dependency Unit
HF	Heart Failure
HIQA	Health Information Quality Authority
HPV	Human Papilloma Virus
HR	Human Resources
HSCN	Health and Social Care Network
HSE	Health Service Executive
HTA	Health Technology Assessment
ICGP	Irish College of General Practitioners
ICP	Irish Council for Psychotherapy
ICT	Information and Communication Technology
ICRU	Intensive Care Rehabilitation Unit
ICU	Intensive Care Unit
ID	Intellectual Disability
KPI	Key Performance Indicator
LBBB	Left Bundle Branch Block
LGBT	Lesbian, Gay, Bisexual and Transgender
LHO	Local Health Office
LOS	Length of Stay
LTI	Long Term Illness
m	million
MMR	Measles, Mumps, Rubella vaccine
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-Resistant Staphylococcus Aureus
NCCP	National Cancer Control Programme
NCHD	Non Consultant Hospital Doctor
NCRI	National Cancer Registry of Ireland
NDA	National Disability Authority
NHSS	Nursing Homes Support Scheme
NIMIS	National Integrated Management Imaging System
NSP	National Service Plan
NSTE ACS	Non-ST Segment Elevation Acute Coronary Syndrome
NVRL	National Virus Reference Laboratory
OPAT	Outpatient Antimicrobial Therapy
OPD	Outpatient Department
PA	Personal Assistant
PCRS	Primary Care Reimbursement Service
PCT	Primary Care Team
PET	Positron Emission Tomography
PHN	Public Health Nurse
PI	Performance Indicator
PPCI	Primary Percutaneous Coronary Intervention
PSA	Public Service Agreement
PSI	Psychological Society of Ireland
QA	Quality Assurance
QPSAS	Quality and Patient Safety Audit Service
RDO	Regional Director of Operations
REV	Revised Estimates Volume
SDU	Special Delivery Unit
STEMI	ST Elevation Myocardial Infarction
TB	Tuberculosis
VER	Voluntary Early Retirement
VRS	Voluntary Redundancy Scheme
WTE	Whole Time Equivalent

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