



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DUBLIN NORTH EAST SERVICE PLAN

2011



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Introduction from Regional Director of Operations

One of my key roles as the Regional Director of Operations for HSE Dublin North East is to manage the implementation of the 2011 Regional Service Plan. The HSE's National Service Plan 2011 (NSP2011) was approved by the Minister for Health & Children on December 21st, 2010. It sets out the type and volume of service the HSE will provide directly, and through a range of agencies funded by us, during 2011, within the funding provided by Government and within the stipulated employment levels. In turn, this Regional Service Plan 2011 (RSP 2011) sets out the framework through which we in DNE will implement the elements of the national service plan as well as focusing on additional areas which are deemed to be a priority for the region.

As with the national plan, this plan is underpinned by our priorities for 2011 which are to:

- Maintain the levels of service provided in 2010
- Deliver the cost reduction and restructuring programmes to enable the maintenance of these service levels on a total reduced budget basis
- Seek to ensure the delivery of high quality and safe services
- Accelerate our reform programme to reconfigure core services and in line with our strategy, deliver an appropriate balance between hospital and community services as well as best care models in childcare, disability, mental health and older person's services, and
- Implement the national clinical change programmes and new service developments.

It is clear that the single biggest challenge facing Dublin North East is making the necessary improvements in our Acute Hospital services and in particular addressing the "ED problem". It is internationally recognised that ED pressures are largely related to how we deliver care before and after our patients are seen in our emergency departments. A significant improvement in the responsiveness of general physicians and others to the needs of acutely ill, largely elderly patients, combined with appropriate community responses are the main issues to be addressed. These must be the key focus of our hospitals and community areas, and they are the priority areas for 2011 in DNE. The Acute Medicine Programme (AMP) and the other related clinical care programmes, provide the framework to deliver substantial improvements in the provision of this responsive acute care. If embraced fully by all clinical, managerial and other support staff, the AMP will enable us to deliver significant reductions in ED waiting times during 2011 and 2012.

The Funding Position

Nationally, the gross current Estimate for the HSE is **€13.456bn** which reflects a net reduction of **€683m** (4.8%), which comprises a total reduction of **€962m** (6.7%) which is offset by the return of €279m for additional expenditure relating primarily to medical cards, new services, pensions costs and the Clinical Indemnity Scheme. The Resource Framework section of this plan sets out the budget reduction framework for 2011. For Dublin North East, the total net reduction is €127m (6.1%). While not as large as initially anticipated, this budget reduction will pose significant challenges to the delivery of services during the year ahead. It is important to stress that €42.8m of this total reduction is targeted at procurement and related non-pay and pay efficiencies which are largely expected to have a minimal, if any, impact on services. In particular the prices paid for drugs, agency staff and a range of overheads will be targeted in order to protect our frontline services. This is a very welcome albeit, still challenging development.

Non pay expenditure

The national plan is based on savings in non-pay of **€200m** which are summarised in the Resource Framework section. This is an aggressive savings target which will require strong focus across all service areas and which will also require significant engagement and negotiation with the supplier base to the HSE in seeking to reduce prices and control volumes of stock of supplies and services used by the HSE and the voluntary sector. The DNE share of these savings

is €42.80m and requires us to engage fully with national procurement initiatives which are crucial to the realisation of these savings.

Human Resources

Pay and pay related expenditure

Nationally the HSE is targeting savings of **€242m** in pay and pay related headings. This includes €90m as a result of the moratorium on recruitment which will require a reduction in 1,530 WTEs during 2011, as well as €152m for the exit schemes which is based on an estimated 2,250 staff leaving. The opening employment ceiling for 2011 is 109,372 reducing to 104,810 by the end of 2011.

We await 2011 Regional ceilings, however DNE ceiling at end of 2010 was 22,789 and we expect it to be in the region of 21,615 at the end of 2011 when departures under VER/VRS along with transfer of Community Welfare Staff and the region's share of the national reduction are taken into account. This is set out in detail in the Resource Framework section of this plan.

As with the national plan, the regional plan is based on having this number of staff available to deliver the volume and type of services outlined. Deviations from this number may impact on the delivery of the plan and pose a financial risk for the HSE.

The *Public Service Agreement (PSA)* provides the framework for delivering significant change across the health sector during the course of 2011. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing cost and improving quality. We in Dublin North East will strive to ensure that these opportunities will be maximised in 2011 through the implementation of our regional PSA plan (Appendix 5).

The shortage of Non Consultant Hospital Doctors (NCHDs) will challenge the delivery of acute hospital services in DNE during the year. While we have taken all appropriate steps to minimise the effect of this in our services nonetheless, it continues to pose a challenge in a number of our hospitals. While stable at present, the situation requires careful monitoring on an on-going basis.

Service Delivery

Despite the need for controlling and reducing our overall staffing numbers there is scope for focused investment in key staff for a number of priority areas set out in Appendix 2 along with limited flexibility to replace essential frontline clinical posts. DNE will be focusing in 2011 on ensuring, on a WTE neutral basis, that key clinical leadership positions are prioritised.

Challenging service targets have been set for HSE for 2011, notwithstanding the impact of the recruitment moratorium on our ability to maintain services. In order to do this in a sustainable way, we in DNE as in the rest of the country, need to change, reconfigure and develop many of our services to meet best practice both nationally and internationally.

Specific information is contained in the individual service delivery sections of this plan, the key points of which include:

Re-balancing of hospital activity with a modest increase in total hospital care as a result of reductions in inpatient activity, off set by increases in day cases.

The implementation of a number of national programmes to support the delivery of these targets in 2011, the continuation of the quality agenda for cancer services and the outpatient service improvement programme.

Modest increase in homecare levels with National Quality Guidelines for Homecare Services prioritised for implementation.

The capping of funding reductions to mental health services and disability services at 1.8%. We will continue to seek efficiencies in excess of that in order to generate funds for investment in reform of these services such as the further implementation of a *Vision for Change* and the recommendations of the *VFM and Policy Review of Disability Services*.

Respite services for people with disabilities will remain at 2010 levels.

Service Developments and Change Programmes

We in Dublin North East will work with all relevant stakeholders to start of the implementation of the National Clinical Programmes. A highly ambitious plan of work has been outlined for 2011 and the DNE elements of this are outlined in this plan. The focus will be on standardising care and implementing proven solutions to save lives, prevent complications, remove waiting lists and save money. While the full benefits of this work will take time to be fully realised, 2011 will be a very important year in embedding many of these solutions within our clinical services. The areas that will commence implementation include:

- Acute Medicine Programme
- Emergency Medicine Programme
- Elective Surgery Programme
- Diabetes Programme
- Heart Failure Programme
- Stroke Programme
- Epilepsy Programme
- Chronic Obstruction Pulmonary Disease (COPD) Programme, and
- A range of initiatives to address outpatient waiting lists including neurology, dermatology and rheumatology.

The full details of the resources available nationally for these programmes are outlined in Appendix 2. The implementation of these programmes will allow benefits to be advanced for patients as a result of the exceptional clinical leadership that is being demonstrated across all the professional groups.

The appointment of a National Lead for Children and Families Services will ensure the acceleration of the change process in that sector. Sixty additional social workers will be recruited in 2011 to add to the 200 posts filled in 2010. Dublin North East will seek to maximise the number of additional social workers allocated to the region from this additional national resource.

Patient Safety and Quality

Delivering high quality services and minimising risk will continue to be a high priority for the HSE in 2011 and will be strongly influenced by the National Standards for Safer Better Healthcare. In DNE we will strive to achieve compliance, enabled through the implementation of the Quality Safety and Risk Framework. In line with national initiatives, we will also seek to implement the recommendations of all HIQA and other relevant reports. The impact of the moratorium on recruitment on patient safety will be closely monitored and all efforts taken to minimise any emerging service quality issues. It is also important that we build confidence and trust both internally and externally around how we govern our services and the Quality and Safety section of this plan commits us to delivering on a number of important initiatives in this regard.

Infrastructure

The Capital Allocation of the HSE is €373m, a 16.2% reduction in comparison with a provision of €444m in 2010. This translates to €120 m for DNE. Nationally, a €15m additional spend on Mental Health is to be included in the Revised Estimates Volume to be funded from asset disposals. Dublin North East will implement its element of the national capital

plan in this regard and reference to specific projects are contained in the individual service delivery sections of this plan as well as in Appendix 4.

Conclusion

In presenting this Regional Service Plan for 2011, I fully acknowledge that we are in the midst of very challenging times. We will undoubtedly be challenged to operate within the constrained funding and employment levels while trying to minimise the impact on the quality and range of services that we deliver to our patients and clients.

I am conscious that the delivery of the ambitious targets contained in this plan can only be achieved through the collective dedication and commitment of all staff in the region and I am confident that all concerned will rise to the challenge.



Stephen Mulvany
Regional Director of Operations
Health Service Executive
Dublin North East

January 2011

Guide to using this Regional Service Plan

The key purpose of this Regional Service Plan is identify and implement the elements of the HSE National Service Plan 2011 (NSP 2011) that pertain to the region as well as identifying additional priorities for the region and planning for their implementation.

This plan does not contain the full level of detail contained in the NSP 2011 due to space considerations. The regional plan should be read in conjunction with the national plan. The NSP 2011 can be accessed via the following link: www.hse.ie/eng/services/Publications

A number of conventions have been used in preparing the plan and these include:

Responsible Person: Responsibility for the DNE Deliverables in the plan rest with members of the Regional Management Team or, in a small number of cases, staff who report directly to the Regional Director of Operations.

National Dependency: Where the commencement of the DNE Deliverable is contingent on receipt of national guidance or the completion of a national report/process etc, a regional implementation approach will be agreed within one month of receipt of the relevant national guidance with implementation to commence within a further two months. Any such deliverables are denoted as such in the national deliverable output column.

ISAs/LHOs: At the time of preparing this plan, the process of transitioning to Integrated Service Areas is not complete. While many of the targets contained in the non-acute sections of the plan are attributed to Local Health Offices, it is envisaged that the responsibility for delivery of relevant services will have transferred to Integrated Service Area Managers during the first quarter of 2011.

Staff WTE Numbers: Final details of the regional staff ceiling are not available at the time of preparation of the regional plan. For the purpose of concluding this plan, a best estimate of the 2011 figure is included and will be subject to review when the final figure is available in February 2011.

Resource Framework

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 totality of the HSE's resources for 2011 are set out in the National Service Plan 2011, this regional plan sets out the resources applicable to Dublin North East.

Finance

Budget Reduction Framework

The current Estimate for HSE as published in the *Estimates for the Public Services 2011* is set out in the table below along with the Dublin North East element of the total.

	€m	€m
	National	Dublin North East
2010 Gross Current Estimate	14,139.64	2,106.290
Additional Medical Cards	90.00	
Reductions Community (Demand led) Schemes	-424.00	
Pay		
Recruitment Moratorium	-90.00	-19.240
Exit Programme	-152.00	
Additional pension costs due to exit package	29.00	
4% levy on pensioners	-21.50	-4.160
Non Pay		
Procurement	-200.00	-42.790
Other Adjustments		-61.180
National Cancer Screening Service- transfer	10.50	
Superannuation	57.00	
Clinical Indemnity Scheme (States Claims Agency)	36.00	
Long-Stay Repayments Scheme	-17.00	
Pandemic	-55.00	
Dormant Accounts	-2.30	
Funding for priority areas	56.40	
2011 Total	13,456.74	1,978.92

2011 Financial Allocation

The Financial Allocation for Dublin North East is set out in the table below. As outlined in the introduction, the HSE nationally has a net reduction of **€683m** (4.8%), which comprises a total reduction of **€962m** (6.7%), which is offset by the return of €279m for additional specific expenditure. For Dublin North East, the total net reduction is €127m (6.1%) or €99m (4.8%) for services directly within the RDO remit. This budget reduction will pose significant challenges to the delivery of services during the year ahead notwithstanding the fact that €42.8m of this total is targeted at procurement and related non-pay and pay efficiencies which are largely expected to have a minimal, if any, impact on services.

Allocation 2011	€m	€m	€m
Statutory	Statutory	Voluntary	Total
Hospitals	346.82	502.72	849.53
Community Services	905.06	167.47	1,072.53
Total	1,251.88	670.18	1,922.06
Office of RDO	-0.39	0.00	-0.39
Crisis Pregnancy Programme	6.86	0.00	6.86
Human Resources	8.11	0.00	8.11
Total RDO Remit	1,266.46	670.18	1,936.65
Corporate Functions	42.28	0.00	42.28
Total Dublin North East	1,308.74	670.18	1,978.92

The impact of the Exit Schemes has been estimated in this table and will be subject to change when final numbers are known

Care Group Allocation

The Financial Allocation by Care Group nationally and for Dublin North East is set out in the table below.

Care Group by Programme	2010 Budget	2011 Budget	2010 Budget	2011 Budget
	HSE National		Dublin North East	
	€m	€m	€m	€m
Primary Care	343	335	145.39	142.10
Primary Care Reimbursement Service	2,787	2,453		
Children & Families	601	587	173.46	167.21
Mental Health	721	708	146.08	144.58
Disability	1,582	1,554	348.25	346.64
Older People	1,369	1,337	215.42	210.02
Palliative Care	76	74	12.14	11.86
Social Inclusion	120	117	37.62	36.93
Other Including Corporate & Multi Care Group	627	614		13.19
Total Community Services	8,226	7,780	1,078.364	1,072.529

Cost Management – Reducing cost without reducing services

The range of reductions agreed for 2011 and outlined in the National Service Plan, reflect the outcome of a process where the HSE has focused on maximising the financial impact of nationally led programmes and processes to ensure the least impact on levels of service in meeting our financial breakeven requirements. These include the management and delivery of our procurement and logistics, estates and educations and training activities, as well as a national approach to managing discretionary expenditure under relevant headings. Details of the national and DNE reductions are set out in the table below;

Expenditure Category	National	DNE
	€m	€m
Procurements and Contracts Management	78.7	20.1
Logistics and Inventory Management	20.0	-
Reduce Discretionary Spend	41.7	10.5
Agency Services	7.0	2.5
Medical and Nurse Training	2.6	-
Laboratory Services	5.0	1.1
Review of Rent/Lease Renewals	5.0	
Further non-service impacting initiatives (to be identified)	40.0	8.7
Total	200.0	42.8

Nationally, Procurement and Category Management includes savings of €30m within the relevant headings, to reflect the significant focus being given to maximising our market management and supplier engagement towards accelerating the planned multi-year procurement and contracts management programme. Specific service-led initiatives are also included, where moving to a more appropriate model of care will also lead to reduced costs without impacting on the level of service. Dublin North East will engage fully with this process to ensure that the required savings are delivered.

As in previous years of the cost reduction programme, financial reporting of the maintenance and further delivery of VFM will happen within the 2011 HSE Performance Reporting (PR) process.

Human Resources

As with the National Service Plan, maximising the role of staff to deliver on the objectives of this plan will require a strong focus in Dublin North East in 2011. Against the backdrop of reduced budgets and staffing resources in the health services, the challenge is not only to maintain access, quality and safety of services but to continue to improve them.

Public Service Agreement (PSA) (2010 – 2014)

Specifically in 2011 the following objectives will be advanced with the aim of delivering quality services, more cost efficiently, through the organisational and service changes enabled under the PSA:

- Implementation of a programmatic approach to many areas of clinical care in hospitals.

- Laboratory modernisation, through changes to work practices for service delivery in preparation for the full national implementation of the modernisation of laboratory medicine to include emphasis on a 24 hour service over 7 days, revised rosters to meet service requirements, provision of cross cover and improved skill-mix ratios.
- Revised nursing rostering arrangements.
- Staffing level reviews in management / administration staffing to deliver more cost effective services with lower staffing ratios. This is also to be carried out in nursing with a view to securing reductions and greater flexibility.
- Redeployment is a key area which should deliver immediate results to support reconfiguration of services / reallocation of resources and to ensure the health services operate effectively and efficiently in the context of reducing staff resources and compliance with the current employment control framework.
- Community Nursing Units (CNU) to deliver greater skill-mix in order to reduce the cost differential in unit costs, compared with private nursing homes.
- Ambulance services with the reduction in the number of ambulance control centres from 10 to 2.
- Mental health services through the implementation of a community based mental health service as set out in *A Vision for Change*.
- Reconfiguration of services in such areas as primary care, child care services, care of the elderly, disability services, dental services and children's palliative care, will continue to be progressed.
- Centralisation of function, transactional, support and other services to deliver efficiencies of scale and removal of duplication of effort and resources. Examples here are medical card centralisation to Primary Care Reimbursement Scheme, Nursing Home Support Scheme, HR and Finance Shared Services and Procurement.

The above list is not exhaustive and this transformation programme for the health services will also be supported through the standardisation of terms and conditions and other standardisation initiatives as well as the implementation of a health sector performance management initiative.

The Dublin North East PSA plan (Appendix 5) has targeted specific areas within the region where significant change can be implemented and this change process will be closely monitored throughout the year to ensure that it is delivering the desired result.

Employment Control Framework and Approved Employment Ceiling 2011

The 2010 revised employment control framework for the health services devolved to the regions the day-to-day operation of the general moratorium on recruitment and promotion and delegated sanction to recruit specific grades and exceptions. Nationally, the HSE operated within the approved reducing employment ceiling throughout 2010 and at the end of 2010 it is projected that the outturn will be of the order of 108,400, over 900 WTEs below ceiling.

Details of the Dublin North East employment ceiling are set out in the table below. We have a robust process in the region, managed through the Area Employment Monitoring Group, to ensure that we operate within our ceiling while focusing on providing staff to essential front line services.

Nationally, the opening 2011 WTE ceiling is 109,372 with an end of year target of 104,810. The employment control environment in 2011 will demand even more for less in terms of employment numbers and costs. The moratorium on recruitment and promotions will continue throughout 2011, with the continuing exception of some delegated sanction for a number of specific grades and services. The framework will provide some additional flexibility to recruit additional psychiatric nurses, advanced nurse practitioners, clinical specialists and interns. Robust and responsive employment control, with accountability at regional and service manager level, continues to be a key driver for 2011. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current staff will need to underpin the employment control framework in order to deliver government policy on public service numbers and costs and within budgetary allocations. A detailed and robust workforce plan will be required to scope out the implementation of the approved employment ceiling for 2011.

In addition to the employment control framework changes outlined, in 2011, the roles and responsibilities for some services will be adjusted:

- The Crisis Pregnancy Agency, National Cancer Registry, Office of Tobacco Control and certain functions from the Adoption Authority will be subsumed into the HSE, and
- Community Welfare Services will be transferred to the Department of Social Protection.

	WTE Reductions	WTE Increases	WTE Total
End of 2010 / Start of 2011 Employment Ceiling			22,789.00
- Transfer of Community Welfare Services to Department of Social Protection	-429.25		
- Projected reductions under VER / VRS 2010 schemes*	-301.12		
- Reduction in employment under ECF and National Recovery Plan (estimate only)	-442.98		
Sub Total			21,615.65
- Adjustments in respect of staff in former health board companies not previously counted			
- Transfer in of external functions, e.g. Office of Tobacco Control / Adoption Authority etc.			
Sub Total			
End of 2011 Employment Ceiling			21,615.65*

*Note:

Regional VER / VRS 2010 final figures not available for inclusion

Formal notification awaited of assigned WTE reduction for DNE under ECF and National Recovery Plan for 2011

Adjustments in respect of staff in former health board companies located with DNE have not been confirmed

Transfer of 429.25 Community Welfare staff to Department of Social Protection is the actual no of WTEs due to transfer

Voluntary Early Retirement / Severance schemes for management / admin staff grades and support staff

The HSE is finalising the impact of the voluntary early retirement / severance schemes for management and administrative grades and support staff. Such staff exiting the health services will only impact on the Health Service Personnel Census at the end of January 2011. Contingency plans are in place in DNE to ensure the continuation of core health and support services during this period of unprecedented reduction in administrative staff. This will require significant redeployment / reassignment of remaining staff and reconfiguration of support functions and services in order to minimise the impact on frontline services.

Recruitment Activity and Priorities for 2011

In line with national priorities, plus DNE focus on reducing risk by ensuring, on WTE neutral basis, stabilisation and control within essential clinical major roles.

In addition to employment control and related matters, a number of HR areas will remain under focus in 2011:

- **HR actions to support organisational priorities:** PSA, Acute Medicine Programme, Integrated Services Programme and restructuring following the Voluntary Early Retirement (VER) and Voluntary Redundancy Schemes (VRS).
- **Performance Management:** The implementation of a health sector wide performance management system, in 2011 and beyond, as set out in the PSA.
- **Medical Education, Training and Research:** In line with national priorities
- **Leadership, Education and Development:** Continued implementation of the policy position set out in the report *HSE Principles and Recommendations for Education, Training and Research* will guide initiatives in 2011. Development of additional skills and competencies and capacity building becomes more critical to the provision of quality patient care in the context of reduced staffing, significant redeployment and challenging budgetary parameters.

Improving our Infrastructure

Ensuring that our infrastructure supports us in delivering quality and safe services is essential to achieving all our objectives. The HSE Capital Programme and ICT Capital Plan define the priorities for 2011 and the period 2011 - 2015. The capital funding for 2011 is €372m down from €444m in 2010. A €15m additional spend on Mental Health is to be included in the Revised Estimates Volume to be funded from asset disposals.

Appendix 4 provides a table of capital projects in Dublin North East by programme which includes those projects completed in 2010 but which did not become operational in 2010, those projects that are due to be built and/or complete in 2011 and also those projects that are projected to become operational in 2011. Information is given on the facility, project details, additional and replacement beds, expected completion and operational dates, capital cost 2011 and total capital cost, revenue cost 2011 and WTE 2011, where appropriate. Wherever possible, capital projects will become operational as soon as the capital build has been complete.

Monitoring and Measuring NSP2011

The HSE provides detailed monthly performance reports to the DoHC outlining progression of the type of volume of activity detailed in the NSP against agreed targets. Performance Indicators (PIs) and measures used to support this process are outlined in each chapter. Reporting against some of these measures is contingent on the development of processes and systems to support collection being in place.

Risks for Delivering on NSP2011

The HSE has a responsibility to identify, where possible, the impact pre-existing and future risks could have on delivering the planned service levels outlined in this plan while continuing to operate within its Estimate. NSP2011 is based upon an Estimate of €13.456bn. This is a net reduction of €683m from 2010. The gross reduction is €962m which is being offset by the return of €279m for specific purposes. This significant reduction in funds is on top of the reduction of €1bn in 2010 and is a major challenge to the delivery of health services. These reductions are set against the backdrop of the economic environment and the very significant issues facing the Exchequer.

The HSE response to this budget reduction is to seek to maintain services at or close to current levels and target significant reductions in purchasing and stock costs while growing income. The plan is an aggressive attempt to preserve services while meeting the budgetary targets. We are relying upon the co-operation of the supplier base of the HSE to deliver significant savings to support healthcare delivery. The plan is targeted at driving productivity while reducing cost and capacity.

The HSE will also seek to ensure more efficient use of health resources through active pursuit of the actions set out in the integrated services delivery section of the plan. These will be key to supporting the maintenance of services in a resource constrained environment.

The key risk in this approach is the organisation's capacity to realise the necessary savings from January 1st, 2011. This is a major challenge for the whole organisation and will be the key focus in 2011.

Other significant risks to the delivery of the plan are:

- The opening employment ceiling for 2011 is 109,372 reducing to 104,810 by the end of 2011 and the plan is based on having this number of staff available to deliver the volume and type of services outlined. However because of the, as yet unknown, impact of the recruitment moratorium, the Voluntary Redundancy Scheme (VRS) and Voluntary Early Retirement Scheme (VER), there are possible risks to service delivery as the number, type and location of staff who will be available to provide services may vary from the plan. The actual savings in relation to these exit schemes will not be known until the process is completed at year end. Indications are that the savings will be less than the figure above. The HSE is assuming that it does not have to provide for any shortfall and the position will be reviewed as soon as final information is available.
- In addition to the voluntary schemes, this plan is based on a 1,530 reduction in employment levels through natural attrition/turnover during 2011. Achievement of this number may impact on the delivery of the plan, posing both service and financial risks for the HSE. The likely unstructured impact of the moratorium on recruitment on the quality and levels of services will need to be monitored and managed in as far as is possible within the parameters

of the Employment Control Framework. The full year impact of the 2010 moratorium is also an additional service risk.

- The risk of unanticipated costs associated with the Clinical Indemnity Scheme.
- The risk of savings associated with the Primary Care Reimbursement Scheme (PCRS) not materialising because of unanticipated additional demand as trends in medical cards and other schemes are difficult to predict. The HSE is dependent on actions of the DoHC in regard to early implementation of key decisions to achieve these savings. As in other years, the HSE will closely monitor delivery of the savings as the year progresses and will take alternative action if needed.
- The government proposal to accelerate payments to suppliers to 15 days would have financial and business effects. Unless separately funded it would impact on the delivery of a balanced Vote in 2011 as early estimates indicate that this could cost the HSE up to €100m in 2011 were it to proceed.
- Despite considerable ongoing focus on the supply of NCHDs, there remains a risk that the unavailability of NCHDs may impact on the continuity of services and the capacity to deliver services in some settings.

Nationally the HSE will actively monitor and assess all of these and other risks that emerge as 2011 proceeds and, depending on their impact, may need to adjust planned service levels during the year to ensure it can operate within its Estimate. This plan has made provision for costs relating to the financial risks within the monies provided by Vote 40 of the Oireachtas. In addition we in DNE will also be actively involved in the risk management process and may need to adjust plans accordingly.

Quality & Safety

Introduction

Delivering high quality services is a priority for the HSE DNE. We will in 2011 focus on the development of the structures and processes required for the development of a sustainable and consistent approach to the management of quality and risk throughout the region. This will assist in the provision of assurance in relation to quality and safety of services to relevant stakeholders.

This will be achieved in recognition of the requirements of the HSE nationally, those of external regulatory bodies and the programmes of work being pursued by *Patient Safety First*. The achievement of the KRA's outlined in this plan will create the foundation for the HSE DNE to move forward with this agenda in the coming years.

One of the most important aspects of this programme is the development and operation of clear governance arrangements so that accountability for quality and risk lies with every employee in the context of their role. There will be an emphasis on developing mechanisms that will provide services with the capability to manage this agenda through the development and involvement of operational quality and risk staff in all aspects of the approach. The involvement of service users in the quality and safety of services is recognised as essential and mechanisms for increasing service user involvement in the planning and delivery of services will be strengthened.

Our **priorities for 2011** are to:

- Assist in implementation and monitoring of the Quality, Safety and Risk Management Framework in the HSE DNE
- Strengthen accountability arrangements by ensuring that the governance arrangements for quality and risk management from the point of service delivery to the RDO are clearly described and communicated
- Increase service user input into planning and delivery of services
- Progress clinical audit and strengthen clinical effectiveness in line with national programmes
- Provide assurance in relation to the programmes to meet compliance with the requirements of regulatory bodies
- Ensure preparedness for the implementation of the National Standards for Safer Better Healthcare
- Place a focus on quantifiable quality and safety improvement initiatives
- Improve compliance with the HSE's incident management policies (including Serious Incidents) throughout the region
- Enhance our management of complaints
- Enhance the management of identified risk through the development and maintenance of risk registers
- Improve preparedness for major emergencies
- Strengthen research and development

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Underlying Principles	<p>The development and delivery of safe, sustainable quality-driven services in Dublin North East will take cognisance of the following underlying principles which are applicable to all care groups and service settings:</p> <ul style="list-style-type: none"> ▪ Organising Work for more effective service delivery ▪ Group Work to become the norm where appropriate, not the exception ▪ Home Visits must be exceptional rather than the norm ▪ Audit of all 24/7 service ▪ Waiting Lists / Access Times for all services to be reviewed ▪ Skills Mix – appropriateness of current mix to be evaluated ▪ Cost Awareness/Avoidance of unnecessary costs - eliminating unproductive hours with a view to freeing up 6 hours in every 100 hours ▪ Volunteering – greater involvement of public 	<p>Each LHO and Hospital will have considered the feasibility of building these elements into local planning by Q2 with a view to implementing initiatives by Q4 and continuing such initiatives into 2012.</p>	ISAMs	<p>Q2</p> <p>Ongoing</p>
Quality, Safety and Risk Management Framework <i>Building on existing work on quality and risk standards</i>	<p>Quality, Safety and Risk Management Framework:</p> <ul style="list-style-type: none"> ▪ Quality, Safety and Risk Management Framework further implemented (taking into consideration the <i>National Standards for Safer Better Healthcare</i>). ▪ Implementation ongoing (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional Implementation Plan developed in Q1 for Quality, Safety and Risk Management Framework with LHO Implementation Plans agreed and implementation commenced within one month 	<p>Regional Quality & Risk Manager (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p> <p>Ongoing</p>
Clear Accountability Arrangements	<p>Strengthen accountability arrangements:</p> <ul style="list-style-type: none"> ▪ National guidance on clear accountability arrangements implemented (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional Implementation approach agreed within one month of receipt of national guidance with LHO Implementation Plans agreed and commenced within a further two months ▪ Regional Quality and Risk Programme finalised and implementation plan agreed including: Regional Quality and Risk Forum & Committee, 	<p>RQ&RM (Approach)</p> <p>ISAMs (Implementation)</p> <p>RQ&RM (Approach)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q1</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		Governance arrangements for Quality & Risk in new ISAs; Communication Plan, Care Group Governance Groups,	ISAMs (Implementation)	Ongoing
	<ul style="list-style-type: none"> HSE Code of Governance review completed, submitted to Board and Minister for Health and Children for approval. Implementation Commenced (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation Plan developed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within a further two months Regional Workplan prepared and implemented for Controls Assurance Process 	<p>RQ&RM (Approach)</p> <p>ISAMs (Implementation)</p> <p>RQ&RM</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q4</p>
Person Centred Care <i>Service User Involvement</i>	<p>Increase service user input into planning and delivery of services:</p> <ul style="list-style-type: none"> Strengthening of service user input in planning and delivery of services through implementation of key actions from <i>Strategy for Service User Involvement</i>. 	<ul style="list-style-type: none"> Regional Action Plan to increase service user involvement in the planning and delivering of services completed with LHO Implementation Plans agreed and commenced 	<p>Regional Consumer Affairs Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q2
<i>Complaints [Your Service Your Say]</i>	<ul style="list-style-type: none"> Appropriate management of complaints and reviews. 	<ul style="list-style-type: none"> Regional Action Plan on appropriate management of complaints and reviews completed with LHO Implementation Plans agreed and commenced 	<p>Regional Consumer Affairs Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q2
<i>Advocacy</i>	<ul style="list-style-type: none"> National Advocacy Programme for older people in residential and community settings. 	<ul style="list-style-type: none"> Regional Advocacy Programme Plan for Older Persons in residential and community settings developed with LHO Implementation Plans agreed and commenced 	<p>Regional Consumer Affairs Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q2
Effective Care Assurance and Monitoring	<p>Strengthen our healthcare audit:</p> <ul style="list-style-type: none"> Health Audit Level II Plan agreed and implemented (National Dependency). Implementation of continuous quality improvement (CQI) programme enabled (which will include all HSE and National Standards). 	<ul style="list-style-type: none"> Regional Health Audit Plan developed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within a further two months Regional plan agreed for the implementation of continuous quality improvement initiatives including identification of priority areas, adoption of a delivery methodology, conducting pilot and evaluation 	<p>RQ&RM (Approach)</p> <p>ISAMs (Implementation)</p> <p>RQ&RM (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<ul style="list-style-type: none"> Supporting guidance for monitoring and review system, including clinical and surgical audit, drafted and specified, following consultation. 	<p>of outcome with LHO implementation plans agreed and commenced</p> <ul style="list-style-type: none"> Clinical nominees provided to participate as required in the development of guidance 	RQ&RM	Ongoing
<i>Documentation</i>	<p>Comply with HIQA report recommendations:</p> <ul style="list-style-type: none"> Implementation of recommendations of internal and external reports monitored. 	<ul style="list-style-type: none"> Regional process developed for ISA's to monitor implementation of recommendations from regulatory reports in a consistent manner Regional process established to monitor the outcome of regulatory inspections for assurance and to identify areas for regional improvement programmes 	RQ&RM RQ&RM	Q3 Q3
<i>Clinical Effectiveness</i>	<p>Clinical effectiveness:</p> <ul style="list-style-type: none"> National Clinical Effectiveness Committee supported to ensure national guidelines and audit are implemented across the HSE. 	<ul style="list-style-type: none"> Continued support for the implementation of national guidelines and audit 	RQ&RM	Ongoing
<i>Healthcare Records Management Programme</i>	<p>Health Technology Assessment:</p> <ul style="list-style-type: none"> Healthcare Records Management Code of Practice, general healthcare record and e-learning programme reviewed and adapted for non-acute services. Version 1.0 of National Nursing Healthcare Record, acute services, specified following consultation. National Standard Maternity Record in use in all centres National ED Dataset in use in all centres National HSE Consent Policy drafted and specified following consultation (National Dependency). 	<ul style="list-style-type: none"> Participation as required in the development and consultation process of the various strands of the Healthcare Records Management Programme Regional Implementation Plans agreed within one month of receipt of national plan on National Nursing Healthcare Records, National Standard Maternity Record, National ED Dataset, National Consent Policy with outcome with LHO Implementation Plans agreed and commenced 	RQ&RM RQ&RM (Approach) ISAMs (Implementation)	Ongoing 1 month after receipt of National Plan 3 months after receipt of National Plan

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Safe Care <i>Serious Incident Management</i>	Enhance our management of serious incidents and complaints: <ul style="list-style-type: none"> Serious Incident Management Training Programme delivered to key staff. 	<ul style="list-style-type: none"> Continued Development of Serious Incident Management process in the Region including: development of Standard Operating Procedures, addressing incident management/culpability issues, monitoring implementation of recommendations from SIs, further development of sharing learning, 	RQ& RM ISAMs (Implementation)	Q 1 Ongoing
<i>Risk Management</i>		<ul style="list-style-type: none"> RDO Risk Register updated and process to update and maintain documented and commenced. Regional Sub- Registers required to support the RDO Risk Register developed and managed Risk Registers developed within 4 regional ISAs 	RQ& RM ISAMs (Implementation)	Q 1 Ongoing
<i>Medication Safety</i>	<ul style="list-style-type: none"> Standardisation of hospital drug prescription and administration records (DPAR project) (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation Plan for DPAR project agreed within one month of receipt of national plan with LHO implementation plans agreed and commenced within a further two months 	RQ&RM (Approach) ISAMs (Implementation)	1 month after receipt of National Plan 3 months after receipt of National Plan
<i>Preparedness for major emergencies</i>	Improve preparedness for major emergencies: <ul style="list-style-type: none"> Major emergency responses planned, maintained and tested. Public crowd procedure established. 	<ul style="list-style-type: none"> Regional Major Emergency Response Plan reviewed 	Regional Lead Emergency Planning	Q 1
Research and Development	<ul style="list-style-type: none"> Database of research activity established. Metrics for research performance in place. Health Innovation Centre established through partnership with enterprise agencies and industry. 	<ul style="list-style-type: none"> Participation by DNE staff as appropriate. 	All	Ongoing

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
<p>Treating Tobacco Addiction as a Care Issue</p>		<ul style="list-style-type: none"> ▪ All cancer centres of excellence designated their campuses as smoke free by end of 2011 ▪ All hospitals have plans in place to make their campuses smoke-free by 2015 ▪ ISAs will treat tobacco addiction as a care issue by offering smoking cessation services 	<p>ISAMs</p>	<p>Q4</p> <p>Q2</p> <p>Ongoing</p>
<p>Performance Activity & Performance Indicators</p>	<p>Expected Activity / Targets 2011 contained in National Service Plan 2011</p>	<ul style="list-style-type: none"> ▪ Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected Activity/Targets are achieved ▪ Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	<p>Regional Quality & Risk Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p>

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010			Expected Activity / Target 2011	
Health Care Assurance							
% of national audits, as specified in audit plan, commenced New PI for 2011	DNE	National		DNE	National		DNE National
						100%	100%
% of audits completed within the timelines in audit plan New PI for 2011	DNE	National		DNE	National		DNE National
						75%	75%
Service Level Agreements							
Agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place:	DNE	National		DNE	National		DNE National
i). % of agencies					100%	100%	100%
ii). % of funding					100%	100%	100%
Service User Involvement and Advocacy							
% of primary care Local Implementation Groups with at least 2 community representatives in each LHO New PI for 2011	DNE	National		DNE	National		DNE National
						75%	75%
No. of volunteer advocates trained New PI for 2011	DNE	National		DNE	National		DNE National
						200	200
Parliamentary Questions							
% of Parliamentary Questions dealt with within 15 working days New PI for 2011	DNE	National		DNE	National		DNE National
						75%	75%
Complaints							
% of complaints investigated within legislative timeframe New PI for 2011	DNE	National		DNE	National		DNE National
						75%	75%
% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations) New PI for 2011	DNE	National		DNE	National		DNE National
						75%	75%
Environmental Health Tobacco Control							
No. of sales to minors and test purchases carried out For reporting in 2011	DNE	National		DNE	National		DNE National
							80

	Expected Activity / Target 2010		Projected Outturn 2010			Expected Activity / Target 2011		
Food Safety								
% of the total number of high risk food premises which receive one full programmed inspection New PI for 2011	DNE	National		DNE	National		DNE	National
							100%	100%
Import Control								
% of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation New PI for 2011	DNE	National		DNE	National		DNE	National
							100%	100%
International Health Regulations								
All designated ports and airports to receive an inspection to audit compliance with the International Health Regulations 2005 New PI for 2011	DNE	National		DNE	National		DNE	National
								8
Cosmetics and Food Product Safety								
% achievement with the cosmetic plan New PI for 2011	DNE	National		DNE	National		DNE	National
							100%	100%
% achievement with the food sampling plan New PI for 2011	DNE	National		DNE	National		DNE	National
							100%	100%
Blood Policy								
No. of units of platelets ordered in the reporting period	DNE	National		DNE	National		DNE	National
					22,750			22,000
%. of units of platelets outdated in the reporting period New PI for 2011	DNE	National		DNE	National		DNE	National
								<10%
% usage of O Rhesus negative red blood cells per hospital New PI for 2011	DNE	National		DNE	National		DNE	National
								<11%
% of red blood cell units rerouted to hub hospital New PI for 2011	DNE	National		DNE	National		DNE	National
								<5%
% of red blood cell units returned out of total red blood cell units ordered. New PI for 2011	DNE	National		DNE	National		DNE	National
								<2%

Delivering Integrated Services Primary, Community and Hospital Care

Introduction

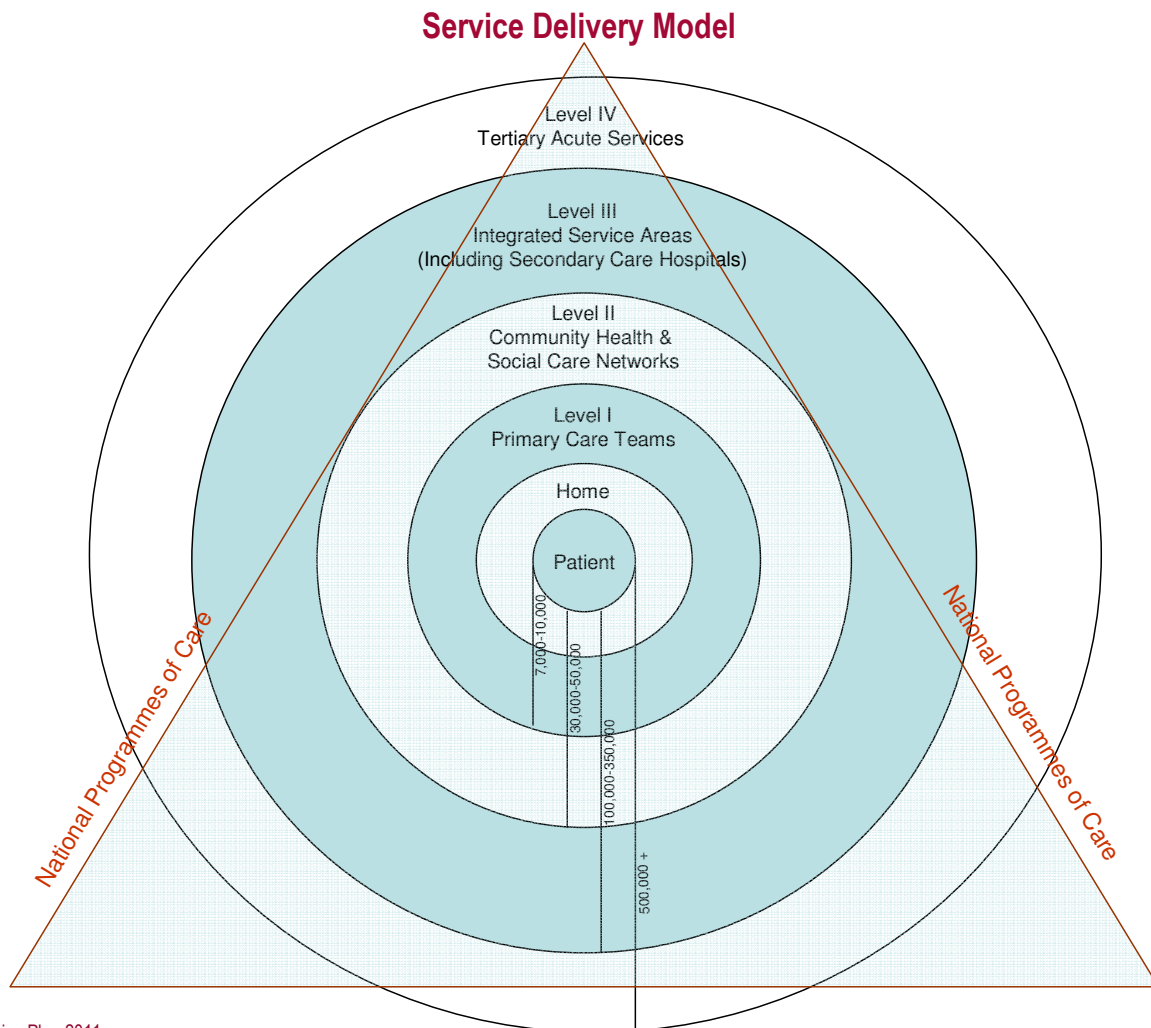
HSE DNE aims to provide people with the type and quality of care they need, when they need it, in the most appropriate setting and from the most appropriate health professional or team of health professionals.

Delivery of services crosses between primary, community and hospitals. Services are being reconfigured to focus on the complete needs of the patient and / or client, while also prioritising effective working relationships across services, providing a more responsive and accountable service.

During 2011, we will continue to strive for the maximum provision of integrated clinical services across acute hospitals, ambulatory and primary care settings.

This section sets out the key clinical services to be delivered for people in need of acute or chronic care. It initially focuses on services to be provided by primary care in the community, followed by the type and volume of services to be delivered in our acute hospitals in 2011, including the programmes of clinical care and chronic disease interventions commenced last year. This section concludes with a specific focus on what will be achieved by the National Cancer Control Programme in 2011.

This plan focuses on the specific areas that we will focus on in DNE to enhance the delivery of services in an integrated manner.



Primary Care Services in the Community

Introduction

Our Primary Care Services aim to support and promote the health and wellbeing of the population by making people's first point of contact with our health services easily accessible, integrated and locally based. The availability of chronic diseases programmes and diagnostic services in primary care, where appropriate, will mean that patients do not need to attend hospitals for these services.

Our **priorities for 2011** are to:

- Continue developing Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs) in DNE
- Improve disease management in both primary and ambulatory care services
- Implement Audiology Report recommendations
- Improve prescribing patterns
- Implement recommendations from the General Practice (GP) Co-Op review
- Implement the *Independent Strategic Review of the Delivery and Management of HSE Dental Services* and DoHC's *Oral Health Policy*, and
- Deliver the Human Papilloma Virus (HPV) vaccine to the specified cohort of young women

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs) <i>Progress the establishment of PCTs and HSCNs</i>	Development of PCTs and HSCNs by: Increased access to primary care services through 527 PCTs by: <ul style="list-style-type: none"> ▪ Continued realignment of existing staff to new and existing teams ▪ Clinical leadership developed, and Clinical governance and service management implemented for teams in operation. 	<ul style="list-style-type: none"> ▪ Continued implementation of Regional Implementation Plan to ensure realignment of existing staff to new and existing teams completed resulting in remaining 38 PCTs in place in DNE 	Regional Primary Care Lead (Approach)	Q4
		<ul style="list-style-type: none"> ▪ Primary Care Management Group established in each LHO to provide overarching leadership to progress the development of primary care services 	ISAMs (Implementation)	Q1
		<ul style="list-style-type: none"> ▪ Admin resources within LHOs reconfigured in order to provide 0.5 wte dedicated support to all PCTs in place. 		Q3
		<ul style="list-style-type: none"> ▪ Training programme devised and provided to PCT admin staff within each LHO in relation to their role in supporting PCTs 		Q3
		<ul style="list-style-type: none"> ▪ Implementation of Interim arrangement for HSCN Administration by 		Q2

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		reconfiguration of staff at Grade V and above within each LHO <ul style="list-style-type: none"> Implementation of Interim arrangement of Clinical leadership within HSCNs by assigning management responsibility to members of Primary Care Management Group within each LHO pending national guidelines 		Q3
	Enhanced service integration through the development of 134 HSCNs achieved: <ul style="list-style-type: none"> Specialist and care group services aligned, and General principles of referral and shared care arrangements implemented with secondary care, care group and specialist services. 	<ul style="list-style-type: none"> Regional approach agreed and LHO Implementation Plans developed to ensure that network meetings are taking place in all 29 HSCNs and that Specialist and Care Group Services are aligned to HSCNs in all LHOs 	Regional Primary Care Lead (Approach) ISAMs (Implementation)	Q1 Q4
	<ul style="list-style-type: none"> Evidence based research on PCTs progressed with Departments of General Practice in 3rd Level Universities and the Health Research Board (National Dependency). 	<ul style="list-style-type: none"> Participate as appropriate in evidence based research on PCTs 	Regional Primary Care Lead /ISAMs	Q3
	<ul style="list-style-type: none"> Electronic referrals systems from primary care to acute sector developed (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach developed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within two further months 	Regional Primary Care Lead (Approach) ISAMs (Implementation)	1 month after receipt of National Plan 3 months after receipt of National Plan
Chronic Disease Management <i>Cross directorate planning in delivering integrated chronic disease programmes</i>	Improved disease management in primary and ambulatory care settings: Commencement of plans for the management of chronic disease in primary care supported by guidelines with a focus on: <ul style="list-style-type: none"> Stroke Heart Failure Asthma Diabetes Chronic Obstructive Pulmonary Disease (COPD) Dermatology / Rheumatology, and Care of the Elderly (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed for the management of chronic disease in primary care within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within 2 further months. Plans will include: gap analysis, identification of pilot sites, guidance on the management of specific chronic diseases 	Regional Primary Care Lead (Approach) ISAMs (Implementation)	1 month after receipt of National Plan 3 months after receipt of National Plan

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Enhancement of Primary Care Services	<ul style="list-style-type: none"> Planning for delivery of IV therapy services in community settings undertaken (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed relating to delivery of IV therapy services in community settings within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within two further months Regional analysis of existing governance and reporting arrangement of CITs conducted 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Lead for Older Persons</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q 4</p>
Promoting Health	<ul style="list-style-type: none"> Implementation of the <i>Health Promotion Strategic Framework</i> commenced and associated actions regarding national health promotion policy in the key settings (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within two further months 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<p>Enhanced services for targeted groups by implementing the following programmes through PCTs:</p> <ul style="list-style-type: none"> Falls prevention Team based approaches to mental health, including the consultation liaison model as described in Vision for Change Smoking cessation, and Breastfeeding. 	<ul style="list-style-type: none"> Regional approach agreed to deliver enhanced services through PCTs to targeted groups including: Falls Prevention, Team Based Mental Health Training, Smoking Cessation, Breastfeeding with LHO Implementation Plans agreed and commenced within two further months 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q 2</p>
Delivering integrated cancer programmes	<ul style="list-style-type: none"> Initiatives for implementation in a primary care setting developed with the National Cancer Control Programme including (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within two further months 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
Audiology Services	<p>Implementation of Audiology Report recommendations</p> <ul style="list-style-type: none"> Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations (upon adoption of report). Newborn hearing screening further rolled out in line with national model (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within two further months 	<p>Regional Audiology Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Prescribing	<p>Improved prescribing through:</p> <ul style="list-style-type: none"> Working with GPs to deliver more cost effective prescribing choices. 	<ul style="list-style-type: none"> Regional approach agreed in relation to working with GPs on improved prescribing by GPs through increasing awareness of cost effective prescribing choices with LHO Implementation Plans agreed and commenced within two further months 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q3
Out Of Hours	<p>Implementation of recommendations from GP Co-Op Review:</p> <ul style="list-style-type: none"> Streamlining of services through implementation of recommendations of GP Co-Op Review. 	<ul style="list-style-type: none"> Changeover to primarily STC based payments completed. Regional Plan agreed in connection with the implementation of GP Out of Hours Review (balance of review elements) 	<p>ISAMs</p> <p>Regional GP Out of Hours Lead</p>	<p>Q1</p> <p>Q1</p>
Oral Health Policy	<ul style="list-style-type: none"> Independent Strategic Review of the Delivery and Management of HSE Dental Services implemented in partnership with regions. Planning for the implementation of the DoHC's Oral Health Policy (when published) commenced in conjunction with the regions (National Dependency). 	<ul style="list-style-type: none"> Continued implementation of recommendations of Independent Strategic Review of the Delivery and Management of HSE Dental Services Implementation approach agreed for implementation of the DoHC's Oral Health Policy within one month of receipt of policy with LHO Implementation Plans agreed and commenced within two further months 	<p>Regional Oral Health Lead</p> <p>Regional Oral Health Lead</p> <p>ISAMs (Implementation)</p>	<p>Ongoing</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
Immunisation	HPV delivered to cohort of young women as specified in policy.	<ul style="list-style-type: none"> Regional approach agreed re HPV delivered to cohort of young women in DNE as per national policy and in line with regional and local plans 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q4
Performance Activity & Performance Indicators	Expected Activity / Targets 2011 contained in National Service Plan 2011	<ul style="list-style-type: none"> Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected NSP Activity/Targets are achieved Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	<p>Regional Primary Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q1

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
Primary Care Teams (PCTs)							
	DNE	National	DNE	National	DNE	National	
Number of PCTs holding clinical meetings	84	394	79	394	117		
Dublin North West	13		13		24		
Dublin North Central	21		21		21		
North Dublin	27		27		27		
Meath	6		5		19		
Louth	8		4		12		
Cavan/Monaghan	9		9		14		
	DNE	National	DNE	National	DNE	National	
Number of PCTs in development	33	133	38	133	0	0	
Dublin North West	11		11		0		
Dublin North Central	0		0		0		
North Dublin	0		0		0		
Meath	13		14		0		
Louth	4		8		0		
Cavan/Monaghan	5		5				
	DNE	National	DNE	National	DNE	National	
No. of patients / clients discussed at a Clinical Team Meeting (CTMs) for the reported month NEW PI					18,405	83,205	
	DNE	National	DNE	National	DNE	National	
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	100%	100%	294 (100%)	1,283 (100%)	294 (100%)	1,283(100%)	
	DNE	National	DNE	National	DNE	National	
No. of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008) For reporting in 2011			3	34	3	57	
Dublin North West			0		0		
Dublin North Central			0		0		
North Dublin			0		0		
Meath			2		2		
Louth			1		1		
Cavan/Monaghan			0		0		

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
	DNE	National	DNE	National	DNE	National	
Primary Care Teams (PCTs)							
No. of PCTs implementing a structured education programme for diabetes patients separate from a structured integrated care programme. NEW PI						29	57
	DNE	National	DNE	National	DNE	National	
No of patients / clients formally partaking in structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008) For reporting in 2011						90	3,880
Meath						60	
Louth						30	
	DNE	National	DNE	National	DNE	National	
No. of PCTs that are continuing to implement structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines, 2008) For reporting in 2011			2	16		2	16
Dublin North Central				1		1	
Meath				1		1	
	DNE	National	DNE	National	DNE	National	
No. of patients / clients continuing to partake in formal structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines 2008) For reporting in 2011			65	457		65	457
Dublin North Central				17		17	
Meath				48		48	
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
GP out of Hours							
	DNE	National	DNE	National	DNE	National	
No. of contacts with GP out of hours	145,200	880,000	145,200	880,000	159,720	*968,000	
Dublin North	88,500		88,500		90,000		
North East	56,700		56,700		69,720		
*Increased target 2011 reflects inclusion of existing contracts not currently recorded rather than additional people being seen							

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
Immunisations							
	DNE	National		DNE	National	DNE	National
% of children 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3), Meningococcal group C (MenC3) For reporting in 2011						95%	95%
	DNE	National		DNE	National	DNE	National
% of children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2) New PI for 2011						95%	95%
	DNE	National		DNE	National	DNE	National
% of children at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC2)	95%	95%	95% (Actual 88.1%)	89% Q2 data		95%	New PI 95%
Dublin North West			79.70%				
Dublin North Central			89.90%				
North Dublin			90.40%				
Meath			90.40%				
Louth			90.70%				
Cavan/Monaghan			91.30%				
	DNE	National		DNE	National	DNE	National
% of children 24 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3) and hepatitis B (HepB3) (6 in 1 vaccine) For reporting in 2011						95%	95%
	DNE	National		DNE	National	DNE	National
% of children at 24 months of age who have received one dose of the Meningococcal C vaccine (MenCb) between 12 months and 24 months of age.	95%	95%	---	91.50%		95%	New PI 95%

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Immunisations						
	DNE	National	DNE	National	DNE	National
% of children 24 months of age who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	95%	89% (Actual 90.6%)	90% Q2 data	95%	95%
Dublin North West			84.50%			
Dublin North Central			91.40%			
North Dublin			92.30%			
Meath			91.30%			
Louth			92%			
Cavan/Monaghan			95.10%			
	DNE	National	DNE	National	DNE	National
HPV – no and % of first and second year girls to have received the third dose of HPV vaccine in 2011 New PI for 2011					80%	46,400 (80%)
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child Health / Developmental Screening						
	DNE	National	DNE	National	DNE	National
% newborn babies visited by a PHN within 48 hours of hospital discharge	100%	95%	89% (Actual 73.4%)	90% Q2 Data	95%	95%
Dublin North West			82.10%			
Dublin North Central			69%			
North Dublin			79.50%			
Meath			52.40%			
Louth			51.80%			
Cavan/Monaghan			100%			
	DNE	National	DNE	National	DNE	National
% newborn babies visited by a PHN within 72 hours of hospital discharge New PI for 2011						100% New PI for 2011
	DNE	National	DNE	National	DNE	National
% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age	90%	90%	87% (Actual 83%)	64% Oct Data	90%	90%
Dublin North West			90.60%			
Dublin North Central			80.20%			
North Dublin			66.10%			
Meath			87.90%			
Louth			78.20%			
Cavan/Monaghan			100%			

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Orthodontics						
	DNE	National		DNE	National	
Total no. of patients receiving treatment during reporting period		22,130		18,000		18,000
DNC/DNW/DN	949					
Meath/Cavan	838					
Louth/Monaghan	540					
	DNE	National		DNE	National	
Total no. of patients in retention during reporting period		Included in above		Included in above		To be disaggregated in 2011
DNC/DNW/DN	291					
Meath/Cavan	510					
Louth/Monaghan	311					
	DNE	National		DNE	National	
Total no. of patients who have been discharged with completed treatments during reporting period		2,000		5,000		2,000
DNC/DNW/DN	269					
Meath/Cavan	239					
Louth/Monaghan	204					
	DNE	National		DNE	National	
Waiting time for Orthodontic assessment						
i) % assessed within 6 months						New PI for 2011 75%
	DNE	National		DNE	National	
ii). % assessed within 9 months						New PI for 2011 90%
	DNE	National		DNE	National	
Waiting time for Orthodontic Treatment:						
i). % of Grade 5 (surgically dependant patients with impacted canines) treated within 9 mths						New PI for 2011 75%
	DNE	National		DNE	National	
ii). % of Grade 5 (surgically dependant patients with impacted canines) treated within 12 mths						New PI for 2011 90%
	DNE	National		DNE	National	
iii). % of Grade 5a (functional case) treated within 3 months						New PI for 2011 90%
	DNE	National		DNE	National	
iv).% of Grade 4 treated within 2 years (excluding Grade 4d, crowding)						New PI for 2011 75%
	DNE	National		DNE	National	
v). % of grade 4d treated within 3 years						New PI for 2011 75%

Acute Services and Pre-Hospital Emergency Care

Introduction

The Dublin North East Region has ten hospitals, which deliver a wide range of services to our population which include assessment, diagnosis, treatment and rehabilitation of both acute complex conditions as well as non-urgent conditions.

A significant focus across the hospital and primary care sector in 2011 will be the development of the delivery platforms (at hospital level) for each of the care programme elements. Introduction of the care programmes will require commitment to changes in service organisation and delivery and aim ultimately to ensure the best quality outcome for patients and the best value for money for the health service. The acute sector will need, during 2011, to maintain current service requirements in a difficult operating environment. The services will need to manage potential shortfalls in NCHDs and the impact of the recent retirement and redundancy arrangements at local hospital level.

A number of challenges for the hospital sector include:

- The current practice of delivering both acute and non acute healthcare in hospitals
- The international evidence that acute complex healthcare, particularly for emergency medicine, complex surgical services and critical care services should be provided in hospitals with high volume activity by a critical mass of expert workforce
- Evidence from the Acute Hospital Programme of the need and benefits of smaller hospitals in the provision of key growth areas in healthcare including day surgery, ambulatory care, outpatients, rehabilitation and palliative care.
- Access pressures in Outpatient Departments (OPDs), Emergency Departments (EDs), diagnostic and inpatient services despite providing more services year on year
- The shortage of NCHDs in the country, and
- Maximising the leadership of Clinical Directors.

Our **priorities in DNE for 2011** are to:

- Implement the **Acute Medicine Programme** (AMP) in three hospitals:
 - Medical patients will be cared for based on their needs and acuity in an increasing number of Acute Medical Units (AMUs) in accordance with agreed pathways of care set out by the AMP. These will prevent admission in many cases and direct patients into more convenient avenues of care, such as rapid access clinics and day service units. Senior decision makers will be put in place at weekends.
- Implement the **Emergency Medicine Programme** (EMP) in three hospitals:
 - Emergency care will be improved by reducing waiting times for admission, better patient experience and ED avoidance
- Implement the **Elective Surgery Programme** (ESP) in all hospitals providing surgery:
 - The patient's elective surgical journey will be improved through better access, the use of defined pathways, better processes and monitoring of clinical outcomes through the ESP. In 2011 actual performance for selected medical and surgical procedures will be monitored as part of the implementation of the acute medicine and surgical programmes. This will facilitate the development of appropriate performance indicators and targets in 2011, in particular on Average Length of Stay (ALOS) for elective and emergency surgical and medical procedures. Waiting times for elective surgery will also be measured.
- Implement the OPD Data Quality Programme in all hospitals
- Specifically target outpatient waiting times in **outpatient services**
- Commence **chronic disease programmes** in a number of acute settings, and
- Continue taking into account issues of accessibility, clinical standards and quality of care in the **reconfiguration** and reform of services in DNE.

In addition, we will continue to address the shortage of NCHDs through national and regional initiatives.

Key Performance Measures

The levels of services to be delivered by our acute hospital system in 2011 are set out in the following tables. These indicate the Dublin North East regional share of the national targets. Activity levels for our individual hospitals are contained in the KPI section. As with the rest of the country, acute hospital activity has grown year on year and the challenge is to manage demand and ensure that care is offered in the most appropriate setting, at optimal quality and with the most efficient use of resource. The targets for DNE set out are based on the experience in 2010, the available resource and the anticipated impact of the AMP in 2011. The delivery of this planned activity in 2011 requires a renewed focus on ensuring costs are controlled and that resources are used in a flexible way. The overall treatment capacity will be managed throughout the year in line with the activity targets.

Inpatient / Day Case: The overall activity levels planned for 2010 reflect the continued shift from inpatient to day case activity. The plan is to increase day cases by an additional 3% above the very significant increase made in 2010 and to target a reduction in the level of inpatient care provided of 2% over the 2010 levels. The net impact of these targets is to continue the year on year additional acute service activity, to build on the shift from inpatient to day cases, yet to acknowledge the reliance our system still has on the use of inpatient care.

	Inpatient Discharges			Day Cases		
	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Dublin North East	103,690	109,897	107,700	134,785	138,973	143,100
National Totals	540,993	586,102	574,400	689,310	733,131	755,100

Emergency Presentations / Admissions: Emergency presentations for Dublin North East in 2011 are planned to be in line with actual 2010 levels as are admissions from the ED. The AMP will involve the implementation of a range of clinical led initiatives aimed at emergency admission avoidance but nonetheless the numbers requiring admission will not significantly change in 2011. The AMP will also focus on a number of areas which will lead to improvements in EDs. There will be a continued focus on the development of acute medical and surgical assessment units and the use of MAUs for emergency admissions. Improvements within hospitals will be achieved through the focus on bed utilisation efficiency. In 2011 actual performance for selected medical and surgical procedures will be monitored as part of the implementation of the acute medicine and surgical programmes. This will facilitate the development of appropriate performance indicators and targets in 2011, in particular on ALOS for elective and emergency surgical and medical procedures. In addition, trends in elective surgical patient admission on the day of surgery will be further improved as well as proactive discharge planning, senior clinical decision-making particularly at weekends, and better access to assessment / diagnostics.

	Emergency Presentations			Emergency Admissions		
	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Dublin North East	246,086	240,199	240,200	66,366	72,525	71,800
National Totals	1,190,435	1,199,863	1,199,900	330,298	365,061	361,400

Outpatient (OPD): The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. Dublin North East will continue to play an active part in this process.

During 2011, we will continue specific initiatives to give an incentive to hospitals to improve access to OPD and reduce waiting time, particularly for those waiting longest.

Due to expanded and reformed metrics, a more full understanding of activity in Consultant delivered OPD clinics will begin to be available from Quarter 1. Safe recording, management and reporting of GP referrals is another key component of the programme. Attendance numbers are not expected to be directly comparable between 2010 and 2011 due to more refined definitions which will be in place. As a result, changes in month on month new attendance numbers will be of particular note during 2011. The focus will continue to be on proactively increasing the number of new attendees within

the overall attendance numbers. Two targeted areas will be dermatology and neurology where the recruitment of additional consultants will lead to a 30% increase in new outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set. Other clinical and administrative led quality improvement initiatives will also continue to improve access to OPD services.

	Outpatient Attendances			Ratio of New: Return		
	Expected Activity 2010	Projected Outturn 2010	*Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Performance Level 2011
Dublin North East	758,418	807,309	810,800	2.0	2.5	2.0
National Totals	3,394,882	3,577,560	3,591,700	2.0	2.6	2.0

*Due to clarified OPD data definitions, 2011 OPD activity may not be directly comparable with previous years. Close month on month monitoring will take place during 2011, beginning Quarter 1 when new metrics begin to be reported

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
For all QCC programmes the RDO and the region generally will be supported by the National and Regional Clinical Lead and the Programme Team.				
Performance Activity & Performance Indicators	<ul style="list-style-type: none"> Expected Activity / Targets 2011 contained in National Service Plan 2011 	<ul style="list-style-type: none"> Regional approach agreed and Implementation Plans developed and implemented for each new KPI to ensure expected NSP Activity/Targets are achieved. This will include collection feasibility study and collection plans for each hospital documented and commenced. (Where national guidance is required in relation to new PIs, implementation will commence within two months of receipt of this guidance.) 	Regional Performance Improvement Lead (Approach)	Q1
		<ul style="list-style-type: none"> Regional approach agreed and Improvement Plans developed and implemented for each hospital for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken. 	ISAMs (Implementation)	Q2
		<ul style="list-style-type: none"> Regional priority focus on improving access to services and reducing waiting times for: ED, OPD, Inpatient and Day Case. An incentive scheme implemented to ensure improvement achieved in these key areas with hospital allocations being withheld unless specific minimum improvement targets are met 	ISAMs	Ongoing
Medicine Acute Medicine Programme (AMP)	Implementation of AMP commenced with an initial focus on: <ul style="list-style-type: none"> Acute Medical Units (AMUs) functioning in 12 sites (National Dependency). 	Acute Medicine Programme implemented at pre-selected sites in region. Subject to RDO approval, these are: Beaumont, Mater & Our Lady of Lourdes Hospitals	RDO	Q1
		<ul style="list-style-type: none"> Rationale for site selection and programme implementation including targeted resourcing reviewed and signed off within 	ISAMs	Q2

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<p>one month of receipt of business case.</p> <ul style="list-style-type: none"> Gap analysis at each pre-selected site completed and documented Implementation Plans validated and commenced 	<p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>Q2</p> <p>Q2</p>
Critical Care Programme	<ul style="list-style-type: none"> Audit process for critical care (National Dependency). 	<ul style="list-style-type: none"> Cooperate with QCC on plans for audit process 	RDO/ISAMs	Q3
Emergency Care <i>Emergency Medicine Programme</i>	<ul style="list-style-type: none"> Emergency Medicine Programme introduced Completion of Patient Experience Time (PET) data set at all acute sites 	<p>Emergency Medicine Programme implemented at pre-selected sites in region. Subject to RDO approval, these are Beaumont, Mater & Our Lady of Lourdes Hospitals</p> <ul style="list-style-type: none"> Business case for site selection and programme implementation including targeted resourcing reviewed and signed off Gap analysis at each pre-selected site completed and documented Implementation Plans validated and commenced Status review, option appraisal and option selection documented for collection at Connolly Hospital (Q2) with Implementation commenced (Q4) subject to option appraisal Full data set being returned in Our Lady of Lourdes and Cavan General Hospital using IPMS ED package to return full data set. 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p> <p>ISAMs</p> <p>ISAMs</p>	<p>Q2</p> <p>Q3</p> <p>Q3</p> <p>Q4</p> <p>Q4</p>
Surgical Care <i>Elective Surgery Programme</i>	<ul style="list-style-type: none"> Rates of day surgery increased. Length of patient stay shortened for selected common elective 	<ul style="list-style-type: none"> Improvement Plan documented (Q1) and commenced (Q 2) to increase day surgery rates by 3% at all sites by Q 4 Business case Implementation Plan for Productive Theatre Project in place in Beaumont. Objectives for Q1-Q4 defined and agreed with ISAM to include local project team appointment, identification of showcase theatre, plans for establishing baseline data, reducing delays, over-running and overtime, improving list scheduling, access to beds and teamwork incorporating WHO <i>Guidelines for Safe Surgery</i> and measurable outcomes. RPIU representation on National AvLOS Group 	<p>ISAMs</p> <p>ISAMs</p> <p>Regional Performance Improvement Lead</p>	<p>Q1-Q4</p> <p>Q1</p> <p>Q1</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<p>inpatient surgical procedures (National Dependency).</p> <ul style="list-style-type: none"> Standardised care pathway guidelines developed (National Dependency). Audit programme introduced to monitor outcomes of process and to audit surgical mortality (National Dependency). 	<ul style="list-style-type: none"> Business case reviewed and signed off within one month of receipt of national guidance Gap analysis at each site completed and documented within a further two months Implementation Plans validated and commenced within a further one month Business case reviewed and signed off within one month of receipt of national guidance Gap analysis at each site completed and documented within a further two months Implementation Plans validated and commenced within a further one month 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validated)</p> <p>ISAMs (commenced)</p> <p>RDO</p> <p>ISAMs</p> <p>RDO (Validated)</p> <p>ISAMs (commenced)</p>	<p>1 Month after receipt of National Plan</p> <p>3 Months after receipt of National Plan</p> <p>4 Months after receipt of National Plan</p> <p>1 Month after receipt of National Plan</p> <p>3 Months after receipt of National Plan</p> <p>4 Months after receipt of National Plan</p>
Outpatient Programme				
<i>Outpatient data</i>	<p>Reformed data set adopted and reported in hospitals with 75% of OPD footfall nationally, including reformed referral management.</p> <ul style="list-style-type: none"> System and process modifications implemented. Reporting commenced. Standardised adherence to Reformed Data Set monitored and maintained. 	<ul style="list-style-type: none"> Full implementation of new OPD data set resulting in accurate reporting of OPD waiting lists 	ISAMs	Q2
<i>OPD service improvement</i>	<p>To improve access to services, 15 hospitals with longest waiting times identified and policies implemented on:</p> <ul style="list-style-type: none"> Waiting list validation 	<ul style="list-style-type: none"> RDO/ RPIU input into National OPD Project 2011 OPD Improvement plans for each 	<p>Regional Performance Improvement Lead</p> <p>ISAMs</p>	<p>Q1-Q4</p> <p>Q 1/Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<ul style="list-style-type: none"> DNA, and Improving new to return ratios (National Dependency). 	<p>hospital devised (Q1) and implementation commenced (Q2)</p> <ul style="list-style-type: none"> Reduction in overall waiting lists of 15% achieved Reduction in waiters over 6 months (adults)/3 months (children) by 25% achieved Reduction in waiters of over 12 months by 80% 	ISAMs	Q4
<i>Epilepsy</i>	Regional Epilepsy Centres defined.	<p>Expansion of Epilepsy Assessment and Treatment Unit Beaumont Hospital in line with national targets defined in QCC Programme business plan</p> <ul style="list-style-type: none"> Business case reviewed and signed off Gap analysis at Beaumont completed and documented Implementation Plans validated, commenced (Q2) and centre expanded by Q4 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>Q1</p> <p>Q2</p> <p>Q2</p> <p>Q2-Q4</p>
<i>Dermatology</i>	Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set	<ul style="list-style-type: none"> Business case reviewed and signed off Gap analysis at each site completed and documented within a further two months Implementation Plans validated and commenced within a further one month to achieve 30% increase in new attendances and reduction in those waiting (validated) over 3 months (child) / 6 months (adult) by 70%. New Consultant Dermatology Surgeon approved and appointment progressed 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validated)</p> <p>ISAMs</p> <p>RDO</p>	<p>Q1</p> <p>Q2</p> <p>Q2/Q3</p> <p>Q2</p>
<i>Neurology</i>	Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	<ul style="list-style-type: none"> Business case reviewed and signed off. Gap analysis at each site completed and documented with a further two months Implementation Plans to achieve 30% increase in new attendances and reduction in those waiting over 12 months based on national reformed data set documented and commenced within a further one month for completion by Q4 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>Q1</p> <p>Q2</p> <p>Q2/Q3</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
<i>Rheumatology and Orthopaedic</i>	12 musculo-skeletal physiotherapy led clinics in place (National Dependency).	<ul style="list-style-type: none"> Business case reviewed and signed off within one month of receipt of national plan Gap analysis at each site completed and documented with a further two months Implementation Plans to deliver national programme 2011 objectives including DNE musculo-skeletal physiotherapy led clinics commenced within a further one month 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>1 Month after receipt of National Plan</p> <p>3 Months after receipt of National Plan</p> <p>4 Months after receipt of National Plan</p>
Chronic Disease Interventions				
<i>Stroke</i>	Stroke Units meeting defined criteria in 9 new sites.	<p>Development of Acute Stroke Units in 2 new sites in DNE, enhancing 3 sites and meeting defined national criteria. Subject to RDO approval the new units will be in Our Lady of Lourdes and Cavan General Hospitals.</p> <ul style="list-style-type: none"> Business case for site selection and programme implementation reviewed and signed off Gap analysis at each site completed and documented Implementation Plans to deliver national programme 2011 objectives including 2 new stroke units DNE documented and commenced 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>Q1</p> <p>Q2</p> <p>Q2/Q3</p>
<i>Acute Coronary Syndrome</i>	<ul style="list-style-type: none"> Protocol for management of acute STEMI agreed. Primary PCI centres identified and 4 centres functioning (National Dependency). 	<ul style="list-style-type: none"> Business case for site selection and programme implementation reviewed and signed off within one month of receipt of national plan Gap analysis at each site completed and documented within a further two months Implementation Plans to deliver national programme 2011 objectives including 1 DNE PCI centre and management of STEMI to new protocol documented and commenced within a further one month 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>1 Month after receipt of National Plan</p> <p>3 Months after receipt of National Plan</p> <p>4 Months after receipt of National Plan</p>
<i>Heart Failure</i>	Structured Heart Failure Programmes available in 12 acute hospitals.	<p>Heart Failure programme to be developed at in 4 pre-selected sites in Region. Subject to RDO approval these are: Beaumont, Cavan General, Mater and Our Lady of Lourdes Hospitals.</p> <ul style="list-style-type: none"> Business case reviewed and signed off within one month of receipt of national plan 	<p>RDO</p> <p>ISAMs</p>	<p>Q 1</p> <p>Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<ul style="list-style-type: none"> Gap analysis at each site completed and documented within a further two months Implementation Plans to deliver national programme 2011 objectives documented and commenced for completion by Q4 	<p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	Q3/Q4
<i>Diabetes</i>	<ul style="list-style-type: none"> Retinopathy Screening Programme initiated with IT systems in place. National foot care programme introduced 	<ul style="list-style-type: none"> Co-operate and support NCCS in the provision of Retinopathy Screening Service <p>Foot care programme introduced with 4 pre-selected specialist multi-disciplinary teams in place in Region. Subject to RDO approval these are: Beaumont, Cavan General, Mater and Our Lady of Lourdes Hospitals:</p> <ul style="list-style-type: none"> Business case reviewed and signed off within one month of receipt of regional plan Gap analysis at each site completed and documented within a further two months Implementation Plans to deliver national programme 2011 objectives documented and commenced within a further one month 	<p>ISAMs</p> <p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>Ongoing</p> <p>Q1</p> <p>Q2</p> <p>Q3/Q4</p>
<i>COPD</i>	Structured programmes operational in 12 acute hospitals	<p>Structured programmes established at pre-selected sites in region. Subject to RDO approval, these are: Cavan General, Connolly and Our Lady of Lourdes Hospitals</p> <ul style="list-style-type: none"> Business case reviewed and signed off Gap analysis at each site completed and documented Implementation Plans to deliver national programme 2011 objectives documented and completed by Q4 Existing service in Beaumont to adopt the national model and report performance nationally 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p> <p>ISAMs</p>	<p>Q1</p> <p>Q2</p> <p>Q3/Q4</p> <p>Q 4</p>
<i>Asthma</i>	Asthma Education Programmes initiated.	<ul style="list-style-type: none"> Business case reviewed and signed off Gap analysis including training needs analysis at each ISA completed and documented Implementation Plans to deliver national programme 2011 objectives documented and completed 	<p>RDO</p> <p>ISAMs</p> <p>RDO (Validate)</p> <p>ISAMs (Commence)</p>	<p>Q1</p> <p>Q2</p> <p>Q2</p> <p>Q4</p>
Ambulance Services				

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Reconfigure ambulance services to respond to changing models of service.	Response times improved for life threatening emergencies Medical Director appointed Ambulance management structures reconfigured	Support national reconfiguration through engagement with National Ambulance Service <ul style="list-style-type: none"> Contribute to impact assessment and Implementation Plans 	RDO/ISAMs	Q1-Q4
Other service development areas				
Reconfiguration of our acute hospital system	Progression of our reconfiguration programme in line with agreed plans taking into account issues of accessibility, clinical standards and quality of care.	<ul style="list-style-type: none"> Draft Implementation Plan developed (Q1) for operational merger and AHC development between Connolly and Beaumont Hospitals with engagement process undertaken and necessary approvals completed Consultation process to consider options to enhance elective capacity and rationalise emergency department services in Dublin North established with links to relevant national clinical programmes Draft plan for the future roles of Our Lady's Hospital, Navan, Louth County Hospital, Dundalk and Our Lady Of Lourdes Hospital Drogheda in the context of the Acute Medicine Programme and the national QCC programmes developed and progressed Draft plan developed (Q1) for maximising utilisation of Monaghan Hospital developed with engagement process undertaken and necessary approvals completed 	ISAMs ISAMs ISAMs ISAMs	Q2 Q2 Q2 Q 2
Obstetrics and Gynaecology	Early Pregnancy Assessment Units operating in compliance with national guidelines.	<ul style="list-style-type: none"> Local Implementation Group in place in Rotunda; Regional Implementation Group in place for the North East Conduct gap analysis against national guidelines at Cavan General, Our Lady of Lourdes and Rotunda Hospitals Peer review process against gap analysis Develop implementation plans DNE EPAU's operating in compliance with national guidelines 	ISAMs	Q1 Q1 Q1 Q2
Paediatric services	<ul style="list-style-type: none"> Implementation of National Integrated Paediatric Model of Care 	<ul style="list-style-type: none"> Feed into national process as required 	ISAMs	Ongoing
Cystic Fibrosis	<ul style="list-style-type: none"> Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening Programme. 	<ul style="list-style-type: none"> Commence newborn screening for cystic fibrosis in line with National Plan 	ISAMs	Q2

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
<i>Renal services</i>	<ul style="list-style-type: none"> ▪ Maintain / increase number of renal transplants performed by National Renal Transplant Programme; NSP 2011 ▪ Home Haemodialysis Programme implemented nationally [target: 30 patients by year end]. ▪ Increased local haemodialysis capacity to cater for an additional 90-135 patients 	<ul style="list-style-type: none"> ▪ Complete recruitment of additional Renal Posts in Beaumont Hospital ▪ Continue to support the expansion of the national programme at Beaumont Hospital. ▪ Source and secure temporary dialysis capacity pending national tender ▪ Participate in evaluation of national tenders 	<p>ISAMs</p> <p>ISAMs</p> <p>ISAMs</p> <p>ISAMs</p>	<p>Q2</p> <p>Ongoing</p> <p>Q1</p> <p>Q3</p>
<i>Colonoscopy</i>		<ul style="list-style-type: none"> ▪ Continue to meet national targets for all P1 patients ▪ Continue DNE Priority 2 pilot audit process and engage with NQCC to agree relevant national targets 	<p>ISAMs</p> <p>RDO</p>	<p>Q1-Q4</p> <p>Q3</p>
<i>Management of NCHD posts within integrated clinical networks</i>	Restructured filling of training and non-training posts as they arise to ensure rotation between a regional centre / major teaching hospital and local hospitals in a network (in line with regional service delivery and reconfiguration requirements of each hospital within the network).	<ul style="list-style-type: none"> ▪ Undertake distribution study of number and type of NCHD posts in each hospital site in line with national approach ▪ Review study results at RAHF to determine redistribution plan. ▪ Commence implementation 	<p>RDO</p> <p>RDO/ISAMs</p> <p>ISAMs</p>	<p>Q1</p> <p>Q2</p> <p>Q3</p>
<i>Consultant Work practices</i>	Implementation of Consultant Contract	<ul style="list-style-type: none"> ▪ Continue to participate in national process as required 	<p>ISAMs</p>	<p>Ongoing</p>
	Full implementation of extended working days realised with parallel implementation of Croke Park Agreement.	<ul style="list-style-type: none"> ▪ Continue to participate in national process as required 	<p>ISAMs</p>	<p>Ongoing</p>
	Full compliance with public/private mix provisions	<ul style="list-style-type: none"> ▪ Standardise regional reporting processes ▪ Implement standardised regional reporting processes ▪ Quantify number and location of Consultants outside specified ratios and ensure proactive local management ▪ Report to National Team on issues arising 	<p>RDO</p> <p>ISAMs</p> <p>ISAMs</p> <p>ISAMs</p>	<p>Q1</p> <p>Q2</p> <p>Q1-4</p> <p>Ongoing</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	National Contract Audit.	<ul style="list-style-type: none"> Continue to participate in national process as required 	ISAMs	Ongoing
<i>National Integrated Medical Imaging System</i>	Implementation of system completed in designated areas.	Implement system in: <ul style="list-style-type: none"> Beaumont Hospital Mater Hospital North East Hospitals 	ISAMs	Q2 Q3 Q4
<i>Value for Money and Policy Review</i>	VFM Review of economic cost and charges associated with private and semi-private treatment in public hospitals	<ul style="list-style-type: none"> Continue to participate in national process as required 	ISAMs	Ongoing
<i>Funding of selected elective orthopaedic procedures in public hospitals</i>	<ul style="list-style-type: none"> Preparation commenced to fund selected hospitals on a prospective cost per procedure basis for certain orthopaedic procedures Funding commenced on amended basis 	<ul style="list-style-type: none"> Complete negotiation with Cappagh Hospital, QCC and NTPF 	RDO /ISAMs	Q1
		<ul style="list-style-type: none"> Commence implementation 	ISAMs	Q2

Performance Activity and Performance Indicators

Performance Activity	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity/ target 2011
Discharge Activity			
No. of patients discharged:			
i) Inpatient			
Mater	14260	15685	**15230
Beaumont	19031	21635	21006
Cappagh	1970	2403	2332
Rotunda	15355	15803	15803
Connolly	8650	10308	10010
Our Lady of Lourdes Drogheda	19980	20776	20370
Our Lady's Navan	5440	6021	5846
Louth Co. Dundalk	4295	2371	2302
Louth/Meath Group	29715	29168	28520
Cavan General	14709	15150	14800
Cavan Monaghan Group	14709	15150	14800
DNE total	103690	110152	107699
** Targets for Mater Hospital are provisional and subject to final agreement			
ii) Daycase			
Mater	36294	38542	**39490
Beaumont	46645	46400	47541
Cappagh	8190	8627	8839
Rotunda	3064	3314	3395
Connolly	8484	9300	9529
Our Lady of Lourdes Drogheda	8414	8727	8942
Our Lady's Navan	4579	4698	4814
Louth Co. Dundalk	5376	5940	6086
Louth/Meath Group	18369	19365	19792
Cavan General	8533	8811	9028
Monaghan	5206	5347	5478

Performance Activity	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity/ target 2011
Cavan Monaghan Group	13739	14158	14506
DNE total	134785	139706	143142
iii) Elective	--	--	--
iv) Non-elective	--	--	--
% of Public Patients discharged			
i) Inpatient	80%		80%
ii) Daycase	80%		80%
iii) Elective	--		--
iv) Non-elective	--		--
Emergency Activity			
i) No. of emergency presentations			
Mater	44224	47365	**47488
Beaumont	47893	48474	48600
Connolly	31741	31324	31405
Our Lady of Lourdes Drogheda	48857	52207	59983
Our Lady's Navan	23190	20090	20142
Louth Co. Dundalk.	17517	7621	0
Louth/Meath Group	89564	79918	80125
Cavan General	32664	32497	32581
Cavan Monaghan Group	32664	32497	32581
DNE Total	246086	239578	240199
ii) No. of ED attendances	--	--	--
iii) No. of emergency admissions			
Mater	11665	12372	**12213
Beaumont	14881	16903	16686
Connolly	7290	8442	8334
Our Lady of Lourdes Drogheda	15001	17563	19067
Our Lady's Navan	4187	4426	4369
Louth Co. Dundalk	3665	1752	0
Louth Meath Group	22853	23741	23436
Cavan General	9677	11274	11,129
Cavan Monaghan Group	9677	11274	11129
DNE Total	66366	72732	71798
Outpatients Activity			
i) No. of outpatient attendances			
Mater	194000	203294	**205220
Beaumont	153500	170936	171604
Cappagh	8100	7973	8300
Rotunda	85129	91037	91900
Connolly	63175	68500	69149
Our Lady of Lourdes Drogheda	109081	110434	111480
Our Lady's Navan	39024	39086	39456
Louth Co. Dundalk	23283	27618	28580
Louth Meath Group	171388	177138	179516
Cavan General	57777	61221	61801
Monaghan	25349	23041	23259
Cavan Monaghan Group	83126	84262	85060
DNE total	758418	803140	810749
ii) No. of outpatient attendances (new)			
iii) No. of outpatient attendances (return)			
% DNA new rate			
Mater	10%	14.4	10%
Beaumont	10%	21.7	10%
Cappagh	10%	12	10%
Rotunda	10%	12.1	10%
Connolly	10%	21.4	10%

Performance Activity	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity/ target 2011
Our Lady of Lourdes Drogheda	10%	14.6	10%
Our Lady's Navan	10%	10.5	10%
Louth Co. Dundalk	10%	12.7	10%
Cavan General	10%	8.4	10%
Monaghan	10%	13.1	10%
% DNA return rate			
Mater	10%	17.5	10%
Beaumont	10%	18	10%
Cappagh	10%	10.9	10%
Rotunda	10%	13.4	10%
Connolly	10%	16.2	10%
Our Lady of Lourdes Drogheda	10%	10.9	10%
Our Lady's Navan	10%	11.9	10%
Louth Co. Dundalk	10%	16.9	10%
Cavan General	10%	11	10%
Monaghan	10%	10.3	10%
Births			
Total no. of births			
Rotunda	9027		8911
Our Lady of Lourdes Drogheda	4174		3705
Cavan General	2033		1980
DNE total	15234		14596
Elective Non Elective and Public / Private Discharges			
Average Length of Stay (ALOS):			
Overall ALOS for all inpatient discharges and deaths			
Mater		12.4 *	National 5.6
Beaumont		9.1*	5.6
Cappagh		6.2*	5.6
Rotunda		3.3*	5.6
Connolly		7.9*	5.6
Our Lady of Lourdes Drogheda		4.5*	5.6
Our Lady's Navan		5.7*	5.6
Louth Co. Dundalk		7.1*	5.6
Cavan General		4.4 *	
		*November 2010	
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days			new PI 5
Median LOS for patients admitted with STEMI		Baseline to be established	new PI 7.5
Median LOS for patients admitted with Heart Failure		Baseline to be established	new PI
Median LOS for patients admitted with Heart Failure		Baseline to be established	new PI
Readmission rates			
Rate of Readmission for Heart Failure following discharge from hospital			< 20%
Day Cases			
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (General surgery, ENT, Ophthalmology)			
Mater	75%	79% *	75%
Beaumont	75%	85% *	85%
Cappagh	75%	78% *	77%

Performance Activity	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity/ target 2011
Rotunda	75%	87% *	87%
Connolly	75%	70% *	75%
Our Lady of Lourdes Drogheda	75%	43% *	75%
Our Lady's Navan	75%	73% *	75%
Louth Co. Dundalk	75%	66% *	75%
Louth Meath Group	75%	67% *	75%
Cavan General	75%	73% *	75%
Monaghan	100%	100% *	100%
Cavan Monaghan Group	75%	77% *	75%
DNE total	75%	* November 2010 78% *	75% minimum
Day of Procedure			
Overall % of elective inpatient procedures conducted on day of admission			
Mater	75%	45% *	75%
Beaumont	75%	33% *	75%
Cappagh	75%	26% *	75%
Rotunda	75%	56% *	75%
Connolly	75%	57% *	75%
Our Lady of Lourdes Drogheda	75%	19% *	75%
Our Lady's Navan	75%	23% *	75%
Louth Co. Dundalk	75%	74% *	75%
Cavan General	75%	72% *	75%
DNE total		39% *	
Emergency Department		* Nov 2010	
Average time from registration to discharge from ED:			
i) all patients		Baseline to be established	New PI for 2010
ii) Patients who require admission		Baseline to be established	
iii) Patients who are not admitted and discharged		Baseline to be established	
All Hospitals with EDs	< 6 hours		< 6 hours
% of patients admitted to hospital within 6 hours of ED registration			
All Hospitals with EDs	100%	Baseline to be established	100%
% of patients discharged within 6 hours of ED registration			
All Hospitals with EDs	100%	Baseline to be established	100%
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration			
All Hospitals with EDs	100%		100%
Outpatients (OPD)			
New: Return ratio All hospitals			1 : 2 minimum
Public Inpatient, Day Case and OPD Waiting Lists			
Adults			
% of adults waiting < 6 months (inpatient) All hospitals	100%	49%	100%
% of adults waiting < 6 months (daycase) All hospitals	100%	68%	100%
% of adults waiting > 6 months (OPD) All hospitals	100%	--	100%
Children			
% of children waiting < 3 months (inpatient)			
DNE	100%	78%	100%
Beaumont	100%	76%	100%
Our Lady of Lourdes Drogheda	100%	86%	100%
Cavan General	100%	50%	100%
% of children waiting < 3 months (daycase)			
DNE	100%	77%	100%
Beaumont	100%	70%	100%
Our Lady of Lourdes Drogheda	100%	80%	100%
Cavan General	100%	66%	100%

Performance Activity	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity/ target 2011
% of children waiting < 3 months (OPD)			
Beaumont	100%	--	100%
Our Lady of Lourdes Drogheda	100%	--	100%
Cavan General	100%	--	100%
Births			
No. and % delivered by Caesarean Section			
Rotunda	20%		20%
Our Lady of Lourdes Drogheda	20%		20%
Cavan General	20%		20%
Colonoscopy Service			
% of urgent referral waiting less than 4 weeks for colonoscopy All relevant hospitals	100%	100%	100%
Health Care Associated Infection (HCAI)			
MRSA bacteraemic notification rate per 1,000 bed days used All Hospitals	5% reduction	0.088 Q3 data	
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital, All Hospitals	4% reduction	75.18 Q3 data	
Alcohol hand rub consumption per 1,00 bed days used, All hospitals			
Consultant Public/Private mix			
Casemix adjusted public private mix by hospital for inpatients All hospitals	80 : 20		80 : 20
Casemix adjusted public private mix by hospital for inpatients All hospitals	80 : 20		80 : 20
Consultant Contract Compliance			
% of consultants compliant with contract levels (overall, Type B / B* and C) All hospitals	95%		100%

Improving our Infrastructure for Hospital Services

Capital projects that are to be completed and / or due to become operational in 2011 (see also Appendix 4):

Dublin North East

- Beaumont – neurosurgery upgrade
- Mater – mortuary upgrade; water services and distribution upgrade
- Cappagh – provision of 3 modular theatres
- Our Lady of Lourdes – intensive care upgrade; installation of modular mortuary; medical assessment unit; and educational facility
- Cavan General Hospital – renal unit

National Cancer Control Programme

Introduction

The National Cancer Control Programme (NCCP) is responsible for all components of cancer control with the exception of palliative care services. In Dublin North East, we will continue to work with NCCP to advance the implementation of the programme as it relates to our region.

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; it is planned to link a satellite unit in Cork University Hospital (CUH) into the national centre in 2011. 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 2011 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 development of anatomical site specific expert groups and the implementation of clinical governance arrangements for treatments.

Our **priorities in DNE for 2011** are:

- Initiate measures to support optimal management of cancer drugs
- Enhance theatre and ICU services to support cancer surgical throughput in the designated cancer centres
- The new radiation oncology units (Phase 1) in Beaumont Hospital will be operational whilst planning for Phase 2 continues
- The National Cancer Screening work programme includes completion of round 1 breast screening in South and West, continued provision of cervical screening and preparation for the launch of the colorectal screening programme in 2012, and
- The 2011 community oncology work programme, including building on its existing partnership with the Irish College of General Practitioners (ICGP), increasing the proportion of electronic referrals and delivering a community nurse training programme for medical oncology patients

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Lung Cancer Services	Rapid Access Clinics in Western region established	<ul style="list-style-type: none"> ▪ Ongoing support of NCCP Lung Cancer services within DNE 	ISAMs	ongoing
Urology Cancer Services	Prostate cancer surgery consolidated in 5 centres, including Mater Hospital	<ul style="list-style-type: none"> ▪ Support the consolidation of Prostate Cancer services in Mater and Beaumont. 	ISAMs	Q4
Rectal cancer services	Transfer rectal surgery into Beaumont and Mater.	<ul style="list-style-type: none"> ▪ Complete the transfer of Rectal Cancer services from Connolly Hospital to Beaumont Hospital completed ▪ Communicate and monitor implementation of Rectal Cancer Pathway once finalised by NCCP. 	ISAMs NCCP ISAMs NCCP	Q1

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Upper Gastrointestinal (GI) cancers	Upper GI cancers transferred into regional centres.	<ul style="list-style-type: none"> Upper GI cancer surgery consolidated into pre-designated centre in Beaumont Hospital 	ISAMs NCCP	Q1
Skin cancer services	Dermatology post in North West established in Sligo.	<ul style="list-style-type: none"> Obtain approval and complete recruitment of 1 Surgical Dermatology post for Beaumont in conjunction with QCC and NCCP 	ISAMs NCCP	Q2
Theatre/ICU/Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres.	<ul style="list-style-type: none"> Recruitment of 8 nursing posts (provisional) - 4 for Mater Hospital and 4 for Beaumont Hospital once business plan for same is agreed with NCCP. 	ISAMs	Q1
Medical Oncology	Initiate measures to support optimal management of cancer drugs:	<ul style="list-style-type: none"> Complete recruitment of 2 Medical Oncologists - 1 for Mater Hospital and 1 for Beaumont Hospital 	ISAMs NCCP	Q2
Radiation Oncology (Phase 1)	New radiation oncology units (Phase 1) in Beaumont and St. James' will be operational whilst planning for Phase 2 continues: Units at St. James' and Beaumont fully functional and planning for Phase 2 commenced.	<ul style="list-style-type: none"> Conduct an Impact analysis on opening of NCCP Unit on Beaumont site, including additional inpatient resources supported by NCCP. 	ISAMs NCCP	Ongoing
Radiation Oncology (Phase 2)		<ul style="list-style-type: none"> Participate as required in the planning process. 	ISAMs NCCP	Q4
Quality Assurance through establishment of formal national quality clinical governance arrangements for common cancers		<ul style="list-style-type: none"> Clinicians nominated to participate as required in national clinical initiatives 	ISAMs NCCP	Q2
Gynaecology	Planning commenced for consolidation of surgery for gynaecological cancers into cancer centres.	<ul style="list-style-type: none"> Participation in planning process as required 	ISAMs	Ongoing
National Screening Service	National Cancer Screening Work Programme: 20 candidate Advanced Nurse Practitioners (ANPs) appointed in colonoscopy with a view to 15 graduations in 2013.	<ul style="list-style-type: none"> Commence Implementation Plans for independent accreditation at selected candidate sites, Cavan/ Monaghan, Louth Co. and Connolly hospitals under Colonoscopy National Screening Programme 	ISAMs NCCP	Q1

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Community Oncology Programme	2011 Community Oncology Programme Work Programme:	<ul style="list-style-type: none"> Participation in planning process as required 	ISAMs	Ongoing

Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
Symptomatic Breast Cancer Services			
Total no. of urgent attendances	National 10,000	12,700	13,000
	Beaumont		
	Mater		
Total no. of non urgent attendances	National 22,000	25,600	26,000
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 (<i>No and % offered an appointment that falls within 2weeks</i>)	9,500 95%	12,000 95%	12,350 95%
	Beaumont	95%	95%
	Mater	95%	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 urgent referrals (<i>No and % offered an appointment that falls within 12weeks</i>) <i>National</i>	20,900 95%	25,000 95%	25,000 95%
	Beaumont	95%	95%
	Mater	95%	95%
No. and % of newly diagnosed breast cancers discussed at MDT, National	2,500 100%	2,100 100%	2,100 100%
	Beaumont	100%	100%
	Mater	100%	100%
Lung Cancers			
Attendances at rapid access lung clinic	---	---	New PI for 2011
% 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	---	---	New PI for 2011 95%
No. of Rapid Access Diagnostics centres providing services for lung cancers		1	1
Prostate Cancers			
No. of centres providing services for prostate			
i). Rapid Access Diagnostics		2	2
ii). Surgery		2	2
Rectal Cancers			
No. of centres providing services for rectal cancers		2	2

Community (Demand Led) Schemes

Introduction

The Primary Care Reimbursement Service (PCRS) supports the delivery of primary health care by managing the operation of the Schemes and providing reimbursement services to Primary Care Contractors. It accounts for more than 18% of the overall HSE budget.

In 2011, we in DNE will work with the National System with the key aim to modernise the community schemes administered by the HSE. We will continue to extract efficiencies out of the system, standardise process and decision making and achieve economies of scale.

During the year, the cost savings of €424m in schemes will deliver nearly half of the overall annual cost savings for the HSE. There are considerable challenges to the delivery of this level of cost reduction and we recognise that the targets are aggressive. Should any shortfall arise, further action will be taken to deliver savings at the required level. The HSE is dependent on actions of the DoHC in regard to early implementation of key decisions to achieve these savings.

Our **priorities in 2011** are:

- The timely provision of Medical Cards and Primary Care Schemes through centralisation
- Rationalisation of all licensed drugs/medicines reimbursed based on need
- Review of all non drug items reimbursed under the Schemes for their appropriateness, and
- Delivery of €424m in cost savings nationally

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Modernisation of Community Schemes <i>Centralisation of medical cards</i>	<ul style="list-style-type: none"> ▪ Centralisation of Medical Cards. ▪ Efficiencies delivered through centralisation of Medical Cards and Schemes. ▪ Medical Card backlog addressed, if arises. ▪ Database of applications established (including cards issued and refused). 	<ul style="list-style-type: none"> ▪ Regional Implementation approach agreed and local Implemented Plans agreed and commenced to increase efficiencies through increased centralisation of Medical Cards and Schemes ▪ Regional Approach agreed for dealing with Medical Card backlogs if they arise 	Regional Community Schemes Lead (Approach) ISAMs (Implementation)	Q1 Ongoing Q1
<i>Probity</i>	<ul style="list-style-type: none"> ▪ Work Programme for Pharmacy and Dental established and commenced (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional Implementation approach within one month of receipt of national programme and local implementation plans agreed and commenced within a further two months 	Regional Community Schemes Lead (Approach) ISAMs (Implementation)	1 month after receipt of National Plan 3 months after receipt of National Plan

Children & Families

Introduction

Our services aim to promote and protect the health and wellbeing of children and families, particularly those who are at risk of abuse and neglect. The key reforms needed in 2011 are to improve the quality and consistency of services, and establish clear governance arrangements that strengthen accountability and in DNE will ensure that these are at the forefront of our efforts.

Our **priorities in 2011** are to meet all statutory requirements as per legislation, regulations and standards. This includes:

- Delivering all statutory services for child protection, children in care, special care, after care, youth homelessness, and adoption
- Implementing the actions of the *Commission to Inquire into Child Abuse* (Ryan Report)
- Implementing recommendations of internal and external audits of services e.g. HIQA's recommendations for children in care and child protection, and the *HSE's National Audit of Foster Care*
- Implementing the *Task Force Report* and the *Strategic Review of the Delivery and Management of Children and Family Services*
- Implementing the *Revised Children First* guidelines
- Maintaining and developing family support services and ensuring the provision of aftercare services are strengthened
- Further development of the National Child Care Information System (NCCIS) to ensure the implementation of standardised business processes with regard to assessment and care planning, and
- Progressing the work of the Crisis Pregnancy Programme

We will also continue working to improve quality and provision of effective community-based services for children with 'additional needs' and separated children seeking asylum, the rationalisation of special arrangements and maximising occupancy rates of residential units. We will work with the new National Lead for Children and Families Services to ensure the acceleration of the change process in DNE.

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Delivery of Statutory Services	Children in Care and Aftercare: <ul style="list-style-type: none"> ▪ Each child in care has a care plan and an allocated social worker. 	<ul style="list-style-type: none"> ▪ Regional Workload and Workforce plan agreed to achieve compliance and Implementation Plan commenced in each LHO. ▪ Review of all children under 12 years in residential care undertaken for each LHO and decisions to continue or change placement made. 	Regional Children & Families Lead (Approach)	Q1
			ISAMs (Implementation)	Q1
	<ul style="list-style-type: none"> ▪ Dedicated Children in Care Teams established in each area, in accordance with the strategic review of the delivery and management of children and family services implementation – (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional Implementation approach agreed within one month of receipt of national implementation guidance for the strategic review with LHO Implementation Plans agreed and commenced within 2 further months. 	Regional Children & Families Lead (Approach)	1 month after receipt of National Plan
			ISAMs (Implementation)	3 months after receipt of National Plan

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<ul style="list-style-type: none"> Audit of compliance of standardised alternative care planning template commissioned and completed (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation Plan agreed within one month of receipt of completed audit of compliance with LHO implementation plans agreed and commenced within 2 further months 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<ul style="list-style-type: none"> Compliance with <i>Section 45 of Child Care Act 1991</i> and 2010 policy directive from Minister for Children and Youth Affairs, in relation to Aftercare Services. 	<ul style="list-style-type: none"> Guidance developed and issued to support LHOs to conduct an analysis of need in relation to Aftercare Services Analysis of need completed in each LHO in respect of children leaving care and young people in aftercare 	<p>Regional Children & Families Lead</p> <p>ISAMs</p>	<p>Q1</p> <p>Q2</p>
	<ul style="list-style-type: none"> National Policy on Aftercare implemented (National Dependency). 	<ul style="list-style-type: none"> Regional Action Plan developed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within 2 further months Three additional Aftercare Workers recruited – 1 WTE each for Louth, Meath & Cavan Monaghan LHOs 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>ISAMs</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q2</p>
	<p>Special Care:</p> <ul style="list-style-type: none"> Capacity review of Special Care and High Support Services concluded (National Dependency). 	<ul style="list-style-type: none"> Input provided as appropriate for DNE as national operator of SP&HS Regional approach developed within one month of receipt of National Plan with LHO Implementation Plans agreed and commenced within 2 further months 	<p>Regional Children & Families Lead</p> <p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q 2</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<ul style="list-style-type: none"> Development programme to increase capacity continued to be progressed. Placements of children in special care facilitated as required. 	<ul style="list-style-type: none"> National operational submission prepared in relation to new capacity development programme informed by capacity review Draft Governance and Improvement Plan in respect of placement process prepared in consultation with National Director 	<p>ISAM CM</p> <p>ISAM CM</p>	<p>Q1 - Q2</p> <p>Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<ul style="list-style-type: none"> Placements made up to the level of available capacity. 	ISAM CM	Q1-Q4
	<p>Youth Homelessness:</p> <ul style="list-style-type: none"> Care needs of children under 18 years who are homeless met by the HSE services. In accordance with Ryan Implementation Plan, review undertaken of practice in relation to <i>Part 2, Section 5 of the Child Care Act</i> where homeless children can be placed in accommodation and not received into the care of the HSE (National Dependency). 	<ul style="list-style-type: none"> Each LHO will ensure that the care needs of children under 18 years, who are homeless or out of home, who are brought to their attention, will be met within available resources. Regional Implementation approach developed within one month of receipt from national with LHO Implementation Plans agreed and commenced within 2 further months 	<p>ISAMs</p> <p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q4</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<p>Child Protection and Implementing the Revised Children First Guidelines:</p> <ul style="list-style-type: none"> Compliance with provisions of <i>Child Care Act, 1991</i> and <i>Children First National Guidelines</i>. Cross-Sectoral Implementation Plan developed with supplementary HSE Implementation Plans across all four regions (National Dependency). Dedicated national and regional units to implement and monitor compliance with <i>Children First</i>. 	<ul style="list-style-type: none"> Interim Action Plans for 2011 developed and commenced in each LHO re 1999 Children First Guidelines (old guidelines). DNE participation in the development of the cross-sectoral Implementation Plan (new guidelines). DNE approach to implementing new guidelines developed within one month of receipt of national guidance with LHO Implementation Plans agreed and commenced within 2 further months DNE compliance monitoring plan developed and commenced by DNE Regional C&F Q&R Unit 	<p>ISAMs</p> <p>Regional Children & Families Lead</p> <p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Children & Families Lead</p>	<p>Q1</p> <p>Q2-Q3</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q4</p>
	<p>Adoption:</p> <ul style="list-style-type: none"> Arrangements are in place to ensure the full implementation of the 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of national 	Regional Children & Families Lead (Approach)	1 month after receipt of National Plan

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	provisions of <i>Adoption Act, 2010</i> as it relates to the HSE (National Dependency).	guidance to ensure compliance with the Adoption Act, (contingent on national issues have been resolved and resources allocated accordingly) with LHO Implementation Plans agreed and commenced within 2 further months	ISAMs (Implementation)	3 months after receipt of National Plan
Implementing strategies to support service delivery	Implementing the Task Force Report : Further development of the National Child Care Information System:			
<i>Task Force on Children and Families</i>	<ul style="list-style-type: none"> Standardised business processes implemented [through NCCIS] in the remaining 22 LHOs for referral, initial assessment and further assessment processes. 	<ul style="list-style-type: none"> Implementation of Phase 1 of Standard Business Process completed for the remaining LHOs in DNE – Dublin North Central, Dublin North West and North Dublin 	ISAMs	Q3
	<ul style="list-style-type: none"> Child Protection, Child Welfare and Children in Care, Family Welfare Conferences processes commenced (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation Plan agreed within one month of receipt of national plan with LHO implementation plans agreed and commenced within 2 further months 	Regional Children & Families Lead (Approach) ISAMs (Implementation)	1 month after receipt of National Plan 3 months after receipt of National Plan
	Children's Services Committees:			
	<ul style="list-style-type: none"> A further 8 Children Services Committees in place. 	<ul style="list-style-type: none"> Implementation Plans for the establishment of Children Services Committees for Meath and Cavan/Monaghan LHOs developed and implemented by Q 4 	ISAM Louth/Meath ISAM Cavan Monaghan	Q1
	Differential response model:			
	<ul style="list-style-type: none"> Model piloted in Dublin North East and preliminary evaluation completed. 	<ul style="list-style-type: none"> Pilot of the DRM continued in LHO North Dublin and preliminary evaluation commenced in accordance with LHO implementation plan. 	Regional Children & Families Lead /ISAM Dublin North	Q4
<i>Implementation of PA Consulting Report - Strategic Review of the Delivery and Management of Children and Family Services</i>	<ul style="list-style-type: none"> Implementation of PA Consulting Report on restructuring of children and family services commenced and including completion of initial testing in selected regions and expansion of rollout beyond these areas (National Dependency). 	<ul style="list-style-type: none"> Change management plans for each LHO developed and implemented by Q 4 in line with national rollout Needs analysis documented regarding business management support required for C&F in each LHO with action plans to address 	ISAMs Regional Children & Families Lead /ISAMs	Q2 Q3

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		prepared and implemented by Q 3		
	<ul style="list-style-type: none"> In line with the recommendation of the Ryan Implementation Plan review undertaken of working hours of HSE social work staff and those of funded agencies. Changes to working patterns / flexible working introduced where appropriate (National Dependency). 	<ul style="list-style-type: none"> Regional approach developed in line with any available national guidance Review completed, change plan documented and implemented by Q 4 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q 2</p> <p>Q 4</p>
Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009	<p>Implementing the actions of the Commission to Inquire into Child Abuse:</p> <ul style="list-style-type: none"> Research on social work staff retention issues commissioned and completed. 	<ul style="list-style-type: none"> Each LHO in DNE will participate in the process as required. 	Regional Children & Families Lead /ISAMs	Q3
	<ul style="list-style-type: none"> Maintain full 2010 complement of social work and related staff subject to the moratorium exemption and funding and output from research on social work staff retention issues. 	<ul style="list-style-type: none"> DNE Workload and Workforce plan approach documented and plan prepared Implementation of plan commenced in each LHO 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q 1</p> <p>Q 2</p>
	<ul style="list-style-type: none"> Additional 60 Social Workers appointed. 	<ul style="list-style-type: none"> Additional 10 C&F SW WTEs created in DNE by suppression of other lower priority posts DNE bid for allocation within 60 national posts prepared and submitted SW Caseload analysis project completed, DNE priority 10 + DNE Share Ryan 2011 60 allocated in accordance with the resource allocation model. DNE C&F SW Recruitment plan documented (Q 1) and implemented by Q 4 to ensure net C&F SW position at end 2011 is above end 2010 by minimum of DNE 10+Ryan 2011 WTEs 	<p>RDO / and HR</p> <p>Regional Children & Families Lead</p> <p>Regional Children & Families Lead</p> <p>and HR</p>	<p>Q1</p> <p>Q1</p> <p>Q1</p> <p>Q1</p>
	<ul style="list-style-type: none"> Mandatory year of limited caseload, supervision and support for newly qualified social workers in place (National Policy and 	<ul style="list-style-type: none"> Regional implementation approach agreed and communicated with implementation plans for each LHO documented and 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs</p>	Q1

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<p>Guidelines for the Introduction of Social Workers in Children and Family Social Services – issued November 2010).</p> <ul style="list-style-type: none"> Rotation of social workers across children in care, child protection and child welfare teams implemented where appropriate. 	<p>implementation commenced</p> <ul style="list-style-type: none"> Regional approach agreed with feasibility assessment and rotation plans documented and implementation commenced in each LHO 	<p>(Implementation)</p> <p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q2</p>
	<ul style="list-style-type: none"> Multidisciplinary team for children in care and detention established 	<ul style="list-style-type: none"> Multidisciplinary team established in accordance with the plan for Special Care & High Support services. 	<p>ISAM Cavan/Monaghan</p>	<p>Q2</p>
	<ul style="list-style-type: none"> Enhanced services for young people leaving care in line in line with statutory commitments and aligned with implementation of the <i>Strategic Review of the Delivery and Management of Children and Family Services</i>. 	<ul style="list-style-type: none"> Regional approach documented, feasibility studies completed, improvement plans documented and implementation commenced in each LHO 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q2</p> <p>Q3</p>
	<ul style="list-style-type: none"> Provision of additional counselling services to victims of child abuse (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of national guidance with LHO implementation plans agreed and commenced within 2 further months 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<ul style="list-style-type: none"> Analysis of addiction services for children nationwide based on best practice undertaken (National Dependency). 	<ul style="list-style-type: none"> Region will co-operate with the national analysis 	<p>Regional Children & Families Lead /ISAMs</p>	<p>Q4</p>
	<ul style="list-style-type: none"> Scoping exercise on data collection regarding children from ethnic minority backgrounds to ensure that their cultural identity is respected and their needs met. 	<ul style="list-style-type: none"> Region will co-operate with the national scoping exercise on data collection. 	<p>Regional Children & Families Lead /ISAMs</p>	<p>Q2</p>
	<ul style="list-style-type: none"> Audit of resources (financial and staff) carried out across HSE and funded agencies in delivering the children and families programme (National Dependency). 	<ul style="list-style-type: none"> Region will participate in the National Audit of resources. Regional process of audits / evaluation of staff and processes etc commenced in 2010 completed, recommendations documented and 	<p>Regional Children & Families Lead</p> <p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p> <p>Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		improvement plans commenced in each LHO		
	<ul style="list-style-type: none"> Practice placements supports for social work students enhanced (National Dependency). 	<ul style="list-style-type: none"> Enhanced practice placement supports provided for social work students in line with the national developments. 	Regional Children & Families Lead /ISAMs	Q2
	<ul style="list-style-type: none"> Project plan for archiving records of all children in care completed. 	<ul style="list-style-type: none"> Region will participate in the development of the national project plan as required. 	Regional Children & Families Lead /ISAMs	Q4
	<ul style="list-style-type: none"> Recommendations of the <i>2007 Report on Treatment Services for Persons who have exhibited Sexually Harmful Behaviour</i> implemented (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of national plan with implementation plans agreed and commenced within 2 further months 	Regional Children & Families Lead (Approach) ISAMs (Implementation)	1 month after receipt of National Plan 3 months after receipt of National Plan
	<ul style="list-style-type: none"> Exit interviews conducted with children leaving or changing care placements. 	<ul style="list-style-type: none"> Regional pilot approach documented and commenced Q 1 and completed Q 4 for sample young people leaving residential and foster care across all LHOs. Regional pilot approach documented and commenced Q 4 for sample young people changing placements 	Regional Children & Families Lead (Approach) ISAMs (Implementation) Regional Children & Families Lead (Approach) ISAMs (Implementation)	Q1 Q4 Q1 Q4
	<ul style="list-style-type: none"> Planned implementation of key findings and recommendations of independent reviews / serious case reviews and other relevant reports / inquiries. This includes HIQA reports and HSE's National Audit on Foster Care (National Dependency). 	<ul style="list-style-type: none"> Regional approach to establishing current position re outstanding reviews, reports etc agreed current status assessed and documented, improvement plans documented and commenced in all LHOs Regional Implementation plans documented and implementation commenced for each relevant LHO Re new reviews, reports etc 	Regional Children & Families Lead (Approach) ISAMs (Implementation) Regional Children & Families Lead (Approach) ISAMs (Implementation)	Q 1 – Q3 Q1-Q4

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		DNE Regional Governance Group for Children and Family Social Services established.	Regional Children & Families Lead/RQ&RM	Q2
	<p>Out of Hours:</p> <ul style="list-style-type: none"> Working with Children and Young People: A Quick Guide for Frontline Staff implemented (National Dependency). Young peoples' version of 'Your Service, Your Say' implemented (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed within one month of receipt of national guide with LHO Implementation Plans agreed and commenced within a further two months Regional approach agreed within one month of receipt of national document with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
<p>Crisis Pregnancy Programme Addressing the issue of crisis pregnancy through education, advice, counselling, medical and contraception services</p>	<p>Progressing the work of the Crisis Pregnancy Programme:</p> <ul style="list-style-type: none"> Implementation of the recommendations in the national strategy continued, with further projects identified and implemented (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of National Plan with Implementation Plans agreed and commenced within 2 further months 	<p>Regional Children & Families Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
<p>Service Level Agreements</p>	<p>Ensure that all SLAs are in place</p>	<ul style="list-style-type: none"> C&F 2011 Service Arrangements / Grant Aid Agreements approved and signed for each agency in each LHO 	ISAMs	Q1
<p>Service User Involvement /Community Participation</p>	<p>Service User involvement and advocacy</p>	<ul style="list-style-type: none"> Service user representation on each Foster Placement Committee Advocacy role of Irish Association of Young People in Care [IAYPIC] extended to children in foster care in Dublin North East. Regional monitoring service expanded and improved to include monitors meeting a sample of young people in foster care in addition to existing practice of meeting young people in residential care. 	<p>ISAMs</p> <p>Regional Children & Families Lead</p> <p>Regional Children & Families Lead</p>	<p>Q2</p> <p>Q2</p> <p>Q1</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		Review of improvement in monitoring completed.	Regional Children & Families Lead	Q4
Performance Activity & Performance Indicators	Expected Activity / Targets 2011 contained in National Service Plan 2011	<ul style="list-style-type: none"> ▪ Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected Activity/Targets are achieved ▪ Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	Regional Children & Families Lead (Approach) ISAMs (Implementation)	Q1

Improving our Infrastructure

Capital projects that are to be completed and / or due to become operational in 2011 (See also Appendix 4):

Dublin North East

- Castlefield Child Residential Unit – completion of the refurbishment of a residential house for children
- Coovagh House – refurbishment of centre
- Ballydowd – replacement of 12 beds

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child Abuse						
	DNE	National	DNE	National	DNE	National
No. of referrals of child abuse (abuse includes neglect as one of the 4 definitions) For reporting in 2011	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
% of referrals of child abuse and neglect where a preliminary enquiry took place within 24 hours	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
ii) % of these initial assessments which took place within 20 days of referral New PI for 2011	New PI for 2011		New PI for 2011		100%	100%
	DNE	National	DNE	National	DNE	National

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child Abuse						
iii) No. of first child protection conferences requested New PI for 2011	New PI for 2011		New PI for 2011		New PI for 2011	
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Family Support Services						
	DNE	National	DNE	National	DNE	National
No. of families in receipt of a family support service (see metadata for list if relevant services)	New PI for 2011		New PI for 2011		New PI for 2011	
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Residential and Foster Care						
	DNE	National	DNE	National	DNE	National
No. and % of children in care by care type	1,444	5,790	1,438	5,892	1,448	5,985
i No. and % of children in residential centre (Note: Include Special Arrangements)	129	399(7%)	120(8%)	421(7%)	130(9%)	
Dublin North West	44		42		46	
Dublin North Central	55		53		58	
North Dublin	14		12		13	
Louth	7		6		6	
Meath	7		6		6	
Cavan/Monaghan	2		1		1	
	DNE	National	DNE	National	DNE	National
ii No. and % of children in General Foster Care (not including day fostering)	775	3,567 (61%)	766Nov (53%)	3,479	782(54%)	60%
Dublin North West	190		187		191	
Dublin North Central	180		178		182	
North Dublin	66		64		65	
Louth	130		129		132	
Meath	103		102		104	
Cavan/Monaghan	106		106		108	
	DNE	National	DNE	National	DNE	National
iii No. and % of children in Relative Care	487	1596 (28%)	505 Nov (35%)		492 (34%)	30%
Dublin North West	189		195%		190	
Dublin North Central	151		154		150	
North Dublin	53		55		54	
Louth	52		55		54	
Meath	14		16		15	
Cavan/Monaghan	28		30		29	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Residential and Foster Care						
	DNE	National	DNE	National	DNE	National
iv No. and % of children in other care placements	53	228 (4%)	47 Nov (3%)	163 (2.8%)	44 (3%)	3%
Dublin North West	16		15		14	
Dublin North Central	5		3		3	
North Dublin	12		11		10	
Louth	8		7		6	
Meath	7		7		6	
Cavan/Monaghan	5		4		5	
	DNE	National	DNE	National	DNE	National
No. of children in single care residential placements	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of children in residential care age 12 or under	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of children in care in third placement within 12 months	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Allocated Social Workers						
	DNE	National	DNE	National	DNE	National
No. and % of children in care, by care type, who have an allocated social worker at the end of the reporting period:	100%	100%	77.30%	92%(Q3 data)	100%	100%
Dublin North West	100%	100%		71.20%	100%	100%
Dublin North Central	100%	100%		93.10%	100%	100%
North Dublin	100%	100%		99.30%	100%	100%
Louth	100%	100%		100%	100%	100%
Meath	100%	100%		89.90%	100%	100%
Cavan/Monaghan	100%	100%		100%	100%	100%
	DNE	National	DNE	National	DNE	National
i) No and % of children in residential care	100%	100%	96.40%	96%(Q3 data)	100%	100%
Dublin North West	100%	100%	94.70%		100%	100%
Dublin North Central	100%	100%	95.70%		100%	100%
North Dublin	100%	100%	100%		100%	100%
Louth	100%	100%	100%		100%	100%
Meath	100%	100%	100%		100%	100%
Cavan/Monaghan	100%	100%	100%		100%	100%
	DNE	National	DNE	National	DNE	National
ii) No and % of children in assessed General Foster care	100%	100%	New DNE PI for 2011		100%	100%
	DNE	National	DNE	National	DNE	National
ii) No and % of children in unassessed General Foster care	100%	100%	New DNE PI for 2011		100%	100%
	DNE	National	DNE	National	DNE	National
iii) No and % of children in assessed Relative care	100%	100%	New DNE PI for 2011		100%	100%

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Allocated Social Workers						
	DNE	National	DNE	National	DNE	National
iii) No and % of children in unassessed relative care	100%	100%	New DNE PI for 2011		100%	100%
	DNE	National	DNE	National	DNE	National
iv) No and % of children in other care placement	100%	100%	92.70%	89% (Q3 data)	100%	100%
Dublin North West	100%	100%	83.30%		100%	100%
Dublin North Central	100%	100%	66.70%		100%	100%
North Dublin	100%	100%	100%		100%	100%
Louth	100%	100%	100%		100%	100%
Meath	100%	100%	100%		100%	100%
Cavan/Monaghan	100%	100%	NA		100%	100%
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Care Planning						
	DNE	National	DNE	National	DNE	National
No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995, by care type at the end of the reporting period	100%	100%	87% (Q3 data)		100%	100%
Dublin North West	100%	100%	76.50%		100%	100%
Dublin North Central	100%	100%	86.80%		100%	100%
North Dublin	100%	100%	94.20%		100%	100%
Louth	100%	100%	94.80%		100%	100%
Meath	100%	100%	94.60%		100%	100%
Cavan/Monaghan	100%	100%	95.20%		100%	100%
	DNE	National	DNE	National	DNE	National
i. No. and % of children in residential care	100%	100%	88.20%	92% (Q3 data)	100%	100%
Dublin North West	100%	100%	76.30%		100%	100%
Dublin North Central	100%	100%	93.60%		100%	100%
North Dublin	100%	100%	100%		100%	100%
Louth	100%	100%	80%		100%	100%
Meath	100%	100%	100%		100%	100%
Cavan/Monaghan	100%	100%	100%		100%	100%
	DNE	National	DNE	National	DNE	National
ii No. and % of children in assessed General Foster Care	100%	100%	New DNE PI for 2011		100% (782)	100%
	DNE	National	DNE	National	DNE	National
ii No. and % of children in Unassessed General Foster Care	100%	100%	New DNE PI for 2011		100% (782)	100%
	DNE	National	DNE	National	DNE	National
iii No. and % of children in assessed Relative Care	100%	100%	New DNE PI for 2011		100% (492)	100%
	DNE	National	DNE	National	DNE	National
iii No. and % of children in Unassessed Relative Care	100%	100%	New DNE PI for 2011		100% (492)	100%
	DNE	National	DNE	National	DNE	National
iv No. and % of children in other care placements	100%	100%	87.80%		100% (43)	100%

	Expected Activity / Target 2010		Projected Outturn 2010			Expected Activity / Target 2011	
Care Planning							
Dublin North West	100%	100%		91.70%		100%	100%
Dublin North Central	100%	100%		66.70%		100%	100%
North Dublin	100%	100%		80%		100%	100%
Louth	100%	100%		87.50%		100%	100%
Meath	100%	100%		100%		100%	100%
Cavan/Monaghan	100%	100%		NA		100%	100%
	Expected Activity / Target 2010		Projected Outturn 2010			Expected Activity / Target 2011	
Care Planning Reviews							
	DNE	National		DNE	National	DNE	National
No. and % of children (by care type) for whom a statutory review was due during the reporting period and the review took place:	100%	100%		96%		100%	100%
Dublin North West	100%	100%		94.20%		100%	100%
Dublin North Central	100%	100%		95.90%		100%	100%
North Dublin	100%	100%		96.20%		100%	100%
Louth	100%	100%		96%		100%	100%
Meath	100%	100%		100%		100%	100%
Cavan/Monaghan	100%	100%		96.70%		100%	100%
i No. and % of children in residential care	New PI for 2011			New PI for 2011		New PI for 2011 100%	
Dublin North West	100%	100%		100%		100%	100%
Dublin North Central	100%	100%		100%		100%	100%
North Dublin	100%	100%		100%		100%	100%
Louth	100%	100%		66.70%		100%	100%
Meath	100%	100%		100%		100%	100%
Cavan/Monaghan	100%	100%		100%		100%	100%
	DNE	National		DNE	National	DNE	National
ii No. and % of children in assessed General Foster Care							
Dublin North West	100%	100%		100%		100%	100%
Dublin North Central	100%	100%		100%		100%	100%
North Dublin	100%	100%		100%		100%	100%
Louth	100%	100%		95%		100%	100%
Meath	100%	100%		100%		100%	100%
Cavan/Monaghan	100%	100%		82.60%		100%	100%
	DNE	National		DNE	National	DNE	National
ii No. and % of children in unassessed General Foster Care							
Dublin North West	100%	100%		100%		100%	100%
Dublin North Central	100%	100%		100%		100%	100%
North Dublin	100%	100%		100%		100%	100%
Louth	100%	100%		95%		100%	100%
Meath	100%	100%		100%		100%	100%
Cavan/Monaghan	100%	100%		82.60%		100%	100%
	DNE	National		DNE	National	DNE	National
iii No. and % of children in assessed Relative Care							
Dublin North West	100%	100%		100%		100%	100%
Dublin North Central	100%	100%		100%		100%	100%

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Care Planning Reviews						
North Dublin	100%	100%	100%		100%	100%
Louth	100%	100%	83.30%		100%	100%
Meath	100%	100%	100%		100%	100%
Cavan/Monaghan	100%	100%	100%		100%	100%
	DNE	National	DNE	National	DNE	National
iii No. and % of children in unassessed Relative Care						
Dublin North West	100%	100%	100%		100%	100%
Dublin North Central	100%	100%	100%		100%	100%
North Dublin	100%	100%	100%		100%	100%
Louth	100%	100%	83.30%		100%	100%
Meath	100%	100%	100%		100%	100%
Cavan/Monaghan	100%	100%	100%		100%	100%
	DNE	National	DNE	National	DNE	National
iv No. and % of children in other care placements						
					New PI for 2011 100%	
Dublin North West	100%	100%	100%		100%	100%
Dublin North Central	100%	100%	NA		100%	100%
North Dublin	100%	100%	100%		100%	100%
Louth	100%	100%	100%		100%	100%
Meath	100%	100%	100%		100%	100%
Cavan/Monaghan	100%	100%	NA		100%	100%
	DNE	National	DNE	National	DNE	National
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Foster Carer						
	DNE	National	DNE	National	DNE	National
Total number of Foster Carers [General & relative care and assessed & unassessed]	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. and % of Assessed General Foster carers - and on the foster care panel, Part III of Regulations	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
No. and % of unassessed General foster carers -	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
No. and % of Assessed Relative carers and on the foster care panel, Part III of Regulations	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
No. and % of Unassessed Relative carers	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
No. and % of relative foster carers where children have been placed for longer than 12 weeks who are not assessed and on the foster care panel, Part III of Regulations	New PI for 2011		New PI for 2011		100%	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Foster Carers						
	DNE	National	DNE	National	DNE	National
No. and % of Assessed General foster carers with an allocated social worker.	100%	100%	85.8% (Nov data)		100%	100%
Dublin North West	100%		81.10%		100%	100%
Dublin North Central	100%		64.80%		100%	100%
North Dublin	100%		94.80%		100%	100%
Louth	100%		90.10%		100%	100%
Meath	100%		81.30%		100%	100%
Cavan/Monaghan	100%		100%		100%	100%
	DNE	National	DNE	National	DNE	National
No. and % of Unassessed General foster carers with an allocated social worker.	100%	100%	85.8% (Nov data)		100%	100%
Dublin North West	100%		81.10%		100%	100%
Dublin North Central	100%		64.80%		100%	100%
North Dublin	100%		94.80%		100%	100%
Louth	100%		90.10%		100%	100%
Meath	100%		81.30%		100%	100%
Cavan/Monaghan	100%		100%		100%	100%
	DNE	National	DNE	National	DNE	National
No. and % of Assessed Relative Carers with an allocated social worker.	100%	100%	85.8% (Nov data)		100%	100%
Dublin North West	100%		81.10%		100%	100%
Dublin North Central	100%		64.80%		100%	100%
North Dublin	100%		94.80%		100%	100%
Louth	100%		90.10%		100%	100%
Meath	100%		81.30%		100%	100%
Cavan/Monaghan	100%		100%		100%	100%
	DNE	National	DNE	National	DNE	National
No. and % of Unassessed Relative Carers with an allocated social worker.	100%	100%	New DNE PI for 2011		100%	100%
	DNE	National	DNE	National	DNE	National
The number of Assessed General Foster Carers who do not have a link worker and where the children placed with them do not have an allocated Social Worker	New PI for 2011		New PI for 2011		0%	
	DNE	National	DNE	National	DNE	National
The number of Unassessed General Foster Carers who do not have a link worker and where the children placed with them do not have an allocated Social Worker	New PI for 2011		New PI for 2011		0%	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Foster Carers						
	DNE	National	DNE	National	DNE	National
The number of Assessed Relative Carers who do not have a link worker and where the children placed with them do not have an allocated Social Worker	New PI for 2011		New PI for 2011		0%	
	DNE	National	DNE	National	DNE	National
The number of Unassessed Relative Carers who do not have a link worker and where the children placed with them do not have an allocated Social Worker	New PI for 2011		New PI for 2011		0%	
	DNE	National	DNE	National	DNE	National
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Children in Care in Education						
	DNE	National	DNE	National	DNE	National
i). No. of children in care aged 6 to 16 inclusive.	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
ii). No. and % of children in care aged between 6 and 16 years in full time education	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
After Care						
	DNE	National	DNE	National	DNE	National
No. of young adults aged 18-21 in receipt of an aftercare service	New PI for 2011		New PI for 2011		100%	
	DNE	National	DNE	National	DNE	National
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Children & Homelessness						
	DNE	National	DNE	National	DNE	National
No. of children placed in youth homeless centres/units for more than 4 consecutive nights (or more than 10 separate nights over a year)	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. and % of children in care placed in a specified youth homeless centre / unit	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of referrals made to the Emergency Out of Hours Place of Safety Service	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of children placed with the Emergency Out of Hours Placement Service	New PI for 2011		New PI for 2011		New PI for 2011	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Children & Homelessness						
	DNE	National	DNE	National	DNE	National
Total number of nights accommodation supplied by the Emergency Out of Hours Placement Service	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
Pre School						
	DNE	National	DNE	National	DNE	National
No. of notified pre-school services in LHO area		5,000	1,064	4,461	1,064	4,461
Dublin North West			190		190	
Dublin North Central			106		106	
North Dublin			293		293	
Louth			120		120	
Meath			217		217	
Cavan/Monaghan			138		138	
	DNE	National	DNE	National	DNE	National
% pre-school services which received an inspection	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. and % pre- schools that are fully compliant	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of notified full day pre-school services.	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
% of full day services which received an annual inspection	New PI for 2011		New PI for 2011		New PI for 2011 100%	
	DNE	National	DNE	National	DNE	National
No. of pre-school services in the LHO that have closed during the quarter	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of pre-school complaints received	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
% of complaints investigated	New PI for 2011		New PI for 2011		New PI for 2011	
	DNE	National	DNE	National	DNE	National
No. of prosecutions taken on foot of inspections in the quarter	New PI for 2011		New PI for 2011		New PI for 2011	

Mental Health

Introduction

A *Vision for Change* sets the strategic direction for the provision of modern mental health care. We, in DNE are committed to developing this model within the constrained resource base and we constantly aim to achieve compliance with statutory responsibilities arising from the *Mental Health Act, 2001* in all mental health services offered in our region.

Our **priorities in 2011** are to:

- Continue to implement elements of a *Vision for Change*, particularly reconfiguration of services from a model of care predicated on inpatient provision to a community based recovery model, reconfiguration of community mental health teams, development of clinical pathways and progressing the capital infrastructure
- Implement measures to reduce suicide rates
- Enhance the provision of Child and Adolescent Mental Health Services, and
- Progress provision of National Forensic Services

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Enhancing Service Provision through Structural Changes	Completion of Executive Clinical Director (ECD) teams by: <ul style="list-style-type: none"> ▪ Staff reconfigured to complete multidisciplinary ECD Management Teams (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional approach agreed for reconfiguration in Q1 including: Mapping of existing Community Mental Health Team Sectors to Primary Care Networks, Mapping of existing / expanded Mental Health Catchment Areas onto ISAs Actions to achieve coterminous Mental Health and ISA boundaries, with LHO implementation Plans agreed and commenced within two months 	Regional Mental Health Lead (Approach)	Q1
			ISAMs (Implementation)	Q2
		<ul style="list-style-type: none"> ▪ Regional approach agreed for transition from existing / expanded Mental Health Catchment Areas to ISAs with LHO Implementation Plans agreed within two months 	Regional Mental Health Lead (Approach)	Q1
			ISAMs (Implementation)	Q2
			Regional Mental Health Lead	Q1
		<ul style="list-style-type: none"> ▪ Regional Analysis of existing Management Structures completed including : Analysis of requirements to complete multidisciplinary ECD Management Teams (aligned to ISA boundaries), Actions to complete 	Regional Mental Health Lead(Approach)	1 month after receipt of National agreement
			ISAMs (Implementation)	3 months after receipt of National agreement

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<p>multidisciplinary ECD Management Teams</p> <ul style="list-style-type: none"> Regional approach agreed for multidisciplinary Executive Clinical Directorate Management Teams within one month of receipt of national agreement with LHO Implementation Plans agreed within a further two months 	<p>Regional Mental Health Lead(Approach)</p> <p>ISAMs (Implementation)</p>	
	<ul style="list-style-type: none"> Integrated clinical care pathways developed (National Dependency). 	<ul style="list-style-type: none"> Participate in the national QCCD process for development of integrated clinical care pathways Regional implementation approach agreed within one month of receipt of national report with LHO Implementation Plans agreed and commenced within a further two months Regional Implementation approach agreed for standards and integrated clinical pathways for each LHO / Supercatchment area with Local Implementation Plans agreed and commenced within a further two months 	<p>Regional Mental Health Lead / ISAMs</p> <p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q 1 – Q 4</p> <p>1 month after receipt of National plan</p> <p>3 months after receipt of National plan</p> <p>1 month after receipt of National plan</p> <p>3 months after receipt of National plan</p>
Changes in procedures and practices	<p>ICT:</p> <ul style="list-style-type: none"> National ICT business requirements established. 	<ul style="list-style-type: none"> Regional Mental Health Services' ICT business requirements identified and included in the National Business Case. 	<p>Regional Mental Health Lead</p>	<p>Q4</p>
	<p>Service user participation:</p> <ul style="list-style-type: none"> Increased participation in planning and delivering better mental health services with service users through existing partnership. 	<ul style="list-style-type: none"> Project plan for North East HSE / MH Voluntary Organisation Collaborative developed with Local Implementation Plans agreed and commenced within two months Feasibility of establishing similar HSE / MH Voluntary Organisation Collaborative in Dublin ascertained. 	<p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Mental Health Lead</p>	<p>Q1</p> <p>Q2</p> <p>Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<ul style="list-style-type: none"> Mental health service users and carers sponsored by DNE mental health services to participate in the cooperative learning leadership programme in DCU 	ISAMs	Q3
	<p>Care planning:</p> <ul style="list-style-type: none"> Collaborative on care planning with Mental Health Commission (MHC) in 8 HSE pilot sites completed and evaluated (National Dependency). 	<ul style="list-style-type: none"> Participation by DNE Mental Health Services (Swords CMHT and OLH, Navan Approved Centre) in the National Mental Health Services Collaborative (NMHSC) on Care Planning concluded. NMHSC project evaluation disseminated to all Mental Health Services in DNE following publication 	ISAMs Regional Mental Health Lead	Q3 Q4
	<p>Mental Health in Primary Care:</p> <ul style="list-style-type: none"> A third cohort of PCTs will participate in the Team Based Approaches to Mental Health in Primary Care Accredited Programme. 	<ul style="list-style-type: none"> DNE PCT to participate in Feb programme with Regional Implementation Plan agreed in relation to additional two LHOs participating in programme 2 further DNE PCTs to participate in September programme (subject to programme evaluation at national level June 2011) 	Regional Mental Health Lead Regional Mental Health Lead	Q1 Q3
<p>Service Reconfiguration</p> <p><i>Reconfiguring services from a model of care predicated on inpatient provision to a community based recovery model</i></p>	<p>Reductions in inpatient beds:</p> <ul style="list-style-type: none"> Further reduction of inpatient beds to 1,051 acute inpatient beds for adults apportioned by population served (including St Michael's in South Tipperary, St Senan's, Wexford and St. Ita's North Dublin). 	<ul style="list-style-type: none"> Implementation Plan agreed in relation to further reduction in Acute in-patient beds in St. Ita's Hospital Centralisation of acute in-patient services in Cavan/Monaghan completed. Reconfiguration of in-patient bed capacity in St. Brendan's Hospital continued Regional workforce reconfiguration approach agreed to progress implementation of <i>A Vision</i> 	ISAM North Dublin ISAM Cavan/Monaghan ISAMs Regional Mental Health Lead (Approach)	Q1 Q2 Q1/Q2 Q2

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<i>for Change</i> in each ISA / MH Catchment Area within available resources with Local Implementation Plans agreed and commenced within two months	ISAMs(Implementation)	Q2/Q3
	<p>Community Mental Health Teams (CMHTs):</p> <ul style="list-style-type: none"> CMHTs resourced from reconfiguration of inpatient capacity. CMHT capacity strengthened (through effective multidisciplinary team working, up-skilling etc) (National Dependency). 	<ul style="list-style-type: none"> See Workforce Reconfiguration plans above Regional Training Plan approach set out within one month of completion of national discussions and local training plans agreed and commenced with a further two months in relation to the provision of training programmes for MHS staff 	<p>See above</p> <p>Regional Mental Health Lead (Approach)</p> <p>ISAMs(Implementation)</p>	<p>See above</p> <p>1 month after receipt of National plan</p> <p>3 months after receipt of National plan</p>
	<p>Discontinue direct management of medium and low support provision:</p> <ul style="list-style-type: none"> Discussions with external providers to manage low and medium support infrastructure concluded and direct management and staffing of low and medium support accommodation discontinued. 	<ul style="list-style-type: none"> Regional approach set out in relation to the management of low and medium support infrastructure within one month of receipt of national guidance on the provision of social housing for mental health users with LHO Implementation Plans agreed and commenced within two months 	<p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National plan</p> <p>3 months after receipt of National plan</p>
Suicide Prevention and Stigma Reduction	<p>Implement measures to reduce suicide rates:</p> <ul style="list-style-type: none"> All action areas in Reach Out progressed, maximising efficiencies and utilising available resources in both statutory and voluntary sectors. National See Change Campaign supported. Number and range of training and awareness programmes developed. Response to deliberate self harm presentations improved and standardised. Primary care capacity developed to respond to suicidal behaviour and consider new models of 	<ul style="list-style-type: none"> Regional approach to <i>Reach Out</i> 2011-12 actions set out with LHO actions plans agreed and commenced to achieve reduction in suicide rates 	<p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q2</p> <p>Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<p>response considered.</p> <ul style="list-style-type: none"> ▪ Helpline supports for those in emotional distress coordinated and widely publicised. 			
<p>Continuous Service Development through Statutory and Regulatory Measures</p> <p>Enhancing the Provision of Child and Adolescent Mental Health services</p>	<ul style="list-style-type: none"> ▪ Compliance with Statutory and Regulatory Measures 	<ul style="list-style-type: none"> ▪ DNE has improved compliance substantially in recent years and this improvement will be maintained and enhanced. ▪ Regional approach to improvement plans for 2011 set out including examining the feasibility of employing part-time Compliance Officers with Local Improvement plans agreed and commenced in order to increase full compliance ratings and reduced levels of non compliance 	<p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p> <p>Q2</p>
<p>Implement measures to increase residential capacity:</p>	<ul style="list-style-type: none"> ▪ DNE: St Vincent's Fairview capital project completed. 	<ul style="list-style-type: none"> ▪ Commissioning Plan documented and commenced. 	<p>ISAMs</p>	<p>Q2/3</p>
<p>Performance Activity & Performance Indicators</p>	<p>Expected Activity / Targets 2011 contained in National Service Plan 2011</p>	<ul style="list-style-type: none"> ▪ Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected NSP Activity/Targets are achieved ▪ Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	<p>Regional Mental Health Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p>

Improving our Infrastructure

Capital projects that are to be completed and / or to become operational in 2011 (see also Appendix 4):

<p>Dublin North East</p> <ul style="list-style-type: none"> ▪ St. Vincent's, Fairview – provision of 6 additional beds ▪ St. Ita's – continuing care provision ▪ Blanchardstown – high support hostel ▪ St. Bridget's, Louth – refurbishment ▪ Cavan – interim acute psychiatric unit

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Adult Mental Health Services						
	DNE	National	DNE	National	DNE	National
Total number of admissions to adult acute inpatient units	2990	15702	2686	14908	2686	14908
Dublin North West			576 (21%)		564	
Dublin North Central			710 (26%)		698	
North Dublin			614 (22%)		591	
Louth/Meath			664 (24%)		645	
Cavan/Monaghan			178 (7%)		188	
Total			2742		2686	
	DNE	National	DNE	National	DNE	National
Median length of stay in adult inpatient facilities	10	10.5	12	12	10	10.5
Dublin North West			16		10	
Dublin North Central			7.5		7.5	
North Dublin			7		7	
Louth/Meath			9		9	
Cavan/Monaghan			26		10	
Total			9			
	DNE	National	DNE	National	DNE	National
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter		90.1	72.6	88.1	72.6	88.1
Dublin North West			86.9		72.6	
Dublin North Central			120.9		72.6	
North Dublin			69.1		67.7	
Louth/Meath			61.1		59.8	
Cavan/Monaghan			37.4		36.6	
Total			74.1			
	DNE	National	DNE	National	DNE	National
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment per quarter		26.38	24.8	26.7	24.8	26.7
Dublin North West			33.8		24.8	
Dublin North Central			51.8		24.8	
North Dublin			20.75		20.75	
Louth/Meath			24.8		24.8	
Cavan/Monaghan			11.35		11.35	
Total			28			
	DNE	National	DNE	National	DNE	National
Readmissions as a % of total adult admissions	66%	68%	63%	69%	63%	69%
Dublin North West			61%		61%	
Dublin North Central			57%		57%	
North Dublin			70%		63%	
Louth/Meath			59%		59%	
Cavan/Monaghan			69%		63%	
Total			62%			

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
Adult Mental Health Services							
	DNE	National	DNE	National	DNE	National	
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment per quarter		58.95%	47.60%	61.40%	47.60%	61.40%	
Dublin North West			53.1		53.1		
Dublin North Central			69.1		58.95		
North Dublin			48.4		48.4		
Louth/Meath			36.2		36.2		
Cavan/Monaghan			52.2		52.2		
Total			46.1				
	DNE	National	DNE	National	DNE	National	
No. of adult acute inpatient places per 100,000 population in the mental health catchment area per quarter		26.6	25	28.2	21.4	24.2	
Dublin North West			29.5		29.5		
Dublin North Central			31.3		31.3		
North Dublin			21.6		16.6		
Louth/Meath			20.2		20.2		
Cavan/Monaghan			26		21		
Total			24.7		22.9		
	DNE	National	DNE	National	DNE	National	
Total no. of involuntary admissions	285	1,372	248	1,332	248	1,332	
Dublin North West			104		100		
Dublin North Central			40		40		
North Dublin			32		32		
Louth/Meath			44		44		
Cavan/Monaghan			32		32		
Total			252		248		
	DNE	National	DNE	National	DNE	National	
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	8.4	9.3	6.68	7.86	6.68	7.86	
Dublin North West			15.7		9.3		
Dublin North Central			6.8		6.8		
North Dublin			3.6		3.6		
Louth/Meath			4		4		
Cavan/Monaghan			6.75		6.75		
Total			6.8		6.09		

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child & Adolescent Mental Health						
	DNE	National	DNE	National	DNE	National
<i>A Vision for Change</i> recommended no. of Community Child and Adolescent Mental Health Teams	11	9.3 55	11	50	11	54
North Dublin Teams C&D and Team E (2 Teams)			2		2	
Dublin North West (Team A)			1		1	
Dublin North Central (Team B)			1		1	
Meath (2 Teams)			2		2	
Louth (1 Teams)			1		1	
Cavan/ Monaghan (2 Teams)			2		2	
DML Teams			2		2	
Total			11		11	
	DNE	National	DNE	National	DNE	National
<i>A Vision for Change</i> recommended no. of Child and Adolescent Day Hospital Teams	1	2	1	2	1	3
North Dublin Teams C&D and Team E (2 Teams)	N/A		N/A		N/A	
Dublin North West (Team A)	N/A		N/A		N/A	
Dublin North Central (Team B)	1		1		1	
Meath (2 Teams)	N/A		N/A		N/A	
Louth (1 Teams)	N/A		N/A		N/A	
Cavan/ Monaghan (2 Teams)	N/A		N/A		N/A	
Total	1		1		1	
	DNE	National	DNE	National	DNE	National
<i>A Vision for Change</i> recommended no. of Paediatric Liaison Teams	1	3	1	3	1	3
North Dublin Teams C&D and Team E (2 Teams)	N/A		N/A		N/A	
Dublin North West (Team A)	N/A		N/A		N/A	
Dublin North Central (Team B)	1		1		1	
Meath (2 Teams)	N/A		N/A		N/A	
Louth (1 Teams)	N/A		N/A		N/A	
Cavan/ Monaghan (2 Teams)	N/A		N/A		N/A	
Total	1		1		1	
	DNE	National	DNE	National	DNE	National
No. of child/adolescent admissions to HSE Child and Adolescent mental health inpatient units New PI 2011			N/A	150	N/A	220
Dublin North Central: St. Joseph's Adolescent Unit (SVHF)						

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child & Adolescent Mental Health						
	DNE	National	DNE	National	DNE	National
No. of children / adolescents admitted to adult HSE mental health inpatient units (reported annually) New PI 2011 (Admission of children to adult mental health inpatient units to cease except in exceptional circumstances by December 1st 2011)				140		<100
i). <16 years						
Dublin North West (Connolly)				0		0
Dublin North Central (SVHF/Mater)				0		0
North Dublin				0		0
Louth/Meath (OLH, Navan)				0		0
Cavan/Monaghan (CGH)				0		0
Total				0		0
	DNE	National	DNE	National	DNE	National
ii). <17 years						
Dublin North West (Connolly)				1		0
Dublin North Central (SVHF/Mater)				2		0
North Dublin				0		0
Louth/Meath (OLH, Navan)				0		0
Cavan/Monaghan (CGH)				0		0
Total				3		0
	DNE	National	DNE	National	DNE	National
iii). <18 years						
Dublin North West (Connolly)				5		0
Dublin North Central (SVHF/Mater)				8		0
North Dublin				0		0
Louth/Meath (OLH, Navan)				3		0
Cavan/Monaghan (CGH)				1		0
Total				17		0
	DNE	National	DNE	National	DNE	National
Total no. of involuntary admissions of children and adolescents (annually) New PI 2011					N/A	16
	DNE	National	DNE	National	DNE	National
% of involuntary admissions of children and adolescents (annually) New PI 2011						5%
	DNE	National	DNE	National	DNE	National
No. of child / adolescent referrals (including re-referred) received by Mental Health Services			2,218	11,319	2,218	11,319
North Dublin Team C&D			327		327	
North Dublin Team E			345		345	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
	DNE	National	DNE	National	DNE	National
Child & Adolescent Mental Health						
	DNE	National	DNE	National	DNE	National
Dublin NW (Team A)			216		216	
Dublin NC (Team B)			162		162	
Meath North			145		290	
Meath South			79		158	
Louth (1 Teams)			230		230	
Cavan/ Monaghan (2 Teams)			297		297	
DML Castleknock			212		212	
DML Blanchardstown			235		235	
Total			2,251		2472	
	DNE	National	DNE	National	DNE	National
No. of child / adolescent referrals (including re-referred) accepted by Mental Health Services			1,465	7,925	1,465	7,925
North Dublin Team C&D			281		281	
North Dublin Team E			291		291	
Dublin NW (Team A)			170		170	
Dublin NC (Team B)			117		117	
Meath North			107		214	
Meath South			53		106	
Louth (1 Teams)			158		158	
Cavan/ Monaghan (2 Teams)			156		156	
DML Castleknock			98		98	
DML Blanchardstown			64		64	
Total			1,495		1655	
	DNE	National	DNE	National	DNE	National
Total no. of new (including re-referred) child/adolescent cases offered first appointment and seen			1,426	7,503	1,426	7,503
North Dublin Team C&D			220		220	
North Dublin Team E			240		240	
Dublin NW (Team A)			163		163	
Dublin NC (Team B)			139		139	
Meath North			76		152	
Meath South			57		104	
Louth (1 Teams)			156		156	
Cavan/ Monaghan (2 Teams)			181		181	
DML Castleknock			113		113	
DML Blanchardstown			71		71	
Total			1416		1549	
	DNE	National	DNE	National	DNE	National
% of new (including re-referred) cases offered first appointment and seen	70% of new cases seen within 3 months				70% of new cases seen within 3 months	
i) <3 months			846	5,088 (68%)	846	5,088 (68%)
North Dublin Team C&D			54%		70%	
North Dublin Team E			34%		70%	
Dublin NW (Team A)			41%		70%	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
	DNE	National	DNE	National	DNE	National
Dublin NC (Team B)			37%		70%	
Meath North			87%		70%	
Meath South			91%		70%	
Louth (1 Teams)			75%		70%	
Cavan/ Monaghan (2 Teams)			63%		70%	
DML Castleknock			50%		70%	
DML Blanchardstown			53%		70%	
	DNE	National	DNE	National	DNE	National
ii) >12 months			104	720 (9%)	104	720 (9%)
North Dublin Team C&D			0%		N/A	
North Dublin Team E			23%			
Dublin NW (Team A)			6%		N/A	
Dublin NC (Team B)			17%		N/A	
Meath North			0%		N/A	
Meath South			4%		N/A	
Louth (1 Teams)			0%		N/A	
Cavan/ Monaghan (2 Teams)			0%		N/A	
DML Castleknock			0%		N/A	
DML Blanchardstown			7%			
	DNE	National	DNE	National	DNE	National
No. of cases closed/discharged by CAMHS service New PI 2011			1,106	5,757	N/A	N/A
North Dublin Team C&D			140		140	
North Dublin Team E			154		154	
Dublin NW (Team A)			172		172	
Dublin NC (Team B)			100		100	
Meath North			33		66	
Meath South			17		34	
Louth (1 Teams)			45		45	
Cavan/ Monaghan (2 Teams)			126		126	
DML Castleknock			155		155	
DML Blanchardstown			187		187	
Total			1129		1179	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child & Adolescent Mental Health						
	DNE	National	DNE	National	DNE	National
% of cases closed/discharged by CAMHS service NEW PI				75%		80% of accepted referrals
North Dublin Team C&D					225	
North Dublin Team E					233	
Dublin NW (Team A)					136	
Dublin NC (Team B)					94	
Meath North					171	
Meath South					85	
Louth (1 Teams)					126	
Cavan/ Monaghan (2 Teams)					125	
DML Castleknock					78	
DML Blanchardstown					51	
Total					1324	
	DNE	National	DNE	National	DNE	National
Total no. on waiting list for first appointment at end of each quarter by wait time:	Reduce numbers waiting by >5%		335	2,338	317	2,221(reduce no. waiting by >5%)
< 3 months			219	746	208	802
North Dublin Team C&D			36			
North Dublin Team E			52			
Dublin NW (Team A)			21			
Dublin NC (Team B)			23			
Meath North			11			
Meath South			16			
Louth (1 Teams)			11			
Cavan/ Monaghan (2 Teams)			14			
DML Castleknock			31			
DML Blanchardstown			4			
Total			219			
	DNE	National	DNE	National	DNE	National
3 - 6 months			104	600	99	570
North Dublin Team C&D			15			
North Dublin Team E			45			
Dublin NW (Team A)			15			
Dublin NC (Team B)			0			
Meath North			0			
Meath South			4			
Louth (1 Teams)			7			
Cavan/ Monaghan (2 Teams)			12			
DML Castleknock			1			
DML Blanchardstown			5			
Total			104			

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child & Adolescent Mental Health						
	DNE	National	DNE	National	DNE	National
6-12 months			59	602	75	570
North Dublin Team C&D			8			
North Dublin Team E			27			
Dublin NW (Team A)			7			
Dublin NC (Team B)			2			
Meath North			0			
Meath South			0			
Louth (1 Teams)			0			
Cavan/ Monaghan (2 Teams)			0			
DML Castleknock			0			
DML Blanchardstown			15			
Total			59			
	DNE	National	DNE	National	DNE	National
> 12 months			21	390	0	277
North Dublin Team C&D			0			
North Dublin Team E			4			
Dublin NW (Team A)			0			
Dublin NC (Team B)			0			
Meath North			0			
Meath South			0			
Louth (1 Teams)			0			
Cavan/ Monaghan (2 Teams)			0			
DML Castleknock			0			
DML Blanchardstown			17			
Total			21			
	DNE	National	DNE	National	DNE	National
% on waiting list for first appointment at end of each quarter by wait time: New PI 2011						
< 3 months						
North Dublin Team C&D						
North Dublin Team E						
Dublin NW (Team A)						
Dublin NC (Team B)						
Meath North						
Meath South						
Louth (1 Teams)						
Cavan/ Monaghan (2 Teams)						
DML Castleknock						
DML Blanchardstown						
	DNE	National	DNE	National	DNE	National
Total						
3 - 6 months						
North Dublin Team C&D						
North Dublin Team E						
Dublin NW (Team A)						
Dublin NC (Team B)						
Meath North						

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Child & Adolescent Mental Health						
	DNE	National	DNE	National	DNE	National
Meath South						
Louth (1 Teams)						
Cavan/ Monaghan (2 Teams)						
DML Castleknock						
DML Blanchardstown						
Total	DNE	National	DNE	National	DNE	National
6-12 months						
North Dublin Team C&D						
North Dublin Team E						
Dublin NW (Team A)						
Dublin NC (Team B)						
Meath North						
Meath South						
Louth (1 Teams)						
Cavan/ Monaghan (2 Teams)						
DML Castleknock						
DML Blanchardstown						
Total	DNE	National	DNE	National	DNE	National
> 12 months						
North Dublin Team C&D						
North Dublin Team E						
Dublin NW (Team A)						
Dublin NC (Team B)						
Meath North						
Meath South						
Louth (1 Teams)						
Cavan/ Monaghan (2 Teams)						
DML Castleknock						
DML Blanchardstown						
Total	DNE	National	DNE	National	DNE	National
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Self Harm						
	DNE	National	DNE	National	DNE	National
No. of repeat deliberate self harm presentations in ED. Activity based on 2009 data		Reduce by 1%	310	1,356	307	1,342
Dublin North East			206		204	
North East			104		103	
Total			310		307	
	DNE	National	DNE	National	DNE	National
No. of suicides in arrears per CSO Year of Occurrence	New PI 2011		New PI 2011		New PI 2011	

Disability

Introduction

In DNE, services for people with disabilities are provided in partnership with non-statutory sector service providers and in collaboration with service users and their families. *The National Disability Strategy, 2004* provides the overarching framework for policy development and the key objective is to move away from institutionalised and isolated service settings to promote full and equal engagement with the community and society. The *DoHC Value for Money and Policy Review* will be finalised in 2011. It will require HSE disability services to be aligned to the policy direction. The report recommendations will guide allocation of resources in disability services and be critical to identifying HSE core business and opportunities for mainstreaming of non-core activity.

Our **priorities in 2011** are to:

- Contribute to the completion of the *DoHC Value for Money (VFM) and Policy Review*
- Comply with legislation and national quality standards, including the *Disability Act, 2005*
- Re-configure services according to developed plans
- Implement the *National Neuro-Rehabilitation Strategy*
- Development of integrated information and data system, and
- Address demographic pressures in the provision of day, residential, respite, personal assistant and home support services utilising additional funding provided in 2011. This will be allocated based on emerging need during the year

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
VFM and Policy Review Provision	<p>Contribute to the completion of the DoHC VFM and Policy Review:</p> <ul style="list-style-type: none"> ▪ VFM review concluded and areas of efficiency highlighted. (Q3) 	<ul style="list-style-type: none"> ▪ Immediate Regional approach agreed with LHO Implementation Plans agreed and commenced to ensure that the process of finalising all relevant submissions for agencies is concluded before mid February 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q1
	<p>Service provision for residential, day, respite, personal assistant and home support services:</p> <ul style="list-style-type: none"> ▪ VFM efficiency savings targeted to meet emergency needs in Residential, Day, Respite (including Personal Assistant and Home Support) Services. (Q4) (National Dependency) 	<ul style="list-style-type: none"> ▪ Regional Implementation approach on implementing VFM process agreed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<p>Resource Allocation Model:</p> <ul style="list-style-type: none"> ▪ Implementation of Resource Allocation Model based on development of SLAs and Assessment of Need process commenced. (Ongoing) 	<ul style="list-style-type: none"> ▪ All Service Arrangement /Grant Aid Agreements completed by 31st March, 2011 in line with National Implementation Plan 	<p>ISAMs</p> <p>Regional Disability Lead (Approach)</p>	<p>Q1</p> <p>1 month after receipt of National Plan</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<p>(National Dependency)</p> <ul style="list-style-type: none"> Stakeholder engagement undertaken. (Q4) (National Dependency) 	<ul style="list-style-type: none"> Regional approach including Stakeholder engagement process agreed in relation to Resource Allocation Model within one month of receipt of national model plan with LHO Implementation Plans agreed and commenced within a further two months 	ISAMs (Implementation)	3 months after receipt of National Plan
	<p>Interagency collaboration:</p> <ul style="list-style-type: none"> Implementation Plan developed for interagency collaboration including new models of service provision in individual sectors, including respite care. (Q1) (National Dependency). Framework implemented and monitored.(Q4) Additional opportunities for collaboration identified. 	<ul style="list-style-type: none"> New Regional Consultative Forum for Disability Sector commissioned in line with National terms of reference. Regional Implementation approach agreed within one month of receipt of national plan for developed for interagency collaboration including: new models of service provision in individual sectors/ respite with LHO Implementation Plans agreed and commenced within a further two months Regional Implementation approach agreed within one month of receipt of national plan in relation to opportunities for amalgamation and consolidation of service providers in the region with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Disability Lead</p> <p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
Compliance with Legislation and Quality Standards	<p>Disability Act 2005:</p> <ul style="list-style-type: none"> Part 2 of the <i>Disability Act 2005</i> implemented in accordance with High Court ruling. (Q2) Assessments and service statements provided within statutory timelines and in line with available 	<ul style="list-style-type: none"> Regional Implementation approach agreed to ensure compliance with the requirements of Part 2 of the <i>Disability Act 2005</i> including: new reporting targets for service statements and arrangements to monitor 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q1

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	resources. (Ongoing)	implementation and take any remedial actions necessary to ensure compliance with LHO Implementation Plans agreed and commenced within a further two months		
	<p>National Quality Standards (NQS): Action plans developed to:</p> <ul style="list-style-type: none"> Progress implementation of critical elements of the NQS: Residential Standards for People with Disabilities on an administrative basis. (Q2) Address forthcoming statutory frameworks relating to residential and residential respite services for children with disabilities. (Q4) (National Dependency) 	<ul style="list-style-type: none"> Regional review conducted on the implication of the NQS: Residential Standards for People with Disabilities in the context of DNE implementation. Regional Action plan agreed with targeted deliverables in each area to progress implementation of critical elements of the NQS: Residential Standards for People with Disabilities Regional Implementation Plan agreed regarding statutory frameworks relating to residential and residential respite services for children with disabilities within one month of receipt of national standards with LHO Implementation Plans agreed and commenced within a further two months Support completion of Regional Disability Risk register in conjunction with the Regional Quality & Risk Department and contribute to the quarterly updating and review of the Register. 	<p>Regional Disability Lead</p> <p>Regional Disability Lead (Approach) ISAMs (Implementation)</p> <p>Regional Disability Lead (Approach) ISAMs (Implementation)</p> <p>Regional Disability Lead/ /RQ&RM/ISAMs</p>	<p>Q1</p> <p>Q2</p> <p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Ongoing</p>
Reconfiguration of Services	<p>Children's disability therapy services:</p> <ul style="list-style-type: none"> Reconfiguration of existing therapy resources to geographic based teams progressed and monitored (0-18 Yrs). (Q3) 	<ul style="list-style-type: none"> Regional Implementation approach agreed, arising from Regional Children's Service Mapping Exercise to include reconfiguration of existing therapy resources to geographic based teams with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Disability Lead (Approach) ISAMs (Implementation)</p>	Q2

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<p>Adult Residential Services:</p> <ul style="list-style-type: none"> Engagement with service providers and cross-sectoral agencies on reconfiguration objectives. (Q2) Development of outline Implementation Plan in line with VFM and Policy Review (Q4) (National Dependency) 	<ul style="list-style-type: none"> Regional Implementation approach agreed for implementation of Report on Congregated Settings within one month of receipt of National Report with LHO Implementation Plans agreed and commenced within a further two months Submission prepared to inform the National Implementation Planning process and to reflect VFM and Policy Review. 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Disability Lead</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q 1</p>
	<p>Adult Day Services:</p> <ul style="list-style-type: none"> Engagement with service providers and cross-sectoral agencies on reconfiguration objectives. (Q2) Development of outline Implementation Plan in line with VFM and Policy Review (Q4) (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed for New Directions report within one month of receipt of National Report including engagement with service providers and cross-sectoral agencies to agree reconfiguration objectives with LHO Implementation Plans agreed and commenced within a further two months. 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
Neuro-Rehabilitation Strategy	<p>Implementing the national Neuro-Rehabilitation Strategy:</p> <ul style="list-style-type: none"> Implementation plan developed, implementation structure established and national clinical lead appointed (Q1) (National Dependency) 	<ul style="list-style-type: none"> Regional Implementation approach agreed for National Neuro rehabilitation Strategy within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
Development of Information and Data System	<p>Scoping exercise completed and research commenced for an integrated ICT system for disability services across the country (Q4) (National Dependency).</p>	<ul style="list-style-type: none"> Regional Implementation approach agreed for relevant aspects of integrated ICT system for disability services within one month of receipt of national report with LHO Implementation Plans agreed and commenced within a further two months Regional review 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Disability Lead</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p> <p>Q1</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<p>commenced of existing ICT systems and resources attached to National Intellectual Disability Database and National Physical & Sensory Database and agree annual process to ensure compliance with maintenance of Databases.</p> <ul style="list-style-type: none"> Regional approach agreed for reporting on day service activity to comply with Regional & National reporting targets with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q1</p> <p>Q1</p>
Performance Activity & Performance Indicators	Expected Activity / Targets 2011 contained in National Service Plan 2011	<ul style="list-style-type: none"> Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected NSP Activity/Targets are achieved Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	<p>Regional Disability Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Q1

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Day Services (0-18 and adults reported separately)						
	DNE	National	DNE	National	DNE	National
No. of work/work-like activity WTE places provided for persons with intellectual disability and/or autism	218	1046	218	1547	196	1393
Dublin North Central			8		7	
Dublin North West			90		81	
North Dublin			47		41	
Meath			0		0	
Louth			33		30	
Cavan/Monaghan			40		37	
	DNE	National	DNE	National	DNE	National
No. of persons with intellectual disability and/or autism benefiting from work/work-like activity services		1163	443	3035	399	2731
Dublin North Central			20		19	
Dublin North West			167		151	
North Dublin			82		73	
Meath			2		2	
Louth			82		73	
Cavan/Monaghan			90		81	
	DNE	National	DNE	National	DNE	National
No. of work/work-like activity WTE places provided for persons with physical and/or sensory disability			5	65	4	58
Dublin North Central			2		1	
Dublin North West			2		2	
North Dublin			0		0	
Meath			0		0	
Louth			1		0	
Cavan/Monaghan			1		1	
	DNE	National	DNE	National	DNE	National
No. of persons with physical and/or sensory disability benefiting from work/work-like activity services			7	124	6	112
Dublin North Central			3		3	
Dublin North West			3		2	
North Dublin			0		0	
Meath			0		0	
Louth			0		0	
Cavan/Monaghan			1		1	
	DNE	National	DNE	National	DNE	National
No. of Rehabilitative Training places provided (all disabilities)			451	2,628	451	2,624
Dublin North Central	94		94		94	
Dublin North West	73		73		73	
North Dublin	149		149		149	
Meath	35		35		35	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Day Services (0-18 and adults reported separately)						
	DNE	National	DNE	National	DNE	National
Louth	44		44		44	
Cavan/Monaghan	56		55		56	
	DNE	National	DNE	National	DNE	National
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	505	2,800	519	2,915	519	2,915
Dublin North Central			100		100	
Dublin North West			84		84	
North Dublin			197		197	
Meath			40		40	
Louth			41		41	
Cavan/Monaghan			57		57	
	DNE	National	DNE	National	DNE	National
No. of persons with intellectual disability and/or autism benefiting from Other Day Services (excl. RT and work/work-like activities)			1976	14,077	1976	14,077
Dublin North Central			257		257	
Dublin North West			432		432	
North Dublin			543		543	
Meath			262		262	
Louth			275		275	
Cavan/Monaghan			207		207	
	DNE	National	DNE	National	DNE	National
No. of persons with physical and/or sensory disability benefiting from Other Day Services (excl. RT and work/work-like activities)			840	3,924	840	3,924
Dublin North Central			397		397	
Dublin North West			50		50	
North Dublin			61		61	
Meath			78		78	
Louth			137		137	
Cavan/Monaghan			117		117	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Residential Services (0-18 and adults reported separately)						
	DNE	National	DNE	National	DNE	National
No. of persons with intellectual disability and/or autism benefiting from residential services	1,476	8,004	1,696	8,350	1,696	8,350
Dublin North Central			97		97	
Dublin North West			475		475	
North Dublin			506		506	
Meath			142		142	
Louth			355		355	
Cavan/Monaghan			127		127	
	DNE	National	DNE	National	DNE	National
No. of persons with physical and/or sensory disability benefiting from residential services			151	894	151	894
Dublin North Central			16		16	
Dublin North West			19		19	
North Dublin			49		49	
Meath			25		25	
Louth			28		28	
Cavan/Monaghan			14		14	
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Respite Services(0-18 and adults reported separately)						
	DNE	National	DNE	National	DNE	National
No. of bed nights in residential centre based respite services used by persons with intellectual disability and/or autism			26,740	139,456	26,740	139,456
Dublin North Central			2472		2472	
Dublin North West			5367		5367	
North Dublin			8059		8059	
Meath			4149		4149	
Louth			4588		4588	
Cavan/Monaghan			2105		2015	
	DNE	National	DNE	National	DNE	National
No. of persons with intellectual disability and/or autism benefiting from residential centre based respite services			967	4,681	967	4681
Dublin North Central			114		114	
Dublin North West			171		171	
North Dublin			340		340	
Meath			144		144	
Louth			110		110	
Cavan/Monaghan			88		88	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Respite Services(0-18 and adults reported separately)						
	DNE	National	DNE	National	DNE	National
No. of bed nights in residential centre based respite services used by persons with physical and/or sensory disability			393	6,461	393	6,461
Dublin North Central						
Dublin North West						
North Dublin						
Meath						
Louth						
Cavan/Monaghan						
	DNE	National	DNE	National	DNE	National
No. of persons with physical and/or sensory disability benefiting from residential centre-based respite services			482	2,979	482	2,979
Dublin North Central			54		54	
Dublin North West			91		91	
North Dublin			110		110	
Meath			79		79	
Louth			89		89	
Cavan/Monaghan			59		59	
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Personal Assistant/ Home Support (0-18 and adults reported separately)						
	DNE	National	DNE	National	DNE	National
No. of Personal Assistant/Home Support hours used by persons with physical and/or sensory disability		3.2m		2,710,156		3.34m
Dublin North Central			107,470		107,470	
Dublin North West			65,000		65,000	
North Dublin			160,498		160,498	
Meath			80,798		80,798	
Louth			55,378		55,378	
Cavan/Monaghan			27,490		27,490	
	DNE	National	DNE	National	DNE	National
No. of persons with physical and/or sensory disability benefiting from Personal Assistant/Home Support hours				12,628		15,387
Dublin North Central			142		142	
Dublin North West			67		67	
North Dublin			180		180	
Meath			114		114	
Louth			122		122	
Cavan/Monaghan			87		87	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Implementation, Part 2 Disability Act						
	DNE	National	DNE	National	DNE	National
No. of requests for assessments received	472	2,712	483	3,006	483	3,006
Dublin North Central			10		10	
Dublin North West			106		106	
North Dublin			169		169	
Meath			158		158	
Louth			10		10	
Cavan/Monaghan			30		30	
	DNE	National	DNE	National	DNE	National
No. of assessments commenced as provided for in the regulations	380	2,340	415	2,645	415	2,645
Dublin North Central			8		8	
Dublin North West			97		97	
North Dublin			137		137	
Meath			104		104	
Louth			8		8	
Cavan/Monaghan			61		61	
	DNE	National	DNE	National	DNE	National
No. of assessments commenced within the timelines as provided for in the regulations	380	2,340	340	2,200	415	2,645
Dublin North Central			7		8	
Dublin North West			87		97	
North Dublin			87		137	
Meath			95		104	
Louth			8		8	
Cavan/Monaghan			56		61	
	DNE	National	DNE	National	DNE	National
No. of assessments completed as provided for in the regulations	336	1,692	555	2,346	555	2,346
Dublin North Central			9		9	
Dublin North West			143		143	
North Dublin			180		180	
Meath			135		135	
Louth			9		9	
Cavan/Monaghan			79		79	
	DNE	National	DNE	National	DNE	National
No. of assessments completed within the timelines as provided for in the regulations	336	1,692	175	500	555	2,346
Dublin North Central			2		9	
Dublin North West			32		143	
North Dublin			36		180	
Meath			38		135	
Louth			7		9	
Cavan/Monaghan			60		79	
	DNE	National	DNE	National	DNE	National
No. of service statements completed	319	1,608	Not reported in 2010		555	2,346

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Implementation, Part 2 Disability Act						
	DNE	National	DNE	National	DNE	National
Dublin North Central					9	
Dublin North West					143	
North Dublin					180	
Meath					135	
Louth					9	
Cavan/Monaghan					79	
	DNE	National	DNE	National	DNE	National
No. of service statements completed within the timelines as provided for in the regulations	319	1,608	Not reported in 2010		555	2,346
Dublin North Central					9	
Dublin North West					143	
North Dublin					180	
Meath					135	
Louth					9	
Cavan/Monaghan					79	

Older Persons

Introduction

The HSE's strategic priority for 2011 and beyond, is to maintain older people in their own home for as long as possible and where this is not possible, to provide high quality residential care, appropriate intermediate step up / step down and respite beds. We in DNE strive to develop and deliver our services in this context.

Our **priorities in 2011** are to:

- Provide equitable community based services and home supports
- Provide high quality residential care for older persons who cannot be maintained at home
- Implement the falls prevention guidelines, and
- Increase awareness of elder abuse

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Community Services: <i>Maintain a strong focus on the provision of equitable community based services and home supports</i>	Provision of equitable community based services and home supports by: <ul style="list-style-type: none"> ▪ Development of a model of care for maximising community provision of services for vulnerable older people to include: ▪ Procurement process for Home Care Packages (HCPs) to be finalised, and implemented in all LHO areas. 	<ul style="list-style-type: none"> ▪ Regional approach agreed with LHO Implementation Plans agreed and commenced 	Regional Older Persons Lead (Approach)	Q2
			ISAMs (Implementation)	Q3
	<ul style="list-style-type: none"> ▪ National Quality Guidelines for Home Care Services developed and agreed with DoHC (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional approach agreed within one month of receipt of national guidelines with LHO Implementation Plans agreed and commenced within a further two months 	Regional Older Persons Lead (Approach)	1 month after receipt of National Plan
			ISAMs (Implementation)	3 months after receipt of National Plan
	<ul style="list-style-type: none"> ▪ Home Help guidelines implemented (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional approach agreed within one month of receipt of National Quality Guidelines for Home Care Services with LHO Implementation Plans agreed and commenced within a further two months 	Regional Older Persons Lead (Approach)	1 month after receipt of National Plan
			ISAMs (Implementation)	3 months after receipt of National Plan
	<ul style="list-style-type: none"> ▪ HCP review implemented (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional approach set out with LHO Implementation Plans agreed and commenced within two months of receipt of National Quality Guidelines for Home Care Services 	Regional Older Persons Lead (Approach)	1 month after receipt of National Plan
			ISAMs (Implementation)	3 months after receipt of National Plan

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<ul style="list-style-type: none"> National Single Assessment Tool (SAT) to determine access to a range of services for older persons, selected and rolled out nationally (National Dependency). 	<ul style="list-style-type: none"> Regional approach agreed within one month of receipt of national plan with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Older Persons Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National Plan</p> <p>3 months after receipt of National Plan</p>
	<ul style="list-style-type: none"> Geriatrician Led Community Outreach Teams targeted at vulnerable older people developed. 	<ul style="list-style-type: none"> Regional approach agreed in Q 2 with LHO Implementation Plans agreed and commenced within two months to target the development of additional Geriatrician-led Community Outreach Teams within existing resources. 	<p>Regional Older Persons Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Q 2</p> <p>Q3/Q4</p>
<p>Residential Care: <i>Provide high quality public residential care for older persons who cannot be maintained at home</i></p>	<p>Provision of high quality residential care for older persons who cannot be maintained at home by:</p> <ul style="list-style-type: none"> Continued implementation of the Nursing Home Support Scheme (NHSS) NHSS/Appeals Finalise arrangements for the DNE appeals process. Strive to optimise the provision of short and long term residential care in both public and private settings by the development of local plans for residential care, to meet local need. Maximise efficiencies in publicly provided residential care to ensure best value for money by reviewing staffing types and levels 	<ul style="list-style-type: none"> Regional scoping exercise carried out and Regional Implementation Plan completed for establishment of a regional Nursing Home Support Scheme Office Regional Appeals Panel Appointed Regional Implementation Plan agreed for DNE Long Term Care Report (2010) including Design phase of capital development plan completed to render 240 beds HIQA compliant. Work load analysis undertaken Mapping exercise of integrated pathway resources within acute hospital sector completed - <i>(This work to link to the implementation of national QCC care programmes).</i> 	<p>Regional Older Persons Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Older Persons Lead</p> <p>Regional Older Persons Lead (Approach)</p> <p>AND Estates (Support)</p> <p>ISAMs (Implementation)</p> <p>Regional Older Persons Lead</p>	<p>Q2</p> <p>Q4</p> <p>Q2</p> <p>Q1</p> <p>Q2</p>
<p>Enhanced Bed Capacity</p>		<ul style="list-style-type: none"> Regional Implementation Plan agreed to Enhance Bed Capacity in DNE. The Plan will address key issues to enhance quality/increase the number of beds including option appraisal 	<p>Regional Older Persons Lead (Approach)</p> <p>AND Estates (Support)</p> <p>ISAMs (Implementation)</p>	<p>Q 2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		for determining: Feasibility of opening units in St Joseph's Raheny and Navan CNU through staff redeployment and Feasibility of opening units in Fairview and Clontarf through Public/Private partnership arrangement.		
Falls prevention guidelines	<ul style="list-style-type: none"> Implementation commenced on the recommendations of the <i>Falls Prevention Strategy</i> in all appropriate older people services. 	<ul style="list-style-type: none"> Regional approach set out and LHO Implementation Plans agreed and commenced for National Falls Prevention Strategy. 	Regional Older Persons Lead (Approach) ISAMs (Implementation)	Q2
Elder Abuse	Increase awareness of Elder Abuse: <ul style="list-style-type: none"> Elder Abuse Awareness campaigns/Elder Abuse Awareness Day undertaken Senior Case Workers for Elder Abuse employed in each Local Health Office Monthly and annual statistical returns published on reports of Elder Abuse received by the HSE. Elder Abuse awareness training provided for HSE and other care staff/organisations, Gardai, financial institutions and other appropriate organisations. 	<ul style="list-style-type: none"> Regional Action Plan agreed in relation to Elder Abuse including the provision of Elder Abuse Awareness Initiatives across the region, appointment of Case Workers, Compilation and Publishing of Annual Review. 	Regional Older Persons Lead (Approach) ISAMs (Implementation)	Q2
Performance Activity & Performance Indicators	Expected Activity / Targets 2011 contained in National Service Plan 2011	<ul style="list-style-type: none"> Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected NSP Activity/Targets are achieved Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	Regional Older Persons Lead (Approach) ISAMs (Implementation)	Q1

Improving our Infrastructure

Capital projects that are to be completed and / or become operational in 2011 (see also Appendix 4):

Dublin North East

- St Joseph's, Raheny – 100 bed Community Nursing Unit
- Navan – 50 bed Community Nursing Unit
- Fairview – 100 bed Community Nursing Unit
- Clontarf – 64 additional rehabilitation beds

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
Home Help Hours and HCPs (as per 2010 guidelines)							
	DNE	National	DNE	National	DNE	National	
Total no of Home Help Hours provided for all care groups (excluding provision of hours from HCPs) :	2.41m	11.98m	2.41m	11.98m	2.41m	11.98m	
Dublin North Central	575,744		580,477		580,477		
Dublin North West	145,775		148,027		148,027		
North Dublin	378,543		420,421		420,421		
Meath	470,513		463,634		463,634		
Louth	249,940		263,038		263,038		
Cavan/Monaghan	590,149		548,094		548,094		
	DNE	National	DNE	National	DNE	National	
Total number of people in receipt of home help hours (excluding provision of hours from HCPs) :	12,900	54,500	12,900	54,500	12,900	54,000	
Dublin North Central	2,860		2,948		2,947		
Dublin North West	1,206		1,112		1,111		
North Dublin	2,884		2,801		2,800		
Meath	1,369		1,414		1,413		
Louth	1,421		1,464		1,463		
Cavan/Monaghan	3,160		3,168		3,166		
	DNE	National	DNE	National	DNE	National	
Total number of people in receipt of HCPs	3,373	9,613	3,250	9,650	3,385	10,230	
Dublin North Central	786		459		508		
Dublin North West	720		567		616		

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Home Help Hours and HCPs (as per 2010 guidelines)						
	DNE	National	DNE	National	DNE	National
North Dublin	743		776		828	
Meath	535		541		590	
Louth	239		262		308	
Cavan/Monaghan	350		482		534	
	DNE	National	DNE	National	DNE	National
i) No and % direct provision	Not reported in 2010		Not reported in 2010		Commencing Reporting in 2011	
	DNE	National	DNE	National	DNE	National
ii) No and % indirect provision	Not reported in 2010		Not reported in 2010		Commencing Reporting in 2011	
	DNE	National	DNE	National	DNE	National
iii) % cash grant	Not reported in 2010		Not reported in 2010		To cease in 2011	
	DNE	National	DNE	National	DNE	National
iv) % respite	Not reported in 2010		Not reported in 2010		Commencing Reporting in 2011	
	DNE	National	DNE	National	DNE	National
v) % multiple types	Not reported in 2010		Not reported in 2010		Commencing Reporting in 2011	
	DNE	National	DNE	National	DNE	National
No. of HCPs	1,205	5,100	1,205	5,100	1,253	5,300
	DNE	National	DNE	National	DNE	National
Total no. of new HCP clients per month	1,053	4,315	1,050	4,000	1,150	4,000
Dublin North Central	173		245			
Dublin North West	174		253			
North Dublin	183		395			
Meath	174		45			
Louth	164		169			
Cavan/Monaghan	187		196			
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Day Care						
	DNE	National	DNE	National	DNE	National
Total no. of day care places for older people		21,300	21,300 Under Review to estimate baseline for 2011		Await National Definitions Baseline to be set	
	DNE	National	DNE	National	DNE	National
No. of clients benefiting from day care places			Under Review to estimate baseline for 2011		Await National Definitions - Baseline to be set	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Subvention						
	DNE	National		DNE	National	
Total no. in receipt of subvention			480	2,860	Dependent on uptake of Nursing Home Support Scheme	
	DNE	National		DNE	National	
Total no. in receipt of enhanced subvention			450	1,440	Dependent on uptake of Nursing Home Support Scheme	
	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Nursing Home Support Scheme (NHSS, 'A Fair Deal')						
	DNE	National		DNE	National	
No. of people in long-term residential care availing of NHSS	Not reported in 2010		Not reported in 2010		Baseline to be set in 2011	
	DNE	National		DNE	National	
No. and proportion of those who qualify for ancillary state support who chose to avail of it.	Not reported in 2010		Not reported in 2010		Baseline to be set in 2011	
	DNE	National		DNE	National	
% of complete applications processed within four weeks	Not reported in 2010		Not reported in 2010		IT Pilot ongoing - Baseline to be set in 2011	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Public Beds						
	DNE	National	DNE	National	DNE	National
No. of beds in public residential care settings for Older People	1,627	10,536	1,300	8,600	1,300	8,200
Dublin North Central			120		Subject to implementation of DNE Long Stay Report	
Dublin North West			452			
North Dublin			150			
Meath			110			
Louth			214			
Cavan/Monaghan			305			
No. of referrals by region				1,800	Demand led	
	DNE	National	DNE	National	DNE	National
No. and % of new referrals broken down by abuse type	Not reported in 2010		Not reported in 2010		Baseline to be set in 2011	
i). physical,				298(12%)		
ii). psychological,				668(26%)		
iii). financial				456(18%)		
iv). Neglect				455(18%)		
Total number of active cases	Not reported in 2010		Not reported in 2010		New PI 2011	
	DNE	National	DNE	National	DNE	National
No. of referrals receiving first response from Senior Caseworkers within 4 weeks				100%		100%

Palliative Care

Introduction

Palliative care provides the best possible quality of life for patients and their families when their disease is no longer responsive to treatment. Services are provided directly by the HSE and, in partnership with voluntary agencies. In Dublin North East, St. Francis Hospice provides the bulk of services for the Dublin area.

The focus for 2011 will be to continue to develop services, supported by the palliative care programme within Quality and Clinical Care, and at the same time continue to drive efficiencies to ensure that services are maximised.

Our **priorities for 2011** are to:

- Progress the recommendations in the *Report of the National Advisory Committee on Palliative Care, 2001*
- Implement Care at End of Life projects
- Progress the recommendations from the *National Children's Palliative Care Policy*, and
- Implement the minimum data set for palliative care

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Report of the National Advisory Committee on Palliative Care, 2001	Report of the National Advisory Committee: <ul style="list-style-type: none"> ▪ Identified priorities progressed on a cost neutral basis (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional Implementation approach agreed to progress identified priorities within one month of receipt of national guidance with LHM Implementation Plans agreed and commenced within a further two months 	Regional Palliative Care Lead (Approach) ISAMs (Implementation)	1 month after receipt of National plan 3 months after receipt of National plan
Access to specialist services	<ul style="list-style-type: none"> ▪ Agreed referral criteria and assessment of need for specialist services developed (National Dependency). ▪ Service Level Agreements developed to reflect further efficiencies. ▪ Commencement of Services at new Blanchardstown Hospice 	<ul style="list-style-type: none"> ▪ Regional Implementation approach agreed within one month of receipt of national guidance for implementation of referral criteria and assessment of need for specialist services with LHM Implementation Plans agreed and commenced within a further two months ▪ Service Level Agreement finalised with St. Francis Hospice, Raheny Dublin. ▪ Implementation Plan agreed in relation to Provision of Hospice Day Care & Out Patient Services on a phased basis from July – December 2011 subject to availability of funding 	Regional Palliative Care Lead (Approach) ISAMs (Implementation) Regional Palliative Care Lead Regional Palliative Care Lead	1 month after receipt of National plan 3 months after receipt of National plan Q1 Q2

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Treatment in location of choice where this can be achieved safely, effectively and efficiently	<ul style="list-style-type: none"> Care pathways, governance arrangements and clinical guidelines developed to support treatment in location of choice (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of national guidelines with LHM Implementation Plans agreed and commenced within a further two months 	<p>Regional Palliative Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>1 month after receipt of National plan</p> <p>3 months after receipt of National plan</p>
Care at End of Life	<p>Care at End of Life:</p> <ul style="list-style-type: none"> Care at end of life within both acute and long stay hospitals progressed through the implementation of projects through the Dignity and Design process. 	<ul style="list-style-type: none"> Continue to work with and support Hospice Friendly Hospital Programme in the North East by contributing to acute hospital working groups as required. 	Regional Palliative Care Lead	Q4
Children's Palliative Care	<p>Continued implementation of National Policy on Children's Palliative Care:</p> <ul style="list-style-type: none"> Consultant and key nursing positions in post. Review of respite services for children with life limiting illnesses undertaken. 	<ul style="list-style-type: none"> Continued support for implementation of National Policy on Children's Palliative Care by providing clinical input to care of children with Specialist Palliative Care needs. Regional support provided as required to QCCD in undertaking this review 	<p>Regional Palliative Care Lead</p> <p>Regional Palliative Care Lead</p>	<p>Q3</p> <p>Q3</p>
Minimum Data Set	<p>Minimum Data Set progressed through:</p> <ul style="list-style-type: none"> Day care services and (ii) acute hospitals data piloted and collected. Review process concluded for intermediate/palliative care support beds. 	<ul style="list-style-type: none"> Continued working with national system in relation to the implementation of minimum data set 	<p>Regional Palliative Care Lead (Approach)</p> <p>ISAMs (Implementation)</p>	Ongoing
	<p>Transformation Programme:</p> <ul style="list-style-type: none"> Reconfiguration of acute hospital services to result in provision of Community Support beds for specialist palliative care patients. 	<ul style="list-style-type: none"> Regional Implementation Plan agreed in relation to the reconfiguration of acute hospital services 	Regional Palliative Care Lead	Q1

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Performance Activity & Performance Indicators	Expected Activity / Targets 2011 contained in National Service Plan 2011	<ul style="list-style-type: none"> Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected NSP Activity/Targets are achieved Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	Regional Palliative Care Lead (Approach) ISAMs (Implementation)	Q1

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
	DNE	National	DNE	National	DNE	National
Specialist Palliative Care						
Wait times for specialist inpatient bed (patients seen within)	Not reported in 2010		Not reported in 2010		New PI in 2011	
i). 0 – 7 days	Not reported in 2010		Not reported in 2010		New PI in 2011	
	DNE	National	DNE	National	DNE	National
ii). 0 - < 1 month			98.10%	98.20%	98.2% New PI in 2011	
	DNE	National	DNE	National	DNE	National
Wait times for home, non-acute hospital, long-term residential care delivered by community teams(patients seen within)	Not reported in 2010		Not reported in 2010		New PI in 2011	
i). 0 – 7 days				78%		78%
	DNE	National	DNE	National	DNE	National
ii). 0 - < 1 month			94%	98%	94%	98%

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011		
Specialist Palliative Care (monthly averages)							
	DNE	National	DNE	National	DNE	National	
No. patients treated in specialist inpatient units	34	325	34	326	38	326	
Dublin North Central			11		12		
Dublin North West			12		14		
North Dublin			11		12		
Meath			0		0		
Louth			0		0		
Cavan/Monaghan			0		0		
	DNE	National	DNE	National	DNE	National	
No. patients in receipt of community based specialist palliative care	561	2,865	537	2,851	543	2,851	
Dublin North Central			67		68		
Dublin North West			74		75		
North Dublin			76		77		
Meath			109		110		
Louth			106		107		
Cavan/Monaghan			105		106		

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Specialist Palliative Care (monthly averages)						
	DNE	National	DNE	National	DNE	National
No. patients in receipt of day care	55	297	47	277	48	277
Dublin North Central			15		15	
Dublin North West			20		21	
North Dublin			12		12	
Meath			0		0	
Louth			0		0	
Cavan/Monaghan			0		0	
	DNE	National	DNE	National	DNE	National
No. patients in receipt of intermediate palliative care in community hospitals	4	127	8	125	6	125
Dublin North Central			0		0	
Dublin North West			4		3	
North Dublin			0		0	
Meath			0		0	
Louth			0		0	
Cavan/Monaghan			4		3	
	DNE	National	DNE	National	DNE	National
No. of admissions to specialist inpatient units			25	2,617	25	2617 New PI in 2011
	DNE	National	DNE	National	DNE	National
No. of discharges, transfers and deaths from specialist inpatient units						New PI in 2011
i). Discharges			1	277	1	277
	DNE	National	DNE	National	DNE	National
ii). Transfers			6	1,486	6	1,486
	DNE	National	DNE	National	DNE	National
iii). Deaths			20	811	20	811
	DNE	National	DNE	National	DNE	National
No. of new patients to the service by age Activity quoted reflects New Patients – no provision for breakdown of ages.						
i). Specialist inpatient bed			22	120	22	120
	DNE	National	DNE	National	DNE	National
ii). Home care			120	605	120	605

Social Inclusion

Introduction

Poverty and social exclusion have a direct impact on the health and well being of the population in DNE. 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 the non-governmental organisation, community and voluntary sector.

Our **priorities in 2011** are to:

- Continue to address the health impacts of addiction and/or substance misuse
- Implement actions arising from the *Strategy to Address Adult Homelessness in Ireland 2008-2013*
- Address the outputs from the *All-Ireland Traveller Health Study, 2010*
- Support staff in helping ethnic minorities access services, and
- Support Lesbian, Gay, Bisexual and Transgender (LGBT) communities in equitable access and use of health service

Key Result Areas

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
National Drugs Strategy and National Substance Misuse Strategy	Tackle the health impacts of addiction and / or substance misuse through: Recruitment of Clinical Directors of Addiction Services completed in each of the 4 regions.	<ul style="list-style-type: none"> ▪ Regional Review of Governance Arrangements for Addiction Services in DNE conducted 	Regional Social Inclusion Lead	Q 1
	<ul style="list-style-type: none"> ▪ Implementation of Phase 1 of Interagency Rehabilitation Programmes in each of the 4 regions. 	<ul style="list-style-type: none"> ▪ Regional Implementation approach for Interagency Rehabilitation Programmes agreed with LHO Implementation Plans agreed and commenced 	Regional Social Inclusion Lead (Approach) ISAMs (Implementation)	Q 2
	<ul style="list-style-type: none"> ▪ Learning from reports implemented including Hepatitis C and Intravenous Drug Users and methadone protocol. (National Dependency). 	<ul style="list-style-type: none"> ▪ Regional Implementation approach agreed within one month of receipt of National Report, with LHO Implementation Plans agreed and commenced within a further two months 	Regional Social Inclusion Lead (Approach) ISAMs (Implementation)	Within 1 month of receipt of National Plan Within 3 months of receipt of National Plan
	<ul style="list-style-type: none"> ▪ Pharmacy located harm reduction/needle exchange services implemented throughout the country in each of the 4 regions. 	<ul style="list-style-type: none"> ▪ Regional Implementation Plan agreed for Harm Reduction Needle Exchange programme in Louth/Meath and Cavan/Monaghan dependent on outcome of IPU negotiations 	Regional Social Inclusion Lead (Approach) ISAMs (Implementation)	Q4

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<ul style="list-style-type: none"> Alcohol Public Education/Awareness Campaign developed and launched (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of national campaign with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Social Inclusion Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Within 1 month of receipt of National Plan</p> <p>Within 3 months of receipt of National Plan</p>
	<ul style="list-style-type: none"> National Addiction Training Framework in place for staff (Phase 1) (National Dependency). 	<ul style="list-style-type: none"> Regional Implementation approach agreed within one month of receipt of national framework with LHO Implementation Plans agreed and commenced within a further two months 	<p>Regional Social Inclusion Lead (Approach)</p> <p>ISAMs (Implementation)</p>	<p>Within 1 month of receipt of National Plan</p> <p>Within 3 months of receipt of National Plan</p>
National Homelessness Strategy	<p>Implement actions arising from National Homelessness Strategy:</p> <p>Protocols signposting referral pathways developed between specialist addiction/homeless/traveller services to Mental Health and Primary Care Services.</p>	<ul style="list-style-type: none"> Implementation Plan agreed for the establishment of Homeless Action Teams in Louth, Cavan & Monaghan through the Regional Homeless Forum. Homeless area action plans developed on an interagency basis lead out by the newly established Regional Homeless Forum. Reconfiguration Homeless Service Plan for Dublin implemented in partnership with the Homeless Agency. Regional analysis undertaken to identify and highlight the increasing demand for homeless services from non-Irish communities and the effect of the HRC rule 	<p>Regional Social Inclusion Lead (Approach)</p> <p>ISAMs (Implementation)</p> <p>Regional Social Inclusion Lead</p> <p>Regional Social Inclusion Lead</p> <p>Regional Social Inclusion Lead</p>	<p>Q 2</p> <p>Q 3</p> <p>Q4</p> <p>Q4</p> <p>Q4</p>
All-Ireland Traveller Health Study	<p>Address the outputs from the All-Ireland Traveller Health Study, 2010:</p> <p>Screening programmes targeting vulnerable groups devised and implemented.</p>	<p>Regional Implementation approach agreed in relation to the Traveller Health Units in Dublin North East & will target the following areas arising from</p>	<p>Regional Social Inclusion Lead (Approach)</p>	<p>Q2</p>

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
		<p>the AITHS:-</p> <ul style="list-style-type: none"> ▪ Cardiovascular/Respiratory Health, Men's Health, ▪ Positive Mental Health and Suicide, ▪ Addiction, <p>The plan will also address</p> <ul style="list-style-type: none"> ▪ Development /Improvement of linkages between Traveller Primary health care projects and primary care. ▪ Continue to support Traveller Interagency Groups to implement the revised Traveller Interagency Action Plans. ▪ Feasibility of merging THUs in Dublin North, North West, North Central with the THU in the North East region into one regional structure 	ISAMs (Implementation)	Q4
National Intercultural Health Strategy	<p>Support staff in helping ethnic minorities access services:</p> <ul style="list-style-type: none"> ▪ Emergency Multilingual Aid toolkits for staff and Intercultural Health Guide implemented (Phase 3). 	<ul style="list-style-type: none"> ▪ Continued rollout of the Emergency Multilingual Aid and Intercultural Health Guide subject to resource availability. 	Regional Social Inclusion Lead	Ongoing
	<ul style="list-style-type: none"> ▪ Translation/Interpreting toolkit for staff in line with Patient Charter implemented (Phase1). 	<ul style="list-style-type: none"> ▪ Regional implementation approach agreed for Translation/Interpreting toolkit with LHO Implementation Plans agreed and commenced subject to resource availability 	Regional Social Inclusion Lead (Approach) ISAMs (Implementation)	Q2
	<ul style="list-style-type: none"> ▪ Use of Ethnic identifier field in health core data sets expanded. 	<ul style="list-style-type: none"> ▪ Continued support for further development of the Ethnic identifier as required, subject to resource availability. ▪ Regional review of Services delivered to Ethnic Minorities carried out in conjunction with each area 	Regional Social Inclusion Lead Regional Social Inclusion Lead	Q2 Q3
LGBT Framework	<p>Support LGBT communities:</p> <ul style="list-style-type: none"> ▪ Good practice guiding principles developed to support LGBT communities in equitable access and use of health services. 	<ul style="list-style-type: none"> ▪ Continued implementation of good practice guiding principles developed to support LGBT communities in equitable access and use of health services at a local level as required, subject to resource availability. 	Regional Social Inclusion Lead	Q4

Key Result Area	National Deliverable 2011	DNE Deliverable 2011	Responsible Person/s	Target Completion
Performance Activity & Performance Indicators	Expected Activity / Targets 2011 contained in National Service Plan 2011	<ul style="list-style-type: none"> ▪ Regional approach agreed and Implementation Plans developed for each new KPI to ensure expected Activity/Targets are achieved ▪ Regional approach agreed and Improvement Plans developed for existing KPIs currently below /anticipated to be below expected NSP Activity/Target levels to ensure that appropriate corrective action is taken 	Regional Social Inclusion Lead (Approach) ISAMs (Implementation)	Q1

Key Performance Activity and Performance Indicators

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
Methadone Treatment (monthly in arrears)	DNE	National	DNE	National	DNE	National
Total no. of clients in methadone treatment (outside prisons)	3,020	8,278	3,150	8,500	3,225	8,500
Dublin North Central			1,367		1,367	
Dublin North West			840		840	
North Dublin			757		757	
Meath	50		50		54	
Louth	79		79		150	
Cavan/Monaghan	57		57		57	
	DNE	National	DNE	National	DNE	National
Total no. of clients in methadone treatment (prisons)		497		500		500

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
	DNE	National	DNE	National	DNE	National
Substance Misuse						
	DNE	National	DNE	National	DNE	National
Total no. of substance misusers (over 18 years) for whom treatment has commenced following assessment	350	1,380	630	1,372	641	1,350
Dublin North Central			97		97	
Dublin North West			59		59	
North Dublin			75		75	
Meath			108		110	
Louth			184		190	
Cavan/Monaghan			107		110	
	DNE	National	DNE	National	DNE	National
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	100%	100%	100%	100%	100%
Dublin North Central			96*(97.96%)		96*(97.96%)	
Dublin North West			59*(98.33%)		59*(98.33%)	
North Dublin			71*(94.66%)		71*(94.66%)	
Meath			108		110	
Louth			184		190	
Cavan/Monaghan			107		110	
	DNE	National	DNE	National	DNE	National
Total no. of substance misusers (under 18 years) for whom treatment has commenced following assessment	15	115	61	136	67	130
Dublin North Central			7		7	
Dublin North West			0		0	
North Dublin			0		0	
Meath			14		15	
Louth			28		30	
Cavan/Monaghan			12		15	
	DNE	National	DNE	National	DNE	National
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	100%	100%	100%	100%	100%	100%
Dublin North Central			72		75	
Dublin North West			0		0	
North Dublin			0		0	
Meath			14		15	
Louth			28		30	
Cavan/Monaghan			12		15	

	Expected Activity / Target 2010		Projected Outturn 2010		Expected Activity / Target 2011	
	DNE	National	DNE	National	DNE	National
Homeless Services						
No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards New PI 2011	New PI 2011		New PI 2011			75%
* Figures represented are three months in arrears and only include Q1-3 2010						

Support Services

A number of corporate and support services are provided in Dublin North East to assist us in delivering quality health and personal social services in the most effective manner;

The key support services include:

- Communications
- Emergency Management
- Estates
- Finance
- Human Resources
- Performance Improvement
- Public Health

Communications

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Provision of a full range of communications services in line with key priorities for 2011	<ul style="list-style-type: none"> ▪ Proactive management and implementation of national communication policies and initiatives in the region ▪ Informing the development of national communications initiatives ▪ Providing communication advice and support to HSE managers and staff and managing key staff communications channels ▪ Supporting the development of quality information on all services to the public including public information campaigns, ▪ Managing DNE Regional Health Forum and PCCC Parliamentary Affairs Office 	Regional Communications Manager	Ongoing
Provide dedicated support to Senior Managers in the proactive management of planned media initiatives as well as issues management.	<ul style="list-style-type: none"> ▪ On-going reactive and proactive media liaison in relation to HSE Dublin North East. ▪ Preparing and advising spokespeople on effective media communications. ▪ Provide communications support to staff in Dublin North East who are organising an event e.g. launches, opening new service etc. 	Regional Communications Manager	Ongoing
Manage key communications channels for staff e.g. staff magazine, Health Matters and the Intranet	<ul style="list-style-type: none"> ▪ Work with service areas to bring all DNE data up to date on intranet ▪ Review and improve layout of DNE content on intranet ▪ Provide DNE content for regional pages of Health Matters. ▪ Produce and circulate 8 editions of RDO staff newsletter 	Regional Communications Manager	Q2 Q1 – Q4
Support the development of quality information on all services to the public including public information campaigns	<ul style="list-style-type: none"> ▪ Ensure that DNE data is up to date on HSE website ▪ Planned and featured slots on local radio ▪ Ensure HSE DNE statements featured in 90% of all local/free print 	Regional Communications Manager	Q2 Q1 Q2

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
	<ul style="list-style-type: none"> media circulating in DNE ▪ RDO interviews on regional radio at regular intervals. ▪ ISA External Communications Plans delivered during 2011 ▪ Raise profile of HSE services through local media ▪ Explore Social Media Campaign with NCU ▪ Ensure Public Reps are kept up to date on HSE services and developments through distribution of HSE press releases and updates at Regional Health Forum. ▪ Review HSE Communication channels with GPs 		
Public Perception Evaluation Programme	<ul style="list-style-type: none"> ▪ Scope out public perception options ▪ Link in with any national initiatives ▪ Use output of evaluation to input to External communications programme 	Regional Communications Manager	Q2 Q3
DNE Communication Strategy	<ul style="list-style-type: none"> ▪ Review National Communication Strategy when finalised ▪ Devise DNE Communication Strategy to mirror national strategy 	Regional Communications Manager	Q1 Q3
DNE Staff pride programme – staff as key communicators with service users and wider population to promote balanced and informed view of HSE DNE and its services	<p>(Collaboration with DNE HR)</p> <ul style="list-style-type: none"> ▪ Staff Attitude Surveying programme ▪ Staff suggestions programme ▪ Staff awareness programme re HSE services and improvements ▪ Achievement Awards 2011 preparatory programme 	Regional Communications Manager and Regional HR Director	Q2
Communications Resource Planning Group	<ul style="list-style-type: none"> ▪ Establish regional CRPG to ensure strategic focus and purpose, increase economies of scale, prevent duplication and waste of valuable resources and allow integration of messages with service provision. 	Regional Communications Manager	Q1

Emergency Management

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Provision of a full range of Emergency Management support to the functions, services and facilities in DNE.	<ul style="list-style-type: none"> ▪ Proactive coordination and implementation of national Emergency Management policies and initiatives in the region ▪ Informing the development of national Emergency management initiatives ▪ Providing Emergency Management advice and support to HSE managers and staff. ▪ Providing training for staff in the development of emergency management strategies and procedures. This will be done through training sessions and exercises. 	Regional Chief Emergency Management Officer	Ongoing
Coordination of Interagency Emergency Management within the Region	<ul style="list-style-type: none"> ▪ Maintaining links with divisions of An Garda Síochána and the Local Authorities within the region in relation to planning for and responding to major emergencies. ▪ Coordination of HSE services in interagency training and exercises within the DNE region and nationally. 	Regional Chief Emergency Management Officer	Ongoing
Restructuring of the HSE DNE Regional Crisis Management Team	<ul style="list-style-type: none"> ▪ In consultation with the Regional Management Team, develop the structure by which Strategic Management is delivered at regional and ISD level. 	Regional Chief Emergency Management Officer	Q3

Estates

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Capital Developments for 2011 will be the delivery of the capital projects included in Appendix 4 of the 2011 National Service Plan.	<p>The delivery of Mental Health Infrastructure projects, in support of the implementation of a vision for change. This includes the progression of a number of key projects in 2011.</p> <ul style="list-style-type: none"> ▪ Acute Psychiatric Unit at Beaumont Hospital – completion in 2012 ▪ New Acute Psychiatric Unit for County Louth – completion 2012/2013 ▪ New facilities at Grangegorman – Completion in 2012 ▪ Additional 6 bed C&A unit St Vincent's Hospital, Fairview ▪ Continuing Care Unit – St Ita's Portrane ▪ High Support Hostel Blanchardstown ▪ Continuing Care Unit St Brigid's Hospital, Ardee ▪ Upgrade of Dept of Psychiatry Cavan General Hospital 	AND Estates	Ongoing
Minor Capital & Infrastructural Risk Works	<ul style="list-style-type: none"> ▪ Delivery, in conjunction with local service units, of Minor Capital Infrastructural Risk works to address building asset integrity in the area of Fire Safety, Electrical Systems, Asset Integrity, Roofing, Windows, Heating Systems, Water Systems etc 	AND Estates	Ongoing

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Cost Reductions – Discretionary Maintenance and Leases	<ul style="list-style-type: none"> ▪ Devise DNE wide plans (Q1) to achieve necessary reductions with minimum possible impact on service provision and implement throughout the year 	AND Estates	Q1-Q4
Technical & Professional Support	<p>Continue to provide technical and professional support to all service units in the areas of :</p> <ul style="list-style-type: none"> ▪ Fire Safety ▪ Water Quality Systems ▪ Energy Management ▪ Infrastructural Risk ▪ Maintenance Function ▪ Property Management 	AND Estates	Ongoing

Finance

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Income	<ul style="list-style-type: none"> ▪ Oversee the Private Insurance Income Collection project for DNE ▪ Assist with introduction of 'Discharge' billing ▪ Assist with Private Bed Designation project to ensure DNE acute hospitals maximise private income 	AND Finance	Q1 - Q4
Consultant Contract	<ul style="list-style-type: none"> ▪ Assist and help coordinate monitoring of the public/private mix for the consultant contract. 	AND Finance	Q1 – Q4
Business Objects	<ul style="list-style-type: none"> ▪ Investigate the introduction of Business Objects to DNE finance ▪ If suitable implement Business Objects in DNE finance 	AND Finance	Q1 Q2 –Q3
Payroll rationalisation	<ul style="list-style-type: none"> ▪ Oversee transfer of OLOL hospital payroll functions to Kells 	AND Finance	Q2

Human Resources

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Public Service Agreement 2010 - 2014	<ul style="list-style-type: none"> ▪ Assisting service management with implementation of DNE PSA action plan through engagement on change management plans ▪ Convene, chair and report on monthly Union engagement sessions 	AND HR ISAMs	Q4

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
DNE Employment Control Plan 2011	<ul style="list-style-type: none"> ▪ Implement the 2011 Employment Control Framework ▪ WTE Breakeven and priority recruitment plans per service ▪ HR Management Information Improvement Programme 	AND HR ISAMs	Q1 – Q4
DNE Promoting Positive Attendance programme	<ul style="list-style-type: none"> ▪ Implement automated system of recording absenteeism in DNE using SAP HR ▪ Implement recommendations from the Supporting Positive Attendance During and after Pregnancy Project ▪ Ensure 'Alerts' to notify managers of short / long term absentees ▪ Support implementation of the Attendance management Policy in DNE 	AND HR ISAMs	Q1 – Q4
Graduate Employment programme - Ensure maximisation of graduate health professional recruitment while complying fully with HSE Employment Control Framework	<ul style="list-style-type: none"> ▪ Health professional graduate analysis Report DNE ▪ DNE Recruitment Plan for Graduates 2011 – 2012 ▪ Induction and Mentoring programme 	AND HR	Q2 Q3
DNE HR Circulars & Practice – supported awareness / compliance programme	<ul style="list-style-type: none"> ▪ Embed and roll-out key HR policies in DNE ▪ Promote consistent application of HR policy in DNE 	AND HR ICT Lead	Q1 – Q4
DNE Conflict Management Strategy	<ul style="list-style-type: none"> ▪ Seek to reduce conflict in the workplace through prevention strategies and early intervention to prevent escalation of conflict ▪ Earlier referral to mediation, utilising all the capacity in the system ▪ Protocol for rehabilitation and/or redeployment to more appropriate role/setting if staff cannot be facilitated in workplace ▪ An internal mentoring/ coaching / training support service is established for staff engaging with changed roles/ workplace issues 	AND HR	Q1 – Q4
DNE Staff pride programme – Staff as key communicators with service users and wider population to promote balanced and informed view of HSE DNE and its services	<ul style="list-style-type: none"> ▪ Staff attitude surveying programme/ climate survey ▪ Staff suggestions programme ▪ Staff awareness programme re HSE services and improvements ▪ Achievement Awards 2011 preparatory programme 	DNE HR / Regional Communications Manager	Q3
Organisational Development and Change management Support Programme 2011	<ul style="list-style-type: none"> ▪ Assess and address impact of VER/VRS ▪ Support establishment and development of ISA's ▪ Clerical review completion ▪ Clerical admin improvement plan 	AND HR	Q1 – Q4

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Ensure implementation, support and evaluation of robust Performance Management process	<ul style="list-style-type: none"> ▪ Proactively support the consolidation of National Recruitment and Superannuation processing within a shared services environment ▪ Support service management in Dublin North East in dealing with underperformance and prevention/ management of risk issues ▪ Drive greater integration between Occupational Health Services in North Dublin and former North East to enhance efficiencies ▪ Implement targeted development solutions to enhance management capability in line with HSE imperatives ▪ Provide HR support in support of the Clinical Directorate Structures e.g. Education and Development Programmes ▪ Use DNE Educational, Training and research Network to support service priorities and improve organisational performance 	AND HR/ ISAMs	Q1 – Q4
Process improvement	<ul style="list-style-type: none"> ▪ Produce option appraisal and recommendations plus high level implementation plan to allow DNE develop the necessary capacity to a sustainable approach at regional and local level to structured process analysis and improvement for administrative, clinical and other related processes 	AND HR	Q2
Health & Safety	<ul style="list-style-type: none"> ▪ Establish a standardised approach to health and safety across the HSE DNE which requires: clarity of structures / roles / reporting relationships. ▪ Integrate and embed the management of health and safety into the business process of the HSE DNE. 	AND HR	Ongoing

Performance Improvement

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Improvement of Performance in the Acute Sector	<ul style="list-style-type: none"> ▪ Provide support and advice to the acute sector in order to bring about performance improvement and increased achievement of regional and national targets with specific emphasis on the reduction of waiting times for OPD, Diagnostics, ED and In-patient/Day Surgery through the development and implementation of systematic performance improvement methodologies and programmes 	Regional Performance Improvement Lead	Ongoing
Improvement of Performance in non-acute health care services	<ul style="list-style-type: none"> ▪ Provide support and advice to the non-acute sector in order to bring about performance improvement and increased achievement of regional and national targets through the development and implementation of systematic performance improvement methodologies and programmes 	Regional Performance Improvement Lead	Ongoing

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Management of Performance Data	<ul style="list-style-type: none"> ▪ Streamlining of the performance data reporting mechanism, improving data reliability and validity, thereby ensuring meaningful interpretation and subsequent improvement programmes in areas of poor or sub-optimal performance. ▪ Examine the feasibility of increased use of information technology in the data collection process ▪ Co-ordination of monthly non-acute data returns to BIU. ▪ Streamlining of non-acute data collection process. ▪ Monitoring in an ongoing basis of all performance data produced by CPCP. ▪ Commissioning where necessary, any other acute or non-acute performance data not reported regularly to BIU. 	Regional Performance Improvement Lead	Ongoing
Reconciliation of Outcomes of Performance Data	<ul style="list-style-type: none"> ▪ Interpretation of monthly and quarterly performance data, and service-level reconciliation of performance levels with 2011 targets ▪ Monthly exception reports for presentation at performance-related senior management meetings. ▪ Monitoring of actions generated by poorly performing units to ensure completion and achievement of targets. 	Regional Performance Improvement Lead	Ongoing
Performance Reporting	<ul style="list-style-type: none"> ▪ Work with National ISD PFM to implement revised monthly regional reporting structure and process ▪ Work with LHOs, Hospitals, HR, Finance and Q&R to devise and implement ISA monthly reporting structure and process 	Regional Performance Improvement Lead	Q1
National Clinical Programmes	<ul style="list-style-type: none"> ▪ Develop a regional structure to co-ordinate and oversee the implementation of the clinical programmes in DNE ▪ Provide periodic performance reports in relation to progress in implementing programmes 	Regional Performance Improvement Lead	Q1 Ongoing

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Service Planning	<ul style="list-style-type: none"> ▪ Production of Regional Service plan with national KPI targets adjusted accordingly and identification of regional KRAs based on national priorities as well as identified regional priorities ▪ Assisting in the compilation of local service plans for LHOs and Hospitals based on regional and local priorities 	Regional Performance Improvement Lead	Q1

Public Health

Key Result Area	DNE Deliverable 2011	Responsible Person/s	Target Completion
Infectious Diseases	<ul style="list-style-type: none"> ▪ Surveillance of communicable diseases including notifiable disease investigations and communicable disease outbreak identification and investigation ▪ Participate in National Study on Vaccine Update ▪ Commence enhanced surveillance of syphilis ▪ Commence computerised recording of TB and STIs 	Director of Public Health	Ongoing Q1 Q1 Q1
Injury Prevention	<ul style="list-style-type: none"> ▪ Complete study into hospitalisations following road injury and use to advocate for safety interventions 	Director of Public Health	Q1
Health Service Reconfiguration	<ul style="list-style-type: none"> ▪ Provide functional support in respect of capacity planning - Louth Meath Hospital Group 	Director of Public Health	Ongoing
Staff Reconfiguration	<ul style="list-style-type: none"> ▪ Staff reconfigured to new DNE Department of Public Health 	Director of Public Health	Q2
Quality & Risk	<ul style="list-style-type: none"> ▪ Participate in and provide guidance for the Implementation of National Standards for Safer Better Health Care 	Director of Public Health	Ongoing

Appendix 1 Financial Information

Agency Forecast Outturn 2010*

	Pay	Non Pay	Gross	Income	Net
	€m	€m	€m	€m	€m
Voluntary Providers					
Hospitals					
Mater Misericordiae Hospital	186	84	269	-42	227
Beaumont Hospital	221	94	315	-67	248
The Rotunda Hospital	52	13	65	-17	48
Cappagh National Orthopaedic	22	13	34	-7	27
Hospital Total	481	204	683	-133	550
Community					
Clontarf Orthopaedic	9	2	11	-3	8
St Vincent's Hospital	14	3	17	-2	15
Daughters of Charity	63	8	72	-11	61
St Michael's House	75	12	87	-13	74
Central Remedial Clinic	15	4	19	-4	15
Community Total	176	29	206	-33	173
Total Voluntary	657	233	889	-166	723
Statutory Providers					
Hospitals					
Our Lady of Lourdes	100	31	131	-17	114
Louth County Hospital	22	7	29	-2	27
Cavan General Hospital	57	20	77	-5	72
Monaghan General Hospital	13	4	17	-1	16
Our Lady's Hospital Navan	36	14	49	-4	45
Connolly Memorial Hospital	76	27	103	-8	95
Hospital Total	304	103	406	-37	369
Community					
LHO Cavan Monaghan	72	38	110	-3	107
LHO Louth	61	38	99	-4	95
LHO Meath	47	44	91	-1	90
LHO 6 Dublin North	107	79	186	-4	182
LHO 7 Dublin North	55	132	187	-5	182
LHO 8 Dublin North	94	116	209	-5	204
Total Community	436	447	882	-22	860
Total Statutory	740	550	1,228	-59	1,229
Total Provider Outturn 2010	1,397	783	2,177	-225	1,952

*This table excludes HSE Regional and National services

Appendix 2

a) Additional DoHC Funding Allocation for Priority Services

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
National Cancer Care Programme				
Radiation Oncology	Full year cost of opening new radiation units in Beaumont and St. James.	€8m	0	Q4
Theatre/ICU/ Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres	€1.5m	28	Q1
National Screening Service	20 candidate ANPs appointed in colonoscopy with a view to 15 graduations in 2013. (See also section below outlining €0.9m gap to support this action)	€0.5m	*20	Q2
	Sub Total	€10m	48	
Children and Families				
Ryan Report	Continue to support the full implementation of the recommendations outlined in the Ryan Report	€7m	0	Q4
Social Work Service	Appointment of additional Social Workers (See also section below outlining €1.8m gap to support this action)	€2m	*60	Q3
	Sub Total	€9m	60	
Mental Health				
Suicide Prevention	Focus on increasing the number and range of training programmes, improve our response to deliberate self harm presentations, develop our ability to respond in primary care and coordinate and improve our helpline availability	€1m	0	Q4
	Sub Total	€1m	0	
Disability				
Day, Residential, Respite, Personal Assistance and Home Support Services	Address demographic pressures in the provision of Day, Residential, Respite, Personal Assistance and Home Support Services. This funding will be distributed equitably across the HSE Regions, based on emerging need during 2011	€10m	0	Q4
	Sub Total	€10m	0	
Older Persons				
Fair Deal	Deliver additional residential care placements	€6m	0	Q4
Home care packages	Enhance home care through additional care packages	€8m	0	
Long Stay repayments	Address outstanding claims and close off scheme in 2011	€12m	0	
	Sub Total	€26m	0	
	Total	€56m	108	

b) HSE Strategic Priorities Funded: Internal Resource Realignment

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
Primary Care				
Enhancement of Primary Care Services	Planning for delivery of IV therapy services in community settings undertaken.	€4m	0	Q4
Primary Care Teams and Networks	Electronic referrals systems from primary care to acute sector developed.	€0.35m	0	Q4
Audiology Services	Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations.	€1.8m	5	Q4
	Newborn Hearing Screening further rolled out in line with national model	€1.9m	0	Q3
	Sub Total	€8.05m	5	
Acute Services				
Programmes:	Implementation plan for AMP finalised and implementation commenced with an initial focus on Acute Medical Units (AMUs) functioning in 12 sites.	€8.5m	34	Q4
▪ <i>Acute Medicine</i>				

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
<i>Programme (AMP)</i>				
▪ <i>Critical Care Programme</i>	Audit process for critical care.	€1.4m	15	Q3
▪ <i>Emergency Medicine Programme</i>	Emergency Medicine Programme introduced	€3.5m	14	Q3
▪ <i>Elective Surgery Programme</i>	Audit programme introduced to monitor outcomes of process and to audit surgical mortality.	€1.34m	6	Q4
Outpatient programmes:				
▪ <i>Epilepsy</i>	Regional Epilepsy Centres defined – see 2c) below also.	€0.6m	6	Q1
▪ <i>Dermatology</i>	Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	€7.5m	30	Q4
▪ <i>Neurology</i>	Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.			
▪ <i>Rheumatology and Orthopaedic</i>	12 musculo-skeletal physiotherapy led clinics in place.	€1.75m	19	Q2
Chronic Disease Interventions:				
▪ <i>Stroke</i>	Stroke Units meeting defined criteria in 9 new sites.	€4.2m	45	Q4
▪ <i>Acute Coronary Syndrome</i>	Primary PCI centres identified and 4 centres functioning.	€1.5m	6	Q3
▪ <i>Diabetes</i>	Retinopathy Screening Programme initiated with IT systems in place. National foot care programme introduced.	€4m €1m	11.5 16	Q4
▪ <i>COPD</i>	Structured programmes operational in 12 acute hospitals - see 2c) below also.	€0.75m	10	Q3
▪ <i>Asthma</i>	Asthma Education Programmes initiated.	€0.3m	0	Q2
Ambulance services	To support the reconfiguration of hospital services	€3m	60	Q4
Other Services:	Critical care additional capacity opened in Our Lady's Children's Hospital.	€2.25m	25.5	Q3
▪ <i>Paediatric services</i>				
▪ <i>Cystic Fibrosis</i>	Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening Programme	0	7	Q2
▪ <i>Renal services</i>	Maintain / increase number of renal transplants performed by National Renal Transplant Programme National Programme - €0.6m, 2 WTE / Home haemodialysis programme implemented nationally - €0.7m / Increased local haemodialysis capacity achieved by continued development of Satellite Renal Dialysis Units and Parent Renal Dialysis Units - €3.2m	€4.5m	2	Q4
Sub Total		€46.09m	307	
National Cancer Care Programme				
National Screening Service	To support full year costs of screening programme *WTE requirements addressed in DoHC funded priorities	€0.9m	*	Q4
Sub Total		€0.9m	0	
Children and Families				
Social Work Service	Support the costs for appointment of 60 additional Social Workers – See above *WTE requirements addressed in DoHC funded priorities	€1.8m	*	Q3
Sub Total		€1.8m	0	
Mental Health				
Child and Adolescent Mental Health Services	DNE: St Vincent's Fairview capital project DML: Development of 11 bed interim Child and Adolescent Inpatient Unit	€0.8m €3m	10 30	Q3 Q4
National Forensic Services Compliance with the Criminal Law (Insanity) Act	DML: Provide a 10-12 bed high support hostel for people granted conditional discharge by the courts under Criminal Law Insanity Act DML: Provision of barricade/siege support to the Gardai in line with Barr recommendations	€1.2m	0	Q3 Q3
Sub Total		€5m	40	
Palliative Care				
Specialist Palliative Care	Ambulatory and day care in Milford	€1.3m	1.5	Q4
Sub Total		€1.3m	1.5	

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
	Total	€63.14m	353.5	

c) HSE Strategic Priorities: Internal Reconfiguration through Existing WTEs and Funding

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
Acute Services				
▪ <i>Epilepsy</i>	Regional Epilepsy Centres defined – see 2b) above also	€1.8m	35	Q1
Chronic Disease Interventions:				
▪ <i>Heart failure</i>	Structured heart failure programme available in 12 acute hospitals	€1.6m	24	Q4
▪ <i>COPD</i>	Outreach programmes operational in 12 acute hospitals - see 2b) above also	€1.4m	19	Q3
	Total	€4.8m	78	

Note: The allocation of funding outlined in appendices b) and c) is subject to approved business cases and evidence of implementation of change management programmes for each KRA.

Appendix 3 HR Information

Breakdown of DNE Employment Ceiling for end 2010

Provider	WTE
Voluntary Providers	
Hospitals	
Mater Misericordiae Hospital	2,492.58
Beaumont Hospital	2,919.30
The Rotunda Hospital	752.00
Cappagh National Orthopaedic	314.00
Hospital Total	6,477.88
Community	
Clontarf Orthopaedic	198.00
St Vincent's Hospital	224.00
Daughters of Charity	996.00
St Michael's House	1,288.00
Central Remedial Clinic	233.50
Community Total	2,939.50
Total Voluntary	9,417.38
Statutory Providers	
Hospitals	
Our Lady of Lourdes	1,500.40
Louth County Hospital	297.00
Cavan General Hospital	784.00
Monaghan General Hospital	166.00
Our Lady's Hospital Navan	447.40
Connolly Memorial Hospital	1,099.59
Hospital Total	4,294.39
Community	
LHO Cavan Monaghan	1,240.34
LHO Louth	1,731.45
LHO Meath	960.11
LHO 6 Dublin North West	1,664.10
LHO 7 Dublin North Central	1,230.97
LHO 8 Dublin North	1,544.44
Total Community	8,371.41
Population Health	220.00
Ambulance	153.00
Corporate	332.82
Total Statutory	13,371.62
Total Outturn 2010	22,789.00

Appendix 4 Capital Projects by Programme

This appendix includes those capital projects for Dublin North East that are;

- Completed in 2010 but did not become operational in 2010
- Due to be built and/or completed by Estates in 2011
- Projected to become operational in 2011

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Dublin North East										
Primary Care	Kells Meath	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Airside Swords	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Mulhuddart & Ongar	Primary Care Centre. By lease agreement.	Q1	Q2	0	0	0	0	0	0
Primary Care	Cavan PCC	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Kingscourt	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
Primary Care	Howth/Sutton	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Skerries	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Ballybay	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
Primary Care	Drogheda North	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Ashbourne	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Acute and Pre-Hospital Care										
Dublin North East										
Major Acute	Beaumont	Neurosurgery Upgrade	Q1	Q2	0	0	0.5	4.8	0	0
Major Acute	Mater Hospital	Mortuary Upgrade	Q3	Q4	0	0	0.8	1.8	0	0
Infrastructure Upgrade	Mater Hospital	Upgrade of Water services, distribution system, etc	Q1	Q1	0	0	0.8	6.8	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Major Acute	Cappagh Hospital	Provision of 3 Modular Theatres	Q1	Q1	0	0	2.5	5	0	0
Major Acute	Our Lady of Lourdes Hospital	Intensive Care Upgrade	Q2	Q3	5	0	0.8	1.2	0	0
Other Acute	Our Lady of Lourdes Hospital	Installation of Modular Mortuary	Q2	Q2	0	0	0.65	1.15	0	0
Major Acute	Our Lady of Lourdes Hospital	Medical Assessment Unit	Q1	Q2	0	0	0.15	0.5	0	0
Acute	Our Lady of Lourdes Hospital	Educational Facility	Q4	Q4	0	0	0.1	1.1	0	0
Acute	Cavan General Hospital	Renal Unit	Q2	Q3	6	0	0.6	0.7	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Dublin North East										
Children and Families	Castlefield Child Residential Unit	Completion of the refurbishment of a residential house for children	Q1	Q2	0	0	0.1	0.45	0	0
Children and Families (Special care/ High Support)	Coovagh House	Refurbishment of Centre	Q1	Q1	0	0	0.4	0.40	0	0
Children and Families (Special care/ High Support)	To be determined	Replacement of 12 beds from Ballydowd.	Q2	Q3	0	8	0.6	0.60	0	0
Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Dublin North East										
Mental Health	St Vincents, Fairview	Phase 2 – provision of 6 additional beds in adolescent unit in St Vincent's , Fairview	Q 4	Q4	6	0	2.0	2.5	10	0.8
									Funded through internal reconfiguration (see appendix 2)	
Mental Health	St Itas	Continuing Care	Q2	Q3	0	26	1.5	1.7	0	0
Mental Health	Blanchardstown	High Support Hostel	Q1	Q2	0	10	0.1	0.45	0	0
Mental Health	Louth	Continuing Care St Bridget's refurbishment	Q2	Q3	0	10	0.4	0.5	0	0
Mental Health	Cavan	Interim Acute Psychiatric Unit	Q2	Q3	0	25	0.4	0.5	0	0
Dublin North East										
Older Persons	St. Joseph's Raheny	The provision of a new 100 bed Community Nursing Unit.	Q3 2010	Q1	67	33	0.5	20.79	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Older Persons	Navan	The provision of a new 50 bed Community Nursing Unit including a Day Hospital and a MH Day Hospital. To replace 30 beds locally.	Q3 2010	Q1	20	30	0.5	12.54	0	0
Older Persons	Fairview	The provision of a new 100 bed Community Nursing Unit at St Vincent's Fairview. 25 patients to be transferred from St Catherine's Ward, St Vincent's.	Q4 2010	Q1/Q2	75	25	0.5	16.51	0	0
Older Persons	Incorporated Orthopaedic Hospital, Clontarf	Project incorporates 64 additional rehabilitation beds for older persons including range of support services.	Q2 2010	32 rehab beds operational Q2 2010.	32	0	0	15.8	0	0

Appendix 5 Public Service Agreement

Health Sector PSA Implementation Plan

The Public Service Agreement 2010-2014 will ensure that the Irish Public Service continues its contribution to the return of economic growth and economic prosperity to Ireland. This will be done by working together to build an increasingly integrated Public Service which is leaner and more effective, and focused more on the needs of the citizen. The Parties to this Agreement recognise that to achieve this, in the context of reduced resources and numbers, the Public Service will need to be re-organised and public bodies and individual public servants will have to increase their flexibility and mobility to work together across sectoral, organisational and professional boundaries.

Public Service Agreement: Summary list of initiatives

The following is an extract of a summary list of the agreed Public Service Agreement initiatives for the Health Sector at two levels;

- National: National priorities that will be delivered in a standardised way across the country (in accordance with principles agreed in the PSA)
- Regional: Initiatives specific to each region/ locality (in accordance with national priorities)

- The list of initiatives provides summary information including;
- PSA reference number.
- A summary of the change proposed.
- The PSA measure the initiative addresses. The list of 15 measures is set out in the next column.
- The sponsor for each initiative (National Director/Assistant National Director/ RDO).
- The timeframes associated with implementation
- The impact on staff in terms of type of staff, numbers redeployed or reduced etc.
- The impact on services and the targeted benefits

Targeted benefits would include both qualitative and quantitative measurements, e.g. reduction in head count, monetary savings, productivity improvements, safeguarding quality of service, clinical performance, service delivery timeframes – faster access to services, better health outcomes, more cost efficient services, expansion of roles and direct referral pathways for all professionals.

Public Service Agreement: Measures

1. Redeployment/ reassignment
2. Integrated Patient Centred Care
3. Changes to Organisational Structures
4. Multi-disciplinary working and reporting (to extend beyond professional boundaries particularly in community services)
5. Non Pay cost reductions - via partnership
6. Revised cross cover and on-call tier reductions for example with NCHD grades in achieving compliance with EWTD.
7. Risk/Quality/Safety - better management (protocols, audit, care pathways, etc)
8. Evidence based performance measurement- drive continuous improvement efficiency / effectiveness
9. Merit based and competitive promotion policies
10. Strengthening individual, professional and statutory accountability for senior managers and clinicians
11. Centralisation of functional, transactional, support services and other services
12. Extended Working Day (8am-8pm) – where identified to meet service requirements
13. Extended working arrangements up to and including 24/7 emergency services – where identified to meet service requirements
14. Rostering arrangements including skill mix – to achieve the optimal match between staff levels, service activity levels and patient dependency levels across the working day/ week/ year
15. Medical Laboratory Service Modernisation

Summary of Dublin North East Initiatives

The following table contains an **extract** from individual PSA Implementation Plans for DNE Service Areas highlighting examples of how the PSA framework will be utilised to introduce changes in the region. Further detail is contained in the individual plans.

Area of modernisation	Description of change	PSA Measure no (1 – 15)	Service Area	LHO / Hospital/ ISA	Time frame
Radiology Services	<p>Contribute to review of alignment of diagnostic services with service and access requirements currently being driven by QCCD Radiology Programme. The requirement to ensure radiology diagnostics are aligned to meet the requirements of the AMP is a priority</p> <p>Implement extended working day and national radiology programmes in line with national timeframes.</p> <p>Review Radiology Services to support Connolly Hospital as a colorectal screening centre.</p> <p>Explore regional delivery of Vascular Diagnostics.</p> <p>Expand span of the working day to support ED and Emergency Services, Clinical Care Programmes and Cancer Services</p> <p>Introduced Extended Working week and currently reviewing on-call arrangements</p>	1,2,3,7,12,13	Acute Hospitals	Louth Meath Hospital Group Connolly Hospital	Q3/ Q4 Q4
Reconfiguration of Services Louth Meath Hospitals	<p>Restructuring of delivery of services in all three hospitals in the Group under the Acute Medicine Programme and other Quality and Clinical Care Programmes</p> <p>Creation of an Improvement Plan using the reformed Data Set for OPD and the DNE SOP for OPD</p> <p>Expansion of the existing care assistant profession, from within existing resources, throughout the clinical support service areas within the Hospital with a particular focus in the following areas: Ward Areas Theatres Radiology Health & Social Care departments Associated training and induction programme for those non-clinical support staff becoming care assistants</p>	1,2,3,4,6,7 2,3,4,8, 3,4,	Orthopaedic Services OPD All locations	Louth Meath Hospital Group	Q2 Ongoing Q1 - Q2
Surgical Services Initiative	<p>Development of more efficient and effective surgical services that facilitates improved patient pathways. Increasing day procedure activity and enhancing pre-assessment function for surgical services.</p> <p>Modernisation of theatre functioning under surgical services initiative in order to synchronise staff rosters and support patient pathways as well as bed management.</p>	7, 8, 14	Acute Hospital Services	Cavan Monaghan Hospital Group	Q2
Mental Health	<p>Reconfiguration of Mental Health services currently underway to facilitate implementation of Vision for change recommendations, in particular Dublin North and Dublin North Inner City ISA structures</p> <p>Senior Management Team and relevant Trade Unions engaging</p>	1,2,3,5,7,14	Mental Health	Regional All ISA's	Q2 – Q4

Area of modernisation	Description of change	PSA Measure no (1 – 15)	Service Area	LHO / Hospital/ ISA	Time frame
	and meeting regularly regarding this process. Timeframe for completion June 2011.				
Transfer of Mental Health Services for Older People to St. Vincent's Hospital Fairview.	A number of changes to the delivery of DNE mental health Services in North Dublin will take place during 2011 which will have a direct impact on the delivery of services from St. Ita's Campus in Portrane. Changes will include the development of the "ABC" unit which will function as an interim acute admission for the North Dublin area until the new purpose built unit is completed at Beaumont Hospital in 2012.	1,2,3,4,7,8,10	Psychiatry of Old Age	North Dublin Mental Health Services	Q2, Q4
Children & Family Services	In line with the recommendation of the Ryan Implementation Plan review of working hours of HSE social work staff and those of funded agencies to be completed with changes to working patterns / flexible working introduced where appropriate Differential Response Model Piloted in LHO North Dublin	3,4,7,14 1	Children & Families	Cavan Monaghan ISA North Dublin ISA	Ongoing Q1
Children & Family Services	Implementation of the recommendations of the PA Consulting Report to support the reconfiguration of childcare services nationally : Improved information and data collection, including the roll-out in 2011 of standardised business processes across all LHOs and progress in introducing the National Child Care Information System. Implementation of the recommendations of the Ryan Report as set out in the Government's Implementation Plan and the findings and recommendations of independent investigation reviews and inspection reports. The development of clearer lines of accountability, quick decision-making and reorganisation of staff resources.	4,7,13	Children & Families	Regional – All ISAs	Q1, Q2
Catering Services	Re-organisation of catering Services – Regional Review to examine options around modernising work practices, generate greater efficiencies and cover deficits emerging from VER/VRS	1	All locations	DNE	Q2 – Q4
Laboratory Services	Re-organisation of Laboratory Services through Implement extended working day Progress National Laboratory Modernisation Project Explore synergies with Beaumont Hospital across the Laboratory Service.	12, 13, 14, 15	All Laboratory Services	Connolly Hospital	Q 1
Patient Services	Centralisation of appointment and medical typing, Examine options for greater efficiencies	11	Patient Services	Rotunda Hospital	Q1
Support Services	Combined Portering/Security/Waste management structure incorporating an out-of-hours support and Admin staff supervisory structure	1,12,14	Support Services	Beaumont Hospital	Q2
Services for Older Persons	Development of integrated model of care for services for older people	1,2,3,4,7	Older Persons	Regional - All ISAs	Q4
Management Admin Review	Review of clerical/administration staffing levels in the context of the requirement to deliver more cost effective services with lower staffing ratios. The review is exploring the current management administration structures to ensure that the existing layers of management match the requirement that decision making is	1,3,4,6,	Management Admin	Regional – All Service Areas	Q3

Area of modernisation	Description of change	PSA Measure no (1 – 15)	Service Area	LHO / Hospital/ ISA	Time frame
	<p>appropriately placed in the organisation. The review will be considered in light of the numbers of staff exiting the health service under the targeted voluntary exit schemes (Voluntary Early Retirement and Voluntary Redundancy) from 1 January 2011. It is anticipated that consultation will commence by the end of Q2, 2011.</p>				
<p>Development of an Academic Health centre (AHC)</p>	<p>Beaumont Hospital, Connolly Hospital and the RCSI have been working together to establish an Academic Health Centre (AHC) to provide a new model for the delivery of patient care in a research-intensive learning environment. Having examined its merits in great detail, the partners agreed to pursue such a model. A partnership agreement was signed by the three partners, and the HSE, in July, 2009, reflecting each party's strong endorsement and commitment to the model. We are now progressing with the implementation of the AHC, in order to support the HSE's Transformation Programme.</p> <p>The alliance being considered for Beaumont, Connolly and Louth/Meath aligns well with the AHCs overall ambition to an integrated service delivery model for the Dublin North and North East regions. Already the merger of Beaumont and Connolly Hospitals is being progressed, and further efficiencies will be achieved, albeit earlier than was originally anticipated, with the Louth/Meath hospitals being incorporated into this management structure. The AHC, with its focus on efficiencies as well as quality, audit and patient safety, will provide the structure within which to support and manage the change necessary to address the challenges of the North East.</p> <p>The AHC will act as a vehicle to support developments and improvements across four key areas:</p> <ul style="list-style-type: none"> • Clinical services • Integration of acute and community care • Management and governance • Education and research 	1,3,4,6	Acute Hospitals	North Dublin ISA	Q1 - Q4

Abbreviations

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

Bibliography

- A Strategy for Cancer Control in Ireland, Government Publications, Dublin, 2006
- A Vision for Change: Report of the Expert Group on Mental Health Policy, Government Publications, Dublin, 2006
- Adoption Act 2010, Irish Government, Dublin
- All-Ireland Traveller Health Study, Department of Health and Children, Dublin, 2010
- Annual Output Statement 2010 for Health Group Votes, Government Publications, Dublin, 2010
- Asthma Control in General Practice, Irish College of General Practitioners, 2008
- Child Care (Amendment) Act 2007, Irish Government, Dublin
- Child Care Act 1991, Irish Government, Dublin
- Children Act 2001, Irish Government, Dublin
- Children First: National Guidelines for the Protection and Welfare of Children, Government Publications, Dublin, 1999
- Corporate Plan 2008-2011, Health Service Executive, Dublin, 2008
- Criminal Law (Insanity) Act 2006, Irish Government, Dublin
- Design and Dignity Guidelines for Physical Environments of Hospitals Supporting End-of-Life Care, Irish Hospice Foundation, Dublin, 2008
- Diabetes Expert Advisory Group: First Report, Health Service Executive, Dublin, 2008
- Disability Act 2005: Sectoral Plan for the Department of Health and Children, 2006
- Estimates for Public Services, Government Publications, Dublin, 2010
- Health Act 2004 and 2007, Irish Government, Dublin
- HSE Capital Plan, Health Service Executive, 2010
- ICT Capital Plan, Health Service Executive, 2010
- Medical Practitioners Act 2007, Irish Government, Dublin
- Mental Health Act 2001, Irish Government, Dublin
- National Audit of Foster Care Services, Health Service Executive, Dublin, 2010
- National Disability Strategy, Irish Government, Dublin, 2004
- National Health Strategy: Quality and Fairness – A Health System for You, Department of Health and Children, Dublin, 2001
- National Intercultural Health Strategy 2007-2012, Health Service Executive, 2008
- National Neuro-Rehabilitation Strategy, Department of Health and Children and Health Service Executive, publication pending
- National Quality Standards: Residential Standards for People with Disabilities, Health Information and Quality Authority, 2009
- National Recovery Plan 2011-2014, Government Publications, Dublin, 2010
- National Review of Audiology Services, Health Service Executive, Dublin, 2010
- National Review of GP Out of Hours' Services, Health Service Executive, 2010
- National Standards for Safer, Better Healthcare, Health Information and Quality Authority, publication pending
- National Strategy for Service User Involvement in the Irish Health Service 2008-2013, Department of Health and Children, Health Service Executive and National Partnership Forum, 2008
- National Tobacco Control Framework, Health Service Executive, 2010
- Nursing Homes Support Scheme: A Fair Deal, Government Publications, Dublin, 2007
- Oral Health Policy, Department of Health and Children, publication pending

- Palliative Care for Children with Life-Limiting Conditions in Ireland – A National Policy 2009, Government Publications, Dublin, 2010
- Principles and Recommendations for Education, Training and Research, Health Service Executive, 2009
- Public Service Agreement 2010-2014 (Croke Park Agreement), Government Publications, Dublin, 2010
- Reach Out – National Strategy for Action on Suicide Prevention 2005-2014, Health Service Executive and Department of Health and Children, 2005
- Report of the Commission to Inquire into Child Abuse (Ryan Report), volumes i-v, 2009
- Report of the National Advisory Committee on Palliative Care, Government Publications, Dublin, 2001
- Report of the Taskforce for Children and Families Social Services, Health Service Executive, 2010
- Report of the Working Party on Treatment Services for Persons who have Exhibited Sexually Harmful Behaviour, Health Service Executive, 2007
- Strategic Review of the Delivery and Management of Children and Family Services (PA Report), Health Service Executive, 2009
- Strategic Review of the Delivery and Management of HSE Dental Services, PA Consulting Group, 2010
- Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, Health Service Executive and Department of Health and Children, 2008
- The Way Home – A Strategy to Address Adult Homelessness in Ireland 2008-2013, Department of the Environment, Heritage and Local Government, 2008
- Value for Money and Policy Review of Disability Services, Government Publications, Dublin, 2010
- Working with Children and Young People: A Quick Guide for Frontline Staff, Health Service Executive, Dublin, 2010
- You and Your Health Service: Patient Charter, Health Service Executive, 2010
- Your Service, Your Say: Customer Service Strategy, Health Service Executive, 2008