HSE Dublin Mid-Leinster

Regional Service Plan 2013

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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Introduction

INTRODUCTION

The National Service Plan 2013 (NSP2013), which was published on 10 January 2013, sets out the type and volume of service the Health Service Executive (HSE) will provide directly, and through a range of agencies funded by us, during 2013, within the funding provided by Government and within the stipulated employment levels. NSP2013 is informed by the Department of Health's (DoH) *Statement of Strategy 2011 - 2014* and *Future Health - A Strategic Framework for Reform of the Health Service 2012 - 2015*, both of which set out the Government's priorities for the health services in the coming years. In developing the NSP2013, the HSE's national priorities for 2013 are to:

- Deliver the maximum level of safe services possible for the reduced funding and employment levels. This involves prioritising some services over others to meet the most urgent needs.
- Deliver the cost reductions needed to deliver a balanced Vote in 2013.
- Implement key elements of the health reform programme.

In this context, HSE Dublin Mid-Leinster (DML) has commenced the process of implementing the NSP2013, the detail of which is outlined in this document "HSE Dublin Mid-Leinster – Regional Service Plan 2013". This service plan outlines the type and volume of services, key priorities and actions at regional and local level across hospitals and Community Services in local HSE Areas arising out of the NSP2013, to be implemented in DML in 2013.

DML Demographic Profile

Health and social care services are provided to a population of 1,320,945 (2011 Census) in the HSE Dublin Mid-Leinster region, the largest of the four HSE regions. The region ranges from Dublin City south of the River Liffey, South County Dublin, Dun Laoghaire/Rathdown, and all of counties Kildare, Wicklow, Laois, Offaly, Longford and Westmeath. It is currently divided into four Integrated Service Areas (ISAs) with services being delivered via nine local health offices as grouped in the below table. This table outlines the breakdown of the population in each ISA as follows:

Integrated Service Area	Total 2006 Census	Total 2011 Census	Total Males 2011	Total Females 2011	Actual Change 2006 - 2011	% Change 2006 - 2011
Dublin South Central ISA						
Dublin South City	*138,606	144,858	71,354	73,504	6,252	4.5
Dublin West	134,020	146,332	72,067	74,265	12,312	9.2
	272,626	291,190	143,421	147,769	18,564	6.7
Dublin South East/Wicklow ISA						
Dublin South	126,382	130,563	62,008	68,555	4,181	3.3
Dublin South East	*106,225	115,359	55,218	60,141	9,134	8.6
Wicklow	109,202	118,542	58,450	60,092	9,340	8.6
	341,809	364,464	175,676	188,788	22,655	6.7
Dublin South West/Kildare/West Wicklow ISA						
Dublin South West	147,422	154,471	75,078	79,393	7,049	4.8
Kildare/West Wicklow	203,327	228,410	113,750	114,660	25,083	12.3
	350,749	382,881	188,828	194,053	32,132	9.2
Midlands ISA						
Laois/Offaly	137,927	157,246	79,017	78,229	19,319	14.0
Longford/Westmeath	113,737	125,164	62,432	62,732	11,427	10.0
	251,664	282,410	141,449	140,961	30,746	12.2
HSE Dublin Mid Leinster	1,216,848	1,320,945	649,374	671,571	104,097	8.6

**Footnote: For the purpose of comparison, the 2006 Census figures have been adjusted to reflect the new boundaries of these LHOs as per 2011 Census.*

The previous census figures from 2006 are also shown for comparative purposes and it should be noted that since the 2006 census there has been a population increase of 104,097 (8.6%) across DML, with the current four ISAs all experiencing population increases ranging from 6.7% to 12.2%.

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

DML Regional Structure

The DML Regional Director of Operations (RDO) is supported by a Regional Team which comprises ISA Area Managers x 4, Assistant National Director for the Midland Hospitals, Assistant National Director for Finance (DML), Assistant National Director for Human Resources (DML), Assistant National Director for Estates (DML), Business Manager, Quality & Patient Safety Manager and Communications Manager. In addition, 2 Local Health Managers – 1 each in the areas of Disabilities and Mental Health respectively – lead out on the provision of these services in DML.

This Regional Team changed in 2012 with one of the former Area Managers taking up the new role of Regional Director for Children and Family Services. The Regional Director for Children and Family Services has a direct reporting relationship with the National Director for Children and Family Services, however, this service continues to work closely with all other HSE services in DML.

In terms of the Hospital Groups, it is expected that the Minister for Health will announce the makeup of these Groups during 2013.

In 2013, DML will concentrate on a number of key areas in order to ensure that our services are delivered in a seamless, efficient and cost-effective way that facilitates easy access for our clients and addresses areas of greatest need.

The key DML Service Priorities for 2013 are to:

Acute Hospitals

- Participate in the reform of the acute hospital delivery system through the establishment of Hospital Groups and the implementation of the Small Hospitals' Framework.
- Continue the implementation of the National Standards for Safer Better Healthcare which will inform service delivery and help to ensure that the transition to new models of care is carried out in a safe manner.
- Continue the implementation of the Clinical Care Programmes, to facilitate improvement in service delivery and ensure that services are delivered in a standardised fashion with the patient as the central focus.
- Continue the implementation of the European Working Time Directive as it applies to Non Consultant Hospital Doctors across the region during 2013.
- Continue to work with the National Paediatric Hospital Development Board in relation to the development of a National Paediatric Hospital.

Primary Care

- Continue to consolidate and develop 140 Primary Care Teams and 35 Health and Social Care Networks.
- Continue to manage multidisciplinary complex care within the primary care setting.
- Reconfigure HSE dental services within the region and facilitate implementation of phase 1 HIQA infection control standards for dental services.

Disabilities

- Continue the reconfiguration of disability services in line with nationally agreed policies.
- Improve the quality of disability services through Phase 2 of client protection audit.

- Improve information systems, including review and further development of PI suite, and maximize the use of the Service Arrangement process as a data source.

Mental Health

- Close of St. Loman's Psychiatric Hospital in Mullingar.
- Open the new Child and Adolescent Mental Health Services Interim In-Patient service in St Loman's, Palmerstown.
- Implement the Mental Health Catchment Area Management Team structure across the DML region.

Social Inclusion

- Develop a detailed action plan to implement the findings of the *All Ireland Traveller Health Study,* inclusive of the roll out of the Ethnic Identifier.
- Implement the recommendations of *The Way Home* and Homeless Action Plans across all ISAs which will also include the provision of medical services for all homeless minority ethnic groups.
- Progress the implementation of the National Substance Misuse Strategy and Hepatitis C Strategy.

Older People

- Implement efficiencies in all aspects of the operation of residential units across the region.
- Provide the supports required for older people to live independently in their own homes for as long as possible within current resources.
- Work closely with management and staff in acute hospitals at local level to improve care pathways for older people to enable earlier and speedier discharges for older people back to the community or to residential care settings.

Palliative Care

- Expand the provision of specialist palliative care services for adults within existing resources.
- Progress the development of paediatric palliative care services through the appointment of outreach nurses in Our Lady's Children's Hospital Crumlin and Midlands Regional Hospital Mullingar.
- Support the delivery of generalist and specialist palliative care in the community through the development and implementation of evidence-based guidelines in order to improve quality of care, access to, and resource utilization within services.

Reforming our Health Services

In November 2012, the Minister for Health published *Future Health,* the framework for health reform. This framework, based on Government commitments in its *Programme for Government*, outlines the main healthcare reforms that will be introduced in the coming years as key building blocks for the introduction of Universal Health Insurance in 2016.

The 2013 DML Regional Service Plan will be implemented while the HSE structural and health service reforms, as outlined in *Future Health,* are being progressed. This includes changes to the way that hospital services nationally, including our smaller hospitals are funded and managed, the disaggregation of childcare services from the HSE and the establishment of a Child and Family Support Agency, establishing a new Directorate structure, the establishment of a Patient Safety Agency and ensuring that our social care services, including Mental Health, Disability and Primary Care, are fit for purpose. *Future Health* seeks to support innovative ways of care delivery and, in particular, integrated care pathways. All this must be achieved under the most stringent fiscal constraints experienced for decades and cognisant of health trends and drivers of change such as:

- Demographic and societal change
- Rising expectations and demands
- New medical technologies, health informatics and telemedicine
- Spiraling costs of healthcare provision

Nationally, the HSE will continue to introduce models of care across all services / care groups which treat patients at the lowest level of complexity and provide services at the least possible unit cost, led by our clinical leaders under the HSE National Clinical Care Programmes.

Overall Funding Position

The 2013 gross current voted Estimate for the HSE is **€**13,404.1m. This reflects a net increase of **€**71.5m (0.54%). This net increase includes new spending and unavoidable pressures of **€**748m and savings of **€**721m.

The 2012 final budget for the Regional Director of Operations, DML ISD, was €2,395.354m. The Financial Allocation for DML ISD for 2013 is €2,346.238m (Table 1). This is a reduction of €49.116m or 2.05%.

This 2013 allocation is broken down as follows:

Table 1:

HSE Dublin Mid-Leinster 2013 Financial Allocation	Budget 2013 €m	Budget 2012 €m	Adjustment €m	% Change
Acute Services	1,272.026	1,280.968	(8.942)	(0.70%)
Community Services & Central	1,074.212	1,114.386	(40.174)	(3.61%)
HSE Dublin Mid-Leinster Total Allocation	2,346.238	2,395.354	(49.116)	(2.05%)

2012 Out-turn

2012 proved to be a very challenging year in terms of bringing expenditure in line with budgets. DML commenced the year with an identified financial challenge of €217.8m or 8% and ended the year with a deficit of €35.5m or 1.48%. Hospitals ended the year with a deficit of €40.7m or 3.2% which was mainly attributable to the deferral of the legislation to give effect to charging private patients in public beds €23m and the increased activity with Inpatient Discharges ahead of Plan by 6.7%. Community and Central services ended the year with a surplus of €5.2m 0.5%. It should be borne in mind that hospital expenditure was reduced by 13% in the period 2009 to 2012. Spend reduced by 2.7% or €36m in 2012.

2013 Acute Services Funding Position

In developing the 2013 HSE National Service Plan (NSP) there is recognition that there were significant budgetary issues across the acute services and so a different approach was adopted this year for setting budgets for hospitals. The intention is to give the hospitals a challenging, but achievable, target for 2013 and offer them a reasonable chance of achieving breakeven. In that context, provision was made in the NSP to rebalance hospital budgets. Following the rebalancing process it is expected that any remaining funding gaps would be dealt with in the cost containment process. The NSP states that no hospital can plan for a deficit in 2013. DML received only 16% of the rebalancing funds available for acute services whereas the DML acute budget represents 32% of the national acute services budget.

In broad terms, hospital budgets have been rebalanced and DML hospitals, having performed exceptionally well in 2012 and in prior years, have been given a budget that individually gives them an estimated financial challenge of between 2.7% and 4.9%, with an average target of 4%. In gross terms this has meant DML acute hospitals receiving:

- Budget Reductions of €49.685m. and
- Rebalancing funds of €40.743m.

The above does not include unfunded services and cost pressures in 2013.

The overall outcome is a net decrease in budget of €8.942m (0.7%) with six hospitals experiencing between 2% and 3.4% reductions in their 2012 allocation.

Risks in Delivery of the 2013 DML Regional Service Plan

There are a number of risks to the successful delivery of this Regional Service Plan including:

- Dealing with 2013 increased demand for services beyond planned levels particularly in high cost services.
- Ability to agree on service levels / targets based on unpredictable staffing levels and funding.
- Ability to afford staffing levels.
- The absence of mechanisms for staff exits.

- Achievement of required savings in primary care and local demand led schemes.
- Delivery of regulations and legislation to support the service plan savings.
- Delivery of Graduate Nurse Programme Initiative.
- Inability to provide sufficient contingency fund without impacting on services.
- The impact of potential insufficient capacity of the NHSS.
- Meeting of statutory responsibilities in services.
- Shortfall in income collection and generation, amendment of income target in Vote.
- Shortfall in income generation due to reducing number of clients with private health insurance.
- Capacity of the system to deliver on the expenditure reductions set out in the estimate.
- Managing the result of the rebasing of the hospital budgets.
- Potential for further budgetary reductions being distributed from Corporate HSE, i.e. €150m held.
- Potential impact of decisions in relation to the repatriation of Demand Led Schemes allocation.

Conclusion

The actions outlined in this Regional Service Plan will be delivered through dedicated staff providing quality health care and personal social services for patients, clients and service users. In this time of budgetary constraint, and with future changes inevitable within DML and the wider health service, it is important to acknowledge the professionalism, continued hard work and enthusiasm of all DML staff across the various disciplines within our services. It is in this regard, and with the continued commitment of all our staff, that we will face the challenges which 2013 will bring.

RESOURCE FRAMEWORK

Finance

2013 DML Finance Position

The 2012 final budget for the Regional Director of Operations, DML ISD, was €2,395.354m. The Financial Allocation for DML ISD for 2013 is €2,346.238m (Table 1). This is a reduction of €49.116m or 2.05%.

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A summary of the reductions is outlined in Table 2 below.

Table 2:

Reduction	€m
Non-return of Once-off funding in 2013	36.418
PAY RELATED SAVINGS	36.448
NCHD EWTD	6.935
New Entry Consultants	1.007
Consultant Historic Days	0.365
Retirements/Career Breaks/Management Grades	5.532
Consultant Rest Days	1.952
Efficiencies in Rostering	2.988
Graduate Nurses	3.637
Employment Control Framework	14.032
OTHER SAVINGS / EFFICIENCIES	12.966
Payments for Respite Care	0.277
Efficiencies in Disability Sector	1.893
Procurement Savings – Non Pay	9.296
Reorganise Hospital Services	1.500
INCOME RELATED SAVINGS	23.496
Legislation to charge private patients in public beds	18.373
Increase in Statutory Charges to €80	1.875
Charges for General Registration Office	1.894
Miscellaneous	1.354
Total Gross Reductions	109.328
Virement for Fair Deal	19.469
Reverse 2012 Private Health Insurance Cut	22.180
Incoming Deficit Funding	18.563
Total Reinstatements	60.212
Net Funding Adjustment for 2013	49.116

Table 3 below outlines the Estimate of the 2013 Financial Challenge for 2013, including unfunded cost pressures:

Table 3:

2013 Financial Challenge Calculation	Community & Central	Hospitals	Central	Total
	€m	€m	€m	€m
2012 Actual Spend	1,102.930	1,321.657	6.267	2,430.854
Adjust Non Recurring Spend from 2012	(12.220)		0.567	(11.563)
Add: Extra 2013 Spend Items				
Increments	2.413	7.000		9.413
FYC Mental Health Posts	4.500			4.500
Specific Non Pay Inflation	3.851	8.000		11.851
Increased Activity in High Cost Specialties		6.300		6.300
Increased Activity re: HIQA/SDU Targets		11.000		11.000
Total Project 2013 Spend	1,101.474	1,353.957	6.834	2,462.265
2013 Allocation	1,067.378	1,272.026	6.834	2,346.238
Financial Challenge - €m	34.096	81.931		116.027
Financial Challenge - %	3.20%	6.40%		5.00%

When account is taken of the Budget Reductions and the Emerging Pressures, the overall financial pressure for DML is €116.027m or 5.0%.

Please note that the above Table does not include the financial challenge that will occur when the Demand Led Schemes return from the PCRS. It is estimated that this could be as high as €10m.

Care Groups

DML have applied the 2013 savings targets allocated by HSE Corporate in line with agreed basis. The percentage changes in each Care Group fall out from the application of those targets. Other budget adjustments, such as 2012 once-off allocations which have not as yet recurred, affect the overall percentage changes in each Care Group. In addition, some Care Groups require the allocation of held development funding to achieve the national percentage changes as outlined in the HSE National Service Plan.

Table 4: 2013 Care Group Allocations * % is adjusted for effects of once-off funding

Care Group	Dublin South Central ISA	Dublin South East / Wicklow ISA	Dublin South West / Kildare-West Wicklow ISA	Midlands ISA	Corporate & HQ / Paeds	Total	% Versus 2012 *
	Budget 2013 €m	Budget 2013 €m	Budget 2013 €m	Budget 2013 €m	Budget 2013 €m	Budget 2013 €m	Budget 2013 % *
Social Inclusion	39.485	3.173	0.465	3.359		46.482	(1.17%)
Primary Care	13.148	18.654	5.540	6.741		44.083	(1.84%)
Palliative Care	22.725	0.197	3.242	2.152		28.316	(3.49%)
Mental Health	85.434	31.008	13.082	43.422	0.309	173.255	(1.18%)
Older People	14.917	39.535	44.338	15.933	0.397	115.120	1.35%
Disability Services	206.200	69.983	79.981	87.551		443.715	(1.93%)
Multi Care Group	30.715	39.854	42.775	61.647	33.310	208.301	(2.44%)
Other	1.983	4.013	0.907		8.037	14.940	-
ISA TOTAL: €	414.607	206.417	190.330	220.805	42.053	1,074.212	(3.43%)
Acute Services	319.676	299.733	275.894	182.725	193.998	1,272.026	(0.7%)
Total ISD	734.283	506.150	466.224	403.530	236.051	2,346.238	(2.05%)

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

Acute Services

Within the overall financial package agreed during the 2013 Estimates, additional funding was secured for the hospital sector to ensure that no hospital plans for a financial deficit in 2013.

To achieve this objective, the HSE developed a model to provide a framework with which to assess the distribution of significant, but limited, additional funding available for hospitals. The additional funding is not sufficient to fund hospitals up to their respective out turn levels and in any event this would not have been consistent with the objective of reducing costs.

The outcome of this initiative was a reduction in 2013 DML Acute Sector budget of €8.945m while all other regions received significant increases in their budgets. The calculations show that each hospital within DML have cost reduction targets, before unfunded pressures, ranging from 2.7% to 4.9% with the overall average for DML hospitals being 3.9%. The National average reduction target is 4%. DML hospitals will find it difficult to deliver the budget reductions particularly in the context that there was a significant cost reduction programme over the past few years and the year-on-year increase in activity being experienced by hospitals that deliver particularly high cost national specialities.

Income

The HSE will collect the increased inpatient and day case charges set out by the Minister in the Budget for 2013. The target set for DML in 2013 is €1.875m.

In addition, there is a policy change in 2013 in respect of allowing a charge for all private patients in public hospitals. The target set for DML is €18.373m. A change in current legislation is required and is anticipated to be effective by end of Quarter 2. Additionally, DML is actively seeking to accelerate income collections. Gains in this area would be of assistance in the management and the delivery of a balanced Vote in 2013. There will be an increased focus on reducing the overall debt outstanding by the private health insurance companies in 2013.

An increase in Civil Registration charges of €1.894m has been set for 2013. The delivery of this target is currently under review and may prove problematic in the current economic environment.

Non pay expenditure

The national plan is based on savings in non-pay of €50m, DML share is €9.296m. The HSE will be seeking to reduce prices and control volumes of stock of supplies and services used by the HSE and the voluntary sector and this measure should not of itself impact on services.

Cost Containment Plans

The phasing of the Cost Containment Initiatives contained in the 2013 NSP is profiled to deliver at different times of the year. Cost Containment Plans are being developed to deal with the specific expenditure targets set in the 2013 National Service Plan. The Cost Containment Plans will also deal with the estimated unfunded cost pressures as outlined in Table 3 above.

Progress in relation to cost containment initiatives will be monitored on a monthly basis. A standard template was developed in order to monitor delivery of the initiatives. Where delivery of local initiatives are found to be insufficient, other initiatives will be sought from local management in order to achieve the overall cost reduction targets. Support at a National HSE level may be required to deliver indentified additional measures that may be required to deliver an overall breakeven position in 2013.

Demand Led Schemes

The budget for local demand led schemes was transferred to the PCRS in 2010. It is decided that these schemes will transfer back to local services for 2013. It is a decision of the HSE that the budgets should revert to local regions in line with 2012 Actual Expenditure in each region.

The total budget transferred in 2011 was €180.4m and the DML amount transferred was €69.440m or 38.5% of the total transferred. Under the current proposal, €170m is to be returned to the regions pro-rata to 2012 expenditure. This process disadvantages DML in the context that DML transferred a budget equal to spend while other regions did not and DML was the only region to reduce expenditure on these schemes in 2012. DML reduced 2012 expenditure by approximately €5m or 8% and therefore has less leeway in achieving savings in 2013.

Based on this proposal, two regions will receive a budget greater than what was originally transferred and two regions will receive less. DML will receive approximately 30% of the €170m being returned which is 25% or €17.4m less than the budget than was originally transferred. This will significantly impact on the ability of DML to provide services that could alleviate pressures on Acute Services in 2013.

Human Resources

OVERVIEW

The Employment Control Framework (ECF) 2013 requires the health sector to maintain the general moratorium on recruitment and promotion in place since 2009. All recruitment decisions to fill vacancies are to be by exception and subject to rigorous assessment, control and compliance requirements and will be devolved from the National Control Process to Regions/Hospital Groups/Directors to allow for employment decisions to be delegated as close as possible to the point of service.

The ECF requires a reduction in employment of about 4% which includes an allowance for recruitment for new service developments. This reduction is significantly greater than what has been achieved in the previous three years and cannot be achieved solely on natural turnover and retirements which will be lower due to the accelerated retirements in early 2012 and from previous exit schemes. Targeted exit schemes will be required to supplement retirements and resignations to meet end of year employment levels and payroll reductions. The workforce will have to continue to undergo major overhaul, downsizing and has to be reconfigured to deliver more for less in terms of employment levels and costs in the course of this plan.

Recruitment will be confined to new service developments and the filling of vacancies by exception. The scale of new service developments is significantly up on recent years and has to be delivered within employment target reductions. Recruitment cannot compromise adherence to budgets and to financial sustainability into the next financial year, as well as the achievement of compliance with the end-of-year employment ceiling. Robust approval processes for all recruitment is a pre-requisite. All recruitment will be delivered through the National Recruitment Services or under licence from them.

Absence Management: The national target remains at 3.5%. Management and staff will continue to focus on all measures to enhance the health sector's capacity to address and manage more effectively absenteeism levels.

Reduced spend on overtime and agency will be critical in delivering overall pay reductions necessary in 2013. Service units will be required to strictly adhere to allocated budgets for overtime and agency and will also target delivery of cost and volume reductions in support of cost containment planning. Use of overtime and/or agency will not be used to fill any gaps due to retirements or resignations or in respect of staff exiting through incentivised exit schemes.

The key challenge for HSE DML in 2013 is to achieve further reductions in staff while at the same time maximising services and addressing service priorities as identified by the Government. This has to be delivered in an environment of ongoing health service reform and organisational change which are dependent on the continued successful implementation of the *Public Sector Agreement* (PSA).

REGIONAL

Employment Control Framework (ECF)

Employment Control Framework has not yet been finalised for 2013, however, the below figures used are a projection based on possible adjustments pro-rating the effect across ISD. The figures for DML are broken down in Table 1 below:

Table 1:

DML Approved Ceiling December 2012	30,278
Full Year reductions *(based on 255 quarterly reduction)*	-1,019*
Mental Health posts	+118
Service Plan Top Slice	-289*
Indicative Ceiling Dec 2013	29,088

**The total of these figures is the 1,309 (rounded) reduction required for DML in 2013.*

It should be noted that the out-turn for DML at 31.12.12 was 30,357 a variance of +79 against the December 2012 ceiling. In previous years, some groups have been protected from employment reductions but this will not be possible in 2013. However, some adjustment to employment ceilings, as the actual effects of leavers is identified, may have to be undertaken to rebalance the distribution. In DML, over recent years, the reduction to the number of WTEs can be summarised as follows:

- There has been a 2,774 WTE reduction in personnel since 2007 peak.
- There has been a 696 WTE reduction over the years 2011 and 2012.
- Of these, 647 staff left in 2012.
- It is estimated that a further 134 WTE will leave as a result of normal retirements by end of 2013.

Given this context, a reduction of 1,309 posts in DML this year is very challenging. Staff reductions will be initially targeted at national retirements / leavers (currently estimated at 134 WTE, which translates into 187 headcount). Given the significant reductions over the past years, some of these posts may need to be replaced to protect front line services. This leaves a potential gap of 1,175 plus replacements (potentially 50% of those leaving to maintain front line services). This figure must also be viewed in the context of the introduction of some Service Plan posts in DML.

There are proposals with the Department of Health and the Department of Public Expenditure and Reform for the introduction of three schemes to reduce numbers in the public service – Incentivised Career Break, Early Retirement Initiative and Voluntary Redundancy Scheme. The details of these schemes are being finalised at present.

The following is the projected breakdown of these posts.

Table 2:

Care Group	2013 Reduction
Acute Hospital Care	-636
Primary Care	-27
Disability Services	-324
Older People	-11
Mental Health Services	-111
Cancer Services	0
Children & Families	0
Palliative Care	-25
Social Inclusion	-34
Population Health	-5
Corporate Services	-5
Multi Care Group Services	-131*
DML Total Reduction	1,309

**Reductions listed under Multi Care Group Services (-131) may result in higher reductions across Care Groups.*

Employment control in 2013 will demand even more for less in terms of employment numbers and costs. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current employees will need to underpin the ECF in order to deliver Government policy on public service numbers and costs, and critically within budgetary allocations.

Retirements during 2013

187 individuals, equating to approximately 134.17 WTE, are due to retire in 2013. This represents approximately 0.44% of the total Care Group resource across DML ISAs and hospitals

Table 3:

Services	Retirees (Due)
Dublin South Central ISA	26.58
Dublin South East / Wicklow ISA	14.80
Dublin South West / Kildare-West Wicklow ISA	24.93
Midlands ISA	49.45
Midland Hospitals	8.56
Paediatric Hospitals	9.85
Total	134.17

Contingency Measures / Implementing our Change Programmes

Specific measures will be in place across all services in DML to respond appropriately to meet local service demands and, where possible, protect front-line posts. These will include:

- Establishment of Hospital Groups
- ISA reconfiguration
- Review of all Management/Admin Grades in the context of revised organisational need, e.g. Finance, HR, Consumer Affairs, FOI, PQs, etc.
- Nurse Management Structures - Review to reduce levels
- Right Sourcing/Outsourcing – Dentistry, Immunisation, Laundry, CSSD, etc.

Public Service Reform through full utilisation of Public Service Agreement

The PSA is the framework to deliver the change agenda for 2013. The focus of the service plan for 2013 is to reduce the cost of labour, payroll savings and to manage the change agenda throughout the year.

Throughout 2012 a number of significant PSA initiatives were delivered. These will continue to be expanded throughout 2013.

- Review of staffing in long stay units using appropriate international best practice models and assessment tools commenced and will continue in 2013'
- Realignment of existing statutory and non-statutory Disability Services to optimise service to clients in Kildare/West Wicklow and Dublin South East.
- Reconfiguration of Addiction Services to improve service to clients throughout DML.
- Roll out of Super Catchment Areas (3 regionally – 2 in Dublin and 1 for Kildare/West Wicklow & Midlands) in Mental Health Service in line with *A Vision for Change.*
- Consolidation of Primary Care Teams in Dublin South East/Wicklow.
- Reorganisation of Dental Services in Dublin South West/Kildare-West Wicklow.
- Amalgamate Accounts Payable functions within Dublin South West/Kildare-West Wicklow.
- Development of Psychology Services in Kildare-West Wicklow to include drop in clinics, evening parenting courses, Stress Control out of hours, Bibliotherapy services, Jigsaw Programme for teenagers in danger, etc.
- Roster revision Tallaght Hospital – CSSD, Portering, NCHDs, Radiography, Mortuary, Support Staff, Laboratory, etc.
- Nurse Led Discharge and 23hr admissions in Children's University Hospital, Temple Street, reducing bed days.

European Working Time Directive

This initiative, confirmed by way of an implementation plan to the European Commission in 2012, will be monitored and measured within each hospital to ensure compliance. This is also being monitored by HIQA.

Agency & Overtime Policy

Agency and overtime usage will be monitored and measured each month with each Area Manager. HSE policy stipulates that these figures are reduced and no agency staff will be used to support service levels greater than those agreed in the service plan.

Absenteeism

Absenteeism will continue to be monitored throughout 2013 to achieve 3.5% rates. Specific measures include:

- Monthly reporting to line managers
- Area Manager monthly report for each area;
- Analysis of data in identification of Top 5 each month for follow up
- Training on Attendance Management Policy
- Reporting on back to work interviews
- Occupational Health and Employee Assistance interventions
- Ill health retirements - early processing
- Removal of Sick Pay Scheme and implementation of disciplinary procedure as provided in the Managing Attendance policy

Recruitment

- Robust exception processes will continue in 2013 in line with development of clinical programmes.
- DML Recruitment will continue to work with National Recruitment Services (NRS) to ensure exception and development posts are managed in a timely manner.

Employee Relations

The successful implementation of the DML Regional Service Plan 2013 will require stable industrial relations and delivery of initiatives under the PSA in a timely manner. DML Employee Relations will continue to work with all the necessary staff associations / personnel to maintain positive industrial relations in the region in 2013.

Performance & Development

The Performance and Development Team will continue to work with service managers to ensure maximisation of the employee resources available through:

- Roll out of the Succession Management Programme
- First time Managers training
- Legal Framework training
- Lean initiatives
- Change management advice and support to reconfigure services
- Conflict management support
- Team development
- Performance Management roll out
- Absenteeism Management
- Retirement Planning

Occupational Health

The Occupational Health Departments in Dublin and Tullamore will continue to support services by providing support in managing attendance referrals, vaccinations, medicals for new employees and ongoing medical support to employees.

Employee Assistance Programme

Onging support to service users in terms of critical incidents stress debriefing, counselling, bereavement support to staff groups, etc.

Key HR Initiatives for 2013

- Employment Control Framework 2012 to 2015
- Absenteeism reduction to 3.5%
- Succession Management planning
- Performance Management roll out
- Overtime and Agency reduction
- European Working Time Initiative
- Stable IR climate
- PSA delivery
- Implementing targeted exit initiatives as appropriate

HR Risks 2013

- The achievability of a 1,309 reduction in staff is expected to prove a significant challenge in 2013.
- Maintaining sufficient staff at front line with expertise, e.g. Casemix, HIPE, medical secretaries, education support, etc.
- Maintaining sufficient staff in specialities including Employee Relations, Superannuation, Recruitment and local HR.

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

Improving Performance Management

A key priority as the health system continues to reform is to ensure that financial, workforce and service performance is actively managed and reported on in a timely manner. Building on the work of recent years, the 2013 accountability framework will ensure that performance will be measured against this plan which must be managed in the context of cost reduction, absenteeism, achievement of service targets and productivity. Information will be required at all levels in the system, therefore, this plan will be monitored through a range of processes, including scorecard metrics. CompStat will support performance management at local service delivery unit level as it continues to be embedded in the operational system, for hospitals and community services. Service managers will be held to account and under-performance will be addressed.

It is essential to have clear and transparent performance expectations in place with those agencies funded by the HSE. Funded agencies will be managed through improved Service Arrangement schedules which will include greater linkages to national priorities and increased transparency in relation to corporate overheads and senior salaries.

This plan sets out health and personal social services to be delivered at operational level in DML. Each care group chapter contains a list of priorities, key actions and measures which will provide information about progress throughout the year.

Capital Programme - Improving our Infrastructure

The HSE Capital Plan 2013 - 2017 prioritises the development of the National Children's Hospital, the replacement of the Central Mental Hospital and its associated facilities and the National Programme for Radiation Oncology. It also focuses on the continued roll-out of primary care infrastructure in line with the National Primary Care Strategy.

The total Capital Cost in 2013 for DML for capital projects is as included in the HSE National Capital Plan. Details of the capital projects to be progressed / completed in DML in 2013 are set out in Appendix C. Details of planned capital developments in DML are also set out at the end of each relevant Care Group chapter.

DML will also receive its share of funding for minor capital works and equipment replacement in 2013.

HSE DML SCORECARD (Responding to the National Scorecard)

DML Regional Performance Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Emergency Care % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%	Quality, Access and Activity	Health Protection % of children 24 months of age who have received three doses of 6 in 1 vaccine	95%
			% of children 24 months of age who have received the MMR vaccine	95%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%		% of first year girls who have received the third dose of HPV vaccine by August 2013	80%
Elective Waiting Time No. of adults waiting more than 8 months for an elective procedure	0		Child Health % of new born babies visited by a PHN within 48 hours of hospital discharge	95%
No. of children waiting more than 20 weeks for an elective procedure	0		% of children reaching 10 months in the reporting period who have had their child development health screening on time before reaching 10 months of age	95%
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0		Child Protection and Welfare Services % of children in care who have an allocated social worker at the end of the reporting period	100%
No of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	0		% of children in care who currently have a written care plan, as defined by *Child Care Regulations 1995,* at the end of the reporting period	100%
Outpatients No. of people waiting longer than 52 weeks for OPD appointment	0		Primary Care No. of PCTs implementing the national Integrated Care Package for Diabetes	12
Day of Procedure Admission % of elective inpatients who had principal procedure conducted on day of admission	75%		No. of primary care physiotherapy patients seen for a first time assessment	34,819
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%		Child and Adolescent Mental Health % on waiting list for first appointment waiting > 12 months	0%
Re-Admission Rates % of surgical re-admissions to the same hospital within 30 days of discharge	< 3%		Adult Acute Mental Health Services Inpatient Units No. of admissions to adult acute inpatient units	3,444
% of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%		Disability Services Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	302,623
Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%		No. of persons with ID and / or autism benefitting from residential services	2,248
Stroke Care % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%		Older People Services No. of people being funded under the Nursing Home Support Scheme (NHSS) in long term residential care at end of reporting period	22,761*
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%		No. of persons in receipt of a Home Care Package	2,662
ALOS Medical patient average length of stay	5.8		No. of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	1.91m
Surgical patient average length of stay	4.5% reduction		% of elder abuse referrals receiving first response from senior case workers within 4 weeks	100%
HCAI Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.060		Palliative Care % of specialist inpatient beds provided within 7 days	88%
Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5		% of home, non-acute hospital, long term residential care delivered by community teams within 7 days	81%
Cancer Services % of breast cancer service attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(% offered an appointment that falls within 2 weeks)*	95%		Social Inclusion % of individual service users admitted to residential homeless services who have medical cards.	> 75%
% of patients attending lung cancer rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral	95%		Finance Variance against Budget: Income and Expenditure	≤ 0%
% of patients attending prostate cancer rapid access clinics who attended or were offered an appointment within 20 working days of receipt of referral	90%		Variance against Budget: Income Collection / Pay / Non Pay/ Revenue and Capital Vote	≤ 0%
Emergency Response Times % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 70%		Human Resources Absenteeism rates	3.5%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 68%		Variance from approved WTE ceiling	≤ 0%

** National Target. Not broken down by region.*

Quality and Patient Safety

QUALITY AND PATIENT SAFETY

Introduction

The main priority of HSE DML in 2013 will be to support and assist managers and staff within the region to deliver services that are safe and of a high quality, within the current financial and resource context, and that these two principles must be integrated into all of our activities and decisions. Additionally, we continue to emphasise that quality and patient safety is the responsibility of all staff members within HSE DML.

Key to this will be the ongoing and consistent use of Quality and Patient Safety Management processes in all services across the region, e.g. risk assessments to assist managers and staff to prioritise within available resources and to manage, as far as is reasonably practicable, high risk areas/issues identified. Also, it will be key to ensure that the control or risk mitigation measures, such as contingency plans, identified to manage these high risks are being appropriately monitored and that they are having the desired effect. The effective use and monitoring of Risk Registers at all levels within the region will be fundamental in this regard.

In 2012 a significant amount of work was undertaken to assist in the development of structures and processes, e.g. enhancement of the functioning of the DML Governance Committee and the establishment of Area Governance Committees within the region so as to enable us to deliver on the key performance areas identified nationally that relate to quality and patient safety. The region has identified that the further development and functioning of defined governance structures and processes is key to supporting and monitoring quality and patient safety. To this end this work will continue during 2013 with the aim of further strengthening and enhancing these structures and processes throughout the DML region.

In June 2012 the National Standards for Safer, Better Healthcare were approved by the Minister for Health for implementation throughout the Irish healthcare system. The implementation of these standards will play a pivotal role in driving the quality and safety agenda in DML services by focusing on the provision of safe and quality healthcare for all service users. The introduction of these standards are to be welcomed, however, it is important to recognise that the implementation of the standards will present many challenges for our staff and managers. Despite this, DML is committed to working with all of the relevant bodies to ensure that implementation of the standards is a key focus in 2013.

DML Quality and Patient Safety staff will continue to provide support and advisory services to all staff to ensure compliance with the HSE quality and risk management policies and will work closely with the National Quality and Patient Safety Directorate in this regard. In addition, we will support the implementation of the Patient Charter, *You and Your Health Service,* which will demonstrate the HSE DML commitment to involve and empower service users to actively look after their own health and to influence the quality of their own health care.

During 2012 DML developed its own suite of policies, procedures, protocols and guidelines which incorporate key quality and safety processes based on the relevant national policies and guidance. A key priority during 2013 will be to ensure that all staff are aware of and have received instruction on all of this documentation; this approach will in turn assist in ensuring compliance.

Quality and Patient Safety staff will continue to work with managers and staff to build capacity at local level and to further develop local structures and processes including those for clinical governance that will support the region's ability to deliver on quality and safety targets within our available resources.

National Priorities

- Build leadership capacity for quality improvement in the healthcare system.
- Develop a strong system of integrated corporate and clinical governance, including a programme to support Clinical Directors to achieve maximum effectiveness in their roles.
- Support implementation of the National Standards for Safer Better Healthcare.
- Strengthen patient and service user input and advocacy through Quality and Patient Safety Audits.
- Report on National Clinical Audits in the areas of Surgical Mortality, Intensive Care Units (ICU) and establishing an Orthopaedic Joint Registry.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
- Monitor and analyse data to provide intelligence to support the quality improvement process, learning, and provide evidence based information to aid decision making for services.
- Improve prevention, control, and management of healthcare associated infections (HCAI) and improve antimicrobial stewardship.
- Develop and implement a framework for Quality and Safety to cover all stages of the chain from Organ Donation to Transplantation (EU Directive August 2012).
- Support the development of a quality paediatric service.

Regional Priorities

- Provide an integrated training and education programme to staff across the region to support them in understanding and using key quality, risk and audit processes to enhance the standards of service provided.
- Provide support and advice to managers and front-line staff to ensure that quality and safety principles are understood and implemented in a consistent manner including the provision of support to frontline managers in relation to carrying out robust risk assessments as required.
- Support the development and implementation of structures to support the quality and patient safety processes within the region including the development of robust governance structures.
- Develop and integrate Risk Registers at all levels so that they are used to assist in key decision-making and will provide assurances that risks at all levels are being managed effectively within existing resources.
- Implement systems that will ensure that incidents are investigated as and where appropriate. From any such investigations we will develop a shared learning which will in turn prevent recurrence as far as is practicable.
- Support the development and implementation of systems/tools that will allow quality and safety information to be collated, interrogated and disseminated in the most effective and efficient manner.
- Co-operate and collaborate with quality and safety staff at a national level and within other regions to improve and enhance existing quality and patient safety programmes within DML.
- Develop a suite of Clinical Audit Tools for relevant services across DML.
- Facilitate the development of routine audits throughout all services and support the completion of clinical audits across DML that are linked to areas of high risk.
- Monitor the effectiveness of quality and patient safety initiatives developed across the region in ensuring compliance with the relevant standards.

Regional Risk Assessment

As outlined above, 2013 will present many challenges for managers and staff across the region as they will continue to strive to provide services that are safe and of high quality within a context of limited resources. Within this context there will be a greater than ever requirement to demonstrate that decisions regarding the allocation of resources in all services have been made on the basis of risk assessment and that those risk assessments have been carried out in a standardised and consistent manner.

Services will also be required to demonstrate that such risk assessments, once carried out, are being monitored on an ongoing basis in accordance with the relevant governance structures. This will ensure that control or risk mitigation measures identified as part of the risk assessment process are having the desired effect. And also, that any newly occurring risks are being managed as far as is reasonably practicable. It will therefore be a requirement across the

region that the implementation and use of Risk Registers becomes an integral part of our everyday management processes.

The regional Quality and Patient Safety Service will continue to provide support and advice to staff and managers in all services in relation to carrying out the required risk assessments and will continue to support the development of governance structures and processes that integrate quality and safety as the guiding principles driving all of our activities during 2013.

2013 Actions

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
Capacity Building for Quality Improvement	Develop expertise in patient safety and quality improvement in a cohort of frontline healthcare professionals and staff through the delivery of a series of training programmes on quality improvements and patient safety ⌐ Initial cohorts will be healthcare professionals within leadership positions e.g. Clinical Directors, Directors of Nursing, Chief Executive Officers (CEOs) and frontline clinical and management staff.	Q1-Q4
	⌐ Develop three national patient safety initiatives and establish collaboratives: - Safe Site Surgery - Line Infections - Pressure Ulcers	Q1-Q4
	DML Action re above ▪ Develop and deliver a QPS Training schedule for 2013 for the region. Training will be available in 2013 for all healthcare professionals in relation to Healthcare Risk Management, Systems Analysis, Clinical Audit and PPPG Development and Management.	Q1-Q4
	▪ Implement at regional level national guidance and relevant audit recommendations in relation to the above initiatives. ▪ Ensure that routine audit schedules within DML services include routine audits in the above key areas.	Q1-Q4
Quality and Safety Clinical Governance Development	Support the continuous development of strong corporate and clinical governance accountability arrangements through the QPS clinical governance development initiative. Priorities: ⌐ Build clinical leadership capacity ⌐ Develop cultures supportive of clinical governance ⌐ Focus on systems and methodologies for clinical governance	Q4
	Support identified services in creating a culture where quality and safety is everybody's primary goal	Q3
	Map the quality and safety (clinical governance) committees across the system to establish where clinical and social care actions are aligned within a clinical governance system and where developments are required.	Q3
	DML Action re above ▪ Continue to enhance the performance of governance structures for the DML Region and for each ISA Area, developed in 2012 in line with the national guidance; ▪ Develop and deliver a Quality and Patient Safety training programme and prospectus for 2013 for staff in DML.	Q1-Q4
	▪ Develop and deliver a Quality and Patient Safety training programme and prospectus for 2013 for healthcare professionals in DML. ▪ QPS DML to continue to provide support to Local, Area and Regional Governance Structures. ▪ Services will undertake self assessment process in relation to the National Standards for Safer Better Healthcare. ▪ Services will identify local Quality Improvement Plan to address gaps identified in the self assessment processes.	Q1 Q3 Q3/4
	▪ Complete mapping exercise of governance committees in DML. ▪ Continue to enhance governance structures and processes in HSE DML, in particular, in those areas indicated by the mapping exercise.	Q1-Q4
	Clinical Directors' Programme ⌐ Develop a Clinical Director core competency training programme.	Q1
	⌐ Establish and embed structured clinical directorates with authority and accountability.	Q3
	⌐ Align work and focus of Clinical Directorates with core priorities, including implementation of National Clinical Programmes.	Q2

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	⌐ Align clinical directorates with hospital groupings once these are finalised and agreed.	Q1
	⌐ Ensure local performance management of Clinical Directors.	Q3
	⌐ Establish a support resource for Clinical Directors.	Q1
	DML Action re above ▪ Support the implementation of the Clinical Directors' Programme as outlined nationally.	Q1-Q4
	▪ Develop and deliver a Quality and Patient Safety training programme and prospectus for 2013 for all healthcare professionals (which includes Clinical Directors).	Q1- Q4
	▪ QPS DML to continue to provide QPS support to Local, Area and Regional Governance Structures.	Q1-Q4
	▪ QPS DML to facilitate the development of routine audits to support the implementation of the requirements of the National Clinical Programmes.	Q1-Q4
	▪ Support the implementation of the Clinical Directors Programme as outlined nationally.	Q1-Q4
Supporting Implementation of National Standards and Guidance for Safer Better Healthcare	Provide leadership and support in partnership with service providers to enable implementation of the National Standards ⌐ Translate the National Standards into core quality elements for each Standard.	Q1-Q4
	⌐ Develop an ICT Quality and Performance Improvement Tool to support assessment against the National Standards.	Q1-Q4
	⌐ Develop an implementation plan for the Quality and Performance Improvement Tool.	Q1-Q4
	DML Action re above ▪ Implement national ICT Quality and Performance Improvement Tool in line with national guidance.	Q1-Q4
	▪ Develop and deliver Quality and Patient Safety training programme and prospectus for 2013 for all healthcare professionals.	Q1-Q4
	▪ QPS DML to continue to provide QPS support to Local, Area and Regional Governance Structures.	Q1-Q4
	▪ DML Services to undertake self assessment process in relation to the National Standards for Safer Better Healthcare.	Q1-Q4
	▪ DML Services to identify local Quality Improvement Plan to address gaps identified in the self assessment processes.	Q1-Q4
	Support implementation and guidance on: ⌐ Healthcare Records Management.	Q1-Q4
	⌐ *Integrated Care: A Practical Guide to Discharge and Transfer from Hospital.*	Q1-Q4
	⌐ Standardised inpatient Medication Prescription and Administration Record (MPAR).	Q1-Q4
	⌐ Decontamination of Reusable Invasive Medical Devices.	Q1-Q4
	⌐ National Consent Policy.	Q1-Q4
	DML Action re above ▪ Participate in the implementation of standards and policies, procedures and guidance in the region.	Q1-Q4
	Patient Radiation Protection Regulatory Requirements ⌐ Ensure patients are adequately protected from unnecessary harmful effects of ionising radiation through issuing of national guidelines, external clinical audit, monitoring of incidents, and liaising with other regulatory bodies.	Q1-Q4
	DML Action re above ▪ Participate in the implementation of standards and policies, procedures and guidance in the region. ▪ Continue to participate in external clinical audits and monitoring of incidents that may occur related to patient radiation protection.	Q1-Q4
Advocacy and Service User Involvement	Develop and implement best practice models of customer care, and service user involvement throughout the HSE in line with the *National Strategy for Service User Involvement* and the *National Healthcare Charter, You and Your Health Service.*	Q3
	DML Action re above ▪ Support and enhance communications, engagements and working arrangements with stakeholders in the region in line with national guidance and within resources available. ▪ Participate, as appropriate, in the development and implementation of best practice models of customer care and service user involvement in DML in line with national guidance. ▪ Ensure that service and Area level QIPs that are developed to support the implementation of National	Q1-Q4 Q1-Q4

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	Standards for Safer Better Healthcare consider customer care and service user involvement.	Q1-Q4
	The National Healthcare Charter, You and Your Health Service ⌐ Design service specific patient surveys to measure patient experience based on charter principles.	Q4
	⌐ Support services with the development of implementation plans for the National Healthcare Charter and related projects.	Q2
	⌐ Disseminate *It's Safer to Ask* booklet.	Q1
	⌐ Establish and work in collaboration with the network of Patient Safety Champions.	Q2
	⌐ Roll out open disclosure policy to acute hospitals.	Q4
	⌐ Issue guidelines on patient feedback following a review of *Your Service Your Say* and incorporate the guidelines for the management of complaints and the dissemination of learning from complaints.	Q1
	⌐ Administer the Narcolepsy Support Scheme.	Q1-Q4
	⌐ Appoint Disability Access Officers in all locations.	Q2
	DML Action re above ▪ Continue to support and enhance communications, engagements and working arrangements with stakeholders in the region in line with national guidance and within resources available.	Q1-Q4
	▪ Continue to participate, as appropriate, in the development and implementation of best practice models of customer care and service user involvement in DML in line with national guidance.	Q1-Q4
National Office for Clinical Audit	Irish Audit of Surgical Mortality (IASM) Collate report of initial 12 months information pertaining to surgical deaths, submitted voluntarily by Surgeons and Anaesthetists for peer review	Q4
	DML Action re above ▪ Support participation in the Irish Audit of Surgical Mortality within resources available	Q4
	Irish National Orthopaedic Registry (INOR) Full implementation of INOR with collation of register data from Arthroplasty Nurses, Surgeons and Patients in relation to joint replacement.	Q4
	DML Action re above ▪ Support participation in the Irish National Orthopaedic Registry within resources available.	Q4
	National Intensive Care Unit Audit (ICU) ⌐ Full implementation and collation of ICU Audit data from initial 10 sites identified in 2011.	Q3
	⌐ Commence Phase 2 implementation to collate ICU data from remaining ICUs.	Q4
	DML Action re above ▪ Support participation in the National Intensive Care Unit Audit as per national project plan subject to available resources.	Q4
Quality and Patient Safety Audit	Deliver on an agreed programme of internal independent Quality and Patient Safety Audits (QPSA).	Q4
	DML Action re above ▪ Continue to participate in the planned programme of healthcare audits.	Q1-Q4
Risk and Incident Management	Continue to implement the HSE Risk Management Policy, the updated incident management policy and guidelines.	Q1-Q4
	DML Action re above ▪ Develop and deliver a Quality and Patient Safety training programme and prospectus for 2013 for all healthcare professionals. ▪ QPS DML to continue to provide QPS support to implement HSE Risk Management Policy, the updated incident management policy and guidelines at local, area and regional governance levels. ▪ Continue use of IIMS in DML.	Q1-Q4 Q1-Q4 Q1-Q4
	Provide Incident Management Support to HSE Areas ⌐ Continue to roll out the Integrated Incident Management System (IIMS) module of the QPS to the point of incident occurrence at hospital and primary care sites, and including the capability to facilitate mandatory incident reporting to external agencies, and capability for support and quality assure incident management work.	Q1-Q3
	⌐ Quality assure HSE Area risk and incident management.	Q1-Q4
	⌐ Share learning across the system from the incident management process.	Q1-Q4

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	DML Action re above ▪ Develop and deliver Quality and Patient Safety training programme and prospectus for 2013 for all healthcare professionals.	Q1-Q4
	▪ QPS DML to continue to provide QPS support to implement HSE Risk Management Policy, the updated incident management policy and guidelines at local, area and regional governance levels.	Q1-Q4
	▪ Continue implementation and use of IIMS in DML.	Q1-Q4
Quality Measurement, Health Intelligence and Learning	Continue to develop a suite of internationally recognised quality and patient safety indicators, as agreed at the National Quality and Patient Safety Indicator Steering Committee and in collaboration with the care groups / programmes, for formal reporting in 2014 NSP.	Q1-Q4
	DML Action re above ▪ To participate in the development of a suite of internationally recognised quality and patient safety indicators.	Q1-Q4
	Develop indicators in regard to the number of agencies who have established Quality and Safety Committees, and also Board and Executive Management Teams that have a standing agenda items regarding quality and safety, including review of indicators outlined in the NSP, incidents and risks.	Q1-Q4
	DML Action re above ▪ Ensure implementation of indicators as developed.	Q1-Q4
	Support the testing and piloting of nursing and midwifery indicators in regard to measures for patient falls and pressure ulcers.	Q1-Q4
	DML Action re above ▪ Ensure implementation of indicators as developed.	Q1-Q4
	Conduct the Patient Safety Culture Survey in acute hospitals and agree roll out to other health service areas.	Q1-Q4
	DML Action re above ▪ Participate in the Patient Safety Culture Survey within resources available.	Q1-Q4
Healthcare Associated Infections	Improve hand hygiene by healthcare staff and the general public ⌐ Continue to roll out hand hygiene lead auditor training in hospitals and long term care facilities.	Q2 and Q4
	⌐ Improve staff awareness on importance of hand hygiene in conjunction with World Health Organisation (WHO) Hand Hygiene Day on 5th May 2013.	Q2
	⌐ Roll out hand hygiene e-learning module for staff nationally.	Q1
	⌐ Develop a hand hygiene e-learning tool for community and general practice.	Q2
	⌐ Roll out the hand and respiratory hygiene modules of e-Bug to all schools.	Q3
	DML Action re above ▪ Continue to implement, at regional level, the required actions to improve hand hygiene by healthcare staff, as far as is reasonably practicable, and continue to monitor same.	Q1-Q4
	▪ Ensure that acute hospitals consider hand hygiene as part of their HCAI/AMR QIPs.	Q1-Q4
	Prevent medical device related infections (such as IV lines and urinary catheters) Determine the percentage of inpatient departments in acute hospitals that are using care bundles for medical devices (where appropriate peripheral line, urinary catheter and central venous catheters) and have a process in place to action results (see Patient Safety Initiatives).	Q3
	DML Action re above ▪ Continue to implement national guidance related to the prevention of medical device related infections.	Q1-Q4
	▪ Ensure that acute hospitals consider medical device related infections as part of their HCAI/AMR QIPs.	Q1-Q4
Paediatrics	Support the implementation of Improving Services for General Paediatric Surgery policy and standards of care.	Q4
	DML Action re above ▪ Support implementation of policy and standards within available resources.	Q4
	Continue to provide support for the development of a quality paediatric critical care service with the model of 'one service across two sites'. This includes the development of a national paediatric retrieval service, audit and improved access.	Q4
	DML Action re above ▪ Support implementation of policy and standards within available resources.	Q4

National Q&PS Scorecard 2013

Quality and Patient Safety Directorate				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Quality and Patient Safety Audit Service (QPSAS) No. of QPSAS audits commenced as specified in annual QPSAS strategic plan	24*	Quality, Access and Activity	HCAI Rate of MRSA bloodstream infections in acute hospitals per 1,000 bed days used	< 0.060*
No. of QPSAS audits completed within the timelines agreed in approved QPSAS audit plans	20*		Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used	< 2.5*
% of QPSAS audits incorporating structured service user involvement	50%*		Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	83.7*
Complaints % of complaints investigated within legislative time frame	75%*		Alcohol Hand Rub consumption (litres per 1,000 bed days used)	25*
			% compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool	90%*
			Healthcare Associated Infection: Antibiotic Consumption Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	23*

** National Target. Not broken down by region.*

Supporting Service Reform

HEALTH AND WELLBEING

Introduction

The *Programme for Government* set out its vision with regard to the health and wellbeing of the population of Ireland which is, a population protected from public health threats, living in a healthier and more sustainable environment with increased social and economic productivity and greater social inclusion.

In response, a public health policy *Your Health is Your Wealth: A Policy Framework for a Healthier Ireland: 2012-2020* was developed by the DoH, following extensive internal and external public consultation. The policy aims to improve the health of the population and reduce health inequalities by addressing the causes of preventable illnesses. It also aims to create an environment where every sector of society can play its part.

In addition, it is also widely recognised that promoting, protecting, and improving health and reducing health inequalities are economically more prudent than treating acute illness in hospital and the more costly long term chronic diseases. Many diseases and premature deaths are preventable and are strongly related to lifestyle health determinants such as smoking, alcohol consumption and drug consumption, physical inactivity, and obesity. The Government is seeking to prioritise action on reducing overweight / obesity and its ill-health burden.

Many factors besides lifestyle choices also influence health, such as sanitation, access to healthcare, educational attainment, level of income and the environment. There is also a clear relationship between socio-economic status and health. We must ensure that we focus on minimising the gap in socio-economic variations and ensuring that disadvantaged groups get the help and support they need to ensure that everyone in society has an equal chance to achieve his or her health potential.

We also need to support a healthier environment for people to live and work in by enforcing legislation and the promotion of activities to assess, correct, control, and prevent those factors in the environment which can potentially adversely affect the health of the population. Within available resources, we need to prioritise service provision. Additional funding of €.7m has been allocated nationally in 2013 to maximise the number of public water supplies being fluoridated.

Immunisation is well recognised as one of the most cost effective public health interventions in reducing deaths and illness from vaccine preventable diseases. In recent years there have been considerable enhancements to the universal childhood and schools immunisation programmes and together with a number of successful catch up campaigns, these have resulted in significant decreases in morbidity and mortality. We must ensure high vaccine uptakes of all universal and targeted HSE immunisation programmes to maximise their benefit to the health of the population.

It is essential that the health service, government, local government, the voluntary sector, communities and individuals work together to ensure the Irish population experiences the best of health. Under the health reform programme, the Minister announced wide sweeping structural and organisational changes in the delivery of health and personal social services. This includes establishing a Health and Wellbeing Directorate, with strong and accountable leadership. This Directorate will also work with the DoH in establishing a Health and Wellbeing Agency in 2015.

National Priorities

- Consider the soon to be published *Your Health is your Wealth: A Policy Framework for a Healthier Ireland 2012-2020* and develop implementation plan.

Health Promotion

- Develop a workforce plan to reflect new organisational structures to deliver on priorities.
- Progress implementation of *Health Promotion Strategic Framework* through the key settings i.e. schools, community and health service.
- Progress the implementation of the *HSE Health Inequalities Framework*.
- Continue to address obesity priorities including implementation of Physical Activity Plan.

- Continue to deliver on priority areas including nutrition, alcohol misuse, tobacco, mental health promotion and sexual health through the key settings and with population groups.

Crisis Pregnancy

- Progress the work of the Crisis Pregnancy Programme.
- Implement the National Sexual Health Strategy as it relates to crisis pregnancy prevention and supports in conjunction with other sectors and in line with other strategic priorities.

Child Health

- Support the area of Child Health, including immunisation and target screening programmes.
- Develop and implement new child health model by Child Health Task Force.
- Implement quality improvement plans for poorly performing areas in relation to child health screening uptake.

Health Protection

- Prevent, control, and manage infectious diseases, especially tuberculosis (TB), sexually transmitted diseases, and vaccine preventable diseases.
- Develop a National Immunisation Registry for all immunisations.
- Plan for introduction of new vaccines in accordance with national policy.
- Continue the Measles, Mumps and Rubella (MMR) and Pertussis Campaigns.
- Develop and implement a plan to reduce sexually transmitted illnesses and improve sexual health.

Environmental Health

- Enforce legislation and promote activities to assess, correct, control, and prevent those factors in the environment which can potentially adversely affect the health of the population.
- Reconfigure environmental health services nationally to ensure equity of service delivery.
- Implement a national Environmental Health Information System for all service users throughout the country.
- Target activities in tobacco control enforcement on areas of least compliance.
- Implement the service contract with the Food Safety Authority of Ireland (FSAI).
- Complete preparatory work, compliance building and training for the introduction of sunbed legislation nationally to reduce risk of exposure for children.
- Develop guidance and training materials as part of the SHIPSAN project to deliver on the requirements of the *International Health Regulations*.
- Agree Memorandum of Understanding with Customs Service, Environmental Protection Agency, Irish Medicines Board and the proposed Child and Family Support Agency. The delivery of the early year's inspection service is co-dependent with the Child and Family Support Agency, when established.
- Implement the revised Cosmetic Control Regulations.
- Undertake information awareness on tattooing / skin piercing guidelines.

Emergency Management

- Plan, prepare and make a co-ordinated response to major emergencies across all HSE Directorates and with other response agencies.
- Implement new procedures across the HSE in planning for large crowd events and agree new interagency procedures.
- Develop HSE procedures for response to chemical, biological, radiological and nuclear events and agree interoperability with other response agencies.
- Oversee the development of HSE plans for severe weather conditions.
- Co-ordinate HSE Emergency Management activities with other agencies and Government Departments.

Tobacco Control

- Implement the recommendations of the *HSE Tobacco Control Framework* and the Government's strategy *Towards a Tobacco Free Society: Report of the Tobacco Free Policy Review Group* and enforce the *Public Health (Tobacco) Act* and other tobacco control legislation.

- Support the DoH in policy development and implementation.
- Deliver accredited brief intervention training for smoking cessation to frontline healthcare staff.
- Maintain social marketing QUIT campaign.
- Continue roll out of the tobacco free campus policy.
- Deliver a national model for smoking cessation services.

Regional Priorities

Health Promotion

- Progress implementation of *Health Promotion Strategic Framework* through the key settings i.e. schools, community and health service.
- Progress the implementation of the *HSE Health Inequalities Framework*.
- Continue to address obesity priorities throughout the lifecycle including implementation of Physical Activity Plan.
- Support the mental health promotion needs of young people through education and community settings.

Child Health

- Continue to support, promote and roll out national immunisation programmes.
- Support the standardisation of child health screening programmes in line with national recommendations, within available resources.
- Work with the national Task Force regarding the new child health model.

Health Protection

- Participate in the development of a National Immunisation Registry.
- Participate in discussions on future plans to introduce new vaccines, within available resources.
- Continue with the MMR Catch up Campaign, within available resources.

Emergency Management

- Continue to plan, prepare and ensure a co-ordinated HSE response to Major Emergencies across all HSE Directorates within HSE DML, together with the other Principal Response Agencies of An Garda Síochána and the relevant Local Authorities.
- Continue to manage and further develop HSE preparations for Severe / Adverse Weather Conditions within DML.
- Introduce and implement new procedures within HSE Dublin Mid Leinster regarding planning for Large Crowd Events within the region's geographical catchment area, and progress interagency procedures in this connection.
- Develop, introduce and implement HSE procedures for Major Emergency Management (MEM) matters / issues such as Hospital / Healthcare Facility Major Emergency Plans (MEPs) / Emergency Evacuation Plans; Media Liaison; Public Communications; Response and Management of Chemical, Biological, Radiological and Nuclear (CBRN) events, etc, whilst also agreeing and ensuring interoperability with the other Principal Response Agencies of An Garda Síochána and relevant Local Authorities.

Tobacco Control

- Continue with the implementation of smoking cessation services at community level.
- Support the implementation of the recommendations of the *HSE Tobacco Control Framework.*
- Provide accredited training in brief intervention for frontline healthcare staff.
- Support the implementation of the tobacco free campus policy.

2013 Actions

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
Health and Wellbeing Policy Framework	Consider the soon to be published *Your Health is your Wealth: A Policy Framework for a Healthier Ireland 2012-2020* and develop implementation plan.	Q2 Future Health Action 9
	DML Action re above ▪ Develop a DML translation of the National policy – *Your Health is Your Wealth* through consultation with both HSE staff and Health Promotion funded groups.	Q2
Health Promotion Strategic Framework	Health Promotion Cross Setting Strategy and Policy Development ⌐ Complete the programmatic review of health promotion programmes, including obesity programmes.	Q4
	⌐ Develop a workforce plan to reflect new organisational structures to deliver on priorities.	Q4
	DML Action re above ▪ All DML Health Promotion programmes will be included in national review through staff input, etc. ▪ All initiatives in the area of obesity will be reviewed in conjunction with Community Nutrition and Dietetic Service.	Q4
	▪ Review DML workforce and initiate planning in the context of *Future Health*. ▪ Work with National rollout of workforce planning to highlight Health Promotion DML comparative capacity.	Q4
	Breastfeeding ⌐ Expand community breastfeeding support.	Q4
	⌐ Implement baby friendly hospital initiative.	Q4
	⌐ Implement Infant Feeding Policy in all maternity hospitals.	Q3
	DML Action re above ▪ Provide training to community healthcare professionals in the area of breastfeeding.	Q4
	▪ Support the national work through participation on national committee.	Q4
	▪ Support the national work through participation on national committee.	Q3
	Prevent Overweight and Obesity ⌐ Implement a physical activity action plan.	Q2-Q4
	⌐ Promote and advocate healthy weight management throughout the lifecycle.	Q1-Q4
	⌐ Develop a national system for surveillance and screening of children, according to *Best Health for Children.*	Q2-Q4
	⌐ Develop Adult Hospital Weight Management Treatment Services (one per HSE area) and National Paediatric Hospital Service with the full multidisciplinary team in each centre to ensure the maximum throughput of patients with severe obesity.	Ongoing
	⌐ Develop and implement nutritional standards for health system.	Q1-Q2
	DML Action re above ▪ Develop and implement a physical activity plan in conjunction with funded sports partnership groups. ▪ Develop and deliver physical activity programmes targeting inactive populations through working in partnership and through funding local groups. ▪ Supporting the expansion of Get Ireland Active Website as a forum for promoting physical activity events and resources. ▪ Develop awareness of physical activity guidelines, physical activity plans and locally funded groups through PCTs. ▪ Support and advise Local Authorities in relation to active travel plans for their areas to encourage walking and cycling options.	Q2-Q4
	▪ Through funding and support, deliver in partnership with Community Nutrition Service the *Healthy Food Made Easy* Programme and other related Health Promotion Programmes related to diet and nutrition to high needs groups.	Q1-Q4
	▪ Support the ongoing development and implementation of this national initiative *(per Best Health for Children).*	Q2-Q4
	▪ Support the ongoing development and implementation of the national initiative for patients with severe obesity.	Ongoing
	▪ Support the development of nutritional standards for the health system.	Q1-Q2

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	Alcohol ⌐ Develop and implement action plan based on relevant recommendations of the *National Substance Misuse Strategy* especially in area of social marketing campaigns.	Q2-Q4
	⌐ Review emergency department brief intervention project and community mobilisation projects on alcohol.	Q3
	DML Action re above ▪ Support the implementation of the National Substance Misuse Strategy through the roll out of a Guiding Framework for Education and Training in Screening and Brief Intervention for problem alcohol use for Nurses and Midwives in Acute, Primary and Community Care settings informed by the evaluation report of training in 2012. ▪ Support an Alcohol Public Education / Awareness Campaign with the online alcohol self assessment tool developed for drugs.ie.	Q2-Q4
	▪ Support specific delivery targets for the roll out of a National Screening and Brief Intervention Protocol for early identification of problem alcohol and substance misuse in two hospital sites within DML.	Q3
	Positive Mental Health Support mental health promotion priorities in partnership with mental health structures in line with *A Vision for Change.*	Q4
	DML Action re above ▪ Support and fund key mental health and community groups to respond to mental health issues including suicide. ▪ Develop capacity to respond to mental health within education settings through delivery of *Mindout* and *Zippy's Friends* Programmes.	Q4
	Health Promoting Community Setting ⌐ Develop and implement a model for health promoting communities.	Q4
	⌐ Develop community participaton, community health needs assessment, and health equity audit within all services.	Q4
	⌐ Support participating cities to establish new Irish HealthyCities network.	Q4
	DML Action re above ▪ Fund and work in conjunction with community groups to build their health promotion capacity and delivery, where possible.	Q4
	▪ Support the health equity audit process in hospitals in DML as per NSP 2013.	Q4
	▪ Support the Healthy Cities network within available resources.	Q4
	Health Promoting Health Service Setting ⌐ Develop and deliver to healthcare staff a national model for brief intervention training (smoking, alcohol, diet, mental health) in partnership with other stakeholders.	Q4
	⌐ Continue to offer support to primary care community health needs assessment.	Ongoing
	DML Action re above ▪ Continue to support the development of the multiple topic brief intervention training and develop workforce capacity in this area for implementation.	Q4
	▪ Health Promotion (HP) will provide dedicated HP staff to support a minimum of 4 Primary Care Teams (PCTs) complete at least Step 1 of a Community Health Needs Assessment.	Ongoing
	Health Promoting Education Setting ⌐ Implement nationally agreed model for health promoting schools in 10% of primary and post primary.	Q4
	⌐ Develop health promoting tools and resources to support the development of the health promoting education setting.	Q3
	DML Action re above ▪ Offer agreed model for health promoting school within schools in DML within available resources. ▪ Continue to work with the education and youth sectors to support agreed model of healthy schools.	Q4
	▪ Prioritise the uptake of mental health promotion initiatives and programmes through the education setting.	Q3
Women's Health, Men's Health	Put in place best models of care for shared care of women in pregnancy.	Q2
	DML Action re above ▪ Support this national action.	Q2

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	Progress the implementation of the *National Men's Health Policy.*	Q4
	DML Action re above ▪ Develop and promote good practice in relation to men's health promotion in conjunction with community based agencies. ▪ Support existing supported community projects to target men's health.	Q4
Crisis Pregnancy	Fulfil all statutory requirements relating to crisis pregnancy prevention and crisis pregnancy support and implement the *CPP Strategy 2012 -2016* in line with legislative requirements.	Q4
	DML Action re above ▪ Support this national work through Health Promotion staff with expertise in the area of sexual health.	Q4
	Implement the National Sexual Health Strategy, when published, as it relates to CPP and supports, in conjunction with other sectors and in line with other strategic priorities.	Q4
	DML Action re above ▪ Support this national work through Health Promotion staff with expertise in the area of sexual health.	Q4
	Develop a plan to ensure co-ordination of sexual health and promotion with other sexual health education and promotion activities in order to add value to work in this area.	Q4
	DML Action re above ▪ Support this national work through Health Promotion staff with expertise in the area of sexual health.	Q4
	Maintain and develop information and education campaigns relating to prevention and supports during and after crisis pregnancy (Think Contraception, Positive Options and Abortion Aftercare).	Q4
	DML Action re above ▪ Support this national work through Health Promotion staff with expertise in the area of sexual health.	Q4
Health Inequalities	Review impact and outcomes of the *Health Inequalities Framework 2010-2012* and report on same.	Q4
	DML Action re above ▪ Provide key resources and inputs in relation to review of *Health Inequalities Framework.*	Q4
	Set out tasks to address health inequalities as part of HIQA healthcare standards.	Q4
	DML Action re above ▪ Support this national work through specialist and management staff input.	Q4
	Develop a gender mainstreaming policy for HSE / healthcare system based on published framework and offer related training for staff in service planning.	Q2
	DML Action re above ▪ Provide key support to policy development and training roll out in conjunction with external partners.	Q2
National Immunisation, Infectious Diseases and Child Health	National Immunisation ⌐ Develop a national immunisation registry for all immunisations.	Q4
	DML Action re above ▪ DML are involved and will continue to support this development.	Q4
	⌐ Deliver a National Immunisation Programme, with vaccine uptake rates in accordance with international targets.	Q4
	DML Action re above ▪ DML will strive to continue to reach international immunisation targets on National Immunisation Programmes.	Q4
	⌐ Extend measles elimination plan, with MMR catch-up programme.	Q4
	DML Action re above ▪ DML will extend measles elimination plan within available resources.	Q4
	⌐ Extend the implementation of a national standardised school based immunisation programme.	Q4
	DML Action re above ▪ DML will co-operate the extension to the implementation of the school immunisation programmes within available resources.	Q4
	Health Protection ⌐ Increase influenza vaccination uptake rates in General Medical Services (GMS) and doctor only card holders aged 65 years and older and healthcare workers.	Q4

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	DML Action re above ▪ GPs and PHNs will continue to promote and encourage their clients to avail of influenza vaccination. Line management within the health service will continue to promote and offer seasonal influenza vaccination to staff.	
	⌐ Reduce the impact of vaccine preventable diseases.	Q4
	DML Action re above ▪ DML through its Immunisation Staff and GPs will continue to promote and encourage their clients to avail of all National Vaccination Programmes.	Q4
	Child Health ⌐ Reach agreement on revised child health model programme through the Child Health Task Force and develop implementation plan.	Q1
	DML Action re above ▪ DML will work with the national taskforce as required with regard to the above within available resources.	Q1
	⌐ Review Best Health for Children guidelines and develop implementation plan including review of training needs.	Q4
	DML Action re above ▪ DML will co-operate with the review Best Health for Children guidelines and assist in the development of an implementation plan in this regard.	Q4
	⌐ Develop and support linkages / co-dependencies with Child and Family Support Agency.	Q4
	DML Action re above ▪ DML will support the development of linkages with the Child and Family Support Agency.	Q4
	⌐ Progressively implement governance structure for all non-cancer childhood national screening programmes.	Q2
	DML Action re above ▪ DML will implement governance structures where appropriate in connection with these programmes.	Q4
	⌐ Develop a child injury network and develop a child injury prevention strategy.	Q3
	DML Action re above ▪ DML will co-operate with the development of a child injury prevention strategy.	Q3
	⌐ Review and update Child Health Information Service Project (CHISP) documents and child health website for parents / practitioners.	Q3
	DML Action re above ▪ DML is currently involved in the review of CHISP documentation and will to do so as required.	Q3
	⌐ Complete planning and implementation of Phase 2 of IT system for National Newborn Screening Programme (NNBSP).	Q3
	DML Action re above ▪ DML is represented on this project group. DML will implement Phase 2 of the IT system within available resources for implementation.	Q3
	⌐ Roll out training on new WHO / Ireland growth charts.	Q1
	DML Action re above ▪ DML have a plan in place in this regard and will actively roll out training on the new WHO / Ireland growth charts.	Q1
Emergency Management	Implement new planning procedures across the HSE for large crowd events and develop new interagency procedures for same with the Department of Environment and An Garda Síochána.	Q2
	DML Action re above ▪ Introduce and implement new procedures within HSE Dublin Mid-Leinster regarding planning for Large Crowd Events within the region's geographical catchment area, in addition to progressing interagency procedures with An Garda Síochána and the relevant Local Authorities for such events.	Q2
	Co-ordinate a review and develop HSE plans for severe weather across all HSE Directorates in the region.	Q2
	DML Action re above ▪ Continue to manage and further develop HSE preparations for Severe / Adverse Weather Conditions across all HSE Directorates in the region.	Q2
	Support the adoption and role out of the HSE standard template Major Emergency Plan for all hospitals.	Q2-Q4

HSE Dublin Mid-Leinster		
Performance / Service Improvement		**End Q**
	DML Action re above ▪ Develop, introduce and implement nationally agreed HSE universal procedures regarding the standardised Hospital Major Emergency Plans (MEPs) for all hospitals and / or healthcare facilities within HSE Dublin-Mid Leinster.	Q2-Q4
	Co-ordinate HSE Emergency Management activities with other government departments and agencies at the Government Task Force on behalf of all Directorates.	Q1-Q4
	DML Action re above ▪ Support and co-ordinate regionally (within HSE Dublin Mid Leinster) all national HSE Emergency Management activities with Government Departments and / or other agencies at the Government Task Force, for and on behalf of, all HSE Directorates in the region.	Q1-Q4
	Co-ordinate the development of hospital, ambulance service, public health and other services procedures for chemical, biological, radiological and nuclear (CBRN) events and agree inter-operability with other agencies.	Q1-Q4
	DML Action re above ▪ Co-ordinate the development of all HSE Dublin Mid Leinster regional procedures for all Major Emergency Management (MEM) procedures pertaining to the response and management of Chemical, Biological, Radiological and Nuclear (CBRN) events, whilst also agreeing and ensuring HSE Dublin Mid-Leinster interoperability with the other Principal Response Agencies of An Garda Síochána and relevant Local Authorities.	Q1-Q4
	Reconstruct the HSE Crisis Management Teams at local and regional levels to provide for a membership of all directorates ensuring a co-ordinated health service response.	Depends on timing of health reform
	DML Action re above ▪ Continue to plan and prepare for a co-ordinated HSE Dublin Mid Leinster response across all HSE Directorates in the region, to major emergencies, in order to ensure effective local operational and strategic (HSE Dublin Mid Leinster Crisis Management Team) management of such major emergencies.	Depends on timing of health reform
Environmental Health	Refer to HSE National Operational Plan 2013 for actions as this is a nationally managed programme, delivered locally.	
Tobacco Control	Tobacco Control Framework ⌐ Roll out standardised national model for smoking cessation service.	Q1-Q4
	DML Action re above ▪ Continue to deliver smoking cessation service throughout DML in adherence to the standardised national model.	Q1-Q4
	⌐ Provide efficient smoking cessation support via National Smokers' QUITline.	Q1-Q4
	DML Action re above ▪ Support smokers through the QUITline.	Q1-Q4
	⌐ Deliver accredited training in brief intervention for smoking cessation to 1,350 frontline healthcare workers	Q1-Q4
	DML Action re above ▪ Deliver accredited training in brief intervention for smoking cessation to 300 frontline healthcare workers	Q1-Q4
	⌐ Extend national roll out of tobacco free campus policy	Q1-Q4
	DML Action re above ▪ Support the roll out of tobacco free campus policy: ▪ DML – all hospitals, all newly opened primary care sites and 35% of existing sites, all administration sites.	Q1-Q4
	⌐ Maintain social marketing QUIT campaign.	Q1-Q4
	DML Action re above ▪ Support the roll out of the tobacco free campus policy.	Q1-Q4

Health and Wellbeing Scorecard 2013

Health and Wellbeing Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Immunisations and Vaccines % children aged 12 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	95%	Quality, Access and Activity	% 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	95%
% children at 12 months of age who have received 2 doses of the Pneumococcal Conjugate vaccine (PCV2)	95%		Tobacco Control % hospital campuses with tobacco-free policy	100%
% children at 12 months of age who have received 2 doses of the Meningococcal group C vaccine ($MenC_2$)	95%		No. and % of smokers on cessation programme who were quit at one month	New PI
% children aged 24 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	95%		No. of smokers who received intensive cessation support from a cessation counsellor	9,000*
			No. of frontline healthcare staff trained in brief intervention smoking cessation	300
			No. of sales to minors test purchases carried out	320*
% children aged 24 months who have received 3 doses Meningococcal C ($MenC_3$) vaccine	95%		Food Safety % of Category 1, 2 and 3 food businesses receiving minimum inspection frequency as per FSAI Guidance Note Number 1	100%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%		Cosmetic Product Safety No. of scheduled chemical samples taken	540*
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine	95%		International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the IHR 2005	8*
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%		Health Inequalities No. of PCTs who have completed, at a minimum, Step 1 of a Community Health Needs Assessment	5
% children aged 4-5 years who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%		No. of hospitals who have completed, at a minimum, Stage 1 of the 6 stage Health Equity Audit	6*
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%		Finance Variance against Budget: Income and Expenditure	≤ 0%
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Accelular Pertussis (Tdap) vaccine	95%		Variance against Budget: Income Collection	≤ 0%
No. and % of first year girls who have received third dose of HPV vaccine by August 2013	80%		Variance against Budget: Pay	≤ 0%
No. and % of sixth year girls who have received third dose of HPV vaccine by August 2013	80%		Variance against Budget: Non Pay	≤ 0%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	100%		Variance against Budget: Revenue and Capital Vote	≤ 0%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%		Human Resources Absenteeism rates	3.5%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%		Variance from approved WTE ceiling	≤ 0%

** National Target. Not broken down by region.*

SOCIAL INCLUSION

Social Inclusion Services Resources – HSE Dublin Mid-Leinster

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required)	*Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Dublin South Central	40.142	39.485	-1.64%	227	197	-30
Dublin South East / Wicklow	3.196	3.173	-0.72%	93	91	-2
Dublin South West / Kildare-West Wicklow	0.482	0.465	-0.64%	1	1	0
MIdlands	3.338	3.359	0.60%	18	16	-2
Total	**47.158**	**46.482**	**-1.41%**	**339**	**305**	**-34**

**Ceilings are derived from the December 2012 out-turn and are subject to final sign-off by the ISA Managers*

Introduction

Social Inclusion services in the HSE has a remit for a range of issues and vulnerable groups, including Addiction, Alcohol, Homelessness, Intercultural Health (including Asylum Seekers, Refugees, Migrants), Irish Travellers and Roma, LGBT (Lesbian, Gay, Bisexual and Transgender) and HIV / AIDS, together with such elements as community development, gender based violence and RAPID / CLAR initiatives.

Social Inclusion is synonymous with tackling poverty and social exclusion. Poverty and social exclusion have a direct impact on the health and well being of the population. The overarching aim of Social Inclusion in a health context is to improve access to mainstream and targeted health services for people from disadvantaged groups, reduce inequalities in health and enhance the participation and involvement of socially excluded groups and communities in the planning, design, delivery, monitoring and evaluation of health services.

This is achieved by providing specific targeted services for people who may experience social exclusion, supporting enhanced responsiveness of mainstream services and facilitating partnership and inter-sectoral working wherever possible.

Social Inclusion actions in the HSE are underpinned by a socio-determinant approach to health. Social Inclusion services are unique within the HSE in that while some services are provided directly, most are delivered through funding to non-governmental organisations within the community and voluntary sector. The cross cutting nature of Social Inclusion demands collaboration across a range of statutory agencies, as well as close cooperation with an extensive range of agencies in the community and voluntary sector.

The pressures associated with the current climate exert a disproportionate effect on vulnerable groups. The impact of the recession has led to continuously increasing demand for Social Inclusion services. This poses significant challenges for supporting an integrated approach to meeting the complex health and support needs of service users of this cohort.

The national Social Inclusion Governance Group ensures appropriate arrangements are in place to coordinate, support and monitor best practice in developing and implementing all aspects of the Social Inclusion agenda.

The intra and inter-agency approach of Social Inclusion means it is well placed to continue effectively addressing a range of priority actions within proposed new structures in 2013.

Service Quantum

In 2013 HSE Dublin Mid-Leinster will deliver:

Drug and Alcohol Services

- 4,900 treatments for substance misuse.
- 115 community based detoxification beds.
- 642 residential rehabilitation beds.
- 16.5 medical detoxification beds.
- 214 step down / halfway beds.

Homeless Services

- 55 homeless facilities comprising:
  - 5 emergency facilities in the Midlands, 1 settlement service and 4 homeless action teams.
  - 2 facilities in ISA Dublin South East/Wicklow.
  - 2 facilities in ISA Dublin South West/Kildare-West Wicklow.
  - 14 women's facilities / refuges.
  - 10 emergency hostels in ISA Dublin South Central.
  - 13 transitional / supported living facilities.
  - 3 long term residential facilities.
  - 1 detoxification homeless addiction unit.

Traveller Services

- 2 Traveller Health Units.
- 2 Traveller Primary Health Care Projects in ISA Dublin South East/Wicklow.
- 2 Traveller Primary Health Care Projects in ISA Dublin South West/Kildare-West Wicklow.
- 2 Traveller Primary Health Care Projects and 1 Travellers Men's Health "Shed "project. in ISA Dublin South Central.
- 4 Traveller Primary Health Care Projects and 3 Men's Health projects in the Midlands Traveller Health Unit.

In HSE Dublin Mid-Leinster (DML), ISA Dublin South Central is responsible for leading out on the delivery of homeless services to Dublin, Kildare and Wicklow. ISA Dublin South Central is also responsible for the co-ordination and collation of the delivery of all service provision to Travellers as provided by the Traveller Primary Health Care Projects in Dublin, Kildare and Wicklow. ISA Dublin South Central is also the HSE lead in the development of an Interagency Holistic Strategy for the delivery of multiple services to very vulnerable women.

ISA Midlands is the lead ISA for the interagency provision of Traveller Conflict and Mediation services for the Travelling community. This service takes some referrals from other areas and is regarded as a model of good practice for mediation nationally.

ISA Dublin South West/Kildare-West Wicklow is the lead ISA in DML for the provision of health related services for the Roma community in the greater Dublin area.

ISA Dublin South East/Wicklow is the lead ISA in DML for the provision of services for LGBT Health and Anti Human Trafficking services.

National Priorities

- Support addiction services through progressing implementation of the *National Drugs Strategy 2009-2016* actions on early intervention, treatment and rehabilitation.
- Implement recommendations of HSE *National Hepatitis C Strategy* in line with specified time frame and within existing resource constraints.
- Continue to implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners.
- Continue to implement identified outstanding recommendations of the *HSE National Intercultural Health Strategy 2007-2012.*

- Address Traveller health issues in the context of the *All-Ireland Traveller Health Study*, with particular attention to priority areas of mental health, suicide, men's health, addiction / alcohol, domestic violence, cardiovascular health and diabetes.

Regional Priorities

- Develop a detailed action plan to implement the findings of the *All-Ireland Traveller Health Study.*
- Addiction: Progress the implementation of the Opioid Treatment Protocol. Implement Quality in Addiction and Drug Services (QuADS.). Progress the provision of Addiction Services where required in each of the Primary Care Centres with links to primary care teams and other HSE services. These actions include the opening of a new treatment centre in Mullingar in 2013 and to increase the number of community pharmacies and GPs in the Midlands.
- Prioritise and implement, where possible across the region the National Hepatitis C Strategy.
- Develop linkages with the Irish Prison Service in relation to Methadone Treatment and Rehabilitation.

The following ISA Plans contain the relevant Social Inclusion *"2013 Actions"* from the HSE National Operational Plan 2013 with the associated ISA actions listed underneath.

Dublin South Central (DSC) ISA		
Performance / Service Improvement		End Q
Addiction Services	Implement the *National Drugs Strategy 2009-2016*	
	DSC Action re above ▪ Continue to reconfigure and rationalise existing services.	Q4
	▪ Continue to review existing local policies.	Q4
	▪ Implement new improved regional standard policies.	Q4
	▪ Provide assistance with health promotion to vulnerable groups through funding local groups to deliver drug education programmes.	Q4
	Implement recommendations from HSE *Opioid Treatment Protocol*: ⌐ Produce six monthly updates on HSE led actions.	Q1 and Q3
	⌐ Produce a quarterly analysis report on Opioid Substitution Therapy from the HSE's national waiting list and report on exits from the Central Treatment list, highlighting type of throughput.	Q1-Q4
	⌐ Expand the national waiting list to include treatment waiting times for substances misuse interventions.	Q3
	⌐ Continue to implement quality standards (Quality in Addiction and Drug Services, QuADS) or its equivalent - in both statutory and voluntary-managed addiction services.	Q1-Q4
	⌐ Maintain and ensure that the national drug and alcohol service directory includes in-depth up to date information on treatment and rehabilitation services for staff and service users.	Q1-Q4
	DSC Action re above ▪ Continue to increase the number of level 1 and level 2 GPs participating in the Methadone Programme.	Q4
	▪ Expand mobile Needle Exchange services.	
	▪ Standardise the education and delivery of needle exchange services.	
	▪ Provide Addiction Services from Primary Care Units, as appropriate.	
	▪ Implement recommendations of Opioid Treatment Programme.	
	▪ Implement QuADS Report by continuing to develop clinical management committees and reviewing services protocols.	
	▪ Collate six monthly updates on HSE led actions, as required.	
	▪ Participate in the expansion of waiting lists for substance misuse interventions.	
	▪ Continue to implement QuADS.	
	▪ Provide information for amendments to the national drug and alcohol treatment and rehabilitation services.	
	National Overdose Prevention Strategy ⌐ Progress the development of an implementation plan for the *National Overdose Prevention Strategy* to	Q2-Q4

Dublin South Central (DSC) ISA	
Performance / Service Improvement	End Q
include: - Development and implementation of a demonstration project using Naloxone as a pharmacy supervised product.	
DSC Action re above ▪ Carry out a cost benefit analysis and develop a plan to implement the *National Overdose Prevention Strategy* to clients who require this.	Q4
▪ Continue with participation of Chief Pharmacist to examine the changes required to implement the *National Overdose Prevention Strategy*.	Q4
▪ Participate in a national co-ordinated response to the rise in death directly related to substance abuse.	Q4
▪ Participate in a review of the regulatory framework in relation to prescribed drugs.	Q4
Implement *Report of the Working Group on Residential Treatment and Rehabilitation 2007* and *HSE National Drugs Rehabilitation Framework 2010* in partnership / via the National Drugs Rehabilitation Implementation Committee.	Q2
DSC Action re above ▪ Implement recommendations of the Working Group on Residential and Rehabilitation 2007.	Q4
▪ Implement recommendations of the National Drugs Rehabilitation Framework 2010.	Q4
▪ Continue to support the National Drug Rehabilitation Framework through the provision of representatives on this committee and participation of pilot projects.	Q4
▪ Develop Service User Forum.	Q4
▪ Address the treatment needs of Travellers, new communities, LGBTs, Homeless and Sex Workers with the development of closer working inter-agency relationships and specific service improvements such as the introduction of QUADS.	Q4
Prioritise and implement HSE actions in the Report of the Steering group on a *National Substance Misuse Strategy* ⌐ Develop a national screening and brief intervention protocol for alcohol and substance misuse for tier 1 services / tier 2 interventions.	Q3
⌐ Progress development of an implementation plan with specific delivery targets for the roll out of the national screening and brief intervention protocol.	Q3
⌐ Produce a screening and brief intervention training manual.	Q4
⌐ Launch an alcohol public education / awareness campaign.	Q3-Q4
DSC Action re above ▪ Implement the recommendations of the National Substance Misuse Strategy.	Q3-Q4
▪ Promote the integration of the Drug and Alcohol services.	Q3-Q4
▪ Participate in the development of a national screening protocol for alcohol and substance misuse.	Q3-Q4
▪ Participate in the production and dissemination of a brief intervention training manual.	Q3-Q4
▪ Participate where appropriate in the launch of an alcohol and public awareness training campaign.	Q3-Q4
National Addiction Training Programme ⌐ Develop an annual training plan (which targets emerging trends and best practice in addiction) including:	Q2
⌐ A national training substance misuse policy.	Q3
⌐ Specific training modules based on Irish Drugs and National Occupational Standards (DANOS) competencies.	Q1-Q4
DSC Action re above ▪ Continue to provide an education officer to sit on the NATP to support the work of the group.	Q1-Q4
▪ Utilise the education officers to implement the relevant training actions of the NATP.	Q1-Q4
▪ Participate in the development of a national annual training plan.	Q1-Q4
▪ Develop training standards based on the DANOS competencies.	Q1-Q4
▪ Ensure that all local social inclusion weeks have appropriate drug awareness information.	Q1-Q4
Needle Exchange Programmes ⌐ Provide training on safe injecting practices for steroids and image enhancing drugs to 50 outreach	Q3

Dublin South Central (DSC) ISA		
Performance / Service Improvement		**End Q**
	workers nationwide via the HSE and to pharmacists.	
	⌐ Train 15* trainers on overdose prevention who would then cascade overdose and prevention management to their regional team. *(* National Figure)* ⌐ Target group members of the National Liaison Pharmacist Office, Addiction Services and HSE Outreach workers.	Q2
	⌐ Target expansion of 130* pharmacies to sign SLA for needle exchange for NEX subject to local needs requirement and pharmacy interest in supporting the service. *(* National Figure)*	Q1-Q4
	⌐ Pilot the Needle Exchange Online (NEO) system (an online data collection program) in two pharmacies for 1-2 months and undertake a review of its implementation.	Q2
	DSC Action re above ▪ Prioritise in house training on steroid injecting, overdose prevention management and other safe injecting practices, to relevant front line staff.	Q2-Q4
	▪ Continue to offer support for the NEO through Chief Pharmacist.	Q2-Q4
	▪ Continue to fulfil reporting requirements on needle exchange provided by our service to Irish and European bodies.	Q2-Q4
	Clinical Governance ⌐ Review addiction clinical governance structures nationally.	Q2-Q4
	DSC Action re above ▪ Continue to develop clinical governance structures put in place in 2012, in order to evidence the impact of these structures on service provision and patient care.	Q2-Q4
	▪ To enhance clinical governance structures, representation on various national committees will be revised.	Q2-Q4
	▪ Participate where appropriate in the national clinical review of clinical governance structures.	Q2-Q4
	Drug Treatment Centre Board (DTCB) ⌐ Integrate the DTCB into the HSE Addiction Services and maximise its inputs.	Q4
	DSC Action re above ▪ Implement Drug Treatment Centre Board (DTCB) integration plan by continuing to utilise the services available to us in the DTCB, with regard to cost saving measures and efficiencies.	Q4
National Hepatitis C Strategy	Implement recommendations of HSE *National Hepatitis C Strategy* 2011-2014 in line with specified time frame and within existing resource constraints ⌐ Develop a targeted plan to support and address implementation of specific recommendations relating to surveillance, prevention and treatment in partnership with DoH and all stakeholders.	Q1
	DSC Action re above ▪ Participate in the development of a targeted action plan and implement the recommendations of the Hepatitis C Strategy.	Q1
	▪ Provide information to professions on the Hepatitis C Strategy and current service provision to Hepatitis C clients.	Q1
Homelessness	Implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners: ⌐ In relation to homeless people, ensure that a care and case management approach is implemented and working effectively across the homeless services sector with a particular focus on improving the health outcomes of homeless persons.	Q1-Q4
	⌐ Ensure that effective discharge policies / protocols for homeless persons are in place in each hospital network which are in line with the newly revised National Integrated Care Guidance document: *A Practical Guide to Discharge and Transfer from Hospital.*	Q4
	⌐ Support the establishment of homeless action teams (HATs) across the country in partnership with other key statutory and voluntary providers which support and links with mainstream primary care teams (PCTs) / mental health teams and addiction services.	Q1-Q4
	⌐ Review the Service Level Agreement template to ensure a stronger focus on addressing the health needs of homeless persons, including the development of targets, outcomes, quality standards, greater monitoring and evaluation.	Q1-Q4
	⌐ Develop best practice and quality standards for homeless services (all funded agencies / service providers) with particular reference and collaboration to existing quality standard frameworks (e.g.	Q2-Q4

Dublin South Central (DSC) ISA		
Performance / Service Improvement		**End Q**
	Putting People First – A Good Practice Handbook for Homeless Services, HSE Quality Standards in Alcohol and Drug Services etc.)	
	⌐ Support the establishment of a national co-ordinator post within the homeless sector to develop multi-agency best practice in addressing homelessness amongst persons with convictions for sexual offences.	Q4
	DSC Action re above ▪ Complete review of St Catherine's Foyer.	Q1
	▪ Implement Pathway to Home action plan.	Q2
	▪ Establish cross-Dublin integrated services homeless hub.	Q2
	▪ Increase medical beds in Ushers Island campus to 40.	Q3
Intercultural Health	Implement recommendations of *HSE National Intercultural Health Strategy* within existing resource constraints.	Q1-Q4
	DSC Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q4
	▪ Participate in the review of the National Intercultural Health Strategy.	Q4
	▪ Assist with the introduction of the Ethnic Identifier, as required.	Q4
	Access to Services ⌐ Conduct a detailed mapping exercise to confirm extent of service provision for ethnic minority groups across the four HSE regions.	Q2
	DSC Action re above ▪ Participate in the national mapping exercise for ethnic minority groups.	Q2-Q4
	▪ Assist with the establishment of the Ethnic Identifier, as required.	Q2-Q4
	Interpreting and Translation ⌐ Continue development, expansion and application of a national database to support staff in accessing and developing appropriate translated health related material.	Ongoing
	⌐ Conduct exercise to determine nature and costs of interpreting service provision in acute and community settings.	Q3
	DSC Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q3
	Ethnic Identifier ⌐ Continue to extend the roll out of the ethnic identifier on an incremental basis to capture key health information of minority ethnic groups in each HSE region.	Ongoing
	⌐ Develop basic online training package to support staff in use of an ethnic identifier.	Q4
	⌐ Provide outcome data pertaining to ethnic identity from datasets in a range of services, including addiction, homelessness and other identified settings.	Quarterly
	DSC Action re above ▪ Install Ethnic Identifier in the homeless PaSS system and one other service.	Q4
	Refugee Resettlement ⌐ Continue to implement health related element of the Refugee Resettlement Programme led by the Office of Integration (Department of Justice and Equality) in line with Government commitments.	Ongoing
	DSC Action re above ▪ Participate as required, in accordance with the Department of Justice and Equality requirements, to respond to the medical care needs of the resettlement programme in 2013.	Ongoing
	Female Genital Mutilation (FGM) ⌐ Develop action plan in respect of progressing health related elements of FGM, with specific reference to awareness raising among communities, staff information and support together with data collection.	Q1
	⌐ Reprint and circulate updated FGM resource pack for health professionals to relevant staff in maternity and associated settings.	Q2

Dublin South Central (DSC) ISA		
Performance / Service Improvement		End Q
	DSC Action re above ▪ Participate in the development of a national framework for the development of the FGM action plan.	Q2
Traveller Health	Traveller Health ⌐ Develop a detailed health action plan to progress delivery of recommendations of the *All-Ireland Traveller Health Study* (AITHS), with particular reference to those priority areas identified such as mental health, suicide, men's health, addiction / alcohol, domestic violence, diabetes and cardiovascular health.	Ongoing
	⌐ Design and deliver a structured education programme for the prevention of type 2 diabetes in the Traveller community.	Q2
	DSC Action re above ▪ Lead out on the development of a Regional Action Plan for the implementation of AITHS.	Q3
	▪ Progress actions of Mental Health Sub-Group and Awareness Screening Sub-Group.	Q3
Roma	Progress identified agreed actions towards enhancing health status of Roma, building on findings of seminars and reports in 2012, together with requirements of the national Roma integration strategy.	Ongoing
	DSC Action re above ▪ Participate in seminars in relation to the health care needs of Roma.	Ongoing
	▪ Participate in the development of a strategic group to examine at the health care needs of Roma as required.	Ongoing
LGBT Health	Continue to progress strategic actions in the area of LGBT health.	Q1-Q4
	DSC Action re above ▪ Participate in the roll out of screening measures to sex workers from the mobile safetynet clinic.	Q4
HIV / AIDS	⌐ Work in partnership with HSE health promotion services towards supporting the European joint action on quality improvement in HIV prevention.	Q4
	DSC Action re above ▪ Participate in the development of a national framework for the development of the HIV quality improvement / prevention measures.	Q4
Enhancing Access to Services and Community Development	Progress efforts to facilitate engagement of members of socially excluded groups in PCTs and Networks within the context of the Service User Framework.	Ongoing
	DSC Action re above ▪ Develop closer working relationships between Traveller Primary Health Care Projects, Mental Health teams and Primary Care Teams.	Ongoing
Child Protection in respect of Social Inclusion Services	Preparation for the *Children First Guidelines* being put on a legislative footing ⌐ Develop inter-sectoral working protocols with primary care, mental health, children and family services and social inclusion to enhance quality and experience of services for children and young people.	Q2
	⌐ Develop a social inclusion specific Children First and Hidden Harm Implementation Guide which will include the development of a pilot training module and roll out of training in at least one HSE Addiction Service Area.	Q2-Q3
	⌐ Commence implementation of *Children First Guidelines* / Hidden Harm across the social inclusion care group sector.	Ongoing
	DSC Action re above ▪ Develop a framework for the participation of interagency and voluntary groups to develop a social inclusion specific children's committee.	Q3
Improving Quality of Information	Review the strategic information requirements needed for effective planning, management and monitoring of social inclusion services and develop a strategic information framework and associated workplan in partnership with DoH and sectoral colleagues to ensure efficient collection and application of agreed data	Q2
	Build a robust information base to facilitate evidence informed planning around health needs and outcomes of service users from diverse ethnic and cultural groups.	Ongoing
	DSC Action re above ▪ Participate in the collation of information and data as required by the National Social Inclusion Unit.	Q2-Q4

Dublin South East / Wicklow (DSE/W) ISA	
Performance / Service Improvement	**End Q**
Addiction Services	Implement the *National Drugs Strategy 2009-2016*	
	DSE/W Action re above ▪ Continue to reconfigure and rationalise existing services.	Q4
	▪ Continue to review existing local policies.	Q4
	▪ Implement new improved regional standard policies.	Q4
	▪ Provide assistance with health promotion to vulnerable groups through funding local groups to deliver drug education programmes.	Q4
	Implement recommendations from HSE *Opioid Treatment Protocol*: ⌐ Produce six monthly updates on HSE led actions.	Q1 and Q3
	⌐ Produce a quarterly analysis report on Opioid Substitution Therapy from the HSE's national waiting list and report on exists from the Central Treatment list, highlighting type of throughput.	Q1-Q4
	⌐ Expand the national waiting list to include treatment waiting times for substances misuse interventions.	Q3
	⌐ Continue to implement quality standards (Quality in Addiction and Drug Services, QuADS) or its equivalent - in both statutory and voluntary-managed addiction services.	Q1-Q4
	⌐ Maintain and ensure that the national drug and alcohol service directory includes in-depth up to date information on treatment and rehabilitation services for staff and service users.	Q1-Q4
	DSE/W Action re above ▪ Implement QuADS Report by continuing to develop clinical management committees and reviewing services protocols.	Q3
	▪ Establish the Addiction service requirements for South Wicklow.	
	▪ Continue to increase the number of level 1 and level 2 GPs participating in the Methadone Programme.	
	▪ Standardise the education and delivery of needle exchange services.	
	▪ Provide Addiction Services from Primary Care Units, as appropriate.	
	▪ Implement recommendations of Opioid Treatment Programme.	
	▪ Establish the service requirements for South Wicklow.	
	▪ Collate six monthly updates on HSE led actions, as required.	
	▪ Participate in the expansion of waiting lists for substance misuse interventions.	
	▪ Continue to implement QuADS.	
	▪ Provide information for amendments to the national drug and alcohol treatment and rehabilitation services.	
	National Overdose Prevention Strategy ⌐ Progress the development of an implementation plan for the *National Overdose Prevention Strategy* to include: - Development and implementation of a demonstration project using Naloxone as a pharmacy supervised product.	Q2-Q4
	DSE/W Action re above ▪ Carry out a cost benefit analysis and develop a plan to implement the *National Overdose Prevention Strategy* to clients who require this.	Q4
	▪ Continue with participation of Chief Pharmacist to examine the changes required to implement the *National Overdose Prevention Strategy*.	Q4
	▪ Participate in a national co-ordinated response to the rise in death directly related to substance abuse.	Q4
	▪ Participate in a review of the regulatory framework in relation to prescribed drugs.	Q4
	Implement *Report of the Working Group on Residential Treatment and Rehabilitation 2007* and *HSE National Drugs Rehabilitation Framework 2010* in partnership / via the National Drugs Rehabilitation Implementation Committee.	Q2
	DSE/W Action re above ▪ Implement recommendations of the Working Group on Residential and Rehabilitation 2007.	Q4
	▪ Implement recommendations of the National Drugs Rehabilitation Framework 2010.	Q4

Dublin South East / Wicklow (DSE/W) ISA	
Performance / Service Improvement	**End Q**
▪ Continue to support the National Drug Rehabilitation Framework through the provision of representatives on this committee and participation of pilot projects.	Q4
▪ Continue to improve and implement Service User Forum.	Q4
▪ Address the treatment needs of Travellers, new communities, LGBTs, Homeless and Sex Workers with the development of closer working inter-agency relationships and specific service improvements such as the review of the care needs of homeless clients in Bentley House.	Q4
Prioritise and implement HSE actions in the Report of the Steering group on a *National Substance Misuse Strategy* ⌐ Develop a national screening and brief intervention protocol for alcohol and substance misuse for tier 1 services / tier 2 interventions.	Q3
⌐ Progress development of an implementation plan with specific delivery targets for the roll out of the national screening and brief intervention protocol.	Q3
⌐ Produce a screening and brief intervention training manual.	Q4
⌐ Launch an alcohol public education / awareness campaign.	Q3-Q4
DSE/W Action re above ▪ Implement the recommendations of the *National Substance Misuse Strategy*.	Q4
▪ Promote the integration of the Drug and Alcohol services.	Q4
▪ Participate in the development of a national screening protocol for alcohol and substance misuse.	Q4
National Addiction Training Programme ⌐ Develop an annual training plan (which targets emerging trends and best practice in addiction) including:	Q2
⌐ A national training substance misuse policy.	Q3
⌐ Specific training modules based on Irish Drugs and National Occupational Standards (DANOS) competencies.	Q1-Q4
DSE/W Action re above ▪ Continue to provide a staff member to sit on the NATP to support the work of the group.	Q4
▪ Utilise the education officers to implement the relevant training actions of the NATP.	Q4
▪ Participate in the development of a national annual training plan.	Q4
▪ Develop training standards based on the DANOS competencies.	Q4
▪ Ensure that all local social inclusion weeks have appropriate drug awareness information.	Q4
Needle Exchange Programmes ⌐ Provide training on safe injecting practices for steroids and image enhancing drugs to 50 outreach workers nationwide via the HSE and to pharmacists.	Q3
⌐ Train 15* trainers on overdose prevention who would then cascade overdose and prevention management to their regional team. *(* National Figure)* ⌐ Target group members of the National Liaison Pharmacist Office, Addiction Services and HSE Outreach workers.	Q2
⌐ Target expansion of 130* pharmacies to sign SLA for needle exchange for NEX subject to local needs requirement and pharmacy interest in supporting the service. *(* National Figure)*	Q1-Q4
⌐ Pilot the Needle Exchange Online (NEO) system (an online data collection program) in two pharmacies for 1-2 months and undertake a review of its implementation	Q2
DSE/W Action re above ▪ Prioritise in house training on steroid injecting, overdose prevention management and other safe injecting practices, to relevant front line staff.	Q1-Q3
▪ Continue to offer support for the NEO through Chief Pharmacist.	Q1-Q3
▪ Continue to fulfil reporting requirements on needle exchange provided by our service to Irish and European bodies.	Q1-Q3
Clinical Governance ⌐ Review addiction clinical governance structures nationally.	Q2-Q4

Dublin South East / Wicklow (DSE/W) ISA		
Performance / Service Improvement		End Q
	DSE/W Action re above ▪ Continue to develop clinical governance structures put in place in 2012, in order to evidence the impact of these structures on service provision and patient care.	Q2-Q4
	▪ To enhance clinical governance structures, representation on various national committees will be revised.	Q2-Q4
	▪ Participate where appropriate in the national clinical review of clinical governance structures.	Q2-Q4
	Drug Treatment Centre Board (DTCB) ⌐ Integrate the DTCB into the HSE Addiction Services and maximise its inputs	Q1-Q4
	DSE/W Action re above ▪ Continue to utilise the services available to us in the DTCB, with regard to cost saving measures and efficiencies.	Q4
National Hepatitis C Strategy	Implement recommendations of HSE *National Hepatitis C Strategy* 2011-2014 in line with specified time frame and within existing resource constraints ⌐ Develop a targeted plan to support and address implementation of specific recommendations relating to surveillance, prevention and treatment in partnership with DoH and all stakeholders.	Q1
	DSE/W Action re above ▪ Participate in the development of a targeted action plan and implement the recommendations of the Hepatitis C Strategy.	Q1-Q4
	▪ Provide information to professions on the Hepatitis C Strategy and current service provision to Hepatitis C clients.	Q1-Q4
Homelessness	Implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners: ⌐ In relation to homeless people, ensure that a care and case management approach is implemented and working effectively across the homeless services sector with a particular focus on improving the health outcomes of homeless persons.	Q1-Q4
	⌐ Ensure that effective discharge policies / protocols for homeless persons are in place in each hospital network which are in line with the newly revised National Integrated Care Guidance document: *A Practical Guide to Discharge and Transfer from Hospital.*	Q4
	⌐ Support the establishment of homeless action teams (HATs) across the country in partnership with other key statutory and voluntary providers which support and links with mainstream primary care teams (PCTs) / mental health teams and addiction services.	Q1-Q4
	⌐ Review the Service Level Agreement template to ensure a stronger focus on addressing the health needs of homeless persons, including the development of targets, outcomes, quality standards, greater monitoring and evaluation.	Q1-Q4
	⌐ Develop best practice and quality standards for homeless services (all funded agencies / service providers) with particular reference and collaboration to existing quality standard frameworks (e.g. *Putting People First – A Good Practice Handbook for Homeless Services*, HSE Quality Standards in Alcohol and Drug Services etc.)	Q2-Q4
	⌐ Support the establishment of a national co-ordinator post within the homeless sector to develop multi-agency best practice in addressing homelessness amongst persons with convictions for sexual offences.	Q4
	DSE/W Action re above ▪ Conduct a review of services delivered in Bentley House, Dun Laoghaire.	Q3
	▪ Participate in the Review of Death notifications in the Greater Dublin Area.	Q3
	▪ Implement Pathway to Home action plan.	Q3
Intercultural Health	Implement recommendations of *HSE National Intercultural Health Strategy* within existing resource constraints	Q1-Q4
	DSE/W Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q1-Q3
	▪ Participate in the review of the National Intercultural Health Strategy.	Q1-Q3

Dublin South East / Wicklow (DSE/W) ISA		
Performance / Service Improvement		End Q
	Access to Services ⌐ Conduct a detailed mapping exercise to confirm extent of service provision for ethnic minority groups across the four HSE regions.	Q2
	DSE/W Action re above ▪ Participate in the national mapping exercise for ethnic minority groups.	Ongoing
	Interpreting and Translation ⌐ Continue development, expansion and application of a national database to support staff in accessing and developing appropriate translated health related material.	Ongoing
	⌐ Conduct exercise to determine nature and costs of interpreting service provision in acute and community settings.	Q3
	DSE/W Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Ongoing
	Ethnic Identifier ⌐ Continue to extend the roll out of the ethnic identifier on an incremental basis to capture key health information of minority ethnic groups in each HSE region.	Ongoing
	⌐ Develop basic online training package to support staff in use of an ethnic identifier.	Q4
	⌐ Provide outcome data pertaining to ethnic identity from datasets in a range of services, including addiction, homelessness and other identified settings.	Quarterly
	DSE/W Action re above ▪ Install Ethnic Identifier in the homeless PaSS system and one other service.	Q4
	Refugee Resettlement ⌐ Continue to implement health related element of the Refugee Resettlement Programme led by the Office of Integration (Department of Justice and Equality) in line with Government commitments.	Ongoing
	DSE/W Action re above ▪ Participate as required, in accordance with the Department of Justice and Equality requirements, to respond to the medical care needs of the resettlement programme in 2013.	Ongoing
	Female Genital Mutilation (FGM) ⌐ Develop action plan in respect of progressing health related elements of FGM, with specific reference to awareness raising among communities, staff information and support together with data collection.	Q1
	⌐ Reprint and circulate updated FGM resource pack for health professionals to relevant staff in maternity and associated settings.	Q2
	DSE/W Action re above ▪ Participate in the development of a national framework for the development of the FGM action plan.	Q1-Q3
Traveller Health	Traveller Health ⌐ Develop a detailed health action plan to progress delivery of recommendations of the *All-Ireland Traveller Health Study* (AITHS), with particular reference to those priority areas identified such as mental health, suicide, men's health, addiction / alcohol, domestic violence, diabetes and cardiovascular health	Ongoing
	⌐ Design and deliver a structured education programme for the prevention of type 2 diabetes in the Traveller community.	Q2
	DSE/W Action re above ▪ Bray Travellers and Southside Travellers in Action Group to work on the development of health promotion / awareness raising of screening programmes (breast check, cervical screening, men's health screening).	Q3
Roma	Progress identified agreed actions towards enhancing health status of Roma, building on findings of seminars and reports in 2012, together with requirements of the national Roma integration strategy.	Ongoing
	DSE/W Action re above ▪ Participate in seminars in relation to the health care needs of Roma.	Ongoing
LGBT Health	Continue to progress strategic actions in the area of LGBT health.	Q1-Q4
	DSE/W Action re above ▪ A review of service provision will take place to ensure that sex workers who wish to do so can avail of a	Q1-Q3

Dublin South East / Wicklow (DSE/W) ISA		
Performance / Service Improvement		**End Q**
	seamless care pathway out of sex work.	
	▪ Continue to work further with Ruhama to assist with the development of care pathways for those who were trafficked into sex work.	Q1-Q3
	▪ The Gay Men's Health Service will continue to provide a service aimed at promoting positive health outcomes for gay men in the Dublin area.	Q1-Q3
HIV / AIDS	⌐ Work in partnership with HSE health promotion services towards supporting the European joint action on quality improvement in HIV prevention.	Q4
	DSE/W Action re above ▪ Participate in the development of a national framework for the development of the HIV quality improvement / prevention measures.	Q1-Q4
Enhancing Access to Services and Community Development	Progress efforts to facilitate engagement of members of socially excluded groups in PCTs and Networks within the context of the Service User Framework.	Ongoing
	DSE/W Action re above ▪ Develop closer working relationships between Traveller Primary Health Care Projects, Mental Health Teams and Primary Care Teams.	Q1-Q4
Child Protection in respect of Social Inclusion Services	Preparation for the *Children First Guidelines* being put on a legislative footing ⌐ Develop inter-sectoral working protocols with primary care, mental health, children and family services and social inclusion to enhance quality and experience of services for children and young people.	Q2
	⌐ Develop a social inclusion specific Children First and Hidden Harm Implementation Guide which will include the development of a pilot training module and roll out of training in at least one HSE Addiction Service Area.	Q2-Q3
	⌐ Commence implementation of *Children First Guidelines* / Hidden Harm across the social inclusion care group sector.	Ongoing
	DSE/W Action re above ▪ Participate in developing a framework for the participation of interagency and voluntary groups to develop a social inclusion specific children's committee.	Q1-Q4
Improving Quality of Information	Review the strategic information requirements needed for effective planning, management and monitoring of social inclusion services and develop a strategic information framework and associated workplan in partnership with DoH and sectoral colleagues to ensure efficient collection and application of agreed data.	Q2
	Build a robust information base to facilitate evidence informed planning around health needs and outcomes of service users from diverse ethnic and cultural groups.	Ongoing
	DSE/W Action re above ▪ Participate in the collation of information and data as required by the National Social inclusion Unit.	Q1-Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		**End Q**
Addiction Services	Implement the *National Drugs Strategy 2009-2016*	
	DSW/KE Action re above ▪ Reconfigure and rationalise existing services.	Q4
	▪ Review existing local policies.	Q4
	▪ Implement new improved regional standard policies.	Q4
	Implement recommendations from HSE *Opioid Treatment Protocol*: ⌐ Produce six monthly updates on HSE led actions.	Q1 and Q3
	⌐ Produce a quarterly analysis report on Opioid Substitution Therapy from the HSE's national waiting list and report on exists from the Central Treatment list, highlighting type of throughput.	Q1-Q4
	⌐ Expand the national waiting list to include treatment waiting times for substances misuse interventions.	Q3
	⌐ Continue to implement quality standards (Quality in Addiction and Drug Services, QuADS) or its equivalent - in both statutory and voluntary-managed addiction services.	Q1-Q4
	⌐ Maintain and ensure that the national drug and alcohol service directory includes in-depth up to date information on treatment and rehabilitation services for staff and service users.	Q1-Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA	
Performance / Service Improvement	End Q
DSW/KE Action re above ▪ Continue to increase the number of level 1 and level 2 GPs participating in the Methadone Programme.	Q4
▪ Establish dispensing service in Kildare.	
▪ Eliminate waiting list for methadone treatment in Kildare.	
▪ Expand mobile Needle Exchange services.	
▪ Standardise the education and delivery of needle exchange services.	
▪ Provide Addiction Services from Primary Care Units, as appropriate.	
▪ Implement recommendations of Opioid Treatment Programme.	
▪ Implement QuADS Report by continuing to develop clinical management committees and reviewing services protocols.	
▪ Collate six monthly updates on HSE led actions, as required.	
▪ Participate in the expansion of waiting lists for substance misuse interventions.	
▪ Continue to implement QuADS.	
▪ Provide information for amendments to the national drug and alcohol treatment and rehabilitation services.	
National Overdose Prevention Strategy ⌐ Progress the development of an implementation plan for the *National Overdose Prevention Strategy* to include: - Development and implementation of a demonstration project using Naloxone as a pharmacy supervised product.	Q2-Q4
DSW/KE Action re above ▪ Carry out a cost benefit analysis and develop a plan to implement the *National Overdose Prevention Strategy* to clients who require this.	Q3
▪ Continue with participation of Chief Pharmacist to examine the changes required to implement the *National Overdose Prevention Strategy*.	Q4
▪ Participate in a national co-ordinated response to the rise in death directly related to substance abuse.	Q4
▪ Participate in a review of the regulatory framework in relation to prescribed drugs.	Q4
Implement *Report of the Working Group on Residential Treatment and Rehabilitation 2007* and *HSE National Drugs Rehabilitation Framework 2010* in partnership / via the National Drugs Rehabilitation Implementation Committee.	Q2
DSW/KE Action re above ▪ Implement recommendations of the Working Group on Residential and Rehabilitation 2007.	Q4
▪ Implement recommendations of the National Drugs Rehabilitation Framework 2010.	Q4
▪ Continue to support the National Drug Rehabilitation Framework through the provision of representatives on this committee and participation of pilot projects.	Q4
▪ Continue to improve and implement Service User Forum.	Q4
▪ Address the treatment needs of Travellers, new communities, LGBTs, Homeless and Sex Workers with the development of closer working inter-agency relationships and specific service improvements such as the review of the care needs of clients.	Q4
Prioritise and implement HSE actions in the Report of the Steering group on a *National Substance Misuse Strategy* ⌐ Develop a national screening and brief intervention protocol for alcohol and substance misuse for tier 1 services / tier 2 interventions.	Q3
⌐ Progress development of an implementation plan with specific delivery targets for the roll out of the national screening and brief intervention protocol.	Q3
⌐ Produce a screening and brief intervention training manual.	Q4
⌐ Launch an alcohol public education / awareness campaign.	Q3-Q4
DSW/KE Action re above ▪ Implement the recommendations of the National Substance Misuse Strategy.	Q3-Q4
▪ Promote the integration of the Drug and Alcohol services.	Q3-Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		End Q
	▪ Participate in the development of a national screening protocol for alcohol and substance misuse.	Q3-Q4
	▪ Participate in the production and dissemination of a brief intervention training manual.	Q3-Q4
	National Addiction Training Programme ⌐ Develop an annual training plan (which targets emerging trends and best practice in addiction) including:	Q2
	⌐ A national training substance misuse policy.	Q3
	⌐ Specific training modules based on Irish Drugs and National Occupational Standards (DANOS) competencies.	Q1-Q4
	DSW/KE Action re above ▪ Continue to provide an education officer to sit on the NATP to support the work of the group.	Q1-Q4
	▪ Utilise the education officers to implement the relevant training actions of the NATP.	Q1-Q4
	▪ Participate in the development of a national annual training plan.	Q1-Q4
	▪ Develop training standards based on the DANOS competencies.	Q1-Q4
	▪ Ensure that all local social inclusion weeks have appropriate drug awareness information.	Q1-Q4
	Needle Exchange Programmes ⌐ Provide training on safe injecting practices for steroids and image enhancing drugs to 50 outreach workers nationwide via the HSE and to pharmacists.	Q3
	⌐ Train 15* trainers on overdose prevention who would then cascade overdose and prevention management to their regional team. *(* National Figure)* ⌐ Target group members of the National Liaison Pharmacist Office, Addiction Services and HSE Outreach workers.	Q2
	⌐ Target expansion of 130* pharmacies to sign SLA for needle exchange for NEX subject to local needs requirement and pharmacy interest in supporting the service. *(* National Figure)*	Q1-Q4
	⌐ Pilot the Needle Exchange Online (NEO) system (an online data collection program) in two pharmacies for 1-2 months and undertake a review of its implementation.	Q2
	DSW/KE Action re above ▪ Roll out needle exchange programme.	Q4
	▪ Prioritise in house training on steroid injecting, overdose prevention management and other safe injecting practices, to relevant front line staff.	Q4
	▪ Continue to offer support for the NEO through Chief Pharmacist.	Q4
	▪ Continue to fulfil reporting requirements on needle exchange provided by our service to Irish and European bodies.	Q4
	Clinical Governance ⌐ Review addiction clinical governance structures nationally.	Q2-Q4
	DSW/KE Action re above ▪ Continue to develop clinical governance structures put in place in 2012, in order to evidence the impact of these structures on service provision and patient care.	Q2-Q4
	▪ To enhance clinical governance structures, representation on various national committees will be revised.	Q2-Q4
	▪ Participate where appropriate in the national clinical review of clinical governance structures.	Q2-Q4
	Drug Treatment Centre Board (DTCB) ⌐ Integrate the DTCB into the HSE Addiction Services and maximise its inputs	Q1-Q4
	DSW/KE Action re above ▪ Implement Drug Treatment Centre Board (DTCB) integration plan by continuing to utilise the services available to us in the DTCB, with regard to cost saving measures and efficiencies.	Q4
National Hepatitis C Strategy	Implement recommendations of HSE *National Hepatitis C Strategy* 2011-2014 in line with specified time frame and within existing resource constraints ⌐ Develop a targeted plan to support and address implementation of specific recommendations relating to surveillance, prevention and treatment in partnership with DoH and all stakeholders.	Q1

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		End Q
	DSW/KE Action re above ▪ Participate in the development of a targeted action plan and implement the recommendations of the Hepatitis C Strategy.	Q1-Q4
	▪ Provide information to professions on the Hepatitis C Strategy and current service provision to Hepatitis C clients.	Q1-Q4
Homelessness	Implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners: ⌐ In relation to homeless people, ensure that a care and case management approach is implemented and working effectively across the homeless services sector with a particular focus on improving the health outcomes of homeless persons.	Q1-Q4
	⌐ Ensure that effective discharge policies / protocols for homeless persons are in place in each hospital network which are in line with the newly revised National Integrated Care Guidance document: *A Practical Guide to Discharge and Transfer from Hospital.*	Q4
	⌐ Support the establishment of homeless action teams (HATs) across the country in partnership with other key statutory and voluntary providers which support and links with mainstream primary care teams (PCTs) / mental health teams and addiction services.	Q1-Q4
	⌐ Review the Service Level Agreement template to ensure a stronger focus on addressing the health needs of homeless persons, including the development of targets, outcomes, quality standards, greater monitoring and evaluation.	Q1-Q4
	⌐ Develop best practice and quality standards for homeless services (all funded agencies / service providers) with particular reference and collaboration to existing quality standard frameworks (e.g. *Putting People First – A Good Practice Handbook for Homeless Services*, HSE Quality Standards in Alcohol and Drug Services etc.)	Q2-Q4
	⌐ Support the establishment of a national co-ordinator post within the homeless sector to develop multi-agency best practice in addressing homelessness amongst persons with convictions for sexual offences.	Q4
	DSW/KE Action re above ▪ Implement Pathway to Home action plan within Tallaght (Dublin South West).	Q2
	▪ Participate in cross-Dublin integrated services homeless hub.	Q1
	▪ Provide care services to new homeless hostel in Tallaght for 22 units.	Q2
	▪ Participate in the review of death notifications in the Greater Dublin Area.	Q3
	▪ Continue to participate in Mid East Homeless Forum with local authorities from Meath, Kildare and Wicklow and relevant agencies.	Ongoing
Intercultural Health	Implement recommendations of *HSE National Intercultural Health Strategy* within existing resource constraints.	Q1-Q4
	DSW/KE Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q4
	▪ Participate in the review of the National Intercultural Health Strategy.	Q4
	Access to Services ⌐ Conduct a detailed mapping exercise to confirm extent of service provision for ethnic minority groups across the four HSE regions.	Q2
	DSW/KE Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q4
	▪ Participate in the national mapping exercise for ethnic minority groups.	Ongoing
	Interpreting and Translation ⌐ Continue development, expansion and application of a national database to support staff in accessing and developing appropriate translated health related material.	Ongoing
	⌐ Conduct exercise to determine nature and costs of interpreting service provision in acute and community settings.	Q3
	DSW/KE Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision	Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		**End Q**
	in acute and community settings.	
	Ethnic Identifier ⌐ Continue to extend the roll out of the ethnic identifier on an incremental basis to capture key health information of minority ethnic groups in each HSE region.	Ongoing
	⌐ Develop basic online training package to support staff in use of an ethnic identifier.	Q4
	⌐ Provide outcome data pertaining to ethnic identity from datasets in a range of services, including addiction, homelessness and other identified settings.	Quarterly
	DSW/KE Action re above ▪ Install Ethnic Identifier in the homeless PaSS system and one other service.	Q4
	Refugee Resettlement ⌐ Continue to implement health related element of the Refugee Resettlement Programme led by the Office of Integration (Department of Justice and Equality) in line with Government commitments.	Ongoing
	DSW/KE Action re above ▪ Participate as required in accordance with the Department of Justice and Equality requirements to respond to the medical care needs of the resettlement programme in 2013.	Ongoing
Traveller Health	Traveller Health ⌐ Develop a detailed health action plan to progress delivery of recommendations of the *All-Ireland Traveller Health Study* (AITHS), with particular reference to those priority areas identified such as mental health, suicide, men's health, addiction / alcohol, domestic violence, diabetes and cardiovascular health.	Ongoing
	⌐ Design and deliver a structured education programme for the prevention of type 2 diabetes in the Traveller community.	Q2
	DSW/KE Action re above ▪ Participate in the development of a Regional Action Plan for the implementation of AITHS.	Q4
	▪ Progress actions of Mental Health Sub-Group and Awareness Screening Sub-Group.	Q4
	▪ Participate in the awareness programme for national screening programmes.	Q4
Roma	Progress identified agreed actions towards enhancing health status of Roma, building on findings of seminars and reports in 2012, together with requirements of the national Roma integration strategy	Ongoing
	DSW/KE Action re above ▪ Participate in seminars in relation to the health care needs of Roma.	Ongoing
	▪ Lead the development of a strategic group to look at the health care needs of Roma in the Greater Dublin Area.	Ongoing
	▪ Continue to develop the Tallaght based Roma GP service in line with national policy.	Ongoing
LGBT Health	Continue to progress strategic actions in the area of LGBT health.	Q1-Q4
	DSW/KE Action re above ▪ Participate in the roll out of screening measures to sex workers from the mobile safetynet clinic.	Q4
HIV / AIDS	⌐ Work in partnership with HSE health promotion services towards supporting the European joint action on quality improvement in HIV prevention	Q4
	DSW/KE Action re above ▪ Participate in the development of a national framework for the development of the HIV quality improvement / prevention measures.	Q4
Enhancing Access to Services and Community Development	Progress efforts to facilitate engagement of members of socially excluded groups in PCTs and Networks within the context of the Service User Framework.	Ongoing
	DSW/KE Action re above ▪ Develop closer working relationships between Traveller Primary Health Care Projects, Mental Health Teams and Primary Care Teams.	Ongoing
Child Protection in respect of Social Inclusion Services	Preparation for the *Children First Guidelines* being put on a legislative footing ⌐ Develop inter-sectoral working protocols with primary care, mental health, children and family services and social inclusion to enhance quality and experience of services for children and young people.	Q2
	⌐ Develop a social inclusion specific Children First and Hidden Harm Implementation Guide which will include the development of a pilot training module and roll out of training in at least one HSE Addiction	Q2-Q3

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		**End Q**
	Service Area.	
	⌐ Commence implementation of *Children First Guidelines* / Hidden Harm across the social inclusion care group sector.	Ongoing
	DSW/KE Action re above ▪ Develop a framework for the participation of interagency and voluntary groups to develop a social inclusion specific children's committee.	Q3
Improving Quality of Information	Review the strategic information requirements needed for effective planning, management and monitoring of social inclusion services and develop a strategic information framework and associated workplan in partnership with DoH and sectoral colleagues to ensure efficient collection and application of agreed data.	Q2
	Build a robust information base to facilitate evidence informed planning around health needs and outcomes of service users from diverse ethnic and cultural groups.	Ongoing
	DSW/KE Action re above ▪ Participate in the collation of information and data as required by the National Social Inclusion Unit.	Q2-Q4

Midlands ISA		
Performance / Service Improvement		**End Q**
Addiction Services	Implement the *National Drugs Strategy 2009-2016*	
	Midlands Action re above ▪ Continue to reconfigure and rationalise existing services.	Q4
	▪ Continue to review existing local policies.	Q4
	▪ Implement new improved regional standard policies.	Q4
	▪ Provide assistance with health promotion to vulnerable groups through funding local groups to deliver drug education programmes.	Q4
	Implement recommendations from HSE *Opioid Treatment Protocol*: ⌐ Produce six monthly updates on HSE led actions.	Q1 and Q3
	⌐ Produce a quarterly analysis report on Opioid Substitution Therapy from the HSE's national waiting list and report on exists from the Central Treatment list, highlighting type of throughput.	Q1-Q4
	⌐ Expand the national waiting list to include treatment waiting times for substances misuse interventions.	Q3
	⌐ Continue to implement quality standards (Quality in Addiction and Drug Services, QuADS) or its equivalent - in both statutory and voluntary-managed addiction services.	Q1-Q4
	⌐ Maintain and ensure that the national drug and alcohol service directory includes in-depth up to date information on treatment and rehabilitation services for staff and service users.	Q1-Q4
	Midlands Action re above ▪ Strive to become QUADS compliant.	
	▪ Increase numbers on Methadone programmes.	
	▪ Increase numbers in community detox (Methadone and Benzodiazepines)	
	▪ Increase number of GPs who are level 1 trained.	
	▪ Increase places in the Shared Care Programme.	
	▪ Implement QuADS Report by continuing to develop clinical management committees and reviewing services protocols.	Q4
	▪ Roll out Needle Exchange programme.	
	▪ Standardise the education and delivery of needle exchange services.	
	▪ Collate six monthly updates on HSE led actions, as required.	
	▪ Participate in the expansion of waiting lists for substance misuse interventions.	
	▪ Continue to implement QuADS.	
	▪ Provide information for amendments to the national drug and alcohol treatment and rehabilitation services.	

Midlands ISA	
Performance / Service Improvement	**End Q**
National Overdose Prevention Strategy ⌐ Progress the development of an implementation plan for the *National Overdose Prevention Strategy* to include: - Development and implementation of a demonstration project using Naloxone as a pharmacy supervised product.	Q2-Q4
Midlands Action re above ▪ Participate in overdose prevention training.	Q4
▪ Participate in regional co-ordinated response to the rise in death directly related to substance abuse.	Q4
▪ Participate in a review of the regulatory framework in relation to prescribed drugs.	Q4
Implement *Report of the Working Group on Residential Treatment and Rehabilitation 2007* and *HSE National Drugs Rehabilitation Framework 2010* in partnership / via the National Drugs Rehabilitation Implementation Committee.	Q2
Midlands Action re above ▪ Address the treatment needs of Travellers, new communities, LGBTs , Homeless and Sex Workers with the development of closer working inter-agency relationships and specific service improvements of the care needs of clients through QUADS.	Q4
Prioritise and implement HSE actions in the Report of the Steering group on a *National Substance Misuse Strategy* ⌐ Develop a national screening and brief intervention protocol for alcohol and substance misuse for tier 1 services / tier 2 interventions.	Q3
⌐ Progress development of an implementation plan with specific delivery targets for the roll out of the national screening and brief intervention protocol.	Q3
⌐ Produce a screening and brief intervention training manual.	Q4
⌐ Launch an alcohol public education / awareness campaign.	Q3-Q4
Midlands Action re above ▪ Implement the recommendations of the National Substance Misuse Strategy.	Q3-Q4
▪ Promote the integration of the Drug and Alcohol services.	Q3-Q4
▪ Participate in the development of a national screening protocol for alcohol and substance misuse.	Q3-Q4
▪ Participate in the production and dissemination of a brief intervention training manual.	Q3-Q4
National Addiction Training Programme ⌐ Develop an annual training plan (which targets emerging trends and best practice in addiction) including:	Q2
⌐ A national training substance misuse policy.	Q3
⌐ Specific training modules based on Irish Drugs and National Occupational Standards (DANOS) competencies.	Q1-Q4
Midlands Action re above ▪ Participate in the development of a national annual training plan.	Q1-Q4
▪ Develop training standards based on the DANOS competencies.	Q1-Q4
▪ Ensure that all local social inclusion weeks have appropriate drug awareness information.	Q1-Q4
Needle Exchange Programmes ⌐ Provide training on safe injecting practices for steroids and image enhancing drugs to 50 outreach workers nationwide via the HSE and to pharmacists.	Q3
⌐ Train 15* trainers on overdose prevention who would then cascade overdose and prevention management to their regional team. *(* National Figure)* ⌐ Target group members of the National Liaison Pharmacist Office, Addiction Services and HSE Outreach workers.	Q2
⌐ Target expansion of 130* pharmacies to sign SLA for needle exchange for NEX subject to local needs requirement and pharmacy interest in supporting the service. *(* National Figure)*	Q1-Q4
⌐ Pilot the Needle Exchange Online (NEO) system (an online data collection program) in two pharmacies for 1-2 months and undertake a review of its implementation.	Q2

Midlands ISA		
Performance / Service Improvement		End Q
	Midlands Action re above ▪ Prioritise in house training on steroid injecting, overdose prevention management and other safe injecting practices, to relevant front line staff.	Q2-Q4
	▪ Continue to offer support for the NEO through Chief Pharmacist.	Q2-Q4
	▪ Continue to fulfil reporting requirements on needle exchange provided by our service to Irish and European bodies.	Q2-Q4
	▪ Work with the Elton John Foundation to increase the number of needle exchanges available in the Midlands.	Q1-Q4
	Clinical Governance ⌐ Review addiction clinical governance structures nationally.	Q2-Q4
	Midlands Action re above ▪ Participate where appropriate in the national clinical review of clinical governance structures.	Q2-Q4
National Hepatitis C Strategy	Implement recommendations of HSE *National Hepatitis C Strategy* 2011-2014 in line with specified time frame and within existing resource constraints ⌐ Develop a targeted plan to support and address implementation of specific recommendations relating to surveillance, prevention and treatment in partnership with DoH and all stakeholders.	Q1
	Midlands Action re above ▪ Participate in the development of a targeted action plan and implement the recommendations of the Hepatitis C Strategy.	Q1
	▪ Provide information to professions on the Hepatitis C Strategy and current service provision to Hepatitis C clients.	Q1
Homelessness	Implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland* in conjunction with other key partners: ⌐ In relation to homeless people, ensure that a care and case management approach is implemented and working effectively across the homeless services sector with a particular focus on improving the health outcomes of homeless persons.	Q1-Q4
	⌐ Ensure that effective discharge policies / protocols for homeless persons are in place in each hospital network which are in line with the newly revised National Integrated Care Guidance document: *A Practical Guide to Discharge and Transfer from Hospital.*	Q4
	⌐ Support the establishment of homeless action teams (HATs) across the country in partnership with other key statutory and voluntary providers which support and links with mainstream primary care teams (PCTs) / mental health teams and addiction services.	Q1-Q4
	⌐ Review the Service Level Agreement template to ensure a stronger focus on addressing the health needs of homeless persons, including the development of targets, outcomes, quality standards, greater monitoring and evaluation.	Q1-Q4
	⌐ Develop best practice and quality standards for homeless services (all funded agencies / service providers) with particular reference and collaboration to existing quality standard frameworks (e.g. *Putting People First – A Good Practice Handbook for Homeless Services*, HSE Quality Standards in Alcohol and Drug Services etc.)	Q2-Q4
	⌐ Support the establishment of a national co-ordinator post within the homeless sector to develop multi-agency best practice in addressing homelessness amongst persons with convictions for sexual offences.	Q4
	Midlands Action re above ▪ Support the establishment of 4 Homeless Action Teams.	Q1
	▪ Develop protocols for HATs in Laois, Offaly, Longford and Westmeath.	Q2
	▪ Review care and case management models used in Midlands.	Q3
Intercultural Health	Implement recommendations of *HSE National Intercultural Health Strategy* within existing resource constraints.	Q1-Q4
	Midlands Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q2-Q4
	▪ Participate in the review of the National Intercultural Health Strategy.	Q4

Midlands ISA		
Performance / Service Improvement		End Q
	▪ Assist with the introduction of the Ethnic Identifier, as required.	Q4
	Access to Services ⌐ Conduct a detailed mapping exercise to confirm extent of service provision for ethnic minority groups across the four HSE regions.	Q2
	Midlands Action re above ▪ Participate in the national mapping exercise for ethnic minority groups.	Q2-Q4
	▪ Assist with the establishment of the Ethnic Identifier, as required.	Q2-Q4
	Interpreting and Translation ⌐ Continue development, expansion and application of a national database to support staff in accessing and developing appropriate translated health related material.	Ongoing
	⌐ Conduct exercise to determine nature and costs of interpreting service provision in acute and community settings.	Q3
	Midlands Action re above ▪ Participate in the exercise to determine the nature and associated costs of interpreting service provision in acute and community settings.	Q3
	Ethnic Identifier ⌐ Continue to extend the roll out of the ethnic identifier on an incremental basis to capture key health information of minority ethnic groups in each HSE region.	Ongoing
	⌐ Develop basic online training package to support staff in use of an ethnic identifier	Q4
	⌐ Provide outcome data pertaining to ethnic identity from datasets in a range of services, including addiction, homelessness and other identified settings.	Quarterly
	Midlands Action re above ▪ Introduce the Ethnic Identifier into one homeless hostel.	Q4
	Refugee Resettlement ⌐ Continue to implement health related element of the Refugee Resettlement Programme led by the Office of Integration (Department of Justice and Equality) in line with Government commitments.	Ongoing
	Midlands Action re above ▪ Participate as required in accordance with the Department of Justice and Equality requirements to respond to the medical care needs of the resettlement programme in 2013.	Ongoing
	Female Genital Mutilation (FGM) ⌐ Develop action plan in respect of progressing health related elements of FGM, with specific reference to awareness raising among communities, staff information and support together with data collection	Q1
	⌐ Reprint and circulate updated FGM resource pack for health professionals to relevant staff in maternity and associated settings	Q2
	Midlands Action re above ▪ Participate in the development of a national framework for the development of the FGM action plan.	Q2
Traveller Health	Traveller Health ⌐ Develop a detailed health action plan to progress delivery of recommendations of the *All-Ireland Traveller Health Study* (AITHS), with particular reference to those priority areas identified such as mental health, suicide, men's health, addiction / alcohol, domestic violence, diabetes and cardiovascular health.	Ongoing
	⌐ Design and deliver a structured education programme for the prevention of type 2 diabetes in the Traveller community.	Q2
	Midlands Action re above ▪ Participate in Traveller men's health awareness/health promotion programme.	Q4
	▪ Provide conflict and mediation services for Travellers in the Midlands.	Q4
	▪ Support Inter-agency partnership working with the Travelling community.	Q4
Roma	Progress identified agreed actions towards enhancing health status of Roma, building on findings of seminars and reports in 2012, together with requirements of the national Roma integration strategy.	Ongoing
	Midlands Action re above ▪ Participate in seminars in relation to the health care needs of Roma.	Ongoing

Midlands ISA		
Performance / Service Improvement		End Q
	▪ Lead the development of a strategic group to look at the health care needs of Roma, as required.	Q4
LGBT Health	Continue to progress strategic actions in the area of LGBT health.	Q1-Q4
	Midlands Action re above ▪ Participate in the development of an action plan to assist in the delivery of services to LGBTs.	Q1-Q4
HIV / AIDS	⌐ Work in partnership with HSE health promotion services towards supporting the European joint action on quality improvement in HIV prevention.	Q4
	Midlands Action re above ▪ Participate in the development of a national framework for the development of the HIV quality improvement / prevention measures.	Q4
Enhancing Access to Services and Community Development	Progress efforts to facilitate engagement of members of socially excluded groups in PCTs and Networks within the context of the Service User Framework.	Ongoing
	Midlands Action re above ▪ Develop closer working relationships between Traveller Primary Health Care Projects, Mental Health Teams and Primary Care Teams.	Ongoing
Child Protection in respect of Social Inclusion Services	Preparation for the *Children First Guidelines* being put on a legislative footing ⌐ Develop inter-sectoral working protocols with primary care, mental health, children and family services and social inclusion to enhance quality and experience of services for children and young people.	Q2
	⌐ Develop a social inclusion specific Children First and Hidden Harm Implementation Guide which will include the development of a pilot training module and roll out of training in at least one HSE Addiction Service Area.	Q2-Q3
	⌐ Commence implementation of *Children First Guidelines* / Hidden Harm across the social inclusion care group sector.	Ongoing
	Midlands Action re above ▪ Develop a framework for the participation of interagency and voluntary groups to develop a social inclusion specific children's committee.	Q3
Improving Quality of Information	Review the strategic information requirements needed for effective planning, management and monitoring of social inclusion services and develop a strategic information framework and associated workplan in partnership with DoH and sectoral colleagues to ensure efficient collection and application of agreed data.	Q2
	Build a robust information base to facilitate evidence informed planning around health needs and outcomes of service users from diverse ethnic and cultural groups.	Ongoing
	Midlands Action re above ▪ Participate in the collation of information and data as required by the National Social Inclusion Unit.	Q2-Q4

Cost Management & Employment Control Measures (All ISAs) – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Qtr
Finance	▪ Cost Containment Plan	
	▪ Non-Pay Efficiencies: Continue to seek non-pay efficiencies through negotiating price reduction with suppliers / reducing other non-pay costs associated with service delivery.	Q1-Q4
	▪ Monitoring Non-HSE Agencies: External agencies will continue to be monitored to ensure actual activity matches agreed activity as per Service Arrangements / Grant Aid Agreements.	Q1-Q4
	▪ External agencies funded by / through the ISA will have VFM budget adjustments, as and where appropriate.	Q1-Q4
	▪ There will continue to be a sustained focus on reducing costs from social inclusion services in the ISA.	Q1-Q4
Human Resources	▪ Absenteeism: This will continue to be actively addressed to ensure compliance with national targets.	Q1-Q4
	▪ Rosters: Work will be ongoing on reconfiguring rosters.	Q1-Q4
	▪ Overtime: This will be reduced / eliminated where feasible.	Q1-Q4
	▪ Agency: This will be reduced / eliminated where feasible.	Q1-Q4
	▪ The moratorium on recruitment will continue to be observed. Exemptions will only be sought for critical posts.	Q1-Q4
	▪ Introduction of an integrated services hub for homeless persons in partnership with HSE DNE and Dublin City Council.	Q4
Midlands ISA	▪ Amalgamate Methadone Maintenance Programme Clinics	Q1–Q4

Social Inclusion Services – DML Scorecard 2013

Social Inclusion Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Methadone Treatment No. of clients in methadone treatment (outside prisons)	4,900	Quality, Access and Activity	No. of pharmacy needle exchange packs provided	1,500 Q1* 1,650 Q2* 1,800 Q3* 1,950 Q4*
No. of clients in methadone treatment (prisons)	500*			
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	New PI		Average no. of needle / syringe packs per person	90*
No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	300		No. and % of needle / syringe packs returned	600 Q1* 660 Q2* 720 Q3* 780 Q4*
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	New PI			
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	25 100%		Traveller Health Screening No of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through Traveller Health Units / Primary Care Projects	900
Homeless Services No. and % of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	319 > 75%			
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week	320 75%		Finance Variance against Budget: Income and Expenditure	≤ 0%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities who have a written care plan in place within two weeks	317 75%		Variance against Budget: Income Collection	≤ 0%
Needle Exchange No. of pharmacies recruited to provide Needle Exchange Programme	130*		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
No. of unique individuals attending pharmacy needle exchange	200 Q1* 250 Q2* 300 Q3* 400 Q4*		Variance against Budget: Revenue and Capital Vote	≤ 0%
			Human Resources Absenteeism rates	3.5%
			Variance from approved WTE ceiling	≤ 0%

** National Target. Not broken down by region.*

PRIMARY CARE

Primary Care Services Resources – HSE Dublin Mid-Leinster

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	*Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Dublin South Central	13.432	13.148	-2.1%	758	751	-7
Dublin South East / Wicklow	19.259	18.654	-3.1%	1,382	1,369	-13
Dublin South West / Kildare-West Wicklow	5.613	5.540	-1.3%	484	481	-3
Midlands	6.693	6.741	0.7%	862	858	-4
HQ/Other Services	0.0	0.00	0%	39	39	0
Total	**44.997**	**44.083**	**-2.0%**	**3,525**	**3,498**	**-27**

**Ceilings are derived from the December 2012 out-turn and are subject to final sign-off by the ISA Managers*

Introduction

Over the last number of years we have been working to realise our vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting. The Primary Care Team (PCT) is the central point for service delivery within the community setting. It actively engages to address the medical and social needs of its defined population in conjunction with a wider range of Health and Social Care Network (HSCN) services. These multi-disciplinary teams promote the delivery of responsive, community-based care from birth until the end of life.

Primary care has a leading role in supporting people to maintain their own health and wellbeing and live healthier lives. We will continue to deliver preventive programmes successfully in the primary care setting, including childhood immunisation, falls prevention, smoking cessation advice and other interventions. PCTs will be supported to undertake health needs assessment in order to develop specific local programmes for disease prevention and health improvement. Through the development of care pathways and guidelines there will also be improved shared care arrangements for disability, mental health, social inclusion and older people service users, as well as individuals with chronic disease, to enable them to be managed more effectively and by a broader range of professionals in the community.

One of the central components for the creation of successful PCTs is the development of primary care centres, this being enabled through a mixture of state-provided centres and privately developed centres. Where such centres have been provided there will be an emphasis on centre-based service provision and a requirement for existing health centres to be reviewed with a view to their decommissioning, as appropriate.

The challenging financial environment, together with increases in the numbers eligible for and in need of services, impacts on all aspects of primary care creating additional demands. Changes in service delivery models elsewhere in the health care system, i.e. acute services and the roll out of clinical care programmes, place additional demands on primary care providers. The recruitment moratorium and loss of staff, particularly nursing and allied health professional grades, are placing particular challenges on PCTs. Staff flexibility and responsiveness to address priority needs is recognised in seeking to address these challenges. However, there is a need to enhance the availability of primary care personnel in areas with the greatest deficit of personnel and the most deprived populations. In 2013 Primary Care funding of €20m, nationally, will be invested to support the recruitment of prioritised front-line primary care team posts and enhance the capacity of the primary care sector.

We will continue to work with the Department of Health and all other stakeholders during 2013 on the implementation of primary care reform, including the establishment of a new Primary Care Directorate.

Service Quantum

In 2013 HSE Dublin Mid Leinster will:

- Deliver services through our 140 primary care teams.
- Re-organise services within the region to support the development of Health and Social Care Networks.
- Deliver community-based services through our PCTs and HSCNs in conjunction with other care group and specialist services such as disability, mental health, social inclusion and children and families services.
- Promote centre-based service provision as a first option when scheduling appointments, as appropriate.
- Implement the National Integrated Care Package for Diabetes, as required.
- Open 8 Primary Care Centres.
- Review utilisation/requirement for existing health centres in view of commissioning of new primary care centres and decommission, as appropriate.
- Undertake a community health needs assessment in each ISA which will enable us to develop a structured programme to address health inequalities.
- Roll out Tobacco Free Campus to all new Primary Care Centres opening in 2013 and to 35% of existing primary care/health centres.

National Priorities

- Continue to develop and consolidate Primary Care Teams and Health and Social Care Networks.
- Continue the roll out of the National Diabetes Integrated Care Package.
- Define and develop guidelines / protocols between primary care in the context of emerging structures.
- Manage multidisciplinary complex care (including appropriate access to e.g. mental health, older people, disability, addiction services and vulnerable service users).
- Develop ICT electronic referral systems within and from primary care to acute sector.
- Deliver preventative, self-care and health promotion programmes.
- Roll out of Universal Newborn Hearing Screening.
- Improve oral health services by implementing strategic reviews on Primary Care Dental Services and completing independent reviews on secondary and tertiary oral health services.
- Develop high quality services, within current resources, for the most vulnerable care groups and reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.
- Reconfigure primary care HSE dental services to maximise efficiency and enable adherence of HIQA infection control and health and safety standards.

Regional Priorities

- Collaborate with, and support, the National Primary Care Office and the Department of Health, as required, in implementing fundamental changes to primary care policy.
- Continue to consolidate and develop 140 Primary Care Teams and 35 Health and Social Care Networks.
- Implement the National Integrated Care Package for Diabetes with the appointment of 4 Integrated Care Diabetes Nurse Specialists in the region. (1 per Integrated Service Area).
- Contribute to the definition and development of guidelines/protocols between primary care and children and family services, disability, mental health, social inclusion and older people's services in the context of emerging structures.
- Continue to manage multidisciplinary complex care within the primary care setting.
- Promote the development of ICT electronic referral systems within and from primary care to the acute sector.
- Continue preventative, self-care and health promotion through primary care teams, in conjunction with local communities.
- Develop a plan to implement the recommendations of the strategic reviews on Primary Care Dental Services.
- Enhance the Primary Care agenda by opening 8 new Primary Care Centres across the region.
- Roll out tobacco-free campus policy in all new Primary Care Centres and in 35% of our existing primary care/health centres and support staff in brief intervention training for smoking cessation.
- Progress implementation of Strategic Review of the Delivery and Management of HSE Dental Service in the region within existing resources.
- Reconfigure HSE dental salaried services within the region and facilitate implementation of phase 1 HIQA Infection Control Standards for Dental Services.

The following ISA Plans contain the relevant Primary Care *"2013 Actions"* from the HSE National Operational Plan 2013 with the associated ISA actions listed underneath.

Dublin South Central (DSC) ISA		
Performance / Service Improvement		**End Q**
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs ⌐ Deliver primary care services through 484* PCTs. *(* National Figure).* The 2012 Primary Care Funding of €20m will be carried forward to 2013 to support the recruitment of prioritised frontline primary care team posts.	Q4 Future Health Action 28
	⌐ Implement (on agreement) governance model for PCTs and HSCNs in accordance with agreed structures.	Q4
	⌐ Enhance service integration through the development of HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources.	Q4
	⌐ Define and develop guidelines / protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures. These guidelines will be developed in collaboration with stakeholders from other care groups.	Q2 (define) and Q4 (develop)
	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the GMS, in collaboration with mental health services.	Ongoing
	DSC Action re above ▪ Deliver primary care services through our 30 PCTs. Enhance patient care through greater participation in Clinical Team Meetings where: ➢ All 30 PCTs will hold at least 1 clinical team meeting per month. ➢ A minimum of 5 patients will be discussed by each team every month. ➢ At least 35% of patients discussed will have a care plan in place (based on 2012 outcome).	Q4
	▪ Recruit prioritised front line primary care team posts to enhance the capacity of the primary care sector.	Q4
	▪ Implement (on agreement) governance model across 30 PCTs and 8 HSCNs in accordance with agreed structures.	Q4
	▪ Enhance service integration through the development of 8 HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources.	Q4
	▪ Contribute to the definition and development processes for care pathways and protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures.	Q2 (define) and Q4 (develop)
	▪ In collaboration with mental health services and the National Counselling Service, provide access to psychotherapy and counselling for individuals eligible under the GMS.	Ongoing
	ICT Infrastructure ⌐ Progress with ICT the development of the functional specification of a Primary Care Patient Management System.	Q4
	DSC Action re above ▪ Collaborate with the Primary Care ICT Governance Group in the development of a functional specification for an ICT Patient Management System to support the delivery of primary care services.	Q4
Enhance Primary Care Services	Community Intervention Teams (CIT) ⌐ Roll out of additional CITs within primary care settings (additional €1.475m* in 2013) *(* National Figure).*	Q4
	DSC Action re above ▪ Develop a business case for a CIT in the context of available development funding.	Q4
	Cancer Control ⌐ Promulgate use of standardised electronic referral processes developed for common tumours. ⌐ Partnership with Irish College of General Practitioners (ICGP) to implement integrated cancer care. ⌐ Develop e-learning programmes for GPs in prostate disease and lung cancer, in collaboration with the ICGP and specialist teams. ⌐ Obtain university accreditation for the community nurse training programme for cancer care and expand its delivery in association with specialist services. ⌐ Contribute to the work of the HSE Prevention of Chronic Disease Programme. ⌐ Develop training courses for PCT professionals, utilising opportunities for remote learning where feasible. ⌐ Update GP referral guidelines for breast, lung and prostate cancers as required. ⌐ Interface with specialist services and GPs to deliver appropriate follow up cancer care of common cancers in the primary care setting.	Q1-Q4 Future Health Action 9

Dublin South Central (DSC) ISA		
Performance / Service Improvement		End Q
	DSC Action re above ▪ Collaborate with the National Cancer Control Programme to implement the above programmes through PCTs, as required.	Q1-Q4
	Falls Prevention ⌐ Deliver falls prevention programmes through PCTs in line with national model.	Q4
	DSC Action re above ▪ Deliver a falls prevention programme through our PCTs and HSCNs.	Q4
	Public Health Nursing Review ⌐ Establish and progress review of public health nursing within primary care.	Q4
	DSC Action re above ▪ Collaborate with the National Primary Care Services Office and the Office of the Director of Nursing and Midwifery Services in the establishment and progression of the review of Public Health Nursing within primary care.	Q4
GP Training	Conclude transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
	DSC Action re above ▪ Co-operate with the transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
GP Out of Hours Review	Implement recommendations from *National Review of GP Out of Hours Services.*	Q1-Q4
	DSC Action re above ▪ Continue to implement recommendations from the *National Review of GP Out of Hours Services*, as appropriate.	Q1-Q4
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Open 18* additional primary care centres *(*National Figure)**	Q4 Future Health Action 29
	DSC Action re above ▪ Review accommodation requirements with HSE Estates.	Ongoing
Audiology Services	Progress implementation of recommendations from *National Review of Audiology Services* (Additional funding €1.9m* and 5* WTEs in 2013) *(*National Figures)**	Q4
	DSC Action re above ▪ Implement recommendations from the *National Review of Audiology Services, as required.*	Q4
Oral Health	Complete independent review of oral and maxillofacial surgery services and independent review of orthodontic services.	Q3
	Commence and implement phase 2 of the independent *Strategic Review of the Delivery and Management of HSE Dental Services.*	Q4
	Develop high quality services, within current resources, for the most vulnerable care groups and thereby reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.	Q4
	Continue implementation of phase 1 HIQA infection control standards for dental services.	Q4
	Reconfigure primary care HSE dental salaried services.	Q4
	Realign complex paediatric dental general anaesthetic services to regional centres.	Q4
	DSC Action re above ▪ Develop an implementation plan following the recommendations of the independent review of orthodontic services.	Q3
	▪ Newly appointed ISA Principal Dental Surgeon (PDS) to work on implementation of agreed phase 2 of the independent *Strategic Review of the Delivery and Management of HSE Dental Services* within the area.	Q4
	▪ Discussions to take place with National Oral Health Office on the areas within DML identified by National Oral Health Office for provision of services under dental general anaesthetic waiting lists for adults with intellectual disabilities.	Q4
	▪ Review existing surgeries within ISA to establish if they meet the requirements of phase 1 HIQA infection control standards for dental services. Consolidation of services to suitable facilities.	Q4
	▪ Reconfiguration of HSE dental salaried services within ISA.	Q4
	▪ Establish locations which will be available to provide complex paediatric dental general anaesthetic services.	Q4

Dublin South Central (DSC) ISA	
Performance / Service Improvement	**End Q**
	Orthodontics ⌐ Await recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases. — Q4
	DSC Action re above ▪ On receipt, implement recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases. — Q4

Dublin South East / Wicklow (DSE/W) ISA	
Performance / Service Improvement	**End Q**
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs ⌐ Deliver primary care services through 484 PCTs. The 2012 Primary Care Funding of €20m will be carried forward to 2013 to support the recruitment of prioritised frontline primary care team posts. — Q4 Future Health Action 28
	⌐ Implement (on agreement) governance model for PCTs and HSCNs in accordance with agreed structures. — Q4
	⌐ Enhance service integration through the development of HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources. — Q4
	⌐ Define and develop guidelines / protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures. These guidelines will be developed in collaboration with stakeholders from other care groups. — Q2 (define) and Q4 (develop)
	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the GMS, in collaboration with mental health services. — Ongoing
	⌐ Conclude and evaluate the PCT pilot intra team electronic referral projects (5 pilots in total) — Q2
	DSE/W Action re above ▪ Deliver primary care services through our 40 PCTs. Enhance patient care through greater participation in Clinical Team Meetings where: ➢ All 40 PCTs will hold at least 1 clinical team meeting per month. ➢ A minimum of 5 patients will be discussed by each team every month. ➢ At least 35% of patients discussed will have a care plan in place (based on 2012 outcome). — Q4
	▪ Recruit prioritised front line primary care team posts to enhance the capacity of the primary care sector. — Q4
	▪ Implement (on agreement) governance model across 40 PCTs and 11 HSCNs in accordance with agreed structures. — Q4
	▪ Enhance service integration through the development of 11 HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources. — Q4
	▪ Contribute to the definition and development processes for care pathways and protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures. — Q2 (define) and Q4 (develop)
	▪ Work with other directorates to agree referral process.
	▪ Once agreed, the referral pathway and protocols will be implemented across the 40 Teams and HSCNs in consultation with specialists.
	▪ In collaboration with mental health services and the National Counselling Service, provide access to psychotherapy and counselling for individuals eligible under the GMS. — Ongoing
	▪ Conclude and evaluate PCT intra team electronic referral with Baggot St. & Sandymount PCT. — Q2
	ICT Infrastructure ⌐ Progress with ICT the development of the functional specification of a Primary Care Patient Management System. — Q4
	DSE/W Action re above ▪ Collaborate with the Primary Care ICT Governance Group in the development of a functional specification for an ICT Patient Management System to support the delivery of primary care services. — Q4
Enhance Primary Care Services	Community Intervention Teams (CIT) ⌐ Roll out of additional CITs within primary care settings (additional €1.475m* in 2013) *(*National Figure)* — Q4

Dublin South East / Wicklow (DSE/W) ISA		
Performance / Service Improvement		End Q
	DSE/W Action re above ▪ Develop a business case for a CIT in the context of available development funding.	Q4
	Cancer Control ⌐ Promulgate use of standardised electronic referral processes developed for common tumours. ⌐ Partnership with Irish College of General Practitioners (ICGP) to implement integrated cancer care. ⌐ Develop e-learning programmes for GPs in prostate disease and lung cancer, in collaboration with the ICGP and specialist teams. ⌐ Obtain university accreditation for the community nurse training programme for cancer care and expand its delivery in association with specialist services. ⌐ Contribute to the work of the HSE Prevention of Chronic Disease Programme. ⌐ Develop training courses for PCT professionals, utilising opportunities for remote learning where feasible. ⌐ Update GP referral guidelines for breast, lung and prostate cancers as required. ⌐ Interface with specialist services and GPs to deliver appropriate follow up cancer care of common cancers in the primary care setting.	Q1-Q4 Future Health Action 9
	DSE/W Action re above ▪ Collaborate with the NCCP and GPs to promote the use of electronic referral process as developed for common tumours. ▪ Support and collaborate with the NCCP and ICGP to implement integrated cancer care, as required. ▪ Support and collaborate with NCCP and ICGP to promote e-learning smoking cessation training for GPs, GP practice staff and other health care professionals. ▪ Work with the NCCP and ICGP to implement e-learning programmes through PCTs, as required. ▪ Once accreditation is obtained, support community nurses and other professional to attend the training programme for cancer care in conjunction with NCCP and Office of Nursing and Midwifery Services Directorate. ▪ Work with the NCCP to support the public health framework to reduce chronic disease incidence and mortality. ▪ Support PCT professionals to participate in training delivered through the regional cancer centres. ▪ When updated, co-operate with the NCCP to implement GP referral guidelines for cancer, through PCTs, as required. ▪ Support the NCCP along with Specialist Services and GPs to deliver appropriate follow up cancer care of common cancers in the Primary Care Setting.	Q1-Q4
	Falls Prevention ⌐ Deliver falls prevention programmes through PCTs in line with national model.	Q4
	DSE/W Action re above ▪ Deliver a falls prevention programme through our PCTs and HSCNs.	Q4
	Public Health Nursing Review ⌐ Establish and progress review of public health nursing within primary care.	Q4
	DSE/W Action re above ▪ Collaborate with the National Primary Care Services Office and the Office of the Director of Nursing and Midwifery Services in the establishment and progression of the review of Public Health Nursing within primary care.	Q4
GP Training	Conclude transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
	DSE/W Action re above ▪ Co-operate with the transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
GP Out of Hours Review	Implement recommendations from *National Review of GP Out of Hours Services*	Q1-Q4
	DSE/W Action re above ▪ Continue to implement recommendations from the *National Review of GP Out of Hours Services*, as appropriate.	Q1-Q4
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Open 18* additional primary care centres *(National Figure)**	Q4 Future Health Action 29
	DSE/W Action re above ▪ Open 3 additional primary care centres accommodating 5 PCTs.	Q4

Dublin South East / Wicklow (DSE/W) ISA		
Performance / Service Improvement		**End Q**
Audiology Services	Progress implementation of recommendations from *National Review of Audiology Services* (Additional funding €1.9m and 5 WTEs in 2013)	Q4
	DSE/W Action re above ▪ Implement recommendations from the *National Review of Audiology Services, as required.*	Q4
Oral Health	Complete independent review of oral and maxillofacial surgery services and independent review of orthodontic services.	Q3
	Commence and implement phase 2 of the independent *Strategic Review of the Delivery and Management of HSE Dental Services.*	Q4
	Develop high quality services, within current resources, for the most vulnerable care groups and thereby reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.	Q4
	Continue implementation of phase 1 HIQA infection control standards for dental services.	Q4
	Reconfigure primary care HSE dental salaried services.	Q4
	Realign complex paediatric dental general anaesthetic services to regional centres.	Q4
	DSE/W Action re above ▪ Develop an implementation plan following the recommendations of the independent review of orthodontic services.	Q3
	▪ Newly appointed ISA Principal Dental Surgeon (PDS) to work on implementation of agreed phase 2 of the independent *Strategic Review of the Delivery and Management of Dental Services* within the area.	Q4
	▪ Review availability of theatre slots/resources in hospitals to establish if it is possible to utilise facilities for the provision of services under dental general anaesthetic for adults with intellectual disabilities.	Q4
	▪ PDS to review existing surgeries within ISA to establish if they meet the requirements of phase 1 HIQA infection control standards for dental services. Consolidation of services to suitable facilities.	Q4
	▪ PDS to reconfigure HSE dental salaried services within ISA.	Q4
	▪ Establish locations which will be available to provide complex paediatric dental general anaesthetic services.	Q4
	Orthodontics ⌐ Await recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases.	Q4
	DSE/W Action re above ▪ On receipt, implement recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases.	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		**Completion Quarter**
Dun Laoghaire, Co. Dublin	▪ Primary Care Centre, by lease agreement.	Q2
Shankill, Co. Dublin	▪ Primary Care Centre, by lease agreement.	Q4
Baggot Street, Dublin	▪ Primary Care Centre, by lease agreement.	Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		**End Q**
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs ⌐ Deliver primary care services through 484 PCTs. The 2012 Primary Care Funding of €20m will be carried forward to 2013 to support the recruitment of prioritised frontline primary care team posts.	Q4 Future Health Action 28
	⌐ Implement (on agreement) governance model for PCTs and HSCNs in accordance with agreed structures.	Q4
	⌐ Enhance service integration through the development of HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources.	Q4
	⌐ Define and develop guidelines / protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures. These guidelines will be developed in collaboration with stakeholders from other care groups.	Q2 (define) and Q4 (develop)

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		End Q
	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the GMS, in collaboration with mental health services.	Ongoing
	DSW/KE Action re above ▪ Deliver primary care services through our 34 PCTs. Enhance patient care through greater participation in Clinical Team Meetings where: ➢ All 34 PCTs will hold at least 1 clinical team meeting per month. ➢ A minimum of 5 patients will be discussed by each team every month. ➢ At least 35% of patients discussed will have a care plan in place (based on 2012 outcome).	Q4
	▪ Recruit prioritised front line primary care team posts to enhance the capacity of the primary care sector.	Q4
	▪ Implement (on agreement) governance model across 34 PCTs and 9 HSCNs in accordance with agreed structures.	Q4
	▪ Enhance service integration through the development of 9 HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources.	Q4
	▪ Contribute to the definition and development processes for care pathways and protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures.	Q2 (define) and Q4 (develop)
	▪ In collaboration with mental health services and the National Counselling Service, provide access to psychotherapy and counselling for individuals eligible under the general medical services.	Ongoing
	ICT Infrastructure ⌐ Progress with ICT the development of the functional specification of a Primary Care Patient Management System. ⌐ Progress Phase II of National Electronic GP Referral Pilot Project to develop a fully integrated electronic referral between primary care and secondary care outpatient services of seven pilot site hospitals (Cork and Kerry acute hospitals and Tallaght hospital) (this project is under the governance of the national clinical primary care programme and closely links with the work of the outpatient performance improvement programme. The necessary ICT integration work will adopt the mandatory protocols of the outpatient performance improvement programme and will assist hospitals in delivering these through automation of processes).	Q4
	DSW/KE Action re above ▪ Support the National Primary Care Office in the development of a primary care patient management system.	Q4
	▪ Support National Electronic GP Referral pilot in Tallaght Hospital.	Q4
Enhance Primary Care Services	Community Intervention Teams (CIT) ⌐ Roll out of additional CITs within primary care settings (additional €1.475m* in 2013) *(*National Figure)*	Q4
	DSW/KE Action re above ▪ Develop a business case for a CIT in the context of available development funding.	Q4
	Cancer Control ⌐ Promulgate use of standardised electronic referral processes developed for common tumours. ⌐ Partnership with Irish College of General Practitioners (ICGP) to implement integrated cancer care. ⌐ Develop e-learning programmes for GPs in prostate disease and lung cancer, in collaboration with the ICGP and specialist teams. ⌐ Obtain university accreditation for the community nurse training programme for cancer care and expand its delivery in association with specialist services. ⌐ Contribute to the work of the HSE Prevention of Chronic Disease Programme. ⌐ Develop training courses for PCT professionals, utilising opportunities for remote learning where feasible. ⌐ Update GP referral guidelines for breast, lung and prostate cancers as required. ⌐ Interface with specialist services and GPs to deliver appropriate follow up cancer care of common cancers in the primary care setting.	Q1-Q4 Future Health Action 9
	DSW/KE Action re above ▪ Collaborate with the NCCP and GPs to promote the use of electronic referral process as developed for common tumours.	Q1-Q4
	▪ Support and collaborate with the NCCP and ICGP to implement integrated cancer care, as required.	
	▪ Support and collaborate with NCCP and ICGP to promote e-learning smoking cessation training for GPs, GP practice staff and other health care professionals.	
	▪ Work with the NCCP and ICGP to implement e-learning programmes through PCTs, as required.	

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		**End Q**
	▪ Once accreditation is obtained, support community nurses and other professional to attend the training programme for cancer care in conjunction with NCCP and Office of Nursing and Midwifery Services Directorate.	
	▪ Work with the NCCP to support the public health framework to reduce chronic disease incidence and mortality.	
	▪ Support PCT professionals to participate in training delivered through the regional cancer centres.	
	▪ When updated, co-operate with the NCCP to implement GP referral guidelines for cancer, through PCTs, as required.	
	▪ Support the NCCP along with Specialist Services and GPs to deliver appropriate follow up cancer care of common cancers in the Primary Care Setting.	
	Falls Prevention ⌐ Deliver falls prevention programmes through PCTs in line with national model.	Q4
	DSW/KE Action re above ▪ Deliver a falls prevention programme through our PCTs and HSCNs.	Q4
	Public Health Nursing Review ⌐ Establish and progress review of public health nursing within primary care.	Q4
	DSW/KE Action re above ▪ Co-operate with the review of Public Health Nursing.	Q4
GP Training	Conclude transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
	DSW/KE Action re above ▪ Co-operate with the transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
GP Out of Hours Review	Implement recommendations from *National Review of GP Out of Hours Services.*	Q1-Q4
	DSW/KE Action re above ▪ Continue to implement recommendations from the *National Review of GP Out of Hours Service,* as appropriate.	Q1-Q4
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Open 18* additional primary care centres *(National Figure)**	Q4 Future Health Action 29
	DSW/KE Action re above ▪ Open 2 additional primary care centres accommodating 3 PCTs – Kilnamanagh/Tymon (Dublin South West) and Newbridge (Kildare/West Wicklow).	Q4
Audiology Services	Progress implementation of recommendations from *National Review of Audiology Services* (Additional funding €1.9m and 5 WTEs in 2013)	Q4
	DSW/KE Action re above ▪ Implement recommendations from the *National Review of Audiology Services, as required.*	Q4
Oral Health	Complete independent review of oral and maxillofacial surgery services and independent review of orthodontic services.	Q3
	Commence and implement phase 2 of the independent *Strategic Review of the Delivery and Management of HSE Dental Services.*	Q4
	Develop high quality services, within current resources, for the most vulnerable care groups and thereby reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.	Q4
	Continue implementation of phase 1 HIQA infection control standards for dental services.	Q4
	Reconfigure primary care HSE dental salaried services.	Q4
	Realign complex paediatric dental general anaesthetic services to regional centres.	Q4
	DSW/KE Action re above ▪ Develop an implementation plan for recommendations of the independent review of orthodontic services.	Q3
	▪ Newly appointed ISA Principal Dental Surgeon (PDS) to work on implementation of agreed phase 2 of the independent strategic review of the delivery and management of dental services within the area.	Q4
	▪ Review of availability of theatre slots/resources in hospitals to establish if it is possible to utilise facilities for the provision of services under dental general anaesthetic for adults with intellectual disabilities.	Q4
	▪ Review existing surgeries within ISA to establish if they meet the requirements of phase 1 HIQA infection	Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA		
Performance / Service Improvement		**End Q**
	control standards for dental services. Consolidation of services to suitable facilities.	
	▪ Reconfiguration of HSE dental salaried services within ISA.	Q4
	▪ Establish locations which will be available to provide complex paediatric dental general anaesthetic services.	Q4
	Orthodontics ⌐ Await recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases.	Q4
	DSW/KE Action re above ▪ On receipt, implement recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases.	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
Kilnamanagh / Tymon, Dublin	▪ Primary Care Centre, by lease agreement.	Q4
Newbridge, Co. Kildare	▪ Primary Care Centre, by lease agreement.	Q1
Clane, Co. Kildare	▪ Primary Care Centre, by lease agreement.	Q4

Midlands ISA		
Performance / Service Improvement		**End Q**
Primary Care Teams and Health and Social Care Networks	Developing and Supporting PCTs and HSCNs ⌐ Deliver primary care services through 484 PCTs. The 2012 Primary Care Funding of €20m will be carried forward to 2013 to support the recruitment of prioritised frontline primary care team posts.	Q4 Future Health Action 28
	⌐ Implement (on agreement) governance model for PCTs and HSCNs in accordance with agreed structures.	Q4
	⌐ Enhance service integration through the development of HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources.	Q4
	⌐ Define and develop guidelines / protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures. These guidelines will be developed in collaboration with stakeholders from other care groups.	Q2 (define) and Q4 (develop)
	⌐ Continue to provide access to psychotherapy and counselling for patients eligible under the GMS, in collaboration with mental health services.	Ongoing
	⌐ Conclude and evaluate the PCT pilot intra team electronic referral projects (5 pilots in total).	Q2
	Midlands Action re above ▪ Deliver primary care services through our 36 PCTs. Enhance patient care through greater participation in Clinical Team Meetings where: ➢ All 36 PCTs will hold at least 1 clinical team meeting per month. ➢ A minimum of 5 patients will be discussed by each team every month. ➢ At least 35% of patients discussed will have a care plan in place (based on 2012 outcome).	Q4
	▪ Recruit prioritised front line primary care team posts to enhance the capacity of the primary care sector.	Q4
	▪ Implement (on agreement) governance model across 36 PCTs and 7 HSCNs in accordance with agreed structures.	Q4
	▪ Enhance service integration through the development of 7 HSCNs, this being enabled through agreed governance model and reconfiguration of existing resources.	Q4
	▪ Contribute to the definition and development processes for care pathways and protocols between primary care and children and family services, disability, mental health, social inclusion and older people services in the context of emerging structures.	Q2 (define) and Q4 (develop)
	▪ Define networks, staffing and management structures.	
	▪ Work with other directorates to agree referral process.	
	▪ Once agreed, the referral pathway and protocols will be implemented across the 36 teams and HSCNs in consultation with specialists.	
	▪ In collaboration with mental health services and the National Counselling Service, provide access to	Ongoing

Midlands ISA		
Performance / Service Improvement		End Q
	psychotherapy and counselling for individuals eligible under the general medical services.	
	ICT Infrastructure ⌐ Progress with ICT the development of the functional specification of a Primary Care Patient Management System.	Q4
	Midlands Action re above ▪ Collaborate with the Primary Care ICT Governance Group in the development of a functional specification for an ICT Patient Management System to support the delivery of primary care services.	Q4
Enhance Primary Care Services	Community Intervention Teams (CIT) ⌐ Roll out of additional CITs within primary care settings (additional €1.475m* in 2013) *(*National Figure)*	Q4
	Midlands Action re above ▪ Develop a business case for a CIT in the context of available development funding.	Q4
	Cancer Control ⌐ Promulgate use of standardised electronic referral processes developed for common tumours. ⌐ Partnership with Irish College of General Practitioners (ICGP) to implement integrated cancer care. ⌐ Develop e-learning programmes for GPs in prostate disease and lung cancer, in collaboration with the ICGP and specialist teams. ⌐ Obtain university accreditation for the community nurse training programme for cancer care and expand its delivery in association with specialist services. ⌐ Contribute to the work of the HSE Prevention of Chronic Disease Programme. ⌐ Develop training courses for PCT professionals, utilising opportunities for remote learning where feasible. ⌐ Update GP referral guidelines for breast, lung and prostate cancers as required. ⌐ Interface with specialist services and GPs to deliver appropriate follow up cancer care of common cancers in the primary care setting.	Q1-Q4 Future Health Action 9
	Midlands Action re above ▪ Collaborate with the NCCP and GPs to promote the use of electronic referral process as developed for common tumours.	Q4
	▪ Support and collaborate with the NCCP and ICGP to implement integrated cancer care, as required.	
	▪ Support and collaborate with NCCP and ICGP to promote e-learning smoking cessation training for GPs, GP practice staff and other health care professionals.	
	▪ Work with the NCCP and ICGP to implement e-learning programmes through PCTs, as required.	
	▪ Once accreditation is obtained, support community nurses and other professional to attend the training programme for cancer care in conjunction with NCCP and Office of Nursing and Midwifery Services Directorate.	
	▪ Work with the NCCP to support the public health framework to reduce chronic disease incidence and mortality.	
	▪ Support PCT professionals to participate in training delivered through the regional cancer centres.	
	▪ When updated, co-operate with the NCCP to implement GP referral guidelines for cancer, through PCTs, as required.	
	▪ Support the NCCP along with Specialist Services and GPs to deliver appropriate follow up cancer care of common cancers in the Primary Care Setting.	
	Falls Prevention ⌐ Deliver falls prevention programmes through PCTs in line with national model.	Q4
	Midlands Action re above ▪ Work with services to develop programme in line with national multi-disciplinary model.	Q4
	▪ Implement falls prevention programme.	Q4
	Public Health Nursing Review ⌐ Establish and progress review of public health nursing within primary care.	Q4
	Midlands Action re above ▪ Collaborate with the National Primary Care Services Office and the Office of the Director of Nursing and Midwifery Services in the establishment and progression of the review of Public Health Nursing within primary care.	Q4
GP Training	Conclude transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1

Midlands ISA		
Performance / Service Improvement		End Q
	Midlands Action re above ▪ Co-operate with the transfer of the GP Training Scheme to the ICGP as contracted service providers.	Q1
GP Out of Hours Review	Implement recommendations from *National Review of GP Out of Hours Services.*	Q1-Q4
	Midlands Action re above ▪ Continue to implement recommendations from the *National Review of GP Out of Hours Service,* as appropriate.	Q1-Q4
Accommodation	Sufficient and appropriate accommodation available to enable successful functioning of PCTs ⌐ Open 18* additional primary care centres *(National Figure)**	Q4 Future Health Action 29
	Midlands Action re above ▪ Open Longford primary care centre. ▪ Plan Accommodation Briefs (2013) – Athlone, Tullamore, Birr, Mullingar (2014 Operational). ▪ Review administration staffing required to run these centres. ▪ Work with ICT on CMOD submissions to address infrastructure and networking requirements within our primary care/health centres.	Q4
Audiology Services	Progress implementation of recommendations from *National Review of Audiology Services* (Additional funding €1.9m and 5 WTEs in 2013)	Q4
	Midlands Action re above ▪ Implement recommendations from the *National Review of Audiology Services,* as required.	Q4
	▪ Complete roll out of Bone Anchored Hearing Aid (BAHA) programme in Midlands Regional Hospital Tullamore (MRHT).	Q4
Oral Health	Complete independent review of oral and maxillofacial surgery services and independent review of orthodontic services.	Q3
	Commence and implement phase 2 of the independent *Strategic Review of the Delivery and Management of HSE Dental Services.*	Q4
	Develop high quality services, within current resources, for the most vulnerable care groups and thereby reduce urgent dental general anaesthesia waiting lists for adults with intellectual disabilities.	Q4
	Continue implementation of phase 1 HIQA infection control standards for dental services.	Q4
	Reconfigure primary care HSE dental salaried services.	Q4
	Realign complex paediatric dental general anaesthetic services to regional centres.	Q4
	Midlands Action re above ▪ On receipt, implement recommendations from Review of Oral & Maxillo-facial Surgery and Independent Review of Orthodontic Services.	Q3
	▪ Participate in union / management discussions on the Implementation of Phase 2 of the independent review of the delivery and management of HSE Dental Services.	Q4
	▪ Review of availability of theatre slots/resources in hospitals to establish if it is possible to utilise facilities for the provision of services under dental general anaesthetic for adults with intellectual disabilities.	Q4
	▪ Review existing surgeries within ISA to establish if they meet the requirements of various phases of HIQA Infection Control Standards for Dental Services. This will ultimately require consolidation of services to suitable facilities.	Q4
	▪ Reconfiguration of HSE dental salaried services within ISA.	Q4
	▪ Establish locations which will be available to provide complex paediatric dental general anaesthetic services.	Q4
	Orthodontics ⌐ Await recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases.	Q4
	Midlands Action re above ▪ On receipt, implement recommendations from the independent review of orthodontic services to address waiting times for assessment and treatment and prioritised urgent surgical intervention cases.	Q4
	▪ Consolidate service.	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*	Completion

		Quarter
Longford, Co. Longford	▪ Primary Care Centre, by lease agreement	Q2 2012 (Operational Q1 2013)
Athlone, Co. Westmeath	▪ Primary Care Centre, by lease agreement	Q4 2013

Cost Management & Employment Control Measures (all ISAs) – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
Finance	▪ Cost Containment Plan	Q1–Q4
	▪ Non-Pay Efficiencies: We will continue to review and monitor all pay and non-pay expenditure items on a periodic basis. All appropriate measures will be undertaken to ensure our cost containment programme is achieved while endeavouring to protect front-line services, where possible.	Q1–Q4
	▪ Monitoring Non-HSE Agencies	Q1–Q4
Human Resources	▪ Absenteeism: We will continue to identify and report all absenteeism by service and ensure that all such absenteeism is reviewed in line with the HSE Absenteeism policy.	Q1–Q4
	▪ Rosters	Q1–Q4
	▪ Overtime	Q1–Q4
	▪ Agency	Q1–Q4

National Clinical Care Programmes – DML Primary Care Actions

In collaboration with the Clinical Leads, we will support the development and implementation of the Clinical Care Programmes and progress the primary care delivery elements of these programmes, such as Diagnostics, Rheumatology, Paediatrics, Chronic Diseases and the prevention of Chronic Diseases, Obstetrics and Gynaecology, Palliative Care, National Clinical Care Programme for Older People, Critical Care Programme, Acute Medicine, and Mental Health. The local plans for implementation of these initiatives will be determined by the Clinical Care Programmes.

Primary Care Services – DML Scorecard 2013

Primary Care Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Primary Care No. of PCTs implementing National Integrated Care Package for Diabetes	12	Quality, Access and Activity	No. of patients receiving active treatment during reporting period	5,403
No. of Health and Social Care Networks in development	35		GP Out of Hours No. of contacts with GP out of hours	136,581
No. and % of Operational Areas with community representation for PCT and Network Development	4 100%			
Orthodontics No. of patients on the assessment waiting list during reporting period	New PI 2013		Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	41,616
Waiting time from referral to assessment during reporting period: i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting over 2 years	New PI 2013		No. of primary care physiotherapy patients seen for a first time assessment	34,819
			No. of primary care physiotherapy face to face contacts / visits / appointments that took place	160,631
No. of patients on the treatment waiting list – grade 4 – during reporting period	New PI 2013		Occupational Therapy No. of clients who received a direct service in the reporting month	3,661
Waiting time from assessment to commencement of treatment during reporting period (Grade 4): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months	New PI 2013		No. of clients for whom a primary care occupational therapy referral was received in the reporting month	20,496

Primary Care Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
			Finance Variance against Budget: Income and Expenditure	≤ 0%
No. of patients on the treatment waiting list – grade 5 – during reporting period	New PI 2013		Variance against Budget: Income Collection	≤ 0%
Waiting time from assessment to commencement of treatment during reporting period (Grade 5): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	New PI 2013		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
			Variance against Budget: Revenue and Capital Vote	≤ 0%
			Human Resources Absenteeism rates	3.5%
			Variance from approved WTE ceiling	≤ 0%

PRE-HOSPITAL EMERGENCY AND RETRIEVAL CARE

Introduction

A significant reform programme has been underway in recent years to totally reconfigure the way we manage and deliver pre-hospital care services. This is in line with the recommendations of the DoH's strategic framework *Future Health* to ensure a clinically driven, nationally co-ordinated system, supported by improved technology, which will also encompass the National Aeromedical Co-Ordination Centre.

As part of this process, major restructuring of the Control Centres is underway which is expected to deliver a single national Control Centre across two sites by Quarter four, 2013.

In July 2012, the National Ambulance Service (NAS) commenced a new more cost effective model of service delivery known as the Intermediate Care Service (ICS). The main objective of the ICS for the NAS is to support the needs of patients who require stretchers or clinical supervision during transfers in Ireland. This is achieved through enhanced planning / bed management and discharge policies. This ensures a safe and timely transfer for patients when moving to step down facilities in the community e.g. patient discharges to nursing homes, or transport for critical patients moving to hospital care. The potential contribution of the ICS to bed management in hospitals will also support the work of the SDU.

With ICS looking after patients already within the healthcare system, emergency ambulances can focus on services delivered by Paramedics and Advanced Paramedics on Pre-Hospital Emergency Care. This will be achieved by supporting improvements in response times for transporting vehicles which are benchmarked against the national Key Performance Indicators (KPI). The national roll out of the ICS will take several years to complete. Our vision for the future is that NAS will deliver services by two different but complementary divisions respectively, ICS and Pre-Hospital Emergency Care which will enable a more focused approach to the needs of our patients.

In 2013 we will progress this vision by prioritising any increases in Intermediate Care Services to support the needs of the Clinical Care Programmes and Small Hospitals Framework, once published.

In 2013 we will progress this vision by prioritising any increases in ICS to support the needs of the Clinical Care Programmes and Small Hospitals Framework, once published. Significant resources are being allocated in 2013 nationally to progress our national ambulance and retrieval services.

It should be noted that ambulance services are provided in the HSE DML Area by the North Leinster division of the NAS.

National Priorities

- Continue implementation of the NAS Control Centre Reconfiguration Project from nine to two sites and associated ICT integrated enabling solutions to transition communications to digital voice and data on a national basis.
- Develop clinical outcome indicators to support the enhancement of patient safety and quality improvement. Implementation of a national Mobile Data and electronic Patient Care Record (ePCR) combined technology solution as part of NAS Control Centre Reconfiguration Project will be the key enabler to measure NAS clinical outcome and response time performance.
- Reconfigure NAS to deliver separate Pre-Hospital Emergency Care and Intermediate Care Services (ICS) to support the small hospitals framework and Clinical Care Programmes nationally in appropriate response to changing models of service.

- Continue the roll out of national Appropriate Hospital Access Protocols to standardise patient transfer to EDs / other areas in support of small hospitals framework and Clinical Care Programmes.
- Evaluate the national pilot Emergency Aeromedical Service.
- Support the continuing professional competence of Paramedics and Advanced Paramedics.

Regional Priorities

- The move of the existing Command and Control in Townsend Street, Dublin to a new site at Tallaght, Co. Dublin (within DML) as part of the NAS Control Centre Reconfiguration Project will result in one Command and Control platform across 2 separate national sites. In tandem the National Digital Radio System (Tetra) is to be rolled out across DML.
- The development of clinical outcome indicators to support the enhancement of patient safety and quality improvement. Implementation of a national Mobile Data and electronic Patient Care Record (ePCR) combined technology solution as part of NAS Control Centre Reconfiguration Project will be the key enabler to measure NAS clinical outcome and response time performance.
- The reconfiguration of NAS to deliver separate Pre-Hospital Emergency Care and Intermediate Care Services (ICS) to support the small hospitals framework and Clinical Care Programmes nationally in appropriate response to changing models of service will be ongoing across DML In 2013.
- The ongoing development of national Appropriate Hospital Access Protocols to standardise patient transfer to EDs / other areas in support of small hospitals framework and Clinical Care Programmes will be continued by NL NAS in DML.
- NL NAS is closely involved the evaluation of the national pilot Emergency Aeromedical Service with the project being controlled via the Command and Control Service in Tullamore, which is located in the DML Area.
- As part of the agreed NAS Training Plan being rolled out, the continued professional competence of Paramedics and Advanced Paramedics will be supported by the NL NAS across DML in 2013, in line with this plan.

2013 Actions

Priority Area	Action 2013	End Q
Reconfigure the National Ambulance Service to deliver separate Pre-Hospital Emergency Care and Intermediate Care Services to respond to changing models of service	Implementation of NAS Control Centre Reconfiguration Project and associated ICT enabling Projects: Operationalise Control Centre Reconfiguration from nine to two sites nationally (funding of €4.44m in 2013 (half-year) and 55 WTEs)	Q4 Future Health Action 33
	DML Action re above ▪ NL NAS Control Centre to move to new centre in Tallaght, Co. Dublin.	Q4
	Continue to develop suite of key performance indicators with HIQA on Pre-Hospital Emergency Care which will support clinical outcome KPIs, improving access and performance	Q2
	DML Action re above ▪ NL NAS is involved and is working with all stakeholders.	Q2
	Development of Intermediate Care Services. This will free up existing emergency resources to enhance provision of Emergency Care Services. (€3.11m funding in 2013 and 84.5 WTEs)	Q4 Future Health Action 28
	DML Action re above ▪ NL NAS will provide inter-hospital transfer capacity in the Dublin area. (3.4WTEs plus 3.6 existing WTEs will staff 1 x Intermediate Care Vehicle 12/7)	Q4
	Continuation of Pilot Emergency Aeromedical Service and NACC (funding of €.8m and 2.3 WTEs in 2013): ⌐ Implement new ICT technologies to support the work of the National Ambulance Control Centre (NACC) as per HIQA Meadhbh McGivern Report Recommendation G7/8 ⌐ Review pilot project to be carried out at 9 months	Q1 Future Health Action 28 Q2
	DML Action re above ▪ NL NAS will be involved as the Control Centre is located in Tullamore and will continue to support this service until its transfer to the new National Emergency Operations Centre. Aeromedical Liaison Officer appointed in NL NAS/DML Area.	Q1
	Prepare the National Ambulance Service to support changes to acute hospital services: Increase Paramedic and Advanced Paramedic educational capacity to support associated workforce planning	Q4

Priority Area	Action 2013	End Q
	requirements, operational requirements and roll out of Pre-Hospital Emergency Care Council (PHECC) Competency Assurance: ⌐ Paramedic training: 42,437 hours ⌐ Advanced Paramedic training: 139,620 hours ⌐ Intermediate Care Operative training: 14,820 hours ⌐ Call Taker and Dispatcher training: 46,800 hours ⌐ Competency and assurance training: 60,500 hours *(Hours are calculated on a per student basis)*	
	DML Action re above ▪ Will be delivered in DML by NAS in line with the agreed training plan.	Q4
	Deliver cost savings of €2m following from engagement with Unions (through the auspices of the Labour Relations Commission (LRC) in 2012) to implement new rosters, intermediate care service provision and elimination of restrictive and cost inefficient work practices	Q4
	DML Action re above ▪ Under cost containment, efficiencies and effective use of all available resources, NL NAS will assist in reaching this target.	Q4

Pre-Hospital Emergency Care Scorecard 2013

Ambulance Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Emergency Response Times % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 70%	Quality, Access and Activity	Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
% of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 85%)	> 68%		Variance against Budget: Revenue and Capital Vote	≤ 0%
Finance Variance against Budget: Income and Expenditure	≤ 0%		Human Resources Absenteeism rates	3.5%
Variance against Budget: Income Collection	≤ 0%		Variance from approved WTE ceiling	≤ 0%

Improving our Infrastructure

National

⌐ Reconfiguration of National Ambulance Command and Control to a nationally integrated system working over two sites and relocation of National Ambulance Service College. (One of the two sites is located in Tallaght, Co. Dublin, within DML. The NAS College will also be relocating to the Tallaght site.)

ACUTE HOSPITALS INCLUDING CLINICAL PROGRAMMES

Introduction

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

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015 will inform the delivery of acute hospital services in DML in 2013. The HIQA Standards for Safer Better Healthcare in conjunction with key reports will drive the required changes. Services will be remodelled and modernised in order to ensure that patients can access appropriate treatment, receive the best possible clinical outcomes in the most appropriate setting and at the right time. DML will continue to implement the Clinical Care Programmes which continue to provide a framework for the delivery of care through an integrated model across acute, primary and community settings and ensure that patients receive a high quality of care in a standardised, efficient and safe way. Long term sustainability will be a key factor in any reorganisation of services in 2013.

DML recognises the need for sufficient flexibility across unscheduled and scheduled care and will continue to be responsive to demographic changes, clinical advancements and the increasing demand for services, including those for our elderly population, while at the same time operating within restricted financial resources.

Monitoring and Measuring Acute Hospital Performance 2013

The performance of acute hospitals across the region will be monitored as outlined in the National Service Plan (2013) Acute Care (including Clinical Programmes) Scorecard. Using the criteria of quality, access, activity, HR and Finance, DML will specifically focus on the following access and activity targets:

Unscheduled Care

- Ensure that 95% of all attendees at Emergency Departments are discharged or admitted within 6 hours of registration, and that those who need to be admitted through ED wait no more than 9 hours from registration.
- An average length of stay (ALOS) of 5.8 days or less for medical patients.
- An average length of stay (ALOS) of 5.6 days or less for all patients.
- A reduction in bed days lost through delayed discharges.

Scheduled Care

- Ensure that nobody is waiting more than 8 months for planned surgery
- Ensure that nobody is waiting more than 20 weeks for paediatric elective inpatient or day case surgery
- Ensure that nobody is waiting more than 4 weeks for an urgent colonoscopy
- Ensure that nobody is waiting more than 13 weeks for routine GI endoscopy (colonoscopy/gastroscopy)
- Ensure that no patient waits more than 52 weeks for an out patient appointment.

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

Resources

DML Hospitals	FINANCE				WTE Ceiling		
Hospital	2012 Budget €m	2012 Out-turn €m	2013 Budget €m	*2013 Cost Containment required	**Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Childrens University Hospital, Temple Street	78.286	78.823	76.688	-2.7%	937	895	-42
Coombe Women & Infants University Hospital	46.797	48.951	47.564	-2.8%	750	723	-27
Midland Regional Hospital, Mullingar	58.009	59.143	56.547	-4.4%	737	708	-29
Midland Regional Hospital, Portlaoise	44.977	46.959	45.234	-3.7%	594	572	-22
Midland Regional Hospital, Tullamore	78.810	83.222	80.944	-2.7%	939	903	-36
Naas General Hospital	54.246	57.278	54.479	-4.9%	647	625	-22
National Maternity Hospital	43.375	45.629	44.235	-3.1%	693	666	-27
Royal Victoria Eye & Ear Hospital	20.223	20.696	19.786	-4.4%	263	253	-10
St. Columcille's Hospital	36.794	39.322	37.435	-4.8%	450	435	-15
St. James's Hospital	308.772	309.899	299.890	-3.8%	3,448	3,314	-134
St. Michael's Hospital	24.488	25.703	24.600	-4.3%	374	358	-16
Tallaght Hospital	169.168	181.533	173.851	-4.2%	2,318	2,221	-97
Our Lady's Children's Hospital Crumlin	120.706	121.130	117.310	-3.2%	1,554	1,488	-66
St. Vincent's University Hospital	196.317	203.371	193.463	-4.9%	2,277	2,185	-92
Other Services				-	17	16	-1
Total	1,280.968	1,321.659	1,272.026	-3.9%	15,997	15,361	-636

**Cost Containment Target % is not the movement in budget year-on-year which is a reduction of 0.7%*
***Approx 3.2% reduction in WTE ceilings for 2013. Ceilings may change throughout 2013 due to the filling of new Service Development posts/transfers etc.*

National Priorities

- Establish hospital groups and associated governance and management arrangements, pending primary legislation to give full effect to establishment of public hospitals as independent not-for-profit trusts.
- Implement the small hospitals framework when published which will ensure that patients receive high quality care in the most appropriate setting resulting in best possible outcomes.
- Implement new methods of resourcing in hospital in order to drive further efficiencies. This will include working towards implementation of the 'money follows the patient' system of funding provided on a per patient basis. Hospital budgets in the areas of oncology and metabolic drugs will be increased to reflect anticipated growth. Some hospital budgets will be increased where they have been independently assessed as requiring additional bed capacity. There will be a strong focus on working with hospitals to ensure their effective management resulting in the introduction of earned increasing autonomy during the year.
- Improve access to our services by reducing waiting times for emergency or unscheduled care and elective or scheduled care in public hospitals. This includes improved access to outpatient and diagnostic services. Specific targets include:
  - No adult will wait more than 8 months for an elective procedure (either inpatient or day case)
  - No child will wait more than 20 weeks for an elective procedure (either inpatient or day case)
  - No person will wait longer than 52 weeks for an OPD appointment
  - No person will wait more than four weeks for an urgent colonoscopy and no person will wait more than 13 weeks following a referral for routine colonoscopy or OGD
  - 95% of all attendees at Emergency Departments will be discharged or admitted within 6 hours of registration

  - Our expected activity for 2013 is 600,887 inpatient and 830,165 day cases

- Continue our commitment to delivering the optimal care pathway for different clinical needs enabled by implementation of clinical programmes of care
- Continue to collaborate with the National Paediatric Hospital Development Board on the process of planning and development of the National Paediatric Hospital.
- Continue the development of, and deployment of, the hospital clinical and non-clinical workforce in line with our reform agenda.
- Continue to implement all elements of the *Public Service Agreement* to ensure maximum value for money and cost reduction opportunities within services.
- Ensure complete alignment between hospital and pre-hospital, primary and community services at both a strategy and operational level.
- Continue to develop the Leadership and Innovation Centre for Nursing and Midwifery.

Regional Priorities

- Work towards complete alignment between hospital and pre-hospital, primary and community services at operational level.
- Support all hospitals in the region to deliver their Service Plans for 2013 and meet the National Targets as set out in the NSP, 2013.
- Support the Maternity Services in their efforts to meet the demands, in particular, those delivering tertiary services such as Foetal Medicine and National Neonatal Services.
- Focus on the improvement of access for patients both in scheduled and unscheduled care, including Diagnostics. This will be done by the implementation of the relevant Clinical Care Programmes and the Outpatients Performance Improvement Programme. Work closely with Clinical Leads and the NTPF will be a key component of this work.
- Support the hospitals as they implement the Clinical Care Programmes.
- Maintain a focus on reducing Average Length of Stay (ALOS) and working with secondary care services to maximise the quantum and quality of services delivered.
- Support the hospitals that are charged with the delivering National Specialist Services for both Adults and Children, such as National Cancer Centres, National Transplant Centres, Cystic Fibrosis, etc.
- Develop initiatives that will ensure that the correct skill mix is deployed to the most appropriate areas in line with the current reform agenda.
- Build on the current integration agenda between hospitals and community and primary care to ensure a smooth pathway of patient care.
- Continue to drive performance through targeted staff training and development, particularly for those in leadership roles.
- Engage fully and support hospitals in their engagement with overall performance management, including CompStat.
- Continue with the shift from inpatient activity to day case activity in 2013 and to continue the focus on reducing ALOS in order to manage the anticipated 5% increase in medical inpatient admissions and surgical day case activity.
- Prioritise the implementation of the consolidated bed map model within the region.
- Work with the HIQA Tallaght National Group and continue to progress implementation of the HIQA Tallaght Report.
- Continue to collaborate with the National Paediatric Hospital Development Board on the process of planning and development of the National Paediatric Hospital.
- Continue working with the Paediatric Hospital Network and the Clinical Care Programmes to develop the paediatric model of care across the current sites to ensure alignment with the developing national model and to work to align clinical services and processes in this regard.
- Through the Paediatric Hospitals Network management group, continue to develop a conjoint approach to current service delivery from a three site perspective including the development of Cross-Hospital Clinical Directorates
- Through a Joint Paediatric Hospitals Steering Committee, work to implement a modern, national, standardised, multi-campus, Patient Administrative System (PAS) in Children's University Hospital, Temple Street and Our Lady's Children's Hospital, Crumlin, as part of the IPMS national project.
- Support CUH Temple Street to establish National Narcolepsy Service in conjunction with the Mater Hospital – with the objective of developing the service for urgent and immediate paediatric cases and putting in place the foundation for an adult service.
- Support Paediatric Hospitals, in conjunction with the Clinical Care Programmes, to establish Paediatric Retrieval Service on a 9-5 basis in 2013 and expand the Neonatal Retrieval Service on a 24/7 basis.

Quality and Patient Safety

In line with this plan, a key priority for the Acute Hospitals will be to deliver services that are safe and of a high quality within current financial and resource contexts; this will in turn place a requirement on all of our services to use existing risk management processes to identify and implement risk mitigation measures to manage any risks identified in a consistent and standardised manner. It is also the aim of the acute hospitals to foster a culture where quality and patient safety is the responsibility of all staff working in our services. We will do this by integrating quality and patient safety management processes, e.g. incident management and use of Risk Registers, into our services, and by supporting the development and enhancement of robust governance structures within the acute services. This will include involvement in programmes designed to support Clinical Directors in achieving maximum effectiveness in their roles. An additional key priority for 2013 will be the continued implementation of the National Standards for Safer Better Healthcare which will provide a focus and drive to the development of the quality and patient safety agenda for our hospitals.

Service Quantum

	INPATIENT DISCHARGES			DAY CASES		
	Target 2012	Actual Activity 2012	Activity 2013	Target 2012	Actual Activity 2012	Activity 2013
Dublin Mid Leinster	175,892	187,520	187,136	318,099	318,865	319,386
Adelaide & Meath Hosp inc NCH (Adults)	17,124	18,658	18,610	31,800	30,906	30,895
Coombe Women and Infants University Hospital	19,453	19,316	19,260	20,354	20,818	20,805
Midland Regional Hospital, Mullingar	19,000	20,785	20,725	7,500	6,905	6,907
Midland Regional Hospital, Portlaoise	13,900	13,844	13,823	5,300	5,739	5,741
Midland Regional Hospital, Tullamore	9,700	11,208	11,188	16,770	18,033	18,020
Naas General Hospital	8,639	8,994	8,980	5,000	5,519	5,514
National Maternity Hospital, Holles Street	17,500	18,199	18,164	3,300	3,767	3,752
Royal Victoria Eye and Ear Hospital	2,200	2,354	2,356	7,400	8,930	8,924
St. Columcille's Hospital, Loughlinstown	3,726	3,823	3,822	2,495	2,459	2,444
St. James's Hospital	23,500	25,392	25,700	86,386	93,553	93,537
St. Michael's Hospital, Dun Laoghaire	2,538	2,803	2,802	5,803	6,116	6,111
St. Vincent's University Hospital, Elm Park	13,500	14,869	14,468	50,000	54,291	54,286
Adelaide & Meath Hosp inc NCH (Children)	6,000	7,177	7,162	3,400	2,901	2,900
Our Lady's Children's Hospital, Crumlin	9,808	10,295	10,278	18,300	17,457	17,451
Children's University Hospital, Temple Street	7,600	8,224	8,200	7,400	6,946	6,935
St. Luke's Hospital	1,704	1,579	1,598	46,891	34,525	35,164

	EMERGENCY PRESENTATIONS			EMERGENCY ADMISSIONS		
	Target 2012	Actual Activity 2012	Activity 2013	Target 2012	Actual Activity 2012	Activity 2013
Dublin Mid Leinster	331,700	333,821	333,821	94,500	101,693	101,244
Adelaide & Meath Hosp inc NCH (Adults)	74,261	78,493	78,493	20,616	21,836	21,737
Midland Regional Hospital, Mullingar	36,761	35,672	35,672	12,983	14,118	14,053
Midland Regional Hospital, Portlaoise	42,475	45,040	45,040	12,240	13,239	13,182
Midland Regional Hospital, Tullamore	29,405	29,472	29,472	7,078	8,418	8,383
Naas General Hospital	25,837	25,998	25,998	7,245	8,196	8,160
St. Columcille's Hospital, Loughlinstown	21,323	18,430	18,430	3,556	3,674	3,655
St. James's Hospital	44,674	45,878	45,878	18,789	19,767	19,682
St. Michael's Hospital, Dun Laoghaire	14,562	13,734	13,734	1,268	1,510	1,498
St. Vincent's University Hospital, Elm Park	42,402	41,104	41,104	10,725	10,935	10,894

BIRTHS	
	Projected Births 2013
Dublin Mid Leinster	22,684
Coombe Women and Infants University Hospital	8,652
Midland Regional Hospital, Mullingar	2,748
Midland Regional Hospital, Portlaoise	2,054
National Maternity Hospital, Holles Street	9,230

Individual Hospital Plans 2013

Tallaght Hospital

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Continue implementation of approaches to improving scheduled and unscheduled care in co-operation with HSE and SDU in order to meet national access targets.	Ongoing
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Coronary Syndrome (ACS)	Remit for Tallaght Cath Lab to be reviewed to support ACS.	Ongoing
Acute Medicine	Progress AMP implementation further and report progress to National Leads as in 2012.	Ongoing
Anaesthesia	Progress the implementation of TPOT (Tallaght is a TPOT site) with associated monitoring functions.	Ongoing
Asthma	Schedule training for 2013 for the delivery of the Asthma Education Programme in primary and secondary care.	Ongoing
Blood Transfusion	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-2014.	Ongoing
	Deliver reduction in platelet usage of 1.5% over 2012 base.	Ongoing
Dermatology	Work with Clinical Programme Lead towards maximising new patient attendances and wait list targets.	Q4
Diabetes	Implement the National Integrated Care Package for Diabetes with the appointment of 17* integrated care diabetes nurse specialists nationally (one per ISA) (see primary care section) (additional funding of €1.8m* and 17* WTEs in 2013). *(* National Figures)*	-
	Continue to implement the National Diabetic Retinopathy Screening Programme to 30% of eligible population in 2013 (see National Cancer Control Programme section) - €1.1m* additional funding 2013 for screening and €1.8m* additional funding for treatment. *(* National Figures)* ▪ Tallaght will participate in providing treatment to support diabetic retinopathy screening sites, as required.	Q1-Q4
	Continue to implement the National Footcare Programme in Tallaght.	Q1-Q4
Emergency Medicine	Work with Clinical Programme Lead to increase patient access to Advanced Nurse Practitioner care.	Q4
Neurology	Continue to work on putting final additional clinics in place and achieve the 52 week maximum target by end November 2013.	Q3
Older People	Work with Clinical Programme Lead to establish Acute Hospitals Specialist Geriatric Services.	Q1-Q4
Radiology	Support radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes ▪ Tallaght's AMU already has prioritised slots agreed with Radiology. Emergency Medicine Physicians are currently agreeing same with Radiology. Commissioning of 2nd CT and 3rd Ultrasound Room will assist with turnaround improvement for programmes, LOS reduction and Outpatient wait time improvement. ▪ Implement short term solutions to MRI access and develop plans for sustainable MRI service.	Ongoing
Rheumatology	Maximise new patient attendances and wait list targets.	Q4
Stroke	Participate in the review of the current four Early Supported Discharge Programmes with a view to maximising the service to a wider population base. ▪ Tallaght is one of the centres taking part in the above review.	Q2
	Implement and evaluate an integrated hospital and primary care project in two* sites to test the feasibility of implementing opportunistic screening for Atrial Fibrillation in primary care. *(* National Figure)* ▪ Tallaght has applied to be a pilot centre for the above national screening programme.	Q4
Surgery	Co-operate with acute surgery model of care and implement pathway changes that shorten ED patient experience time for surgical patients.	Q2
	Reduce overall bed usage for surgical admissions based on 2011 baseline.	Q4

Performance Improvement		End Q
	▪ Tallaght will develop more approaches to reducing surgical length of stay based on the 8% target.	
	Work with Clinical Programme to establish Acute Surgical Assessment Unit at Tallaght.	Q2
Transport Medicine	Paediatric Retrieval: Establish Phase 1 of the National Paediatric Retrieval Service on a Monday to Friday daytime basis. ▪ Tallaght Hospital to be included in Phase 1.	-
	Cooperate with implementation of Adult Retrieval Service.	Q4
Other National Priorities		
National Paediatric Hospital	Continue to work with other Paediatric Hospitals on the National Model of Care.	Ongoing
Tallaght Hospital Investigation Report	Actively implement HIQA report recommendations. Steering Group established.	Q4
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	EWTD Implementation plan in place in respect of interns.	Ongoing
	Implementation plan in place to implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance.	Ongoing

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges (Adults) ▪ Number of Inpatient Discharges (Paediatrics)	18,610 7,162
	▪ Number of Day Case Discharges (Adults) ▪ Number of Day Case Discharges (Paediatrics)	30,895 2,900
Unscheduled Activity	▪ Number of Emergency Presentations	78,493
	▪ Number of Emergency Admissions	21,737

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	Full implementation of revised NCHD Rosters. Hospital's savings plan 2013 includes reductions in unrostered NCHD overtime and NCHD agency costs.	Q1-Q4
Income	Income generation and collection through increased occupancy levels. Hospital's savings plan 2013 includes increases in private day bed utilisation.	Q1-Q4
Agency	Further reduction in agency expenditure; nursing agency usage will further reduce in 2013. See comments on NCHD agency above. Hospital uses bank nursing not agency and efforts to reduce costs here are tied to delivery of 7.1 day LOS target.	Q1-Q4

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS	End Q
▪ Increase AMU NCHD staffing and activity to effect further admission avoidance.	Q1
▪ Monitor impact of 2nd CT and 3rd adult Ultrasound Room on LOS.	Q1
▪ Implement various LOS initiatives to achieve 7.1 day target (visual hospital, bed designation, diagnostic turnaround, consult turnaround tracking, standardised ward rounding and communication processes).	Q1-Q4
▪ Full implementation of all relevant Clinical Programmes as above.	Q1-Q4
▪ Implement design changes to ensure Endoscopy unit accreditation.	Q4
▪ Develop 2nd MRI business case and optimise co-operation with Naas General Hospital.	Q1
▪ NIMIS Project Start.	Q1-Q4
▪ Commence ED Expansion Capital Project.	Q1-Q4
▪ Put in place additional consultant sessions and support resources to address OPD and Inpatient access issues for Spinal Orthopaedics and ENT (Paediatrics and Adult).	Q1
▪ Agree a strategy for managing significant endoscopy capacity pressures in 2013 in co-operation with HSE/SDU and NTPF.	Q1

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS	End Q
▪ Address six high priority actions as advised by SDU. ▪ Begin implementation of the PTL approach for OPD, and refine NTPF risk assessment. ▪ Implement Tallaght's OPD Transformation Programme.	Q1 Q1 Q1-Q4
▪ Develop improved intensive care and high dependency care bed capacity.	Q1-Q4
▪ Continue roll-out of hospital capital plan with particular emphasis on replacement of clinical equipment.	Q1-Q4
▪ Finalise hospital strategy and develop a clear vision of how Tallaght Hospital will operate within its hospital group.	Q3
▪ Implement the hospital's savings plan, further improve casemix performance and continue co-operation with Money Follows the Patient initiatives.	Q1-Q4

Coombe Women & Infants University Hospital (CWIUH)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Conduct review of patient journey through OPD and implement quality improvements where appropriate.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Medicine	Implement IMEWS (Irish Maternity Early Warning System) and the NEWS for gynaecology patients.	Q1–Q2
Anaesthesia	Productive Ward Initiative has been successfully rolled out on one postnatal ward; programme in place to rollout to all wards and Theatre.	Q4
Blood Transfusion	Hospital Transfusion Committee will deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-2014.	Q4
	Hospital Transfusion Committee will deliver reduction in platelet usage of 1.5% over 2012 baseline.	Q4
Critical Care	Centre for Midwifery Education, located at CWIUH, will continue to provide education and training for all nurses and midwives.	Ongoing
Outpatient Antimicrobial Therapy OPAT	Continue to implement National OPAT standards, protocols, guidelines and standard operating procedures.	Ongoing
Productive Ward Initiative	Continue the Productive Ward Initiative in 2013.	Ongoing
Prevention of Chronic Disease	Commence process towards developing a smoke free campus.	Ongoing
Transport Medicine	Maintain involvement in National Neonatal Retrieval Service.	Ongoing
Women and Children	Obstetrics and Gynaeology	
	Continue to develop, disseminate and implement national clinical guidelines.	Ongoing
	Continue to develop and implement new models of maternity care.	Ongoing
	Paediatrics and Neonatology	
	Continue to contribute to the development of a national model of care and associated guidelines for the provision of paediatric and neonatology services with an initial focus on sub-specialty tertiary services.	Ongoing
	Continue to implement recommendations from the Paediatric / Neonatology Site Visit report.	Ongoing
Other National Priorities		
Tallaght Hospital Investigation Report	Continue to progress implementation of the HIQA Tallaght Report.	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Implement EWTD in respect of interns.	Ongoing
	Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance.	Ongoing

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		End Q
	▪ Emergency theatre and delivery suite upgrade.	Q1-Q2

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	19,260
	▪ Number of Day Case Discharges	20,805
Unscheduled Activity	▪ Number of Emergency Presentations	N/A
	▪ Number of Emergency Admissions	N/A
	▪ Number of Births	8,652

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters.	Ongoing
Income	▪ Income generation and collection through increased occupancy levels.	Ongoing
Agency	▪ Further reduction in agency expenditure. Nursing agency usage will further reduce in 2013.	Ongoing

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS

- Continue to engage with the Clinical Programme in Obstetrics & Gynaecology to standardise and improve care for our patients.
- Continue to roll out the Productive Ward series to all Wards and Theatre.
- Continue to reduce the number of agency midwives employed.
- Implement the Irish Maternity Early Warning System (I-MEWS).
- Implement recommendations from HIQA and other statutory bodies as appropriate.

Midlands Regional Hospital, Mullingar (MRHM)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Continue implementation of initiatives to improve scheduled and unscheduled care in co-operation with HSE and SDU with the assistance of NTPF in order to meet national access targets. All methodologies engaged in to improve access and deliver the below National Clinical Care Programmes within available resources, both human and financial.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Medicine	A review of current Medical Assessment Unit will be carried out to facilitate the establishment of an Acute Medical Unit. Comparison of key diagnostic service activities across Midland sites e.g. Cardiac Diagnostics. Continue implementation of National Early Warning Scores (NEWS) in 2013.	Q1-Q4 Ongoing
Anaesthesia	Progress the implementation of the National Programme in line with current/available resources and report progress to National Leads, as in 2012, including pre-operative assessment clinic and continued improvement on day-of-surgery admission rates.	Q1-Q4
Asthma	Mullingar Hospital will comply with the roll out of the programme as it progresses through 2013.	Ongoing
Blood Transfusion	Hospital Transfusion Committee will continue to co-ordinate to seek achievement of targets.	Q1-Q4
Chronic Obstructive Pulmonary Disease (COPD)	Mullingar Hospital will continue to roll out the COPD programme within the resources available. The hospital is a Regional Respiratory Centre with a Community Outreach Programme.	Q1-Q4
Critical Care	Mullingar Hospital will endeavour to implement the national model of care for Critical Care in 2013.	Q1-Q4
Dermatology	Mullingar Hospital will work to maximise new patient attendances and waiting list targets, in line with clinical priority, within existing resources available for this service.	Q1-Q4
Diabetes	The National Guidelines for diabetes in pregnancy will be implemented. Mullingar Hospital will seek to implement the National Integrated Care Package for Diabetes by seeking one of the diabetes nurse specialists to be based at the hospital. Pursueappointment of Podiatrist for Foot Care Programme. Mullingar Hospital will endeavour to develop a common template to link with the National Diabetes Database.	Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4
Emergency Medicine	Establishment of Rapid Access Triage units led by Advanced Nurse Practitioner (ANP).	Q1
Heart Failure	Mullingar Hospital will work with the programme to roll out Heart Failure Clinical Programme.	Ongoing
Older People	Mullingar Hospital will work with the relevant programmes in reviewing the current medical bed capacity and current rehab unit requirements in order to advance services for older persons.	Q4
Radiology	Mullingar Hospital will actively participate in analysis for collecting and reporting on performance indicators to measure demand for and access to radiology, to assist in planning and resourcing efficiencies. Progress the upgrade of the current PAC's RIS systems. Seek support from the National Programme to expand hardware and staff resources to extend services. Pursue permanent appointment of Clinical Specialist in PACS. Pursue permanent replacement of Radiology Services Manager.	Q1-Q4 Q4 Q4
Rehabilitation Medicine	Mullingar Hospital will work with the relevant programmes in seeking the relocation of the Rehabilitation Unit to the Acute Hospital Campus.	Ongoing
Stroke	Rapid Access TIA in place with work ongoing to secure necessary resources: • Appointment of Clinical Nurse Specialist in Stroke • Permanent filling of Consultant Geriatrician with Stroke Medicine • Appointment of 0.5 SLT and 0.5 OT under Stroke Programme	Ongoing

Performance Improvement		End Q
Surgery	Mullingar Hospital will continue to work with the programme in endeavouring where possible to establish a Gynaecology and Surgical Assessment Unit, TPOT training, Pre Operative Assessment Clinic and continued improvement to day-of- surgery admission rates. Appointment of 3rd permanent Consultant Surgeon with a link to a tertiary centre will be examined in the near future.	Q4
Women and Children	As above, endeavour to establish a Gynaecology and Surgical Assessment Unit. Expand the development of the Foetal Assessment Unit. Paediatrics and Neonatology Continue the development of the Paediatric Assessment Unit	Q2–Q4 Q2–Q4 Q1–Q4
Other National Priorities		
Tallaght Hospital Investigation Report	Mullingar Hospital will continue implementation of the recommendations of this report.	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Mullingar Hospital will continue to progress the recommendations.	Ongoing

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	20,725
	▪ Number of Day Case Discharges	6,907
Unscheduled Activity	▪ Number of Emergency Presentations	35,672
	▪ Number of Emergency Admissions	14,053
	▪ Number of Births	2,748

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	Full implementation of revised NCHD Rosters. Mullingar Hospital will endeavour to achieve full implementation within available resources.	Q1-Q4
Income	Income generation and collection through increased occupancy levels. Mullingar Hospital will endeavour to maximise occupancy as in 2012.	Q1-Q4
Agency	Further reduction in agency expenditure; nursing agency usage will further reduce in 2013 by appointment of nurses under 2 year fixed term contract initiative.	Q1-Q4

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS	
▪ Focus on continued Reduction on Trolley Waiting time in Emergency Department. ▪ Meet 8 month PTL target. ▪ Implementation of Out Patient Improvement Programme. ▪ Implementation of National Standards set out in Safer Better Healthcare. Upgrade facilities in Emergency Department. ▪ Implementation of Voice Recognition for Consultants to allow for improved patient management systems and timeliness of patient reports. ▪ Provision of on site Clinical Risk Manager. ▪ Continue to work closely with PCCC colleagues to reduce delayed discharges in the hospital, through efficient and effective discharge planning, process of Fair Deal and Interim funding applications. ▪ Review outlying OPD clinics in Athlone, Longford and Tullamore.	Q1-Q4

Midlands Regional Hospital, Portlaoise (MRHP)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Continue implementation of initiatives to improve scheduled and unscheduled care in co-operation with HSE and SDU with the assistance of NTPF where required in order to meet national access targets. All methodologies engaged in to improve access and deliver the below National Clinical Care Programmes within available resources, both human and financial.	Q1–Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Medicine	Progress AMP implementation further and report progress to National Leads as in 2012.	Q1–Q4
Anaesthesia	Progress the implementation of the National Programme in line with current/available resources and report progress to National Leads as in 2012.	Q1–Q4
Asthma	Comply with the roll out of the programme as it progresses through 2013, within available resources.	Q1–Q4
Blood Transfusion	Red cell usage and platelet usage will continue to be monitored and actively managed with Haematology staff in 2013.	Q1–Q4
Critical Care	Portlaoise Hospital will endeavour to implement the national model in line with current/future availability of resources in 2013.	Q1–Q4
Diabetes	Implement the National Integrated Care Package for Diabetes should one of the 17 integrated care diabetes nurse specialists nationally (one per ISA) be appointed to Portlaoise Hospital (see primary care section).	Q1–Q4
	Implementation will also take place via increasing the cohort of patients tested for GTT and if required will be increasing gestational diabetes clinics per National Guidelines.	Q3
Emergency Medicine	Work with Clinical Programme Lead to advance application for Consultant and Advanced Nurse Practitioner support to increase patient access.	Q4
Older People	Older persons pathway implemented in ED but further engagement with the Clinical Programme Lead will be ongoing to establish Specialist Geriatric Services. Further development dependant on recruitment of Consultant Physician / Geriatrician.	Q4
Radiology	Support radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes. Provision of CT out of hours will support both ED and inpatient services.	Ongoing Q2
Women and Children	▪ Establish Departmental Governance supported by a Clinical Lead. ▪ Extension of the National Traceability project to include Maternity. ▪ Second Audit of the Early Pregnancy Assessment Services will be completed and discussed with Lead Clinician. ▪ Introduce Foetal Blood Sampling.	Ongoing
	Paediatrics and Neonatology ▪ Implementation will begin once report is received and Clinical Care Programme rolled out.	Q4
Surgery	Increased Day Ward bed capacity with a dedicated admission area.	Ongoing
	Better utilisation of the Theatre/ Day Ward to ensure SDU wait time targets are met. Revised Theatre schedule developed which aims to optimise the use of Theatre and the new Endoscopy Suite. This proposal is currently being reviewed and expected rollout 2013.	Ongoing
	Development of Pre-op Assessment.	Ongoing
	Continue the usage of transitional care beds within available resources.	Ongoing
Other National Priorities		
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	EWTD Implementation plan in place in respect of interns.	Ongoing
	Implementation of revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance is currently under review.	Ongoing

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	13,823
	▪ Number of Day Case Discharges	5,741
Unscheduled Activity	▪ Number of Emergency Presentations	45,040
	▪ Number of Emergency Admissions	13,182
	▪ Number of Births	2,054

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	Full implementation of revised NCHD Rosters. Hospital's savings plan 2013 includes reductions in unrostered NCHD overtime and NCHD agency costs.	Q1-Q4
Income	Income generation and collection through increased occupancy levels. Hospital's savings plan 2013 includes increases in private day bed utilisation.	Q1-Q4
Agency	Further reduction in agency expenditure; nursing agency usage will further reduce in 2013.	Q1-Q4

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS	
Improving Access	
▪ Implementation of PACs via the NIMIS project to improve patient care.	Q2-Q4
▪ Reconfiguration of theatre accommodation and schedules to address Gynaecology access requirements.	Q2
▪ Limited Pre-op assessment to be trialled within existing resources.	Q3-Q4
Clinical Care Programmes	
Acute Medicine	
▪ An ACS – Pacemaker service is to be established to facilitate population base requirements.	Q3
▪ Diabetes – Podiatrist to be recruited. Increase in GTTs as per the programme.	
▪ Review medical bed capacity.	
Critical Care	
▪ With the Clinical Care progammes, review ICU / HDU requirements.	Q3
Emergency Medicine	
▪ ANP currently completing training.	Q4
Surgical Programme	
▪ Further roll out of productive ward process modules.	Q1-Q4
▪ Revision of Theatre schedule.	
▪ Participate in TPOT.	
Quality & Patient Safety	
▪ Develop Clinical Governance process to encompass departmental governance to support level 2 Governance.	Q1-Q4
▪ Appoint Clinical Leads in each Division.	
▪ Endeavour to introduce Foetal Blood Sampling.	
▪ Endeavour to provide Clinical Skills Facilitator to support Obstetric Services.	
▪ Pathology – Introduce Phase 1 of Electronic Blood Tracking System.	
▪ Review of Clerical Staffing Levels, particularly in the area of Casemix/HIPE - facilitate decision making processes/ information gap.	Q3
ICT	
▪ Provision of PACs to support quality patient processing.	Q3-Q4
▪ Roll-out of HIS patient management system.	Q3-Q4

Midland Regional Hospital, Tullamore (MRHT)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Implement programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals with continued support	Q1-Q4
	Endoscopy: Progress endoscopy services to accreditation status.	Q1
	Ophthalmic Service: Ensure appointment of replacement senior orthoptist.	Ongoing
	Cancer Services: Progress the appointment of a CNS in palliative care	Ongoing
	Renal: Additional capacity is required to meet increased demand of 6% in 2013. Peritoneal dialysis option is being explored currently.	Ongoing
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Coronary Syndrome (ACS)	Tullamore Hospital will endeavour to achieve the national target.	Q1-Q4
Acute Medicine	Further implementation of HSE acute medical care programme.	Q1-Q4
	Progress business plan for the appointment of an acute medical physician and increase consultant to NCHD ratio to further implement Acute Medicine Programme.	Q1-Q4
	Engage with PCCC partners to ensure discharge pathways for patients where the need for PCCC step down care is required which will enable a reduction in delayed discharges.	Q1-Q4
	Continue to seek service developments to enable access to diagnostics and allied health services within acceptable timeframes.	Q1-Q4
	Tullamore Hospital will progress bed management IT solution.	Q2
	Opportunities for improved access to the GI speciality will be sought.	Ongoing
Anaesthesia	Examine Consultant Anaesthetist requirements in Tullamore Hospital.	Q1-Q3
	Progress the implementation of TPOT with associated monitoring function.	Q1-Q4
Blood Transfusion	Review systems to meet national targets.	
Emergency Medicine	Continue to work with the Emergency Care Programme in the development of an ANP post in Emergency Medicine.	Q1-Q4.
	Tullamore Hospital will seek support to open a CDU in 2013 as defined by the Emergency Medicine Care programme where resources allow. The EM care programmes identifies the need for increased Consultant staffing in the MRHT ED x2.	
	Refine ED layout with support from the Emergency Care Programme to facilitate all clients of all age groups.	
Older People	Work with the development of Acute Hospitals Specialist Geriatric Services.	
Orthopaedics	Further develop the Tullamore Hospital MDT rapid and enhanced recovery in hip and knee arthroplasty and pre op assessment services.	Ongoing
Radiology	Support radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes.	Q1-Q4
	Opportunities for improved access to ultrasound and CT radiology services will be examined.	Ongoing
	Seek support for procuring a new MRI facility and contract.	Ongoing
	Progress the upgrade of current PACS/RIS system	Ongoing
Rheumatology	Maximise new patient attendances and wait list targets through support with the national care programme inclusive of radiology needs, extended scope physiotherapist and maximisation of OPD clinics.	Ongoing
Surgery	Seek TPOT training and continue to develop and enhance surgical services. Improved Day of Surgery Admission.	Q1-Q4
	Full roll out of the theatre IT module.	
	Continued support from the NTPF will be required to meet the in-patient elective needs generated by the 52 week OPD target.	Ongoing Ongoing
	Reduce overall bed usage for surgical admissions based on 2011 baseline. Seek option to progress OPAT development to facilitate reduction in surgical bed days used with alternative provision of IV antibiotic.	Q1-Q4

Performance Improvement		End Q
	Regional service reconfiguration may release staff to progress the development of an ASAU.	Q1-Q4
	Recording of in-hospital surgical mortalities.	Ongoing
Other National Priorities		
Tallaght Hospital Investigation Report	Continue to progress implementation of the HIQA Tallaght Report.	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Continue to implement EWTD in respect of interns.	Q1
	Continue to progress the implementation of revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance within resource allowance.	Q2

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	11,188
	▪ Number of Day Case Discharges *N.B. *This figure does not include Renal Day Case Activity which was 15,672 in 2012.*	18,020*
Unscheduled Activity	▪ Number of Emergency Presentations	29,472
	▪ Number of Emergency Admissions	8,383

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Implementation of revised NCHD Rosters to the maximum extent possible.	Q2
Income	▪ Income generation was maximised in 2012 and further improvement not likely. This was also supported by significant SDU funding in 2012.	Q4
Agency	▪ Further reduction in agency expenditure, nursing agency usage will further reduce in 2013 (This will be maximised where possible but current staffing levels, complexity of patients and speciality service provision will restrict expected savings).	Q4

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS	
▪ Implement the Tullamore quality & patient safety plans. ▪ Progress the Tullamore capital development plans. ▪ Continue the management of existing control measures and continue to seek support for additional controls required through the risk management process. ▪ Seek NTPF funding to support OPD and IP demand.	Q4

Naas General Hospital

Performance Improvement		End Q
Improving Access	Implement programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals. Continued development of AMAU service, including access to diagnostics, maximising use of on site MRI facility.	Ongoing
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Medicine	Progress appointment of additional Physicians approved by Acute Medicine Programme to further develop Acute medicine pathways.	Ongoing
Anaesthesia	Steering group established to progress the implementation of TPOT.	Ongoing
Asthma	Training programme for the delivery of the Asthma Education Programme in place.	Ongoing
Blood Transfusion/ Haemochromatosis	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-2014.	Ongoing
	Deliver reduction in platelet usage of 1.5% over 2012 baseline.	Ongoing
	Maintain access to structured pulmonary rehabilitation programmes in 2013.	Ongoing
Emergency Medicine	Maintain access to Advance Nurse Practitioner care in 2013.	Ongoing
Older People	Progress appointment of Consultant Geriatrician to progress frail older person's pathway in ED / Acute Medicine Unit (AMU).	Ongoing
	Establish specialist geriatric teams, specialist geriatric wards and specialist geriatric rehabilitation services.	Q3
	Maintain specialist geriatric outreach service to St Vincent's Hospital, Athy.	Ongoing
Orthopaedics	Develop musculo-skeletal interface pathway with primary care in collaboration with the Rheumatology Programme. Appoint Musculo-skeletal Physiotherapists to participate in orthopaedic clinics.	Ongoing
Radiology	Maintain access to radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes.	Ongoing
Rheumatology	Maximise new patient attendances and wait list targets. New Out Patient Clinics to commence in 2013.	Ongoing
Other National Priorities		
Tallaght Hospital Investigation Report	Continue to progress implementation of the HIQA Tallaght Report.	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Implement EWTD in respect of interns.	Ongoing
	Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance.	Ongoing
	Report on consequent reduction in hours.	Ongoing

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	8,980
	▪ Number of Day Case Discharges	5,514
Unscheduled Activity	▪ Number of Emergency Presentations	25,998
	▪ Number of Emergency Admissions	8,160

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters.	
Income	▪ Income generation and collection through increased occupancy levels.	Ongoing
Agency	▪ Further reduction in agency expenditure; nursing agency usage will further reduce in 2013.	

OTHER RELEVANT LOCAL PRIORITIES AND RELATED ACTIONS

- Work with Clinical Care Programmes to improve outcomes for patients.
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget.
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol.
- Implement relevant HIQA reports and recommendations.
- Continue to work within approved Employment Ceiling.
- Progress with reduction of NCHD working hours – high level EWTD committee established.

National Maternity Hospital, Holles Street (NMH)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Support the implementation of programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Anaesthesia	Design a model of care together with an implementation plan and a national steering committee for a standardised pre–admission programme.	Q3
Blood Transfusion	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-2014.	Ongoing
	Deliver reduction in platelet usage of 1.5% over 2012 baseline.	Ongoing
Pathology	Support the design and roll out the pathology handbook to support standardisation of laboratory practices.	Q2
Radiology	Support the development of the framework for collecting and reporting on performance indicators to measure demand for and access to radiology to assist in planning and resourcing efficiencies.	Q2
Surgery	Support where appropriate, to Maternity Services, for the rollout of acute surgery model of care and record all in-hospital surgical mortalities.	Q1
Transport Medicine	Neonatal Retrieval: Support implementation of Phase 2 of the National Neonatal Retrieval Service, extending the service from seven days daytime to 24/7.	Q3
Women and Children	Obstetrics and Gynaeology	
	Further develop, disseminate and implement national clinical guidelines.	Ongoing
	Establish local quality improvement projects in each maternity unit.	Q4
	Develop and implement new models of maternity care.	Ongoing
	Conduct a second audit of The Early Pregnancy Assessment services.	Q3
	Develop tools to support primary care teams in managing obstetrics and gynaecology.	Q3
	Paediatrics and Neonatology	
	Support the commencement of the development of a national model of care and associated guidelines for the provision of paediatric and neonatology services with an initial focus on sub-specialty tertiary services.	Q4
	Support the implementation of recommendations from the Paediatric / Neonatology Site Visit report.	Q4

Improving our Infrastructure *- Capital Projects that are to be completed and/or to be come operational in 2013*		End Q
	▪ Relocation of Neonatal Unit	Q4
	▪ Repair Works to Roof	Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	18,164
	▪ Number of Day Case Discharges	3,752
	▪ Number of Births	9,230

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters.	Ongoing
Income	▪ Income generation and collection through increased occupancy levels.	Ongoing
Agency	▪ Further reduction in agency expenditure; nursing agency usage will further reduce in 2013.	Q2

Other Relevant Local Priorities and Related Actions

- Work to progress hospital relocation to site at St. Vincent's University Hospital, Elm Park.
- Work with Clinical Care Programmes to improve outcomes for patients.
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget.
- Implement hospital Quality Improvement Plan and submit required quarterly reports.
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol.
- Surgery – Sustain and improve DayCase rates. Improve access to Surgical Beds and Pre-operative assessment. Record 'in-hospital' surgical mortalities.
- Implement relevant HIQA report and recommendations.
- Continue to work within approved Employment Ceiling.
- Progress with reduction of NCHD working hours – high level EWTD committee established.

Royal Victoria Eye and Ear Hospital (RVEEH)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Implement programmes aimed at reducing waiting times for emergency or unscheduled care in order to meet national targets.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Diabetes	Continue to support the National Diabetic Retinopathy Screening Programme - RVEEH nominated as proposed treatment site for referrals from screening programme.	Q4
Surgery	Support acute surgery model of care. Reduce overall bed usage for surgical admissions based on 2011 baseline. Record 'in-hospital' surgical mortalities.	Q1-Q4
Tallaght Hospital Investigation Report	Continue to progress implementation of the HIQA Tallaght Report.	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Implement EWTD in respect of interns. Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance.	Q1

2013 Planned Discharge Activity		2013 Target
Discharge Activity	Number of Inpatient Discharges	2,356
	Number of Day Case Discharges	8,924

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	Full implementation of revised NCHD Rosters.	Q1-Q4
Income	Income generation and collection through increased occupancy levels.	Q1-Q4
Agency	Further reduction in agency expenditure, nursing agency usage will further reduce in 2013.	Q1-Q4

Other Relevant Local Priorities and Related Actions

- Work with Clinical Care Programmes to improve outcomes for patients.
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget.
- Implement hospital Quality Improvement Plan and submit required quarterly reports.
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol.
- Surgery – Sustain and improve DayCase rates, Improve access to Surgical Beds and Pre-operative assessment.
- Implement relevant HIQA reports and recommendations.
- Continue to work within approved Employment Ceiling.
- Progress with reducing NCHD working hours – high level EWTD committee established.

St. Columcille's Hospital, Loughlinstown (SCH)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Support the implementation of programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals - Progress ANP Streaming with appointment of 1 WTE ANP.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Coronary Syndrome (ACS)	Support the implementation of the Optimal Reperfusion Service (ORS) protocol.	Q1
Acute Medicine	Support SVUH in the Implementation of Acute Medicine pathways and continue implementation of National Early Warning Score (NEWS).	Q4
Anaesthesia	Work with SVUH Network on implementation of Pre-Admission Programme and implementation of TPOT.	Q3
Asthma	Work within Acute Asthma Guidelines – 2011 (Adults) and Asthma Educational Programme.	Q1-Q4
Blood Transfusion	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-2014.	Q4
	Deliver reduction in platelet usage of 1.5% over 2012 baseline.	Q3
Emergency Medicine	Support the establishment of the Emergency Care networks in all regions.	Ongoing
Heart Failure	Support the implementation of programme - Progress appointment of CNS.	Q2
Medicines Management Programme	Continue to support proposals to influence prescriber behaviour with GPs having access to online analysis of their individual prescribing.	Q1-Q4
Older People	Support the establishment of Acute Hospitals Specialist Geriatric Services.	Q1
Outpatient Antimicrobial Therapy OPAT	Support SVUH network in implementation of National OPAT standards, protocols, guidelines and standard operating procedures in all sites as the service rolls out to that site.	Q2
Prevention of Chronic Disease	Work towards going smoke free on campuses by 2015.	Ongoing
Radiology	Support the radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes.	Q1-Q4
Rehabilitation Medicine	Support the development of regional managed clinical rehabilitation networks, supporting local rehabilitation teams guided by associated national guidelines, protocols, pathways and bundles.	Q4
Stroke	Work with SVUH to implement rapid access to specialist TIA (transient ischemic attack) services.	Q1-Q4
Surgery	Support implementation of acute surgery model of care.	Q2-Q4
	Reduce overall bed usage for surgical admissions based on 2011 baseline.	Q1-Q4
	Record 'in-hospital' surgical mortality.	Q1-Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	3,822
	▪ Number of Day Case Discharges	2,444
Unscheduled Activity	▪ Number of Emergency Presentations	18,430
	▪ Number of Emergency Admissions	3,655

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters.	Q3
Income	▪ Income generation and collection through increased occupancy levels.	Q4
Agency	▪ Further reduction in agency expenditure, nursing agency usage will further reduce in 2013.	Q4

Other Relevant Local Priorities and Related Actions

- Work with Clinical Care Programmes to improve outcomes for patients.
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget.
- Implement hospital Quality Improvement Plan and submit required quarterly reports.
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol.
- Emergency Medicine – Sustain and improve PET < 6 hrs and increase patient access to ANP's. Aim to reduce patients presenting in ED.
- Surgery – Sustain and improve Day Case rates. Improve access to Surgical Beds and Pre-operative assessment. Record 'in-hospital' surgical mortalities.
- Progress the implementation of the frail older person's pathway in ED and MAU.
- Implement relevant HIQA reports and recommendations.
- Continue to work within approved Employment Ceiling.
- Progress with reducing NCHD working hours – high level EWTD committee established.

St. James's Hospital

Performance Improvement – *Actions to achieve national and local priorities*		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Resource Allocation	Implement output based payment system for orthopaedics in conjunction with Finance ▪ SJH was not one of the pilot sites	Q1-Q4
Improving Access	Implement programmes aimed at reducing waiting times for scheduled and unscheduled care in hospitals ▪ Hospital is already working within the national targets for scheduled and unscheduled care.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Coronary Syndrome	Support Optimal Reperfusion Service (ORS) protocol.	Q1
	An additional two* Primary PCI centres functioning as per programme definition and collecting data to measure care and improvement. *(* National Figure)*	Q2
	Develop patient inter-hospital transport protocols for all relevant hospitals and for all ACS patients.	Q3
	All ACS patients invited to participate in a rehabilitation programme.	Q4
	Increase Primary PPCI to 70% for eligible STEMIs.	
Acute Medicine	Implement Acute Medicine pathways: Acute Medicine Programme agreed for SJH- posts approved in January 2013 and advertised January 2013.	Q4
	Implement National Early Warning Score (NEWS) in all relevant sites: SJH undertaking pilot in three sites- full roll out by Q4.	Q4
Anaesthesia	Hospital DOSA/Pre Assessment Programme for inpatient agreed with pilot area identified (colorectal surgery). Pre-assessment area, ring fenced beds and governance structures agreed. (Within overall theatre utilisation group). Progress the implementation of The Productive Operating Theatre (TPOT) and develop a patient pathway and a national model of service delivery for Hyperbaric Medicine.	Q4
Blood Transfusion/ Haemochromatosis	Reduce platelet usage across hospitals by 2.5% of 2012 target usage – usage target 2013 20,962 units.	Q4
	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012 – 2014.	Q1-Q4
Care of Older Persons	Support the establishment of Acute Hospitals Specialist Geriatric Services.	Q1-Q4
Chronic Obstructive Pulmonary Disease (COPD)	Support National Clinical Programme and Structured COPD outreach programme. Access to structured pulmonary rehabilitation programmes in place in SJH.	Q1-Q4
Critical Care	Support the launch of the national model of care for Critical Care.	Q1
Cystic Fibrosis	Progress initiatives in collaboration with HCAI to reduce the number of patients with HCAI in Critical Care Units.	Q1-Q4
Dermatology	Implement national clinical guidelines and pathways and develop local referral guidelines - implemented Feb 2013.	Q3
Emergency Medicine	Support the establishment of Emergency Care networks in all regions – SJH to develop Clinical Decision Units in major EDs to reduce in-patient bed demand and improve the quality and experience of patient care. Implement improvement strategies to increase ED throughput, enhance safety, quality and value of care.	Q1 -Q4
	Develop Clinical Decision Units in major EDs to reduce in-patient bed demand and improve the quality and experience of patient care. Implement improvement strategies to increase ED throughput, enhance safety, quality and value of care.	Q2
Epilepsy	Continue to implement National Clinical Guidelines – ED pathway and Electronic Patient already implemented and using national Epilepsy EPR Record.	Q4
Heart Failure	Sustain momentum of already implemented Programme and maintain KPI levels.	Q1 - Q4
Neurology	Support the implementation of national clinical guidelines and pathways.	Q1 - Q4
Outpatient Antimicrobial Therapy OPAT	Continue implementation of National OPAT standards, protocols, guidelines and standard operating procedures in all sites as the service rolls out to that site. Rregional clinic commenced Q3 at SJH.	Q1
Orthopaedics	Orthopaedic Joint registry in place via the National Office for Clinical Audit. Support introduction of fracture liaison programme and procurement process for prosthetics.	Q2

Productive Ward initiative	Support continued process module implementation and improvements in the 17 Phase 1 sites with the focus on improving handovers, meals, medicines, admissions and discharges and ward rounds.	Q1-Q4
Radiology	Work with National Radiology Programme to develop framework for collecting and reporting on performance indicators to measure demand for and access to radiology to assist in planning and resourcing efficiencies. SJH is developing a dashboard for Radiology to enable demand capacity measurement and data modelling exercises to be undertaken. Key objective is to optimise existing capacity and redirect resources as appropriate.	Q1-Q4
Rehab Medicine	Support the development of clinical rehabilitation networks, supporting local rehabilitation teams guided by associated national guidelines, protocols, pathways and bundles.	Q4
Rheumatology	Support the development and implementation of the National Clinical Guidelines and Pathways. SJH commenced MSK service August 2012.	Q1-Q4
Stroke	Implement stroke length of stay initiative in selected hospitals in partnership with RDOs, SDU and national clinical programme for older people. SJH currently implementing programme. SJH will continue to support programmes already implemented. Rapid access to specialist TIA (transient ischemic attack) services and Telemedicine Rapid Access for Stroke and Neurological Assessment (TRASNA). SJH will also undertake gap analysis and recommendations for emergency endovascular therapy for stroke patients.	Q4
Surgery	Support implementation of acute surgery model of care and work on reduction of overall bed usage for surgical admissions based on 2011 baseline	Q1
Endoscopy Services	Develop plans for the installation of Endoscopy Reporting System (ERS) in remaining 10 public hospitals.	Q1
European Working Time Directive for NCHDs HR	Implement EWTD in respect of interns.	Q1
	Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance. Rosters have been revised to maximise compliance. Additional measures being explored at sub specialty level to improve compliance ie flexible rostering and cross cover.	Q1
	Issue guidance to each agency regarding site-specific measures to reduce hours and standards each agency should meet in terms of hours worked and rostering practices in place. Local Implementation Group will finalise an implementation plan for full EWTD compliance in accordance with national assessments standards.	Q1

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		
	▪ Hepatology/ Haemophilia / Wellcome Trust build complete March 2013.	Q2

2013 Projected Discharge Activity		2013 Target
Scheduled Activity	▪ Number of Elective Inpatient Discharges	25,700
	▪ Number of Day Case Discharges	93,537
Unscheduled Activity	▪ Number of Emergency Presentations	45,878
	▪ Number of Emergency Admissions	19,682
	▪ Number of Non-elective Inpatient Discharges	

Other Relevant Local Priorities and Related Actions

- Work with Clinical Care Programmes to improve outcomes for patients.
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget.
- Implement hospital Quality Improvement Plan and submit required quarterly reports.
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol.
- Emergency Medicine – Sustain and improve PET < 6 hrs and increase patient access to ANPs. Aim to reduce patients presenting in ED.
- Surgery – Sustain and improve Day Case rates. Improve access to Surgical Beds and Pre-operative assessment. Record 'in-hospital' surgical mortalities.
- Progress the implementation of the frail older person's pathway in ED and AMAU.
- Sustain improved access for Stroke patients, reduce mortality rates and reduce ALOS.
- Continue to progress the 'Productive Ward Initiative' – Implementation group in place.
- Implement relevant HIQA reports and recommendations.
- Continue to work within approved Employment Ceiling.
- Progress with reducing NCHD working hours – high level EWTD committee established.

St. Michael's Hospital, Dun Laoghaire (SMH)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Support the implementation of programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Coronary Syndrome (ACS)	Support Optimal Reperfusion Service (ORS) protocol.	Q4
Acute Medicine	Implement Acute Medicine pathways and continue with the implementation of the National Early Warning Score (NEWS).	Q1-Q4
Anaesthesia	Progress the implementation of TPOT with associated monitoring function.	Q3
Blood Transfusion	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-201.	Q4
	Deliver reduction in platelet usage of 1.5% over 2012 baseline.	Q4
Chronic Obstructive Pulmonary Disease (COPD)	Continue to support and progress COPD Programmes, including Structured COPD outreach programmes.	In Place
Dermatology	Maximise new patient attendances and wait list targets.	Q1-Q4
Emergency Medicine	Support the establishment of Emergency Care networks in all regions.	Ongoing
	Increase patient access to Advanced Nurse Practitioner care.	Q4
	Support the development of Clinical Decision Units in major EDs to reduce inpatient bed demand and improve the quality and experience of patient care.	Q2
	Ensure the audio-visual separation of children in EDs.	Q3
	Support the design of solutions to ensure ED compliance with recommendations of HIQA Tallaght report (such as unscheduled returns, patients leaving before completion of treatment).	Q3
Heart Failure	Continue to implement Programme in SMH.	Q4
Medicines Management Programme	Continue to develop and implement proposals to influence prescriber behaviour with GPs having access to online analysis of their individual prescribing.	Q1-Q4
Older People	Support the establishment of Acute Hospitals Specialist Geriatric Services.	Q1-Q4
Outpatient Antimicrobial Therapy OPAT	Support implementation of National OPAT standards, protocols, guidelines and standard operating procedures in all sites as the service rolls out to that site	Q1-Q4
Prevention of Chronic Disease	Work towards going smoke free on hospital campus by 2015.	Ongoing
Radiology	Support the radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes.	Q1-Q4
Stroke	Work with SVUH to Implement rapid access to specialist TIA (transient ischemic attack) services.	Q1-Q4
Surgery	Support implementation of acute surgery model of care.	Q2-Q4
	Reduce overall bed usage for surgical admissions based on 2011 baseline.	Q1-Q4
	Record 'in-hospital' surgical mortality.	Q1-Q4

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters.	Ongoing
Income	▪ Income generation and collection through increased occupancy levels.	Q1-Q4
Agency	▪ Further reduction in agency expenditure; nursing agency usage will further reduce in 2013.	N/A

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	2,802
	▪ Number of Day Case Discharges	6,111
Unscheduled Activity	▪ Number of Emergency Presentations	13,734
	▪ Number of Emergency Admissions	1,498

Other Relevant Local Priorities and Related Actions

- Work with Clinical Care Programmes to improve outcomes for patients.
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget.
- Implement hospital Quality Improvement Plan and submit required quarterly reports.
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol.
- Emergency Medicine – Sustain and improve PET < 6 hrs and increase patient access to ANPs. Aim to reduce patients presenting in ED.
- Surgery – Sustain and improve Day Case rates, improve access to Surgical Beds and Pre-operative assessment. Record in-hospital' surgical mortalities.
- Progress the implementation of the Frail Older person's pathway in ED and MAU.
- Implement relevant HIQA report and recommendations.
- Continue to work within approved Employment Ceiling.
- Progress with reducing NCHD working hours – high level EWTD committee established.

St. Vincent's University Hospital, Elm Park (SVUH)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Implement programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals. Manage risk, monitor and manage performance and targets in conjunction with SDU and HSE.	Q1- Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Acute Coronary Syndrome (ACS)	Support Optimal Reperfusion Service (ORS) protocol in operation in all 4 HSE regions, dependant on designated centres delivering services. Continue to work towards 90min target and enhancement of communication of Ambulance Service and Acute Units	Q4
Acute Medicine	Implement Acute Medicine pathways – Work in conjunction with COFE Programme. Reduce ALOS	Q1-Q4
Anaesthesia	Progress the implementation of TPOT with associated monitoring function.	Q4
Blood Transfusion	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-14	Q4
	Deliver reduction in platelet usage of 1.5% over 2012 baseline	Q4
Chronic Obstructive Pulmonary Disease (COPD)	Access to structured pulmonary rehabilitation programmes in place in SVUH. Support structured COPD outreach programme	Q4
Critical Care	Support the launch of the national model of care for Critical Care and finalise the rollout of the Early Warning Score Procedure.	Q4
Cystic Fibrosis	Develop a national model of care for Cystic Fibrosis and support NCP when commenced	Q4
Dermatology	Maximise new patient attendances and wait list targets by engaging fully with National OPD Improvement Programme	Q1-Q4
Diabetes	Support the implementation of the National Integrated Care Package for Diabetes.	Q4
Emergency Medicine	Support the Establishment of the Emergency Care Networks and work with the Acute Surgical and Medical Programmes to improve access for patients to timely assessment and diagnosis.	Q1-Q4
Medicines Management Programme	Participate in the development and implement proposals to influence prescriber behaviour with GPs having access to online analysis of their individual prescribing	Q1-Q4
Older People	Support the establishment of Acute Hospitals Specialist Geriatric Services	Q1-Q4
Orthopaedics	Support introduction of fracture liaision programme and procurement process for prosthetics. Musculo-skeletal Pathway in place.	Q2
Outpatient Antimicrobial Therapy OPAT	Continue to progress implementation of National OPAT standards, protocols, guidelines and standard operating procedures in all sites as the service rolls out to that site	Q1-Q4
Productive Ward Initiative	Continue process module implementation and improvements with the focus on improving handovers, meals, medicine, admissions and discharges, ward rounds.	Q1-Q4
Radiology	Work with National Radiology Programme to develop framework for collecting and reporting on performance indicators to measure demand for and access to radiology to assist in planning and resourcing efficiencies and support radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes	Q1 –Q4
Rheumatology	Support the development and implementation of the national clinical guidelines and pathways. Continue to maintain improvements re access for patients to specialist services for Rheumatology and Orthopaedic OPD attendances and work to progress the expansion of the Clinical Specialist role for Physiotherapists	Q1-Q4
Stroke	Support the implement of rapid access to specialist TIA (transient ischemic attack) services	Q1-Q4
Surgery	Support implementation of acute surgery model of care	Q1-Q4
Transport Medicine	Support implementation of Adult Retrieval.	Q4

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	14,843
	▪ Number of Day Case Discharges	54,286
Unscheduled Activity	▪ Number of Emergency Presentations	41,104
	▪ Number of Emergency Admissions	10,894

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters	Q1-Q4
Income	▪ Income generation and collection through increased occupancy levels	Q1-Q4
Agency	▪ Further reduction in agency expenditure, nursing agency usage will further reduce in 2013	Q1-Q4

Other Relevant Local Priorities and Related Actions

- Work with Clinical Care Programmes to improve outcomes for patients
- Continue to implement cost containment practices, value for money initiatives and work within allocated budget
- Implement hospital Quality Improvement Plan and submit required quarterly reports
- Support National Outpatient Performance Improvement Programme and work towards implementation of OP Services Protocol
- Emergency Medicine – Sustain and improve PET < 6 hrs and increase patient access to ANP's. Aim to reduce patients presenting in ED.
- Surgery – Sustain and improve DayCase rates, Improve access to Surgical Beds and Pre-operative assessment. Record in-hospital' surgical mortalities
- Progress the implementation of the frail older person's pathway in ED and AMAU
- Sustain improved access for Stroke patients, reduce mortality rates and reduce ALOS
- Continue to progress the 'Productive Ward Initiative' – Implementation group in place
- Implement relevant HIQA reports and recommendations
- Continue to work within approved Employment Ceiling
- Progress with reducing NCHD working hours – high level EWTD committee established.

Our Lady's Children's Hospital, Crumlin (OLCHC)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Implement programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals ▪ Comply with the SDU PET times ▪ Reduce admission rate ▪ Aim towards HSE target of all discharged or admitted within 9 hrs to registration. ▪ Participate in the Compstat data. ▪ Continue to work across the three paediatric hospitals to assist with ED pressures. ▪ Review the need for the CDU ▪ Continue to work on the paediatric EMP Continue to compare the 3 hospitals ED data.	Q1-Q4
	Inpatient/Day case ▪ Aim to work towards reaching the target for paediatrics ▪ Roll out the SDU waiting list policy and ensure compliance with chronological booking where possible. ▪ Continue to work closely with NTPF & SDU. ▪ Develop a common waiting list across the 3 paediatric hospitals	Q1 – Q4
	Outpatient Services ▪ Validate the OPD waiting list and aim to reach the SDU target for 1 year for 2013 ▪ Transition adolescents to adult (over 16 years – 18 years) ▪ Continue to progress secondary cares areas and work with the Clinical Director and programme re management of referrals. ▪ Comply with the HSE data standards and SDU technical guidance for OPD ▪ Reduce new and return DNA rates and cancellations of clinics.	Q1 – Q4
	Bed Management ▪ Reduce length of stay where possible, targeting areas outside PICU/TCU beds. ▪ Increase the same day admission rates, reach target 80% for most specialities. ▪ Develop a clear plan for long-stay patients Increase discharge rates. ▪ Look at the concepts of a 5 day ward ▪ Develop Pre-admission Clinics	Q1 – Q4
	Theatre Management ▪ Maintain the 70% utilisation target for theatres (depending on budget) ▪ Aim to maximise pick-up slots to aim for the 20 week paediatric target. ▪ Identify capacity for emergency, urgent and routine patients (based on budget allocation 2013)	Q1 – Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Asthma	Continue delivery of the Asthma Education Programme in primary and secondary care ▪ Asthma Education workshops to be attended by relevant staff ▪ Implementation of Acute Asthma Guidelines – paediatrics when finalised	Q4
Blood Transfusion	Stock platelets (two units) for emergency transfusions as a standard of care	Q4
Cystic Fibrosis	Develop a national model of care for Cystic Fibrosis ▪ All patients with Cystic Fibrosis will have an annual review	Q1 – Q4
Dermatology	Maximise new patient attendances and wait list targets ▪ Progress permanent recruitment of Consultant Dermatologist ▪ Increase OPD activity by 30%	Q3
Diabetes	▪ Extend insulin pump programme to under 5 year olds	Q1 – Q4

Performance Improvement		End Q
Emergency Medicine	Establish Emergency Care networks in all regions ▪ Co-operate with the programme as appropriate	Ongoing
	Increase patient access to Advanced Nurse Practitioner care ▪ ANP Streaming preparation by commencing candidate training path for 2 WTEs (2 in post by 2015)	Q4
	Develop Clinical Decision Units in major EDs to reduce inpatient bed demand and improve the quality and experience of patient care ▪ Develop Clinical Decision Unit	Q4
	Design solutions to ensure ED compliance with recommendations of HIQA Tallaght report (such as unscheduled returns, patients leaving before completion of treatment) ▪ Drive process and quality improvement including 6 hour compliance activities, EMP First Steps and implementation of HIQA Tallaght Report recommendations, supported by 1 WTE CNM or equivalent funding, released for one day per week for 12 months; ▪ 0.5 WTE data manager support for Trauma audit.	Q3
Epilepsy	Commence epilepsy programme – recruit Advanced Nurse Practitioner	Q4
Neurology	Maximise new patient attendances and wait list targets ▪ Achieve 12 month waiting list for neurology outpatient appointments ▪ Implementation of pathways and bundles for neurological conditions as appropriate	Q4
Outpatient Antimicrobial Therapy OPAT	Implement National OPAT standards, protocols, guidelines and standard operating procedures in all sites as the service rolls out to that site ▪ Phase 2 programme roll-out	Q4
Prevention of Chronic Disease	Support all healthcare agencies going smoke free on their campuses by 2015 ▪ In development	Ongoing
Radiology	Develop framework for collecting and reporting on performance indicators to measure demand for and access to radiology to assist in planning and resourcing efficiencies ▪ Work with the programme as required	Q2
	Support radiology departments to meet turnaround times for emergency or unscheduled care in line with AMP / EMP and other programmes ▪ Work with the programme as required	Q1 – Q4
Rehabilitation Medicine	Commence development of regional managed clinical rehabilitation networks, supporting local rehabilitation teams guided by associated national guidelines, protocols, pathways and bundles ▪ Work with the programme as appropriate for paediatric services	Q4
	Develop a set of standards of care for specialist inpatient rehabilitation ▪ Work with the programme as appropriate for paediatric services	Q3
Rheumatology	Maximise new patient attendances and wait list targets ▪ Increase OPD activity by 30%	Q4
Transport Medicine	Neonatal Retrieval: Implement Phase 2 of the National Neonatal Retrieval Service, extending the service from seven days daytime to 24/7 ▪ Work with the programme as appropriate to progress.	Q3
	Paediatric Retrieval: Establish Phase 1 of the National Paediatric Retrieval Service on a Monday to Friday daytime basis ▪ Progress recruitment of approved posts to initiate service ▪ Work with the programme to establish service	Q3
Women and Children	Paediatrics and Neonatology Commence the development of a national model of care and associated guidelines for the provision of paediatric and neonatology services with an initial focus on subspecialty tertiary services ▪ Work with the Programmes to develop national model of care	Q4

Performance Improvement		End Q
	Implement recommendations from the Paediatric / Neonatology Site Visit report ▪ Work with the Programmes to implement recommendations	Q1 – Q4
	Roll out of insulin pump therapy for children under five years with type 1 diabetes in a number of regional centres ▪ Insulin pump therapy for children under five years with Type 1 diabetes will be rolled out	Q1 – Q4
Other National Priorities		
National Paediatric Hospital	Continue to collaborate with the National Paediatric Hospital Development Board on the process of planning and development of the National Paediatric Hospital ▪ Participate as appropriate	Ongoing
	Continue to progress joint working and collaboration across the three children's hospitals that will be in line with the model of care for the National Paediatric Hospital and the National Model of Care for Paediatrics as set out by the Paediatric Clinical Programme ▪ Participate as appropriate	Q4
	Contribute to the development of the Paediatric Critical Care Network	Ongoing
Tallaght Hospital Investigation Report	Continue to progress implementation of the HIQA Tallaght Report ▪ Work in progress	Ongoing
Paediatric Cardiac Surgery	Continue to liaise with Northern Ireland Department of Health and other stakeholders on co-operative links for paediatric cardiac surgery	Q1 – Q4
Acute Child Sexual Assault Assessment and Treatment Service for Children	Continue to work with the Paediatric Programme and other stakeholders to develop this service, with a particular focus on an out of hours forensic service	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance ▪ Work in progress	Q2
	Issue guidance to each agency regarding site-specific measures to reduce hours and standards each agency should meet in terms of hours worked and rostering practices in place ▪ Submit questionnaire to HSE in relation to same	Q1

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	10,278
	▪ Number of Day Case Discharges	17,451
Unscheduled Activity	▪ Number of Emergency Presentations	N/A
	▪ Number of Emergency Admissions	N/A

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Full implementation of revised NCHD Rosters	Q3
Income	▪ Income generation and collection through increased occupancy levels	Q1
Agency	▪ Continued control of all agency usage in 2013	Ongoing

Children's University Hospital, Temple Street (CUHTS)

Performance Improvement		End Q
Improving hospital governance and accountability while driving efficiencies and better outcomes		
Improving Access	Implement programmes aimed at reducing waiting times for emergency or unscheduled care and elective or scheduled care in hospitals. ▪ Continue to work with SDU to achieve 2013 targets ▪ Expand 23 hour admissions ▪ Expand same day admits ▪ Designated surgical beds ▪ Complete validation of OPD referrals ▪ Commence OPD data extract to NTPF once iPMS PAS goes live.	Q1-Q4
National Clinical Care Programmes Future Health Action 30 throughout clinical programmes		
Asthma	Continue delivery of the Asthma Education Programme in primary and secondary care. ▪ Implementation of Acute Asthma Guidelines – paediatrics - when finalised ▪ Provide asthma education workshops for appropriate departments to attend	Q1–Q4
Audiology	Develop surgical BAHA programme within agreed funding provided.	
Blood Transfusion	Deliver reduction in red cell usage of 10% over 2011 baseline over three years 2012-2014. ▪ Activity monitoring ▪ Adjustments to maximum blood order schedules (MBOS) ▪ Scrutinising requests	Ongoing
	Deliver reduction in platelet usage of 1.5% over 2012 baseline. ▪ Review of non-standard platelet requests by Consultant Haematologist	Q4
	Stock platelets (two units) for emergency transfusions as a standard of care	Q1
Cystic Fibrosis	Develop a national model of care for Cystic Fibrosis. ▪ TS/CUH to support development and implementation of national CF model of care. ▪ Ensure all patients with CF receive an annual review. ▪ CF Screening Programme – Evaluation of PAP as a second tier test to reduce the number of CF carriers detected. Evaluation funded by HSE.	Q3
Diabetes	Extend insulin pump programme to under 5 year olds. ▪ Subject to 0.5wte Clinical Nurse Specialist funding and headcount uplift.	
Emergency Medicine	Establish Emergency Care networks in all regions. ▪ Participate as appropriate in this programme. ▪ Develop on site out of hours GP service on a phased basis commencing with weekends	Q1 Q2
	Increase patient access to Advanced Nurse Practitioner care. ▪ Support current ANP role in ED.	Ongoing
	Develop Clinical Decision Units in major EDs to reduce inpatient bed demand and improve the quality and experience of patient care. ▪ Reconfiguration of ED layout to incorporate a rapid access unit and improve impatient flow.	Q2 Q1
	Design solutions to ensure ED compliance with recommendations of HIQA Tallaght report (such as unscheduled returns, patients leaving before completion of treatment). ▪ Work with the Programme as appropriate to delivery solutions. ▪ Drive process and quality improvement including 6 hour compliance activities.	 Q1-Q4 Ongoing
Epilepsy	▪ Paediatric ANP role to be developed and commence service once funding and headcount uplift secured.	Q4
Neurology	▪ Develop Narcolepsy service.	Q1-Q4

Performance Improvement		End Q
Outpatient Antimicrobial Therapy OPAT	Implement National OPAT standards, protocols, guidelines and standard operating procedures in all sites as the service rolls out to that site as appropriate to paediatrics. ▪ Phase 2 roll out to paediatrics – mainly CF. ▪ Establish CUH as regional centre for paediatrics.	 Q4 Q4
Transport Medicine	Neonatal Retrieval: Implement Phase 2 of the National Neonatal Retrieval Service, extending the service from seven days daytime to 24/7. ▪ Work with the programme as appropriate to progress.	Q3
	Paediatric Retrieval: Establish Phase 1 of the National Paediatric Retrieval Service on a Monday to Friday daytime basis. (Additional funding of €2m and 7 WTEs in 2013 via IPCCN) ▪ Support the recruitment of approved posts to initiate service. ▪ Work with the programme to establish service.	Q3
Women and Children	Paediatrics and Neonatology	
	Commence the development of a national model of care and associated guidelines for the provision of paediatric and neonatology services with an initial focus on subspecialty tertiary services ▪ Work with the Programmes to develop national model of care	Q4
	Implement recommendations from the Paediatric / Neonatology Site Visit report. ▪ Work with the Programmes to implement.	Q1-Q4
	▪ Contribute to the development of the Paediatric Critical Care Network.	Ongoing
	▪ Appoint ANP role in ENT.	Q3
	▪ Develop dental services with the Dublin Dental Hospital in line with Clinical Programmes and available funding.	Q2
	▪ Work towards developing a spina bifida service including appointment of consultant urologist.	Q1-Q4
	▪ Collaborate with Beaumont Hospital in scoping out expansion of Cochlear Programme – (within available resources).	Q4
	▪ Collaborate with Beaumont Hospital regarding the expansion of neurosurgical services for over 6 yrs of age.	Q4
Other National Priorities		
National Paediatric Hospital	Continue to collaborate in the process of planning and development of the National Paediatric Hospital. ▪ Participate as appropriate.	Ongoing
	Continue to progress joint working and collaboration across the three children's hospitals that will be in line with the model of care for the National Paediatric Hospital and the National Model of Care for Paediatrics as set out by the Paediatric Clinical Programme. ▪ Participate as appropriate.	Ongoing
Tallaght Hospital Investigation Report	Continue to progress implementation of the HIQA Tallaght Report ▪ Progress implementation of the HIQA Tallaght Report.	Ongoing
European Working Time Directive (EWTD) for Non-Consultant Hospital Doctors (NCHDs)	Implement revised rosters for Senior House Officers (SHOs), Registrars and Specialist Registrars that maximise EWTD compliance. ▪ Ongoing review of rosters.	Ongoing
	Issue guidance to each agency regarding site-specific measures to reduce hours and standards each agency should meet in terms of hours worked and rostering practices in place. ▪ Submit completed questionnaire to HSE in relation to same.	Q1

2013 Planned Discharge Activity		2013 Target
Discharge Activity	▪ Number of Inpatient Discharges	8,200
	▪ Number of Day Case Discharges	6,935
Unscheduled Activity	▪ Number of Emergency Presentations	N/A
	▪ Number of Emergency Admissions	N/A

Cost Management & Employment Control Measures – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		End Q
Rostering	▪ Ongoing review and implementation of revised NCHD Rosters	Q4
Income	▪ Maintain Income generation and collection through increased occupancy levels	
Agency	▪ Maintain reduced agency expenditure	

National Clinical Programmes, Service Development & Reorganisation

- DML are working with the Clinical Care Programmes to implement the Consolidated Bed Map Model for hospitals in the region. This will lead to a reorganisation of current capacity that will allow hospitals deliver on Service Plan activity levels.
- DML hospitals will continue to work with NTPF and SDU to manage the demand and capacity for Endoscopy Services in the region in 2013. This is a significant issue for Tallaght and Naas Hospitals where demand outstrips current capacity and there are significant infrastructural requirements.
- DML will continue to prioritise Unscheduled Care Services in 2013 to ensure that the Unscheduled Care targets are achieved.
- DML will continue to implement the National ICT Programmes relating to acute hospital services. In particular the implementation of NIMIS across DML would increase flexibility in service delivery.
- DML will work with NCCP in the delivery of cancer services in the region. In 2013 DML will progress the transfer of Rectal Cancer Services from Tallaght Hospital to St. James's Hospital.

Improving our Infrastructure

Capital projects that are to be completed and / or to become operational in 2013. (See also Appendix C)

Dublin Mid-Leinster

- Coombe Women's Hospital - Emergency theatre and delivery suite upgrade.
- National Maternity Hospital, - Repair works to roof and relocation of the neo-natal intensive care unit.
- St. James's Hospital - Provision of a new haemophilia / hepatology centre.

2013 Acute Care Scorecard

Acute Care (including Clinical Programmes) Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Day of Procedure Admission % of elective inpatients who had principal procedure conducted on day of admission	75%	Quality, Access and Activity	ALOS Medical patient average length of stay	5.8
			Surgical patient average length of stay	4.5% reduction
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%		ALOS for all inpatient discharges and deaths	5.6
Re-Admission % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%		ALOS for all inpatient discharges and deaths excluding LOS over 30 days	4.5
			Colonoscopy / Gastrointestinal Service No. of people waiting more than four weeks for an urgent colonoscopy	0
% of surgical re-admissions to the same hospital within 30 days of discharge	< 3%			
Time to Surgery % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%		No. of people waiting more than 13 weeks following a referral for routine colonoscopy or OGD	0
			Delayed Discharges Reduction in bed days lost through delayed discharges	10% reduction
Stroke Care % of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	9%		Activity Expected no. of inpatient discharges	187,136
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit.	50%		Expected no. of day case discharges	319,386
Acute Coronary Syndrome % STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%		Expected no. of emergency presentations	333,821
			Expected no. of emergency admissions	101,244
			Expected no. of births	22,684
Emergency Care Waiting Time % of all attendees at ED who are discharged or admitted within 6 hours of registration	95%		Finance Variance against Budget: Income and Expenditure	≤ 0%
			Variance against Budget: Income Collection	≤ 0%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%		Variance against Budget: Pay	≤ 0%
Acute Medicine Programme Percentage of all new medical patients attending the acute medical assessment unit (AMAU) who spend less than 6 hours from ED registration to AMAU departure (TMAT)	95%		Variance against Budget: Non Pay	≤ 0%
			Variance against Budget: Revenue and Capital Vote	≤ 0%
Elective Waiting Time No. of adults waiting more than 8 months for an elective procedure	0		Human Resources Absenteeism rates	3.5%
No. of children waiting more than 20 weeks for an elective procedure	0		Variance from approved WTE ceiling	≤ 0%
Outpatients No. of people waiting longer than 52 weeks for OPD appointment	0			

NATIONAL CANCER CONTROL PROGRAMME

Introduction

Since the establishment of the National Cancer Control Programme (NCCP) in late 2007, and the phased implementation of cancer policy as outlined in *A Strategy for Cancer Control in Ireland, 2006* , a programmatic approach to the management of hospital and community based cancer services across geographical locations and traditional institutional boundaries has been adopted.

HSE Dublin Mid-Leinster (DML) is committed to the goals of the NCCP which aim to improve cancer prevention, detection and treatment in order to increase survival rates and to endeavour to ensure that adequate resources are made available to diagnose and treat cancer patients in a timely manner.

In recent years significant resources have been invested and reorganisation has taken place to ensure that cancer patients are treated in centres with full multidisciplinary specialist teams, adequate case volumes and with close monitoring of performance targets to ensure prompt access and high quality of care. Projections from the National Cancer Registry of Ireland indicate a 46% increase in new cancers nationally between 2010 and 2020 (21% from 2010-2015). These projections have been substantiated to date and the NCCP will work with cancer centres and the new hospital groups within DML to assess and treat these patients in a timely manner.

2013 Key DML Priorities

The key priority for DML is to work with the NCCP during 2013 to deliver on the following objectives:

- Continue to support the delivery of the two population-based screening programmes, BreastCheck and CervicalCheck, and roll out two new programmes:
  - Colorectal screening programme - to be delivered initially at the two accredited sites within DML: St. Vincent's University Hospital and St. James's Hospital. Tallaght Hospital and the Midlands Regional Hospital in Tullamore are both candidate sites for the programme and will work with the NCSS towards achieving JAG accreditation.
  - Diabetic retinopathy screening programme.

- Continue to develop the cancer centres, address service pressures and support volume growth:
  - Continue the transfer of major cancer surgeries into designated cancer centres. This includes the transfer of rectal, prostate and upper GI surgeries. Specifically in 2013 this includes the transfer of rectal cancer surgery from Tallaght Hospital to St. James's Hospital.
  - Work with the NCCP to support Gynaecological Oncology service demands in DML.
  - Support the work of the Dublin Dental Hospital in addressing the ongoing increase in demand associated with the treatment of maxillofacial cancers.

- Support the new national medical oncology programme:
  - Participate in the national review of oncology and haematology services.
  - Work with the NCCP on the introduction of a national oncology drug budget.
  - Examine solutions to support the growth in Medical Oncology demands in Dublin Mid Leinster, specifically considering the needs of Tallaght and Tullamore Hospitals.

2013 DML Actions

Priority Area	Action 2013	End Qtr
National Cancer Screening Services Continue to deliver two population-based screening programmes; BreastCheck and CervicalCheck, and roll out two new programmes for colorectal screening and diabetic retinopathy.	Colorectal Screening ⌐ Work with the NCSS towards the implementation of the national colorectal screening programme within DML.	Ongoing
	Diabetic Retinopathy Screening Programme ⌐ Work with the NCSS as they continue the implementation process for the national diabetic retinopathy screening programme within DML.	Ongoing
Development of Cancer Centres	Address service pressures and support volume	Ongoing
	Gynaecological Oncology Work with the NCCP to support gynaecological oncology demands in Dublin Mid Leinster.	Q3
	Continue the transfer of major cancer surgeries into designated cancer centres. Rectal Cancer Surgery Continue to monitor implementation of transfer and centralisation of rectal cancer surgery from Tallaght Hospital to St. James's Hospital.	Q4
	Dental Oncology Services Support the work of the Dublin Dental Hospital (DDH) in addressing the ongoing increase in demands associated with treatment of maxillofacial cancers.	Ongoing
National Medical Oncology Programme	Work with NCCP to review medical oncology services from a quality assurance (QA) and safety perspective.	Q3
	Work with NCCP on the introduction of a nationally oncology drug budget.	Ongoing

HSE DML will liaise with NCCP in relation to Cancer Services and developments throughout 2013. A forum to allow for engagement between DML regional management, the NCCP and the designated cancer centres will be agreed. Such an integrated forum will allow for monitoring of progress and performance of cancer services within the region and will also ensure a co-ordinated approach to regional cancer planning.

NCCP – DML Scorecard 2013

National Cancer Control Programme Scorecard				
Performance Indicator / Activity	Target 2013		Performance Indicator / Activity	Target 2013
Symptomatic Breast Cancer Services No. of urgent attendances	13,900*	Quality, Access and Activity	Rectal Cancers No. of centres providing services for rectal cancers	8*
No. of non urgent attendances	25,200*			
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(No. and % offered an appointment that falls within 2 weeks)*	13,200* 95%		Radiotherapy No. of patients who completed radical radiotherapy treatment in the preceding quarter (palliative care patients not included)	To be determined
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals *(No. and % offered an appointment that falls within 12 weeks)*	23,940* 95%		No. and % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	To be determined
Breast Cancer Screening No. of women who attend for breast screening	140,000*		Finance Variance against Budget: Income and Expenditure	≤ 0%
Lung Cancers No. of attendances at rapid access lung clinic	2,700*		Variance against Budget: Income Collection	≤ 0%
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	2,565* 95%		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%

National Cancer Control Programme Scorecard				
Performance Indicator / Activity	Target 2013		Performance Indicator / Activity	Target 2013
Prostate Cancers No. of centres providing surgical services for prostate cancers	7*		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of attendances at rapid access prostate clinics	2,970*		Human Resources Absenteeism rates	3.5%
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	2,600* 90%		Variance from approved WTE ceiling	≤ 0%

**National Target. Not broken down by region*

PALLIATIVE CARE

Palliative Care Services Resources – HSE Dublin Mid-Leinster

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	**Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Dublin South Central	15.752	22.725	44.2%	470	448	-22
Dublin South East / Wicklow	0.199	0.197	-1.0%	0	0	0
Dublin South West / Kildare-West Wicklow	2.507	3.242	29.3%	0	0	0
MIdlands	2.185	2.152	-1.5%	0	0	0
Other Services	0	0	0	20	17	-3
Total	**20.643**	**28.316**	***37.1%**	**490**	**465**	**-25**

** Increase due to return of funding to Drogheda Memorial Hospital and Our Lady's Hospice for palliative care services.*
***Ceilings are derived from the December 2012 out-turn and are subject to final sign-off by the ISA Managers.*

Introduction

Palliative care is an approach that improves the quality of life of patients and their families facing the challenges associated with life-limiting illness. This is achieved through the prevention and relief of suffering by means of early identification, high quality assessment and treatment of pain and other physical, psychosocial and spiritual problems. In recent years, the scope of palliative care has broadened and includes supporting people through non-malignant and chronic illness, in addition to cancer-related diseases.

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

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

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

Our services are also underpinned by the following national documents:

- *Palliative Care for Children with Life-limiting Conditions (2009, DoH)*
- *Palliative Care for All – Integrating Palliative Care into Disease Management Frameworks (2009, HSE & IHF)*

Given the cost pressure within the Palliative Care Services in DML during 2013 the priority will be to maximize the available resource to reduce the impact on patients.

Service Quantum

In 2013 the DML activity targets for Palliative Care services are:

- 106 patients in receipt of treatment in specialist palliative care inpatient units *(monthly figure).*
- 53 new patients seen or admitted to the specialist palliative care service *(monthly figure).*
- 886 admissions to specialist palliative care inpatient units.
- 653 patients in receipt of specialist palliative care in the community.
- 178 new patients seen or admitted to specialist palliative care services in the community *(monthly figure).*
- 85 patients in receipt of specialist palliative day care services *(monthly figure).*
- 243 new patients in receipt of specialist palliative day care services.
- 46 patients in receipt of care in designated palliative care support beds *(monthly figure).*

National Priorities

- Improve resource utilisation of palliative care services including systematic assessment of need, and streamline processes of access and referral to specialist palliative care services.
- Support the delivery, and improve the quality of, generalist and specialist palliative care services in line with our strategic policy direction.
- Improve the integration and governance of services in generalist and specialist palliative care settings.
- Strengthen the quality, efficiency, and effectiveness of existing service provision through the development and collection of evidence based performance measures that support the quality improvement cycle.
- Progress the development of paediatric palliative care services.

Regional Priorities

- Expand the provision of specialist palliative care services for adults within existing resources.
- Progress the development of paediatric palliative care services through the appointment of outreach nurses in Our Lady's Children's Hospital Crumlin and the Midlands Regional Hospital Mullingar.
- Support the delivery of generalist and specialist palliative care in the community through the development and implementation of evidence-based guidelines in order to improve quality of care, access to, and resource utilization within services.
- Improve collaboration with primary care teams, specifically for out-of-hours services.
- Improve the quality of palliative care provision in the hospital setting and improve the environment of care for those who are dying, bereaved, or deceased.
- Promote the importance of service user and family involvement to empower patients and their families to express their wishes about treatment choices and care provision towards the end of life.
- Educate staff, and support research programmes in palliative care that promote evaluation and development of services, and improve approaches to care provision.
- Strengthen the quality, efficiency, and effectiveness of existing service provision through the development and collection of evidence-based performance measures that support the quality improvement cycle.

The following ISA Plans contain the relevant Palliative Care *"2013 Actions"* from the National Operational Plan 2013 with the associated ISA actions listed underneath.

Dublin South Central (DSC) ISA

Performance / Service Improvement

Priority Area	Action 2013	End Qtr
Improving resource utilisation of palliative care services	Support the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	DSC Action re above ▪ Collaborate, as appropriate, and in the context of available resources, in the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	▪ Collaborate, as appropriate, with an assessment of existing models of service delivery in order to improve efficiency and effectiveness, to increase capacity and access, and to ensure alignment with the strategic objectives of the Health Reform Programme.	Q4
Improving the delivery and quality of Generalist and Specialist Palliative Care provision	Work in partnership with the Irish Hospice Foundation to implement the recommendations within the *Palliative Care for All* report through: ⌐ Supporting existing and new demonstration projects focused on providing best practice models of palliative care for people with non-malignant disease.	Ongoing Future Health Action 27
	DSC Action re above ▪ Continue to support the work of voluntary organisations such as the Irish Association for Palliative Care in the promotion and development of best practice in palliative care.	Q1-Q4
	Develop and implement evidence based guidelines / clinical pathways for generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services.	Q1-Q4
	DSC Action re above ▪ Participate in the development and implementation of evidence-based guidelines / clinical pathways for generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services, in the context of available resources.	Q1-Q4
	Develop and implement a national system of care delivery that promotes advance care planning, where appropriate and desired. This will include the development and implementation of: ⌐ National guidelines to promote good practice in advance care planning. ⌐ A national e-learning programme for the multidisciplinary team to provide training in engaging in end of life discussions and advance care planning. ⌐ A national system for recording advance care plans. ⌐ Initiatives to increase community awareness of planning options and capacity to discuss and plan for death and dying.	Q4
	DSC Action re above ▪ Support the development and implementation of a national system of care delivery that promotes advance care planning, where appropriate and desired.	Q4
	Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting.	Q1-Q4
	DSC Action re above ▪ Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting, in the context of available resources.	Q1-Q4
	Continue to work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme in order to progress projects designed to enhance the dignity of people who die in hospitals.	Q1-Q4
	DSC Action re above ▪ Support the projects as required with relevant participating hospitals.	Q1-Q4
Improving integration and governance of palliative care services	Finalise and support system wide utilisation of the governance tool Towards Excellence in Palliative Care - Self Assessment Tool.	Q4
	Develop a strategic plan for effective, efficient and high quality utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	DSC Action re above ▪ Support the implementation of the governance tool *Towards Excellence in Palliative Care – Self Assessment Tool.*	Q4

Priority Area	Action 2013	End Qtr
	▪ Collaborate with initiatives to develop a strategic plan for effective utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
Develop Evidence based Performance Measures	Scope the development of palliative care minimum datasets for use in: ⌐ Outpatient services ⌐ Primary care settings	 Q4 Q4
	DSC Action re above ▪ Support the implementation and roll out of the palliative care minimum datasets for use in outpatient and primary care settings.	Q4
Developing Paediatric Palliative Care	Work with the Irish Hospice Foundation to progress the implementation of the recommendations in *Palliative Care for Children with Life-Limiting Conditions in Ireland (2009)*:	
	⌐ Provide a range of education and training programmes that will support staff to meet the needs of children with life-limiting conditions and their families.	Q1-Q4
	DSC Action re above ▪ Support staff to meet the needs of children with life-limiting conditions and their families through access to training programmes.	Q1-Q4
Primary Care: Continue to progress the effective integration of primary care and palliative care services	Progress the effective integration of primary care and palliative care services: ⌐ Map primary palliative care services and develop a national strategy on primary care provision.	 Q4
	⌐ Continue to develop and implement evidence based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	Q4
	⌐ Implement the universal referral form for specialist palliative care in partnership with primary care.	Q4
	DSC Action re above ▪ Assist in the mapping process of primary palliative care services to assist national office to develop a national strategy on primary care provision.	Under discussion with ICGP
	▪ Support and implement where appropriate evidence-based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	
	▪ Support the implementation of the universal referral form for specialist palliative care in partnership with primary care.	

Dublin South East / Wicklow (DSE/W) ISA

Performance / Service Improvement

Priority Area	Action 2013	End Qtr
Improving resource utilisation of palliative care services	Support the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	DSE/W Action re above ▪ Collaborate, as appropriate, and in the context of available resources, in the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	▪ Collaborate, as appropriate, with an assessment of existing models of service delivery in order to improve efficiency and effectiveness, to increase capacity and access, and to ensure alignment with the strategic objectives of the Health Reform Programme.	Q4
Improving the delivery and quality of Generalist and Specialist Palliative Care provision	Work in partnership with the Irish Hospice Foundation to implement the recommendations within the *Palliative Care for All* report through: ⌐ Supporting existing and new demonstration projects focused on providing best practice models of palliative care for people with non-malignant disease.	Ongoing Future Health Action 27
	DSE/W Action re above ▪ Continue to support the work of voluntary organisations such as the Irish Association for Palliative Care and the Bray Cancer Support Centre in the promotion and development of best practice in palliative care.	Q1-Q4
	▪ Continue to work, within the context of available resources, to implement the recommendations within the *Palliative Care for All* report.	Q1-Q4
	Develop and implement evidence based guidelines / clinical pathways for generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services.	Q1-Q4
	DSE/W Action re above ▪ Participate in the development and implementation of evidence-based guidelines / clinical pathways for	Q1-Q4

Priority Area	Action 2013	End Qtr
	generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services, in the context of available resources.	
	Develop and implement a national system of care delivery that promotes advance care planning, where appropriate and desired. This will include the development and implementation of: ⌐ National guidelines to promote good practice in advance care planning. ⌐ A national e-learning programme for the multidisciplinary team to provide training in engaging in end of life discussions and advance care planning. ⌐ A national system for recording advance care plans. ⌐ Initiatives to increase community awareness of planning options and capacity to discuss and plan for death and dying.	Q4
	DSE/W Action re above ▪ Support the development and implementation of a national system of care delivery that promotes advance care planning, where appropriate and desired.	Q4
	Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting.	Q1-Q4
	DSE/W Action re above ▪ Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting, in the context of available resources.	Q1-Q4
	Continue to work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme in order to progress projects designed to enhance the dignity of people who die in hospitals	Q1-Q4
	DSE/W Action re above ▪ Support the projects as required with relevant participating hospitals	Q1-Q4
Improving integration and governance of palliative care services	Finalise and support system wide utilisation of the governance tool Towards Excellence in Palliative Care - Self Assessment Tool	Q4
	Develop a strategic plan for effective, efficient and high quality utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	DSE/W Action re above ▪ Support the implementation of the governance tool *Towards Excellence in Palliative Care – Self Assessment Tool.*	Q4
	▪ Collaborate with initiatives to develop a strategic plan for effective utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	Scope the development of palliative care minimum datasets for use in: ⌐ Outpatient services ⌐ Primary care settings	Q4 Q4
	DSE/W Action re above ▪ Support the implementation and roll out of the palliative care minimum datasets for use in outpatient and primary care settings:	Q4
Developing Paediatric Palliative Care	Work with the Irish Hospice Foundation to progress the implementation of the recommendations in *Palliative Care for Children with Life-Limiting Conditions in Ireland (2009*):	
	⌐ Provide a range of education and training programmes that will support staff to meet the needs of children with life-limiting conditions and their families.	Q1-Q4
	DSE/W Action re above ▪ Support staff to meet the needs of children with life-limiting conditions and their families through access to training programmes.	Q1-Q4
Primary Care: Continue to progress the effective integration of primary care and palliative care services	Progress the effective integration of primary care and palliative care services: ⌐ Map primary palliative care services and develop a national strategy on primary care provision.	Q4
	⌐ Continue to develop and implement evidence based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	Q4
	⌐ Implement the universal referral form for specialist palliative care in partnership with primary care.	Q4
	DSE/W Action re above ▪ Assist in the mapping process of primary palliative care services to assist national office to develop a national strategy on primary care provision.	Under discussion with ICGP
	▪ Support and implement where appropriate evidence-based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	

Priority Area	Action 2013	End Qtr
	▪ Support the implementation of the universal referral form for specialist palliative care in partnership with primary care.	

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA

Performance / Service Improvement

Priority Area	Action 2013	End Qtr
Improving resource utilisation of palliative care services	Support the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	DSW/KE Action re above ▪ Collaborate, as appropriate, and in the context of available resources, in the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	▪ Collaborate, as appropriate, with an assessment of existing models of service delivery in order to improve efficiency and effectiveness, to increase capacity and access, and to ensure alignment with the strategic objectives of the Health Reform Programme.	Q4
Improving the delivery and quality of Generalist and Specialist Palliative Care provision	Work in partnership with the Irish Hospice Foundation to implement the recommendations within the *Palliative Care for All* report through: ⌐ Supporting existing and new demonstration projects focused on providing best practice models of palliative care for people with non-malignant disease.	Ongoing Future Health Action 27
	DSW/KEAction re above ▪ Continue to support the work of voluntary organisations such as the Irish Association for Palliative Care in the promotion and development of best practice in palliative care.	Q1-Q4
	Develop and implement evidence based guidelines / clinical pathways for generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services.	Q1-Q4
	DSW/KE Action re above ▪ Participate in the development and implementation of evidence-based guidelines / clinical pathways for generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services, in the context of available resources.	Q1-Q4
	Develop and implement a national system of care delivery that promotes advance care planning, where appropriate and desired. This will include the development and implementation of: ⌐ National guidelines to promote good practice in advance care planning. ⌐ A national e-learning programme for the multidisciplinary team to provide training in engaging in end of life discussions and advance care planning. ⌐ A national system for recording advance care plans. ⌐ Initiatives to increase community awareness of planning options and capacity to discuss and plan for death and dying.	Q4
	DSW/KE Action re above ▪ Support the development and implementation of a national system of care delivery that promotes advance care planning, where appropriate and desired.	Q4
	Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting.	Q1-Q4
	DSW/KE Action re above ▪ Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting, in the context of available resources.	Q1-Q4
	Continue to work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme in order to progress projects designed to enhance the dignity of people who die in hospitals.	Q1-Q4
	DSW\KE Action re above ▪ Support the projects as required with relevant participating hospitals.	Q1-Q4
Improving integration and governance of palliative care services	Finalise and support system wide utilisation of the governance tool Towards Excellence in Palliative Care - Self Assessment Tool	Q4
	Develop a strategic plan for effective, efficient and high quality utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	DSW/KE Action re above	

Priority Area	Action 2013	End Qtr
	▪ Support the implementation of the governance tool *Towards Excellence in Palliative Care – Self Assessment Tool.*	Q4
	▪ Collaborate with initiatives to develop a strategic plan for effective utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	Scope the development of palliative care minimum datasets for use in: ⌐ Outpatient services ⌐ Primary care settings	 Q4 Q4
	DSW/KE Action re above ▪ Support the implementation and roll out of the palliative care minimum datasets for use in outpatient and primary care settings:	Q4
Developing Paediatric Palliative Care	Work with the Irish Hospice Foundation to progress the implementation of the recommendations in *Palliative Care for Children with Life-Limiting Conditions in Ireland (2009*): ⌐ Extend the provision of co-ordinated care to children with life-limiting conditions and their families.	Q1-Q4
	⌐ Provide a range of education and training programmes that will support staff to meet the needs of children with life-limiting conditions and their families.	Q1-Q4
	DSW/KE Action re above ▪ Extend the provision of co-ordinated care to children with life-limiting conditions and their families through the appointment of outreach nurses in Crumlin.	Q1-Q4
	▪ Support staff to meet the needs of children with life-limiting conditions and their families through access to training programmes.	Q1-Q4
Primary Care: Continue to progress the effective integration of primary care and palliative care services	Progress the effective integration of primary care and palliative care services: ⌐ Map primary palliative care services and develop a national strategy on primary care provision.	Q4
	⌐ Continue to develop and implement evidence based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	Q4
	⌐ Implement the universal referral form for specialist palliative care in partnership with primary care.	Q4
	DSW/KE Action re above ▪ Assist in the mapping process of primary palliative care services to assist national office to develop a national strategy on primary care provision.	Under discussion with ICGP
	▪ Support and implement where appropriate evidence-based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	
	▪ Support the implementation of the universal referral form for specialist palliative care in partnership with primary care.	

Midlands ISA	
Performance / Service Improvement	End Q

Priority Area	Action 2013	End Qtr
Improving resource utilisation of palliative care services	Support the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	Midlands Action re above ▪ Collaborate, as appropriate, and in the context of available resources, in the implementation of a model for the systematic assessment of palliative care need, and processes of access and referral to specialist palliative care services.	Q4
	▪ Collaborate, as appropriate, with an assessment of existing models of service delivery in order to improve efficiency and effectiveness, to increase capacity and access, and to ensure alignment with the strategic objectives of the Health Reform Programme.	Q4
Improving the delivery and quality of Generalist and Specialist Palliative Care provision	Work in partnership with the Irish Hospice Foundation to implement the recommendations within the *Palliative Care for All* report through: ⌐ Supporting existing and new demonstration projects focused on providing best practice models of palliative care for people with non-malignant disease.	Ongoing Future Health Action 27
	Midlands Action re above ▪ Continue to support the work of voluntary organisations such as the Irish Association for Palliative Care in the promotion and development of best practice in palliative care.	Q1-Q4
	Develop and implement evidence based guidelines / clinical pathways for generalist and specialist palliative care	Q1-Q4

Priority Area	Action 2013	End Qtr
	practitioners in order to improve quality of care, access to, and resource utilisation within services.	
	Midlands Action re above ▪ Participate in the development and implementation of evidence-based guidelines / clinical pathways for generalist and specialist palliative care practitioners in order to improve quality of care, access to, and resource utilisation within services, in the context of available resources.	Q1-Q4
	Develop and implement a national system of care delivery that promotes advance care planning, where appropriate and desired. This will include the development and implementation of: ⌐ National guidelines to promote good practice in advance care planning. ⌐ A national e-learning programme for the multidisciplinary team to provide training in engaging in end of life discussions and advance care planning. ⌐ A national system for recording advance care plans. ⌐ Initiatives to increase community awareness of planning options and capacity to discuss and plan for death and dying.	Q4
	Midlands Action re above ▪ Support the development and implementation of a national system of care delivery that promotes advance care planning, where appropriate and desired.	Q4
	Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting.	Q1-Q4
	Midlands Action re above ▪ Implement the Palliative Care Competence Framework to support managers, teams and individuals to identify appropriate palliative care competences for use within their particular setting, in the context of available resources.	Q1-Q4
	Continue to work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme in order to progress projects designed to enhance the dignity of people who die in hospitals.	Q1-Q4
	Midlands Action re above ▪ Support the projects as required with relevant participating hospitals.	Q1-Q4
Improving integration and governance of palliative care services	Finalise and support system wide utilisation of the governance tool Towards Excellence in Palliative Care - Self Assessment Tool.	Q4
	Develop a strategic plan for effective, efficient and high quality utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	Midlands Action re above ▪ Support the implementation of the governance tool *Towards Excellence in Palliative Care – Self Assessment Tool.*	Q4
	▪ Collaborate with initiatives to develop a strategic plan for effective utilisation of palliative care support beds based on the findings of the national review conducted in 2012.	Q4
	Scope the development of palliative care minimum datasets for use in: ⌐ Outpatient services ⌐ Primary care settings	 Q4 Q4
	Midlands Action re above ▪ Support the implementation and roll out of the palliative care minimum datasets for use in outpatient and primary care settings.	Q4
Developing Paediatric Palliative Care	Work with the Irish Hospice Foundation to progress the implementation of the recommendations in *Palliative Care for Children with Life-Limiting Conditions in Ireland (2009)*: ⌐ Extend the provision of co-ordinated care to children with life-limiting conditions and their families.	Q1-Q4
	⌐ Provide a range of education and training programmes that will support staff to meet the needs of children with life-limiting conditions and their families.	Q1-Q4
	Midlands Action re above ▪ Extend the provision of co-ordinated care to children with life-limiting conditions and their families through the appointment of outreach nurses in Mullingar.	Q1-Q4
	▪ Support staff to meet the needs of children with life-limiting conditions and their families through access to training programmes.	Q1-Q4
Primary Care: Continue to progress the effective	Progress the effective integration of primary care and palliative care services: ⌐ Map primary palliative care services and develop a national strategy on primary care provision.	Q4
	⌐ Continue to develop and implement evidence based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	Q4

Priority Area	Action 2013	End Qtr
integration of primary care and palliative care services	⌐ Implement the universal referral form for specialist palliative care in partnership with primary care.	Q4
	Midlands Action re above ▪ Assist in the mapping process of primary palliative care services to assist national office to develop a national strategy on primary care provision.	Under discussion with ICGP
	▪ Support and implement where appropriate evidence-based guidelines and the tailored use of standardised and optimised clinical pathways for primary palliative care.	
	▪ Support the implementation of the universal referral form for specialist palliative care in partnership with primary care.	

Cost Management & Employment Control Measures (all ISAs) – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
Finance	▪ Cost Containment Plan	Ongoing
	▪ Non-Pay Efficiencies	
	▪ Monitoring Non-HSE Agencies	
Human Resources	▪ Absenteeism	
	▪ Rosters	
	▪ Overtime	
	▪ Agency	

Palliative Care Services – DML Scorecard 2013

Palliative Care Services Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Inpatient Units Waiting Times i) Specialist palliative care inpatient bed within 7 days	88%	Quality, Access and Activity	Day Care No. of patients in receipt of specialist palliative day care services	85
ii) Specialist palliative care inpatient bed within 1 month	97%		No. of new patients in receipt of specialist palliative day care services	243
No. of patients in receipt of treatment in specialist palliative care inpatient units	106		Community Hospitals No. of patients in receipt of care in designated palliative care support beds	46
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile)	53		Finance Variance against Budget: Income and Expenditure	≤ 0%
No. of admissions to specialist palliative care inpatient units	886		Variance against Budget: Income Collection	≤ 0%
Community Home Care i) Specialist palliative care services in the community provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital)	81%		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
ii) Specialist palliative care services in the community provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital)	100%		Variance against Budget: Revenue and Capital Vote	≤ 0%
			Human Resources Absenteeism rates	3.5%
No. of patients in receipt of specialist palliative care in the community	653		Variance from approved WTE ceiling	≤ 0%
No. of new patients seen or admitted to specialist palliative care services in the community (reported by age profile)	178			

MENTAL HEALTH SERVICES

Mental Health Services Resources – HSE Dublin Mid-Leinster

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	**Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Dublin South Central	87.253	85.434	-2.1%	75	22	-53
Dublin South East / Wicklow	32.161	31.008	-3.6%	900	882	-18
Dublin South West / Kildare-West Wicklow	14.325	13.082	-8.7%	498	489	-9
MIdlands	44.574	43.422	-2.6%	577	546	-31
Central	0.318	0.309	-2.8%			
Total	**178.631**	**173.255**	***-3.0%**	**2,050**	**1,939**	**-111**

**Funding required for FYC of posts recruited in 2012 which will bring % reduction in line with the NSP*
***Ceilings are derived from the December 2012 out-turn and are subject to final sign-off by the ISA Managers*

Introduction

Mental health services in Dublin Mid-Leinster (DML) include a broad range of primary and community services as well as specialised secondary care services for children and adolescents, adults and older persons and the National Forensic Mental Health Services. Services are provided by the HSE and voluntary sector partners in a variety of settings including the service user's home, day facilities, community mental health facilities, acute in-patient facilities, as well as supported community residences.

Guiding the development of our services is the policy document *A Vision for Change (2006)* which outlines a progressive, evidence based and pragmatic approach to mental health that is community focused and recovery orientated. During 2012 DML made progress in implementing the key elements of the Programme for Government relating to mental health, particularly in reference to the population of Community Mental Health Teams and the Child and Adolescent Mental Health Service. In addition, significant progress has been made in the provision of a new Central Mental Hospital on the St. Ita's Hospital, Portrane, site. The National Service Plan for 2013 outlines a further re-investment of €35m across a number of initiatives and DML will be fully participating in the relevant programmes.

Service Quantum

In 2013 HSE Dublin Mid-Leinster will provide:

- 269 Acute In-Patient beds
- 12 In-Patient Child and Adolescent Mental Health beds
- 227 Continuing Care beds
- 256 Residential places in Low, Medium and High Support community residences
- 509 Day Centre places
- 153 Day Hospital places
- 10 Child and Adolescent Day Hospital places
- 26 General Adult Community Mental Health Teams
- 19 Child and Adolescent Mental Health Teams
- 94 beds in the Central Mental Hospital

National Priorities

- Promote positive mental health and implement the outstanding actions in *Reach Out – National Strategy for Action on Suicide Prevention*.
- Enhance the *capacity at primary care and acute hospitals* to respond to suicidal behaviour.
- Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012 and provide additional capacity in 2013.
- Enhance mental health services for children and adolescents in both community and inpatient environments:
  - Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012
  - Maintain and increase child and adolescent acute inpatient capacity.
- Continue to rationalise adult acute inpatient and continuing care bed provision in line with *A Vision for Change* recommendations.
- Develop the service user and carer partnership by ensuring service user representation on Area Mental Health Management Teams.
- Provide access to quality psychotherapy and counselling services for patients eligible under the general medical services within primary care, commenced in 2012.
- Progress the project plan to relocate Central Mental Hospital to St. Ita's, Portrane and progress associated national forensic infrastructure to include Forensic CAMHS Unit, Forensic Mental Health Intellectual Disability (MHID) Unit and provision of four Intensive Care Rehabilitation Units (ICRUs).
- Implement agreed clinical care programmes in mental health across primary and secondary care:
  - Early intervention in first episode psychosis
  - Early intervention in eating disorders
  - Management of self harm presentations amongst service users to Emergency Departments.
- Develop phase two of the clinical care programmes in mental health across primary and secondary care to extend psychosis interventions to a wider relevant service user population, develop interventions for complex psychological conditions and develop a programme for depression.
- Improve the quality of mental health services in line with the requirements of the Mental Health Commission.
- Enhance specialist community mental health services for Older People with a Mental Illness, those with an Intellectual Disability and Mental Illness (MHID) and forensic mental health services.

Regional Priorities

- General Adult
  - Closure of old Psychiatric Hospital in St. Loman's Mullingar and replace with modern facilities.
  - Implement catchment area Mental Health Management Teams.
  - Review Continuing Care provision to ensure most cost-effective and appropriate service delivery.
  - Implement Clinical Care Programmes, as agreed nationally, and develop Phase 2, as appropriate.
  - Continue the enhancing of Community Mental Health Teams using both 2012 and 2013 Development Funding.

- Child and Adolescent Mental Health
  - Develop the Interim Adolescent Mental Health In-Patient facility in St. Loman's, Palmerstown.
  - Continue recruitment of 2012 Service Development Posts.
  - Integrate Child and Adolescent Services as part of Life-Span management structure.
  - Open the Child and Adolescent Day Hospital in Cherry Orchard Hospital.
  - Implement 16/17 year olds protocol in relation to accessing services.
  - Recruit additional posts as outlined in 2013 Service Plan.

- General
  - Progress the development of the new National Forensic Mental Health facility on the St. Ita's site and related MHID (Forensic) and Adolescent (Forensic), as well as Intensive Care Rehabilitation Units (ICRUs).
  - Strengthen the Prison In-Reach and improve access to in-patient beds in the National Forensic Hospital.

- Continue the development of and roll-out of targeted Mental Health and Suicide Awareness Programmes in the region in association with other statutory and non-statutory agencies.
- In line with nationally agreed criteria, implement MHID and MHSOP developments, as outlined in the National Service Plan.

The following ISA Plans contain the relevant Mental Health *"2013 Actions"* from the HSE National Operational Plan 2013 with the associated ISA actions listed underneath.

Dublin South Central (DSC) ISA

Performance / Service Improvement

Priority Area	Action 2013	End Qtr
Promote positive mental health and implement *Reach Out – National Strategy for Action on Suicide Prevention*	*Reach Out– National Strategy for Action on Suicide Prevention* ⌐ Implement strategy and progress the developments set out in the Programme for Government.	Ongoing
	⌐ Establish an expert advisory group to support the work of the National Office for Suicide Prevention and to contribute to the strategy to follow Reach Out.	Ongoing
	⌐ Enhance response at primary care level to suicidal behaviour through the delivery of suicide intervention skills training to GPs and practice staff.	Ongoing
	⌐ Transfer the learning from SCAN (suicide crisis assessment nurse) pilots to four other services nationally (2013 investment).	Ongoing
	⌐ Continue and enhance funding to non-statutory partners delivering frontline services related to key action areas within Reach Out.	Ongoing
	⌐ Conduct a review of the NOSP funding programme and develop a funding strategy for the period 2013-2016.	Q2
	DSC Action re above ▪ Participate in Suicide Initiatives outlined above as funded/managed by the National Office for Suicide Prevention, where applicable.	Ongoing
General Adult Community Mental Health Teams	⌐ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012.	Q2
	⌐ Provide additional capacity through further investment in General Adult Community Mental Health Teams in 2013.	Q2
	DSC Action re above ▪ Continue the development of Community Mental Health Teams as started in 2012 and further enhance in 2013.	Q2
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Teams ⌐ Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q2
	⌐ Provide additional capacity through further investment in Child and Adolescent Community Mental Health Teams in 2013.	Q2
	⌐ Realign CAMHS catchment areas to reflect HSE Areas *(LRC Agreement 17th September 2012)*	Q2
	DSC Action re above ▪ Continue the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q3
	▪ Complete recruitment of additional CAMHS staff from 2012 Service Developments.	Q3
	▪ Review and re-align Linn Dara Child and Adolescent Mental Health Service catchment area in line with ECD structure within DML and with DNE.	Q3
	Child and Adolescent Acute Inpatient Capacity Implement measures to increase CAMHS acute inpatient capacity: ⌐ DML – 8 bed Interim CAMHS Unit fully operational at St Loman's in Palmerstown.	Q1
	⌐ DML – Day Hospital in Cherry Orchard fully operational.	Q2
	DSC Action re above ▪ 8 bed interim CAMHS Unit fully operational at St. Loman's in Palmerstown.	Q1
	▪ Day Hospital in Cherry Orchard fully operational.	Q2
	Full compliance with the access protocols for 16 and 17 year old to mental health services *(LRC Agreement*	Q1

Priority Area	Action 2013	End Qtr
	17th September)	
	DSC Action re above ▪ Fully develop and implement protocols and procedures for the care of 16 year olds requiring access to mental health services in out-patient and in-patient settings.	Q4
	Enhance Young People's Mental Health ⌐ In partnership with Headstrong, progress the six new Jigsaw sites in development through the allocation of available Innovation Funding.	Q4
	⌐ The National Office for Suicide Prevention will work in partnership with other agencies to deliver mental health programmes targeted at building the resilience and well-being of young people in key settings e.g. schools, sports clubs supported by a social marketing campaign e.g Let Someone Know.	Q4
	DSC Action re above ▪ Progress the Jigsaw sites and hubs in the Tallaght and Clondalkin areas in line with national Service Arrangement with Headstrong. Staff to be made available from within Child & Adolescent and Adult Mental Health Services to support this initiative.	Ongoing
	▪ Support, where relevant, National Office for Suicide Prevention initiatives locally.	Q4
Continue to rationalise adult acute inpatient and continuing care bed provision in line with *A Vision for Change* recommendations and sustain acute inpatient bed numbers at *A Vision for Change* levels	Reduction of a minimum of 102 acute inpatient beds nationally to bring the ratio to 20:100,000 having regard to the incomplete provision of community mental health services. Sustain acute inpatient capacity at *A Vision for Change* recommended levels when reached DML (currently 284) ⌐ Reduce to 269	Q4
	DSC Action re above ▪ Acute bed capacity across DML is in line with*Vision for Change* levels.	
	Transition of Continuing Care and High Dependency service users to *A Vision for Change* models of service ⌐ Develop plans for the phased discontinuation of low and medium support hostels provision including the provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the *National Housing Strategy.*	Q4
	DSC Action re above ▪ A review will be undertaken and a plan prepared to transition low and medium support hostels in the extended catchment area.	Q4
Service User and Carer Partnership	Ensure service user representation on Area Mental Health Management Teams *(LRC Agreement 17th September 2012)*	Q4
	DSC Action re above ▪ The DSC mental health service has completed this action. A service user and carer representative are members of the Area Management Mental Health Team.	Completed
	Continue to provide access to psychotherapy and counselling for patients eligible under the general medical services *(The Counselling in Primary Care Initiative is delivered by the National Counselling Service and Mental Health Services)*	Ongoing
	DSC Action re above ▪ This action is delivered through ALBA National Counselling Service.	Ongoing
National Forensic Mental Health Services	Replacement of Central Mental Hospital (CMH) ⌐ Progress the project plan to relocate CMH to St. Ita's Portrane and progress associated national forensic infrastructure to include Forensic CAMHS Unit, Forensic Mental Health Intellectual Disability (MHID) Unit and provision of 4 intensive care rehabilitation units (ICRU).	Q4 into 2014
	DSC Action re above ▪ As outlined in the national action above.	Ongoing
Mental Health – Clinical Care Programmes	Early Intervention in First Episode Psychosis ⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical health guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Agree and introduce clinical care pathway in each CMHT / CAMHS.	Q3
	DSC Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Early Intervention in Eating Disorders	

Priority Area	Action 2013	End Qtr
	⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical healthcare guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Commence clinical care pathway in each CMHT / CAMHS.	Q3
	DSC Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Management of self harm presentations amongst service users in Emergency Departments (EDs) ⌐ Deliver an agreed training programme to mental health staff working in EDs.	Q2
	⌐ Train identified mental health staff as trainers to deliver an education programme on self harm to ED staff (Minimum of 2 mental health staff per ED).	Q2
	⌐ Agree and introduce clinical care pathway in EDs.	Q3
	DSC Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
Improve the quality of services in line with the requirements of the Mental Health Commission	Promote quality and patient safety through ⌐ Adherence to Mental Health Commission (MHC) Regulations for approved centres and the suite of rules and codes of practice of the MHC on various aspects of mental health service delivery.	Ongoing
	⌐ Work with the Inspector of Mental Health Services during annual inspection and respond to Inspectors Reports.	Ongoing
	DSC Action re above ▪ DSC mental health services continue to promote the above actions.	Ongoing
Older People with a Mental Illness / Intellectual Disability and Mental Illness (MHID)	⌐ Enhance community mental health service provision for Older People with a Mental Illness.	Q4
	⌐ Enhance community mental health service provision for those with an Intellectual Disability and Mental Illness.	Q4
	⌐ Enhance provision of Forensic Mental Health Services.	Q4
	DSC Action re above ▪ In line with nationally agreed criteria, further develop local MHSOP using 2013 development funding.	Q4
	▪ In line with nationally agreed criteria, further develop local MHID services using 2013 development funding in conjunction with relevant voluntary organisations.	Q4
	▪ Provide additional staffing to Prison In-Reach service in Greater Leinster region.	Q4
	▪ Develop a new Forensic Mental Health of Intellectual Disability service.	Q4

Dublin South East / Wicklow (DSE/W) ISA

Performance / Service Improvement *– Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Promote positive mental health and implement *Reach Out – National Strategy for Action on Suicide Prevention*	*Reach Out– National Strategy for Action on Suicide Prevention* ⌐ Implement strategy and progress the developments set out in the Programme for Government.	Ongoing
	⌐ Establish an expert advisory group to support the work of the National Office for Suicide Prevention and to contribute to the strategy to follow Reach Out.	Ongoing
	⌐ Enhance response at primary care level to suicidal behaviour through the delivery of suicide intervention skills training to GPs and practice staff.	Ongoing
	⌐ Transfer the learning from SCAN (suicide crisis assessment nurse) pilots to four other services nationally (2013 investment).	Ongoing
	⌐ Continue and enhance funding to non-statutory partners delivering frontline services related to key action areas within Reach Out.	Ongoing
	⌐ Conduct a review of the NOSP funding programme and develop a funding strategy for the period 2013-2016.	Q2
	DSE/W Action re above ▪ Participate in Suicide Initiatives outlined above as funded/managed by the National Office for Suicide Prevention, where applicable.	Ongoing
General Adult Community	⌐ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012	Q2

Priority Area	Action 2013	End Qtr
Mental Health Teams	⌐ Provide additional capacity through further investment in General Adult Community Mental Health Teams in 2013.	Q2
	DSE/W Action re above ▪ Continue the development of Community Mental Health Teams as started in 2012 and further enhance in 2013.	Q2
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Teams ⌐ Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q2
	⌐ Provide additional capacity through further investment in Child and Adolescent Community Mental Health Teams in 2013.	Q2
	DSE/W Action re above ▪ Continue the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q3
	▪ Complete recruitment of additional CAMHS staff from 2012 Service Developments.	Q3
	Full compliance with the access protocols for 16 and 17 year old to mental health services *(LRC Agreement 17th September)*	Q1
	DSE/W Action re above ▪ Fully develop and implement protocols and procedures for the care of 16 year olds requiring access to mental health services in out-patient and in-patient settings.	Q2
	Enhance Young People's Mental Health ⌐ The National Office for Suicide Prevention will work in partnership with other agencies to deliver mental health programmes targeted at building the resilience and well-being of young people in key settings e.g. schools, sports clubs supported by a social marketing campaign e.g Let Someone Know.	Q4
	DSE/W Action re above ▪ Support, where relevant, National Office for Suicide Prevention initiatives locally.	Q4
Continue to rationalise adult acute inpatient and continuing care bed provision in line with *A Vision for Change* recommendations and sustain acute inpatient bed numbers at *A Vision for Change* levels	Reduction of a minimum of 102 acute inpatient beds nationally to bring the ratio to 20:100,000 having regard to the incomplete provision of community mental health services. Sustain acute inpatient capacity at *A Vision for Change* recommended levels when reached DML (currently 284) ⌐ Reduce to 269	Q4
	DSE/W Action re above ▪ Acute bed capacity across DML is in line with *Vision for Change* levels.	Q4
	Transition of Continuing Care and High Dependency service users to *A Vision for Change* models of service ⌐ Develop plans for the phased discontinuation of low and medium support hostels provision including the provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the *National Housing Strategy*.	Q4
	DSE/W Action re above ▪ Awaiting national advice and proposals.	Q4
	Review high support hostel and continuing care bed capacity to provide for population needs in line with *A Vision for Change* recommended levels and plan to reconfigure over-capacity to provide crisis resources and for those with difficult to manage behaviours.	Q4
	DSE/W Action re above ▪ No over-capacity in this area.	Q4
Service User and Carer Partnership	Ensure service user representation on Area Mental Health Management Teams *(LRC Agreement 17th September 2012)*.	Q4
	DSE/W Action re above ▪ Already in place.	Q1
Mental Health in Primary Care and Access to Psychotherapy Services	Continued participation of PCTs in Team Based Approaches to Mental Health in Primary Care Accredited Programme and roll out of programme to satellite sites.	Ongoing
	DSE/W Action re above ▪ Already in place.	Ongoing
	Continue to provide access to psychotherapy and counselling for patients eligible under the general medical services *(The Counselling in Primary Care Initiative is delivered by the National Counselling Service and Mental*	Ongoing

Priority Area	Action 2013	End Qtr
	Health Services).	
	DSE/W Action re above ▪ This action is being implemented through AVOCA Counselling Service.	Q1
Mental Health – Clinical Care Programmes	Early Intervention in First Episode Psychosis ⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical health guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Agree and introduce clinical care pathway in each CMHT / CAMHS.	Q3
	DSE/W Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Early Intervention in Eating Disorders ⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical healthcare guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Commence clinical care pathway in each CMHT / CAMHS.	Q3
	DSE/W Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Management of self harm presentations amongst service users in Emergency Departments (EDs) ⌐ Deliver an agreed training programme to mental health staff working in EDs.	Q2
	⌐ Train identified mental health staff as trainers to deliver an education programme on self harm to ED staff (Minimum of 2 mental health staff per ED).	Q2
	⌐ Agree and introduce clinical care pathway in EDs.	Q3
	DSE/W Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Develop phase two of the clinical care programmes ⌐ Progress the introduction of phase two of the psychosis clinical programme. ⌐ Develop phase two of the self harm programme to primary care. ⌐ Develop a clinical programme for the management of depression. ⌐ Develop a clinical programme for the management of complex psychological disorders. ⌐ Develop a national referral and discharge template between primary care and secondary mental healthcare. ⌐ Develop and introduce a national protocol for a single point of contact in each CMHT to facilitate shared care between primary and secondary care.	Q4
	DSE/W Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
Improve the quality of services in line with the requirements of the Mental Health Commission	Promote quality and patient safety through ⌐ Adherence to Mental Health Commission (MHC) Regulations for approved centres and the suite of rules and codes of practice of the MHC on various aspects of mental health service delivery.	Ongoing
	⌐ Work with the Inspector of Mental Health Services during annual inspection and respond to Inspectors Reports.	Ongoing
	DSE/W Action re above ▪ Services committed to above within available resources.	Ongoing
Older People with a Mental Illness / Intellectual Disability and Mental Illness (MHID)	⌐ Enhance community mental health service provision for Older People with a Mental Illness.	Q4
	⌐ Enhance community mental health service provision for those with an Intellectual Disability and Mental Illness.	Q4
	DSE/W Action re above ▪ In line with nationally agreed criteria, further develop local MHSOP using 2013 development funding.	Q4
	▪ In line with nationally agreed criteria, further develop local MHID services using 2013 development funding in conjunction with relevant voluntary organisations.	Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Promote positive mental health and implement *Reach Out – National Strategy for Action on Suicide Prevention*	*Reach Out– National Strategy for Action on Suicide Prevention* ⌐ Implement strategy and progress the developments set out in the Programme for Government.	Ongoing
	⌐ Establish an expert advisory group to support the work of the National Office for Suicide Prevention and to contribute to the strategy to follow Reach Out.	Ongoing
	⌐ Enhance response at primary care level to suicidal behaviour through the delivery of suicide intervention skills training to GPs and practice staff.	Ongoing
	⌐ Transfer the learning from SCAN (suicide crisis assessment nurse) pilots to four other services nationally (2013 investment).	Ongoing
	⌐ Continue and enhance funding to non-statutory partners delivering frontline services related to key action areas within Reach Out.	Ongoing
	⌐ Conduct a review of the NOSP funding programme and develop a funding strategy for the period 2013-2016.	Q2
	DSW/KE Action re above ▪ Participate in Suicide Initiatives outlined above as funded/managed by the National Office for Suicide Prevention, where applicable.	Ongoing
	▪ Continue the roll out of the Community Response Plan in Kildare.	Ongoing
	▪ Continue to support targeted initiatives in selected areas with community support.	Q2
General Adult Community Mental Health Teams	Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012.	Q2
	Provide additional capacity through further investment in General Adult Community Mental Health Teams in 2013.	Q2
	DSW/KE Action re above ▪ Complete recruitment of MDT staff from 2012 and 2013 Developments.	Q3
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Teams Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q2
	Provide additional capacity through further investment in Child and Adolescent Community Mental Health Teams in 2013.	Q2
	DSW/KE Action re above ▪ CAMHS service in this area is provided by Linn Dara - *see DSC ISA Plan above.*	*See DSC ISA Plan above*
	Full compliance with the access protocols for 16 and 17 year old to mental health services *(LRC Agreement 17th September)*	Q1
	DSW/KE Action re above ▪ CAMHS service in this area is provided by Linn Dara - *see DSC ISA Plan above.*	*See DSC ISA Plan above*
	The National Office for Suicide Prevention will work in partnership with other agencies to deliver mental health programmes targeted at building the resilience and well-being of young people in key settings e.g. schools, sports clubs supported by a social marketing campaign e.g Let Someone Know.	Q4
	DSW/KE Action re above ▪ Support, where relevant, National Office for Suicide Prevention initiatives locally.	Q4
	▪ Work with NEPS and Department of Education to assist schools where appropriate.	Ongoing
Continue to rationalise adult acute inpatient and continuing care bed provision in line with *A Vision for Change* recommendations and sustain acute inpatient bed	Reduction of a minimum of 102 acute inpatient beds nationally to bring the ratio to 20:100,000 having regard to the incomplete provision of community mental health services. Sustain acute inpatient capacity at *A Vision for Change* recommended levels when reached DML (currently 284) ⌐ Reduce to 269	Q4
	DSW/KE Action re above ▪ Acute bed capacity across DML is in line with *Vision for Change* levels.	Q4
	Transition of Continuing Care and High Dependency service users to *A Vision for Change* models of service ⌐ Develop plans for the phased discontinuation of low and medium support hostels provision including the	Q4

Priority Area	Action 2013	End Qtr
numbers at *A Vision for Change* levels	provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the *National Housing Strategy.*	
	⌐ Review high support hostel and continuing care bed capacity to provide for population needs in line with *A Vision for Change* recommended levels and plan to reconfigure over-capacity to provide crisis resources and for those with difficult to manage behaviours.	Q4
	DSW/KE Action re above ▪ No surplus capacity locally.	
Service User and Carer Partnership	Ensure service user representation on Area M ental Health Management Teams *(LRC Agreement 17th September 2012)*	Q4
	DSW/KE Action re above ▪ The ISA will work with the Irish Adocacy Network towards ensuring user representation at Area Mental Health Management Team.	Q4
	Continue to provide access to psychotherapy and counselling for patients eligible under the general medical services *(The Counselling in Primary Care Initiative is delivered by the National Counselling Service and Mental Health Services)*	Ongoing
	DSW/KE Action re above ▪ In progress through ALBA Counselling Service.	Ongoing
Mental Health – Clinical Care Programmes	Early Intervention in First Episode Psychosis ⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical health guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Agree and introduce clinical care pathway in each CMHT / CAMHS.	Q3
	DSW/KE Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Early Intervention in Eating Disorders ⌐ Agree and introduce clinical care pathway in primary care	Q3
	⌐ Develop and agree physical healthcare guidelines for use in primary care	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT	Q2
	⌐ Commence clinical care pathway in each CMHT / CAMHS.	Q3
	DSW/KE Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Management of self harm presentations amongst service users in Emergency Departments (EDs) ⌐ Deliver an agreed training programme to mental health staff working in EDs.	Q2
	⌐ Train identified mental health staff as trainers to deliver an education programme on self harm to ED staff (Minimum of 2 mental health staff per ED).	Q2
	⌐ Agree and introduce clinical care pathway in EDs.	Q3
	DSW/KE Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
Improve the quality of services in line with the requirements of the Mental Health Commission	Promote quality and patient safety through ⌐ Adherence to Mental Health Commission(MHC) Regulations for approved centres and the suite of rules and codes of practice of the MHC on various aspects of mental health service delivery.	Ongoing
	⌐ Work with the Inspector of Mental Health Services during annual inspection and respond to Inspectors Reports.	Ongoing
	DSW/KE Action re above ▪ Mental Health Services committed to meeting above actions within available resources.	Ongoing
Older People with a Mental Illness / Intellectual Disability and Mental Illness (MHID)	⌐ Enhance community mental health service provision for Older People with a Mental Illness.	Q4
	⌐ Enhance community mental health service provision for those with an Intellectual Disability and Mental Illness.	Q4
	DSW/KE Action re above ▪ In line with nationally agreed criteria, further develop local MHSOP using 2013 development funding.	Q4
	▪ In line with nationally agreed criteria, further develop local MHID services using 2013 development funding in conjunction with relevant voluntary organisations.	Q4

Midlands ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Promote positive mental health and implement *Reach Out – National Strategy for Action on Suicide Prevention*	*Reach Out– National Strategy for Action on Suicide Prevention* ⌐ Implement strategy and progress the developments set out in the Programme for Government.	Ongoing
	⌐ Establish an expert advisory group to support the work of the National Office for Suicide Prevention and to contribute to the strategy to follow Reach Out.	Ongoing
	⌐ Enhance response at primary care level to suicidal behaviour through the delivery of suicide intervention skills training to GPs and practice staff.	Ongoing
	⌐ Transfer the learning from SCAN (suicide crisis assessment nurse) pilots to four other services nationally (2013 investment).	Ongoing
	⌐ Continue and enhance funding to non-statutory partners delivering frontline services related to key action areas within Reach Out.	Ongoing
	⌐ Conduct a review of the NOSP funding programme and develop a funding strategy for the period 2013-2016.	Q2
	Midlands Action re above ▪ Participate in Suicide Initiatives outlined above as funded/managed by the National Office for Suicide Prevention, where applicable.	Ongoing
General Adult Community Mental Health Teams	⌐ Complete the strengthening of the General Adult Community Mental Health Team (CMHT) capacity commenced in 2012.	Q2
	⌐ Provide additional capacity through further investment in General Adult Community Mental Health Teams in 2013.	Q2
	Midlands Action re above ▪ Continue the development of Community Mental Health Teams as started in 2012 and further enhance in 2013.	Q3
Enhance mental health services for children and adolescents in both the community and inpatient environments	Child and Adolescent Community Mental Health Teams ⌐ Complete the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q2
	⌐ Provide additional capacity through further investment in Child and Adolescent Community Mental Health Teams in 2013.	Q2
	Midlands Action re above ▪ Continue the strengthening of the Child and Adolescent Community Mental Health Team (CAMHT) capacity commenced in 2012.	Q2
	▪ Complete 2012 recruitment process and initiate 2013 service development post process.	Q2
	⌐ Full compliance with the access protocols for 16 and 17 year old to mental health services *(LRC Agreement 17th September)*	Q1
	Midlands Action re above ▪ Fully develop and implement protocols to cater for mental health needs of 16 year olds requiring both in-patient and out-patient care.	Q2
	Enhance Young People's Mental Health ⌐ In partnership with Headstrong, progress the six new Jigsaw sites in development through the allocation of available Innovation Funding.	Q4
	⌐ The National Office for Suicide Prevention will work in partnership with other agencies to deliver mental health programmes targeted at building the resilience and well-being of young people in key settings e.g. schools, sports clubs supported by a social marketing campaign e.g Let Someone Know.	Q4
	Midlands Action re above ▪ Support Jigsaw site in Co. Offaly.	Q4
	▪ Support, where relevant, National Office for Suicide Prevention initiatives locally.	Q4
Continue to rationalise adult acute inpatient and continuing care bed	Reduction of a minimum of 102 acute inpatient beds nationally to bring the ratio to 20:100,000 having regard to the incomplete provision of community mental health services. Sustain acute inpatient capacity at *A Vision for Change* recommended levels when reached DML (currently 284) ⌐ Reduce to 269	Q4

Priority Area	Action 2013	End Qtr
provision in line with *A Vision for Change* recommendations and sustain acute inpatient bed numbers at *A Vision for Change* levels	*Midlands Action re above* ▪ Acute bed capacity across DML is in line with *Vision for Change* levels.	
	Closure of old psychiatric hospitals to acute inpatient admissions ⌐ Continue to work with all stakeholders to plan for the closure of admissions to old psychiatric hospitals	Ongoing
	Midlands Action re above ▪ St. Loman's Psychiatric Hospital will close in 2013.	Q3
	Transition of Continuing Care and High Dependency service users to *A Vision for Change* models of service ⌐ Develop plans for the phased discontinuation of low and medium support hostels provision including the provision of continuing clinical supports as required for those transitioning to new arrangements in the community as articulated in the *National Housing Strategy.*	Q4
	Midlands Action re above ▪ Awaiting national guidance on this issue.	
	⌐ Review high support hostel and continuing care bed capacity to provide for population needs in line with *A Vision for Change* recommended levels and plan to reconfigure over-capacity to provide crisis resources and for those with difficult to manage behaviours.	Q4
	Midlands Action re above ▪ Complete local review of hostel accommodation.	Q4
Service User and Carer Partnership	Ensure service user representation on Area Mental Health Management Teams *(LRC Agreement 17th September 2012)*	Q4
	Midlands Action re above ▪ Mental Health ECD Management Team will be established to implement this action.	Q4
	Continue to provide access to psychotherapy and counselling for patients eligible under the general medical services *(The Counselling in Primary Care Initiative is delivered by the National Counselling Service and Mental Health Services)*.	Ongoing
	Midlands Action re above ▪ Above service is delivered through ARCHES Counselling Service.	Ongoing
Mental Health – Clinical Care Programmes	Early Intervention in First Episode Psychosis ⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical health guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Agree and introduce clinical care pathway in each CMHT / CAMHS.	Q3
	Midlands Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Early Intervention in Eating Disorders ⌐ Agree and introduce clinical care pathway in primary care.	Q3
	⌐ Develop and agree physical healthcare guidelines for use in primary care.	Q2
	⌐ Deliver an agreed training programme to named staff on each CMHT.	Q2
	⌐ Commence clinical care pathway in each CMHT / CAMHS.	Q3
	Midlands Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
	Management of self harm presentations amongst service users in Emergency Departments (EDs) ⌐ Deliver an agreed training programme to mental health staff working in EDs.	Q2
	⌐ Train identified mental health staff as trainers to deliver an education programme on self harm to ED staff (Minimum of 2 mental health staff per ED).	Q2
	⌐ Agree and introduce clinical care pathway in EDs.	Q3
	Midlands Action re above ▪ Local plans will be confirmed when national guidelines are finalised.	Ongoing
Improve the quality of services in line with the requirements of	Promote quality and patient safety through ⌐ Adherence to Mental Health Commission(MHC) Regulations for approved centres and the suite of rules and codes of practice of the MHC on various aspects of mental health service delivery.	Ongoing
	⌐ Work with the Inspector of Mental Health Services during annual inspection and respond to Inspectors	Ongoing

Priority Area	Action 2013	End Qtr
the Mental Health Commission	Reports.	
	Midlands Action re above ▪ Midlands Mental Health Services continue to strive to meet above requirements within the level of resources available.	Ongoing
Older People with a Mental Illness / Intellectual Disability and Mental Illness (MHID)	⌐ Enhance community mental health service provision for Older People with a Mental Illness.	Q4
	⌐ Enhance community mental health service provision for those with an Intellectual Disability and Mental Illness.	Q4
	Midlands Action re above ▪ In line with nationally agreed criteria, further develop local MHSOP using 2013 development funding.	Q4
	▪ In line with nationally agreed criteria, further develop local MHID services using 2013 development funding in conjunction with relevant voluntary organisations.	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		Completion Quarter
St. Loman's Hospital, Mullingar, Co. Westmeath	▪ Replacement of St. Edna's ward to provide a 20 bed special behavioural unit and up to 24 replacement beds.	Q2

Cost Management & Employment Control Measures (all ISAs) – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
Finance	▪ Cost Containment Plan	Ongoing
	▪ Non-Pay Efficiencies	
	▪ Monitoring Non-HSE Agencies	
Human Resources	▪ Absenteeism	
	▪ Rosters	
	▪ Overtime	
	▪ Agency: Minimise Agency usage.	
DSE / W	▪ Move from Cois Céim to St. Broc's - Re-designation of continuing care beds to step down and respite beds	

Mental Health Services – DML Scorecard 2013

Mental Health Services Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Adult Inpatient Services No. of admissions to adult acute inpatient units	3,444	Quality, Access and Activity	No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	31
Median length of stay	10		No. of children / adolescents admitted to adult HSE mental health inpatient units i). < 16 years ii). < 17 years iii). < 18 years	<50* 0* 15* 35*
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	63.7			
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	21.8			
Acute re-admissions as % of admissions	66%		No. and % of involuntary admissions of children and adolescents	16* 5%*
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	41.9		No. of child / adolescent referrals (including re-referred) received by mental health services	4,469
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	20.5		No. of child / adolescent referrals (including re-referred) accepted by mental health services	3,575
No. of adult involuntary admissions	372		Total no. of new (including re-referred) child / adolescent referrals offered first appointment and seen	3,030

Mental Health Services Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	6.9		No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	70%
General Adult Community Mental Health Teams (CMHT) No. of General Adult CMHT	New PI		No. and % of cases closed / discharged by CAMHS service	2,860 80%
No. of referrals (including re-referred) received by General Adult CMHT	New PI		Total no. on waiting list for first appointment at end of each quarter (reduce no. waiting by > 5%)	575
No. of referrals (including re-referred) accepted by General Adult CMHT	New PI		No. and % on waiting list for first appointment at end of each quarter by wait time i). < 3 months	340 59%
No. of new (including re-referred) General Adult CMHT cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI		ii). 3-6 months	92 16%
No. of cases closed / discharged by General Adult CMHT	New PI		iii). 6-9 months	63 11%
Psychiatry of Old Age Community Mental Health Teams (CMHT) No. of Psychiatry of Old Age CMHT	New PI		iv). 9-12 months	81 14%
No. of referrals (including re-referred) received by Psychiatry of Old Age CMHT	New PI		v). > 12 months	0
No. of referrals (including re-referred) accepted by Psychiatry of Old Age CMHT	New PI		Finance Variance against Budget: Income and Expenditure	≤ 0%
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait Time (time period to be decided)	New PI		Variance against Budget: Income Collection	≤ 0%
			Variance against Budget: Pay	≤ 0%
No. of cases closed / discharged by Old Age Psychiatry CMHT	New PI		Variance against Budget: Non Pay	≤ 0%
Child and Adolescent No. of child and adolescent Community Mental Health Teams	19		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of child and adolescent Day Hospital Teams	1		Human Resources Absenteeism rates	3.5%
No. of Paediatric Liaison Teams	2		Variance from approved WTE ceiling	≤ 0%

** National Target. Not broken down by region.*

OLDER PEOPLE

Older People Services Resources – HSE Dublin Mid-Leinster

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	*Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Dublin South Central	15.302	14.917	-2.5%	535	533	-2
Dublin South East / Wicklow	36.873	39.535	7.2%	485	482	-3
Dublin South West / Kildare-West Wicklow	60.910	44.338	-27.2%	615	613	-2
Mldlands	20.387	15.933	-21.8%	848	844	-4
Central	0.418	0.397	-4.8%			
Total	**133.890**	**115.120**	**-14.0%**	**2,483**	**2,472**	**-11**

**Ceilings are derived from the December 2012 out-turn and are subject to final sign-off by the ISA Managers*

Introduction

The majority of people in Ireland over 65 years are well and live healthy active lives, with the vast majority remaining independent into old age in their homes or in their own community, receiving support only as and when required.

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

Going forward, *Future Health - A Strategic Framework for Reform of the Health Service 2012-2015,* will provide the strategic direction for the future development of services and service delivery. Our goal of empowering older people and encouraging them to take ownership of their health and care fits into the proposed social and continuing care strategy; i.e.

- Focusing on the rights and dignity of the person concerned, with care guided by the person's own views and wishes.
- Strength based approach to needs assessment using the proposed Standard Assessment Tool (SAT) once launched later in 2013.
- Individual care plans with a focus on personal goals and outcomes.
- Shift towards service provision in the community wherever possible, including informal supports such as family / wider community.

The particular challenge for older people services in 2013 will be to respond to the increasing demand for health and social services which is resulting from the growth in the number of older people, particularly in the upper age group (over 75yrs), while reducing the overall expenditure on older people services due to the ongoing economic climate.

A key priority for Dublin Mid-Leinster (DML) in 2013 will be to address the major challenges in relation to the future viability of the public residential units due to financial constraints, reduction in capital funding, HIQA infrastructural requirements by 2015 and the staff moratorium to ensure that public provision is continued in DML. This will enable choice and provide a service for those clients with multiple complex needs who cannot be maintained in the private sector. DML currently provide 5.31% of persons over 65 years of age in long stay care and will work towards reaching the national target of 4% through reconfiguration of long stay beds to short stay beds, within available resources.

Priority will also be given to managing resources in the community, in particular the home help service and home care packages. There will be specific emphasis on regular reviewing of persons in receipt of home care services to ensure optimal use of resources.

Continuation of the Frail Elderly Project (within available resources) and the frameworks developed in 2012 to improve access and transparency of client pathways will assist both clients, acute hospital and community staff going forward. The provision of intermediate care options will continue to be developed in 2013 with specific emphasis on the provision of transitional / intermediate type care to address the issue of unnecessary admissions to acute hospitals and the requirements for long stay care.

Service Quantum

In 2013 HSE Dublin Mid-Leinster will deliver:

- 2,662 persons in receipt of a Home Care Package (HCP).
- 1,250 new HCP clients.
- 1.91 million Home Help Hours provided for all care groups (excluding provision of hours from HCPs).
- 12,003 people in receipt of Home Help Hours (excluding provision of hours from HCPs).
- 4,900 day care places.
- 1,870 beds in public settings (as per December 2012 October national bed register).
  - 1,493 NHSS beds (as per December 2012 national bed register).
  - 377 short stay beds (as per December 2012 national bed register).
- We will also support people funded under the NHSS in long term residential care (centralised system) within available resources.

National Priorities

- Provide quality long stay residential care for older persons who can no longer be maintained at home, with the assistance of an appropriate, equitable, and accessible funding scheme. This will include:

  Nursing Homes Support Scheme (NHSS) – A Fair Deal
  - Full utilisation of NHSS – A Fair Deal within the funding allocated under Subhead B12.
  - Centralise administration and financial management of the scheme in a central national office (CNO), including the National Placement List. It is likely that it will be necessary for budgetary purposes to put this placement list in place in line with NHSS legislation and offer new places as budget becomes available.
  - Participate in the substantive DoH review of the scheme.

  Public Residential Care Settings for Older People
  - Reconfigure of public residential facilities.
  - Review short term bed requirements.
  - Monitor and quality assure public bed management systems.
  - Devise efficiency measures – review skill mix configuration / human resource deployment / viability measures.

- Provide comprehensive home and community supports such as home help, home care packages, Community Intervention Teams, day / respite care, etc. for older persons to live independently, in their own homes, for as long as possible. This will include:

  Home and Community Supports
  - Progress work of the Home Care - National Task Group for Home Helps and Home Care Packages (HCP):
    - Complete the *National Quality Guidelines for Home Care Support Services.*
    - Complete the *National Guidelines for the Standard Operation of the Home Help Service for Older People.*
    - Monitor home care package (HCP) procurement.

Intermediate and Community Care

- Liaise with National Clinical Programme for Older People (NCPOP) in the implementation of innovative models of care for people requiring intermediate and home care - to prevent inappropriate admissions to acute hospitals / long term residential care and addressing delayed discharges, etc. in a more timely way.
- Liaise with the primary care service to ensure the identified needs of older people are met through PCTs, Primary Care Networks and Community Intervention Teams.

- Encourage and support older people to keep healthy, remain at home and stay out of hospital.
  - Implement (on a phased basis) recommendations from the *Strategy to Prevent Falls and Fractures in Ireland's Ageing Population*, with the primary care service and the Clinical Strategy and Programmes Directorate.
  - Complete procurement process for the Telecare project to support older people at home and commence implementation.
  - Work with DoH on the development and roll out of the Dementia Strategy.
  - Monitor implementation of four pilots of the HSE / Genio Dementia Project.

- Progress the Single Assessment Tool (SAT) for older people to ensure a robust equitable standardised care needs assessment nationally. Begin implementation of the SAT in 2013 addressing key areas such as funding, governance, ICT and procurement, resource utilisation groups / case mix, education and dissemination, and early adopter sites for implementation.

Regional Priorities

- Address the challenges associated with the continued provision of residential care in public facilities as a result of the:
  - Staff moratorium
  - National Standards for Residential Care Settings for Older People in Ireland, in particular Standard 25 which will impact in 2015 and the requirement on planning now in preparation for the impact on provision of public beds in 2015.
  - Cost of care of public beds and the urgent need to bring down costs to national average of €1,368 per week.
  - Skill mix and the need to review rosters to ensure appropriate skill mix for the dependency levels of clients in the units using appropriate international best practice models and assessment tools.

- Provide the supports required for older persons to live independently in their own homes for as long as possible, within current resources, through the use of high quality home support services targeted at those in need of support for personal care and only essential household duties being provided.

- Ensure that all older people in receipt of home help services and home care packages are reviewed on a regular basis as per the National Guidelines & Procedures for Standardised Implementation of the Home Care Package Scheme to ensure resources are used wisely.

- Ensure continued standard implementation and monitoring of approved providers, following the completion of the national tender for Enhanced Home Care Packages in 2012.

- Work closely with management and staff in acute hospitals at local level to improve and agree clear and transparent care pathways for older people to enable earlier and speedier discharges for older people back to the community or to residential care settings. To this end, we will continue to implement all components of the Frail Elderly Programme in partnership with acute hospitals within agreed resources and expand in line with future sanctioned human and financial resources.

- Implement the *National Quality Guidelines for Home Care Support Services* and Home Help Guidelines when published.

- Implement the HSE / Genio Dementia Project pilot in Dublin South East.

The following ISA Plans contain the relevant Older People Services *"2013 Actions"* from the HSE National Operational Plan 2013 with the associated ISA actions listed underneath.

Dublin South Central (DSC) ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Quality Long Stay Residential Care	Nursing Homes Support Scheme – A Fair Deal	
	⌐ Support 22,761* clients under NHSS in 2013 *National Figure**	Q4
	⌐ Participate in the substantive DoH review of the scheme.	Q2 Future Health Action 38
	DSC Action re above	
	▪ We will support clients under the NHSS in 2013, within available resources.	Q4
	▪ We will participate, if requested, in the substantive DoH review of the NHSS.	Ongoing
	Public Residential Care Settings for Older People	Q1
	⌐ Provide an agreed level of public long stay residential beds for 2013 based on outcome of viability review.	
	DSC Action re above	
	▪ We will provide Continuing Care beds, Dementia beds, Young Chronic Sick beds, NHSS beds, Palliative Care beds, Respite beds and Transitional Care beds.	Q1-Q4
	Efficiency - Skill Mix and Rostering	
	⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs, aligned to patient dependency and national quality and safety key performance indicators in line with best practice.	Ongoing
	⌐ Explore and examine alternative cost effective models of skill mix and rostering used in private sector and outside state with a view to reducing 2012 cost of care and increasing efficiencies in line with best practice.	Ongoing
	DSC Action re above	
	Efficiency:	
	▪ Continue to extract non-older persons services from the older persons cost centre.	Q1-Q4
	▪ Introduce e-rostering.	Q1-Q4
	▪ Re-organise catering provision.	Q4
	▪ Work with the Directors of Nursing for an agreed skill mix level.	Q2
	▪ Work towards reducing cost of care in residential units to national average, where applicable.	Q4
	Reconfiguration of Hospital and Public Residential Facilities	
	⌐ In light of 2012 Viability Review, develop a plan for future provision of public long stay facilities in each region for 2014 – 2015.	Q4
	⌐ Review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds.	Q1
	⌐ Identify, within public bed stock, number of beds that can be converted to meet short term bed requirement.	Q1
	⌐ Examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need.	Q4
	DSC Action re above	
	▪ We will review and reconfigure public long stay facilities, where appropriate, following finalisation of Viability Plan in 2012 and, within available resources and in consultation with RDO, have in place agreed plan for 2014 – 2015.	Q1-Q4
	▪ We will review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds, within available resources.	Q1
	▪ We will identify, within public bed stock, number of beds that can be converted to meet short term bed requirementswithin available resources.	Q1
	▪ We will co-operate with national and regional forums to examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need. Where appropriate, we will also consider how alternative models could meet local need.	Q4
	Standardise Residential Services Charges for Older Persons	

Priority Area	Action 2013	End Qtr
	⌐ Optimise income collection for long stay residential care.	Q1
	DSC Action re above ▪ We will implement a standardised approach to charges for residential care, subject to receipt of national guidelines and Standard Operating Procedures. *(Dependent on national launch of Guidelines)*.	Q2
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis to include VFM and service delivery.	Q1-Q4 Future Health Action 34
	DSC Action re above <u>Intermediate and Home Care</u> ▪ Identify and implement innovative models of care for people requiring intermediate and home care with a view to preventing inappropriate admissions to acute hospitals / long term residential care and addressing delayed discharges, etc. in a more timely way.	Q1-Q4
	▪ Ensure all older people in receipt of home help services and home care packages are reviewed on a regular basis, as per the National Guidelines & Procedures for Standardised Implementation of the Home Care Package Scheme, to ensure optimal use of resources.	Q1-Q4
	▪ Implement the National Quality Guidelines for Home Care Support Services on a phased basis. *(Dependent on national launch of Guidelines).*	Q1-Q4
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis to ensure effective and efficient delivery of service.	Q4
	DSC Action re above ▪ We will implement the *National Home Help Guidelines* on a phased basis when advised by national office and within available resources. *(Dependent on national launch of Guidelines)*.	Q1-Q4
	Home Care Packages ⌐ Repeat tender process for HCPs in 2013.	Q1-Q2
	DSC Action re above ▪ We will participate in HCP tender process, where appropriate. We will ensure implementation of "learning" from audit output in respect of the 2012 tender initiative.	Q1-Q2
	Provision of equitable ancillary care / aids and appliance services to all older persons ⌐ Complete work of National Ancillary Group to put in place standardised processes around the delivery of these services to both the community sector and the residential sector within available resources.	Q2
	DSC Action re above ▪ We will co-operate with this action once completed and within available resources.	Q2-Q4
Keep Older People Healthy and Out of Hospital	Work with DoH in implementing *National Positive Ageing Strategy* recommendations.	Q1-Q4
	Work with DoH on development and roll out of Dementia Strategy.	Q1-Q4
	Implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate. *(Agreement between Clinical Indemnity Scheme and HSE Services for Older People to each supply 0.5WTE to work on implementing Falls Strategy in 2013)*	Q4
	DSC Action re above ▪ Implement the *National Positive Ageing Strategy* as per national implementation plan, when advised, and within available resources.	Q4
	▪ Implement the Dementia Strategy as per national implementation plan, when advised, and within available resources.	Q4
	▪ Implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate, as per the national implementation plan, when advised by national office and subject to funding.	Q4
	Telecare Project ⌐ Begin to implement the Telecare project to support older people at home.	Q4
	DSC Action re above ▪ We will implement the Telecare project, subject to a national implementation plan, when advised, and subject to funding and resources.	Q4
	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.	Q1-Q4

Priority Area	Action 2013	End Qtr
	⌐ Review all referrals of abuse at least six monthly.	Q1-Q4
	DSC Action re above ▪ Systems are in place to provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.	Ongoing
	▪ Systems are in place to review all referrals of abuse at least six monthly.	Ongoing
Standardised Assessment in Community and Acute Settings	Single Assessment Tool (SAT) ⌐ Agree and roll out Early Adopter Sites, an Education and Development Programme and Case-Mix / Resource Utilisation Groups.	Q2-Q4
	DSC Action re above ▪ We will participate in the Early Adopter Sites implementation and associated actions, where appropriate.	Q4

Dublin South East / Wicklow (DSE/W) ISA

Performance / Service Improvement *– Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Quality Long Stay Residential Care	Nursing Homes Support Scheme – A Fair Deal ⌐ Support 22,761* clients under NHSS in 2013 *National Figure**	Q4
	⌐ Participate in the substantive DoH review of the scheme.	Q2 Future Health Action 38
	DSE/W Action re above ▪ We will support clients under the NHSS in 2013, within available resources.	Q4
	▪ We will participate, if requested, in the substantive DoH review of the NHSS.	Q2
	Public Residential Care Settings for Older People ⌐ Provide an agreed level of public long stay residential beds for 2013 based on outcome of viability review.	Q1
	DSE/W Action re above ▪ We will provide an agreed level of public long stay residential beds for 2013 based on the outcome of the viability plan / review of our units.	Q1-Q4
	Efficiency - Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs, aligned to patient dependency and national quality and safety key performance indicators in line with best practice.	Ongoing
	⌐ Explore and examine alternative cost effective models of skill mix and rostering used in private sector and outside state with a view to reducing 2012 cost of care and increasing efficiencies in line with best practice.	Ongoing
	DSE/W Action re above ▪ We will work closely with the DML Older Persons Governance Team to continue to review and reduce the ratio of Nursing to Non Nursing direct care in Public Long Stay Units to gain further efficiencies in staff costs using the appropriate models.	Q1-Q4
	▪ We are reviewing all costs associated to our units and working to reduce the cost of care in residential units to national average, where applicable.	Q1-Q4
	Reconfiguration of Hospital and Public Residential Facilities ⌐ In light of 2012 Viability Review, develop a plan for future provision of public ling stay facilities in each region for 2014 – 2015.	Q4
	⌐ Review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds.	Q1
	⌐ Identify, within public bed stock, number of beds that can be converted to meet short term bed requirement.	Q1
	⌐ Examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need.	Q4
	DSE/W Action re above ▪ We will review and reconfigure public long stay facilities, where appropriate, following finalisation of Viability Plan in 2012 and, within available resources and in consultation with RDO, have in place agreed plan for 2014 – 2015.	Q1-Q4

Priority Area	Action 2013	End Qtr
	▪ We will review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds, within available resources.	Q1
	▪ We will identify, within public bed stock, number of beds that can be converted to meet short term bed requirements, within available resources.	Q1
	▪ We will co-operate with national and regional forums to examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need. Where appropriate, we will also consider how alternative models could meet local need.	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Optimise income collection for long stay residential care.	Q1
	DSE/W Action re above ▪ We will implement a standardised approach to charges for residential care, subject to receipt of national guidelines and Standard Operating Procedures. *(Dependent on national launch of Guidelines)*.	Q2
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis to include VFM and service delivery.	Q1-Q4 Future Health Action 34
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis to ensure effective and efficient delivery of service.	Q4
	Home Care Packages ⌐ Repeat tender process for HCPs in 2013.	Q1-Q2
	Provision of equitable ancillary care / aids and appliance services to all older persons ⌐ Complete work of National Ancillary Group to put in place standardised processes around the delivery of these services to both the community sector and the residential sector within available resources.	Q2
	DSE/W Action re above ▪ We will implement the National Quality Guidelines for Home Care Support Services on a phased basis when advised by national office and within available resources. *(Dependent on national launch of Guidelines).*	Q1-Q4
	▪ We will implement the *National Home Help Guidelines* on a phased basis when advised by national office and within available resources. *(Dependent on national launch of Guidelines)*.	Q1-Q4
	▪ We will participate in HCP tender process where appropriate. We will ensure implementation of "learning" from audit output in respect of the 2012 tender initiative.	Q1-Q4
	▪ We will co-operate with the provision of equitable ancillary care / aids and appliance services to all older persons action, once completed and within available resources.	Q2-Q4
Keep Older People Healthy and Out of Hospital	Work with DoH in implementing *National Positive Ageing Strategy* recommendations.	Q1-Q4
	Work with DoH on development and roll out of Dementia Strategy.	Q1-Q4
	Support the HSE / Genio Dementia Project to outline community based supports and implement.	Q4
	Implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate. *(Agreement between Clinical Indemnity Scheme and HSE Services for Older People to each supply 0.5WTE to work on implementing Falls Strategy in 2013)*	Q4
	DSE/W Action re above ▪ We will implement the *National Positive Ageing Strategy* recommendations, as per the national implementation plan when advised and within available resources.	Q4
	▪ We will implement the Dementia Strategy as per the national implementation plan when advised and within available resources.	Q4
	▪ We will implement the Genio Dementia Project in our area, within available resources.	Q1-Q4
	▪ We will implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate, as per the national implementation plan when advised by national office and within available resources.	Q1-Q4
	Telecare Project ⌐ Begin to implement the Telecare project to support older people at home.	Q4
	DSE/W Action re above ▪ We will implement the Telecare project, subject to a national implementation plan when advised and within	Q4

Priority Area	Action 2013	End Qtr
	available resources.	
	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures	Q1-Q4
	⌐ Review all referrals of abuse at least six monthly.	Q1-Q4
	DSE/W Action re above ▪ Systems are in place to provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures. Training is in place for all HSE staff to recognise, alert and respond appropriately to all incidents of Elder Abuse or suspected Elder Abuse.	Ongoing
	▪ Systems are in place to review all referrals of abuse at least six monthly.	Ongoing
Standardised Assessment in Community and Acute Settings	Single Assessment Tool (SAT) ⌐ Establish governance structures for SAT and prepare and develop ICT procurement.	Q1-Q3 Future Health Action 35
	⌐ Agree and roll out Early Adopter Sites, an Education and Development Programme and Case-Mix / Resource Utilisation Groups.	Q2-Q4
	DSE/W Action re above ▪ We will participate in the Early Adopter Sites implementation and associated actions, where appropriate.	Q4

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA

Performance / Service Improvement *– Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Quality Long Stay Residential Care	Nursing Homes Support Scheme – A Fair Deal ⌐ Support 22,761* clients under NHSS in 2013 *National Figure**	Q4
	⌐ Participate in the substantive DoH review of the scheme.	Q2 Future Health Action 38
	DSW/KE Action re above ▪ We will support clients under the NHSS in 2013, within available resources.	Q4
	▪ We will participate, if requested, in the substantive DoH review of the NHSS.	Ongoing
	Public Residential Care Settings for Older People ⌐ Provide an agreed level of public long stay residential beds for 2013 based on outcome of viability review.	Q1
	DSW/KE Action re above ▪ We will provide an agreed level of public long stay residential beds for 2013 based on the outcome of the viability plan / review of our units.	Q1-Q4
	Efficiency - Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs, aligned to patient dependency and national quality and safety key performance indicators in line with best practice.	Ongoing
	⌐ Explore and examine alternative cost effective models of skill mix and rostering used in private sector and outside state with a view to reducing 2012 cost of care and increasing efficiencies in line with best practice.	Ongoing
	DSW/KE Action re above ▪ We will work closely with the DML Older Persons Governance Team to continue to review and reduce the ratio of Nursing to Non Nursing direct care in Public Long Stay Units to gain further efficiencies in staff costs using the appropriate models.	Q1-Q4
	▪ We are reviewing all costs associated to our units and working to reduce the cost of care in residential units to national average, where applicable.	Q1-Q4
	Reconfiguration of Hospital and Public Residential Facilities ⌐ In light of 2012 Viability Review, develop a plan for future provision of public ling stay facilities in each region for 2014 – 2015.	Q4
	⌐ Review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds.	Q1
	⌐ Identify, within public bed stock, number of beds that can be converted to meet short term bed requirement	Q1
	⌐ Examine and review alternative models of long stay care with a view to finding alternative and more	Q4

Priority Area	Action 2013	End Qtr
	efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need.	
	DSW/KE Action re above ▪ We will review and reconfigure public long stay facilities, where appropriate, following finalisation of Viability Plan in 2012 and, within available resources and in consultation with RDO, have in place agreed plan for 2014 – 2015.	Q1-Q4
	▪ We will review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds, within available resources.	Q1
	▪ We will identify, within public bed stock, number of beds that can be converted to meet short term bed requirements, within available resources.	Q1
	▪ We will co-operate with national and regional forums to examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need. Where appropriate, we will also consider how alternative models could meet local need.	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Optimise income collection for long stay residential care.	Q1
	DSW/KE Action re above ▪ We will implement a standardised approach to charges for residential care, subject to receipt of national guidelines and Standard Operating Procedures. *(Dependent on national launch of Guidelines)*.	Q2
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis to include VFM and service delivery.	Q1-Q4 Future Health Action 34
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis to ensure effective and efficient delivery of service.	Q4
	Home Care Packages ⌐ Repeat tender process for HCPs in 2013.	Q1-Q2
	Provision of equitable ancillary care / aids and appliance services to all older persons ⌐ Complete work of National Ancillary Group to put in place standardised processes around the delivery of these services to both the community sector and the residential sector within available resources.	Q2
	DSW/KE Action re above ▪ We will implement the National Quality Guidelines for Home Care Support Services on a phased basis when advised by national office and within available resources. *(Dependent on national launch of Guidelines).*	Q1-Q4
	▪ We will implement the *National Home Help Guidelines* on a phased basis when advised by national office and subject to funding and resources. *(Dependent on national launch of Guidelines)*.	Q1-Q4
	▪ We will participate in HCP tender process where appropriate. We will ensure implementation of "learning" from audit output in respect of the 2012 tender initiative.	Q1-Q4
	▪ We will co-operate with the provision of equitable ancillary care / aids and appliance services to all older persons action, once completed and within available resources.	Q2-Q4
Keep Older People Healthy and Out of Hospital	Work with DoH in implementing *National Positive Ageing Strategy* recommendations.	Q1-Q4
	Work with DoH on development and roll out of Dementia Strategy.	Q1-Q4
	Implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate. *(Agreement between Clinical Indemnity Scheme and HSE Services for Older People to each supply 0.5WTE to work on implementing Falls Strategy in 2013).*	Q4
	DSE/W Action re above ▪ We will implement the *National Positive Ageing Strategy* recommendations, as per the national implementation plan when advised and within available resources.	Q4
	▪ We will implement the Dementia Strategy as per the national implementation plan when advised and within available resources.	Q4
	▪ We will implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate, as per the national implementation plan when advised by national office and within available resources.	Q1-Q4
	Telecare Project	Q4

Priority Area	Action 2013	End Qtr
	⌐ Begin to implement the Telecare project to support older people at home.	
	DSW/KE Action re above ▪ We will implement the Telecare project, subject to a national implementation plan when advised and within available resources.	Q4
	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.	Q1-Q4
	⌐ Review all referrals of abuse at least six monthly.	Q1-Q4
	DSW/KE Action re above ▪ Systems are in place to provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.	Ongoing
	▪ Systems are in place to review all referrals of abuse at least six monthly.	Ongoing
Standardised Assessment in Community and Acute Settings	Single Assessment Tool (SAT) ⌐ Establish governance structures for SAT and prepare and develop ICT procurement.	Q1-Q3 Future Health Action 35
	⌐ Agree and roll out Early Adopter Sites, an Education and Development Programme and Case-Mix / Resource Utilisation Groups.	Q2-Q4
	DSW/KE Action re above ▪ We will participate in the Early Adopter Sites implementation and associated actions, where appropriate.	Q4

Improving our Infrastructure - *Capital Projects that are to be completed and/or to be come operational in 2013*		
Baltinglass Community Hospital	▪ Upgrade and refurbishment of Baltinglass Community Hospital to fully comply with HIQA guidelines.	Q4

Midlands ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Quality Long Stay Residential Care	Nursing Homes Support Scheme – A Fair Deal ⌐ Support 22,761* clients under NHSS in 2013 *National Figure**	Q4
	⌐ Participate in the substantive DoH review of the scheme.	Q2 Future Health Action 38
	Midlands Action re above ▪ We will support clients under the NHSS in 2013, within available resources.	Q4
	▪ We will participate, if requested, in the substantive DoH review of the NHSS.	Ongoing
	Public Residential Care Settings for Older People ⌐ Provide an agreed level of public long stay residential beds for 2013 based on outcome of viability review	Q1
	Midlands Action re above ▪ We will provide an agreed level of public long stay residential beds for 2013 based on the outcome of the viability plan / review of our units.	Q1-Q44
	Efficiency - Skill Mix and Rostering ⌐ Continue to review and reduce the ratio of nursing to non-nursing direct care in public long stay units to gain further efficiencies in staff costs, aligned to patient dependency and national quality and safety key performance indicators in line with best practice.	Ongoing
	⌐ Explore and examine alternative cost effective models of skill mix and rostering used in private sector and outside state with a view to reducing 2012 cost of care and increasing efficiencies in line with best practice.	Ongoing
	Midlands Action re above ▪ We will work closely with the DML Older Persons Governance Team to continue to review and reduce the ratio of Nursing to Non Nursing direct care in Public Long Stay Units to gain further efficiencies in staff costs using the appropriate models.	Q1-Q4
	▪ We are reviewing all costs associated to our units and working to reduce the cost of care in residential units to national average, where applicable.	Q1-Q4

Priority Area	Action 2013	End Qtr
	Reconfiguration of Hospital and Public Residential Facilities ⌐ In light of 2012 Viability Review, develop a plan for future provision of public ling stay facilities in each region for 2014 – 2015.	Q4
	⌐ Review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds.	Q1
	⌐ Identify, within public bed stock, number of beds that can be converted to meet short term bed requirement.	Q1
	⌐ Examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need.	Q4
	Midlands Action re above ▪ We will review and reconfigure public long stay facilities, where appropriate, following finalisation of Viability Plan in 2012 and, within available resources and in consultation with RDO, have in place agreed plan for 2014 – 2015.	Q1-Q4
	▪ We will review and determine short term bed requirements for rehabilitation (< 12months) / respite, short stay, step up / step down and assessment beds within available resources.	Q1
	▪ We will identify, within public bed stock, number of beds that can be converted to meet short term bed requirements, within available resources.	Q1
	▪ We will co-operate with national and regional forums to examine and review alternative models of long stay care with a view to finding alternative and more efficient solutions for the shortage of long stay beds which will occur over the next 4 years based on population projections and identified need. Where appropriate, we will also consider how alternative models could meet local need.	Q4
	Standardise Residential Services Charges for Older Persons ⌐ Optimise income collection for long stay residential care.	Q1
	Midlands Action re above ▪ We will implement a standardised approach to charges for residential care, subject to receipt of national guidelines and Standard Operating Procedures. *(Dependent on national launch of Guidelines)*.	Q2
Comprehensive Home and Community Supports	Home Care ⌐ Implement the National Quality Guidelines for Home Care Support Services on phased basis to include VFM and service delivery.	Q1-Q4 Future Health Action 34
	Home Help Service ⌐ Implement the *National Home Help Guidelines* on a phased basis to ensure effective and efficient delivery of service.	Q4
	Home Care Packages ⌐ Repeat tender process for HCPs in 2013.	Q1-Q2
	Provision of equitable ancillary care / aids and appliance services to all older persons ⌐ Complete work of National Ancillary Group to put in place standardised processes around the delivery of these services to both the community sector and the residential sector within available resources.	Q2
	Midlands Action re above ▪ We will implement the National Quality Guidelines for Home Care Support Services on a phased basis when advised by national office within available resources. *(Dependent on national launch of Guidelines).*	Q1-Q4
	▪ We will implement the *National Home Help Guidelines* on a phased basis when advised by national office and within available resources. *(Dependent on national launch of Guidelines)*.	Q1-Q4
	▪ We will participate in HCP tender process where appropriate. We will ensure implementation of "learning" from audit output in respect of the 2012 tender initiative.	Q1-Q4
	▪ We will co-operate with the provision of equitable ancillary care / aids and appliance services to all older persons action, once completed and within available resources.	Q2-Q4
Keep Older People Healthy and Out of Hospital	Work with DoH in implementing *National Positive Ageing Strategy* recommendations.	Q1-Q4
	Work with DoH on development and roll out of Dementia Strategy.	Q1-Q4
	Implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate. *(Agreement between Clinical Indemnity Scheme and HSE Services for Older People to each supply 0.5WTE to work on implementing Falls Strategy in 2013).*	Q4
	Midlands Action re above ▪ We will implement the *National Positive Ageing Strategy* recommendations, as per the national	Q4

Priority Area	Action 2013	End Qtr
	implementation plan when advised and within available resources.	
	▪ We will implement the Dementia Strategy as per the national implementation plan when advised and within available resources.	Q4
	▪ We will implement (on a phased basis) recommendations from the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population, with the primary care service and the Clinical Strategy and Programmes Directorate, as per the national implementation plan when advised by national office and within available resources.	Q1-Q4
	Telecare Project ⌐ Begin to implement the Telecare project to support older people at home.	Q4
	Midlands Action re above ▪ We will implement the Telecare project, subject to a national implementation plan when advised and within available resources	Q4
	Elder Abuse - Protection of Older People – *Protecting Our Future* ⌐ Provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.	Q1-Q4
	⌐ Review all referrals of abuse at least six monthly.	Q1-Q4
	Midlands Action re above ▪ Systems are in place to provide a timely / appropriate response to allegations of elder abuse in line with agreed performance measures.	Ongoing
	▪ Systems are in place to review all referrals of abuse at least six monthly.	Ongoing
Standardised Assessment in Community and Acute Settings	Single Assessment Tool (SAT) ⌐ Establish governance structures for SAT and prepare and develop ICT procurement.	Q1-Q3 Future Health Action 35
	⌐ Agree and roll out Early Adopter Sites, an Education and Development Programme and Case-Mix / Resource Utilisation Groups.	Q2-Q4
	Midlands Action re above ▪ We will participate in the Early Adopter Sites implementation and associated actions, where appropriate.	Q4

Cost Management & Employment Control Measures (all ISAs) – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
Finance	▪ Cost Containment Plan	Ongoing
	▪ Non-Pay Efficiencies	
	▪ Monitoring Non-HSE Agencies	
	▪ We will continue to review and monitor all pay and non-pay expenditure items on a periodic basis. All appropriate measures will be undertaken to ensure our cost containment programme is achieved but endeavouring to protect front-line services, where possible.	
Human Resources	▪ Absenteeism: We will continue to identify and report all absenteeism by service and ensure that all such absenteeism is reviewed in line with the HSE Absenteeism policy.	Ongoing
	▪ Rosters	
	▪ Overtime	
	▪ Agency	
Governance Meetings	▪ Monthly ISA Management Team meetings to address finance and HR control measures.	Q1-Q4
	▪ Monthly Older Persons governance meeting which has HR and Finance as standard agenda items as well as Quality, Safety and Risk.	
	▪ Home Help / Home Care Package governance meeting held on a quarterly basis.	
	▪ Home Help and Home Care Package allocations meetings are held weekly in the region. This allows for provision of home care support to be allocated on a priority basis by a multidisciplinary team.	

Older People Services – DML Scorecard 2013

Services for Older People Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Home Care Packages Total no. of persons in receipt of a HCP	2,662	Quality, Access and Activity	No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases)	2,200*
i). No. and % direct provision	262 9.8%		Public Beds No. of NHSS Beds in Public Long Stay Units	Subject to viability plan
ii). No. and % indirect provision	2,400 90.2%		No. of Short Stay Beds in Public Long Stay Units	Subject to viability plan
iii). No. and % cash grants	196 7.4%		Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	New PI
iv). No. and % respite	6 0.2%		% of population over 65 years in NHSS / Saver Beds (based on 2011 Census figures)	New PI
v). No. and % multiple types	34 1.3%			
No. of HCPs provided	1,460		Elder Abuse No. of new referrals by region (Demand-led)	389
No. of new HCP clients, annually	1,250			
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	1.91m		No. and % of new referrals broken down by abuse type: i). Physical	---
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	12,003		ii). Psychological	---
			iii). Financial	---
Day Care No. of day care places for older people	4,900		iv). Neglect	---
			No. of active cases	---
NHSS No. of people being funded under NHSS in long term residential care at end of reporting month	22,761*		% of referrals receiving first response from senior case workers within four weeks	100%
No. and proportion of those who qualify for ancillary state support who chose to avail of it	Demand-led		Finance Variance against Budget: Income and Expenditure	≤ 0%
% of complete applications processed within four weeks	100%		Variance against Budget: Income Collection	≤ 0%
Subvention and Contract Beds No. in receipt of subvention	150		Variance against Budget: Pay	≤ 0%
			Variance against Budget: Non Pay	≤ 0%
No. in receipt of enhanced subvention	70		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of people in long term residential care who are in contract beds	700		Human Resources Absenteeism rates	3.5%
			Variance from approved WTE ceiling	≤ 0%

**National Target. Not broken down by region*

DISABILITY SERVICES

Disability Services Resources – HSE Dublin Mid-Leinster

	FINANCE			WTE Ceiling		
ISA	2012 Budget €m	2013 Budget €m	2013 Cost Containment required	*Dec 2012	Projected Dec 2013	Indicative 2013 WTE cut
Dublin South Central	214.468	206.200	-3.8%	732	588	-144
Dublin South East / Wicklow	71.746	69.983	-2.5%	1,810	1,762	-48
Dublin South West / Kildare-West Wicklow	81.022	79.981	-1.3%	620	562	-58
Midlands	89.939	87.551	-2.6%	970	896	-74
Total	**457.173**	**443.715**	**** -2.9%**	**4,132**	**3,808**	**-324**

** Ceilings are derived from the December 2012 out-turn and are subject to final sign-off by the ISA Managers*
*** When adjustment is made for once-off funding, this is broadly consistent with the national percentage*

Introduction

During 2012, the *Report of the Value for Money and Policy Review of the Disability Services Programme* (VFM) was published and this provides the framework for significant change in the delivery of Disability Services. These changes relate to governance, funding and service provision that, when implemented, will positively impact on the lives of people with disabilities and how they are supported. To achieve this there will need to be significant realignment and reconfiguration of existing resources at a time when resources both human and financial are decreasing budget and client service needs are increasing. The report lays the foundation for a system of individualised budgeting whereby the individual would have more control over how that resource is allocated. A standardised assessment of need that is transparent, fair and equitable will be agreed and implemented.

The legislative requirement set out in the Assessment of Need process in the Disability Act 2005 continues to pose challenges throughout Dublin Mid-Leinster. Every effort will be made in 2013 to strive for compliance across the region.

A key priority for 2013 is the continued roll out of the 0-18s Programme which envisages the establishment of integrated, geographically based Early Intervention and School-Age Teams. This, and the other policy programmes such as "Time to Move On" and "New Directions" currently being implemented, will help to achieve many of the aims of the report.

Service Quantum

In 2013 HSE Dublin Mid-Leinster will deliver:

- 302,623* Home Support Hours (including PA) to adults and children with physical and / or sensory disability
- 4,989 Day Services - divided between physical and/or sensory disability (P&S) and intellectual disability (ID)
- 2,536 Residential Services - divided between physical and/or sensory disability (P&S) and intellectual disability (ID)
- 11,387 Overnight Respite for persons with physical and/or sensory disability

** Home Support hours delivered to adults and children with intellectual disability and/or autism will now also be reported in 2013.*

National Priorities

- Implementation of the *Value for Money and Policy Review of Disability Services* is the over-arching priority for 2013. We will develop an implementation plan for VFM, strengthen the National Disability function in order to put the plan into effect, and commence associated actions, including an early examination of critical rostering, skill mix and costing variables across the sector. The following items will also be addressed:
  - Further develop a national assessment and resource allocation model.
  - Improve efficiency in the delivery of services.
  - Develop a commissioning and procurement framework.
  - Reconfigure the following areas in accordance with agreed policies:
    - Services for children and young people
    - Residential services
    - Day services
    - Respite services
    - Neuro-rehabilitation services.
- Improve the quality of disability services, which will include:
  - Preparing for and implementing national HIQA standards for residential services for children and adults.
  - Implementing phase 2 of the audit of client protection.
  - Preparing for the *Children First Guidelines* being put on a legislative footing.
- Improve information systems for disability services, which will include:
  - Further developing the Service Agreement process as a source of data.
  - Under the auspices of the DoH, reviewing the strategic information requirements needed for the effective management of the Disability Services Programme, having regard to existing information sources and datasets.
  - Further review of and developing the PI set especially in respect of the incorporation of outcome-based PIs.

Regional Priorities

- Strive for compliance in relation to Disability Act 2005.
- Within reduced allocation commit to maintaining core service provision in as far as is practicable.
- Identify emerging service user needs and plan to meet needs within available resources.
- Convert the national framework for the implementation of the Value for Money Review into an action document with timed outputs.
- Reconfigure the following areas in accordance with agreed policies:
  - Services for children and young people
  - Residential services
  - Day services
  - Respite services
  - Neuro-rehabilitation services
- Prepare for the implementation of the HIQA standards in residential and residential respite services.
- Work with all relevant disability services to ensure focus on achieving compliance with HIQA standards.
- Complete phase 1 and support phase 2 of the client protection audit.
- Prepare for implementation of the *Children First* guidelines.
- Ensure Service Arrangement process is adequately resourced to complete process in timely way.
- Utilise the monitoring process set out in Service Arrangement and Grant Aid Agreement process to ensure all disability resources are targeted to respond to priority needs of individuals with disabilities.
- Commence formal monitoring of large section 39 agencies.

The following ISA Plans contain the relevant Disability Services *"2013 Actions"* from the HSE National Operational Plan 2013 with the associated ISA actions listed underneath.

Dublin South Central (DSC) ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Implementation of the Value for Money and Policy Review of Disability Services	Further develop a national assessment and resource allocation model, in conjunction with the NDA and the DoH	Q1 Future Health Action 36 & 39
	⌐ Identify an appropriate assessment tool to measure individual support levels.	
	⌐ Identify a method of matching support level to level of resource required.	Q2
	⌐ Develop a methodology for testing the new model.	Q3
	⌐ Commence testing of the new model of resource allocation.	Q4
	DSC Action re above	
	▪ Prepare plan in accordance with agreed National Framework.	Q1
	▪ Commence testing new model through demonstration sites and facilitate shared learning.	Q4
	Improve efficiency in the delivery of services	
	⌐ Strengthen capacity to manage the Service Arrangement process at national, regional and local levels with the appropriate knowledge and skills in the areas of procurement, financial accounting and service provision.	Q1
	⌐ Support statutory and non-statutory providers to reconfigure their skill mix and rostering practices with a view to improving effectiveness and efficiency.	Q1
	DSC Action re above	
	▪ Work through the established consultative fora to strengthen the Service Arrangement process with a view to enhancing service planning.	
	▪ Utilise the Service Arrangement process to support the delivery of value for money in relation to PA and Home Support services.	Ongoing
	▪ Agree procurement process taking into account risk assessments, due diligence, development of tender documentation consistent with required service specifications and any legal issues.	
	▪ Evaluate the outcome of the process and amend as appropriate.	
	▪ Examine if a similar process could be utilised to procure other disability services, e.g. respite.	
	Reconfigure the following areas in accordance with agreed policies: Services for children and young people	
	⌐ Develop a plan to position specialist services (such as those for complex ASD (autistic spectrum disorder), individualised seating, etc) in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs.	Q2
	⌐ Finalise regional and area implementation plans for the reconfiguration of Children's Disability Teams.	Q2
	⌐ Ensure that the processes under the *Disability Act 2005* are developed in such a way as to facilitate the implementation of the 0-18s Programme.	Q1-Q4
	⌐ Develop inter-sectoral working protocols with primary care, mental health, child and family services and social inclusion to enhance quality and experience of service for children and young people.	Q2
	DSC Action re above	
	▪ Continue local engagement with regional group to ensure specialist services are not lost in the reconfiguration.	Ongoing
	▪ Support local implementation groups in planning for the reconfiguration of children's disability services consistent with nationally agreed principles and criteria for access.	Q2
	▪ Review current processes under Disability Act and consistent with the Act ensure the processes facilitate the implementation of the 0-18yrs programme.	Q1-Q4
	▪ Commence the development of cross care group links to ensure seamless services.	Q2
	Residential Services	Q1
	⌐ Compile a database of the number of people currently resident in congregated settings.	
	⌐ Identify individuals who can move in 2013 from congregated settings without the necessity of additional resources.	Q1

Priority Area	Action 2013	End Qtr
	DSC Action re above ▪ Compile a database of the number of people currently resident in congregated settings.	Q1
	▪ Identify individuals who can move in the coming year from congregated settings without the necessity of additional resources.	Q1
	Day Services (*New Directions* - National Implementation Group) ⌐ Develop a Quality Standards Framework for Day Services based on the *Standards for Safer Better Healthcare.*	Q3
	⌐ Work with Genio to evaluate the development of services for school leavers with a view to enhancing this in 2013.	Q1
	DSC Action re above ▪ Engage with regional group on the preparation of the appropriate standards for day services.	Q3-Q4
	▪ Share learning from Genio funded projects.	Q1
	Respite Services ⌐ Develop procedures and governance arrangements to facilitate the implementation of the recommendations of the *Report of the Working Group on Respite / Residential Care with Host Families in Community Settings.*	Q2
	⌐ Work with Genio to establish demonstration sites aimed at moving people from traditional models of respite care to alternative models such as Host Family Support.	Q2
	DSC Action re above ▪ Participate in the development of procedures and governance arrangements to facilitate an alternative model of respite provision consistent with national report of host families.	Q2-Q4
	▪ Identify pilot sites and facilitate the sharing of the learning across the care group.	Q2-Q4
	Neuro-rehabilitation Services Map and develop ISA level rehabilitation networks	Q1
	Implement the model of care for rehabilitation services within the networks with focus on community rehabilitation teams.	Q2-Q4
	DSC Action re above ▪ Map current resources.	Q1
	▪ Reconfigure services to meet the needs of individuals with disabilities requiring community based rehabilitation.	Q2-Q4
Improving the Quality of Services	Prepare for and implement standards for residential services for children and adults ⌐ Identify appropriate grades / positions in respect of 'Fit Person' and 'Person in Charge' and provide information and support in advance of implementation.	Q1-Q4 Future Health Action 37
	⌐ Develop a process, ensuring that the welfare of service users is paramount, to address any closures enforced following HIQA inspections.	Q1-Q4
	DSC Action re above ▪ Engage with relevant service providers to prepare for the implementation of the HIQA standards.	Q1-Q4
	▪ Support services in as far as practicable within available resources to achieve compliance with the Standards.	Q1-Q4
	Implement phase 2 of the audit of client protection ⌐ Complete phase 2 audit and compile action plan.	Q4
	DSC Action re above ▪ Complete the audit, disseminate the learning and prepare plan to deliver the outcomes.	Q4
	Prepare for the *Children First Guidelines* being put on a legislative footing and associated national actions	Subject to legislation being published: Q1-Q4
	DSC Action re above ▪ Continue regional engagement with all relevant personnel regarding the implementation of Children First at all levels.	Ongoing
	▪ Utilise the regional consultative fora as a mechanism to identify training needs and monitor compliance.	Ongoing
	▪ Implement the appropriate framework once agreed nationally.	Q4
Improvement of	Further develop the Service Agreement process as a source of data	

Priority Area	Action 2013	End Qtr
Information Systems	In conjunction with service providers and in line with the recommendations of the VFM Report, improve the process as a source of data by: ⌐ Agreeing revised documentation	Q1
	⌐ Training staff on revised requirements	Q1-Q2
	⌐ Improving the compilation and maintenance of data	Q1-Q4
	DSC Action re above ▪ Review the resources available and report on the support required to ensure the data encompassed by the Service Arrangement is accurate and timely.	Q1-Q4
	Further review and develop the PI set especially in respect of incorporating outcome-based PIs ⌐ Develop an implementation plan in respect of the recommendations contained in section 8.3. of the VFM and Policy Review.	Q4
	DSC Action re above ▪ Awaiting National framework to facilitate the development of plan.	Q1

Dublin South East / Wicklow (DSE/W) ISA

Performance / Service Improvement *– Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Implementation of the Value for Money and Policy Review of Disability Services	Further develop a national assessment and resource allocation model, in conjunction with the NDA and the DoH ⌐ Identify an appropriate assessment tool to measure individual support levels.	Q1 Future Health Action 36 & 39
	⌐ Identify a method of matching support level to level of resource required.	Q2
	⌐ Develop a methodology for testing the new model.	Q3
	⌐ Commence testing of the new model of resource allocation.	Q4
	DSE/W Action re above ▪ Prepare plan in accordance with agreed National Framework.	Q1
	▪ Commence testing new model through demonstration sites and facilitate shared learning.	Q1
	Improve efficiency in the delivery of services ⌐ Strengthen capacity to manage the Service Arrangement process at national, regional and local levels with the appropriate knowledge and skills in the areas of procurement, financial accounting and service provision.	Q1
	⌐ Support statutory and non-statutory providers to reconfigure their skill mix and rostering practices with a view to improving effectiveness and efficiency.	Q1
	DSE/W Action re above ▪ Work through the established consultative fora to strengthen the Service Arrangement process with a view to enhancing service planning.	Q1-Q4
	▪ Utilise the Service Arrangement process to support the delivery of value for money in relation to PA and Home Support services.	
	▪ Agree procurement process taking into account risk assessments, due diligence, development of tender documentation consistent with required service specifications and any legal issues.	
	▪ Evaluate the outcome of the process and amend as appropriate.	
	▪ Examine if a similar process could be utilised to procure other disability services, e.g. respite.	
	Reconfigure the following areas in accordance with agreed policies: Services for children and young people ⌐ Develop a plan to position specialist services (such as those for complex ASD (autistic spectrum disorder), individualised seating, etc) in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs.	Q2
	⌐ Finalise regional and area implementation plans for the reconfiguration of Children's Disability Teams.	Q2
	⌐ Ensure that the processes under the *Disability Act 2005* are developed in such a way as to facilitate the implementation of the 0-18s Programme.	Q1-Q4
	⌐ Develop inter-sectoral working protocols with primary care, mental health, child and family services and social inclusion to enhance quality and experience of service for children and young people.	Q2

Priority Area	Action 2013	End Qtr
	DSE/W Action re above ▪ Establish local implementation groups.	Q1
	▪ Support local implementation groups in planning for the reconfiguration of children's disability services consistent with nationally agreed principles and criteria for access.	Q1
	▪ Finalise local plan for reconfiguration of 0-18 clinical teams.	Q3
	▪ Review current processes under Disability Act and consistent with the Act ensure the processes facilitate the implementation of the 0-18yrs programme.	Q1-Q4
	▪ Support the building of links between teams and between health service and education providers.	Q2-Q3
	Residential Services ⌐ Compile a database of the number of people currently resident in congregated settings.	Q1
	⌐ Identify individuals who can move in 2013 from congregated settings without the necessity of additional resources.	Q1
	DSE/W Action re above ▪ Compile a database of the number of people currently resident in congregated settings.	Q1
	▪ Identify individuals who can move in the coming year from congregated settings without the necessity of additional resources.	Q1
	Day Services (*New Directions* - National Implementation Group) ⌐ Develop a Quality Standards Framework for Day Services based on the *Standards for Safer Better Healthcare.*	Q3
	⌐ Work with Genio to evaluate the development of services for school leavers with a view to enhancing this in 2013.	Q1
	DSE/W Action re above ▪ Engage with regional group on the preparation of the appropriate standards for day services.	Q3
	▪ Review services that received Genio funding in 2013 for the development of responses for school leavers and determine the sustainability of same.	Q2
	Respite Services ⌐ Develop procedures and governance arrangements to facilitate the implementation of the recommendations of the *Report of the Working Group on Respite / Residential Care with Host Families in Community Settings.*	Q2
	⌐ Work with Genio to establish demonstration sites aimed at moving people from traditional models of respite care to alternative models such as Host Family Support.	Q2
	DSE/W Action re above ▪ Participate in the development of procedures and governance arrangements to facilitate an alternative model of respite consistent with the national report on host families.	Q3-Q4
	▪ Identify pilot sites and facilitate the sharing of the learning across the care group.	Q2-Q3
	Neuro-rehabilitation Services Map and develop ISA level rehabilitation networks.	Q1
	Implement the model of care for rehabilitation services within the networks with focus on community rehabilitation teams.	Q2-Q4
	DSE/W Action re above ▪ Map current resources.	Q1
	▪ Reconfigure services to meet the needs of individuals with disabilities requiring community based rehabilitation.	Q2-Q4
Improving the Quality of Services	Prepare for and implement standards for residential services for children and adults ⌐ Identify appropriate grades / positions in respect of 'Fit Person' and 'Person in Charge' and provide information and support in advance of implementation.	Q1-Q4 Future Health Action 37
	⌐ Develop a process, ensuring that the welfare of service users is paramount, to address any closures enforced following HIQA inspections.	Q1-Q4
	DSE/W Action re above ▪ Engage with relevant service providers to prepare for the implementation of the HIQA standards.	Q1-Q4
	▪ Support services in as far as practicable within available resources to achieve compliance with the Standards.	Q1-Q4

Priority Area	Action 2013	End Qtr
	Implement phase 2 of the audit of client protection ⌐ Complete phase 2 audit and compile action plan.	Q4
	DSE/W Action re above ▪ Complete the audit, disseminate the learning and prepare plan to deliver the outcomes.	Q4
	Prepare for the *Children First Guidelines* being put on a legislative footing and associated national actions	Subject to legislation being published: Q1-Q4
	DSE/W Action re above ▪ Continue regional engagement with all relevant personnel regarding the implementation of Children First at all levels.	Ongoing
	▪ Encourage use of training modules of HSELand website	Q2
	▪ Engage with colleagues to support the roll out of the appropriate training.	Q1-Q4
	▪ Utilise the regional consultative fora as a mechanism to identify training needs and monitor compliance.	Q1
	▪ Implement the appropriate framework once agreed nationally.	Q4
Improvement of Information Systems	Further develop the Service Agreement process as a source of data In conjunction with service providers and in line with the recommendations of the VFM Report, improve the process as a source of data by: ⌐ Agreeing revised documentation	Q1
	⌐ Training staff on revised requirements	Q1-Q2
	⌐ Improving the compilation and maintenance of data	Q1-Q4
	DSE/W Action re above ▪ Review the resources available and report on the support required to ensure the data encompassed by the Service Arrangement is accurate and timely.	Q1-Q4
	Further review and develop the PI set especially in respect of incorporating outcome-based PIs ⌐ Develop an implementation plan in respect of the recommendations contained in section 8.3. of the VFM and Policy Review.	Q4
	DSE/W Action re above ▪ Awaiting National framework to facilitate the development of plan.	Q1-Q2

Dublin South West / Kildare-West Wicklow (DSW/KE) ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Implementation of the Value for Money and Policy Review of Disability Services	Further develop a national assessment and resource allocation model, in conjunction with the NDA and the DoH ⌐ Identify an appropriate assessment tool to measure individual support levels.	Q1 Future Health Action 36 & 39
	⌐ Identify a method of matching support level to level of resource required.	Q2
	⌐ Develop a methodology for testing the new model.	Q3
	⌐ Commence testing of the new model of resource allocation.	Q4
	DSW/KE Action re above ▪ Prepare plan in accordance with agreed National Framework.	Q1
	▪ Commence testing new model through demonstration sites and facilitate shared learning.	Q2
	Improve efficiency in the delivery of services ⌐ Strengthen capacity to manage the Service Arrangement process at national, regional and local levels with the appropriate knowledge and skills in the areas of procurement, financial accounting and service provision.	Q1
	⌐ Support statutory and non-statutory providers to reconfigure their skill mix and rostering practices with a view to improving effectiveness and efficiency.	Q1
	DSW/KE Action re above ▪ Work through the established consultative fora to strengthen the Service Arrangement process with a view to enhancing service planning.	Q1

Priority Area	Action 2013	End Qtr
	▪ Utilise the Service Arrangement process to support the delivery of value for money in relation to PA and Home Support services.	Q1-Q4
	▪ Agree procurement process taking into account risk assessments, due diligence, development of tender documentation consistent with required service specifications and any legal issues.	Q2
	▪ Evaluate the outcome of the process and amend as appropriate.	Q3
	▪ Examine if a similar process could be utilised to procure other disability services, e.g. respite.	Q4
	Reconfigure the following areas in accordance with agreed policies: Services for children and young people ⌐ Develop a plan to position specialist services (such as those for complex ASD (autistic spectrum disorder), individualised seating, etc) in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs.	Q2
	⌐ Finalise regional and area implementation plans for the reconfiguration of Children's Disability Teams.	Q2
	⌐ Ensure that the processes under the *Disability Act 2005* are developed in such a way as to facilitate the implementation of the 0-18s Programme.	Q1-Q4
	⌐ Develop inter-sectoral working protocols with primary care, mental health, child and family services and social inclusion to enhance quality and experience of service for children and young people.	Q2
	DSW/KE Action re above ▪ Review local implementation plan to ensure consistency with national model.	Q1
	▪ Prepare for reconfiguration in line with national vision for progressing disability services 0-18 years.	Q1
	▪ Consult relevant stakeholders.	Q2
	▪ Develop plan consistent with national position.	Q2
	▪ Review current method of dealing with Assessment of Need requests.	Q1-Q4
	▪ Identify areas for improvement to ensure compliance with Disability Act.	Q1-Q4
	▪ Implement cross care group protocols once agreed.	Q2
	Residential Services ⌐ Compile a database of the number of people currently resident in congregated settings	Q1
	⌐ Identify individuals who can move in 2013 from congregated settings without the necessity of additional resources	Q1
	DSW/KE Action re above ▪ Compile a database of the number of people currently resident in congregated settings.	Q1
	▪ Identify individuals who can move in the coming year from congregated settings without the necessity of additional resources.	Q1
	Day Services (*New Directions* - National Implementation Group) ⌐ Develop a Quality Standards Framework for Day Services based on the *Standards for Safer Better Healthcare.*	Q3
	⌐ Work with Genio to evaluate the development of services for school leavers with a view to enhancing this in 2013.	Q1
	DSW/KE Action re above ▪ Engage with local representative of the National Implementation Group for *New Directions* and progress the development of appropriate standards.	Q3-Q4
	▪ Share learning from Genio funded projects.	Q2
	Respite Services ⌐ Develop procedures and governance arrangements to facilitate the implementation of the recommendations of the *Report of the Working Group on Respite / Residential Care with Host Families in Community Settings.*	Q2
	⌐ Work with Genio to establish demonstration sites aimed at moving people from traditional models of respite care to alternative models such as Host Family Support.	Q2
	DSW/KE Action re above ▪ Participate in the development of procedures and governance arrangements to facilitate an alternative respite service to current model.	Q2-Q3
	▪ Identify pilot demonstration sites and facilitate the dissemination of the learning across relevant service	Q2-Q3

Priority Area	Action 2013	End Qtr
	providers.	
	Neuro-rehabilitation Services Map and develop ISA level rehabilitation networks.	Q1
	Implement the model of care for rehabilitation services within the networks with focus on community rehabilitation teams.	Q2-Q4
	DSW/KE Action re above ▪ Map current resources.	Q1
	▪ Reconfigure services to meet the needs of individuals with disabilities requiring community based rehabilitation.	Q2-Q4
Improving the Quality of Services	Prepare for and implement standards for residential services for children and adults ⌐ Identify appropriate grades / positions in respect of 'Fit Person' and 'Person in Charge' and provide information and support in advance of implementation.	Q1-Q4 Future Health Action 37
	⌐ Develop a process, ensuring that the welfare of service users is paramount, to address any closures enforced following HIQA inspections.	Q1-Q4
	DSW/KE Action re above ▪ Engage with relevant service providers to prepare for the implementation of the HIQA standards.	Q1-Q4
	▪ Support services in as far as practicable within available resources to achieve compliance with Standards.	Q1-Q4
	Implement phase 2 of the audit of client protection ⌐ Complete phase 2 audit and compile action plan	Q4
	DSW/KE Action re above ▪ Complete the audit, disseminate the learning and prepare plan to deliver the outcomes.	Q4
	Prepare for the *Children First Guidelines* being put on a legislative footing and associated national actions	Subject to legislation being published: Q1-Q4
	DSW/KE Action re above ▪ Engage with service providers to ensure appropriate policies, procedures and guidelines are in place that are consistent with legislation once passed.	Q1-Q4
	▪ Encourage use of training modules of HSELand website.	Q2
	▪ Implement the Train-the-Trainers programme for revised *Children First,* once available.	Q2-Q4
	▪ Review monitoring and reporting framework once agreed nationally.	Q2
	▪ Identify the appropriate supports to implement the agreed national framework.	Q4
Improvement of Information Systems	Further develop the Service Agreement process as a source of data In conjunction with service providers and in line with the recommendations of the VFM Report, improve the process as a source of data by: ⌐ Agreeing revised documentation	Q1
	⌐ Training staff on revised requirements	Q1-Q2
	⌐ Improving the compilation and maintenance of data	Q1-Q4
	DSW/KE Action re above ▪ Review the available resources and report on the supports required to ensure the data encompassed by the service arrangement is both accurate and timely.	Q1-Q4
	▪ Identify any training requirements that arise from revised documentation.	Q1-Q4
	▪ Agree process for monitoring data within the Service Arrangement.	Q1-Q4
	Further review and develop the PI set especially in respect of incorporating outcome-based PIs ⌐ Develop an implementation plan in respect of the recommendations contained in section 8.3. of the VFM and Policy Review.	Q4
	DSW/KE Action re above ▪ Relevant staff will engage in the regional process as appropriate.	Q2

Midlands ISA

Performance / Service Improvement – *Actions to Achieve national and local priorities are summarised below*

Priority Area	Action 2013	End Qtr
Implementation of the Value for Money and Policy Review of Disability Services	Further develop a national assessment and resource allocation model, in conjunction with the NDA and the DoH	Q1 Future Health Action 36 & 39
	⌐ Identify an appropriate assessment tool to measure individual support levels.	
	⌐ Identify a method of matching support level to level of resource required.	Q2
	⌐ Develop a methodology for testing the new model.	Q3
	⌐ Commence testing of the new model of resource allocation.	Q4
	Midlands Action re above	
	▪ Prepare plan in accordance with agreed National Framework.	Q1
	▪ Commence testing new model through demonstration sites and facilitate shared learning.	Q1
	Improve efficiency in the delivery of services	
	⌐ Strengthen capacity to manage the Service Arrangement process at national, regional and local levels with the appropriate knowledge and skills in the areas of procurement, financial accounting and service provision.	Q1
	⌐ Support statutory and non-statutory providers to reconfigure their skill mix and rostering practices with a view to improving effectiveness and efficiency.	Q1
	Midlands Action re above	
	▪ Work through the established consultative fora to strengthen the Service Arrangement process with a view to enhancing service planning.	
	▪ Review local practice in relation to completing and monitoring service arrangements, identify gaps and put plan in place to improve process.	
	▪ Utilise the Service Arrangement process to support the delivery of value for money in relation to PA and Home Support services.	Ongoing
	▪ Agree procurement process taking into account risk assessments, due diligence, development of tender documentation consistent with required service specifications and any legal issues.	
	▪ Evaluate the outcome of the process and amend as appropriate.	
	▪ Examine if a similar process could be utilised to procure other disability services, e.g. respite.	
	Reconfigure the following areas in accordance with agreed policies: Services for children and young people	
	⌐ Develop a plan to position specialist services (such as those for complex ASD (autistic spectrum disorder), individualised seating, etc) in accordance with the 0-18s Programme while ensuring maintenance of specialist knowledge and its availability to children and young people according to their needs.	Q2
	⌐ Finalise regional and area implementation plans for the reconfiguration of Children's Disability Teams.	Q2
	⌐ Ensure that the processes under the *Disability Act 2005* are developed in such a way as to facilitate the implementation of the 0-18s Programme.	Q1-Q4
	⌐ Develop inter-sectoral working protocols with primary care, mental health, child and family services and social inclusion to enhance quality and experience of service for children and young people.	Q2
	Midlands Action re above	
	▪ The reconfigured Midlands Area 0-18 Disability Services Governance Group / Local Implementation Group (LIG) inclusive of parent representatives will continue to work towards achieving the Vision for the Progressing of Disability Services Project (0-18 years).	
	▪ The Midlands Area 0-18 Disability Services Governance Group / LIG will continue to support further Early Intervention Team / School Age Team development and standardisation across the Midlands Area.	Ongoing
	▪ The Midlands Area 0-18 Disability Services Governance Group / LIG will review feedback and recommendations from the various local sub-groups established in the Midlands Area and make decisions to address ongoing and emerging issues.	
	▪ The Midlands Area 0-18 Disability Services Governance Group / LIG will agree, sign-off and commence implementation of the Local Plan for the Midlands Area consistent with national policy.	Q2
	▪ Review Assessment of Need process and ensure current practice facilitates the implementation of the 0-18years programme.	Q1-Q4

Priority Area	Action 2013	End Qtr
	▪ Identify areas for improvement to achieve compliance with the Disability Act.	Q1-Q4
	▪ Implement cross care group protocols once agreed nationally.	Q3
	Residential Services ⌐ Compile a database of the number of people currently resident in congregated settings.	Q1
	⌐ Identify individuals who can move in 2013 from congregated settings without the necessity of additional resources.	Q1
	Midlands Action re above ▪ Compile a database of the number of people currently resident in congregated settings.	Q1
	▪ Identify individuals who can move in the coming year from congregated settings without the necessity of additional resources.	Q1
	Day Services (*New Directions* - National Implementation Group) ⌐ Develop a Quality Standards Framework for Day Services based on the *Standards for Safer Better Healthcare.*	Q3
	⌐ Work with Genio to evaluate the development of services for school leavers with a view to enhancing this in 2013.	Q1
	Midlands Action re above ▪ Nominated person will continue to be part of the national group for the implementation of *New Directions* and will assist in the development of appropriate standards.	Q3
	▪ Review school leaver projects funded through Genio and share the learning.	Q1-Q2
	Respite Services ⌐ Develop procedures and governance arrangements to facilitate the implementation of the recommendations of the *Report of the Working Group on Respite / Residential Care with Host Families in Community Settings.*	Q2
	⌐ Work with Genio to establish demonstration sites aimed at moving people from traditional models of respite care to alternative models such as Host Family Support.	Q2
	Midlands Action re above ▪ Invite nominees from current non-statutory respite service providers, parent representatives, relevant clinicians and HSE personnel in order to plan appropriate respite service consistent with national policy.	Q2
	▪ Prioritise access to appropriate model of respite care based on individual assessed need.	Q2
	▪ Pilot demonstration sites for alternative model of respite consistent with national policy.	Q2-Q3
	▪ Evaluate and disseminate learning.	Q2-Q3
	Neuro-rehabilitation Services Map and develop ISA level rehabilitation networks.	Q1
	Implement the model of care for rehabilitation services within the networks with focus on community rehabilitation teams.	Q2-Q4
	Midlands Action re above ▪ Map current resources.	Q1
	▪ Reconfigure services to meet the needs of individuals with disabilities requiring community based rehabilitation.	Q2-Q4
Improving the Quality of Services	Prepare for and implement standards for residential services for children and adults ⌐ Identify appropriate grades / positions in respect of 'Fit Person' and 'Person in Charge' and provide information and support in advance of implementation.	Q1-Q4 Future Health Action 37
	⌐ Develop a process, ensuring that the welfare of service users is paramount, to address any closures enforced following HIQA inspections.	Q1-Q4
	Midlands Action re above ▪ Engage with relevant service providers to prepare for the implementation of the HIQA standards.	Q1-Q4
	▪ Support service in as far as practicable, within available resources, to achieve compliance with the Standards.	Q1-Q4
	Implement phase 2 of the audit of client protection ⌐ Complete phase 2 audit and compile action plan	Q4
	Midlands Action re above ▪ Complete audit and disseminate the learning.	Q1-Q4

Priority Area	Action 2013	End Qtr
	▪ Prepare plan to deliver the outcomes.	Q1-Q4
	Prepare for the *Children First Guidelines* being put on a legislative footing and associated national actions	Subject to legislation being published: Q1-Q4
	Midlands Action re above ▪ Engage with service providers to ensure appropriate policies, procedures and guidelines are in place and are consistent with legislation when passed.	Q1-Q4
	▪ Encourage use of training modules of HSELand website.	Q2
	▪ Implement the Train-the-Trainers programme for the revised *Children First*, once available.	Q2-Q4
	▪ Review and implement the nationally agreed framework to monitor compliance with *Children First*.	Q4
Improvement of Information Systems	Further develop the Service Agreement process as a source of data In conjunction with service providers and in line with the recommendations of the VFM Report, improve the process as a source of data by: ⌐ Agreeing revised documentation	Q1
	⌐ Training staff on revised requirements	Q1-Q2
	⌐ Improving the compilation and maintenance of data	Q1-Q4
	Midlands Action re above ▪ Review the resources available and report on the support required to ensure the data encompassed by the Service Arrangement is accurate and timely.	Q2-Q4
	Further review and develop the PI set especially in respect of incorporating outcome-based PIs ⌐ Develop an implementation plan in respect of the recommendations contained in section 8.3. of the VFM and Policy Review.	Q4
	Midlands Action re above ▪ Participate in the development of outcome based PIs.	Await national plan.
	▪ Implement plan in respect of VFM and Policy review when available and within available resources.	

Cost Management & Employment Control Measures (all ISAs) – *cost management measures are summarised below – every effort is made to ensure that the impact on frontline services is minimised*		Completion Quarter
Finance	▪ Cost Containment Plan	Ongoing
	▪ Non-Pay Efficiencies: We will continue to review and monitor all pay and non-pay expenditure items on a periodic basis. All appropriate measures will be undertaken to ensure our cost containment programme is achieved while endeavouring to protect front-line services, where possible.	
	▪ Monitoring Non-HSE Agencies	
Human Resources	▪ Absenteeism: We will continue to identify and report all absenteeism by service and ensure that all such absenteeism is reviewed in line with the HSE Absenteeism policy.	Ongoing
	▪ Rosters	
	▪ Overtime	
	▪ Agency	

Disability Services – DML Regional Scorecard 2013

Disability Services Scorecard				
Performance Indicator	Target 2013		Performance Indicator	Target 2013
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	418	Quality, Access and Activity	No. of home support hours delivered to adults and children with physical and / or sensory disability	New subset
No. of persons with ID and / or autism benefiting from work / work-like activity services	668		No. of adults and children with an intellectual disability and / or autism in receipt of home support hours	New PI
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	12		No. of home support hours delivered to adults and children with an intellectual disability and / or autism	New PI
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	42		Disability Act Compliance No. of requests for assessments received	1,128
No. of Rehabilitative Training places provided (all disabilities)	723		No. of assessments commenced as provided for in the regulations	1,061
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	722		No. of assessments commenced within the timelines as provided for in the regulations	1,061
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	4,513		No. of assessments completed as provided for in the regulations	1,061
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	476		No. of assessments completed within the timelines as provided for in the regulations	1,061
Residential Services No. of persons with ID and / or autism benefiting from residential services	2,248		No. of service statements completed	891
No. of persons with physical and / or sensory disability benefiting from residential services	288		No. of service statements completed within the timelines as provided for in the regulations	891
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	77,279		Services for Children and Young People % of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people	100%
No. of persons with ID and / or autism benefiting from residential centre based respite services	1,261		No. of established geographically based teams having current individualised plans for each child	New PI
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	11,387		% of established geographically based teams having current individualised plans for each child	New PI
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	359		Finance Variance against Budget: Income and Expenditure	≤ 0%
Personal Assistant (PA) / Home Support Hours Total no. of home support hours (incl. PA) delivered to adults and children with physical and / or sensory disability	302,623		Variance against Budget: Income Collection	≤ 0%
			Variance against Budget: Pay	≤ 0%
Total no. of adults and children with physical and / or sensory disability benefiting from home support hours (incl. PA)	818		Variance against Budget: Non Pay	≤ 0%
No. of adults with a physical and / or sensory disability in receipt of PA hours	New subset		Variance against Budget: Revenue and Capital Vote	≤ 0%
No. of PA hours delivered to adults with a physical and / or sensory disability	New subset		Human Resources Absenteeism rates	3.5%
No. of adults and children with physical and / or sensory disability benefiting from home support hours	New subset		Variance from approved WTE ceiling	≤ 0%

Appendices

APPENDIX A – Financial Information

DML Agency Budgets 2013

	Budget 2013 €m
Voluntary Providers (DML)	
Hospitals	
Children's University Hospital, Temple Street	76.688
The Adelaide & Meath Hospital, incorporating the NCH, Tallaght	173.851
Coombe Women and Infants University Hospital	47.564
Our Lady's Children's Hospital, Crumlin	117.310
St James's Hospital	299.890
St Vincent's University Hospital	193.463
St Michael's Hospital, Dun Laoghaire	24.600
National Maternity Hospital, Holles Street	44.235
Royal Victoria Eye & Ear Hospital	19.786
Hospital Total	997.387
Community	
National Rehabilitation Hospital	24.224
Dublin Dental School and Hospital	5.790
Leopardstown Park Hospital	3.676
Sisters Of Charity of Jesus and Mary, Moore Abbey	15.042
The Royal Hospital Donnybrook	12.753
The Drug Treatment Centre	7.456
Our Lady's Hospice	22.419
St John of God	81.534
Cheeverstown House	20.872
KARE	14.153
Sunbeam House Services	19.169
Peamount	21.043
Stewarts Hospital	41.238
The Children's Sunshine Home	3.497
Community Total	292.081
Total Voluntary Providers DML 2013	1,289.468
Statutory Providers (DML)	
Hospitals	
St Columcilles General Hospital, Loughlinstown	37.435
Naas General Hospital	54.479
Midlands Regional Hospital Mullingar	56.547
Midlands Regional Hospital Tullamore	80.944
Midlands Regional Hospital Portlaoise	45.234
Other – Contracts and Once-off	1.823
Hospital Total	276.462
Community	
Dublin South Central	215.856
Dublin South East and Wicklow	184.293
Dublin South West and Kildare/West Wicklow	134.261
Midlands	205.763
DML Central	40.135
Community Total	780.303
Total Statutory Providers DML 2013	1,056.770
Overall Total Provider Budgets DML 2013	2,346.238

APPENDIX B – HR Information

OVERALL DML

Service and Region	WTE Dec 2011	WTE Dec 2012	Indicative Ceiling 1 Jan 2013	Indicative End Ceiling 2013
Acute Hospital Services	16,554	16,315	15,997	15,361
Primary and Community Services	14,447	14,042	14,194	13,727
Portion of ceiling to be allocated	0	0	87	0
Dublin Mid Leinster ISA/Hospital total	31,002	30,357	30,278	29,088
Other (incl QCC, PH, Corporate)	532	480	476	466
Dublin Mid-Leinster	31,533	30,837	30,753	29,554

Note 1: 30,278 is the ceiling figure (excludes other/corporate) which is referenced in the Resource Framework (HR).
Note 2: Further ceiling adjustments due in 2013 i.e. new service development posts, etc.
Note 3: Some of the information in this table table has been rounded.

Staffing by Category	Dec 2011	WTE Dec 2012	Indicative Ceiling 1 Jan 2013
Medical / Dental	2,638	2,659	
Nursing	10,858	10,535	
Health and Social Care Professionals	5,285	5,085	
Management / Admin	4,451	4,424	
General Support Staff	2,901	2,800	
Other Patient and Client Care	5,400	5,335	
Dublin Mid-Leinster	31,533	30,837	30,753
Note: The figures in the above table include other/corporate staff.			

DML WTE Ceiling	Dec 2012		Projected Dec 2013	
	Voluntary	Statutory	Voluntary	Statutory
Midland Regional Hospitals	0	2,270	0	2,183
ISA Dublin South Central	5,289	1,545	4,983	1,449
ISA Dublin South West/ Kildare West Wicklow	3,680	2,403	3,501	2,364
ISA Midlands	620	2,898	581	2,822
ISA Dublin South East/ Wicklow	6,092	2,613	5,910	2,561
Paediatric Hospitals	2,491	0	2,383	0
Other Services*	0	377	0	351
Sub Total	18,172	12,106	17,358	11,730
	30,278		29,088	

*Figures may be rounded

DML INTEGRATED SERVICE AREAS WTEs

DUBLIN SOUTH CENTRAL ISA

Dublin South Central				
WTE Ceiling				
	Dec 2012		Projected Dec 2013	
DUBLIN WEST	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	390	191	388	189
Disability Services	718	4	580	2
Mental Health Services	0	0	0	0
Older Persons Services	0	348	0	347
Social Inclusion Services	0	222	0	194
Palliative Care Services	0	0	0	0
Children & Family Services	0	115	0	115
Acute Hospitals	0	0	0	0
Dublin West Sub Total:	1,108	880	968	847
DUBLIN WEST TOTAL:	1,988		1,815	
DUBLIN SOUTH CITY	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	0	177	0	174
Disability Services	0	10	0	6
Mental Health Services	0	75	0	22
Older Persons Services	0	187	0	186
Social Inclusion Services	0	5	0	3
Palliative Care Services	470	0	448	0
Children & Family Services	0	211	0	211
Acute Hospitals	3,711	0	3,567	0
Dublin South City Sub Total:	4,181	665	4,015	602
DUBLIN SOUTH CITY TOTAL:	4,846		4,617	
ISA TOTAL:	6,833		6,432	

DUBLIN SOUTH EAST / WICKLOW ISA

Dublin South East / Wicklow				
WTE Ceiling				
	Dec 2012		Projected Dec 2013	
DUBLIN SOUTH EAST	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	265	274	263	271
Disability Services	0	4	0	3
Mental Health Services	0	205	0	200
Older Persons Services	189	143	189	142
Social Inclusion Services	0	3	0	3
Palliative Care Services	0	0	0	0
Children & Family Services	0	60	0	60
Acute Hospitals	2,970	450	2,851	435
Dublin South East Sub Total	3,424	1,139	3,303	1,114
DUBLIN SOUTH EAST TOTAL:	4,563		4,417	
WICKLOW	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	454	219	452	216
Disability Services	1,457	150	1,424	145
Mental Health Services	225	120	220	117
Older Persons Services	0	116	0	115
Social Inclusion Services	0	0	0	0
Palliative Care Services	0	0	0	0
Children & Family Services	0	111	0	111
Acute Hospitals	0	0	0	0
Wicklow Sub Total:	2,136	716	2,096	704
WICKLOW TOTAL:	2,852		2,800	
DUN LAOGHAIRE	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	0	170	0	167
Disability Services	68	131	65	125
Mental Health Services	0	350	0	345
Older Persons Services	0	37	0	36
Social Inclusion Services	90	0	88	0
Palliative Care Services	0	0	0	0
Children & Family Services	0	70	0	70
Acute Hospitals	374	0	358	0
Dun Laoghaire Sub Total:	532	758	511	743
DUN LAOGHAIRE TOTAL:	1,290		1,254	
ISA TOTAL:	8,705		8,471	

DML INTEGRATED SERVICE AREAS WTEs

DUBLIN SOUTH WEST / KILDARE-WEST WICKLOW

Dublin South West / Kildare West Wicklow				
WTE Ceiling				
	Dec 2012		Projected Dec 2013	
DUBLIN SOUTH WEST	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	0	217	0	215
Disability Services	350	5	320	3
Mental Health Services	0	345	0	340
Older Persons Services	0	143	0	142
Social Inclusion Services	0	1	0	1
Palliative Care Services	0	0	0	0
Children & Family Services	0	73	0	73
Acute Hospitals	3,068	0	2,944	0
Dublin SouthWest Sub Total:	3,418	784	3,264	774
DUBLIN SOUTH WEST TOTAL:	4,202		4,038	
KILDARE WEST/WICKLOW	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	0	267	0	266
Disability Services	262	3	237	2
Mental Health Services	0	153	0	149
Older Persons Services	0	472	0	471
Social Inclusion Services	0	0	0	0
Palliative Care Services	0	0	0	0
Children & Family Services	0	77	0	77
Acute Hospitals	0	647	0	625
Kildare West/Wicklow Sub Total:	262	1,619	237	1,590
KILDARE WEST/WICKLOW TOTAL:	1,881		1,827	
ISA TOTAL:	6,083		5,865	

MIDLANDS ISA

Midlands ISA				
WTE Ceiling				
	Dec 2012		Projected Dec 2013	
LONGFORD / WESTMEATH	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	0	410		408
Disability Services	175	260	160	240
Mental Health Services	0	280		265
Older Persons Services	0	366		364
Social Inclusion Services	0	10		9
Palliative Care Services	0	0		0
Children & Families	0	166		166
Longford / Westmeath Sub Total:	175	1,492	160	1,452
LONGFORD / WESTMEATH TOTAL:	1,667		1,612	
LAOIS / OFFALY	Voluntary	Statutory	Voluntary	Statutory
Primary Care Services	0	452		450
Disability Services	445	90	421	75
Mental Health Services	0	297		281
Older Persons Services	0	482		480
Social Inclusion Services	0	8		7
Palliative Care Services	0	0		0
Children & Families	0	77		77
Laois / Offaly Sub Total:	445	1,406	421	1,370
LAOIS / OFFALY TOTAL:	1,851		1,791	
ISA TOTAL:	3,518		3,403	

DML ACUTE HOSPITALS WTEs

DML Hospitals				
WTE Ceiling				
	Dec 2012		Projected Dec 2013	
Acute Hospitals	Voluntary	Statutory	Voluntary	Statutory
Tallaght Hospital - Adults	2,318		2,221	
Naas General Hospital		647		625
Royal Victoria Eye & Ear Hospital	263		253	
St. Columcilles Hospital		450		435
St. James's Hospital	3,448		3,314	
St. Michael's Hospital Dun laoghaire	374		358	
St. Vincent's University Hospital, Elm Park	2,277		2,185	
Acute Hospital Sub-Total:	8,680	1,097	8,331	1,060
Paediatric Hospitals				
Our Lady's Hospital for Sick Children, Crumlin	1,554		1,488	
Children's University Hospital, Temple Street	937		895	
Tallaght Hospital – Children *(See Tallaght Hospital – Adults above)*				
Paediatric Hospitals Sub-Total:	2,491	0	2,383	0
Maternity Hospitals				
Coombe Women's and Infants University Hospital	750		723	
National Maternity Hospital, Holles Street	693		666	
Maternity Hospitals Sub-Total:	1,443	0	1,389	0
Midland Hospitals				
Midland Regional Hospital, Mullingar		737		708
Midland Regional Hospital, Portlaoise		594		572
Midland Regional Hospital, Tullamore		939		903
Midland Hospitals Sub-Total:	0	2,270	0	2,183
Other Services	17		16	
HOSPITALS TOTAL:	15,997		15,361	

APPENDIX C – Capital Projects by Care Group / Programme 2013

This appendix outlines capital projects that were completed in 2011/2012 but not operational, due to be completed and operational in 2013 and also projects due to be completed in 2013 but not operational until 2014. The full HSE Capital Plan for 2013 is available on www.hse.ie

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2013 Implications	
							2013	Total	WTEs	Rev Costs €m
PRIMARY CARE										
Dublin Mid-Leinster										
Primary Care	Kilnamanagh / Tymon	Primary Care Centre, by lease agreement	Q4	Q4	0	0	0	0	0	0
Primary Care	Longford, Co. Longford	Primary Care Centre, by lease agreement	Q2 2012	Q1	0	0	0	0	0	0
Primary Care	Newbridge, Co. Kildare	Primary Care Centre, by lease agreement	Q1	Q1	0	0	0	0	0	0
Primary Care	Dun Laoghaire, Co. Dublin	Primary Care Centre, by lease agreement	Q2	Q2	0	0	0	0	0	0
Primary Care	Athlone, Co. Westmeath	Primary Care Centre, by lease agreement	Q4	Q1 2014	0	0	0	0	0	0
Primary Care	Shankill, Co. Dublin	Primary Care Centre, by lease agreement	Q4	Q1 2014	0	0	0	0	0	0
Primary Care	Baggot Street, Dublin	Primary Care Centre, by lease agreement	Q4	Q1 2014	0	0	0	0	0	0
Primary Care	Clane, Co. Kildare	Primary Care Centre, by lease agreement	Q4	Q4	0	0	0	0	0	0
ACUTE and PRE-HOSPITAL EMERGENCY CARE										
Dublin Mid-Leinster										
Acute (Maternity)	Coombe Women's Hospital, Dublin	Emergency theatre and delivery suite upgrade	Q1	Q2	0	0	0.70	4.75	0	0
Acute (Maternity)	National Maternity Hospital, Holles Street, Dublin	Repair works to roof and relocation of the neo-natal intensive care unit	Q3	Q4 (phase 1)	0	0	0.50	1.50	0	0
Acute	St. James's Hospital, Dublin	Provision of a new haemophilia / hepatology centre	Q4 2012	Q2	14	0	0.50	0.50	0	0

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2013 Implications	
							2013	Total	WTEs	Rev Costs €m
OLDER PEOPLE										
Dublin Mid Leinster										
Older People	Baltinglass Community Hospital, Co. Wicklow	Upgrade and refurbishment of Baltinglass Community Hospital to fully comply with HIQA guidelines	Q4	Q4	0	62	1.58	2.07	0	0
										Funding source not yet confirmed
MENTAL HEALTH										
Dublin Mid-Leinster										
Mental Health	St. Loman's Hospital, Mullingar, Co. Westmeath	Replacement of St. Edna's ward to provide a 20 bed special behavioural unit and up to 24 replacement beds	Q2	Q3	0	44	0.52	4.78	0	0

APPENDIX D – Regional Performance Indicator and Activity Suite

Health & Wellbeing

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Immunisations and Vaccines % children aged 12 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine Haemophilus influenzae type b (Hib_3) Polio ($Polio_3$) hepatitis B ($HepB_3$) (6 in 1)	95%	95%	95%	95%	95%
% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV_2)	95%	95%	95%	95%	95%
% children at 12 months of age who have received two doses of the Meningococcal group C vaccine ($MenC_2$)	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Diphtheria (D_3), Pertussis (P_3), Tetanus (T_3) vaccine, Haemophilus influenzae type b (Hib_3), Polio ($Polio_3$), hepatitis B ($HepB_3$) (6 in 1)	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Meningococcal C ($MenC_3$) vaccine	95%	95%	95%	95%	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	95%	95%	95%	95%	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV_3) vaccine	95%	95%	95%	95%	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%
% children aged 4-5 years who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	95%	95%	95%	95%	95%
% children aged 4-5 years who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%
% children aged 11-14 years who have received 1 dose Tetanus, low dose Diphtheria, Accelular Pertussis (Tdap) vaccine	95%	95%	95%	95%	95%
No. and % of first year girls who have received third dose of HPV vaccine by August 2013	80%	80%	80%	80%	80%
No. and % of sixth year girls who have received third dose of HPV vaccine by August 2013	80%	80%	80%	80%	80%
Child Health / Developmental Screening % of newborns who have had newborn bloodspot screening (NBS)	100%	100%	100%	100%	100%
% newborn babies visited by a PHN within 48 hours of hospital discharge	95%	95%	95%	95%	95%
% newborn babies visited by a PHN within 72 hours of hospital discharge	100%	100%	100%	100%	100%
% 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	95%	95%	95%	95%	95%
Tobacco Control % hospital campuses with tobacco-free policy	100%	100%	100%	100%	100%
No. and % of smokers on cessation programme who were quit at one month					New PI
No. of smokers who received intensive cessation support from a cessation counsellor					9,000* Regional / ISA breakdown not available
No. of frontline healthcare staff trained in brief intervention smoking cessation	50	100	50	100	300
No. of sales to minors test purchases carried out					320*
Food Safety % of Category 1, 2 and 3 food businesses receiving minimum inspection frequency as per FSAI Guidance Note Number 1	100%	100%	100%	100%	100%
Cosmetic Product Safety No. of scheduled chemical samples taken					540*
International Health Regulations All designated ports and airports to receive an inspection to audit compliance with the					8*

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
IHR 2005					
Health Inequalities No. of PCTs who have completed, at a minimum, Step 1 of a Community Health Needs Assessment (CHNA)					5
No. of hospitals who have completed, at a minimum, Stage 1 of the 6 stage Health Equity Audit (HEA)					6*

* National Target. Not broken down by region.

Social Inclusion Services

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Methadone Treatment No. of clients in methadone treatment (outside prisons) (Monthly Target)	DML Regional Target = 4,900				
No. of clients in methadone treatment (prisons) (Monthly Target)	National Target = 500				
Substance Misuse No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	New PI 2013. Baseline to be established				
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	120	60	100	20	300 100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	New PI 2013. Baseline to be established				
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DML Regional Target = 25 (100%)				
Homeless Services No. and % of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards (Quarterly Target)	208	8	55	48	319 >75%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose needs have been formally assessed within one week (Quarterly Target)	205	8	63	44	320 75%
No. and % of service users admitted to homeless emergency accommodation hostels / facilities who have a written care plan in place within two weeks (Quarterly Target)	205	8	62	42	317 75%
Needle Exchange No. of pharmacies recruited to provide Needle Exchange Programme	National Target = 130				
No. of unique individuals attending pharmacy needle exchange	New PI 2013. National Targets: 200 Q1; 250 Q2; 300 Q3; 400 Q4				
No. of pharmacy needle exchange packs provided	New PI 2013. National Targets: 1,500 Q1; 1,650 Q2; 1,800 Q3; 1,950 Q4				
Average no. of needle / syringe packs per person	New PI 2013. National Target = 90				
No. and % of needle / syringe packs returned	New PI 2013. National Targets: 600 Q1; 660 Q2; 720 Q3; 780 Q4 (40%)				
Traveller Health Screening No. of clients to receive national health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects	250	250	250	150	900

Primary Care Services

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Primary Care No. of PCTs implementing the National Integrated Care Package for Diabetes (dependent on the appointment of the ICDNs)	3	3	3	3	12
No. of Health and Social Care Networks in development (dependent on agreed governance model)	8	11	9	7	35
% of Operational Areas with community representation for PCT and Network Development	1	1	1	1	4
GP Out of Hours No. of contacts with GP out of hours			50,836	85,745	136,581
Physiotherapy Referral No. of patients for whom a primary care physiotherapy referral was received in the reporting month	7,497	9,423	8,816	15,880	41,616
Physiotherapy Assessments Total no. of Primary Care Physiotherapy patients seen for a first time Assessment	6,323	7,547	7,099	13,850	34,819
Physiotherapy Contacts Total no. of Primary Care Physiotherapy face to face contacts / visits / appointments that took place	32,561	30,103	23,153	74,814	160,631
Occupational Therapy No. of clients who received a direct service in the reporting month (monthly target)	1,026	795	724	1,116	3,661
Occupational Therapy Referrals No. of clients for whom a primary care occupational therapy referral was received in the reporting month	3,916	5,156	4,710	6,714	20,496
Orthodontics No. of patients on the assessment waiting list during reporting period.	New PI 2013. Baseline to be established. ISA/Regional breakdown not available.				
Waiting time from referral to assessment during reporting period: i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting over 2 years	New PI 2013. Baseline to be established. ISA/Regional breakdown not available.				
No. of patients on the treatment waiting list – grade 4 – during reporting period	New PI 2013. Baseline to be established. ISA/Regional breakdown not available.				
Waiting time from assessment to commencement of treatment during reporting period (Grade 4): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	New PI 2013. Baseline to be established. ISA/Regional breakdown not available.				
No. of patients on the treatment waiting list – grade 5 – during reporting period	New PI 2013. Baseline to be established. ISA/Regional breakdown not available.				
Waiting time from assessment to commencement of treatment during reporting period (Grade 5): i). No. of patients waiting 1-6 months ii). No. of patients waiting 7-12 months iii). No. of patients waiting 13-24 months iv). No. of patients waiting 2-3 years v). No. of patients waiting over 4 years	New PI 2013. Baseline to be established. ISA/Regional breakdown not available.				
Orthodontics No. of patients receiving active treatment during reporting period *Note: The figure included under DSC also includes the number of patients in active treatment for DSW/KE-WW*	2,446*	1,636	See DSC	1,321	5,403

Acute Hospitals

Acute Hospitals including Clinical Programmes	
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013
Discharges Activity Inpatient	187,136
Inpatient same day discharge from AMUs*	To be established
Day Case	319,386
Elective	69,689
Non Elective / Emergency	117,447
Emergency Care No. of emergency presentations*	333,821
No. of emergency admissions*	101,244
% Discharges which are Public Inpatient	80%
Day Case	80%
Inpatient Elective	80%
Inpatient Non Elective / Emergency	80%
HIPE % cases entered into HIPE	100%
Average Length of Stay Overall ALOS for all inpatient discharges and deaths	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	4.5
Inpatient % of elective inpatients who had principal procedure conducted on day of admission	75%
Inpatient and Day Case Waiting Times No. of adults waiting > 8 months for an elective procedure (inpatient)	0
No. of adults waiting > 8 months for an elective procedure (day case)	0
No. of children waiting > 20 weeks for an elective procedure (inpatient)	0
No. of children waiting > 20 weeks for an elective procedure (day case)	0
Colonoscopy / Gastrointestinal Service No. of people waiting more than 4 weeks for an urgent colonoscopy	0
No of people waiting >13 weeks following a referral for routine colonoscopy or OGD	0
Emergency Care % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge	9.6%
% of all attendees at ED who are discharged or admitted within 6 hours of registration	95%
% of all attendees at ED who are discharged or admitted within 9 hours of registration	100%
% of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2)	95%
Delayed Discharges Reduction in bed days lost through delayed discharges	10% reduction
Reduction in no. of people subject to delayed discharges	10% reduction
Births Total no. of births	22,684
Outpatients (OPD) No. of people waiting longer than 52 weeks for OPD appointment	0
New attendance DNA rates	12%

Acute Hospitals including Clinical Programmes	
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013
Dialysis Modality	
Haemodialysis	* 1,699 – 1,714
Home Therapies	* 251 – 260
Total	* 1,920 – 1,974
Blood Policy	
No. of units of platelets ordered in the reporting period	*21,178
% of units of platelets outdated in the reporting period	< 8%
% usage of O Rhesus negative red blood cells	< 11%
% of red blood cell units rerouted to hub hospital	< 5%
% of red blood cell units returned out of total red blood cell units ordered	< 1%
Acute Medicine	
% of all new medical patients attending the acute medical assessment unit (AMAU) who spend less than 6 hours from ED registration to AMAU departure (TMAT)	95%
Medical patient average length of stay	5.8
Surgery	
% of elective surgical inpatients who had principal procedure conducted on day of admission	85%
% of surgical re-admissions to the same hospital within 30 days of discharge	< 3%
Surgical patient average length of stay	4.5% reduction by end 2013
ED	
% of all patients arriving by ambulance wait < 20 mins for handover to doctor / nurse	95%
% of ED patients who leave before completion of treatment	< 5% of new patient attendances
% of patients spending less than 24 hours in Clinical Decision Unit	95%
Stroke	
% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	50%
% of patients with confirmed acute ischaemic stroke in whom thrombolysis is not contraindicated who receive thrombolysis	9%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	50%
Heart Failure	
Rate (%) re-admission for heart failure within 3 months following discharge from hospital	25%
Median LOS and bed days for patients admitted with principal diagnosis of acute decompensated heart failure	7 days
% patients with acute decompensated heart failure who are seen by HF programme during their hospital stay	70%
Acute Coronary Syndrome	
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	70%
% reperfused STEMI patients (or LBBB) who get timely	
a) PPCI or	70%
b) thrombolysis	70%
Medial LOS and bed days for	
a) STEMI	4
b) Non-STEMI pts	6
COPD	
Mean and median LOS (and bed days) for patients with COPD	7.8 5
% re-admission to same acute hospitals of patients with COPD within 90 days	24%

Acute Hospitals including Clinical Programmes	
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013
No. of acute hospitals with COPD outreach programme	15
Access to structured Pulmonary Rehabilitation Programme in Local Health Area	20 / 32 (63%)
Access to structured Pulmonary Rehabilitation Programme in acute hospital services	25 sites
Asthma % nurses in primary and secondary care who are trained by national asthma programme	90%
No. of asthma bed days prevented annually	1,164 (10% Reduction)
No. of deaths caused by asthma annually	10% reduction (<56)
Diabetes % reduction in lower limb amputation from Diabetes	40%
% reduction in hospital discharges for lower limb amputation and foot ulcers in diabetics	40%
% of registered Diabetics invited for retinopathy screening	90%
Epilepsy % reduction in median LOS for epilepsy inpatient discharges	10%
% reduction in no. of bed days for epilepsy inpatient discharges	10%
Dermatology OPD No. of new patients waiting > 3 months for dermatology OPD appointment	10% improvement on baseline
No. of new dermatology outpatients seen per hospital per year	40,000
Referral: New Attendance ratio	10% improvement on baseline
Rheumatology OPD No. of new rheumatology patients seen per hospital per year	12,400
Referral: New Attendance ratio	10% improvement on baseline
Neurology OPD No. of new neurology patients seen per year	15,404
Referral: New Attendance ratio	1:3

* National Target.

National Cancer Control Programme

National Cancer Control Programme - NATIONAL	
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013
Symptomatic Breast Cancer Services No. of urgent attendances	13,900
No. of non urgent attendances	25,200
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals *(No. and % offered an appointment that falls within 2 weeks)*	13,200 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for non-urgent referrals *(No. and % offered an appointment that falls within 12 weeks)*	23,940 95%
Breast Cancer Screening No. of women who attend for breast screening	140,000
Lung Cancers No. of attendances at rapid access lung clinic	2,700

National Cancer Control Programme - NATIONAL	
Performance Activity / Key Performance Indicator	Expected Activity / Targets 2013
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	2,565 95%
Prostate Cancers No. of centres providing surgical services for prostate cancers	7
No. of attendances at rapid access prostate clinics	2,970
No. and % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre	2,600 90%
Rectal Cancers No. of centres providing services for rectal cancers	8
Radiotherapy No. of patients who completed radical radiotherapy treatment in the preceding quarter (palliative care patients not included)	To be determined
No. and % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	To be determined

Note: All national totals not broken down by Region

Palliative Care Services

Please Note: As Our Lady's Hospice is the main Service Provider of Palliative Care Services across DML, "Expected Activity / Targets 2013" across the individual ISAs are not available.

Indicator / Measure	Expected Activity / Target 2013 DML TOTAL
Inpatient Units Waiting Times i) Specialist palliative care inpatient bed within 7 days (during the reporting month)	88%
ii) Specialist palliative care inpatient bed within 1 month (during the reporting month)	97%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	106
No. of new patients seen or admitted to the specialist palliative care service (reported by age profile) (during the reporting month)	53
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	886
Community Home Care Waiting Times i) Specialist palliative care services in the community provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	81%
ii) Specialist palliative care services in the community provided to patients in their place of residence within 1 month (Home, Nursing Home, Non Acute hospital) (during the reporting month)	100%
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	653
No. of new patients seen or admitted to specialist palliative care services in the community (reported by age profile) (during the reporting month)	178
Day Care No. of patients in receipt of specialist palliative day care services (during the reporting month)	85
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	243
Community Hospitals No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	46

Mental Health Services

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Adult Inpatient Services No. of admissions to adult acute inpatient units	1068	1020	416	940	3,444
Median length of stay	9	16	12	9	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	62.5	66.5	44.5	82.4	63.7
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	26.1	18.8	17.5	26.9	21.8
Acute re-admissions as % of admissions	66%	66%	66%	66%	66%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	45.3	41.7	32.5	63.0	41.9
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	24.9	21.58	15.3	18.9	20.5
No. of adult involuntary admissions	104	176	44	48	372
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	6.2	12.1	4.8	4.3	6.9
General Adult Community Mental Health Teams Number of General Adult Community Mental Health Teams					New PI 2013
Number of referrals (including re-referred) received by General Adult Community Mental Health Teams					New PI 2013
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams					New PI 2013
Number of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment and seen or DNA by Wait 'Time (time period to be decided)					New PI 2013
Number of cases closed/discharged by General Adult Community Mental Health Teams					New PI 2013
Psychiatry of Old Age Mental Health Teams Number of Psychiatry of Old Age Community Mental Health Teams					New PI 2013
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams					New PI 2013
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams					New PI 2013
Number of new (including re-referred) Old Age Psychiatry Team cases offered first appointment and seen or DNA by Wait 'Time (time period to be decided)					New PI 2013
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams					New PI 2013
Child and Adolescent No. of child and adolescent Community Mental Health Teams	4	9	3	3	19
No. of child and adolescent Day Hospital Teams	1	0	0	0	1
No. of Paediatric Liaison Teams	2	0	0	0	2
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	31	0	0	0	31
No. of children / adolescents admitted to adult HSE mental health inpatient units i). <16 years ii). <17 years iii). <18 years					<50* 0* 15* 35*
No. and % of involuntary admissions of children and adolescents					16* 5%*
o. of child / adolescent referrals (including re-referred) received by mental health services	768	1351	1605	745	4,469
No. of child / adolescent referrals (including re-referred) accepted by mental health services	614	1081	1284	596	3,575
Total no. of new (including re-referred) child / adolescent referrals offered first	463	932	1019	616	3,030

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
appointment and seen					
No. and % of new / re-referred cases offered first appointment and seen i). < 3 months	70%	70%	70%	70%	70%
No. and % of cases closed / discharged by CAMHS service	492	864	1027	477	2,860 80%
Total no. on waiting list for first appointment at end of each quarter (reduce no. waiting by >5%)	25	339	144	66	575
No. and % on waiting list for first appointment at end of each quarter by wait time i). < 3 months	25	187	97	31	340 59%
ii). 3-6 months	0	56	16	19	92 16%
iii). 6-9 months	0	41	14	8	63 11%
iv). 9-12 months	0	55	17	8	81 14%
v). > 12 months	0	0	0	0	0

* National Target. Not broken down by region.

Note: DML ISAs are not co-terminus with the Mental Health Catchment Areas. With regard to the Mental Health Acute beds above, the following are reflected under the following ISAs:

- *DSC ISA: St. James's Hospital; Tallaght Hospital*
- *DSE/W ISA: Newcastle Hospital; SJOG Cluain Mhuire; Elm Mount Unit St. Vincent's Hospital*
- *DSW/KE ISA: Lakeview Unit, Naas General Hospital*
- *Midlands ISA: Midlands Regional Hospital Portlaoise; Midlands Regional Hospital Mullingar*

Older People Services

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Home Care Packages Total no. of persons in receipt of a HCP (Monthly Target)	461	1,052	597	552	2,662
i). No. and % direct provision	0 0%	0 0%	0 0%	262 100%	262 9.8%
ii). No. and % indirect provision	461 19.2%	1,052 43.8%	597 24.9%	290 12.1%	2,400 90.2%
iii). No. and % cash grants	Note: Cash grants are being phased out. Target per ISA not applicable.				196 7.4%
iv). No. and % respite	Note: This is dependent on assessment of need. Target per ISA not applicable.				6 0.2%
v). No. and % multiple types	Note: This is dependent on assessment of need and local capacity. Target per ISA not applicable.				34 1.3%
No. of HCPs provided	395	277	423	365	1,460
No. of new HCP clients, annually	225	430	370	225	1,250
Home Help Hours No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	405,592	450,653	488,163	565,592	1.91m
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly Target)	2,780	3,044	3,582	2,597	12,003
Day Care No. of day care places for older people	Breakdown by ISA not available.				4,900

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
NHSS No. of people being funded under NHSS in long term residential care at end of reporting month	National Target = 22,761. Regional Target not given. Demand-led				
No. and proportion of those who qualify for ancillary state support who chose to avail of it	Demand-led				
% of complete applications processed within four weeks	100%	100%	100%	100%	100%
Subvention and Contract Beds No. in receipt of subvention	Breakdown by ISA not relevant. Scheme has been replaced by the NHSS and numbers are decreasing.				150
No. in receipt of enhanced subvention	Breakdown by ISA not relevant. Scheme has been replaced by the NHSS and numbers are decreasing.				70
No. of people in long-term residential care who are in contract beds	Breakdown by ISA not relevant. Scheme has been replaced by the NHSS and numbers are decreasing.				700
No. of long stay residents in public and voluntary nursing homes admitted before 27 Oct 2009 (saver cases).	National Target = 2,200. Regional Target not given.				
Public Beds No. of NHSS Beds in Public Long Stay Units	Subject to viability plan. Regional Target not given.				
No. of Short Stay Beds in Public Long Stay Units	Subject to viability plan. Regional Target not given.				
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	New PI 2013. Regional Target not given.				
% of population over 65 years in NHSS / Saver Beds (based on 2011 Census figures)	New PI 2013. Regional Target not given.				
Elder Abuse No. of new referrals by region	Demand-led scheme so inappropriate to have ISA targets.				389
No. and % of new referrals broken down by abuse type: i). Physical	---	---	---	---	---
ii). Psychological	---	---	---	---	---
iii). Financial	---	---	---	---	---
iv). Neglect	---	---	---	---	---
No. of active cases	---	---	---	---	---
% of referrals receiving first response from senior case workers within four weeks	100%	100%	100%	100%	100%

Disability Services

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Day Services No. of work / work-like activity WTE places provided for persons with intellectual disability (ID) and / or autism	130	84	102	102	418
No. of persons with ID and / or autism benefiting from work / work-like activity services	142	148	165	213	668
No. of work / work-like activity WTE places provided for persons with physical and / or sensory disability	1	10	1	0	12
No. of persons with physical and / or sensory disability benefiting from work / work-like activity services	2	36	4	0	42
No. of Rehabilitative Training places provided (all disabilities)	ISA breakdown not available as places move between areas depending on demand.				723
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	126	231	235	130	722
No. of persons with ID and / or autism benefiting from Other Day Services (excl. RT and work / work-like activities)	1,061	1,158	1,150	1,144	4,513
No. of persons with physical and / or sensory disability benefiting from Other Day Services (excl. RT and work / work-like activities)	47	229	124	76	476

Indicator / Measure	Expected Activity / Target 2013				
	DSC	DSE / WICK	DSW / KWW	MIDLANDS	DML TOTAL
Residential Services No. of persons with ID and / or autism benefiting from residential services	677	488	643	440	2,248
No. of persons with physical and / or sensory disability benefiting from residential services	106	94	59	29	288
Respite Services No. of bed nights in residential centre based respite services used by persons with ID and / or autism	10,772	39,852	16,869	9,786	77,279
No. of persons with ID and / or autism benefiting from residential centre based respite services	212	388	383	278	1,261
No. of bed nights in residential centre based respite services used by persons with physical and / or sensory disability	3,000	2,227	3,205	2,955	11,387
No. of persons with physical and / or sensory disability benefiting from residential centre based respite services	80	76	89	114	359
Personal Assistant (PA) / Home Support Hours Total no. adults and children with physical and / or sensory disability benefiting from Home Support hours (incl. PA)	134	260	176	248	818
Total no of Home Support hours (incl. PA) delivered to adults and children with physical and / or sensory disability.	45,791	150,098	67,948	38,786	302,623
No. of adults with a physical and / or sensory disability in receipt of personal assistant (PA) hours	*Subset of above*				
No. of Personal Assistant (PA) hours delivered to adults with physical and / or sensory disability	*Subset of above*				
No. of adults and children with physical and / or sensory disability benefiting from Home Support hours	*Subset of above*				
No. of Home Support hours delivered to adults and children with physical and / or sensory disability	*Subset of above*				
No. of adults and children with an intellectual disability and / or autism in receipt of Home Support hours	New PI 2013. Baseline to be established in 2013				
No. of Home Support hours delivered to adults and children with an intellectual disability and / or autism	New PI 2013. Baseline to be established in 2013				
Disability Act Compliance No. of requests for assessments received	306	168	464	190	1,128
No. of assessments commenced as provided for in the regulations	288	158	436	179	1,061
No. of assessments commenced within the timelines as provided for in the regulations	288	158	436	179	1,061
No. of assessments completed as provided for in the regulations	288	158	436	179	1,061
No. of assessments completed within the timelines as provided for in the regulations	288	158	436	179	1,061
No. of service statements completed	242	133	365	150	891
No. of service statements completed within the timelines as provided for in the regulations	242	133	365	150	891
Services for Children and Young People % progress towards completion of local implementation plans for progressing disability services for children and young people	100%	100%	100%	100%	100%
No. of established geographically based teams having current individualised plans for each child	New PI 2013.				
% of established teams geographically based having current individualised plans for each child	New PI 2013.				

ABBREVIATIONS

ACS	Acute Coronary Syndrome
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
AMNCH	Adelaide and Meath, incorporating the National Children's Hospital
AMAU	Acute Medical Assessment Unit
AMP	Acute Medicine Programme
AMU	Acute Medical Unit
ASIST	Applied Suicide Intervention Skills Training
bn	billion
CAMHS	Child and Adolescent Mental Health Services
CAMHT	Child and Adolescent Mental Health Team
CEO	Chief Executive Officer
CLÁR	Ceantair Laga Árd-Riachtanais
CMHT	Community Mental Health Team
CMOD	Centre for Management and Organisational Development
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
CPP	Crisis Pregnancy Programme
DML	Dublin Mid Leinster
DNA	Did Not Attend
DNE	Dublin North-East
DoH	Department of Health
DPER	Department of Public Expenditure and Reform
DTSS	Dental Treatment Services Scheme
ECD	Executive Clinical Directorate
ED	Emergency Department
EH	Environmental Health
EMP	Emergency Medicine Programme
ePCR	Electronic Patient Care Record
EU	European Union
FSAI	Food Safety Authority of Ireland
GMS	General Medical Services
GP	General Practitioner
HCAI	Healthcare Associated Infection
HCP	Home Care Package
HIPE	Hospital Inpatient Enquiry Scheme
HIQA	Health Information Quality Authority
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HR	Human Resources
HSCN	Health and Social Care Network
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
ICS	Intermediate Care Service
ICT	Information and Communication Technology
ICU	Intensive Care Unit
ID	Intellectual Disability
IHR	International Health Regulations
ISA	Integrated Service Area
ISD	Integrated Services Directorate
KPI	Key Performance Indicator
LAN	Local Area Network
LGBT	Lesbian, Gay, Bisexual and Transgender
LHO	Local Health Office
LRC	Labour Relations Commission
LTI	Long Term Illness
m	million
MAU	Medical Assessment Unit
MHC	Mental Health Commission
MMR	Measles, Mumps, Rubella vaccine
MRSA	Methicillin-Resistant Staphylococcus Aureus
NAS	National Ambulance Service
NCCP	National Cancer Control Programme

NCHD	Non Consultant Hospital Doctor
NCPOP	National Centre for the Protection of Older People
NCRI	National Cancer Registry of Ireland
NDA	National Disability Authority
NEWS	National Early Warning Score
NHSS	Nursing Homes Support Scheme
NIMIS	National Integrated Management Imaging System
NGO	Non-Governmental Organisation
NOSP	National Office for Suicide Prevention
NSP	National Service Plan
OGD	Oesophagogastroduodenoscopy
OPAT	Outpatient Parenteral Antimicrobial Therapy
OPD	Outpatient Department
PA	Personal Assistant
PBB	Programme Based Budgeting
PCRS	Primary Care Reimbursement Service
PCT	Primary Care Team
PHN	Public Health Nurse
POA	Psychiatry of Old Age
PPCI	Primary Percutaneous Coronary Intervention
PSA	Public Service Agreement
QA	Quality Assurance
QPS	Quality and Patient Safety
QPSA	Quality and Patient Safety Audit
RAPID	Revitalising Areas by Planning, Investment and Development
RDO	Regional Director of Operations
SAT	Single Assessment Tool
SDU	Special Delivery Unit
STEMI	ST Elevation Myocardial Infarction
TB	Tuberculosis
TPOT	The Productive Operating Theatre
VFM	Value for Money
WHO	World Health Organisation
WTE	Whole Time Equivalent

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