



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# NATIONAL SERVICE PLAN

# 2011



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# Introduction from the Chief Executive Officer

This National Service Plan 2011 (NSP2011) 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 2011, within the funding provided by Government and within the stipulated employment levels. In developing this plan, our priorities for 2011 are to:

- Maintain the levels of service provided in 2010
- Deliver the cost reduction and restructuring programmes to enable the maintenance of these service levels on a total reduced budget basis of €962m (€683m net)
- Seek to ensure the delivery of high quality and safe services
- Accelerate our reform programme to reconfigure core services and in line with our strategy, deliver an appropriate balance between hospital and community services as well as best care models in childcare, disability, mental health and older person's services, and
- Implement the national clinical change programmes and new service developments.

## The Funding Position

The gross current Estimate for the HSE is **€13.456bn** as set out in the published *Estimates for the Public Services 2011*. This reflects a net reduction of **€683m** (4.8%). The total reduction to the HSE is **€962m** (6.7%) which is being offset by the return of €279m for additional expenditure relating primarily to medical cards, new services, pensions costs and the Clinical Indemnity Scheme. The table below sets out the budget reduction framework for 2011:

### Budget Reduction Framework 2011

	€m
<b>2010 Gross Current Estimate</b>	<b>14,139.64</b>
Additional Medical Cards	90.0
Reductions Community (Demand led ) Schemes	-424.0
<b>Pay</b>	
Recruitment Moratorium	-90.0
Exit Programme	-152.0
Additional pension costs due to exit package	29.0
4% levy on pensioners	-21.5
<b>Non Pay</b>	
Procurement	-200.0
<b>Other Adjustments</b>	
National Cancer Screening Service- transfer	10.5
Superannuation	57.0
Clinical Indemnity Scheme (States Claims Agency)	36.0
Long-Stay Repayments Scheme	-17.0
Pandemic	-55.0
Dormant Accounts	-2.3
Funding for priority areas	56.4
<b>Total</b>	<b>13,456.7</b>

Total Reductions €962m  
Total Increases €279m  
Net adjustment €683m

## Community (Demand Led) Schemes

A reduction in expenditure of **€424m** is required. The 2011 provision for Community Schemes is €2,478m, €424m (15%) less than in 2010. €90m is available for increased expenditure for additional medical cards **bringing the net reduction on the 2010 provision to €334m**. The breakdown is outlined in the table below. This programme of work will require extensive engagement with the pharmaceutical industry and other stakeholders and will require a targeted and unrelenting focus during 2011.

	€m
<b>Estimate 2010</b>	<b>2,812</b>
<b>Adjustments for 2011</b>	
Full year effect of 2010 schemes measures	-100
Efficiencies and control including probity and fees	-114
Funding for additional medical cards	90
Full year 2010 savings – prescription charges	-10
Drug price reductions	-165
Efficiencies in hi-tech drug schemes	-35
<b>Sub total</b>	<b>-334</b>
<b>Estimate 2011 per published Estimate</b>	<b>2,478</b>

## Non pay expenditure

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

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

## Human Resources

### Pay and pay related expenditure

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

	WTE Reductions	WTE Increases	WTE Total
<b>End of 2010 / Start of 2011 Employment Ceiling</b>			<b>109,372</b>
- Transfer of Community Welfare Services to Department of Social Protection	-1,128		
- Projected reductions under VER / VRS 2010 schemes*	-2,250		
- Reduction in employment under ECF and National Recovery Plan	-1,530		
<b>Sub Total</b>	<b>-4,908</b>		<b>104,464</b>
- Adjustments in respect of staff in former health board companies not previously counted		341	
- Transfer in of external functions, e.g. Office of Tobacco Control / Adoption Authority etc.		5	
<b>Sub Total</b>		<b>346</b>	<b>104,810</b>
<b>End of 2011 Employment Ceiling</b>			<b>104,810*</b>

\* The end 2011 employment ceiling of 104,810 is based on a reduction of an estimated 2,250 WTEs for the exit schemes. This will require to be amended once the final figure is known

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

The *Public Service Agreement (PSA)* provides the framework for delivering significant change across the health sector during the course of 2011. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing cost and improving quality. These opportunities will be maximised in 2011.

A national shortage of Non Consultant Hospital Doctors (NCHDs) will challenge the delivery of acute hospital services in 2011. Work is ongoing to minimise this but nonetheless, it could pose a serious challenge to service continuity in a number of hospitals.

## Service Delivery

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

Hospital activity levels will target a 2% reduction in inpatient activity to be off set by a 3% increase in day cases leading to a modest increase in total hospital care. The implementation of a number of national programmes such as the acute medicine and surgical programmes will be needed to support the delivery of these targets in 2011. The quality agenda for cancer services will also continue, as will the outpatient service improvement programme.

There will be a modest increase in homecare levels with 11.98m hours of home help in line with 2010 target levels and approximately an additional 580 people in receipt of homecare packages. National quality guidelines for homecare services will be prioritised for implementation.

Funding reductions to mental health services and disability services will be capped at 1.8%. We will continue to seek efficiencies in excess of that in order to generate funds for investment in reform of these services such as the further implementation of a *Vision for Change* and the recommendations of the *VFM and Policy Review of Disability Services*. Respite services for people with disabilities will remain at 2010 levels.

## Service Developments and Change Programmes

A major theme of NSP2011 is the start of the implementation of the national clinical programmes. A highly ambitious plan of work has been outlined for 2011 in this regard. The focus will be on standardising care and implementing proven solutions to save lives, prevent complications, remove waiting lists and save money. While the full benefits of this work will take time to be fully realised, 2011 will be a very important year in embedding many of these solutions within our clinical services. The areas that will commence implementation include:

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

A striking example of the potential of these programmes is the plan for stroke care. The establishment of 9 new stroke units and the availability to 24/7 thrombolysis therapy (clot busting treatment) across the country has the potential to improve patient outcomes and to prevent the development of severe disabilities.

Others areas for targeted internal investment are paediatric critical care, childcare, mental health, primary care and palliative care. Investment of €63m will take place to support the delivery of these initiatives which will be funded both

through the use of some of the innovation fund and also by internally transferring some of the base budget. The full details of the resources required for these programmes are outlined in Appendix 2.

The implementation of these programmes will provide an opportunity to demonstrate the benefits to patients that have occurred as a result of the exceptional clinical leadership that is being demonstrated across all the professional groups. An allocation of €56m has been received to fund additional services in some strategically important areas (see Appendix 2). This includes home care packages (€8m), suicide prevention (€1m), services for people with disabilities (€10m), completion of developments which commenced in 2010 in both cancer (€10m) and childcare (€9m) services as well as some further service developments in these areas.

The appointment of a National Lead for Children and Families Services will ensure the acceleration of the change process in that sector. Sixty additional social workers will be recruited in 2011 to add to the 200 posts filled in 2010.

## Patient Safety and Quality

Delivering high quality services and minimising risk will continue to be a high priority for the HSE in 2011 and will be strongly influenced by the National Standards for Safer Better Healthcare. Compliance will be enabled through the implementation of the Quality Safety and Risk Framework. We will also seek to implement the recommendations of all HIQA and other relevant reports. The impact of the moratorium on recruitment on patient safety will be closely monitored and all efforts taken to minimise any emerging service quality issues.

## Infrastructure

The Capital Allocation of the HSE is €373m, a 16.2% reduction in comparison with a provision of €444m in 2010. A €15m additional spend on Mental Health is to be included in the Revised Estimates Volume to be funded from asset disposals. A separate Capital Plan has been developed.

## Income

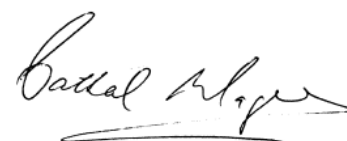
The HSE will collect the increased inpatient and day case charges set out by the Minister in the Budget 2011. Additionally the HSE is actively seeking to accelerate income collections and simplify the process of charging with the collaboration of the DoHC. Gains in this area could be of assistance in the management and the delivery of a balanced Vote in 2011.

## National Service Plan 2011

The NSP2011 is an operational plan for 2011. An immediate priority in the first months of the year will be the preparation of a new three year HSE Corporate Plan for the period 2011-2013. This will be based on the funding outlook published by the government in the *National Recovery Plan 2011-2014*.

These are very challenging times in our health and personal social services and in 2011 it will be an immense challenge to operate within the funding and employment constraints in a way that minimises the impact on the quality and range of services to patients and clients.

This service plan can only be delivered through the collective efforts of the health and social care professionals from all of our care disciplines and services. With the funding and employment constraints, including the impact of the recent exit programme on management and administrative resources, our services are now more than ever dependent on our people to continue to make the extra effort for our patients and clients. I am enormously encouraged by the leadership, commitment and goodwill of our staff in our health and social care services.



Cathal Magee  
Chief Executive Officer  
Health Service Executive

# Resource Framework

Under the legislative framework of the *Health Act, 2004, Section 31*, the primary purpose of the annual *HSE National Service Plan (NSP)* is to set out how the Estimate (budget) allocated to the HSE will be spent in the given year on the type and volume of health and personal social services delivered to the people of Ireland, within the approved employment levels set out by Government. It is guided by the vision, mission, values and objectives of the organisation as set out in the *HSE Corporate Plan*.

## Finance

### 2011 Financial Allocation

Income and Expenditure 2011	Pay €m	Non Pay €m	Income €m	Total €m
<b>Statutory</b>				
Hospitals	1,788	693	0	2,481
Community Services	2,246	5,048	0	7,294
<b>Total Statutory</b>	<b>4,034</b>	<b>5,741</b>	<b>0</b>	<b>9,774</b>
<b>Voluntary</b>				
Hospitals	1,516	636	-466	1,687
Community Services	486	99	-99	486
<b>Total Voluntary</b>	<b>2,002</b>	<b>735</b>	<b>-565</b>	<b>2,172</b>
Hospitals	3,304	1,329	-466	4,167
Community Services	2,732	5,147	-99	7,780
Corporate	176	256	0	432
Statutory Pensions	584	0	0	584
National Services incl. Ambulance	104	162	0	267
Quality and Clinical Care	73	142	0	215
Repayment Scheme	0	12	0	12
<b>Grand Total</b>	<b>6,974</b>	<b>7,048</b>	<b>-565</b>	<b>13,456</b>

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

### 2010 / 2011 Vote Adjustments

	2010	2011										
	2010 Final	Once-off	DLS	Pensions	Moratorium	Procurement Savings	Long Stay	State Claims	Pandemic	Exit Scheme	Other	Total 2011 Allocation
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m
Hospitals	4,386	4		-4	-39	-115				-86	20	4,167
Community Services	8,226	10	-334	-2	-49	-74				-30	34	7,780
National Services incl. Ambulance	235					-3		36		-2		267
Corporate	477	27			-2	-8			-55	-5	-3	432
Quality and Clinical Care	215											215
Statutory Pensions	792	-250		42								584
Repayment Scheme	17						-5					12
<b>Gross Total</b>	<b>14,349</b>	<b>-209</b>	<b>-334</b>	<b>36</b>	<b>-90</b>	<b>-200</b>	<b>-5</b>	<b>36</b>	<b>-55</b>	<b>-123</b>	<b>52</b>	<b>13,456</b>
Other income	-2,462										2,147	-315
<i>HSE generated income made up of:</i>												
<i>Hospitals</i>	-521											-521
<i>Community Services</i>	-270											-270
<i>Other</i>	-349											-349
Total HSE generated Income	-1,140											-1,140
<b>Total Income</b>	<b>-3,602</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>2,147</b>	<b>-1,455</b>
<b>Net Total</b>	<b>10,747</b>	<b>-209</b>	<b>-334</b>	<b>36</b>	<b>-90</b>	<b>-200</b>	<b>-5</b>	<b>36</b>	<b>-55</b>	<b>-123</b>	<b>2,199</b>	<b>12,001</b>



### Care Group 2011 Allocation

Care Group by Programme	2010 Budget €m	2011 Budget €m
Primary Care	343	335
Primary Care Reimbursement Service	2,787	2,453
Children & Families	601	587
Mental Health	721	708
Disability	1,582	1,554
Older People	1,369	1,337
Palliative Care	76	74
Social Inclusion	120	117
Multi Care Group	564	552
Other	63	62
<b>Total Community Services</b>	<b>8,226</b>	<b>7,780</b>

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

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

### Cost Management – Reducing cost without reducing services

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

The Procurement and Category Management includes savings of €30m within the relevant headings to reflect the significant focus being given to maximising our market management and supplier engagement towards accelerating the planned multi-year procurement and contracts management programme. Specific service-led initiatives are also included where moving to a more appropriate model of care will also lead to reduced costs without impacting on the level of service.

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

## Human Resources

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

### Public Service Agreement (2010 – 2014)

The *Public Service Agreement* (PSA) provides the framework for delivering significant change across the public sector in the course of 2011. It provides a unique opportunity to further transform and modernise the health services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing cost and improving quality. These opportunities must be maximised in 2011.

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

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

Item	€m
Laboratory Services	5.0
Agency Services	7.0
Medical and Nursing Training and Education	2.6
Procurement and Contracts Management	78.7
Medical and Surgical Supplies, Contracts and Equipment	23.4
Drugs and Medicines	18.0
Laboratory Consumables	8.9
Blood and Blood Products	2.0
X-Ray Consumables	1.6
Medical Gases	1.3
Cleaning and Washing Products and Contracts	3.1
Energy	1.5
Catering Products and Contracts	2.6
Patient Transport Costs	0.8
Bedding and Clothing	1.0
Vehicle Running Costs	0.2
Office Stationery, Printing, Equipment, etc.	3.8
Telephony	2.5
Insurance	1.0
ICT Equipment	2.0
Legal	5.0
Review of Rent / Lease Renewals etc.	5.0
Logistics and Inventory Management	20.0
Stock Management (Non Pharmacy)	8.2
Point of Use Demand Management	0.8
Stock Management (Pharmacy)	6.0
Aids and Appliances Recycling	5.0
Reduce Discretionary Spend	41.7
Furniture and Crockery	11.0
Vehicles Purchased	0.7
Maintenance	30.0
Further non-service impacting initiatives (to be identified)	40.0
<b>Total</b>	<b>200.0</b>

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

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

### Employment Control Framework and 2011 Approved Employment Ceiling

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

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

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

### 2011 Employment Control Framework

The opening 2011 WTE ceiling is 109,372 with an end of year target of 104,810. The employment control environment in 2011 will demand even more for less in terms of employment numbers and costs. The moratorium on recruitment and promotions will continue throughout 2011, with the continuing exception of some delegated sanction for a number of specific grades and services. The framework will provide some additional flexibility to recruit additional psychiatric nurses, advanced nurse practitioners, clinical specialists and interns. Robust and responsive employment control, with

Care Group / Programme Projected Sub-Allocation end 2010

Care Group / Programme	Projected WTE Dec 2010
Acute Hospitals	49,416
Cancer Services	881
Ambulance Services	1,476
Primary Care	12,055
Disabilities	15,822
Mental Health	9,534
Older People	10,824
Children and Families	2,966
Palliative Care	657
Social Inclusion	599
Corporate and National Functions	3,044
QCC	1,127
<b>TOTAL</b>	<b>108,400</b>

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

accountability at regional and service manager level, continues to be a key driver for 2011. Reconfiguration and integration of services, reorganisation of existing work and redeployment of current staff will need to underpin the employment control framework in order to deliver government policy on public service numbers and costs and within budgetary allocations. A detailed and robust workforce plan will be required to scope out the implementation of the approved employment ceiling for 2011.

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

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

### Recruitment Activity and Priorities for 2011

In 2011, the moratorium on recruitment may, because of its unstructured nature, cause challenges to the maintenance of the volume, quality and safety of services. Prioritisation of recruitment in 2011 will be targeted at minimising these service risks. In addition, the focus of recruitment activity will primarily be in respect of the posts as set out in Appendix 2a) and b) which have been prioritised because of their service impact and will be accommodated by use of the space created in the employment ceiling in 2010.

Recruitment will also focus on grades with delegated sanction in order to ensure that employment levels are maintained and increased from the 2009 baseline in line with agreed growth targets. Continuing centralisation of recruitment to the National Recruitment Services (NRS) will be further implemented in 2011.

HSE and HSE-funded agencies are experiencing significant challenges maintaining 2009 baseline NCHD staffing in certain specialities and locations. In 2011, the HSE will be recruiting all service posts on the basis of a two year contract which includes placement in a large regional centre or major hospital, participation in a professional development scheme and access to a range of supports to meet registration, visa and other costs. A new Framework Agreement for the provision of agency NCHD staff will be in operation from 1<sup>st</sup> January. The HSE will also introduce a minimum English language competency requirement and ensure that common standards and processes are applied to recruitment of NCHDs through Initial and Higher Specialist Trainings schemes. The HSE will also be working closely with the Medical Council to ensure doctors are registered appropriately and efficiently and a centralised database of all NCHD posts will be rolled out nationally in 2011 to assist in same. Centralised recruitment of NCHDs to non-training posts will be implemented by NRS in 2011.

### Break-down of Projected 2011 Ceiling by Care Group / Programmes

Significant further progress on remapping was made during 2010 in a number of regions. Work will continue on validation of data in 2011. It should be further noted that changes to the current or projected sub-allocation of the health services approved employment ceiling can result from any reorganisation or restructuring of the health services as well as changes in Government policy on public service numbers and costs. Accordingly any data on approved employment ceilings and their sub-allocation by organisation structure and care group / programmes as set out in this plan may need to be revised at a later date. However, the HSE intends to set employment ceilings / target minimum levels for some care groups, for example disability and mental health.

Additional information on 2010 WTE allocations and ceilings by region / grade can be found in Appendix 3.

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

- **HR actions to support organisational priorities:** In addition to the implementation of the PSA, HR support for the planning, roll-out and implementation of key organisational priorities in 2011 include: Acute Medicine Programme, Integrated Services Programme and restructuring following the Voluntary Early Retirement (VER) and Voluntary Redundancy Schemes (VRS).
- **Performance Management:** The implementation of a health sector wide performance management system, in 2011 and beyond, as set out in the PSA.
- **Medical Education, Training and Research:** In response to its legislative responsibilities under the *Health Act 2004* and the *Medical Practitioners Act 2007* and to Government policy, the HSE is implementing its strategy and

implementation plan for medical education, training and research (METR) and the improved integration of education, training and research across the various health service disciplines. In 2011, we will continue the implementation of planned developments such as academic clinician posts, integrated clinician scientist training pathways, sponsored training abroad for doctors in higher specialist training, competence based training and generic training for doctors. The HSE will review posts for doctors in specialist training and make proposals to the Medical Council in line with our statutory responsibilities under the Medical Practitioners Act. In addition, the METR Unit will focus on key strategic areas of development including the reform of the intern year, achieving optimum benefit from funding for medical education and training, the establishment of explicit contractual agreements with training bodies for the provision of postgraduate specialist medical training, the development of a medical workforce database and the implementation of aspects of the NCHD contract related to education and training.

- **Leadership, Education and Development:** Continued implementation of the policy position set out in the report *HSE Principles and Recommendations for Education, Training and Research* will guide initiatives in 2011. Development of additional skills and competencies and capacity building becomes more critical to the provision of quality patient care in the context of reduced staffing, significant redeployment and challenging budgetary parameters.

## Improving our Infrastructure

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

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

## Monitoring and Measuring NSP2011

The HSE provides detailed monthly performance reports to the DoHC outlining progression of the type of volume of activity detailed in the NSP against agreed targets. Performance indicators (PIs) and measures used to support this process are outlined in each chapter and summarised in a table at the end of this plan. During 2010 a rigorous process was undertaken to review all measures and metrics that the HSE collects and reports in its NSP. This has resulted in some measures being discontinued, others amended and additional, improved measures being identified. Reporting against some of these measures is contingent on the development of processes and systems to support collection being in place. As these come on stream, reporting will commence through the monthly *HSE Performance Reports*. In addition measures that were developed arising from the NSP2010 development process but were not reported on in 2010, will now be reported in 2011.

## Risks for Delivering on NSP2011

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

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

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

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

Other significant risks to the delivery of the plan are:

- The opening employment ceiling for 2011 is 109,372 reducing to 104,810 by the end of 2011 and the plan is based on having this number of staff available to deliver the volume and type of services outlined. However because of the, as yet unknown, impact of the recruitment moratorium, the Voluntary Redundancy Scheme (VRS) and Voluntary Early Retirement Scheme (VER), there are possible risks to service delivery as the number, type and location of staff who will be available to provide services may vary from the plan. The actual savings in relation to these exit schemes will not be known until the process is completed at year end. Indications are that the savings will be less than the figure above. The HSE is assuming that it does not have to provide for any shortfall and the position will be reviewed as soon as final information is available.
- In addition to the voluntary schemes, this plan is based on a 1,530 reduction in employment levels through natural attrition/turnover during 2011. Achievement of this number may impact on the delivery of the plan, posing both service and financial risks for the HSE. The likely unstructured impact of the moratorium on recruitment on the quality and levels of services will need to be monitored and managed in as far as is possible within the parameters of the Employment Control Framework. The full year impact of the 2010 moratorium is also an additional service risk.
- The risk of unanticipated costs associated with the Clinical Indemnity Scheme.
- The risk of savings associated with the Primary Care Reimbursement Scheme (PCRS) not materialising because of unanticipated additional demand as trends in medical cards and other schemes are difficult to predict. The HSE is dependent on actions of the DoHC in regard to early implementation of key decisions to achieve these savings. As in other years, the HSE will closely monitor delivery of the savings as the year progresses and will take alternative action if needed.
- The government proposal to accelerate payments to suppliers to 15 days would have financial and business effects. Unless separately funded it would impact on the delivery of a balanced Vote in 2011 as early estimates indicate that this could cost the HSE up to €100m in 2011 were it to proceed.
- Despite considerable ongoing focus on the supply of NCHDs, there remains a risk that the unavailability of NCHDs may impact on the continuity of services and the capacity to deliver services in some settings.

We will actively monitor and assess all of these and other risks that emerge as 2011 proceeds and, depending on their impact, may need to adjust planned service levels during the year to ensure it can operate within its Estimate. This plan has made provision for costs relating to the financial risks within the monies provided by Vote 40 of the Oireachtas.

# Quality and Safety

## Introduction

Delivering high quality services and minimising risk is a priority for the HSE. The quality of service provision is a key aspect of the clinical programmes now underway. Quality performance indicators (PIs) are being developed and introduced incrementally as part of this process. These PIs appear in the appropriate service delivery section (see primary care and acute sections). A multi-agency approach is being taken under the auspices of the *Patient Safety First* initiative to ensure the provision of high-quality care to all service users. Learning from incidents which occur is applied and reflected in how we plan and deliver our services generally. Work will continue with our external stakeholders to develop a knowledge base of effective health care interventions which can support the implementation of the programmes and other specific quality and safety initiatives.

Our **priorities for 2011** are to:

- Further develop and implement the Quality, Safety and Risk Management Framework
- Strengthen accountability arrangements
- Increase service user input into planning and delivery of services
- Strengthen our healthcare audit, progress clinical audit, strengthen clinical effectiveness and develop health technology assessment capacity
- Comply with Health Information and Quality Authority (HIQA) report recommendations
- Enhance our management of serious incidents and complaints
- Improve preparedness for major emergencies
- Strengthen research and development, and
- Enforcement of statutory functions in relation to environmental health services.

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
<b>Quality, Safety and Risk Management Framework</b> <i>Building on existing work on quality and risk standards</i>	<b>Quality, Safety and Risk Management Framework:</b> <ul style="list-style-type: none"> <li>▪ Quality, Safety and Risk Management Framework further implemented (taking into consideration the <i>National Standards for Safer Better Healthcare</i>).</li> <li>▪ Implementation ongoing.</li> </ul>	Q1 Ongoing
<b>Clear Accountability Arrangements</b>	<b>Strengthen accountability arrangements:</b> National guidance on clear accountability arrangements implemented. <ul style="list-style-type: none"> <li>▪ HSE Code of Governance review completed, submitted to Board and Minister for Health and Children for approval.</li> <li>▪ Implementation commenced.</li> </ul>	Q4 Q2 Q2
<b>Person Centred Care</b> <i>Service User Involvement</i>	<b>Increase service user input into planning and delivery of services:</b> Strengthening of service user input in planning and delivery of services through implementation of key actions from <i>Strategy for Service User Involvement</i> .	Ongoing
<i>Complaints [Your Service Your Say]</i>	Appropriate management of complaints and reviews.	Ongoing
<i>Advocacy</i>	National Advocacy Programme for older people in residential and community settings.	Q4
<b>Effective Care</b> <i>Assurance and Monitoring</i>	<b>Strengthen our healthcare audit:</b> <ul style="list-style-type: none"> <li>▪ Health Audit Level II* Plan agreed and implemented.</li> <li>▪ Implementation of continuous quality improvement (CQI) programme enabled (which will include all HSE and National Standards).</li> <li>▪ Supporting guidance for monitoring and review system, including clinical and surgical audit, drafted and specified, following consultation.</li> </ul>	Q4 Ongoing Q4

\*The healthcare audit function provides internal independent level II assurance. This function reports to the National Director of Quality and Clinical Care but its staff are independent of and have no executive input to services or systems audited.

Key Result Area	Deliverable Output 2011	Target Completion
<i>Documentation</i>	<b>Comply with HIQA report recommendations:</b> <ul style="list-style-type: none"> <li>Implementation of recommendations of internal and external reports monitored.</li> </ul>	Q4
<i>Clinical Effectiveness</i>	<b>Clinical effectiveness:</b> <ul style="list-style-type: none"> <li>National Clinical Effectiveness Committee supported to ensure national guidelines and audit are implemented across the HSE.</li> </ul>	Ongoing
<i>Health Technology Assessment</i>	<b>Health Technology Assessment:</b> <ul style="list-style-type: none"> <li>Health Technology Assessment capacity developed through working with HIQA.</li> </ul>	Q4
<i>Healthcare Records Management Programme</i>	<ul style="list-style-type: none"> <li>Healthcare Records Management Code of Practice, general healthcare record and e-learning programme reviewed and adapted for non-acute services.</li> <li>Version 1.0 of National Nursing Healthcare Record, acute services, specified following consultation.</li> <li>National standard maternity record in use in all centres.</li> <li>National ED dataset in use in all centres.</li> <li>National HSE Consent Policy drafted and specified following consultation.</li> </ul>	Q4
<b>Safe Care</b> <i>Serious Incident Management</i>	<b>Enhance our management of serious incidents and complaints:</b> Serious Incident Management training programme delivered to key staff.	Q3
<i>Medication Safety</i>	Standardisation of hospital drug prescription and administration records (DPAR project).	Q3
<i>Preparedness for major emergencies</i>	<b>Improve preparedness for major emergencies:</b> <ul style="list-style-type: none"> <li>Major emergency responses planned, maintained and tested.</li> <li>Public crowd procedure established.</li> </ul>	Q4 Q1
<b>Research and Development</b>	<ul style="list-style-type: none"> <li>Database of research activity established.</li> <li>Metrics for research performance in place.</li> <li>Health Innovation Centre established through partnership with enterprise agencies and industry.</li> </ul>	Q2 Q4 Q2
<b>Environmental Health Services</b>	Enforcement of statutory function continued in relation to food safety, tobacco control, preschool services, cosmetic products, drinking water and fluoridation, international health, poison and pest control.	Ongoing

## Key Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
<b>Health Care Assurance</b>			
% of national audits, as specified in audit plan, commenced	---	---	New PI for 2011 100%
% of audits completed within the timelines in audit plan	---	---	New PI for 2011 75%
<b>Service Level Agreements</b>			
Agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place:		100%	100%
i). % of agencies	---	100%	100%
ii). % of funding	---		
<b>Service User Involvement and Advocacy</b>			
% of primary care Local Implementation Groups with at least 2 community representatives in each LHO	---	---	New PI for 2011 75%
No. of volunteer advocates trained	---	---	New PI for 2011 200
<b>Parliamentary Questions</b>			
% of Parliamentary Questions dealt with within 15 working days	---	---	New PI for 2011 75%
<b>Complaints</b>			
% of complaints investigated within legislative timeframe	---	---	New PI for 2011 75%

	Expected Activity/Target 2010	Projected Outturn 2010		Expected Activity/Target 2011
% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)	---		---	New PI for 2011 75%
<b>Environmental Health</b>				
<b>Tobacco Control</b>				
No. of sales to minors and test purchases carried out	---		---	For reporting in 2011 80
<b>Food Safety</b>				
% of the total number of high risk food premises which receive one full programmed inspection	---		---	New PI for 2011 100%
<b>Import Control</b>				
% of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation	---		---	New PI for 2011 100%
<b>International Health Regulations</b>				
All designated ports and airports to receive an inspection to audit compliance with the International Health Regulations 2005	---		---	New PI for 2011 8
<b>Cosmetics and Food Product Safety</b>				
% achievement with the cosmetic plan	---		---	New PI for 2011 100%
% achievement with the food sampling plan	---		---	New PI for 2011 100%
<b>Blood Policy</b>				
No. of units of platelets ordered in the reporting period	---		22,750	22,000
% of units of platelets outdated in the reporting period	---		---	New PI for 2011 < 10%
% usage of O Rhesus negative red blood cells per hospital	---		---	New PI for 2011 < 11%
% of red blood cell units rerouted to hub hospital	---		---	New PI for 2011 < 5%
% of red blood cell units returned out of total red blood cell units ordered.	3%		1.73%	< 2%



# Delivering Integrated Services Primary, Community and Hospital Care

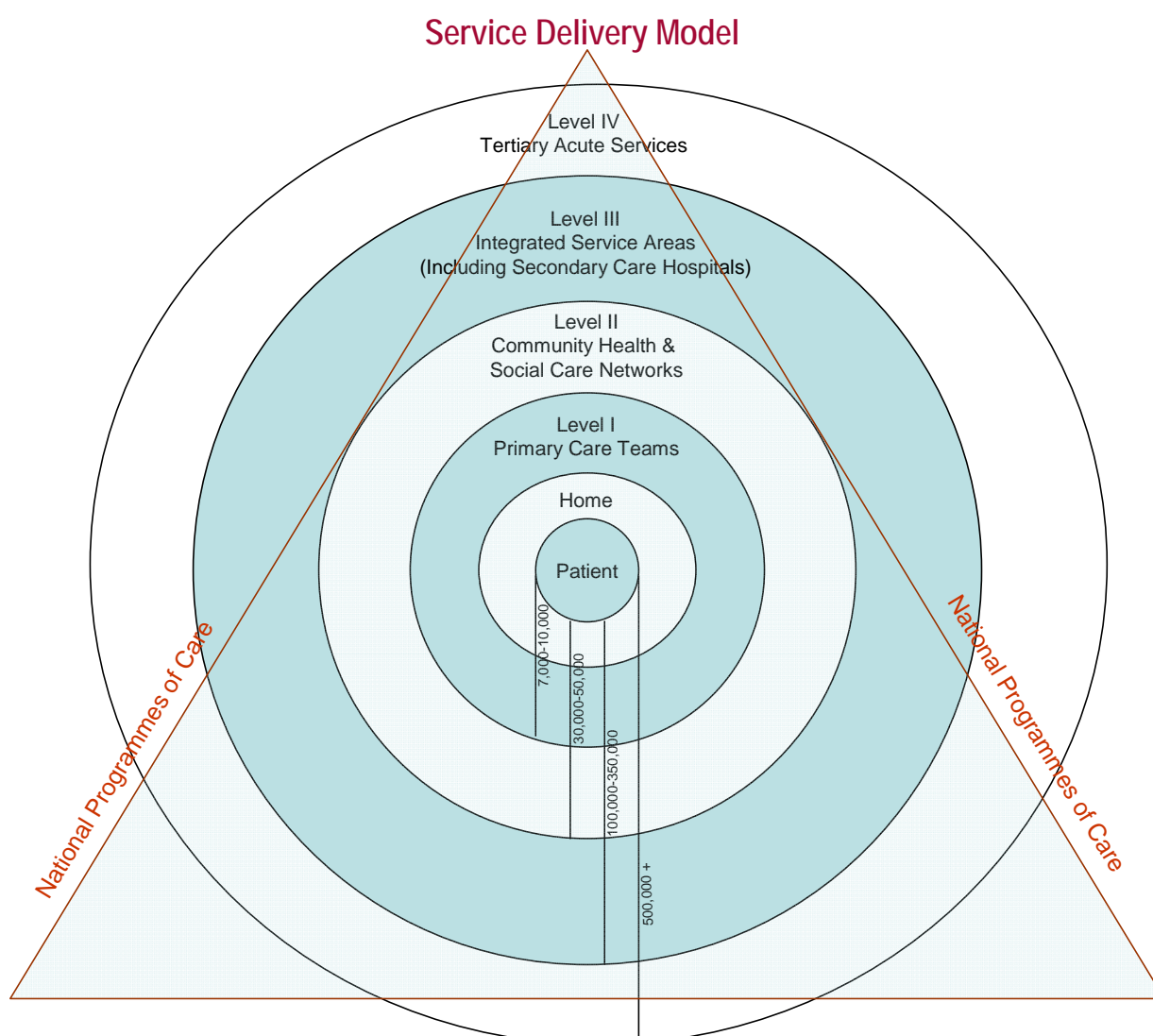
## Introduction

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

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

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

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



# Primary Care Services in the Community

## Introduction

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

Our **priorities for 2011** are to:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	326	319	DML	3,457	3,458
Voluntary	17	16	DNE	2,409	2,410
<b>Total</b>	<b>343</b>	<b>335</b>	South	2,238	2,240
			West	3,749	3,751
			National	196	196
			<b>Total</b>	<b>12,049</b>	<b>12,055</b>

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
<b>Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs)</b> <i>Progress the establishment of PCTs and HSCNs</i>	<b>Development of PCTs and HSCNs by:</b> Increased access to primary care services through 527 PCTs by: <ul style="list-style-type: none"> <li>▪ Continued realignment of existing staff to new and existing teams</li> <li>▪ Clinical leadership developed, and</li> <li>▪ Clinical governance and service management implemented for teams in operation.</li> </ul>	Q4
	Enhanced service integration through the development of 134 HSCNs achieved: <ul style="list-style-type: none"> <li>▪ Specialist and care group services aligned, and</li> <li>▪ General principles of referral and shared care arrangements implemented with secondary care, care group and specialist services.</li> </ul>	Q4
	Evidence based research on PCTs progressed with Departments of General Practice in 3 <sup>rd</sup> Level Universities and the Health Research Board.	Q3
	Electronic referrals systems from primary care to acute sector developed.	Q4
<b>Chronic Disease Management</b> <i>Cross directorate planning in delivering integrated chronic disease programmes</i>	<b>Improved disease management in primary and ambulatory care settings:</b> Commencement of plans for the management of chronic disease in primary care supported by guidelines with a focus on: <ul style="list-style-type: none"> <li>▪ Stroke</li> <li>▪ Heart Failure</li> <li>▪ Asthma</li> </ul>	Ongoing

Key Result Area	Deliverable Output 2011	Target Completion
	<ul style="list-style-type: none"> <li>Diabetes</li> <li>Chronic Obstructive Pulmonary Disease (COPD)</li> <li>Dermatology / Rheumatology, and</li> <li>Care of the Elderly.</li> </ul>	
Enhancement of Primary Care Services	<ul style="list-style-type: none"> <li>Planning for delivery of IV therapy services in community settings undertaken.</li> </ul>	Q4
Promoting Health	Implementation of the <i>Health Promotion Strategic Framework</i> commenced and associated actions regarding national health promotion policy in the key settings.	Q1
	Enhanced services for targeted groups by implementing the following programmes through PCTs: <ul style="list-style-type: none"> <li>Falls prevention</li> <li>Team based approaches to mental health, including the consultation liaison model as described in Vision for Change</li> <li>Smoking cessation, and</li> <li>Breast feeding.</li> </ul>	Q3
	Specific priority measures from Framework for Tobacco Control implemented (with a particular focus on acute campuses in 2011).	Q4
Delivering integrated cancer programmes	Initiatives for implementation in a primary care setting developed with the National Cancer Control Programme including: <ul style="list-style-type: none"> <li>Cancer prevention information developed for the public on the NCCP web</li> <li>Training for practice nurses in cancer prevention and care rolled out</li> <li>Community nurse education programme further developed and evaluated</li> <li>Follow-up care programmes developed in the community for patients who have had cancer</li> <li>Information / training sessions for General Practitioners (GPs) delivered through Irish College of General Practitioners (ICGP) and Continuing Medical Education (CME) tutor groups around the country, and</li> <li>Electronic referral cancer systems developed within the GP software packages.</li> </ul>	Q3
Audiology Services	<b>Implementation of Audiology Report recommendations</b> Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations (upon adoption of report). Newborn hearing screening further rolled out in line with national model.	Q4 Q3
Prescribing	<b>Improved prescribing through:</b> Working with GPs to deliver more cost effective prescribing choices.	Q3
Out Of Hours	<b>Implementation of recommendations from GP Co-Op Review:</b> Streamlining of services through implementation of recommendations of GP Co-Op Review.	Ongoing
Oral Health Policy	<ul style="list-style-type: none"> <li>Independent Strategic Review of the Delivery and Management of HSE Dental Services implemented in partnership with Regions.</li> <li>Planning for the implementation of the DoHC's Oral Health Policy (when published) commenced in conjunction with the Regions.</li> </ul>	Ongoing Q1
Immunisation	HPV delivered to cohort of young women as specified in policy.	Q4

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Primary Care Teams (PCTs)</b>															
No. PCTs holding clinical team meetings	115	84	103	92	394	115	84	103	92	394	150	117	138	122	527
No. of PCTs in development	35	33	35	30	133	35	33	35	30	133	0	0	0	0	0
No. of patients / clients discussed at a clinical Team Meeting for the reported month					---					---	23,970	18,405	21,480	19,350	83,205 New Pl

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	100%	100%	100%	100%	100%	355 100%	294 100%	278 100%	356 100%	1,283 100%	355 100%	294 100%	278 100%	356 100%	1,283 100%
No. of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)					---	27	3	2	2	34	31	3	16	7	57
											For reporting in 2011				
No. of PCTs implementing a structured education programme for diabetes patients separate from a structured integrated care programme.					---						26	29	25	7	87 New PI
No. of patients / clients formally partaking in structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)					---	---	---	---	---	---	3,100	90	480	210	3,880
											For reporting in 2011				
No. of PCTs that are continuing to implement structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines, 2008)					---	6	2	6	2	16	6	2	6	2	16
											For reporting in 2011				
No. of patients / clients continuing to partake in formal structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines 2008)					---	185	65	174	33	457	185	65	174	33	457
											For reporting in 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>GP Out of Hours</b>															
No. of contacts with GP out of hours	110,880	145,200	397,760	226,160	880,000	110,880	145,200	397,760	226,160	880,000	121,967	159,720	437,537	248,776	*968,000
<b>Immunisations</b>															
% of children 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).					---						For reporting in 2011 95%				
% of children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)					---						New PI for 2011 95%				
% of children at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC2)	95%	95%	95%	95%	95%	89%	86%	89%	90%	89%	95%	95%	95%	95%	New PI 95%
% of children 24 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenza type b (Hib3), Polio (Polio3) and hepatitis B (HepB3) (6 in 1 vaccine)					---						For reporting in 2011 95%				
% of children at 24 months of age who have received one dose of the Meningococcal C vaccine (MenCb) between 12 months and 24 months of age.	95%	95%	95%	95%	95%	---	---	---	---	91.5%	95%	95%	95%	95%	New PI 95%
% of children 24 months of age who have received the Measles, Mumps, Rubella (MMR) vaccine	95%	95%	95%	95%	95%	88%	89%	92%	90%	90%	95%	95%	95%	95%	95%
HPV – no and % of first and second year girls to have received the third dose of HPV vaccine in 2011					---						New PI for 2011 46,400 80%				
<b>Child Health / Developmental Screening</b>															
% newborn babies visited by a PHN within 48 hours of hospital discharge	100%	100%	100%	100%	100%	83%	78%	88%	92%	85%	95%	95%	95%	95%	95%
															Q3 data

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
% newborn babies visited by a PHN within 72 hours of hospital discharge					---					---					New PI for 2011 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	90%	90%	90%	90%	90%	24%	87%	91%	72%	64% Oct data	90%	90%	90%	90%	90%
<b>Orthodontics</b>															
Total no. of patients receiving treatment during reporting period					22,130					18,000					18,000
Total no. of patients in retention during reporting period					Included in above					Included in above					To be disaggregated in 2011
Total no. of patients who have been discharged with completed treatments during reporting period					2,000					5,000					2,000
Waiting time for Orthodontic Assessment :															
i). % assessed within 6 months					---					---					New PI for 2011 75%
ii). % assessed within 9 months					---					---					New PI for 2011 90%
Waiting time for Orthodontic Treatment :															
i). % of Grade 5 (surgically dependant patients with impacted canines) treated within 9 mths					---					---					New PI for 2011 75%
ii). % of Grade 5 (surgically dependant patients with impacted canines) treated within 12 mths					---					---					New PI for 2011 90%
iii). % of Grade 5a (functional case) treated within 3 months					---					---					New PI for 2011 90%
iv).% of Grade 4 treated within 2 years (excluding Grade 4d, crowding)					---					---					New PI for 2011 75%
v). % of grade 4d treated within 3 years					---					---					New PI for 2011 75%

\*Increased target 2011 reflects inclusion of existing contracts not currently recorded rather than additional people being seen

## Improving our Infrastructure for Primary Care

A significant number of Primary Care Centres, the majority of which will be delivered by lease agreement, are planned to become operational in 2011. A full list of proposed capital projects for primary care can be found in Appendix 4.

# Acute Services and Pre-Hospital Emergency Care

## Introduction

The HSE has fifty hospitals which deliver a wide range of services to our population which include assessment, diagnosis, treatment and rehabilitation of both acute complex conditions as well as non-urgent conditions. Hospitals are providing more and more services each year as a result of the demands attributable to demographic changes and clinical advancements. A more diverse population base, increased births and elderly population is driving increased activity levels and higher patient acuity in hospitals. Hospital budgets have been cut for the past number of years and more efficiency has been delivered in both clinical and non clinical areas in order to maximise service levels.

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

A number of challenges for the hospital sector include:

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

Our **priorities for 2011** are to:

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

In addition, we will address the shortage of NCHDs by expediting registration and recruitment processes, we will also address the shortfall in training places, introduce clinical governance and leadership and expand the role of nurses.

## Resources

FINANCE NATIONAL		
	2010 Budget €m	2011 Budget €m
<b>Hospitals</b>		
Statutory	2,579	2,481
Voluntary	1,807	1,687
<b>Total</b>	<b>4,386</b>	<b>4,167</b>
<b>Ambulance</b>		
Statutory	151	148
<b>Total</b>	<b>151</b>	<b>148</b>

WTE REGIONAL AND NATIONAL		
	October 2010	Projected WTE Dec 2010
<b>Hospitals</b>		
DML	16,841	16,849
DNE	10,727	10,733
South	10,865	10,870
West	10,959	10,964
<b>Total</b>	<b>49,392</b>	<b>49,416</b>
<b>Ambulance</b>		
DML	469	469
DNE	165	165
South	396	397
West	444	445
<b>Total</b>	<b>1,474</b>	<b>1,476</b>

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
<b>Medicine</b> <i>Acute Medicine Programme (AMP)</i>	Implementation plan for AMP finalised and implementation commenced with an initial focus on: <ul style="list-style-type: none"> <li>Acute Medical Units (AMUs) functioning in 12 sites: <ul style="list-style-type: none"> <li>Functioning in 6 sites by Q2, and</li> <li>Functioning in additional 6 sites by Q4.</li> </ul> </li> </ul>	Q4
<b>Critical Care Programme</b>	<ul style="list-style-type: none"> <li>Audit process for critical care.</li> </ul>	Q3
<b>Emergency Care</b> <i>Emergency Medicine Programme</i>	<ul style="list-style-type: none"> <li>Emergency Medicine Programme introduced.</li> <li>Completion of Patient Experience Time (PET) data set as follows: <ul style="list-style-type: none"> <li>21 hospitals Q1</li> </ul> Increasing to: <ul style="list-style-type: none"> <li>22 hospitals Q2</li> <li>23 hospitals Q3, and</li> <li>33 hospitals Q4.</li> </ul> </li> </ul>	Q3 Q4
<b>Surgical Care</b> <i>Elective Surgery Programme</i>	<ul style="list-style-type: none"> <li>Rates of day surgery increased.</li> <li>Length of patient stay shortened for selected common elective inpatient surgical procedures.</li> <li>Standardised care pathway guidelines developed.</li> <li>Audit programme introduced to monitor outcomes of process and to audit surgical mortality.</li> </ul>	Q4
<b>Outpatient Programme</b> <i>Outpatient data</i>	Reformed data set adopted and reported in hospitals with 75% of OPD footfall nationally, including reformed referral management. <ul style="list-style-type: none"> <li>System and process modifications implemented.</li> <li>Reporting commenced.</li> <li>Standardised adherence to Reformed Data Set monitored and maintained.</li> </ul>	Q4 Q4 Q1 Q4
<i>OPD service improvement</i>	To improve access to services, 15 hospitals with longest waiting times identified and policies implemented on: <ul style="list-style-type: none"> <li>Waiting list validation</li> <li>DNA, and</li> <li>Improving new to return ratios.</li> </ul>	Q4
<i>Epilepsy</i>	Regional Epilepsy Centres defined.	Q1

Key Result Area	Deliverable Output 2011	Target Completion
<i>Dermatology</i>	Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	Q4
<i>Neurology</i>	Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	Q4
<i>Rheumatology and Orthopaedic</i>	12 musculo-skeletal physiotherapy led clinics in place.	Q2
<b>Chronic Disease Interventions</b>		
<i>Stroke</i>	Stroke Units meeting defined criteria in 9 new sites.	Q4
<i>Acute Coronary Syndrome</i>	▪ Protocol for management of acute STEMI agreed.	Q1
	▪ Primary PCI centres identified and 4 centres functioning.	Q3
<i>Heart Failure</i>	Structured Heart Failure Programmes available in 12 acute hospitals.	Q4
<i>Diabetes</i>	▪ Retinopathy Screening Programme initiated with IT systems in place.	Ongoing
	▪ National foot care programme introduced.	Ongoing
<i>COPD</i>	Structured programmes operational in 12 acute hospitals.	Q3
<i>Asthma</i>	Asthma Education Programmes initiated.	Q2
<b>Ambulance Services</b>		
Re-configure ambulance services to respond to changing models of service.	Response times improved for life threatening emergencies:	
	▪ Performance data collected to maximum extent possible to inform setting of performance targets for remaining 4 clinically appropriate response time standards to 112 (999) emergency calls in line with HIQA recommendations.	Q4
	▪ Existing resources refocused from non urgent patient transport services to improving response times to life threatening 999 emergency calls, in line with HIQA targets.	Q4
	▪ National Command and Control project delivered (enabled through ICT/Estates/HR):	Q3
	- Digital Radio system rolled out	
	- CAD in place	
	- National Integrated Command and Control (ICCS)	
- Automatic Vehicle Location System		
- National mapping solution		
- Mobile data solution		
- Satellite navigation solution		
- HR/Staffing engagement, and		
- Procurement and fit out of building.		
▪ Medical Director appointed.	Q1	
▪ Ambulance management structures reconfigured to address new priorities and staffing gaps.	Q2	
<b>Other service development areas</b>		
<i>Reconfiguration of our acute hospital system</i>	Progression of our reconfiguration programme in line with agreed plans taking into account issues of accessibility, clinical standards and quality of care.	Ongoing
<i>Obstetrics and Gynaecology</i>	Early Pregnancy Assessment Units operating in compliance with national guidelines.	Q2
<i>Paediatric services</i>	▪ Paediatric Clinical Programme established with a clinical lead appointed, to drive implementation of National Integrated Paediatric Model of Care to include orthopaedics, general paediatric surgery regionally.	Q1
	▪ Oversight continued on work of National Paediatric Development Board team in development of new National Paediatric Hospital including design brief, costings, assessment and validation of proposals in relation to size and model of new hospital.	Ongoing
	▪ Hospital network management group (comprising Regional Director of	Q4



Key Result Area	Deliverable Output 2011	Target Completion
	<p>Operations, Clinical Director and CEOs of three hospitals) to ensure integration of Dublin paediatric service provision through operational service improvements:</p> <ul style="list-style-type: none"> <li>- Ensuring services are working as one unit across the three sites and maximising resource utilisation and synergies</li> <li>- Aligning business and corporate processes, and</li> <li>- Aligning and preparing services for move to the new hospital.</li> </ul>	
	<ul style="list-style-type: none"> <li>▪ National retrieval service for neonates and paediatrics developed.</li> <li>▪ Critical care additional capacity opened in Our Lady's Children's Hospital.</li> </ul>	Q3 Q3
<i>Cystic Fibrosis</i>	<ul style="list-style-type: none"> <li>▪ Governance structure for National Newborn Bloodspot Screening Programme established.</li> <li>▪ Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening Programme.</li> </ul>	Q1 Q2
<i>Renal services</i>	<ul style="list-style-type: none"> <li>▪ Maintain / increase number of renal transplants performed by National Renal Transplant Programme [target to exceed 175 procedures].</li> <li>▪ Home haemodialysis programme implemented nationally [target: 30 patients by year end].</li> <li>▪ Increased local haemodialysis capacity to cater for an additional 90-135 patients [achieved by continued development of Satellite Renal Dialysis Units and Parent Renal Dialysis Units].</li> <li>▪ Reduced / eliminated need for patients to travel for dialysis treatment between 12 midnight and 6am.</li> </ul>	Q4
<i>Management of NCHD posts within integrated clinical networks</i>	Restructured filling of training and non-training posts as they arise to ensure rotation between a regional centre / major teaching hospital and local hospitals in a network (in line with regional service delivery and reconfiguration requirements of each hospital within the network).	Q3
<i>Consultant Work practices</i>	<ul style="list-style-type: none"> <li>▪ Implementation of Consultant Contract progressed with further development of clinical directors and clinical led service development through accelerated and expanded work on clinical care programmes and their integration with regional hospital reconfigurations.</li> <li>▪ Full benefits of extended working days realised with parallel implementation of Croke Park agreement</li> <li>▪ Full compliance with public/private mix provisions</li> <li>▪ Complete contract audit rolled out from initial 2010 sites to all hospitals sites</li> </ul>	Q3 Q2 Q2 Q3
<i>National Integrated Management Information System</i>	Implementation of system completed in designated areas.	Q3
<i>Value for Money and Policy Review</i>	VFM Review recommendations of economic cost and charges associated with private and semi-private treatment services in public hospitals implemented, following adoption by Government.	Q3
<i>Funding of selected elective orthopaedic procedures in public hospitals</i>	<ul style="list-style-type: none"> <li>▪ Preparation commenced to fund selected hospitals on a prospective cost per procedure basis for certain orthopaedic procedures</li> <li>▪ Funding commenced on amended basis</li> </ul>	Q1 Q2

## Key Performance Measures

The levels of services to be delivered by our acute hospital system in 2011 are set out in the following tables. Acute hospital activity has grown year on year and the challenge is to manage demand and ensure that care is offered in the most appropriate setting, at optimal quality and with the most efficient use of resource. The targets set out are based on the experience in 2010, the available resource and the anticipated impact of the AMP in 2011. The delivery of this planned activity in 2011 requires a renewed focus on ensuring costs are controlled and that resources are used in a flexible way. The overall treatment capacity will be managed throughout the year in line with the activity targets.

**Inpatient / Day Case:** The overall activity levels planned for 2010 reflect the continued shift from inpatient to day case activity. The plan is to increase day cases by an additional 3% above the very significant increase made in 2010 and to

target a reduction in the level of inpatient care provided of 2% over the 2010 levels. The net impact of these targets is to continue the year on year additional acute service activity, to build on the shift from inpatient to day cases, yet to acknowledge the reliance our system still has on the use of inpatient care.

	Inpatient Discharges			Day Cases		
	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Dublin Mid Leinster	160,527	179,954	176,400	246,936	268,606	276,700
Dublin North East	103,690	109,897	107,700	134,785	138,973	143,100
South	135,824	146,972	144,000	144,847	158,306	163,000
West	140,952	149,279	146,300	162,742	167,246	172,300
<b>National Totals</b>	<b>540,993</b>	<b>586,102</b>	<b>574,400</b>	<b>689,310</b>	<b>733,131</b>	<b>755,100</b>

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

	Emergency Presentations			Emergency Admissions		
	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
Dublin Mid Leinster	331,446	331,741	331,700	84,348	95,498	94,500
Dublin North East	246,086	240,199	240,200	66,366	72,525	71,800
South	311,609	307,462	307,500	80,710	88,800	87,900
West	301,294	320,461	320,500	98,874	108,238	107,200
<b>National Totals</b>	<b>1,190,435</b>	<b>1,199,863</b>	<b>1,199,900</b>	<b>330,298</b>	<b>365,061</b>	<b>361,400</b>

**Outpatient (OPD):** The OPD Data Quality Programme in 2011 will deliver improved data in respect of both demand and access to OPD services to enable better management of OPD. Due to expanded and reformed metrics, a more full understanding of activity in Consultant delivered OPD clinics will begin to be available from Quarter 1. Safe recording, management and reporting of GP referrals is another key component of the programme. Attendance numbers are not expected to be directly comparable between 2010 and 2011 due to more refined definitions which will be in place. As a result, changes in month on month new attendance numbers will be of particular note during 2011. The focus will continue to be on proactively increasing the number of new attendees within the overall attendance numbers. Two targeted areas will be dermatology and neurology where the recruitment of additional consultants will lead to a 30% increase in new outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set. Other clinical and administrative led quality improvement initiatives will also continue to improve access to OPD services.

	Outpatient Attendances			Ratio of New:Return		
	Expected Activity 2010	Projected Outturn 2010	*Expected Activity 2011	Expected Activity 2010	Projected Outturn 2010	Expected Performance Level 2011
Dublin Mid Leinster	1,292,922	1,372,590	1,377,500	2.0	2.9	2.0
Dublin North East	758,418	807,309	810,800	2.0	2.5	2.0
South	686,696	711,913	714,700	2.0	2.3	2.0
West	656,846	685,748	688,700	2.0	2.3	2.0
<b>National Totals</b>	<b>3,394,882</b>	<b>3,577,560</b>	<b>3,591,700</b>	<b>2.0</b>	<b>2.6</b>	<b>2.0</b>

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

**Dialysis:** This is a demand led service. In Ireland, about 450 people each year reach the end-stage of renal failure and need treatment or transplant to replace their non-functioning kidneys. The National Renal Office predicts an additional 90-135 people will require dialysis in 2011. Additional capacity is being sourced through reconfiguration of HSE facilities and use of haemodialysis facilities contracted from private providers. Access to home therapies will also be expanded. The renal transplantation programme will be supported to maximise the transplantation rate.

Modality	Dialysis Patients		
	Projected Activity 2010	Projected Outturn 2010	Projected Activity Range 2011
Haemodialysis	1,560	1,580	1,650-1,740
Peritoneal Dialysis	220	225	245-270
<b>Total</b>	<b>1,780</b>	<b>1,805</b>	<b>1,895-2,010</b>

## Performance Activity and Performance Indicators

Performance Activity	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
<b>Discharges Activity</b>			
No. of patients discharged			
i). Inpatient	540,993	586,102	574,400
ii). Day Case	689,310	733,131	755,100
iii). Elective	---	---	---
iv). Non Elective/Emergency	---	---	---
% of discharges which are public:			
i). Inpatient	80%	77.2%	80%
ii). Day Case	80%	82.6%	80%
iii). Elective	---	---	---
iv). Non Elective/Emergency	---	---	---
<b>Emergency Activity</b>			
i). No. of emergency presentations	1,190,435	1,199,863	1,199,900
ii). No. of ED attendances	---	---	---
iii). No. of emergency admissions	330,298	365,061	361,400
<b>Outpatients (OPD) Activity</b>			
i). No. of outpatient attendances	3,394,882	3,577,560	*3,591,700
ii). No. of outpatient attendances (new)	---	---	---
iii). No. of outpatient attendances (return)	---	---	---
iv). % of total appointments that are DNA	10%	14%	10%
v). % DNA (new appointments)	10%	14%	10%
vi). % DNA (return appointments)	10%	14%	10%
vii). No. of referrals to Consultant OPD clinics	---	---	New PI for 2011
viii). No. of clinics held	---	---	New PI for 2011
ix). No. of clinics postponed / cancelled	---	---	New PI for 2011
<b>Births Activity</b>			
Total no. of births	74,996	74,279	74,200

Performance Indicators	Target 2010	Projected Outturn 2010	Target 2011
<b>Average Length of Stay (ALOS):</b>			
Overall ALOS for all inpatient discharges and deaths	5.6	6.16	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	---	---	New PI for 2011 5
Median LOS for patients admitted with STEMI	---	---	New PI for 2011 7.5
Median LOS for patients admitted with heart failure	---	---	New PI for 2011 Baseline to be established

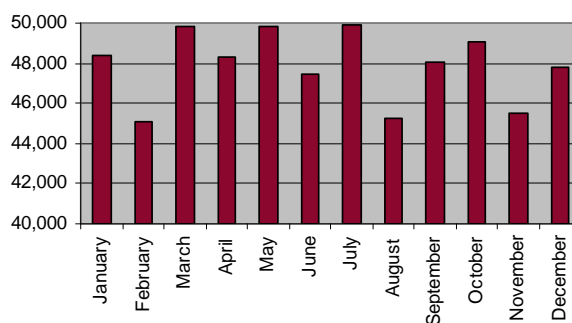
Performance Indicators	Target 2010	Projected Outturn 2010	Target 2011
<b>Readmission</b>			
Rate of readmission for heart failure following discharge from hospital	---	---	New PI for 2011 < 20%
<b>Day Cases</b>			
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (general surgery, ENT, ophthalmology)	75%	69%	75%
<b>Day of Procedure</b>			
Overall % of elective inpatients who had principal procedure conducted on day of admission	75%	49%	75%
<b>Emergency Department</b>			
Average time from registration to discharge from ED for: i). all patients ii). patients who require admission iii). patients who are not admitted and are discharged	6 hours	Under review; baseline to be established	< 6 hours
% of patients admitted to hospital within 6 hours of ED registration	100%	Under review; baseline to be established	100%
% of patients discharged within 6 hours of ED registration	100%	Under review; baseline to be established	100%
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration	100%	60% Oct data	100%
<b>Outpatients (OPD)</b>			
New: Return ratio	1 : 2	1 : 2.6	1 : 2
<b>Public Inpatient, Day Case and OPD Waiting Lists</b>			
<b>Adults</b>			
% of adults waiting < 6 months (inpatient)	100%	75.3%	100%
% of adults waiting < 6 months (day case)	100%	86.9%	100%
% of adults waiting < 6 months (OPD)	100%	---	100%
<b>Children</b>			
% of children waiting < 3 months (inpatient)	100%	43.4%	100%
% of children waiting < 3 months (day case)	100%	46.3%	100%
% of children waiting < 3 months (OPD)	100%	---	100%
<b>Births</b>			
% delivered by Caesarean Section	20%	26%	20%
<b>Colonoscopy Service</b>			
% of urgent referrals waiting less than 4 weeks for colonoscopy	100%	99.2%	100%
<b>Health Care Associated Infection (HCAI)</b>			
MRSA bacteraemia notification rate per 1,000 beds days used	5% reduction	0.088 Q3 data	Reduce to 0.085 per 1,000 bed days
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	4% reduction	75.18 Q3 data	76 DDD per 100 bed days
Alcohol Hand Rub consumption per 1,000 bed days used	---	---	23 litres per 1,000 bed days used
<b>Consultant Public: Private mix</b>			
Casemix adjusted public private mix by hospital for inpatients	80:20	---	80:20
Casemix adjusted public private mix by hospital for daycase	80:20	---	80:20
<b>Consultant Contract Compliance</b>			
% of consultants compliant with contract levels (Type B / B*)	95%	---	100%
<b>Pre-Hospital / Ambulance Response Times:</b>			
First responder response times to potential or actual 112 (999) life threatening emergency calls	---	---	New PI for 2011 Baseline to be established
i). % of Clinical Status 1 ECHO incidents responded to by a first responder in 7 minutes and 59 seconds or less.	---	---	
ii). % of Clinical Status 1 DELTA incidents responded to by a first responder in 7 minutes and 59 seconds or less.	---	---	New PI for 2011 Baseline to be established

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

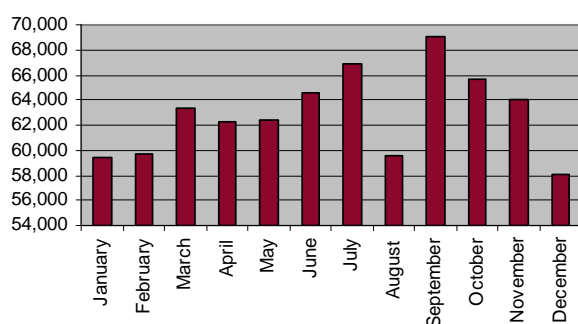
## Profiling of Key Activity

The following profiling of inpatient, day case and outpatient expected activity levels 2011 has been prepared based on an analysis of trending and seasonal patterns of activity over 2009 and 2010.

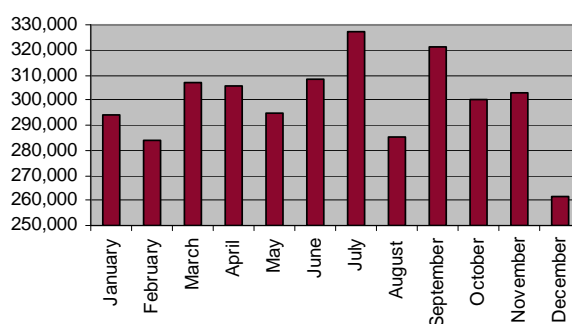
**Inpatient Discharge Profiling of Targets for 2011**



**Day Case Profiling of Targets for 2011**



**OPD Attendance Profiling of Targets for 2011**



## Improving our Infrastructure for Hospital Services

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

### Dublin Mid Leinster

- Adelaide Meath National Children's Hospital – laboratory expansion
- St. James' Hospital – upgrade of main electrical distribution
- Coombe – emergency upgrade works
- Our Lady's Hospital – provision of additional Paediatric Intensive Care Unit and High Dependency Unit beds
- Temple St. – theatre upgrade

### Dublin North East

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

### South

- Cork University Hospital – cardiac renal unit; PET CT; Haemophilia day unit
- Cork University Hospital, Mercy University Hosp., South Infirmary Victoria University Hosp., Bantry General Hosp. and Kerry General Hosp. – reconfiguration of services programme
- Kerry General Hospital – new emergency department
- Waterford Regional Hospital – ED extension including Neonatal Unit

### West

- Mid West Regional Hospital – new PACS system and replacement CT scanner
- Ennis General Hospital – endoscopy facilities and equipment
- University College Hospital, Galway – upgrade of air handling and ventilation systems; neonatal upgrade
- Letterkenny – new medical block
- Sligo – digital radiology and PACS system

### Ambulance

- Manorhamilton – ambulance station upgrade

# National Cancer Control Programme

## Introduction

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

In line with its objectives, the programme is working to ensure that designated cancer centres for individual tumour types have adequate case volumes, expertise and a concentration of multi-disciplinary specialist skills. Symptomatic breast diagnosis and surgery which transferred into the 8 cancer centres in 2009 will continue to be monitored through the collection of monthly key performance indicators. St. Vincent's University Hospital is the national centre for pancreatic surgery; it is planned to link a satellite unit in Cork University Hospital (CUH) into the national centre in 2011. Rapid access lung and prostate clinics are now opened in almost all of the centres. Lung surgery has been centralised into 4 regional centres (St. James, Mater, Galway and Cork University hospitals). In 2011 development of specialist cancer centres will continue with the centralisation of prostate cancer surgery, rectal surgery and upper gastrointestinal (GI) surgery. Essential support services will be delivered within the specialist centres. The quality agenda will continue to be pursued through further development of anatomical site specific expert groups and the implementation of clinical governance arrangements for treatments.

Our **priorities for 2011** are:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
NCCP (inc. NPRO)	56.75	63.20*	DML	63	63
Eastern Radiation			DNE	8	8
Network (St. Luke's)	---	34.34	South	41	41
NCSS	---	62.82	West	45	45
<b>Total</b>	<b>56.75</b>	<b>160.36*</b>	National	724	724
			<b>Total</b>	<b>881</b>	<b>881</b>

\*NCCP budget is additionality only and reflects €4m transferred out for HPV and includes €10m additional allocation in 2011

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
Lung Cancer Services	Rapid Access Clinics for lung cancers in remaining specialist centres in Galway and Limerick established.	Q1
Urology Cancer Services	Rapid Access Clinics for prostate cancers in remaining specialised centres in Cork, Waterford and Limerick established.	Q2
	Prostate cancer surgery consolidated in 5 centres - Cork, Beaumont, Mater, Galway and 1 in DML.	Q4

Key Result Area	Deliverable Output 2011	Target Completion
Pancreatic Surgery	National centre for pancreatic surgery established in St. Vincent's with satellite unit in Cork University Hospital. Multi-disciplinary teams (MDTs) established in both centres and care pathways monitored.	Q1
Rectal cancer services	Rectal cancer surgery transferred into 8 cancer centres (CUH, Waterford, Galway, Limerick, St. James's, Vincent's).	Q4
	Transfer rectal surgery into Beaumont and Mater.	Q1
Upper Gastrointestinal (GI) cancers	Upper GI cancers transferred into regional centres.	Q4
Skin cancer services	Dermatology post in North West established in Sligo.	Q1
Theatre/ICU/ Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres.	Q1
Medical Oncology	<b>Initiate measures to support optimal management of cancer drugs:</b> Two pharmacists approved to advise on drug utilization costs and pharmacy ICT with the aim of developing mechanisms for the management of the cancer drug budget.	Q4
Radiation Oncology (Phase 1)	<b>New radiation oncology units (Phase 1) in Beaumont and St. James will be operational whilst planning for Phase 2 continues:</b> Units at St James and Beaumont fully functional and planning for Phase 2 commenced.	Ongoing
Radiation Oncology (Phase 2)	<ul style="list-style-type: none"> <li>▪ Funding mechanism agreed and approved.</li> <li>▪ Plan commenced for the cessation of radiation oncology services in St Luke's in 2015.</li> <li>▪ Enabling works programme commenced.</li> <li>▪ Plan continued to develop radiation oncology services with the creation of a national network of radiotherapy facilities on 6 sites of the 8 by end of 2014.</li> <li>▪ Development of tender documentation continued.</li> <li>▪ National system of clinical governance established on all sites.</li> <li>▪ National performance management and monitoring system established to drive quality and service improvement.</li> </ul>	Q4
Quality Assurance through establishment of formal national quality clinical governance arrangements for common cancers	<ul style="list-style-type: none"> <li>▪ A cohesive national specialist clinical network for the purposes of clinical audit, sharing of good practice and problem solving for common cancers established.</li> <li>▪ Expert groups established to advise on best evidence based practice for common cancers.</li> <li>▪ Appropriate parameters defined to devise and monitor quality domains across lung and prostate.</li> </ul>	Q2
Gynaecology	Planning commenced for consolidation of surgery for gynaecological cancers into cancer centres.	Q2
National Screening Service	<b>National cancer screening work programme:</b> 20 candidate Advanced Nurse Practitioners (ANPs) appointed in colonoscopy with a view to 15 graduations in 2013.	Q2
Community Oncology Programme	<b>2011 community oncology programme work programme:</b> <ul style="list-style-type: none"> <li>▪ Existing partnership with ICGP built upon</li> <li>▪ Proportion of electronic GP referrals increased</li> <li>▪ Community nurse training programme for medical oncology patients delivered, and</li> <li>▪ Brief interventions with smoking cessations with primary care teams developed.</li> </ul>	Q4
Transfer of National Cancer Registry (NCR)	NCR transferred and integrated into the NCCP.	Q3

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010	Projected Outturn 2010	Expected Activity/Target 2011
<b>Symptomatic Breast Cancer Services</b>			
Total no. of urgent attendances	10,000	12,700	13,000
Total no. of non urgent attendances	22,000	25,600	26,000
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals ( <i>No and % offered an appointment that falls within 2weeks</i> )	9,500 95%	12,000 95%	12,350 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for urgent referrals ( <i>No and % offered an appointment that falls within 12weeks</i> )	20,900 95%	25,000 95%	25,000 95%
No. and % of newly diagnosed breast cancers discussed at MDT	2,500 100%	2,100 100%	2,100 100%
<b>Lung Cancers</b>			
Attendances at rapid access lung clinic	---	---	New PI for 2011
% of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	---	---	New PI for 2011 95%
No. of Rapid Access Diagnostics centres providing services for lung cancers	8	6	8
<b>Prostate Cancers</b>			
No. of centres providing services for prostate			
i). Rapid Access Diagnostics	8	5	8
ii). Surgery	5	7	5
<b>Rectal Cancers</b>			
No. of centres providing services for rectal cancers	8	13	8



# Community (Demand Led) Schemes

## Introduction

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

As of 31 December 2011, the total number of eligible persons on medical cards is estimated to be 1,779,585, representing almost 40% of the total population and a growth of 9.5% population coverage since December 2008. This is a 31.6% increase in numbers in receipt of medical cards since 2008 and a 46% increase since 2006. There are estimated to be 138,816 GP Visit Cards issued by the end of 2011, an increase of 62% since 2008.

In 2011, our key aim is to modernise the community schemes administered by the HSE. We will continue to extract efficiencies out of the system, standardise process and decision making and achieve economies of scale. The continuing contraction of state revenue stream coupled with increasing numbers on the Live Register and consummate uptake of Schemes, presents an unprecedented challenge for services in the future.

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

Our **priorities in 2011** are:

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

## Resources

FINANCE			
	2010 Final Budget €m	Projected Outturn 2010 €m	2011 Budget €m
Community (Demand-Led) Schemes	2,787	2,729	2,478

Note: Inclusive of €25m Appropriation-in-Aid

## Key Result Areas

Key Result Area	Deliverable 2011	Target Completion
<b>Modernisation of Community Schemes</b> <i>Centralisation of medical cards</i>	▪ Centralisation of Medical Cards.	Q2
	▪ Efficiencies delivered through centralisation of Medical Cards and Schemes.	Ongoing
	▪ Medical Card backlog addressed, if arises.	Q3
	▪ Database of applications established (including cards issued and refused).	Q3
<i>Licensed drugs / medicines</i>	▪ Clinical focus applied to all licensed drugs/medicines reimbursed for appropriateness.	Q3
	▪ Rationalisation of all licensed drugs/medicines reimbursed based on need.	Q4
	▪ Continuing the review of all non drug items reimbursed under the Schemes for their appropriateness.	Q4
<i>Probity</i>	▪ Work Programme for Pharmacy and Dental established and commenced.	Q2

## Performance Activity and Performance Indicators

Performance Activity	Expected Activity 2010		Projected Outturn 2010		Expected Activity 2011	
		Total		Total		Total
<b>Medical and GP Visit Cards</b>						
No. persons covered by GP Visit Cards	114,436		116,824		138,816	
No. persons covered by discretionary GP Visit Cards	---		17,423		17,423	New PI
No. persons covered by Medical Cards	1,622,560		1,628,536		1,779,585	
No. persons covered by discretionary Medical Cards	---		80,502		80,502	New PI
<b>Long Term Illness</b>						
No. of Claims	1,084,656		908,031		978,111	
No. of Items	3,449,205		2,951,206		3,178,861	
<b>Drug Payment Scheme</b>						
No. of Claims	5,030,180		3,867,176		3,836,264	
No. of Items	13,631,788		11,446,841		11,355,342	
<b>GMS</b>						
No. prescriptions	18,445,234		18,631,988		20,364,442	
No. of Items	57,364,678		54,661,446		63,076,913	
No. of claims – Special items of Service	714,293		736,361		740,274	
No. of claims – Special Type Consultations	1,084,945		1,056,679		1,098,668	
<b>HiTech</b>						
No. of Claims	383,324		390,900		435,345	
<b>DTSS</b>						
No. of treatments (above the line)	1,084,517		1,352,702		968,784	
No. of treatments (below the line)	111,428		112,499		53,916	
No. of patients who have received treatment (above the line)	---		---			New PI for 2011
No. of patients who have received treatment (below the line)	---		---			New PI for 2011
<b>Community Ophthalmic Scheme</b>						
No. of treatments	679,310		671,978		715,455	
i). Adult	617,170		612,554		652,186	
ii). Children	62,140		59,424		63,269	

Performance Indicators	Target 2010		Projected Outturn 2010		Target 2011	
		Total		Total		Total
% of Medical Cards processed centrally	---		---			Baseline to be set in 2011
% of Medical Cards processed centrally which are issued within 15 working days of complete application	---		---			Baseline to be set in 2011
Median time between date of complete application and issuing of Medical Card	---		---		15 days	
% of GP Visit cards processed centrally	---		---			Baseline to be set in 2011
% of GP Visit cards processed centrally which are issued within 15 working days of complete application	---		---			Baseline to be set in 2011
Median time between date of complete application and issuing of GP Visit Card	---		---		15 days	

# Children and Families

## Introduction

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

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

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

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	601	587	DML	1,043	1,044
Voluntary	0	0	DNE	953	953
<b>Total</b>	<b>601</b>	<b>587</b>	South	942	942
			West	27	27
			<b>Total</b>	<b>2,965</b>	<b>2,966</b>

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
Delivery of Statutory Services	<b>Children in Care and Aftercare:</b>	
	▪ Each child in care has a care plan and an allocated social worker.	Q2
	▪ Dedicated Children in Care Teams established in each area, in accordance with the strategic review of the delivery and management of children and family services implementation.	Q4
	▪ Audit of compliance of standardised alternative care planning template commissioned and completed.	Q4
	▪ Compliance with <i>Section 45 of Child Care Act 1991</i> and 2010 policy directive from Minister for Children and Youth Affairs, in relation to Aftercare services.	Q1
	▪ National Policy on Aftercare implemented.	Q4
	<b>Special Care:</b>	
	▪ Capacity review of Special Care and High Support Services concluded.	Q2

Key Result Area	Deliverable Output 2011	Target Completion
<p><b>Implementing strategies to support service delivery</b></p> <p><i>Task Force on Children and Families</i></p>	<ul style="list-style-type: none"> <li>Development programme to increase capacity continued to be progressed.</li> <li>Placements of children in special care facilitated as required.</li> </ul>	<p>Q4</p> <p>Q4</p>
	<b>Youth Homelessness:</b>	
	<ul style="list-style-type: none"> <li>Care needs of children under 18 years who are homeless met by the HSE services.</li> <li>In accordance with Ryan Implementation Plan, review undertaken of practice in relation to <i>Part 2, Section 5 of the Child Care Act</i> where homeless children can be placed in accommodation and not received into the care of the HSE.</li> </ul>	<p>Q4</p> <p>Q4</p>
	<b>Child Protection and Implementing the Revised Children First Guidelines:</b>	
	<ul style="list-style-type: none"> <li>Compliance with provisions of <i>Child Care Act, 1991</i> and <i>Children First National Guidelines</i>.</li> <li>Cross-Sectoral Implementation Plan developed with supplementary HSE implementation plans across all four regions.</li> <li>Dedicated national and regional units to implement and monitor compliance with <i>Children First</i>.</li> <li>National audit of child protection policies, practices and procedures in Catholic Church Dioceses completed and report submitted to Minister.</li> <li>National audit of child protection policies, practices and procedures in Religious Orders completed and report submitted to Minister.</li> </ul>	<p>Ongoing</p> <p>Q3</p> <p>Q2</p> <p>Q2</p> <p>Q4</p>
	<b>Adoption:</b>	
	<ul style="list-style-type: none"> <li>Arrangements are in place to ensure the full implementation of the provisions of <i>Adoption Act, 2010</i> as it relates to the HSE.</li> </ul>	Ongoing
	<b>Implementing the Task Force Report : Further development of the National Child Care Information System:</b>	
	<ul style="list-style-type: none"> <li>Standardised business processes implemented [through NCCIS] in the remaining 22 LHOs for referral, initial assessment and further assessment processes.</li> <li>Child Protection, Child Welfare and Children in Care, Family Welfare Conferences processes commenced.</li> <li>Project to go to tendering process once agreed by the peer review group.</li> <li>National Child Care Information System (NCCIS) tendering evaluation and selection.</li> </ul>	<p>Q2</p> <p>Q3</p> <p>Q2</p> <p>Q4</p>
	<b>Children's Services Committees:</b>	
	<ul style="list-style-type: none"> <li>A further 8 Children Services Committees in place.</li> </ul>	Q4
	<b>Differential response model:</b>	
	<ul style="list-style-type: none"> <li>Model piloted in Dublin North East and preliminary evaluation completed.</li> <li>Implementation of PA Consulting Report on restructuring of children and family services commenced and including completion of initial testing in selected regions and expansion of rollout beyond these areas.</li> <li>In line with the recommendation of the Ryan Implementation Plan review undertaken of working hours of HSE social work staff and those of funded agencies. Changes to working patterns / flexible working introduced where appropriate.</li> </ul>	<p>Q2</p> <p>Q4</p> <p>Q4</p>
	<b>Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009</b>	<b>Implementing the actions of the Commission to Inquire into Child Abuse:</b>
	<ul style="list-style-type: none"> <li>Research on social work staff retention issues commissioned and completed.</li> <li>Maintain full 2010 complement of social work and related staff subject to the moratorium exemption and funding and output from research on social work staff retention issues.</li> <li>Additional 60 Social Workers appointed.</li> <li>Mandatory year of limited caseload, supervision and support for newly qualified social workers in place.</li> <li>Rotation of social workers across children in care, child protection and child</li> </ul>	<p>Q3</p> <p>Q4</p> <p>Q3</p> <p>Q1</p> <p>Q4</p>

Key Result Area	Deliverable Output 2011	Target Completion
	welfare teams implemented where appropriate.	
	<ul style="list-style-type: none"> <li>Multidisciplinary team for children in care and detention established</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Enhanced services for young people leaving care in line in line with statutory commitments and aligned with implementation of the <i>Strategic Review of the Delivery and Management of Children and Family Services</i>.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>Provision of additional counselling services to victims of child abuse.</li> </ul>	Q1
	<ul style="list-style-type: none"> <li>Analysis of addiction services for children nationwide based on best practice undertaken.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>Scoping exercise on data collection regarding children from ethnic minority backgrounds to ensure that their cultural identity is respected and their needs met.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Audit of resources (financial and staff) carried out across HSE and funded agencies in delivering the children and families programme.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Practice placements supports for social work students enhanced.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Project plan for archiving records of all children in care completed.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>Recommendations of the <i>2007 Report on Treatment Services for Persons who Have Exhibited Sexually Harmful Behaviour</i> implemented.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>Exit interviews conducted with children leaving or changing care placements.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>Planned implementation of key findings and recommendations of independent reviews / serious case reviews and other relevant reports / inquiries. This includes HIQA reports and HSE's national audit on foster care.</li> </ul>	Q3
	<b>Out of Hours:</b>	
	<ul style="list-style-type: none"> <li>Pilot sites in South and West fully operational and evaluated. Expansion of services progressed in line with findings of evaluation.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>'Working with Children and Young People: A Quick Guide for Frontline Staff' and young peoples version of 'Your Service, Your Say' implemented.</li> </ul>	Q4
<b>Crisis Pregnancy Programme</b> <i>Addressing the issue of crisis pregnancy through education, advice, counselling, medical and contraception services</i>	<b>Progressing the work of the Crisis Pregnancy Programme:</b> Implementation of the recommendations in the national strategy continued, with further projects identified and implemented.	Ongoing

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Child Abuse</b>															
No. of referrals of child abuse (abuse includes neglect as one of the 4 definitions)					---					---					For reporting in 2011
i). % of referrals of child abuse and neglect where a preliminary enquiry took place within 24 hours					---					---					New PI for 2011 100%
ii). % of these initial assessments which took place within 20 days of the referral.					---					---					New PI for 2011 100%
iii). No. of first child protection conferences requested					---					---					New PI for 2011
<b>Family Support Services</b>															
No. of families in receipt of a family support service (see metadata for list of relevant services)					---					---					New PI for 2011
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Residential and Foster Care</b>															
No. and % of children in care by care type	1,598	1,444	1,638	1,110	5,790	1,553	1,425	1,723	1,191	5,892	1,580	1,448	1,748	1,209	5,985
i). Children's Residential	154	129	73	43	399	173	112	93	43	421	< 7%	< 7%	< 7%	< 7%	< 7%

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Centre (Note: Include Special Arrangements)					7%	11%	7.9%	5.4%	3.6%	7%					
ii).Foster care(not including day fostering)	984	775	1,053	755	3,567 61%	900 58%	763 53.5%	1,108 64.3%	708 59.4%	3,479 59%	60%	60%	60%	60%	60%
iii).Foster care with relatives	428	487	409	272	1,596 28%	446 28.7%	506 35.5%	469 27.2%	408 34.3%	1,829 31%	30%	30%	30%	30%	30%
iv).Other care placements	32	53	103	40	228 4%	34 2.2%	44 3.1%	53 3.1%	32 2.7%	163 2.8%	3%	3%	3%	3%	3%
No. of children in single care residential placements					---										New PI for 2011 0
No. of children in residential care age 12 or under					---										New PI for 2011 0
No. of children in care in third placement within 12 months					---										New PI for 2011 0
<b>Allocated Social Workers</b>															
No. and % of children in care, by care type, who have an allocated social worker at the end of the reporting period:					100%	92%	88%	95%	93%	92% Q3 data	100%	100%	100%	100%	100%
i). No. and % of children in residential care					100%	97%	96%	94%	95%	96% Q3 data	100%	100%	100%	100%	100%
ii). No. and % of children in foster care					100%	90%	91%	96%	93%	93% Q3 data	100%	100%	100%	100%	100%
iii). No. and % of children in foster care with relatives					100%	92%	82%	95%	93%	90% Q3 data	100%	100%	100%	100%	100%
iv). No. and % of children in other care placement					100%	92%	93%	86%	100%	92% Q3 data	100%	100%	100%	100%	100%
<b>Care Planning</b>															
% of children in care who currently have a written care plan as defined by Child Care Regulations 1995, by care type at the end of the reporting period.					100%	85%	87%	86%	99%	88% Q3 data	100%	100%	100%	100%	100%
i). % of children in residential care					100%	92%	88%	92%	100%	92% Q3 data	100%	100%	100%	100%	100%
ii). % of children in foster care					100%	84%	90%	87%	99%	89% Q3 data	100%	100%	100%	100%	100%
iii). % of children in foster care with relatives					100%	85%	83%	83%	99%	86% Q3 data	100%	100%	100%	100%	100%
iv). % of children in other care placement					100%	87%	88%	82%	100%	89% Q3 data	100%	100%	100%	100%	100%
% of children (by care type) for whom a statutory care plan review was due during the reporting period and the review took place:					---										New PI for 2011 100%
i). % of children in residential care					---										New PI for 2011 100%
ii). % of children in foster care					---										New PI for 2011 100%
iii). % of children in foster care with relatives					---										New PI for 2011 100%
iv). % of children in other care placement					---										New PI for 2011 100%
<b>Foster Carer</b>															
Total number of foster carers					---										New PI for 2011
No. and % of foster carers approved and on the foster care panel, Part III of Regulations					---										New PI for 2011
No. and % of relative foster carers where children have been placed for longer than 12 weeks who are not approved and on the foster care panel, Part III of Regulations					---										New PI for 2011 0%
No. and % of approved foster carers with an allocated social worker.					100%	72%	83%	87%	88%	83% Oct data	100%	100%	100%	100%	100%
<b>Children in Care in Education</b>															
i). No. of children in care aged 6 to 16 inclusive.					---										New PI for 2011

	Expected Activity/Target 2010				Projected Outturn 2010					Expected Activity/Target 2011					
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
ii). No. and % of children in care aged between 6 and 16 years in full time education					---					---					New PI for 2011 100%
<b>After Care</b>															
No. of young adults aged 18-21 in receipt of an aftercare service					---					---					New PI for 2011 100%
<b>Children and Homelessness</b>															
No. of children placed in youth homeless centres/units for more than 4 consecutive nights (or more than 10 separate nights over a year)					---					---					New PI for 2011
No. and % of children in care placed in a specified youth homeless centre / unit					---					---					New PI for 2011
No. of referrals made to the Emergency Out of Hours Place of Safety Service					---					---					New PI for 2011
No. of children placed with the Emergency Out of Hours Placement Service					---					---					New PI for 2011
Total number of nights accommodation supplied by the Emergency Out of Hours Placement Service					---					---					New PI for 2011
<b>Pre-School</b>															
No. of notified pre-school services in LHO area.					5,000					4,461					4,461
% pre-school services which received an inspection					2,147					---					New PI for 2011 100%
No. and % of pre-schools that are fully compliant.					---					---					New PI for 2011
No. of notified full day pre-school services.					---					---					New PI for 2011
% of full day services which received an annual inspection					---					---					New PI for 2011 100%
No. of pre-school services in the LHO that have closed during the quarter					---					---					New PI for 2011
No. of pre-school complaints received					---					---					New PI for 2011
% of complaints investigated					---					---					New PI for 2011 100%
No. of prosecutions taken on foot of inspections in the quarter					---					---					New PI for 2011

## Improving our Infrastructure

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

### Dublin North East

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

# Mental Health

## Introduction

A *Vision for Change* sets the strategic direction for the provision of modern mental health care. There is a commitment to develop this model within the constrained resource base and to constantly aim to achieve compliance with statutory responsibilities arising from the *Mental Health Act, 2001* in all mental health services offered.

Our **priorities in 2011** are to:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	706	694	DML	2,000	2,001
Voluntary	15	14	DNE	1,881	1,882
<b>Total</b>	<b>721</b>	<b>708</b>	South	2,885	2,887
			West	2,763	2,764
			<b>Total</b>	<b>9,529</b>	<b>9,534</b>

Despite significant global budget reductions, the reduction of funding for mental health services will be limited to 1.8% in 2011. This allocation will be spent in line with nationally agreed policy for mental health services whilst at the same time maximising value.

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
Enhancing Service Provision through Structural Changes	<b>Completion of Executive Clinical Director (ECD) teams by:</b>	
	▪ Staff reconfigured to complete multidisciplinary ECD Management Teams.	Q4
	▪ Integrated clinical care pathways developed.	
	<b>ICT:</b>	
	▪ External review conducted on the performance and functioning of WISDOM.	Q2
	▪ National ICT business requirements established.	Q4
Changes in procedures and practices	<b>Service user participation:</b>	
	▪ Increased participation in planning and delivering better mental health services with service users through existing partnership.	Ongoing
	<b>Care planning:</b>	
	Collaborative on care planning with Mental Health Commission (MHC) in 8 HSE pilot sites completed and evaluated.	Q3
Service reconfiguration	<b>Mental Health in Primary Care:</b>	
	A third cohort of PCTs will participate in the Team Based Approaches to Mental Health in Primary Care Accredited Programme.	Q3
	<b>Reductions in inpatient beds:</b>	
	▪ Further reduction of inpatient beds to 1,051 acute inpatient beds for adults apportioned by population served (including St Michael's in South Tipperary, St Senan's, Wexford and St Ita's North Dublin).	Q4
	▪ Inpatient capacity reconfigured from South Tipperary to Mid-West.	Q2
	<b>Community Mental Health Teams (CMHTs):</b>	
	▪ CMHTs resourced from reconfiguration of inpatient capacity.	Ongoing



Key Result Area	Deliverable Output 2011	Target Completion
	<ul style="list-style-type: none"> <li>CMHT capacity strengthened (through effective multidisciplinary team working, up-skilling etc).</li> </ul>	
	<p><b>Discontinue direct management of medium and low support provision:</b></p> <p>Discussions with external providers to manage low and medium support infrastructure concluded and direct management and staffing of low and medium support accommodation discontinued.</p>	Q3
<i>Reinvestment of exchequer funding</i>	Funding returned from the Exchequer(from closure and sale of old psychiatric hospitals and other assets) reinvested in mental health infrastructure.	Ongoing
<b>Suicide Prevention and Stigma Reduction</b>	<p><b>Implement measures to reduce suicide rates:</b></p> <ul style="list-style-type: none"> <li>All action areas in Reach Out progressed, maximising efficiencies and utilising available resources in both statutory and voluntary sectors.</li> <li>National See Change Campaign supported.</li> <li>Number and range of training and awareness programmes developed.</li> <li>Response to deliberate self harm presentations improved and standardised.</li> <li>Primary care capacity developed to respond to suicidal behaviour and consider new models of response considered.</li> <li>Helpline supports for those in emotional distress coordinated and widely publicised.</li> </ul>	Q4
<b>Continuous Service Development through Statutory and Regulatory Measures</b>	<p><b>Implement measures to increase residential capacity:</b></p> <ul style="list-style-type: none"> <li>Child and adolescent inpatient unit open to full capacity in Bessboro, Cork and Merlin Park, Galway.</li> <li>DNE: St Vincent's Fairview capital project completed.</li> <li>DML: Development of 11 bed interim Child and Adolescent Inpatient Unit for St. Loman's, Palmerstown.</li> </ul> <p>(See Capital Appendix)</p>	Q1 Q3 Ongoing
<b>Enhancing the Provision of Child and Adolescent Mental Health services</b>		
<b>National Forensic Services</b>	<p><b>Compliance with the Criminal Law (Insanity) Act through:</b></p> <ul style="list-style-type: none"> <li>DML: Provision of 10-12 bed high support hostel for people granted conditional discharge by the courts under Criminal Law (Insanity) Act.</li> <li>DML: Provision of barricade / siege support to the Gardai in line with Barr recommendations.</li> </ul> <p><b>Progress the National Forensic Hospital (CMH), the four Intensive Care Rehabilitation Units (ICRUs), Child and Adolescent and Mental Health and Intellectual Disability Forensic Services through:</b></p> <ul style="list-style-type: none"> <li>Agreement with DoF and DoHC to pursue a funding mechanism to build new forensic capacity.</li> <li>Sites for Intensive Care Rehabilitation Units identified.</li> </ul>	Q3 Q3 Q2 Q2

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Adult Mental Health Services</b>															
Total number of admissions to adult acute inpatient units	3,860	2,990	4,650	4,202	15,702	3,532	2,686	4,712	3,978	14,908	3,532	2,686	4,712	3,978	14,908
Median length of stay in adult inpatient facilities	11.0	10.0	11.0	10.0	10.5	11.5	12.0	11.6	12.6	12.0	11.0	10.0	11.0	10.0	10.5
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter					90.1	73.2	72.6	108.9	98.1	88.1	73.2	72.6	108.9	98.1	88.1
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment per quarter					26.38	22.4	24.8	33.5	26.2	26.7	22.4	24.8	33.5	26.2	26.7

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Readmissions as a % of total adult admissions	67%	66%	70%	70%	68%	70%	63%	69%	73%	69%	70%	63%	69%	73%	69%
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment per quarter	58.95					50.8	47.6	75.4	71.9	61.4	50.8	47.6	75.4	71.9	61.4
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area per quarter	26.6					24.1	25	30.8	33	28.2	20.6	21.4	26.4	28.3	24.2
Total no. of adult involuntary admissions	348	285	388	351	1,372	320	248	384	380	1,332	320	248	384	380	1,332
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	8.1	8.4	11.1	9.8	9.3	6.58	6.68	8.85	9.38	7.86	6.58	6.68	8.85	9.38	7.86
<b>Child and Adolescent Mental Health</b>															
Vision for Change recommended no. of Community Child and Adolescent Mental Health Teams	16	10	12	12	50	16	10	12	12	50	18	10	13	13	54
Vision for Change recommended no. of Child and Adolescent Day Hospital Teams	1	1	---	---	2	1	1	---	---	2	2	1	---	---	3
Vision for Change recommended no. of Paediatric Liaison Teams	2	1	---	---	3	2	1	---	---	3	2	1	---	---	3
No. of child/adolescent admissions to HSE Child and Adolescent mental health inpatient units	---					150					New PI for 2011 220				
No. of children / adolescents admitted to adult HSE mental health inpatient units (reported annually) i). <16 years ii). <17 years iii). <18 years	---					140					New PI for 2011 <100 Admission of children to adult mental health inpatient units to cease except in exceptional circumstances by December 1 <sup>st</sup> 2011				
Total no. of involuntary admissions of children and adolescents (annually)	---					---					New PI for 2011 16				
% of involuntary admissions of children and adolescents (annually)	---					---					New PI for 2011 5%				
No. of child / adolescent referrals (including re-referred) received by Mental Health Services	---					3,644	2,218	2,795	2,662	11,319	3,644	2,218	2,795	2,662	11,319
No. of child / adolescent referrals (including re-referred) accepted by Mental Health Services	---					2,639	1,465	1,734	2,087	7,925	2,639	1,465	1,734	2,087	7,925
Total no. of new (including re-referred) child/adolescent cases offered first appointment and seen	---					2,272	1,426	1,729	2,076	7,503	2,272	1,426	1,729	2,076	7,503
% of new (including re-referred) cases offered first appointment and seen	70% of new cases seen within 3months					---					70% of new cases seen within 3 months				
i). <3 months	---					1,608	823	1,134	1,523	5,088	1,608	823	1,134	1,523	5,088
ii). >12 months	---					67	116	283	253	720	67	116	283	253	720

	Expected Activity/Target 2010				Projected Outturn 2010					Expected Activity/Target 2011					
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. of cases closed/discharged by CAMHS service					---	1,962	1,106	1,537	1,152	5,757	New PI for 2011				
% of cases closed/discharged by CAMHS service										75%					New PI 80% of accepted referrals
Total no. on waiting list for first appointment at end of each quarter by wait time:	Reduce numbers waiting > 5%					660	335	700	643	2,338	628	317	666	610	2,221 (reduce no. waiting by >5%)
i). <3 months					---	269	162	181	134	746	260	167	208	167	802
ii). 3-6 months					---	228	79	143	150	600	217	75	136	143	570
iii). 6-12 months					---	159	79	181	183	602	151	75	172	174	570
iv). >12 months					---	4	15	195	176	390	0	0	150	127	277
% on waiting list for first appointment at end of each quarter by wait time					---					---	New PI for 2011				
i). <3 months					---					---					---
ii). 3-6 months					---					---					---
iii). 6-12 months					---					---					---
iv). >12 months					---					---					---
<b>Self Harm</b>															
No. of repeat deliberate self harm presentations in ED Activity based on 2009 data					Reduce by 1%	337	310	227	392	1,356	373	307	274	388	1,342
No. of suicides In arrears per CSO Year of Occurrence					---					---	New PI for 2011				

## Improving our Infrastructure

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

### Dublin Mid Leinster

- Ballyfermot and St. Lomas Road – provision of community facilities
- Lyons Villa, Chapelizod – replacement of 15 beds in St. Mary's Phoenix Park
- Cherry Orchard – Child and Adolescent Mental Health day hospital
- St. Mary's Mullingar – continuing care provision

### Dublin North East

- St. Vincent's, Fairview – provision of 6 additional beds
- St. Ita's – continuing care provision
- Blanchardstown – high support hostel
- St. Bridget's, Louth – refurbishment
- Cavan – interim acute psychiatric unit

### South

- Bessboro, Cork – Child and Adolescent inpatient unit
- Tipperary South – provision of residential unit, high support hostel and day hospital
- St. John's, Enniscorthy – rehabilitation and Mill View / Haven – high support hostels
- Gorey – day hospital
- Wexford – day hospital extension
- Waterford City – day hospital
- Dungarvan – day hospital
- Waterford – day centre; refurbishment of regional hospital

### West

- Galway – Child and Adolescent inpatient unit
- Ballinasloe – community nursing unit
- Letterkenny – acute unit
- Clare – day centre
- St. Joseph's, Ennis – dementia specific inpatient unit

# Disability

## Introduction

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

Our **priorities in 2011** are to:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	1,171	1,163	DML	4,462	4,464
Voluntary	411	391	DNE	4,198	4,200
<b>Total</b>	<b>1,582</b>	<b>1,554</b>	South	3,028	3,030
			West	4,126	4,128
			<b>Total</b>	<b>15,814</b>	<b>15,822</b>

*Despite significant global budget reductions, the reduction of funding for disability services will be limited to 1.8% in 2011. This allocation will be spent in line with nationally agreed policy for disability services whilst at the same time maximising value.*

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
VFM and Policy Review provision	<b>Contribute to the completion of the DoHC VFM and Policy Review:</b>	
	<ul style="list-style-type: none"> <li>▪ VFM review concluded and areas of efficiency highlighted.</li> </ul>	Q3
	<b>Service provision for residential, day, respite, personal assistant and home support services:</b>	
	<ul style="list-style-type: none"> <li>▪ VFM efficiency savings targeted to meet emergency needs in Residential, Day, Respite (including Personal Assistant and Home Support services).</li> <li>▪ Undertake a study in conjunction with the NTPF in two pilot areas, Galway and Limerick, to assess the relative cost effectiveness of different approaches to the provision of respite care by both statutory and voluntary providers.</li> </ul>	Q4
	<b>Resource Allocation Model:</b>	
	<ul style="list-style-type: none"> <li>▪ Implementation of Resource Allocation Model based on development of SLAs and Assessment of Need process commenced.</li> <li>▪ Stakeholder engagement undertaken.</li> </ul>	Ongoing Q4
	<b>Interagency collaboration:</b>	
	<ul style="list-style-type: none"> <li>▪ Implementation plan developed for interagency collaboration including new</li> </ul>	Q1

Key Result Area	Deliverable Output 2011	Target Completion
	models of service provision in individual sectors, including respite care.	
	<ul style="list-style-type: none"> <li>Framework implemented and monitored.</li> <li>Additional opportunities for collaboration identified.</li> </ul>	Q4 Q4
<b>Compliance with Legislation and Quality Standards</b>	<b>Disability Act 2005:</b> <ul style="list-style-type: none"> <li>Part 2 of the <i>Disability Act 2005</i> implemented in accordance with High Court ruling.</li> <li>Assessments and service statements provided within statutory timelines and in line with available resources.</li> </ul>	Q2 Ongoing
	<b>National Quality Standards (NQS):</b> Action plans developed to: <ul style="list-style-type: none"> <li>Progress implementation of critical elements of the NQS: Residential Standards for People with Disabilities on an administrative basis.</li> <li>Address forthcoming statutory frameworks relating to residential and residential respite services for children with disabilities.</li> </ul>	Q2 Q4
<b>Reconfiguration of Services</b>	<b>Children's disability therapy services:</b> <ul style="list-style-type: none"> <li>Reconfiguration of existing therapy resources to geographic based teams progressed and monitored (0-18 Yrs).</li> </ul>	Q3
	<b>Adult Residential Services:</b> <ul style="list-style-type: none"> <li>Engagement with service providers and cross-sectoral agencies on reconfiguration objectives.</li> <li>Development of outline implementation plan in line with VFM and Policy Review.</li> </ul>	Q2 Q4
	<b>Adult Day Services:</b> <ul style="list-style-type: none"> <li>Engagement with service providers and cross-sectoral agencies on reconfiguration objectives.</li> <li>Development of outline implementation plan in line with VFM and Policy Review.</li> </ul>	Q2 Q4
<b>Neuro-Rehabilitation Strategy</b>	<b>Implementing the national Neuro-Rehabilitation Strategy:</b> <ul style="list-style-type: none"> <li>Implementation plan developed, implementation structure established and national clinical lead appointed.</li> </ul>	Q1
<b>Development of Information and Data System</b>	Scoping exercise completed and research commenced for an integrated ICT system for disability services across the country.	Q4

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Day Services (0-18 and adults reported separately)</b>															
No. of work/work-like activity WTE places provided for persons with intellectual disability and/or autism					1,046	420	218	511	398	1,547	378	196	460	359	**1,393
No. of persons with intellectual disability and/or autism benefiting from work/work-like activity services					*1,163	716	443	1057	819	3,035	644	399	951	737	**2,731
No. of work/work-like activity WTE places provided for persons with physical and/or sensory disability					---	15	5	13	32	65	13	4	12	29	**58
No. of persons with physical and/or sensory disability benefiting from work/work-like activity services					---	41	7	25	51	124	37	6	23	46	**112
No. of Rehabilitative Training places provided (all disabilities)					---	719	451	653	805	2,628	715	451	653	805	2,624 New PI
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	765	505	730	800	2,800	724	519	762	910	2,915	724	519	762	910	2,915
No. of persons with intellectual disability and/or autism benefiting from Other Day Services (excl. RT and work/work-like activities)					*9,651					14,077					14,077

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. of persons with physical and/or sensory disability benefiting from Other Day Services (excl. RT and work/work-like activities)					---	...	...	...	...	3,924	...	...	...	...	3,924
<b>Residential Services (0-18 and adults reported separately)</b>															
No. of persons with intellectual disability and/or autism benefiting from residential services	2,258	1,476	2,075	2,195	8,004	2,222	1,696	2,198	2,234	8,350	2,222	1,696	2,198	2,234	8,350
No. of persons with physical and/or sensory disability benefiting from residential services					---	290	151	226	227	894	290	151	226	227	894
<b>Respite Services (0-18 and adults reported separately)</b>															
No. of bed nights in residential centre based respite services used by persons with intellectual disability and/or autism					---	40,491	26,740	26,706	45,519	139,456	40,491	26,740	26,706	45,519	139,456
No. of persons with intellectual disability and/or autism benefiting from residential centre based respite services					---	1,336	967	1,121	1,257	4,681	1,336	967	1,121	1,257	4,681
No. of bed nights in residential centre based respite services used by persons with physical and/or sensory disability					---	345	393	1,676	4,047	6,461	345	393	1,676	4,047	6,461
No. of persons with physical and/or sensory disability benefiting from residential centre-based respite services					---	980	482	819	698	2,979	980	482	819	698	2,979
<b>Personal Assistant / Home Support (0-18 and adults reported separately)</b>															
No. of Personal Assistant/Home Support hours used by persons with physical and/or sensory disability					3.2m	752,656	489,432	734,148	733,920	2,710,156	928,000	602,000	905,000	905,000	3.34m
No. of persons with physical and/or sensory disability benefiting from Personal Assistant/Home Support hours					---	2,696	1,398	2,098	6,436	12,628	3,305	1,726	2,589	7,767	15,387
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Implementation, Part 2 Disability Act</b>															
No. of requests for assessments received	716	472	872	652	2,712	896	483	1,091	536	3,006	896	483	1,091	536	3,006
No. of assessments commenced as provided for in the regulations	612	380	728	620	2,340	841	415	848	541	2,645	841	415	848	541	2,645
No. of assessments commenced within the timelines as provided for in the regulations	612	380	728	620	2,340	588	340	759	513	2,200	841	415	848	541	2,645
No. of assessments completed as provided for in the regulations	328	336	568	460	1,692	489	555	733	569	2,346	489	555	733	569	2,346
No. of assessments completed within the timelines as provided for in the regulations	328	336	568	460	1,692	55	175	111	159	500	489	555	733	569	2,346
No. of service statements completed	312	319	540	437	1,608	Not reported				489	555	733	569	2,346	
No. of service statements completed within the timelines as provided for in the regulations	312	319	540	437	1,608	Not reported				489	555	733	569	2,346	

\* Expected activity / targets 2010 have been modified following a validation exercise and so do not reflect what was included in NSP2010

\*\*The implementation of recommendations flowing from the review of Day Services is expected to result in a 10% decline in the number of people engaged in these services. As these people are largely also engaged in other Day Services, a consequent increase in those numbers is not expected.

\*\*\*These figures are based on extrapolations from incomplete data and are subject to validation.

## Improving our Infrastructure

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

### South

- St. Raphael's, Cork – provision of additional 30 bed unit to cater for clients with Intellectual Disability
- Cope Foundation, Cork – development of 8 bed challenging behaviour unit

### West

- Dungloe, Donegal – upgrade of existing learning disability day centre

# Older Persons

## Introduction

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

Our **priorities in 2011** are to:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	1,330	1,300	DML	3,166	3,168
Voluntary	39	37	DNE	1,553	1,554
<b>Total</b>	<b>1,369</b>	<b>1,337</b>	South	2,933	2,935
			West	3,165	3,167
			<b>Total</b>	<b>10,817</b>	<b>10,824</b>

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
<b>Community Services:</b> <i>Maintain a strong focus on the provision of equitable community based services and home supports</i>	<b>Provision of equitable community based services and home supports by:</b> Development of a model of care for maximising community provision of services for vulnerable older people to include:	
	<ul style="list-style-type: none"> <li>▪ Procurement process for Home Care Packages (HCPs) to be finalised, and implemented in all LHO areas.</li> </ul>	Q3
	<ul style="list-style-type: none"> <li>▪ National Quality Guidelines for Home Care Services developed and agreed with DoHC.</li> </ul>	Q2
	<ul style="list-style-type: none"> <li>– Home Help guidelines implemented, and</li> <li>– HCP review implemented.</li> </ul>	Q2 Q3
	<ul style="list-style-type: none"> <li>▪ National Single Assessment Tool (SAT) to determine access to a range of services for older persons, selected and rolled out nationally.</li> </ul>	Q4
	<ul style="list-style-type: none"> <li>▪ Geriatrician Led Community Outreach Teams targeted at vulnerable older people developed.</li> </ul>	Q4
<b>Residential Care:</b> <i>Provide high quality public residential care for older persons who cannot be maintained at home</i>	<ul style="list-style-type: none"> <li>▪ Work with the DoHC on legislative proposals for Community Care.</li> </ul>	Ongoing
	<b>Provision of high quality residential care for older persons who cannot be maintained at home by:</b>	
	<ul style="list-style-type: none"> <li>▪ Continued implementation of the Nursing Home Support Scheme (NHSS).</li> <li>▪ Strive to optimise the provision of short and long term residential care in both public and private settings by the development of local plans for residential care, to meet local need.</li> <li>▪ Maximise efficiencies in publicly provided residential care to ensure best value for money by reviewing staffing types and levels.</li> </ul>	Ongoing

Key Result Area	Deliverable Output 2011	Target Completion
<i>Falls prevention guidelines</i>	Implementation commenced on the recommendations of the <i>Falls Prevention Strategy</i> in all appropriate older people services	Q4
<b>Elder Abuse</b>	<p><b>Increase awareness of Elder Abuse:</b></p> <ul style="list-style-type: none"> <li>Elder Abuse Awareness campaigns/Elder Abuse Awareness Day undertaken</li> <li>Funding provided for the National Centre for the Protection of Older People (UCD)</li> <li>Senior Case Workers for Elder Abuse employed in each Local Health Office</li> <li>Monthly and annual statistical returns published on reports of Elder Abuse received by the HSE.</li> <li>Elder Abuse awareness training provided for HSE and other care staff/organisations, Gardai, financial institutions and other appropriate organisations.</li> </ul>	<p>Q2</p> <p>Q2</p> <p>Q2</p> <p>Q4</p> <p>Q4</p>

### Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Home Help Hours and HCPs (as per 2010 guidelines)</b>															
Total no of Home Help Hours provided for all care groups (excluding provision of hours from HCPs) :	2.16m	2.41m	3.91m	3.5m	11.98m	2.16m	2.41m	3.9m	3.5m	11.98m	2.16m	2.41m	3.9m	3.5m	11.98m
Total number of people in receipt of home help hours (excluding provision of hours from HCPs) :	12,500	12,900	14,700	14,400	54,500	12,000	12,900	14,700	14,400	54,000	12,000	12,900	14,700	14,400	54,000
Total number of people in receipt of HCPs	2,148	3,373	2,086	2,006	9,613	2,200	3,250	2,200	2,000	9,650	2,355	3,385	2,345	2,145	10,230
i). No. and % direct provision															
ii). No. and % indirect provision															
iii). No. and % cash grant															
iv). No. and % respite															
v). No. and % multiple types															
Total no. of HCPs provided	1,408	1,205	1,254	1,233	5,100	1,408	1,205	1,254	1,233	5,100	1,460	1,253	1,304	1,283	5,300
Total no. of new HCP clients per month	840	1,053	806	1,616	4,315	900	1,050	900	1,150	4,000	1,000	1,150	1,000	1,250	4,400
<b>Day Care</b>															
Total no. of day care places for older people					21,300					21,300					Baseline to be set
No. of clients benefiting from day care places					---					Under review, to estimate baseline for 2011					Baseline to be set
<b>Subvention</b>															
Total no. in receipt of subvention					---	550	480	800	1030	2,860					Dependent on uptake of Nursing Home Support Scheme
Total no. in receipt of enhanced subvention					---	250	450	529	211	1,440					
<b>Nursing Home Support Scheme (NHSS, 'A Fair Deal')</b>															
No. of people in long-term residential care availing of NHSS					---					Not reported					Baseline to be set in 2011
No. and proportion of those who qualify for ancillary state support who chose to avail of it.					---					Not reported					Baseline to be set in 2011
% of complete applications processed within four weeks					---					Not reported					100%
<b>Public Beds</b>															
No. of beds in public residential care settings for Older People	2,904	1,627	3,195	2,810	10,536	2,400	1,300	2,400	2,500	8,600	2,300	1,300	2,300	2,300	8,200



	Expected Activity/Target 2010				Projected Outturn 2010					Expected Activity/Target 2011					
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Elder Abuse</b>															
No. of new referrals by region					---					1,800					Demand led
No. and % of new referrals broken down by abuse type:					---										Baseline to be set in 2011
i). physical,										298 (12%)					
ii). psychological,										668 (26%)					
iii). financial										456 (18%)					
iv). neglect										455 (18%)					
Total number of active cases					---					---					New PI for 2011
No. of referrals receiving first response from Senior Caseworkers within 4 weeks					---					100%					100%

### Improving our Infrastructure

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

#### Dublin Mid-Leinster

- Inchicore – 50 bed Community Nursing Unit
- St. Mary's, Mullingar – 100 bed community hospital
- Riada House, Tullamore – provision of an additional 20 bed unit
- Clonskeagh – provision of 94 replacement beds

#### Dublin North East

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

#### South

- Tralee – 50 bed Community Nursing Unit
- Ballincollig – 100 bed Community Nursing Unit
- Farranlea Road, Cork – 100 bed Community Nursing Unit
- St. Mary's Orthopaedic, Cork – 50 bed Community Nursing Unit
- Kenmare – replacement of community hospital

#### West

- Loughrea – 100 bed Community Nursing Unit
- Swinford – refurbishment of existing facility
- St. Ita's, Newcastlewest – 6 additional beds
- St. Camillus, Limerick – refurbishment and provision of additional 6 beds
- Dungloe, Donegal – hospital extension

# Palliative Care

## Introduction

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

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

Our **priorities for 2011** are to:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	47	46	DML	532	532
Voluntary	29	28	DNE	50	50
<b>Total</b>	<b>76</b>	<b>74</b>	South	15	15
			West	60	60
			<b>Total</b>	<b>657</b>	<b>657</b>

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
<b>Report of the National Advisory Committee on Palliative Care, 2001</b>	<b>Report of the National Advisory Committee:</b> Identified priorities progressed on a cost neutral basis.	Q4
<i>Access to specialist services</i>	<ul style="list-style-type: none"> <li>▪ Agreed referral criteria and assessment of need for specialist services developed.</li> <li>▪ Service Level Agreements developed to reflect further efficiencies.</li> </ul>	Q4
<i>Treatment in location of choice where this can be achieved safely, effectively and efficiently</i>	<ul style="list-style-type: none"> <li>▪ Care pathways, governance arrangements and clinical guidelines developed to support treatment in location of choice.</li> </ul>	Q4
<b>Care at End of Life</b>	<b>Care at End of Life:</b> <ul style="list-style-type: none"> <li>▪ Care at end of life within both acute and long stay hospitals progressed through the implementation of projects through the <i>Dignity and Design</i> process.</li> </ul>	Q4
<b>Children's Palliative Care</b>	<b>Continued implementation of national policy on Children's Palliative Care:</b> <ul style="list-style-type: none"> <li>▪ Consultant and key nursing positions in post.</li> <li>▪ Review of respite services for children with life limiting illnesses undertaken.</li> </ul>	Q3 Q3
<b>Minimum Data Set</b>	<b>Minimum Data Set progressed through:</b> <ul style="list-style-type: none"> <li>▪ First phase of the pilot of MDS completed.</li> <li>▪ Day care services and acute hospitals data piloted and collected.</li> <li>▪ Review process concluded for intermediate/palliative care support beds.</li> </ul>	Q2 Q4 Q4

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Specialist Palliative Care</b>															
Wait times for specialist inpatient bed ( <i>patients seen within</i> )															
i). 0 – 7 days					---					---					92%
ii). 0 - < 1 month					---	95%	98.1%	100%	99.5%	98.2%	95%	98.1%	100%	99.5%	98.2%
Wait times for home, non-acute hospital, long-term residential care delivered by community teams ( <i>patients seen within</i> )															
i). 0 – 7 days					---					78%					78%
ii). 0 - < 1 month					---	99%	94%	99%	99%	98%	99%	94%	99%	99%	98%
<b>Specialist Palliative Care (monthly averages)</b>															
No. patients treated in specialist inpatient units	111	34	58	122	325	96	38	62	130	326	96	38	62	130	326
No. patients in receipt of community based specialist palliative care	696	561	749	859	2,865	618	543	816	874	2,851	618	543	816	874	2,851
No. patients in receipt of day care	85	55	37	90	297	74	48	73	82	277	74	48	73	82	277
No. patients in receipt of intermediate palliative care in community hospitals	44	4	32	47	127	53	6	27	39	125	53	6	27	39	125
No. of admissions to specialist inpatient units					---	727	297	480	1,113	2,617	727	297	480	1,113	2,617 New PI
No. of discharges, transfers and deaths from specialist inpatient units															
i). Discharges					---	84	6	71	116	277	84	6	71	116	277
ii). Transfers					---	420	237	305	524	1,486	420	237	305	524	1,486
iii). Deaths					---	212	72	95	432	811	---	---	---	---	---
No. new patients to the service by age															
i). Specialist inpatient bed					---	45	22	30	23	120	45	22	30	23	120
ii). Home care					---	154	120	171	160	605	154	120	171	160	605

### Improving our Infrastructure

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

#### South

- Marymount Hospice, Cork – 24 replacement beds and 20 additional beds

#### West

- St. Ita's, Newcastlewest – extension of unit to provide additional 4 beds and 4 day care places

# Social Inclusion

## Introduction

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

Our **priorities in 2011** are to:

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

## Resources

FINANCE NATIONAL			WTE NATIONAL AND REGIONAL		
	2010 Budget €m	2011 Budget €m		October 2010	Projected WTE Dec 2010
Statutory	120	117	DML	292	292
Voluntary	0	0	DNE	198	198
<b>Total</b>	<b>120</b>	<b>117</b>	South	109	109
			West	0	0
			<b>Total</b>	<b>599</b>	<b>599</b>

## Key Result Areas

Key Result Area	Deliverable Output 2011	Target Completion
<b>National Drugs Strategy and National Substance Misuse Strategy</b>	<p><b>Tackle the health impacts of addiction and / or substance misuse through:</b></p> <ul style="list-style-type: none"> <li>▪ Recruitment of Clinical Directors of Addiction Services completed in each of the 4 regions.</li> <li>▪ Implementation of Phase 1 of Interagency rehabilitation programmes in each of the 4 Regions.</li> <li>▪ Learning from reports implemented including Hepatitis C and Intravenous Drug Users and methadone protocol.</li> <li>▪ Pharmacy located harm reduction/needle exchange services implemented throughout the country in each of the 4 regions.</li> <li>▪ Alcohol Public Education/Awareness Campaign developed and launched.</li> <li>▪ Screening and brief interventions available in ED's and Primary Care Services (Phase 1).</li> <li>▪ National Addiction Training Framework in place for staff (Phase 1).</li> </ul>	<p>Q3</p> <p>Q3</p> <p>Q3</p> <p>Q3</p> <p>Q2</p> <p>Q4</p> <p>Q3</p>
<b>National Homelessness Strategy</b>	<p><b>Implement actions arising from National Homelessness Strategy:</b></p> <p>Protocols signposting referral pathways developed between specialist addiction/homeless/traveller services to Mental Health and Primary Care Services.</p>	Q4
<b>All-Ireland Traveller Health Study</b>	<p><b>Address the outputs from the All-Ireland Traveller Health Study, 2010:</b></p> <p>Screening programmes targeting vulnerable groups devised and implemented.</p>	Q4
<b>National Intercultural Health Strategy</b>	<p><b>Support staff in helping ethnic minorities access services:</b></p> <ul style="list-style-type: none"> <li>▪ Emergency Multilingual Aid toolkits for staff and Intercultural Health Guide implemented (Phase 3).</li> </ul>	Q3

Key Result Area	Deliverable Output 2011	Target Completion
	<ul style="list-style-type: none"> <li>Translation/Interpreting toolkit for staff in line with Patient Charter implemented (Phase1).</li> <li>Use of Ethnic identifier field in health core data sets expanded.</li> </ul>	Q2 Q2
<b>LGBT Framework</b>	<b>Support LGBT communities:</b> Good practice guiding principles developed to support LGBT communities in equitable access and use of health services.	Q4

## Performance Activity and Performance Indicators

	Expected Activity/Target 2010					Projected Outturn 2010					Expected Activity/Target 2011				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
<b>Methadone Treatment</b> (monthly in arrears)															
Total no. of clients in methadone treatment (outside prisons)	4,841	3,020	187	230	8,278	4,900	3,050	275	275	8,500	4,900	3,050	275	275	8,500
Total no. of clients in methadone treatment (prisons)					497					500					500
<b>Substance Misuse</b> (quarterly in arrears)															
Total no. of substance misusers (over 18 years) for whom treatment has commenced following assessment	520	350	260	250	1,380	272	202	544	354	1,372	300	220	500	330	1,350
No. and % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	100%	100%	100%	100%	70.6%	71.1%	98.5%	97.7%	97.7%	100%	100%	100%	100%	100%
Total no. of substance misusers (under 18 years) for whom treatment has commenced following assessment	20	15	50	30	115	19	15	37	65	136	25	15	35	55	130
No. and % of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	100%	100%	100%	100%	100%	100%	100%	91.9%	94.8%	94.8%	100%	100%	100%	100%	100%
<b>Homeless Services</b> (quarterly in arrears)															
No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards					---					---					New PI for 2011 75%

## Improving our Infrastructure

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

### West

- Corporate House, Limerick – Drug and Alcohol Centre

# National Performance Indicator and Activity Suite

Quality and Safety				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Health Care Assurance</b>				
% of national audits, as specified in audit plan, commenced	Quarterly	---	---	New PI for 2011 100%
% of national audits completed within the timelines in audit plan	Quarterly	---	---	New PI for 2011 75%
<b>Service Level Agreements</b>				
Agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place:	Quarterly	---	---	---
i). % of agencies		---	100%	100%
ii). % of funding		---	100%	100%
<b>Service User Involvement and advocacy</b>				
% of primary care Local Implementation Groups with at least 2 community representatives in each LHO	Quarterly	---	---	New PI for 2011 75%
No. of volunteer advocates trained	Bi-annually	---	---	New PI for 2011 200
<b>Parliamentary Questions</b>				
% of Parliamentary Questions dealt with within 15 working days		---	---	New PI for 2011 75%
<b>Complaints</b>				
% of complaints investigated within legislative timeframe	Quarterly	---	---	New PI for 2011 75%
% of reviews conducted and concluded within 20 working days of the request being received (Health Act 2004 (Complaints) Regulations)	Monthly	---	---	New PI for 2011 75%
<b>Environmental Health</b>				
<b>Tobacco Control</b>				
No. of sales to minors test purchases carried out	Quarterly	---	---	For reporting in 2011 80
<b>Food Safety</b>				
% of the total number of high risk food premises which receive one full programmed inspection	Quarterly	---	---	New PI for 2011 100%
<b>Import control</b>				
% of total number of food consignments imported which are subject to additional controls that receive the additional official controls required by legislation	Quarterly	---	---	New PI for 2011 100%
<b>International Health Regulations</b>				
All designated ports and airports to receive an inspection to audit compliance with the International Health Regulations 2005	Bi-annually	---	---	New PI for 2011 8
<b>Cosmetics and Food Product Safety</b>				
% achievement with the cosmetic plan	Quarterly	---	---	New PI for 2011 100%
% achievement with the food sampling plan	Quarterly	---	---	New PI for 2011 100%
<b>Blood Policy</b>				
No. of units of platelets ordered in the reporting period	Monthly	---	22,750	22,000
% of units of platelets outdated in the reporting period	Monthly	---	---	New PI for 2011 < 10%
% usage of O Rhesus negative red blood cells per hospital	Monthly	---	---	New PI for 2011 <11%
% of red blood cell units rerouted to hub hospital	Monthly	---	---	New PI for 2011 < 5%
% of red blood cell units returned out of total red blood cell units ordered	Monthly	3%	1.73%	<2%

Primary Care				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Primary Care Teams (PCTs)</b>				
No. of PCTs holding clinical team meetings	Monthly	394	394	527
No. of PCTs in development	Monthly	133	133	0
No. of patients/clients discussed at a clinical team meeting for the reported month	Monthly	---	---	New PI for 2011 83,205
No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)	Quarterly	100%	1,283 100%	1,283 100%
No. of PCTs that are implementing structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	Quarterly	---	34	For reporting in 2011 57
No. of PCTs implementing a structured education programme for diabetes patients separate from a structured integrated care programme.	Quarterly	---	---	New PI for 2011 87
No. of patients / clients formally partaking in structured integrated diabetes care (as defined by the diabetes policy 2006 and the HSE's EAG 2008)	Quarterly	---	---	For reporting in 2011 3,880
No. of PCTs continuing to implement structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines, 2008)	Quarterly	---	---	For reporting in 2011 16
No. of patients / clients continuing to partake in formal structured asthma prevention and care (as per 2010 pilot programme and as set out in the ICGP / Asthma Society of Ireland Clinical Guidelines 2008)	Quarterly	---	---	For reporting in 2011 457
<b>GP Out of Hours</b>				
No. of contacts with GP out of hours	Monthly	880,000	880,000	*968,000
<b>Immunisations</b>				
% of children 12 months of age who have received three doses of vaccine against Diphtheria (D <sub>3</sub> ), Pertussis (P <sub>3</sub> ), Tetanus (T <sub>3</sub> ), Haemophilus influenza type b (Hib <sub>3</sub> ), Polio (Polio <sub>3</sub> ), hepatitis B (HepB <sub>3</sub> ) (6 in 1 vaccine).	Quarterly	---	---	For reporting in 2011 95%
% of children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV <sub>2</sub> )	Quarterly	---	---	New PI for 2011 95%
% of children at 12 months of age who have received two doses of the Meningococcal group C vaccine (MenC <sub>2</sub> )	Quarterly	95%	89% Q2 data	New PI for 2011 95%
% of children 24 months of age who have received three doses of vaccine against Diphtheria (D <sub>3</sub> ), Pertussis (P <sub>3</sub> ), Tetanus (T <sub>3</sub> ), Haemophilus influenza type b (Hib <sub>3</sub> ), Polio (Polio <sub>3</sub> ) and hepatitis B (HepB <sub>3</sub> ) (6 in 1 vaccine)	Quarterly	---	---	For reporting in 2011 95%
% of children at 24 months of age who have received one dose of the Meningococcal C vaccine (MenCb) between 12 months and 24 months of age.	Quarterly	95%	91.5% Q2 data	New PI for 2011 95%
% of children 24 months of age who have received the Measles, Mumps, Rubella (MMR) vaccine	Quarterly	95%	90% Q2 data	95%
HPV – no and % of first and second year girls to have received the third dose of HPV vaccine in 2011		---	---	New PI for 2011 46,400 80%
<b>Child Health / Developmental Screening</b>				
% newborn babies visited by a PHN within 48 hours of hospital discharge	Quarterly	100%	85% Q3 data	95%
% newborn babies visited by a PHN within 72 hours of hospital discharge		---	---	New PI for 2011 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	Monthly	90%	64% Q3 data	90%
<b>Orthodontics</b>				
Total no. of patients receiving active treatment during reporting period	Quarterly commence Q3	22,130	18,000	18,000

Primary Care				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
Total no. of patients in retention during reporting period	Quarterly commence Q3	Included in above	Included in above	To be disaggregated in 2011
Total no. of patients who have been discharged with completed treatments during reporting period	Quarterly commence Q3	2,000	5,000	2,000
Waiting time for Orthodontic Assessment :	Quarterly commence Q3	---	---	New PI for 2011 75%
i). % assessed within 6 months	Quarterly commence Q3	---	---	New PI for 2011 90%
ii). % assessed within 9 months	Quarterly commence Q3	---	---	New PI for 2011 75%
Waiting time for Orthodontic Treatment :	Quarterly commence Q3	---	---	New PI for 2011 90%
i). % of Grade 5 (surgically dependant patients with impacted canines) treated within 9 mths	Quarterly commence Q3	---	---	New PI for 2011 90%
ii). % of Grade 5 (surgically dependant patients with impacted canines) treated within 12 mths	Quarterly commence Q3	---	---	New PI for 2011 90%
iii). % of Grade 5a (functional case) treated within 3 months	Quarterly commence Q3	---	---	New PI for 2011 75%
iv). % of Grade 4 treated within 2 years (excluding Grade 4d, crowding)	Quarterly commence Q3	---	---	New PI for 2011 75%
v). % of grade 4d treated within 3 years	Quarterly commence Q3	---	---	New PI for 2011 75%

\*Increased target 2011 reflects inclusion of existing contracts not currently recorded rather than additional people being seen

Acute Services				
Key Performance Activity	Reported	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
<b>Discharges Activity</b>				
No. of patients discharged:				
i). Inpatient	Monthly	540,993	586,102	574,400
ii). Day Case	Monthly	689,310	733,131	755,100
iii). Elective	Monthly	---	---	---
iv). Non Elective/Emergency	Monthly	---	---	---
% of discharges which are public:				
i). Inpatient	Monthly	80%	77.2%	80%
ii). Day Case	Monthly	80%	82.6%	80%
iii). Elective	Monthly	---	---	---
iv). Non Elective/Emergency	Monthly	---	---	---
<b>Emergency Activity</b>				
i). No. of emergency presentations	Monthly	1,190,435	1,199,863	1,199,900
ii). No. of ED attendances	Monthly	---	---	---
iii). No. of emergency admissions	Monthly	330,298	365,061	361,400
<b>Outpatients (OPD) Activity</b>				
i). No. of outpatient attendances	Monthly	3,394,882	3,577,560	*3,591,700
ii). No. of outpatient attendances (new)	Monthly	---	---	---
iii). No. of outpatient attendances (return)	Monthly	---	---	---
iv). % of total appointments that are DNA	Monthly	10%	14%	10%
v). % DNA (new appointments)	Monthly	10%	14%	10%
vi). % DNA (return appointments)	Monthly	10%	14%	10%



Acute Services				
Key Performance Activity	Reported	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
vii). No. of Referrals to Consultant OPD Clinics	Monthly	---	---	New PI for 2011
viii). No. of Clinics held	Monthly	---	---	New PI for 2011
ix). No. of Clinics postponed/cancelled	Monthly	---	---	New PI for 2011
<b>Births Activity</b>				
Total no. of births	Monthly	74,996	74,279	74,200

Acute Services				
Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
<b>Average Length of Stay (ALOS):</b>				
Overall ALOS for all inpatient discharges and deaths	Monthly	5.6	6.16	5.6
Overall ALOS for all inpatient discharges and deaths excluding LOS over 30 days	Monthly	---	---	New PI for 2011 5
Median LOS for patients admitted with STEMI	Quarterly	---	---	New PI for 2011 7.5
Median LOS for patients admitted with heart failure	Quarterly	---	---	New PI for 2011 Baseline to be established
<b>Readmission</b>				
Rate of readmission for heart failure following discharge from hospital	Quarterly	---	---	New PI for 2011 < 20%
<b>Day Cases</b>				
% of day case surgeries as a % of day case plus inpatients for a specified basket of procedures (General surgery, ENT, Ophthalmology)	Quarterly	75%	69%	75%
<b>Day of Procedure</b>				
Overall % of elective inpatients who had principal procedure conducted on day of admission	Monthly	75%	49%	75%
<b>Emergency Department</b>				
Average time from registration to discharge from ED for: i). All patients ii). Patients who require admission iii). Patients who are not admitted and are discharged	Monthly	6 hours	Under review; Baseline to be established	< 6 Hours
% of patients admitted to hospital within 6 hours of ED registration	Monthly	100%	Under review; Baseline to be established	100%
% of patients discharged within 6 hours of ED registration	Monthly	100%	Under review; Baseline to be established	100%
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration	Monthly	100%	60% Oct data	100%
<b>Outpatients (OPD)</b>				
New: Return ratio	Monthly	1 : 2	1:2.6	1:2
<b>Public Inpatient, Day Case and OPD Waiting Lists</b>				
<b>Adults</b>				
% of adults waiting < 6 months (inpatient)	Monthly	100%	75.3%	100%
% of adults waiting < 6 months (day case)	Monthly	100%	86.9%	100%
% of adults waiting < 6 months (OPD)	Monthly	100%	---	100%
<b>Children</b>				
% of children waiting < 3 months (inpatient)	Monthly	100%	43.4%	100%
% of children waiting < 3 months (day case)	Monthly	100%	46.3%	100%
% of children waiting < 3 months (OPD)	Monthly	100%	---	100%

## Acute Services

Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
<b>Births PI</b>				
% delivered by Caesarean Section	Monthly	20%	26%	20%
<b>Colonoscopy Service</b>				
% of urgent referrals waiting less than 4 weeks for colonoscopy	Monthly	100%	99.2%	100%
<b>Health Care Associated Infection (HCAI)</b>				
MRSA bacteraemia notification rate per 1,000 beds days used	Quarterly	5% reduction	0.088 Q3 data	Reduce to 0.085 per 1,000 bed days
Total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital	Quarterly	4% reduction	75.18 Q3 data	76 DDD per 100 bed days
Alcohol Hand Rub consumption per 1,000 bed days used	Quarterly	---	---	23 litres per 1,000 bed days used
<b>Consultant Public: Private mix</b>				
Casemix adjusted public private mix by hospital for inpatients	Quarterly	80:20	---	80:20
Casemix adjusted public private mix by hospital for daycase	Quarterly	80:20	---	80:20
<b>Consultant Contract Compliance</b>				
% of consultants compliant with contract levels (Type B / B*)	Quarterly	95%	---	100%

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

## Ambulance

Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Target 2011
<b>Pre-Hospital / Ambulance Response Times</b>				
First Responder response times to potential or actual 112 (999) life threatening emergency calls	Monthly	---	---	New PI for 2011 Baseline to be established
i). % of Clinical Status 1 ECHO incidents responded to by a first responder in 7 minutes and 59 seconds or less.	Monthly	---	---	New PI for 2011 Baseline to be established
ii). % of Clinical Status 1 DELTA incidents responded to by a first responder in 7 minutes and 59 seconds or less.	Monthly	---	---	New PI for 2011 Baseline to be established

## National Cancer Control Programme

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Symptomatic Breast Cancer Services</b>				
Total no. of urgent attendances	Monthly	10,000	12,700	13,000
Total no. of non urgent attendances	Monthly	22,000	25,600	26,000
No. and % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals ( <i>No. and % offered an appointment that falls within 2weeks</i> )	Monthly	9,500 95%	12,000 95%	12,350 95%
No. and % of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the HIQA standard of 12 weeks for urgent referrals ( <i>No and % offered an appointment that falls within 12weeks</i> )	Monthly	20,900 95%	25,000 95%	25,000 95%
No. and % of newly diagnosed breast cancers discussed at MDT	Monthly	2,500 100%	2,100 100%	2,100 100%
<b>Lung Cancers</b>				
Attendances at rapid access lung clinic	Quarterly	---	---	New PI for 2011
% of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre	Quarterly	---	---	New PI for 2011 95%

National Cancer Control Programme				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
No. of Rapid Access Diagnostic centres providing services for lung cancers	Quarterly	8	6	8
<b>Prostate Cancers</b>				
No. of centres providing services for prostate cancers				
i). Rapid Access Diagnostics	Quarterly	8	5	8
ii). Surgery	Quarterly	5	7	5
<b>Rectal Cancers</b>				
No. of centres providing services for rectal cancers	Quarterly	8	13	8

Community (Demand-Led) Schemes				
Performance Activity	Reported	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
<b>Medical and GP Visit Cards</b>				
No. persons covered by GP Visit Cards	Monthly	114,436	116,824	138,816
No. of persons covered by discretionary GP Visit Card	Monthly	---	17,423	New PI for 2011 17,423
No. persons covered by Medical Cards	Monthly	1,622,560	1,628,536	1,779,585
No. of persons covered by discretionary Medical Card	Monthly	---	80,502	New PI for 2011 80,502
<b>Long Term Illness</b>				
No. of claims	Monthly	1,084,656	908,031	978,111
No. of items	Monthly	3,449,205	2,951,206	3,178,861
<b>Drug Payment Scheme</b>				
No. of claims	Monthly	5,030,180	3,867,176	3,836,264
No. of items	Monthly	13,631,788	11,446,841	11,355,342
<b>GMS</b>				
No. prescriptions	Monthly	18,445,234	18,631,988	20,364,442
No. of items	Monthly	57,364,678	54,661,446	63,076,913
No. of claims – special items of service	Monthly	714,293	736,361	740,274
No. of claims – special type consultations	Monthly	1,084,945	1,056,679	1,098,668
<b>HiTech</b>				
No. of claims	Monthly	383,324	390,900	435,345
<b>DTSS</b>				
No. of treatments (above the line)	Monthly	1,084,517	1,352,702	968,784
No. of treatments (below the line)	Monthly	111,428	112,499	53,916
No. of patients who have received treatment (above the line)	Monthly	---	---	New PI for 2011
No. of patients who have received treatment (below the line)	Monthly	---	---	New PI for 2011
<b>Community Ophthalmic Scheme</b>				
No. of treatments	Monthly	679,310	671,978	715,455
i). Adult	Monthly	617,170	612,554	652,186
ii). Children	Monthly	62,140	59,424	63,269

Community (Demand-Led) Schemes				
Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
% of Medical Cards processed centrally	Quarterly	---	---	Baseline to be set in 2011
% of Medical Cards processed centrally which are issued within 15 working days of complete application	Quarterly	---	---	Baseline to be set in 2011

Community (Demand-Led) Schemes				
Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
Median time between date of complete application and issuing of Medical Card	Quarterly	---	---	15 days
% of GP Visit Cards processed centrally	Quarterly	---	---	Baseline to be set in 2011
% of GP Visit Cards processed centrally which are issued within 15 working days of complete application	Quarterly	---	---	Baseline to be set in 2011
Median time between date of complete application and issuing of GP Visit Card	Quarterly	---	---	15 days

Children and Families				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Child Abuse</b>				
No. of referrals of child abuse ( abuse includes neglect as one of the 4 definitions)	Quarterly	---	---	For reporting in 2011
i). % of referrals of child abuse and neglect where a preliminary enquiry took place within 24 hours	Quarterly	---	---	New PI for 2011 100%
ii). % of these initial assessments which took place within 20 days of the referral.	Quarterly	---	---	New PI for 2011 100%
iii). No. of first child protection conferences requested	Quarterly	---	---	New PI for 2011
<b>Family Support Services</b>				
No. of families in receipt of a family support service (see metadata for list of relevant services)	Quarterly	---	---	New PI for 2011
<b>Residential and Foster Care</b>				
No. and % of children in care by care type	Monthly	5,790	5,892 Oct data	5,985
i). Children's Residential Centre (Note: Include Special Arrangements).	Monthly	399 7%	421 7% Oct data	< 7%
ii). Foster care(not including day fostering)	Monthly	3,567 61%	3,479 59% Oct data	60%
iii). Foster care with relatives	Monthly	1,596 28%	1,829 31% Oct data	30%
iv). Other care placements	Monthly	228 4%	163 2.8% Oct data	3%
No. of children in single care residential placements	Bi-annually	---	---	New PI for 2011 0
No. of children in residential care age 12 or under	Quarterly	---	---	New PI for 2011 0
No. of children in care in third placement within 12 months	Quarterly	---	---	New PI for 2011 0
<b>Allocated Social Workers</b>				
No. and % of children in care, by care type, who have an allocated social worker at the end of the reporting period:	Monthly	100%	92%	100%
i). No. and % of children in residential care	Monthly	100%	96% Q3 data	100%
ii). No. and % of children in foster care	Monthly	100%	93% Q3 data	100%
iii). No. and % of children in foster care with relatives	Monthly	100%	90% Q3 data	100%
iv). No. and % of children in other care placement	Monthly	100%	92% Q3 data	100%

Children and Families				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Care Planning</b>				
% of children in care who currently have a written care plan as defined by Child Care Regulations 1995, by care type at the end of reporting period.		100%	88% Q3 data	100%
i). % of children in residential care	Monthly	100%	92% Q3 data	100%
ii). % of children in foster care	Monthly	100%	89% Q3 data	100%
iii). % of children in foster care with relatives	Monthly	100%	86% Q3 data	100%
iv). % of children in other care placement	Monthly	100%	89% Q3 data	100%
% of children (by care type) for whom a statutory care plan review was due during the reporting period and the review took place:		---	---	100%
i). % of children in residential care	Quarterly	---	---	New PI for 2011 100%
ii). % of children in foster care	Quarterly	---	---	New PI for 2011 100%
iii). % of children in foster care with relatives	Quarterly	---	---	New PI for 2011 100%
iv). % of children in other care placement	Quarterly	---	---	New PI for 2011 100%
<b>Foster carers</b>				
Total no. of foster carers	Quarterly	---	---	New PI for 2011
No. and % of foster carers approved and on the foster care panel, Part III of Regulations	Quarterly	---	---	New PI for 2011
No. and % of relative foster carers where children have been placed for longer than 12 weeks who are not approved and on the foster care panel, Part III of Regulations	Quarterly	---	---	New PI for 2011 0%
No. and % of approved foster carers with an allocated social worker.	Quarterly	100%	83% Oct data	100%
<b>Children in Care in Education</b>				
i). No. of children in care aged 6 to 16 inclusive.	Quarterly	---	---	New PI for 2011
ii). No. and % of children in care aged between 6 and 16 years in full time education	Bi-annually	---	---	New PI for 2011 100%
<b>After Care</b>				
No. of young adults aged 18-21 in receipt of an aftercare service	Quarterly Q3	---	---	New PI for 2011 100%
<b>Children and Homelessness</b>				
No. of children placed in youth homeless centres/units for more than 4 consecutive nights (or more than 10 separate nights over a year)	Annually Q4	---	---	New PI for 2011
No. and % of children in care placed in a specified youth homeless centre / unit	Annually Q4	---	---	New PI for 2011
No. of referrals made to the Emergency Out of Hours Place of Safety Service	Quarterly	---	---	New PI for 2011
No. of children placed with the Emergency Out of Hours Placement Service	Quarterly	---	---	New PI for 2011
Total no. of nights accommodation supplied by the Emergency Out of Hours Placement Service	Quarterly	---	---	New PI for 2011
<b>Pre-School</b>				
No. of notified pre-school services in LHO area.	Monthly	5,000	4,461	4,461
% pre-school services which received an inspection	Monthly	2,147	---	New PI for 2011 100%
No. and % of pre-schools that are fully compliant.	Quarterly	---	---	New PI for 2011
No. of notified full day pre-school services.	Quarterly	---	---	New PI for 2011

## Children and Families

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
% of full day services which received an annual inspection	Quarterly	---	---	New PI for 2011 100%
No. of pre-school services in the LHO that have closed during the quarter	Quarterly	---	---	New PI for 2011
No. of pre-school complaints received	Quarterly	---	---	New PI for 2011
% of complaints investigated	Quarterly	---	---	New PI for 2011 100%
No. of prosecutions taken on foot of inspections in the quarter	Quarterly	---	---	New PI for 2011

## Mental Health

Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Adult</b>				
Total no. of admissions to acute inpatient units (adult)	Quarterly	15,702	14,908	14,908
Median length of stay in adult inpatient facilities	Quarterly	10.5	12.0	10.5
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment per quarter	Quarterly	90.1	88.1	New PI for 2011 88.1
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area per quarter	Quarterly	26.38	26.7	26.7
Readmissions as a % of total adult admissions	Quarterly	68%	69%	69%
Inpatient readmission rates to adult acute units per 100,000 population in mental health catchment area per quarter	Quarterly	58.95	61.4	61.4
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area per quarter	Quarterly	26.6	28.2	24.2
Total no. of adult involuntary admissions	Quarterly	1,372	1,332	1,332
Rate of adult involuntary admissions per 100,000 population in mental health catchment per quarter	Quarterly	9.3	7.86	7.86
<b>Child and Adolescent Mental Health</b>				
<i>Vision for Change</i> recommended no. of Community Child and Adolescent Mental Health Teams	Quarterly	50	50	54
<i>Vision for Change</i> recommended no. of Child and Adolescent Day Hospital Teams	Quarterly	2	2	3
<i>Vision for Change</i> recommended no. of Paediatric Liaison Teams	Quarterly	3	3	3
No. of child/adolescent admissions to HSE Child and Adolescent mental health in-patient units	Monthly	---	150	New PI for 2011 220
No. of children/adolescents admitted to adult HSE mental health inpatient units i). <16 years ii). <17 years iii). <18 years	Quarterly	---	140	New PI for 2011 <100 Admission of children to adult mental health inpatient units to cease except in exceptional circumstances by December 1 <sup>st</sup> 2011
Total no. of involuntary admissions of children and adolescents	Annually	---	---	New PI for 2011 16
% of involuntary admissions of children and adolescents	Annually	---	---	New PI for 2011 5%
No. of child/adolescent referrals (including re-referred) received by mental health services	Monthly	---	11,319	11,319
No. of child/adolescent referrals (including re-referred) accepted by mental health services	Monthly	---	7,925	7,925
Total no. of new (including re-referred) child/adolescent cases offered first appointment and seen	Monthly	---	7,503	7,503
% of new (including re-referred) cases offered first appointment and seen i). <3 months	Monthly	---	<3 months: 5088 / 68%	70% seen within three months

Mental Health				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
ii). >12 months			>12 months: 720 / 9%	
No. of cases closed/discharged by CAMHS service	Monthly	---	5,757	New PI for 2011
% of cases closed/discharged by CAMHS service	Monthly	---	75%	80% of accepted referrals
% on waiting list for first appointment at end of each quarter by wait time: i). <3 months ii). 3-6 months iii). 6-12 months iv). >12 months	Quarterly	Reduce numbers waiting by >5%	2,338 <3 months 746 3-6 months 600 6-12 months 602 >12 months 390	Reduce numbers waiting by >5%
Total no. on waiting list for first appointment at end of each quarter by wait time: i). <3 months ii). 3-6 months iii). 6-12 months iv). >12 months	Quarterly	---	---	New PI for 2011
<b>Self Harm</b>				
No. of repeat deliberate self harm presentations in ED <small>Activity based on 2009 data</small>	Annually	<1%	1,356	1,342
No. of suicides <small>In arrears per CSO Year of Occurrence</small>	Annually in arrears	---	---	New PI for 2011

Disability Services				
Performance Activity	Reported	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
<b>Day Services</b> (0 – 18s and adults reported separately)				
No. of work/like-work activity WTE places for persons with intellectual disability and/or autism	Bi-annually	1,046	1,547	**1,393
No. of persons with intellectual disability and/or autism benefiting from work/like-work activity services	Bi-annually	*1,163	3,035	**2,731
No. of work/like-work activity WTE places for persons with physical and/or sensory disability	Bi-annually	---	65	**58
No. of persons with physical and/or sensory disability benefiting from work/like-work activity services	Bi-annually	---	124	**112
No. of Rehabilitative Training places provided (all disabilities)	Monthly	---	2,628	New PI for 2011 2,624
No. of persons (all disabilities) benefiting from Rehabilitative Training (RT)	Monthly	2,800	2,915	2,915
No. of persons with intellectual disability and/or autism benefiting from Other Day Services (excl. RT and work/like-work activities)	Bi-annually	*9,651	14,077	14,077
No. of persons with physical and/or sensory disability benefiting from Other Day Services (excl. RT and work/like-work activities)	Bi-annually	---	3,924	3,924
<b>Residential Services</b> (0 – 18s and adults reported separately)				
No. of persons with intellectual disability and/or autism benefiting from residential services	Quarterly	8,004	8,350	8,350
No. of persons with physical and/or sensory disability benefiting from residential services	Quarterly	---	894	894
<b>Respite Services</b> (0 – 18s and adults reported separately)				
No. of bed nights in residential centre-based respite services used by persons with intellectual disability and/or autism	Quarterly	---	139,456	139,456
No. of persons with intellectual disability and/or autism benefiting from residential centre-based respite services	Quarterly	---	4,681	4,681
No. of bed nights in residential centre-based respite services used by persons with physical and/or sensory disability	Quarterly	---	6,461	6,461

Disability Services				
Performance Activity	Reported	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
No. of persons with physical and/or sensory disability benefiting from residential centre-based respite services	Quarterly	---	2,979	2,979
<b>Personal Assistant / Home Support</b> (0-18 and adults reported separately)				
No. of Personal Assistant/Home Support hours used by persons with physical and/or sensory disability	Quarterly	3.2m	***2,710,156	3.34m
No. of persons with physical and/or sensory disability benefiting from Personal Assistant/Home Support hours	Quarterly	---	12,628	15,387

\* Expected activity / targets 2010 have been modified following a validation exercise and so do not reflect what was included in NSP2010

\*\*The implementation of recommendations flowing from the review of Day Services is expected to result in a 10% decline in the number of people engaged in these services. As these people are largely also engaged in other Day Services, a consequent increase in those numbers is not expected.

\*\*\*These figures are based on extrapolations from incomplete data and are subject to validation.

Disability Services				
Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
<b>Implementation, Part 2 Disability Act (all quarterly in arrears)</b>				
No. of requests for assessments received	Quarterly	2,712	3,006	3,006
No. of assessments commenced as provided for in the regulations	Quarterly	2,340	2,645	2,645
No. of assessments commenced within the timelines as provided for in the regulations	Quarterly	2,340	2,200	2,645
No. of assessments completed as provided for in the regulations	Quarterly	1,692	2,346	2,346
No. of assessment completed within the timelines as provided for in the regulations	Quarterly	1,692	500	2,346
No. of service statements completed	Quarterly	1,608	Not Reported 2010	2,346
No. of service statements completed within the timelines as provided for in the regulations	Quarterly	1,608	Not Reported 2010	2,346

Older People				
Performance Activity	Reported	Expected Activity 2010	Projected Outturn 2010	Expected Activity 2011
<b>Home Help Hours and HCPs (as per 2010 guidelines)</b>				
Total no of Home Help Hours provided for all care groups (excluding provision of hours from HCPs)	Monthly	11.98m	11.98m	11.98m
Total no. of people in receipt of home help hours (excluding provision of hours from HCPs)	Monthly	54,500	54,000	54,000
Total no. of people in receipt of HCPs	Monthly	9,613	9,650	10,230
i). No. and % direct provision				
ii). No. and % indirect provision				
iii). No. and % cash grant				
iv). No. and % respite				
v). No. and % multiple types				
Total no. of HCPs provided	Monthly	5,100	5,100	5,300
Total no. of new HCP clients per month (No. of new HCPs dependent on persons in receipt of HCP finishing their package)	Monthly	4,315	4,000	4,400

Older People				
Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
<b>Day Care</b>				
Total no. of day service places for older people	Bi-annually	21,300	21,300 Under review: Establish baseline for 2011	Baseline to be set in 2011



Older People				
Key Performance Indicator	Reported	Target 2010	Projected Outturn 2010	Target 2011
No. of clients benefiting from day care places	Bi-annually	---	Under review: Establish baseline for 2011	Baseline to be set in 2011
<b>Subvention</b>				
Total no. in receipt of subvention	Monthly	---	2,860	Dependant on uptake of Nursing Home Support Scheme
Total no. in receipt of enhanced subvention	Monthly	---	1,440	
<b>Nursing Home Support Scheme (NHSS - 'A Fair Deal')</b>				
No. of people in long-term residential care availing of NHSS	Monthly	---	Not reported	Baseline to be set in 2011
No. and proportion of those who qualify for ancillary state support who chose to avail of it.	Monthly	---	Not reported	Baseline to be set in 2011
% of <u>complete</u> applications processed within four weeks	Monthly	---	Not reported	100%
<b>Public Beds</b>				
No. of beds in public residential care settings for Older People	Monthly	10,536	8,600	8,200
<b>Elder Abuse</b>				
No. of new referrals by region	Quarterly	---	1,800	Demand led
No. and % of new referrals broken down by abuse type: i). physical, ii). psychological, iii). financial iv). neglect	Quarterly	---	298 (12%) 668 (26%) 456 (18%) 455 (18%)	Baseline to be set in 2011
Total no. of active cases	Quarterly	---	---	New PI for 2011
% of referrals receiving first response from Senior Caseworkers within 4 weeks.	Quarterly	---	100%	100%

Palliative Care				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010	Expected Activity / Target 2011
<b>Specialist Palliative Care</b>				
Wait times for:	Monthly			
i). Specialist inpatient bed within 1 month		---	98%	98%
ii). Specialist inpatient bed within 7 days		---	---	92%
Wait times for:	Monthly	---	98%	98%
i). Home, non-acute hospital, long term residential care delivered by community teams within 1 month		---		
ii). Home, non-acute hospital, long term residential care delivered by community teams within 7 days	Monthly	---	78%	78%
<b>Specialist Palliative Care (monthly averages)</b>				
No. patients in treatment in specialist inpatient units	Monthly	325	326	326
No. patients in receipt of community based specialist palliative care	Monthly	2,865	2,851	2,851
No. patients in receipt of day care	Monthly	297	277	277
No. patients in receipt of intermediate palliative care in community hospitals	Monthly	127	125	125
No. of admissions to specialist in-patient units	Monthly	---	2,617	New PI for 2011 2,617
No of discharges, transfers and deaths from specialist in-patient units.	Monthly	---		
i). Discharges			Discharges 277	New PI for 2011 Discharges 277
ii). Transfers			Transfers 1,486	Transfers 1,486
iii). Deaths			Deaths 811	
No. new patients to the service by age	Monthly	---		
i). Specialist inpatient units, and			120	For reporting in 2011 120
ii). Home care			605	605

Social Inclusion				
Performance Activity / Key Performance Indicator	Reported	Expected Activity / Target 2010	Projected Outturn 2010 (Sept TYD)	Expected Activity / Target 2011
<b>Methadone Treatment Activity</b> (monthly in arrears)				
Total no. of clients in methadone treatment (outside prisons)	Monthly	8,278	8,500	8,500
Total no. of clients in methadone treatment (prisons)	Monthly	497	500	500
<b>Substance Misuse</b> (quarterly in arrears)				
Total no. of substance misusers (over 18 years) for whom treatment has commenced following assessment	Quarterly	1,380	1,372	1,350
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Quarterly	100%	97.7%	100%
Total no. of substance misusers (under 18 years) for whom treatment has commenced following assessment	Quarterly	115	136	130
% of substance misusers (under 18 years) for whom treatment has commenced within two weeks following assessment	Quarterly	100%	94.8%	100%
<b>Homeless Services</b> (quarterly in arrears)				
No. of individual service users admitted to statutory and voluntary managed residential homeless services who have medical cards	Quarterly	—	—	New PI for 2011 75%

# Appendix 1 Financial Information

## Agency Forecast Outturn 2010\*

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
<b>Voluntary Providers</b>					
<b>Hospitals</b>					
St John's Hospital	20	7	27	-7	20
Mater Misericordiae Hospital	186	84	269	-42	227
Beaumont Hospital	221	94	315	-67	248
The Rotunda Hospital	52	13	65	-17	48
Children's University Hospital	70	24	94	-15	79
Cappagh National Orthopaedic	22	13	34	-7	27
The Adelaide & Meath	186	71	257	-61	196
Coombe Women's Hospital	52	14	66	-16	50
Our Lady's Hospital for Sick Children, Crumlin	110	37	148	-21	126
St James's Hospital	252	151	403	-66	337
St Vincent's University Hospital	175	83	257	-39	218
St Michael's Hospital	26	11	37	-7	30
National Maternity Hospital	51	14	65	-18	47
St Luke's Hospital	32	13	45	-10	35
Royal Victoria Eye & Ear	21	8	29	-6	22
Mercy University Hospital	64	26	90	-26	64
South Infirmary Hospital	48	19	67	-21	46
<b>Hospital Total</b>	<b>1,586</b>	<b>680</b>	<b>2,266</b>	<b>-447</b>	<b>1,819</b>
<b>Community</b>					
Cork Dental Hospital	1	1	2	0	2
Clontarf Orthopaedic	9	2	11	-3	7
St Vincent's Hospital	14	3	17	-2	15
Daughters of Charity	63	8	72	-11	61
St Michael's House	75	12	87	-13	74
Central Remedial Clinic	15	4	19	-4	15
National Rehabilitation Hospital	24	7	31	-6	25
Dublin Dental School	5	3	9	-1	7
Leopardstown Park Hospital	13	3	16	-3	13
Sisters Of Charity	17	3	19	-3	17
The Royal Hospital Donnybrook	17	4	22	-2	20
The Drug Treatment Centre	7	3	9	-1	9
Our Lady's Hospice	30	8	38	-8	30
St John of God	87	25	112	-23	89
Cheeverstown House	22	4	26	-3	23
Kare	15	2	17	-2	15
Sunbeam House Services	18	4	22	-1	20
Peamount Hospital	24	5	29	-4	25
Stewarts Hospital	45	7	52	-7	45
The Children's Sunshine Home	4	1	5	-1	4
<b>Community Total</b>	<b>505</b>	<b>109</b>	<b>614</b>	<b>-100</b>	<b>515</b>
<b>Total Voluntary 2009</b>	<b>2,091</b>	<b>789</b>	<b>2,881</b>	<b>-547</b>	<b>2,334</b>
<b>Statutory Providers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hospitals</b>					
Waterford Regional Hospital	112	58	171	-22	148
St Lukes Kilkenny	50	12	62	-7	55
Wexford General Hospital	51	11	62	-9	53
St Josephs Hospital	46	12	58	-6	52
Our Ladys Hospital Cashel	0	0	0	0	0
Kilcreene Orthopaedic	5	4	8	-2	6
Cork University Hospital	232	97	329	-47	282
Mallow General Hospital	16	4	20	-2	18
Kerry General Hospital	63	21	84	-8	76

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
Bantry General Hospital	16	4	20	-1	19
Sligo General Hospital	95	29	124	-15	109
Letterkenny General	88	27	115	-8	107
UCH Galway	201	108	308	-31	277
St Columcilles General Hospital	32	11	43	-2	41
Mayo General Hospital	64	26	90	-8	83
Roscommon General Hospital	19	6	26	-3	23
Portincola Acute Hospital	44	15	59	-8	51
Regional Hospital Dooradoyle	119	67	186	-26	160
Regional Maternity Hospital	20	5	25	-5	20
Regional Orthopaedic Hospital	10	7	18	-5	13
Ennis General Hospital	17	4	21	-1	20
Nenagh General Hospital	16	4	20	-2	19
Our Lady of Lourdes	100	31	131	-17	114
Louth County Hospital	22	7	29	-2	27
Cavan Monaghan General Hospital	57	20	77	-5	72
Monaghan General Hospital	13	4	17	-1	16
Our Ladys Hospital Navan	36	14	49	-4	46
Naas General Hospital	47	15	62	-3	59
Mullingar General Hospital	52	15	67	-6	61
Tullamore General Hospital	63	30	93	-7	85
Portlaoise General Hospital	43	9	53	-4	48
Connolly Memorial Hospital	76	27	103	-8	95
<b>Hospital Total</b>	<b>1,825</b>	<b>706</b>	<b>2,530</b>	<b>-276</b>	<b>2,254</b>
<b>Community</b>					
LHO Kerry	77	53	130	-5	126
LHO West Cork	59	182	241	-8	233
LHO Nth Cork	58	39	97	-3	94
LHO Nth Lee	79	30	109	-3	106
LHO Sth Lee	83	57	140	-11	129
LHO Sth Tipperary	59	47	106	-2	104
LHO Waterford	59	71	130	-4	126
LHO Wexford	67	44	110	-3	107
LHO Carlow/Kilkenny	77	69	146	-3	143
LHO Donegal	124	53	177	-10	167
LHO Sligo/Leitrim	100	64	165	-8	156
LHO Mayo	88	69	157	-5	153
LHO Roscommon	39	40	79	-3	76
LHO Galway	119	136	255	-7	248
LHO Clare	54	57	112	-3	108
LHO Limerick	86	88	174	-6	167
LHO Nth Tipperary	41	87	128	-4	124
LHO Cavan Monaghan	72	38	110	-3	107
LHO Louth	61	38	99	-4	95
LHO Meath	47	44	91	-1	90
LHO 6 Dublin North	107	79	186	-4	181
LHO 7 Dublin North	55	132	187	-5	183
LHO 8 Dublin North	94	116	209	-5	204
LHO Area 10 Wicklow	52	62	113	-3	110
LHO Area 9 Kildare/West Wicklow	53	137	190	-16	174
LHO Area 11 Laois/Offaly	96	79	175	-6	169
LHO Area 12 Longford/Westmeath	104	44	147	-6	142
LHO Area 1 Dun Laoghaire	50	47	98	-1	97
LHO Area 2 Dublin South East	41	62	103	-4	99
LHO Area 3 Dublin South City	48	53	101	-2	99
LHO Area 4 Dublin South West	52	40	93	-2	90
LHO Area 5 Dublin West	57	46	104	-2	102
<b>Total Community</b>	<b>2,258</b>	<b>2,204</b>	<b>4,462</b>	<b>-152</b>	<b>4,309</b>
<b>Total Statutory</b>	<b>4,082</b>	<b>2,910</b>	<b>6,992</b>	<b>-428</b>	<b>6,564</b>
<b>Total Provider Outturn 2010</b>	<b>6,174</b>	<b>3,699</b>	<b>9,873</b>	<b>-975</b>	<b>8,897</b>

\*This table excludes HSE Regional and National services

## EU Obligations

The amounts shown in the table reflect the position statements, as at 31 December 2009, submitted by Member States to, and recorded in the report of, the Rapporteur to the Audit Board of the EU Administrative Commission on Social Security for Migrant Workers. The amounts represent the value of claims the member state has issued and do not take account of payments made, or additional claims issued, during 2010. Claims are subject to verification and accordingly the amounts shown need not necessarily represent actual liabilities.

Member State	Creditors 2009 €000	Movement During Year €000	Creditors 2011 €000
Austria	32	12	20
Belgium	0	0	0
Bulgaria	2	0	2
Cyprus	31	9	22
Czech Republic	194	0	194
Denmark	0	0	0
Estonia	11	0	11
Finland	118	26	92
France	2,303	659	1,644
Germany	221	1	220
Greece	90	23	67
Hungary	6	0	6
Iceland	5	0	5
Italy	1,558	616	942
Latvia	2	0	2
Liechtenstein	0	0	0
Lithuania	9	0	9
Luxembourg	0	0	0
Malta	60	15	45
Netherlands	248	4	244
Norway	0	9	-9
Poland	648	0	648
Portugal	312	104	208
Romania	4	0	4
Slovakia	127	0	127
Slovenia	26	0	26
Spain	10,188	1,947	8,241
Sweden	730	0	730
Switzerland	433	0	433
United Kingdom	(a)	(a)	(a)
<b>Total</b>	<b>17,358</b>	<b>3,426</b>	<b>13,932</b>
Claims projected in 2011			3,030
Charges to be raised in 2011			-5,000
Estimated invoice payments 2011			-7,000

Note (a) Ireland operates a bilateral healthcare reimbursement agreement with the United Kingdom whereby, generally, net liabilities are paid on a lump sum payment basis.

## Medical Card Scheme

2010	€m	Card Numbers
Forecast Outturn (accruals based)	1,968	1,628,536
2011	€m	Card Numbers
Total Cost in 2011	2,038	1,779,585

Schemes	Budget 2010 €m	Outturn 2010 €m	Budget 2011 €m
Medical Card Scheme (incl Hardship)	2,007	1,968	1,759
Drug Payment Scheme (incl Drug Refund)	327	251	297
Long Term Illness Scheme	140	134	124
High Tech	150	152	112
Dental Treatment Services	63	82	63
Health Amendment Act	5	8	4
Community Ophthalmic Scheme	25	26	24
Methadone Treatment	20	17	18
Childhood Immunisation	6	10	6
Doctors Fees/ Allowances	17	16	13
Domiciliary Care	-7	0	0
Mobility Allowance	14	18	13
Capitation	11	10	10
Infectious Diseases	0	0	0
Blind Welfare Allowances	9	11	9
Maternity Cash Grants	0	0	0
<b>TOTAL SCHEMES</b>	<b>2,787</b>	<b>2,704</b>	<b>2,453</b>

Note: Net of €25m Appropriation-in-Aid

## Service Plan 2011 Income

Income Details A-in-A	Budget 2010	Outturn 2010	Variance 2010	Budget 2011
	A-in-A	A-in-A	A-in-A	A-in-A
	€m	€m	€m	€m
D1 Levies	168	189	21	0
D1 SIF	1,842	1,832	-10	0
D2 EU Levies	320	320	0	220
D3 Tobacco	168	168	0	168
D4 Ophthalmic	5	4	-1	5
D5 Dental	9	9	1	8
D8 Revenue Dormant Accounts	2	2	0	0
D6 Maintenance	376	334	-42	376
D10 Superannuation	205	186	-19	177
D11 Miscellaneous	167	142	-25	171
D12 Pension Levy	341	359	18	330
<b>TOTAL INCOME</b>	<b>3,602</b>	<b>3,544</b>	<b>-58</b>	<b>1,455</b>

Income Details Not A-in-A	Budget 2010	Outturn 2010	Variance 2010	Budget 2011
	Not A-in-A	Not A-in-A	Not A-in-A	Not A-in-A
	€m	€m	€m	€m
Superannuation Income	160	198	38	160
Maintenance Charges (private/semi)	65	115	50	65
In-Patient Charges (public - statutory)	140	104	-36	140
Out-Patient Charges (public - statutory)	11	10	-1	11
RTA	6	6	0	6
Long Stay	9	13	4	9
Other Income	156	98	-58	156
<b>TOTAL INCOME</b>	<b>547</b>	<b>543</b>	<b>-4</b>	<b>547</b>

## Pay Analysis

Pay Breakdown	Outturn 2009 €m	Forecast Outturn 2010 €m
Basic	5,325	5,028
Overtime	334	280
Allowances	176	165
On Call	75	91
Weekend/Public Holidays	283	260
Night Shift	110	101
PRSI Employers	496	457
Locum/Agency	127	152
Superannuation Total	647	907
<b>Pay Total</b>	<b>7,574</b>	<b>7,442</b>

\*Includes Voluntary Providers. 2010 Forecast superannuation includes €250m in respect of VER / VRS Schemes.

## Superannuation

	2010 Budget €m	2010 Forecast Outturn €m	Variance €m	2011 Estimate €m	Increase over 2010 budget €m
Statutory Pensions	422.6	417.4	5.2	460.5	37.9
Statutory Lump Sums	120.0	112.5	7.5	123.0	3.0
<b>Gross Statutory Superannuation</b>	<b>542.6</b>	<b>529.9</b>	<b>12.7</b>	<b>583.5</b>	<b>40.9</b>
Superannuation Income	-180.0	-186.9	6.9	-180.1	-0.1
Net Statutory	362.6	343.0	19.6	403.4	40.8
Voluntary Pensions	99.1	103.0	-3.9	117.1	18.0
Voluntary Lump Sums	24.0	24.4	-0.4	25.2	1.2
<b>Gross Voluntary Superannuation</b>	<b>123.1</b>	<b>127.4</b>	<b>-4.3</b>	<b>142.3</b>	<b>19.2</b>
Superannuation Income	-82.4	-86.3	3.9	-84.9	-2.5
Net Voluntary	40.7	41.1	-0.4	57.4	16.7
Total Pensions	521.7	520.4	1.3	577.6	55.9
Total Lump Sums	144.0	136.9	7.1	148.2	4.2
<b>Gross Total Superannuation</b>	<b>665.7</b>	<b>657.3</b>	<b>8.4</b>	<b>725.8</b>	<b>60.1</b>
Superannuation Income	-262.4	-273.2	10.8	-265.0	-2.6
Net Total	403.3	384.1	19.2	460.8	57.5

### Assumptions:-

*This table does not take account of the exit schemes which have to be costed separately when data is known*

*The effect of the 4% reduction for pensioners is being costed and will be incorporated into this table*

*The costings provide for 2,470 lump sum payments. This is not WTE retirements, due to payment of deferred benefits, lump sums balances due under the Incentivised Early Retirement scheme from 2009 etc.*

*The timing of people leaving in 2011 has been estimated prudently relative to 2010 experience and is a **critical** component of the costings*

*The average salary used is €50,000. This is based on experience in 2010 but is highly variable depending on the mix of retirements.*

*The average lump sum used is €60,000. This is also based on experience in 2010 but varies depending on grade and years of service.*

*Loss of superannuation income in 2011 reflects lower salary deductions for pension contributions and lower collection of the pension levy for staff who have left.*

## Summary of Service Developments

Development	2010			2011			Timescale
	Budget €m	Actual €m	Deferred €m	Deferred €m	New €m	Total €m	
National Plan for Radiation Oncology	8.00	4.00	4.00	4.00	8.00	12.00	Q1-Q4
HPV	4.00	4.00	0.00	0.00	0.00	0.00	N/A
National Cancer Control Programme	8.00	6.57	1.43	1.43	2.00	3.43	Q1-Q4
Ryan Report	14.27	4.69	9.58	9.58	9.00	18.58	Q4
Home Care Packages	10.00	10.00	0.00	0.00	8.00	8.00	Q4
Innovation	17.00	17.00	0.00	0.00	0.00	0.00	
Suicide Prevention	0.00	0.00	0.00	0.00	1.00	1.00	Q4
Disability Services	0.00	0.00	0.00	0.00	10.00	10.00	Q4
Fair Deal	0.00	0.00	0.00	0.00	6.00	6.00	Q4
Long Stay Repayments	0.00	0.00	0.00	0.00	12.00	12.00	Q4
Other	18.00	18.00	0.00	0.00	0.00	0.00	
	<b>79.27</b>	<b>64.26</b>	<b>15.01</b>	<b>15.01</b>	<b>56.00</b>	<b>71.01</b>	

## \*2011 Financial Allocation

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
<b>Voluntary Providers</b>					
Hospital Total	1,516	636	2,153	-466	1,687
Community Total	486	99	585	-99	486
<b>Total Voluntary 2011</b>	<b>2,002</b>	<b>735</b>	<b>2,737</b>	<b>-565</b>	<b>2,172</b>
<b>Statutory Providers</b>					
Hospital Total	1,788	693	2,481	0	2,481
Community Total	2,246	5,048	7,294	0	7,294
<b>Total Statutory 2011</b>	<b>4,034</b>	<b>5,741</b>	<b>9,774</b>	<b>0</b>	<b>9,774</b>

\* Includes National Services

## Agency Budget 2010

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
<b>Voluntary Providers</b>					
Hospital Total	1,579	676	2,255	-449	1,807
Community Total	501	110	611	-99	512
<b>Total Voluntary 2010</b>	<b>2,080</b>	<b>786</b>	<b>2,866</b>	<b>-547</b>	<b>2,318</b>
<b>Statutory Providers</b>					
Hospital Total	1,815	678	2,492	-305	2,187
Community Total	2,278	2,220	4,498	-164	4,334
<b>Total Statutory 2010</b>	<b>4,093</b>	<b>2,897</b>	<b>6,990</b>	<b>-469</b>	<b>6,522</b>
	<b>6,173</b>	<b>3,684</b>	<b>9,856</b>	<b>-1,016</b>	<b>8,840</b>

## Agency Forecast Outturn 2010

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
<b>Voluntary Providers</b>					
Hospital Total	1,586	680	2,266	-447	1,819
Community Total	505	109	614	-100	515
<b>Total Voluntary 2010</b>	<b>2,091</b>	<b>789</b>	<b>2,881</b>	<b>-547</b>	<b>2,334</b>
<b>Statutory Providers</b>					
Hospital Total	1,825	706	2,530	-276	2,254
Community Total	2,258	2,204	4,462	-152	4,309
<b>Total Statutory 2010</b>	<b>4,082</b>	<b>2,910</b>	<b>6,992</b>	<b>-428</b>	<b>6,564</b>
	<b>6,174</b>	<b>3,699</b>	<b>9,873</b>	<b>-975</b>	<b>8,897</b>



## Variance

	Pay €m	Non Pay €m	Gross €m	Income €m	Net €m
<b>Voluntary Providers</b>					
Hospital Total	7	4	11	1	12
Community Total	5	-1	3	-1	3
<b>Total Voluntary 2010</b>	<b>12</b>	<b>3</b>	<b>15</b>	<b>0</b>	<b>15</b>
<b>Statutory Providers</b>					
Hospital Total	10	28	38	29	67
Community Total	-21	-16	-36	12	-25
<b>Total Statutory 2010</b>	<b>-11</b>	<b>12</b>	<b>2</b>	<b>40</b>	<b>42</b>

This table does not include National services and only relates to Agency outturn and budget.

The figures in this table are forecast year end positions completed before the end of the financial year.

Expenditure is on an accruals basis.

# Appendix 2

## a) Additional DoHC Funding Allocation for Priority Services

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

## b) HSE Strategic Priorities Funded: Internal Resource Realignment

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
<b>Primary Care</b>				
<b>Enhancement of Primary Care Services</b>	Planning for delivery of IV therapy services in community settings undertaken.	€4m	0	Q4
<b>Primary Care Teams and Networks</b>	Electronic referrals systems from primary care to acute sector developed.	€0.35m	0	Q4
<b>Audiology Services</b>	Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations.	€1.8m	5	Q4
	Newborn Hearing Screening further rolled out in line with national model	€1.9m	0	Q3
	<b>Sub Total</b>	<b>€8.05m</b>	<b>5</b>	
<b>Acute Services</b>				
<b>Programmes:</b>	Implementation plan for AMP finalised and implementation commenced with an initial focus on Acute Medical Units (AMUs) functioning in 12 sites.	€8.5m	34	Q4
▪ <i>Acute Medicine Programme (AMP)</i>				
▪ <i>Critical Care Programme</i>	Audit process for critical care.	€1.4m	15	Q3

Key Result Area	Deliverable 2011	Funding €m	WTE	Target Completion
▪ <i>Emergency Medicine Programme</i>	Emergency Medicine Programme introduced	€3.5m	14	Q3
▪ <i>Elective Surgery Programme</i>	Audit programme introduced to monitor outcomes of process and to audit surgical mortality.	€1.34m	6	Q4
<b>Outpatient programmes:</b>				
▪ <i>Epilepsy</i>	Regional Epilepsy Centres defined – see 2c) below also.	€0.6m	6	Q1
▪ <i>Dermatology</i>	Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	€7.5m	30	Q4
▪ <i>Neurology</i>	Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.			
▪ <i>Rheumatology and Orthopaedic</i>	12 musculo-skeletal physiotherapy led clinics in place.	€1.75m	19	Q2
<b>Chronic Disease Interventions:</b>				
▪ <i>Stroke</i>	Stroke Units meeting defined criteria in 9 new sites.	€4.2m	45	Q4
▪ <i>Acute Coronary Syndrome</i>	Primary PCI centres identified and 4 centres functioning.	€1.5m	6	Q3
▪ <i>Diabetes</i>	Retinopathy Screening Programme initiated with IT systems in place. National foot care programme introduced.	€4m €1m	11.5 16	Q4
▪ <i>COPD</i>	Structured programmes operational in 12 acute hospitals - see 2c) below also.	€0.75m	10	Q3
▪ <i>Asthma</i>	Asthma Education Programmes initiated.	€0.3m	0	Q2
<b>Ambulance services</b>	To support the reconfiguration of hospital services	€3m	60	Q4
<b>Other Services:</b>	Critical care additional capacity opened in Our Lady's Children's Hospital.	€2.25m	25.5	Q3
▪ <i>Paediatric services</i>				
▪ <i>Cystic Fibrosis</i>	Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening Programme	0	7	Q2
▪ <i>Renal services</i>	Maintain / increase number of renal transplants performed by National Renal Transplant Programme National Programme - €0.6m, 2 WTE / Home haemodialysis programme implemented nationally - €0.7m / Increased local haemodialysis capacity achieved by continued development of Satellite Renal Dialysis Units and Parent Renal Dialysis Units - €3.2m	€4.5m	2	Q4
<b>Sub Total</b>		<b>€46.09m</b>	<b>307</b>	
<b>National Cancer Care Programme</b>				
<b>National Screening Service</b>	To support full year costs of screening programme *WTE requirements addressed in DoHC funded priorities	€0.9m	*	Q4
<b>Sub Total</b>		<b>€0.9m</b>	<b>0</b>	
<b>Children and Families</b>				
<b>Social Work Service</b>	Support the costs for appointment of 60 additional Social Workers – See above *WTE requirements addressed in DoHC funded priorities	€1.8m	*	Q3
<b>Sub Total</b>		<b>€1.8m</b>	<b>0</b>	
<b>Mental Health</b>				
<b>Child and Adolescent Mental Health Services</b>	DNE: St Vincent's Fairview capital project DML: Development of 11 bed interim Child and Adolescent Inpatient Unit	€0.8m €3m	10 30	Q3 Q4
<b>National Forensic Services Compliance with the Criminal Law (Insanity) Act</b>	DML: Provide a 10-12 bed high support hostel for people granted conditional discharge by the courts under Criminal Law Insanity Act DML: Provision of barricade/siege support to the Gardai in line with Barr recommendations	€1.2m	0	Q3 Q3
<b>Sub Total</b>		<b>€5m</b>	<b>40</b>	
<b>Palliative Care</b>				
<b>Specialist Palliative Care</b>	Ambulatory and day care in Milford	€1.3m	1.5	Q4
<b>Sub Total</b>		<b>€1.3m</b>	<b>1.5</b>	
<b>Total</b>		<b>€63.14m</b>	<b>353.5</b>	

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

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

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

# Appendix 3 HR Information

## Break-down of Employment Ceiling for end 2010

Service & Region	Ceiling Oct 2010	WTE Oct 2010	Outstanding PN posts +/-	Oct ceiling realigned for outstanding PN posts	Adjusted for Government Decision (380 Reduction)	Ceiling End Dec 2010	Projected WTE Dec 2010
Acute Hospital Services	16,767	16,904		16,767	58	16,705	16,912
Ambulance Services	473	469		473	2	472	469
Primary and Community Services	15,101	14,952	14	15,115	52	15,059	14,959
<b>Dublin Mid-Leinster</b>	<b>32,341</b>	<b>32,324</b>	<b>14</b>	<b>32,355</b>	<b>112</b>	<b>32,236</b>	<b>32,340</b>
Acute Hospital Services	10,773	10,736		10,773	37	10,733	10,741
Ambulance Services	154	165		154	1	153	165
Primary and Community Services	11,252	11,243	23	11,275	39	11,233	11,248
Portion of Ceiling to be allocated	143			143	0	143	0
<b>Dublin North-East</b>	<b>22,321</b>	<b>22,143</b>	<b>23</b>	<b>22,344</b>	<b>77</b>	<b>22,262</b>	<b>22,154</b>
Acute Hospital Services	10,941	10,906		10,941	38	10,901	10,912
Ambulance Services	405	396		405	1	403	396
Primary and Community Services	12,272	12,190	25	12,297	43	12,252	12,196
Portion of Ceiling to be allocated	205			205	1	204	0
<b>South</b>	<b>23,823</b>	<b>23,492</b>	<b>25</b>	<b>23,848</b>	<b>83</b>	<b>23,760</b>	<b>23,504</b>
Acute Hospital Services	10,934	11,017		10,934	38	10,894	11,023
Ambulance Services	431	444		431	1	429	445
Primary and Community Services	14,386	13,876	7	14,393	50	14,341	13,883
<b>West</b>	<b>25,751</b>	<b>25,338</b>	<b>7</b>	<b>25,758</b>	<b>89</b>	<b>25,664</b>	<b>25,351</b>
Acute Hospital Services	26			26	0	25	0
National Cancer Control Programme	740	764		740	3	738	765
Primary and Community Services	333	196	1	334	1	332	195
Portion of Ceiling to be allocated	16			16	0	16	0.00
<b>National</b>	<b>1,114</b>	<b>960</b>	<b>1</b>	<b>1,115</b>	<b>4</b>	<b>1,111</b>	<b>960</b>
Unallocated	104		42	146	0	146	0
<b>Total ISD</b>	<b>105,456</b>	<b>104,257</b>	<b>112</b>	<b>105,526</b>	<b>365</b>	<b>105,137</b>	<b>104,309</b>
Corporate	3,120	3,001		3,120	11	3,108	3,003
OCC / Population Health	1,088	1,087		1,088	4	1,085	1,088
<b>Total</b>	<b>109,664</b>	<b>108,346</b>	<b>112</b>	<b>109,734</b>	<b>380</b>	<b>109,372</b>	<b>108,400</b>

### Notes:

1. The table is based on the end of year approved employment ceiling of 109,372 and projected data based on October census returns.
2. The 2011 ceiling cannot be mapped at this present time due to the significant number of unresolved implications in relation to the impact of the VER/ VRS scheme. The Health Service Personnel Census at the end of January 2011 will fully outline the impact of the exit schemes.
3. Please see table in Introduction section (page ii) which gives an overview of the projections for 2011 with regard to changes in employment ceiling from a national perspective.

### Health Service Personnel Census, October 2010

Grade	Total WTE October 2010
Medical / Dental	8,120
Nursing	36,670
Health and Social Care Professionals	16,274
Management/ Admin	17,377
General Support Staff	11,520
Other Patient and Client Care	18,385
<b>Total</b>	<b>108,346</b>

# Appendix 4 Capital Projects by Programme

This appendix includes those capital projects that are either:

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

Sub Programme	Facility	Project Details	Project Completion Q	O Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>Dublin Mid Leinster</b>										
Primary Care	Naas, Kildare	To be provided by means of the Primary Care Strategy. By lease agreement.	2010	Q2	0	0	0.35	0	0	0
Primary Care	Longford	Primary Care Centre. By lease agreement.	2010	Q2	0	0	0	0	0	0
Primary Care	Inchicore	Primary Care Centre.	Q3	Q4	0	0	4.0	8.7	0	0
Primary Care	Portarlinton	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0.3	0	0	0
Primary Care	Mountmellick	Primary Care Centre. By lease agreement.	2010	Q1/Q2	0	0	0.1	0	0	0
Primary Care	Churchtown	Primary Care Centre. By lease agreement.	Q4	Q1 2012	0	0	0.3	0	0	0
Primary Care	Wicklow	Primary Care Centre. By lease agreement.	Q4	Q1 2012	0	0	0.4	0	0	0
Primary Care	Kilbeggan	Primary Care Centre. By lease agreement.	Q4	Q1 2012	0	0	0.25	0	0	0
Primary Care	Kilcullen	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0.3	0	0	0
Primary Care	Greystones	Primary Care Centre. By lease agreement.	Q4	Q1 2012	0	0	0.4	0	0	0
<b>Dublin North East</b>										
Primary Care	Kells Meath	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Airside Swords	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Mulhuddart & Ongar	Primary Care Centre. By lease agreement.	Q1	Q2	0	0	0	0	0	0
Primary Care	Cavan PCC	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Kingscourt	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
Primary Care	Howth/Sutton	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Primary Care	Skerries	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Ballybay	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
Primary Care	Drogheda North	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Ashbourne	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
<b>South</b>										
Primary Care	Macroom	Primary Care Centre. By lease agreement.	Q3	Q3/Q4	0	0	0	0	0	0
Primary Care	Ballincollig	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Mahon	Primary Care Centre. By lease agreement.	Q2	Q2	0	0	0	0	0	0
Primary Care	Cahir	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Listowel	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Balineen	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Carigtwohill	Primary Care Centre. By lease agreement.	Q3	Q4	0	0	0	0	0	0
Primary Care	Kilkenny City	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Tramore	Primary Care Centre. By lease agreement.	Q3	Q3/Q4	0	0	0	0	0	0
Primary Care	Kenmare	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Dungarvan	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
<b>West</b>										
Primary Care	Lifford, Co Donegal	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Glenties, Donegal	Primary Care Centre.	Q4	Q4	0	0	1.27	1.72	0	0
Primary Care	Ballina, Co Mayo	Primary Care Centre. By lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Swinford, Co Mayo	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Monksland, Co Roscommon	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Athenry, Co Galway	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	City East, Co Galway	Primary Care Centre. By lease agreement.	Q2	Q2	0	0	0	0	0	0
Primary Care	Abbey, Co Limerick – St Mary's	Primary Care Centre. By lease agreement.	Q3	Q3	0	0	0	0	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Primary Care	Market, Co Limerick	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Kilmallock, Co Limerick	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Ballinrobe, Co Mayo	Primary Care Centre. By lease agreement.	Q4	Q4	0	0	0	0	0	0
<b>Total</b>					<b>0</b>	<b>0</b>	<b>7.67</b>	<b>10.42</b>	<b>0</b>	<b>0</b>

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>Acute and Pre-hospital Care</b>										
<b>Dublin Mid Leinster</b>										
Infection Control	AMNCH	Laboratory Expansion - Cat 3 Microbiology Room and Blood Transfusion Unit.	Q3	Q3	0	0	1	2.5	0	0
Infrastructure Upgrade	St. James's	Upgrade of the main, campus wide, electrical distribution to facilitate current developments.	Q1	Q1	0	0	0.3	0.9	0	0
Maternity	Coombe	Emergency upgrade works	Q1	Q1	10 (Cots not beds)	0	0.5	6.23	0	0
Paediatric Care	OLCH Crumlin	The provision of 4 additional Paediatric Intensive Care Unit (PICU) and High Dependency Unit (HDU) beds and the refurbishment of 13 existing beds (incl Cardiology expansion)	Q2	Q2	4	13	1.7	8.22	25.5	2.25
Acute	Temple St	Theatre Upgrade	Q2	Q3	0	0	0	2.4	0	0
<b>Dublin North East</b>										
Major Acute	Beaumont	Neurosurgery Upgrade	Q1	Q2	0	0	0.5	4.8	0	0
Major Acute	Mater Hospital	Mortuary Upgrade	Q3	Q4	0	0	0.8	1.8	0	0
Infrastructure Upgrade	Mater Hospital	Upgrade of Water services, distribution system, etc	Q1	Q1	0	0	0.8	6.8	0	0
Major Acute	Cappagh Hospital	Provision of 3 Modular Theatres	Q1	Q1	0	0	2.5	5	0	0
Major Acute	Our Lady of Lourdes Hospital	Intensive Care Upgrade	Q2	Q3	5	0	0.8	1.2	0	0
Other Acute	Our Lady of Lourdes Hospital	Installation of Modular Mortuary	Q2	Q2	0	0	0.65	1.15	0	0
Major Acute	Our Lady of Lourdes Hospital	Medical Assessment Unit	Q1	Q2	0	0	0.15	0.5	0	0
Acute	Our Lady of Lourdes Hospital	Educational Facility	Q4	Q4	0	0	0.1	1.1	0	0



Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications		
							2011	Total	WTEs	Revenue Costs €m	
Acute	Cavan General Hospital	Renal Unit	Q2	Q3	6	0	0.6	0.7	0	0	
<b>South</b>											
Major Acute	CUH	Cardiac Renal Unit – The unit is being commissioned on a phased basis with dialysis projected Q2, non-intervention Q4 and fully operational in 2011	Q1	Q4	27	14	8.2	70	0	0	
Major Acute	CUH	PET CT	Q1	Q1	0	0	0.35	6.85	0	0	
Major Acute	CUH	Haemophilia Day Unit	Q1	Q1	0	0	0.125	0.25	0	0	
Reconfiguration	CUH, MUH, SIVUH, BGH, KGH	Reconfiguration of Services Programme	Q4	Q4 2012	0	0	6	28.55	0	0	
Major Acute	KGH	New Emergency Department	Q3 (phase 1)	Q1 2012	0	0	4	6	0	0	
Major Acute	Waterford Regional Hospital	ED extension including Neonatal Unit	Q4 2012	2012	19 (5 Neonatal, 14 ED)	30 (20 Neonatal, 10 ED)	5	13	0	0	
<b>West</b>											
PACS	Mid West Regional Limerick	The provision of a new Hospital wide PACS System and a replacement CT.	Q2	Q2	0	0	1.5	1.5	0	0	
Mixed Acute	Ennis General Hospital	Endoscopy facilities and equipment, lifts and associated works.	Q2	Q3	0	0	1.75	2.5	0	0	
Infection Control	University College Hospital Galway	Upgrade of Air Handling and Ventilation systems to 2 wards to reduce risk of airborne infections.	Q1	Q1	0	0	0.5	1.5	0	0	
Medical Block	Letterkenny General Hospital	New Medical Block including Emergency Department, 19 bays) and Acute Assessment Unit , 11 bays plus 3 x 24 bed wards.	Q3	Q4	29 Day beds	72	4	22	0	0	
Paediatric Care	University College Hospital Galway	Neo Natal Upgrade	Q4	Q4	0	0	2	2.5	0	0	
PACS	Sligo General Hospital	The procurement and installation of a digital radiology and PACS System.	Q2	Q2	0	0	1.5	1.5	0	0	
Ambulance	Manorhamilton	Ambulance Station Upgrade Refurbishment Manorhamilton	Q1	Q2	0	0	0.12	0.25	0	0	
					<b>Total</b>	<b>90 (+ 10 cots)</b>	<b>129</b>	<b>45.45</b>	<b>199.7</b>	<b>25.5</b>	<b>2.25</b>

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>Dublin North East</b>										
Children and Families	Castlefield Child Residential Unit	Completion of the refurbishment of a residential house for children	Q1	Q2	0	0	0.1	0.45	0	0
Children and Families (Special care/ High Support)	Coovagh House	Refurbishment of Centre	Q1	Q1	0	0	0.4	0.40	0	0
Children and Families (Special care/ High Support)	To be determined	Replacement of 12 beds from Ballydowd.	Q2	Q3	0	8	0.6	0.60	0	0
<b>Total</b>					<b>0</b>	<b>8</b>	<b>1.1</b>	<b>1.45</b>	<b>0</b>	<b>0</b>

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>Dublin Mid Leinster</b>										
Mental Health	Ballyfermot and St. Lomas Rd	The provision of community facilities providing 34 places	Q3	Q4	34	0	2.58	8.0	0	0
Mental Health New addition	St. Marys Flat / Lyons Villa	Replacement 15 beds	Q2	Q3	0	15	0.6	0.7	0	0
Mental Health	Cherry Orchard	Child and Adolescent Mental Health Day Hospital	Q4	Q1 2012	0	0	5.0	9.2	0	0
Mental Health	St Mary's Mullingar	Continuing Care provision for service users from St Loman's	Q4	Q1 2012	0	50	5.6	8.25	0	0
<b>Dublin North East</b>										
Mental Health	St Vincents, Fairview	Phase 2 – provision of 6 additional beds in adolescent unit in St Vincent's , Fairview	Q 4	Q4	6	0	2.0	2.5	10	0.8
Funded through internal reconfiguration (see appendix 2)										
Mental Health	St Itas	Continuing Care	Q2	Q3	0	26	1.5	1.7	0	0
Mental Health	Blanchardstown	High Support Hostel	Q1	Q2	0	10	0.1	0.45	0	0
Mental Health	Louth	Continuing Care St Bridgets refurbishment	Q2	Q3	0	10	0.4	0.5	0	0
Mental Health	Cavan	Interim Acute Psychiatric Unit	Q2	Q3	0	25	0.4	0.5	0	0
<b>South</b>										
Mental Health	Bessboro, Cork	20-Bed Child and Adolescent inpatient Unit	Q4 2010	Q1	12	8	0	0	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
Mental Health	Tipperary South	Provision of a 40 Bed Residential Unit, on the existing site, to accommodate current residents of St Luke's	Q3/Q4	Q4	0	40	7	9	0	0
		High Support Hostel, Clonmel.	Q4	Q4	0	8	1.3	2	0	0
		Day Hospital/CMHT HQ, Clonmel	Q4	Q1 2012	0	0	1.5	4	0	0
Mental Health	St John's Enniscorthy	Rehab House	Q4	Q4	0	12	2.0	3.2	0	0
		High Support House Mill View	Q4	Q4	0	13	1.5	1.85	0	0
		2 ID Houses Haven View 1 & 2	Q4	Q4	0	14	2.2	2.44	0	0
Mental Health	Gorey	Day Hospital	Q1	Q1	0	0	0.6	0.8	0	0
Mental Health	Wexford	Extension of Day Hospital	Q4	Q4	0	0	0	0	0	0
Mental Health	Waterford City	Day Hospital (with Primary Care)	Q2	Q2	0	0	0	**	0	0
Mental Health	Dungarvan	Day Hospital (with Primary Care)	Q3	Q3	0	0	0	**	0	0
Mental Health	Waterford	Day Centre	Q4	Q4	0	0	0	0	0	0
Mental Health	Waterford	Refurbishment of Regional Hospital	Q4	Q4	0	44	0.75	1.0	0	0
<b>West</b>										
Mental Health	Galway	20-Bed Child and Adolescent Inpatient Unit	Q3 2010	Q1	10	10	0	0	0	0
Mental Health	Ballinasloe	50 bed CNU Registered with HIQA	Q1	Q2/Q3	0	50	0	0	0	0
Mental Health	Letterkenny	Acute Unit	Q3	Q3	0	34	2	6.4	0	0
Mental Health	Clare	Gort Glas Day Centre	Q4	Q1 2012	0	0	0.25	0.25	0	0
Mental Health	Unit 5, St. Joseph's Hospital, Ennis (Psychiatry for older people)	Dementia Specific Inpatient unit	Q1	Q2	0	14	0.1	0.5	0	0
<b>Total</b>					<b>62</b>	<b>383</b>	<b>37.38</b>	<b>63.24</b>	<b>10</b>	<b>0.8</b>

\*\* Capital costs included within PPP process for Primary Care Centres

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>West</b>										
Disability	Angle, Dungloe Donegal	Minor Upgrade of existing Learning Disability Day Centre	Q2	Q2	0	0	0.2	0.2	0	0
<b>South</b>										
Disability	St. Raphael's Residential Unit, Co. Cork	The provision of a 30 bed Residential Unit (5 x 6 bedded pods) adjacent to existing centre to cater for clients with Intellectual Disability. This will accommodate transfer of clients inappropriately accommodated in the old building in St. Raphael's.	Q2	Q4 opening 2x5 bed pods	0	30	1.0	6.7	0	0
Disability	Cork - Cope Foundation	The development of an 8 bed challenging behaviour unit for adults with Intellectual Disability.	Q1 2010	Facility will be utilised for emergency places in Q3 2011	8	0	0	0	0	0
<b>Total</b>					<b>8</b>	<b>30</b>	<b>1.2</b>	<b>6.9</b>	<b>0</b>	<b>0</b>

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>Dublin Mid-Leinster</b>										
Older Persons	Inchicore	The provision of a new 50 bed Community Nursing Unit on the same campus as the Primary Care Centre. To replace beds in Bru Caoimhin.	Q3 2010	Q1	0	50	0.6	9.45	0	0
Older Persons	St. Mary's Mullingar	100 bed community hospital to accommodate 50 replacement beds from the existing St Mary's unit	Q4 2011	Q1 2012	0	50	5.6	8.25	0	0
Older Persons	Riada House, Tullamore, Co. Offaly	Provision of an 20 Bed Unit	Q1 2010	2011 dependent on staffing transfers being secured	0	20	0	7.62	0	0
Older Persons	Clonskeagh	Provision of 94 replacement beds	Q2 2010	Q1 2011 subject to HIQA registration	0	94	0	16	0	0
<b>Dublin North East</b>										
Older Persons	St. Joseph's Raheny	The provision of a new 100 bed Community Nursing Unit.	Q3 2010	Q1	67	33	0.5	20.79	0	0
Older Persons	Navan	The provision of a new 50 bed Community Nursing Unit including a Day Hospital and a MH Day Hospital. To replace 30 beds locally	Q3 2010	Q1	20	30	0.5	12.54	0	0

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications		
							2011	Total	WTEs	Revenue Costs €m	
Older Persons	Fairview	The provision of a new 100 bed Community Nursing Unit at St Vincent's Fairview. 25 patients to be transferred from St Catherine's Ward, St Vincents.	Q4 2010	Q1/Q2	75	25	0.5	16.51	0	0	
Older Persons	Incorporated Orthopaedic Hospital, Clontarf	Project incorporates 64 additional rehabilitation beds for older persons including range of support services	Q2 2010	32 rehab beds operational Q2 2010.	32	0	0	15.8	0	0	
<b>South</b>											
Older Persons	Tralee	Provide a 50 bed Community Nursing Unit	Q4 2010	21 replacement beds to open Q1	29	21	0	9.7	0	0	
Older Persons	Ballincollig	The provision of a 100 bed Community Nursing Unit in Ballincollig through a managed service under the National Framework Agreement.	Q4 2010	Q3	0	100	0.5	19.47	0	0	
Older Persons	Farranlee Rd Cork	The provision of a 100 bed Community Nursing Unit on Farranlee Rd.	Q4 2010	Q2	0	25 YCS 75 OP	0.92	19.42	0	0	
Older Persons	St. Mary's Orthopaedic Hospital	50 Bed CNU	Q3 2010	Q2	20	30	0.3	10.36	0	0	
Older Persons	Kenmare	Kenmare Community Hospital Replacement	Q4 2011	Q2 2012	14	26	6.0	8.0	0	0	
<b>West</b>											
Older Persons	Loughrea	New 100-bed CNU (Phase 1) to replace the existing unit Workhouse building. To provide assessment, long-term residential care, respite care, maintenance rehabilitation and care of the terminally ill.	Q1	Q2	0	100	1.0	17.5	0	0	
Older Persons	Swinford	The replacement of the existing bed compliment and refurbishment of the existing facility.	Q4 2010	Q1	0	40	0	4.57	0	0	
Older Persons	St. Ita's Newcastlewest	6 additional beds	2009	Q4	6	0	0	2.95	0	0	
Older Persons	St. Camillus, Limerick	Refurbishment and provision of additional 6 beds (minor capital)	2008	Q4	6	0	0	Completed 2008	St Ita's and St Camillus combined.		
Older Persons	Dungloe, Donegal	Hospital Extension	Q3	Q3	0	0	0.5	0.5	0	0	
					<b>Total</b>	<b>269</b>	<b>719</b>	<b>16.92</b>	<b>199.43</b>	<b>0</b>	<b>0</b>

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>South</b>										
Palliative / Chronic Illness	Marymount Hospice, Cork	24 replacement beds and 20 additional beds.	Q1	Q2	20	24	14 HSE co-funded project	14	0	0
									Agreement to transfer 24 beds with current level of staff and revenue	
<b>West</b>										
Palliative / Chronic Illness	St. Ita's, Newcastle West Limerick	Palliative Care Unit (St. Ita's Newcastle). Extension to provide an additional 4 beds and 4 day care places.	Q1 2009	Day Care operational (Intermediate care beds will need additional and new revenue funding)	8 (4 of which are intermediate palliative care support beds; 4 day care places)	0	0	1.42	0	0
<b>Total</b>					<b>28</b>	<b>24</b>	<b>14</b>	<b>15.42</b>	<b>0</b>	<b>0</b>

Sub Programme	Facility	Project Details	Project Completion Q	Q Fully operational	Additional Beds	Replacement Beds	Capital Cost €m		2011 Implications	
							2011	Total	WTEs	Revenue Costs €m
<b>West</b>										
Social Inclusion	Corporate House, Limerick	Drug & Alcohol Centre	Q1	Q1	0	0	0.4	1.3	0	0
<b>Total</b>					<b>0</b>	<b>0</b>	<b>0.4</b>	<b>1.3</b>	<b>0</b>	<b>0</b>

# Abbreviations

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

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