



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Corporate Plan

2005 - 2008

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1. Foreword

We are pleased to introduce this, the first Corporate Plan of the Health Service Executive (HSE) which has been prepared in compliance with section 29 of the Health Act, 2004 which requires the Executive to submit a Corporate Plan within 6 months after the establishment of the HSE. This Corporate Plan is in respect of the period 2005 – 2008.

This corporate plan fulfils a number of roles. It outlines the HSE agenda for the period, identifies our response to the National Health Strategy (Quality and Fairness), reflects the policy decisions of our Board and takes cognisance of other national policies and priorities. It maps out the future direction for the health and personal services which will be delivered through the annual National Service Plan and associated business planning process.

As this Plan has been framed during a time of transition, we would envisage that we may need to incorporate additional actions, or indeed revisit some actions, during the life of the Plan.

The Corporate Plan has also been prepared against a background of the most significant reform of the health System since the establishment of the Health Boards in 1970, the sole objective being to maximise the level and quality of our services, while delivering a more responsive, adaptable health system that meets the needs of the population effectively and at an affordable cost.

The HSE is the first ever body charged with managing the operation of the health service as a unified system, bringing together the roles of many agencies that previously operated as separate entities. This process has involved merging 11 organisations and the specialist agencies to be streamlined into one organisation, creating the single biggest employer in the State.

The benefits of a unified health system are many, including a reduction in the level of fragmentation that has existed in the management and delivery of health care. In addition, a unified health system will promote the harmonisation and equity of all services nationally, focussing on and developing areas of best practice while addressing areas of deficit.

The challenge, however, is not about merging organisations but about creating a unified top class health service, which provides best care for patients and guarantees equal access, within the resources available.

Our guiding principle is that all our decisions at the HSE should be measured against what will deliver the best care for patients. The Corporate Plan includes a high level action plan which identifies key deliverables. Some of these will be attainable during the currency of the Plan; others by their nature will have a longer timeframe. This Plan sets out in broad terms how the HSE, as a Vote holder, intends to deploy the resources allocated to it from the Exchequer, within approved employment ceilings.

The National Service Plan (NSP) will detail how the objectives in the Corporate Plan will be achieved on an annual basis. The NSP is the annual agreement between the Minister for Health and Children and the Executive and is the benchmark against which performance is measured throughout and at the end of the year. The NSP will in turn be supported by detailed business plans, identifying how the objectives and actions in the NSP will be achieved at each level of the health delivery system.

The Performance Monitoring Framework of the HSE will ensure that we are delivering on our objectives within allocated resources and approved employment levels while also meeting the requirements of the Health Act, 2004. This will assist us in continuously measuring our performance, while ensuring that we are achieving the best possible outcomes for the funding which we have been allocated.

Quality and Fairness is the national policy document that governs the totality of the health system. As a new organisation, and conscious of our central role in implementation of government policy, we have developed our corporate objectives, mindful of the four goals set out in Quality and Fairness.

These objectives are:

- We will improve people's experience of our services and their outcomes, through developing, changing and integrating our services, in line with best practice.
- We will work to protect, promote and improve the health and well-being of the population, based on identified need and with particular focus on measures to address social exclusion.
- We will empower staff to deliver responsive and appropriate services, making effective team-working a priority.
- We will develop the HSE as a dynamic, effective and learning organisation in partnership with service users, patients, staff, not-for-profit / Voluntary / Community Sector and other stakeholders.

The health service is facing many challenges. However, we believe that we have tremendous opportunities to provide a world-class service. There are many talented staff involved in service delivery who are passionate and committed to the achievement of this. The organisational changes planned for our health services will take time to be achieved. It is vital that the enthusiasm of our staff is harnessed by working in collaboration and communicating with each other, by building relationships and working as true partners and teams. This will ensure that patient care is our priority and that making improvements in all sectors becomes the norm. As a result of the *Health Service Reform Programme*, the public will see real and tangible improvements in the nature and quality of health and not just health services.

With the commitment of our dedicated staff, the support of the Department of Health and Children and other agencies, we are confident that the changes envisaged will be achieved.

Liam Downey
Chairman

Professor Brendan Drumm
Chief Executive Officer

2. Setting the Scene

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This Corporate Plan is underpinned by a population health approach to the planning and delivery of our health and personal services. This approach seeks to promote and protect health and well being, with particular emphasis on integration and reducing health inequalities. The objectives and actions identified in our Plan are rooted in the reality of our environment and what is attainable and achievable based on these factors.

▪ Population Health

This Corporate Plan facilitates the implementation of measures to enhance population health based on a population health approach. This approach reflects the evidence that factors outside the health care system significantly affect health, and that delivery of healthcare is only part of what contributes to health. It takes account of the determinants of health and recognises that health is the responsibility of all sectors, communities and individuals.

This approach underpins the Executive's corporate planning, ensuring a single interpretation of national policy and that health and social interventions are based on best available evidence.

Growth in and composition of population have significant implications for the provision of health services. In 1991 the population was 3.5 million and in 1996 3.6million. The 2002 census recorded a population of 3.9 million persons and forecasts indicate a population of greater than 4.2 in 2008. Older people represent just over one-tenth (11%) of the overall population while younger people (<20 years) represent over one-quarter (28%). Life expectancy has increased and now stands at 75.1 years for males and 80.3 years for females.

Demographic changes are accompanied by societal changes including changes in family composition, personal choices and lifestyles and greater diversity in a legislative environment that prohibits discrimination and promotes equality.

Disease of the circulatory system is the leading cause of death in Ireland followed by cancer, respiratory diseases and injuries and poisonings (including suicide). Many of these are responsive to preventative programmes.

While life expectancy has improved over several decades, major inequalities in health exist. Those at the higher end of the socio-economic scale live longer and enjoy better health than those at the lower end, who are also more likely to experience the effects of social exclusion.

The continued improvement of our health is threatened by serious public health issues such as obesity and alcohol. These also are responsive to changes in personal lifestyle and implementation of policies which improve health.

A broad range of determinants influence health status. These include the general physical environment, housing, education and literacy, social support networks, employment and working conditions, income, social status and access to health services.

The focus on individual choice, better education and increasing prosperity are associated with changes in the demand for healthcare. This is reflected in increased consumer expectations of the health services along with an increased demand for comprehensive services delivered in high standard appropriate care settings. This coupled with the need to cater for increasing population growth both in terms of numbers, age, geographical distribution and ethnicity requires us to develop capacity to meet emerging needs.

This demand has arisen against the background of finite resources. Therefore our infrastructure and capacity are limited. In this context it should be noted that health expenditure as a percentage of GNP has only recently reached the level of the early 1980's. In recognising this, opportunities to meet the infrastructure and capacity deficits need to be embraced through initiatives including partnerships with the private sector.

We recognise that there are many challenges ahead. However, this Corporate Plan identifies priorities over the next number of years which will effect improvements in population health. These priorities will be reflected in the annual Service Plan and supporting Business Plans.

- **Policy**

The Department of Health and Children is responsible for policy development and provision of a legislative framework that supports the development of health and personal social services. Their Statement of Strategy, 2005 – 2007, sets their agenda for strategic action over this time period. Our role is in the management and delivery of these services in accordance with the Health Act 2004. Therefore, Quality and Fairness and the Health Service Reform Programme set the national policy context in which this corporate plan has been prepared. Regard is also had to other key national strategies such as Primary Care A New Direction (2001), the Cardiovascular Strategy (1999), the Cancer Strategy (1996), the National Disability Strategy (2004), the National Health Information Strategy (2004) and the Action Plan for People Management (2002). (Appendix 1, Health and Social Policy Strategy documents and other sources which informed our Corporate Plan).

Recognising the primacy of person-centred care, we are committed to the delivery of responsive and timely care in appropriate settings. In particular we acknowledge that primary care is the appropriate setting to meet 90 – 95 per cent of health and personal social service needs. In this context we are committed to re-orienting service delivery from hospital to primary care.

We are also committed to delivering services that are responsive to needs, based on best available evidence and high standards.

The HSE will work collaboratively with both the Department of Health and Children together with all of its partners, to achieve the objectives which we have set ourselves over the coming years.

- **Our Organisation**

The Health Service Executive is the largest employer in the public sector. The health system is undergoing the most significant reform programme since the formation of the Health Boards in 1970. This is a hugely complex task as it involves the replacement of what has been an increasingly fragmented system with a unified system. This new system will allow for the development of a standard approach to the planning and delivery of services and implementation of a streamlined management structure to facilitate this, thereby delivering real benefit. There are many factors which we need to be cognisant of as we manage this change, while ensuring the continuity of service provision as we move forward.

- **Our Resources**

- Human Resources**

- As health and personal social services are person-centred services, we recognise the essential contribution of our staff and the staff of those organisations providing services on our behalf. Moving from a fragmented to a single integrated health service structure for the entire country under the Health Service Reform Programme will provide for a coherent approach to the management and delivery of services. However, this will only be achieved over time. If we are to be effective as an organisation, we need to put in place management structures which are clear, effective and transparent. Adapting to new roles and structures will provide us with many challenges along the way. Our staff need to understand what is expected of them, to whom they report and how decisions are made. The commitment, professionalism and enthusiasm of health service staff are vital to the successful implementation of this reform programme and our staff need to be supported as we work collaboratively towards achieving our objectives.

- It is essential we ensure that opportunities for personal and continuing professional development are promoted and supported to ensure that staff have the necessary knowledge, skills and supports to meet these increasing challenges.

- While our core strategies remain robust with regard to manpower recruitment and retention, we need to ensure that our approach remains relevant and focussed. We will continue to develop our staffing policies in order to ensure that we attract, develop and retain high calibre, highly qualified staff.

We will continue to work closely with education and training institutions, at undergraduate and post graduate levels, to ensure a coordinated approach to the training of personnel and to meet the changing manpower requirements of the health services. Targeted approaches also need to be put in place to ensure that we are complying with the requirements of the European Working Time Directive especially for NCHDs.

Bearing all of these considerations in mind, we also need to deliver our services within agreed government ceilings. However, we will work with the Department of Health and Children and others to ensure a smooth transition to the new structures while achieving on the objectives we have identified for ourselves.

Financial Resources

Our available financial resources are determined on an annual basis and are set out in the Health Vote in the government's Book of Estimates each year within a context that requires delivery of value for money. An overriding requirement to achieve a financial breakeven position within each calendar year also exists. This presents challenges in the context of cost growth factors including demand led schemes (e.g. general medical services), the introduction of an ever increasing range of new technologies and treatments and nationally negotiated pay awards.

Additionally, economic analysis has pointed to a need for sustained investment in capital / services to build capacity to meet the future health needs. However, the reform programme offers us the opportunity to do things differently as well as doing different things, thereby facilitating maximum return on health investment.

Capital Resources

In order to provide safe modern services we need high standard, quality facilities and equipment. We will try to ensure that equipment and facilities are maintained to the highest possible standard. As part of the benefits which will accrue from being a unified health delivery system, we will maximise the effective utilisation and investment potential of our Estate.

Information Communication Technology (ICT) Resources

ICT and appropriate management information systems are vital for the planning, development, delivery and monitoring of an efficient modern health service. While in recent years there has been considerable investment in ICT, the exponential growth in technological developments gives rise to additional investment requirements. However, we will continue to exploit opportunities and invest significantly in ICT to support, modernise and improve services.

▪ **Other Partners in Service Provision**

Health is everyone's business, it impacts on all of our lives. Therefore working to improve health and health services needs to be embraced by all. A population health approach supported by inter-agency and inter-sectoral working will strive to ensure better health for everyone as well as reducing health inequalities.

Working in partnership with individuals, communities and either directly delivering services or having services delivered on our behalf by contractors, voluntary and other bodies and private providers ensures that the health and welfare of the public is improved, promoted and protected.

We will continue to promote opportunities to enhance and develop such partnership arrangements. This includes our participation in North-South bodies and initiatives.

The partnership process, through the Health Services National Partnership Forum and its associated structures, as well as other industrial relations processes are essential in supporting change. Partnership challenges everyone to develop a culture of joint problem solving and joint decision making.

3. Vision, Mission, Corporate Objectives

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The purpose of the Health Service Executive, as set out in Health Act 2004 (Section 7 (1)) is:

“to use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.”

- **VISION**

Our Vision is “To consistently provide equitable services of the highest quality to the population we serve.”

- **MISSION**

Our Mission for the future is to provide high-quality, integrated health and personal social services built around the needs of the individual and supported by effective team-working.

We will:

- Promote health and empower people to maintain their own health
- Provide easily accessible services
- Take decisions based on evidence
- Deliver the best possible care within available resources

- **CORPORATE OBJECTIVES**

In order to deliver on what is expected of us we have developed a set of Corporate Objectives:

- 1. We will improve people’s experience of our services and their outcomes, through developing, changing and integrating our services, in line with best practice.**

This means that our services will be person centred, offering choice wherever possible. We will support individuals and their families to be actively involved in decisions about their health and care. We will develop a consistent approach to access to service throughout the country, based on identified need. We will pursue, develop and implement quality standards throughout our services and foster a culture of review and audit at all levels.

2. We will work to protect, promote and improve the health and well-being of the population, based on identified need and with particular focus on measures to address social exclusion.

This means that we are fully committed to the implementation of national strategies / policies. We recognise the wide spectrum of determinants of health, and will participate in and support inter-sectoral working at national, regional and local level, to best influence the health of the population. Information and evidence about the health of the population will underpin the planning, design and delivery of our services.

3. We will empower staff to deliver responsive and appropriate services, making effective team-working a priority.

As a new organisation, we seek to ensure that the health services have the right people with the right competencies in the right numbers, organised and managed in the right way to deliver our Objectives and Goals. The development of a Human Resource strategy is a key step for us in doing this.

4. We will develop the HSE as a dynamic, effective and learning organisation in partnership with service users, patients, staff, not-for-profit/Voluntary/Community sector and other stakeholders

This means that we are committed to listening to and learning from the experience of our service users, partner service providers, staff and other stakeholders. We will actively consult around the planning, delivery and evaluation of our services. We will develop an organisation that maximises the benefits of moving to a unitary system and is committed to strengthening accountability at all levels.

4. Objectives & High Level Action Plan

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OBJECTIVE 1

We will improve people's experience of our services and their outcomes, through developing, changing and integrating our services, in line with best practice.

This means that our services will be person centred, offering choice wherever possible. We will support individuals and their families to be actively involved in decisions about their health and care. We will develop a consistent approach to access to service throughout the country, based on identified need. We will pursue, develop and implement quality standards throughout our services and foster a culture of review and audit at all levels.

SUPPORTING GOALS:

- 1.1 We will provide equitable access to all of our services
- 1.2 We will develop a consistent approach to service delivery nationally, according to clearly defined eligibility criteria
- 1.3 We will reduce waiting times for patients and clients
- 1.4 We will integrate health and personal social services
- 1.5 We will reorganise our acute hospital services
- 1.6 We will develop Primary Care
- 1.7 We will develop Community and Continuing care services
- 1.8 We will improve A&E services
- 1.9 We will further develop Ambulance Services and Pre Hospital Emergency Care
- 1.10 We will establish comprehensive systems of governance and risk management to ensure that we provide services that are safe, effective and of the highest quality, within the resources available to us

1.1 WE WILL PROVIDE EQUITABLE ACCESS TO ALL OF OUR SERVICES

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.1.1	Undertake specific initiatives to ensure equality of access for those experiencing health inequalities such as ethnic minorities, travellers, older people, people with disabilities, families living in poverty, lesbians / bisexual /gay communities and those who are geographically isolated	<ul style="list-style-type: none"> ▪ Degree of inequality being experienced by different groups identified ▪ Actions to meet needs of each group implemented ▪ Attainment of relevant NAPS targets
1.1.2	Improve access to and experience of health and personal social services for people with disabilities, in line with the National Disability Strategy	<ul style="list-style-type: none"> ▪ HSE implications of disability legislation assessed. ▪ Delivery system reconfigured to effectively respond to health provisions within the Strategy
1.1.3	Develop regional self sufficiency to ensure equity of access to health and personal social services	<ul style="list-style-type: none"> ▪ Needs assessment of priority services for regional equity completed and plans developed ▪ Actions implemented to develop regional self sufficiency

1.2 WE WILL DEVELOP A CONSISTENT APPROACH TO SERVICE DELIVERY NATIONALLY, ACCORDING TO CLEARLY DEFINED ELIGIBILITY CRITERIA

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.2.1	Review existing delivery system, including current access processes and protocols with a view to adopting a consistent approach nationally	<ul style="list-style-type: none"> ▪ Reviews completed ▪ National approach in place in each service

1.3 WE WILL REDUCE WAITING TIMES FOR PATIENTS AND CLIENTS

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.3.1	Implement the recommendations of the National Review of Out-patient services	<ul style="list-style-type: none"> ▪ Review completed; Implementation commenced

No.	ACTION	KEY DELIVERABLES
1.3.2	Develop specific proposals to ensure that those requiring community or hospital care receive it in a timely manner, in accordance with defined need	<ul style="list-style-type: none"> ▪ Proposals developed ▪ Implementation commenced on a prioritised basis. ▪ Waiting times for all services monitored
1.3.3	Work closely with the National Treatment Purchase Fund in the management of waiting lists and the reduction of waiting times.	<ul style="list-style-type: none"> ▪ Data from National Treatment Patient Register used to inform service planning and delivery

1.4 WE WILL INTEGRATE HEALTH AND PERSONAL SOCIAL SERVICES

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.4.1	Maintain and develop working arrangements with relevant agencies to ensure an integrated approach to services	<ul style="list-style-type: none"> ▪ Formal links with agencies and Government Departments in place
1.4.2	Develop integrated care pathways / clinical networks and promote multidisciplinary team working to ensure integration and continuity of care	<ul style="list-style-type: none"> ▪ Standards for joint working across primary and secondary care agreed ▪ Implementation of clinical teams and networks commenced ▪ Integrated care pathways in place for specific conditions e.g. hip replacement, hernia repairs etc
1.4.3	Develop an integrated approach to the management of chronic illness	<ul style="list-style-type: none"> ▪ Integrated care pathways in place for specific chronic illnesses, focusing initially on Chronic Obstructive Pulmonary Disease (COPD) and Diabetes ▪ Implementation of Cardiovascular Health and Cancer Strategies

1.5 WE WILL REORGANISE OUR ACUTE HOSPITAL SERVICES

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.5.1	Develop proposals for the reorganisation and development of acute hospital services	<ul style="list-style-type: none"> ▪ Review of existing distribution of regional and supra-regional services completed. ▪ Development of National Radiotherapy plan ▪ Implementation of clinical networks commenced, focusing initially on vascular, obstetrics, cardiac surgery / cardiology services
1.5.2	Engage with the private sector to optimise service provision, in line with best practice	<ul style="list-style-type: none"> ▪ Mechanism established to engage with private sector providers to bring on stream additional bed capacity, in line with Government policy ▪ Additional capacity comes on stream

1.6 WE WILL DEVELOP PRIMARY CARE

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.6.1	Continue to re-engineer existing service delivery to provide an integrated model of care, having regard to the national Primary Care Strategy	<ul style="list-style-type: none"> ▪ Complete review of the implementation of Primary Care Strategy to date ▪ Three year plan for Primary Care developed
1.6.2	Continue to improve access for GP patients to diagnostic services	<ul style="list-style-type: none"> ▪ Additional protocols in place to provide direct access for GP patients to diagnostic services

1.7 WE WILL DEVELOP COMMUNITY AND CONTINUING CARE SERVICES

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.7.1	Develop and provide a range of home and community based care services to meet the needs of older people	<ul style="list-style-type: none"> ▪ Agree distribution of existing resource between residential and community based care provision ▪ Additional home care provided, both in hours of care and numbers benefiting

No.	ACTION	KEY DELIVERABLES
1.7.2	Invest in structures and processes to facilitate the most appropriate responses to the vulnerability of older people in line with the recommendations of the <i>Protecting Our Future: Report on Elder Abuse (2002)</i>	<ul style="list-style-type: none"> ▪ Recommendations from Protecting Our Future assessed and prioritised ▪ Existing capacity re-engineered to support implementation of priority actions
1.7.3	Implement the relevant recommendations of the Report of the Expert Group on Mental Health, following publication	<ul style="list-style-type: none"> ▪ Assess implications of the recommendations for our services ▪ Develop an action plan to implement the recommendations
1.7.4	Continue the implementation of the Mental Health Act	<ul style="list-style-type: none"> ▪ HSE Implementation Group in place ▪ Mechanisms in place to monitor implementation
1.7.5	Work with the Department of Health and Children and existing programmes such as the Programme for Action for Children to focus services towards a 'whole child' perspective	<ul style="list-style-type: none"> ▪ Service structures configured to combine child health and child care protection approach
1.7.6	Review existing special care and high support childcare service provision	<ul style="list-style-type: none"> ▪ Review completed ▪ Action plan developed and implemented
1.7.7	Re-focus resources to promote family support initiatives in line with the National Family Support strategy	<ul style="list-style-type: none"> ▪ Launch of strategy and implementation plan ▪ Assess implications of the strategy and develop HSE action plan ▪ Resources targeted towards implementation of action plan
1.7.8	Implement the National Disability Strategy as it applies to health and personal social services for people with disabilities, in partnership with the not-for-profit / Voluntary / Community sector.	<ul style="list-style-type: none"> ▪ Processes established with relevant Government Departments to identify HSE requirements under the Strategy ▪ Health provisions of sectoral plans implemented

No.	ACTION	KEY DELIVERABLES
1.7.9	Promote the further implementation of the Palliative Care Strategy	<ul style="list-style-type: none"> ▪ Needs assessments completed ▪ Resources targeted at identified needs
1.7.10	Work with the DoHC in the development of a strategic plan for paediatric palliative care	<ul style="list-style-type: none"> ▪ Plan developed

1.8 WE WILL IMPROVE A&E SERVICES

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.8.1	Implement national A&E 10 Point Plan	<ul style="list-style-type: none"> ▪ Measurable reduction in waiting times in A&E Departments ▪ Systems and processes in place to ensure more timely discharge of patients from acute hospitals

1.9 WE WILL FURTHER DEVELOP AMBULANCE SERVICES AND PRE HOSPITAL EMERGENCY CARE

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.9.1	Continue to develop pre hospital emergency care in partnership with the Pre Hospital Emergency Care Council (PHECC)	<ul style="list-style-type: none"> ▪ Training, standards and protocols developed and implemented
1.9.2	Establish a National Ambulance Service	<ul style="list-style-type: none"> ▪ National Ambulance Service in place

1.10 WE WILL ESTABLISH COMPREHENSIVE SYSTEMS OF GOVERNANCE AND RISK MANAGEMENT TO ENSURE THAT WE PROVIDE SERVICES THAT ARE SAFE, EFFECTIVE AND OF THE HIGHEST QUALITY, WITHIN THE RESOURCES AVAILABLE TO US

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
1.10.1	Improve the safety, effectiveness and quality of our services in collaboration with relevant external organisations (e.g. Irish Health Services Accreditation Board (IHSAB), Mental Health Commission, Health and Safety Authority, Social Services Inspectorate etc)	<ul style="list-style-type: none"> ▪ Increased number of services participating in relevant accreditation programmes ▪ Full compliance with all relevant statutory requirements including EU directives ▪ Targets for reductions in adverse incidents achieved

No.	ACTION	KEY DELIVERABLES
1.10.2	Reduce the incidence of hospital acquired infections through improved hospital hygiene and continued implementation of SARI	<ul style="list-style-type: none"> ▪ Completion of National Hygiene Audit ▪ Publication and implementation of national protocols and standards ▪ Monitoring and reporting incidence rates
1.10.3	Establish a strong working relationship with Health Information and Quality Authority (HIQA) in pursuit of the quality / safety agenda	<ul style="list-style-type: none"> ▪ Agreed working arrangements in place
1.10.4	Implement statutory complaints framework	<ul style="list-style-type: none"> ▪ Compliance with statutory complaints framework achieved.
1.10.5	Develop our research capability, putting evidence into practice, thus leading to better health outcomes.	<ul style="list-style-type: none"> ▪ Audit current research activity within the system ▪ Research governance framework agreed and implemented ▪ HSE research strategy developed ▪ Implementation commenced
1.10.6	Ensure best evidence is used in decision making	<ul style="list-style-type: none"> ▪ Knowledge management infrastructure established ▪ Policy decisions based on evidence

OBJECTIVE 2:

We will work to protect, promote and improve the health and well-being of the population, based on identified need and with particular focus on measures to address social exclusion.

This means that we are fully committed to the implementation of national strategies / policies. We recognise the wide spectrum of determinants of health, and will participate in and support inter-sectoral working at national, regional and local level, to best influence the health of the population. Information and evidence about the health of the population will underpin the planning, design and delivery of our services.

SUPPORTING GOALS:

- 2.1 We will develop a population health approach at all levels of the delivery system
- 2.2 We will further expand preventative and screening programmes
- 2.3 We will empower individuals and communities in the maintenance of their own health and well-being through health promotion
- 2.4 We will focus on groups within the population who have particular health needs.

2.1 WE WILL DEVELOP A POPULATION HEALTH APPROACH AT ALL LEVELS OF THE DELIVERY SYSTEM

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
2.1.1	Develop a Population Health Directorate	<ul style="list-style-type: none"> ▪ Functioning Population Health Directorate in place
2.1.2	Adopt the population health approach in planning for health through needs assessment using best available evidence Conduct national needs assessments and use findings to inform planning, design and delivery of services	<ul style="list-style-type: none"> ▪ National needs assessments commenced in identified services ▪ All plans underpinned by Population Health approach ▪ Formulation of needs assessment and planning cycle
2.1.3	Further strengthen health promotion services	<ul style="list-style-type: none"> ▪ Progress implementation of the Review of the National Health Promotion Strategy
2.1.4	Work with other sectors to improve health	<ul style="list-style-type: none"> ▪ Development of joint working forums and partnerships with key Government Departments / other stakeholders

No.	ACTION	KEY DELIVERABLES
2.1.5	Develop and utilise Health Impact Assessment (HIA) capacity	<ul style="list-style-type: none"> ▪ HIA's completed in line with agreed priorities
2.1.6	Strengthen inter-agency / inter-sectoral working	<ul style="list-style-type: none"> ▪ Participation in City and County Development Boards and other programmes e.g. RAPID, CLÁR, Drugs Task Forces, Regional Co-ordinating Committees, etc.
2.1.7	Work with relevant Government Departments / Agencies to assess the potential impact of their policies in keeping with the National Environmental Health Action Plan (NEHAP) and framework	<ul style="list-style-type: none"> ▪ NEHAP reviewed, in conjunction with DoHC
2.1.8	Reduce threats to public health through management and prevention of communicable diseases, including sexually transmitted ones.	<ul style="list-style-type: none"> ▪ Protocols and guidelines for surveillance, prevention and control of communicable diseases further developed ▪ Response capacity strengthened ▪ Development and implementation of Hep B&C prevention and control strategy ▪ National Implementation of CIDR
2.1.9	Develop and maintain major emergency planning to effectively respond in a co-ordinated way to a wide range of major emergencies	<ul style="list-style-type: none"> ▪ Current level of preparedness in relation to emergency planning reviewed, audited and updated ▪ Enhanced preparedness arising from implementation of audit recommendations

2.2 WE WILL FURTHER EXPAND PREVENTATIVE AND SCREENING PROGRAMMES

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
2.2.1	Promote immunisation as the most effective way to minimise preventable infection	<ul style="list-style-type: none"> ▪ Achievement of National Targets for Immunisation uptake rates of 95% for childhood immunisation and 60% for influenza vaccination
2.2.2	Develop, in collaboration with the DoHC, a timetable for the elimination of measles and rubella	<ul style="list-style-type: none"> ▪ Plan developed
2.2.3	Support the national roll out of BreastCheck and the national Cervical Screening Programme	<ul style="list-style-type: none"> ▪ All elements of HSE support delivered.

No.	ACTION	KEY DELIVERABLES
2.2.4	Implement relevant aspects of Cardiovascular Strategy and of the new National Cancer Strategy	<ul style="list-style-type: none"> ▪ All relevant aspects implemented

2.3 WE WILL EMPOWER INDIVIDUALS AND COMMUNITIES IN THE MAINTENANCE OF THEIR OWN HEALTH AND WELL-BEING THROUGH HEALTH PROMOTION

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
2.3.1	Promote positive health by working in partnership with key stakeholders in a variety of settings, including schools, workplaces, communities and home.	<ul style="list-style-type: none"> ▪ National framework for Health Promoting Schools and the out of school setting developed ▪ National frameworks for other settings developed
2.3.2	Work with the Office for Tobacco Control to ensure implementation of "Towards a Tobacco Free Society" and the Public Health Tobacco Acts.	<ul style="list-style-type: none"> ▪ National framework to address tobacco use developed ▪ Evaluation of national inspection programme completed ▪ Guidelines and quality standards for smoking cessation developed
2.3.3	Continue to concentrate on key lifestyle factors, such as diet, alcohol, exercise and sexual health.	<ul style="list-style-type: none"> ▪ National Alcohol Action Plan developed in conjunction with DoHC ▪ Programme of actions to implement Report of the National Task Force on Obesity developed ▪ Existing Sexual Health Strategies reviewed and National Sexual Health strategy developed
2.3.4	Support parents, children and families in particular in the improvement of their children's health and family well being	<ul style="list-style-type: none"> ▪ Measure progress as per relevant targets set out in Programme of Action for Children
2.3.5	Promote integrated and self care for individuals with chronic diseases	<ul style="list-style-type: none"> ▪ Chronic disease protocols developed, initially in relation to obesity and diabetes

No.	ACTION	KEY DELIVERABLES
2.3.6	Continue to promote and support a breast feeding culture in Ireland, in line with the recommendations of the National Breast Feeding Committee	<ul style="list-style-type: none"> ▪ Targets set out by the National Breast Feeding Committee reached
2.3.7	Work with the DOH&C and all relevant agencies to support the reduction of substance misuse	<ul style="list-style-type: none"> ▪ Action plan developed ▪ Attainment of targets set in action plan

2.4 WE WILL FOCUS ON GROUPS WITHIN THE POPULATION WHO HAVE PARTICULAR HEALTH NEEDS.

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
2.4.1	Work with the DoHC and all relevant agencies to reduce health inequalities, thereby supporting the attainment of the health targets in the National Anti Poverty Strategy	<ul style="list-style-type: none"> ▪ Attainment of relevant NAPS targets
2.4.2	Implement HSE elements of the national Action Plan on Suicide Reduction	<ul style="list-style-type: none"> ▪ Attainment of relevant targets in the Action Plan on Suicide Reduction
2.4.3	Continue to address the health needs of asylum seekers	<ul style="list-style-type: none"> ▪ National needs assessment of the health needs of asylum seekers conducted ▪ Evidence-based strategies to address identified needs developed.

OBJECTIVE 3:

We will empower staff to deliver responsive and appropriate services, making effective team-working a priority.

As a new organisation, we seek to ensure that the health services have the right people with the right competencies in the right numbers, organised and managed in the right way to deliver our Objectives and Goals. The development of a Human Resource strategy is a key step for us in doing this.

SUPPORTING GOALS

- 3.1 We will implement best practice in training and development of staff
- 3.2 We will implement appropriate and responsive recruitment and retention strategies, to become an employer of choice
- 3.3 We will provide the best possible working environment for staff
- 3.4 We will enhance service-delivery through appropriate team-working

3.1 WE WILL IMPLEMENT BEST PRACTICE IN TRAINING AND DEVELOPMENT OF STAFF

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
3.1.1	Work closely with educational and training institutions at undergraduate and post graduate levels, ensuring a co-ordinated approach to the training of personnel and to meet staffing requirements	<ul style="list-style-type: none"> ▪ Audit of existing practice in relation to training and education completed. ▪ Formal working relationships established with education and training providers
3.1.2	Ensure that all staff have the knowledge, skills and attributes required to deliver quality health and personal social services	<ul style="list-style-type: none"> ▪ Strategy for training, development and education developed. ▪ Personal Development Planning available to all staff

3.2 WE WILL IMPLEMENT APPROPRIATE AND RESPONSIVE RECRUITMENT AND RETENTION STRATEGIES, TO BECOME AN EMPLOYER OF CHOICE

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
3.2.1	Evaluate and develop recruitment processes to ensure they meet the changing needs of the organisation	<ul style="list-style-type: none"> ▪ Evaluation of existing processes complete. ▪ New processes established.
3.2.2	Further develop the partnership approach (through partnership committees)	<ul style="list-style-type: none"> ▪ Partnership committees developed in line with new organisational structures

3.3 WE WILL PROVIDE THE BEST POSSIBLE WORKING ENVIRONMENT FOR STAFF

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
3.3.1	Continue to improve the quality of working life for our staff	<ul style="list-style-type: none"> ▪ HSE policies developed in key areas including; family-friendly working practices, equality and diversity

3.4 WE WILL ENHANCE SERVICE-DELIVERY THROUGH APPROPRIATE TEAM-WORKING

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
3.4.1	Develop models of team-working for each service area outlining roles, responsibilities, decision-making	<ul style="list-style-type: none"> ▪ Models of team-working for each service developed ▪ Roll-out of model in each service

OBJECTIVE 4

We will develop the HSE as a dynamic, effective and learning organisation in partnership with service users, patients, staff, not-for-profit/Voluntary/Community Sector and other stakeholders

This means that we are committed to listening to and learning from the experience of our service users, partner service providers, staff and other stakeholders. We will actively consult around the planning delivery and evaluation of our services. We will develop an organisation that maximises the benefits of moving to a unitary system and is committed to strengthening accountability at all levels.

SUPPORTING GOALS

- 4.1 We will actively involve consumers, staff and partner service providers in service design, planning and delivery
- 4.2 We will implement the Health Service Reform Programme in keeping with Government policy, maximising the benefits of moving to a unified health system.
- 4.3 In delivering high quality, person-centred services, we will at all times pursue opportunities to maximise value for money
- 4.4 We will strengthen accountability through the adoption and implementation of a Code of Governance and through robust service planning and performance management systems

4.1 WE WILL ACTIVELY INVOLVE CONSUMERS, STAFF AND PARTNER SERVICE PROVIDERS IN SERVICE DESIGN, PLANNING AND DELIVERY

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
4.1.1	Ensure involvement of the public and consumers of services in planning and monitoring health services	<ul style="list-style-type: none"> ▪ Development of a national approach to consumer involvement, taking cognisance of Section 43 of the Health Act
4.1.2	Establish Regional Health Offices to continue and enhance the process of engagement and consultation with members and representatives of the public, and with patients and users of services	<ul style="list-style-type: none"> ▪ Regional Health Offices in place
4.1.3	Develop a customer charter and customer care standards	<ul style="list-style-type: none"> ▪ Charter and standards developed and implemented
4.1.4	Implement statutory complaints framework	<ul style="list-style-type: none"> ▪ Framework implemented
4.1.5	Develop mechanisms to involve staff at all levels of the organisation in the planning and development of services	<ul style="list-style-type: none"> ▪ National approach agreed and implemented
4.1.6	Continue to develop partnerships and forums with the not-for-profit/ Voluntary/ Community sector to optimise service delivery	<ul style="list-style-type: none"> ▪ Partnerships and forums in place in all relevant services

4.2 WE WILL IMPLEMENT THE HEALTH SERVICE REFORM PROGRAMME IN KEEPING WITH GOVERNMENT POLICY, MAXIMISING THE BENEFITS OF MOVING TO A UNIFIED HEALTH SYSTEM

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
4.2.1	Strengthen the new organisational structures of the HSE and ensure that change continues to be managed effectively throughout the organisation	<ul style="list-style-type: none"> ▪ Clear, effective and transparent management structures in place
4.2.2	Identify and deliver synergies and benefits as we progress the development of the HSE	<ul style="list-style-type: none"> ▪ Synergies / benefits identified
4.2.3	Ensure the smooth transition of functions from the Department of Health and Children and streamlined agencies	<ul style="list-style-type: none"> ▪ Schedule of roles/functions for transfer agreed ▪ Agreed schedule implemented

4.3 IN DELIVERING HIGH QUALITY, PERSON-CENTRED SERVICES, WE WILL AT ALL TIMES PURSUE OPPORTUNITIES TO MAXIMISE VALUE FOR MONEY

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
4.3.1	Establish a National Shared Services model	<ul style="list-style-type: none"> ▪ Implementation plans developed for each proposed shared service function
4.3.2	Harness available technology appropriately in order to ensure efficiency and value for money	<ul style="list-style-type: none"> ▪ National priorities assessed ▪ Implementation plan in place
4.3.3	Implement relevant components of the National Health Information Strategy (NHIS)	<ul style="list-style-type: none"> ▪ Relevant components implemented
4.3.4	Optimise the purchasing power of the new unitary health system to achieve best value for money	<ul style="list-style-type: none"> ▪ Nationally agreed contracts in place

4.4 WE WILL STRENGTHEN ACCOUNTABILITY THROUGH THE ADOPTION AND IMPLEMENTATION OF A CODE OF GOVERNANCE AND THROUGH ROBUST SERVICE PLANNING AND PERFORMANCE MANAGEMENT SYSTEMS

HIGH LEVEL ACTION PLAN		
No.	ACTION	KEY DELIVERABLES
4.4.1	Agree Code of Governance	<ul style="list-style-type: none"> ▪ Code of Governance in place
4.4.2	Develop management information systems to support service planning and delivery	<ul style="list-style-type: none"> ▪ Implementation of appropriate systems

No.	ACTION	KEY DELIVERABLES
4.4.3	Adopt a strategic and business planning approach based on best available information and evidence	<ul style="list-style-type: none"><li data-bbox="948 322 1369 383">▪ Business model implemented
4.4.4	Develop a financial management framework	<ul style="list-style-type: none"><li data-bbox="948 416 1369 504">▪ Financial management framework agreed and implemented
4.4.5	We will maximise the effective utilisation and investment potential of our estate	<ul style="list-style-type: none"><li data-bbox="948 510 1369 571">▪ Existing estate reviewed, to identify next steps<li data-bbox="948 607 1369 694">▪ Capital Investment Framework agreed and implemented

5. Accountability & Performance Management

5. Accountability and Performance Management

We are committed to the further development and promotion of a performance management culture as an integral part of our new unified organisation. We are therefore committed to accounting for our performance in a transparent manner in relation to the planning and delivery of health and personal social services.

This will be achieved through:

- **Corporate Plan**
The Corporate plan outlines the HSE agenda for the period it refers to. It outlines our response to the National Health Strategy (Quality and Fairness), reflects the policy decisions of our Board and takes cognisance of other national policies and priorities.
- **National Service Plan**
Implementation of our Corporate Plan will be translated on an annual basis through the National Service Plan (NSP) for the HSE. The NSP sets out in a comprehensive integrated statement the type and volume of health and personal social services to be provided by the Executive for the population of Ireland, within the voted allocation (Vote) of the Oireachtas for the year in question and within the approved employment levels as set out in government policy.
- **Business Plans**
To facilitate the implementation of the NSP a comprehensive Business Planning process, comprising the preparation, production, monitoring and review of business plans at all levels in the delivery system has been developed. These business plans translate the Executive's objectives and actions, as set out the annual NSP, into detailed tasks/steps to be taken within each level of the delivery system.
- **Performance Monitoring Framework**
A standardised Performance Monitoring Framework has been developed. This Framework ensures that at all levels of the Executive we are monitoring the achievement of our objectives within allocated resources and approved employment levels and taking the necessary corrective action as appropriate.

The Framework details timeframes for the completion of defined quarterly and monthly performance monitoring reporting. Included in this is reporting and assessment of the National Performance Indicator suite – thus linking service delivery activity and experience with outcomes.

- **Annual report**
At the end of each year we will prepare an annual report that includes a statement of the health and personal social services provided during the preceding year, together with reports on the implementation of the corporate, service and capital plans.
- **Annual Financial Statements**

At the end of each year we will prepare annual financial statements including accounts of income and expenditure and balance sheet.

We will also account on our performance as appropriate to:

- Comptroller and Auditor General
- Committees of the Oireachtas
- Institutions of the European Union
- Ombudsman
- Ombudsman for Children
- Information Commissioner
- Data Protection Commissioner.

External Monitoring

In pursuit of excellence in performance management we will work with centres of excellence and embrace best practice in partnership with external agencies/bodies. These include:

- Irish Social Services Inspectorate
- Mental Health Commission
- Irish National Accreditation Board
- Health Information and Quality Authority (when established)
- Irish Health Services Accreditation Board

We will continue to work closely with the National Disability Authority with regard to quality assurance and implementation of standards.

6. Appendix

6. Appendix

APPENDIX 1: HEALTH AND SOCIAL POLICY STRATEGY DOCUMENTS AND OTHER SOURCES

POLICY DOCUMENTS

- A Strategy for Equality, Report of the Commission on the Status of People with Disabilities (1996). Dublin: Stationery Office
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- Department of Health and Children (1997) Enhancing the Partnership: Report of the Working Group on the Implementation of the Health Strategy in relation to Persons with a Mental Handicap. Dublin: Stationery Office.
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- Department of Health and Children (1998) Report of the National Task Force on Suicide. Dublin: Stationery Office
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- Department of Health and Children (2000) National Health Promotion Strategy 2000 – 2005
- Department of Health and Children (2000) The National Children's Strategy: Our Children – Their Lives. Dublin: Stationery Office
- Department of Health and Children (2000) AIDS Strategy 2000: Report of the National AIDS Strategy Committee
- Department of Health and Children (2000) Towards a Tobacco Free Society: Report of the Tobacco Free Policy Review Group
- Department of Health and Children (2001) Primary Care A New Direction. Dublin: Stationery Office
- Department of Health and Children (2001) Quality and Fairness: A Health System for You. Dublin: Stationery Office
- Department of Health and Children (2001) Youth Homelessness Strategy. Dublin: Stationery Office
- Department of Health and Children (2001) First Report of the Working Group on Child and Adolescent Psychiatric Services Dublin: Stationery Office
- Department of Health and Children (2001) National Standards for Children's Residential Centres.
- Department of Health and Children, Strategic Task Force on Alcohol: Interim Report (2002).
- Department of Health and Children (2002) Report of the Advisory Committee on Palliative Care. Dublin: Stationery Office
- Department of Health and Children (2002). Protecting our Future: Report of the Working Group on Elder Abuse, Dublin: Stationery Office.
- Department of Health and Children (2002) Immunisation Guidelines for Ireland
- Department of Health and Children (2002) Action Plan for People Management. Dublin: Stationery Office
- Department of Health and Children (2002) Traveller Health: A National Strategy 2002 to 2005. Dublin: Stationery Office
- Department of Health and Children (2002) Acute Hospital Bed Capacity – A National Review
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- Adoption Act 1952-1998. Dublin: Stationery Office
- Adoptive Leave Act 1995. Dublin: Stationery Office
- Child Care Act 1991 and subsequent regulations. Dublin: Stationery Office
- Education for Persons with Special Educational Needs Act 2004. Dublin: Stationery Office
- Education Act 1998. Dublin: Stationery Office
- Employment Equality Act 1998. Dublin: Stationery Office
- Equality Act 2004. Dublin: Stationery Office
- Equal Status Act 2000. Dublin: Stationery Office
- Freedom of Information Act 1997. Dublin: Stationery Office
- Health (Nursing Homes) Act 1990 and subsequent regulations. Dublin: Stationery Office
- Health Act 2004. Dublin: Stationery Office
- Maternity Protection (Amendment) Act 2004. Dublin: Stationery Office
- Mental Health Acts 1945 and 2001. Dublin: Stationery Office
- Minimum Notice and Terms of Employment Acts 1993-2001. Dublin: Stationery Office
- Organisation of Working Time Act 1997. Dublin: Stationery Office
- Public Health (Tobacco) (Amendment) Act 2004. Dublin: Stationery Office
- Public Service Management (Recruitment and Appointments) Act 2004. Dublin: Stationery Office
- Public Service Superannuation (Miscellaneous Provision) Act (2004). Dublin: Stationery Office
- Protection of Employees (Fixed Term Work) Act 2003. Dublin: Stationery Office
- Safety, Health and Welfare at Work Act 1989. Dublin: Stationery Office

EU DIRECTIVES

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- Council Directive 2000/43/EC Equal treatment between persons irrespective of racial or ethnic origin
- Council Directive 2002/73/EC Equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions
- Council Directive 2000/78/EC Framework for equal treatment in employment and occupation
- Council Directive 2004/33/EC Blood and blood products

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