



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Half Year Report against the HSE NSP December 2010

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Contents

| | |
|---|----|
| Primary & Community Services | 3 |
| Community (Demand Led) Schemes | 6 |
| Children & Families | 7 |
| Mental Health | 10 |
| Disability Services | 12 |
| Older People | 14 |
| Palliative Care | 16 |
| Social Inclusion | 17 |
| Acute Services Data | 19 |
| National Cancer Control Programme (NCCP)..... | 28 |
| Quality & Clinical Care | 30 |
| Supporting Functions | |
| Commercial and Support Services | 33 |
| Information and Communication Technology | 34 |
| Procurement..... | 35 |
| Corporate Planning and Corporate Performance..... | 37 |
| Communications | 38 |
| Finance..... | 39 |
| Human Resources | 41 |
| Internal Audit | 44 |

Primary & Community Services

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| CP8 Configure Primary Community and Continuing Care Primary Care Teams (PCTs) - <i>Progress the establishment PCTs and Health and Social Care Networks through reorganisation of existing resources</i> | Phase 1 and Phase 2 Teams (210) Appropriate management and clinical governance structures for PCTs in operation. | Q1-Q4 | Ongoing as part of the overall ISA structures. Governance structure has been developed and endorsed by Management Team and will be piloted in a number of areas in 2011. |
| | Phase 3 Primary Care Teams Progress to a stage where 100% of 184 new Teams are holding clinical meetings. | Q1-Q4 | 140 out of the 184 Primary Care Teams commenced holding Clinical Team Meetings in 2010. In total 350 Teams were in place at year end representing 89% of the 2010 target achieved. Planned that remaining 11% of teams will be in place by end Q1 2011. |
| | Phase 4 Primary Care Teams Development of a further 136 teams commenced. | Q1-Q4 | All remaining 179 Primary Care Teams are in development with approximately 95 Teams at advanced stages of development. The 2010 target was to have remaining teams in development and this was achieved. Roll out of further teams are profiled to become operational over 2011. |
| | Development of Network Services and general principles of referral processes and shared care arrangements agreed. | Q1-Q4 | Network management and governance structure has been developed and agreed. Groups established with main Care Groups looking at interfaces between specialist / network services and Primary Care Teams. Implementation Plan for the roll out of HSCNs in 2011 initiated. |
| | Development and roll out of new metrics to capture activity in PCTs. | Q1-Q4 | Capturing information in relation to Diabetes, Asthma and Clinical Team meetings has commenced and was reported on in Q4 2010. |
| | PCT Evaluation conducted to measure the effectiveness of PCTs including potential benefits. | Q1-Q4 | A National Patient Satisfaction Survey has been completed. A research project has commenced involving Primary Care Services, Mallow PCT and UCC. A Researcher has been recruited in UCC which is funded by the HSE for this purpose. Work has also commenced with the Department of General Practice in the National Universities to develop a strategic primary care research agenda. This collaboration will evaluate primary care developments and innovations, contribute to best practice and inform HSE decision making in regard to the allocation of resources and supported development and investment in primary care services. |
| Use of Information Technology in PCTs | Electronic patient management system progressed for use in PCTs. | Q1-Q4 | National Primary Care ICT group being established to progress this work. A number of local solutions are being examined and piloted. |
| GP Out of Hours (OOH) Review | Implementation of recommendations commenced. | Q1-Q4 | Local Implementation Groups in each HSE area have been established to progress the implementation of the review recommendations. |
| CP23 Stakeholder and Relationship Management Service User Involvement | Opportunities for engagement with local communities provided through PCTs in a systematic way in accordance with the principles and guidelines endorsed in the <i>National Strategy for Service User Involvement in the Irish Health Service 2008-2013</i> . | Q2-Q4 | Evaluation of Community Engagement Pilot Projects complete. Learning from this Initiative explored with the various models and learning disseminated through various mediums and presented at a national and regional workshops to key HSE personnel involved with Primary Care Teams. A support framework is also being developed for each of the regions. This will be rolled out early in 2011 to further support PCTs in progressing community participation and primary care. |
| CP3 Health Protection Immunisations | Education and training of healthcare staff improved. | Q1-Q4 | HPV (Human Papilloma Virus) training day held in April 2010. National event whose purpose was to brief Senior Medical Officers and relevant staff on the rollout of HPV vaccination programme in 2 nd level schools. HPV (Human Papilloma Virus) update held in August 2010 for vaccinators on the development and impact of HPV vaccine. Ongoing development and revision of training materials for HSE staff, general practitioners, practice nurses and professional development coordinators. |
| | Implementation of standard procedures to improve uptake rates. | Q1-Q4 | HPV programme implementation commenced in May 2010 with full roll out from September 2010. Standard protocols implemented. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | | | <p>The programme is aimed at school girls who are in 1st and 2nd year in second level schools as well as those attending special schools and those who are home schooled who reach 12 years of age during the academic year.</p> <p>By end of Q4 2010 most girls have been offered two doses of HPV vaccine and completion of the course with their 3rd dose of vaccine will take place in 2011.</p> <p>An immunisation information system is currently being developed and to monitor uptake; however the system was not ready in time for the beginning of the programme (ISD/ICT/NIO/HPSC group collaboration).</p> <p>HPV vaccination activity data is being collected manually and will provide estimated vaccine uptakes in 2011.</p> |
| | Report on pneumococcal conjugate vaccine catch up campaign completed. | Q1-Q4 | <p>PCV catch-up campaign completed. Estimated outstanding payments to GPs of approx. €1.3m to be paid through PCRS in 2011.</p> <p>PCV13 replaced PCV7 from December 2010 (PCV7 used in primary childhood schedule since September 2008) providing additional protection to children.</p> |
| | Measles (MMR) elimination campaign for 4-15 year olds. | Q2 | <p>The proposed measles elimination campaign did not progress in the second half of 2010 due to the backlog of routine school immunisations resulting from the pandemic vaccination campaign and also the demands of the new HPV programme.</p> <p>Following the addition of HPV vaccine to the schedule the HSE has carried out a review of the school immunisation programme and an options appraisal to implement a MMR catch up campaign commencing in 2011/2012 academic year. This is to comply with Ireland's commitment to the World Health Organisation regarding measles elimination.</p> |
| Environmental Health: <i>Protection of public health through the effective enforcement of the environmental health legislation</i> | <ul style="list-style-type: none"> Food Safety Authority Ireland contract implemented and compliance with EU National legislation in place. | Q1-Q4 | The overall target set for the inspection of food premises for 2010 is 42,000. 21,000 inspections achieved from Jan to June 2010. Full year statistics will not be available until February 2011. |
| | <ul style="list-style-type: none"> Business plan agreed and implemented in conjunction with the Office of Tobacco Control and DoHC. | Q1-Q4 | Business plan agreed and implementation ongoing. |
| | <ul style="list-style-type: none"> Implementation of a national programme underway on the Cosmetics Control legislation in conjunction with the DoHC and the Medicines Board. | Q1-Q4 | National sampling programme underway. |
| | <ul style="list-style-type: none"> HSE capacity / structures developed to implement the international health regulations effectively and consistently. | Q1-Q4 | Work underway to address core competency deficits. National training day for HSE staff working at ports completed. |
| | <ul style="list-style-type: none"> Monitoring of fluoride in public water supplies continued and capital developments implemented. Protocols and procedures agreed with Environmental Protection Agency and local authorities in relation to at risk contaminated water supplies. | Q1-Q4 | <p>Monitoring of fluoride ongoing.</p> <p>Formal protocol and procedures to be agreed in 2011.</p> |
| | <ul style="list-style-type: none"> Awareness monitored and raised of compliance with national legislation on Radiation Protection of Patients; national register maintained, National Radiation Safety Committee supported and framework developed for clinical audit. | Q1-Q4 | <p>National guidance on compliance issued to holders in March 2010.</p> <p>National mechanism for reporting of patient radiation incidents commenced in April 2010.</p> <p>National CT Scanner Dose Survey and National Review of Compliance in Dentistry completed 2010.</p> <p>Awareness raised through inclusion on CPD courses</p> <p>National Clinical Audit guidelines developed by HSE and Faculty of Radiologists.</p> |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | <ul style="list-style-type: none"> Existing funded level of services provided to local authorities maintained. | Q1-Q4 | No change. |
| CP2 Health Promotion Health Promotion Strategic Framework for the HSE | Key actions to improve health status identified and delivered through the strategic framework. | Q1-Q4 | Development of Health Promotion Strategic Framework progressed and summary has been presented to ISD Management. |
| | Action plans 2010 developed and priority actions implemented in the following areas: | | |
| | <ul style="list-style-type: none"> Obesity | Q4 | <p>Implementation of HSE Obesity framework progressed in relation to treatment, care and prevention.</p> <ul style="list-style-type: none"> Publication of 1st round results of the WHO European Childhood Obesity Surveillance Initiative 2008: Ireland. 18% of 7 yr old Boys & 27% of Girls were either overweight or obese. 2nd round of surveillance of 7yr old & 9 yr old children took place Oct - Nov 2010. 4,038 pupils from 163 schools were measured. Preliminary results expected Q1 2011. Position paper developed & panel of media spokespersons briefed. The 2nd of 4 proposed National Hospital Treatment Services launched in University Hospital Galway, (serving HSE west) following appointment of a new Consultant Endocrinologist with an interest in weight management to head up the service. Completion of a mid term review of the HSE Framework for Action on Obesity 2008 – 2012. <p>Presentation to Joint Oireachtas Committee on Health & Children followed up by a review of the Taskforce on Obesity Recommendations relevant to the health sector.</p> |
| | <ul style="list-style-type: none"> Health Inequalities | Q4 | <ul style="list-style-type: none"> Health Inequalities Framework approved by HSE Board in February 2010. Implementation plan has been agreed. Meetings were held with education providers to agree production of health inequalities related training courses. |
| | <ul style="list-style-type: none"> Alcohol | Q4 | <ul style="list-style-type: none"> Ongoing progress on the development of National Alcohol Strategy. Working with DOHC towards implementing a Standard Drinks approach. |
| | <ul style="list-style-type: none"> Tobacco | Q4 | <ul style="list-style-type: none"> Tobacco Framework for HSE approved by the HSE Board in February 2010. Implementation Committee established in Sept 2010. Tobacco action plan drafted in December 2010. |
| <ul style="list-style-type: none"> Breastfeeding | Q4 | <ul style="list-style-type: none"> Infant Feeding policy for all maternity hospitals has been drafted. Community breastfeeding policy piloted by 2 Primary Care teams. National Breastfeeding Co-Ordinator post vacated in July 2010. Post remains vacant as of Q4 2010. | |

Community (Demand Led) Schemes

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|--|------------------|---|
| Modernisation of Community Schemes | Continued focus on delivering efficiencies through centralisation of medical cards and schemes. | Q1-Q4 | <p>All over 70's medical cards have been centralised since January 2010.</p> <p>Progress has been made in streamlining the GP Visit Card and Medical Card process. On average 850 calls are received each day and are responded to within 13 seconds.</p> <p>An online GPVC, Medical Card Service has been launched (www.medicalcard.ie). Applications which are made through this service are fast tracked and cards are issued within 15 working days. 3,000 applications a month are made via this channel with 50% of these received outside of normal working hours.</p> |
| | The centralisation of medical cards. | Q2 | <p>38% of all medical cards are now processed centrally.</p> <p>Of those which are processed centrally, 80% of all applications are processed within 20 days. 95% of all applications are processed within 30 days.</p> |
| | Medical card backlog addressed. | Q2-Q3 | <p>This work is ongoing at local level. It is anticipated that this work will be finalised by Q2 2011.</p> |
| DTSS Dental Services Review (including assessment of ICT) | Review and assessment completed. | Q1-Q2 | <p>Recommendations have now been agreed and are in process of being acted upon by the Clinical Lead for Oral Health.</p> |
| | Clinical lead appointed to ensure the public receive appropriate health and personal social services to enable them maintain their oral health and well-being. | Q1-Q2 | <p>Clinical lead officially appointed at the end of June.</p> <p>A steering group has been established whose main aim is to develop and implement governance procedures. This exercise is complete and in place</p> <p>Work is ongoing in developing protocols with regard to ensuring that access to Orthodontic Services is equitable across all regions and to examine the introduction of an IT system.</p> |
| Inappropriate prescribing | Inspectorate function implemented. | Q2 | <p>Work is ongoing. Expressions of interest have been sought from HSE employees. This matter is currently under discussion with the HSEA. A meeting with the staff representative is scheduled for February 2011.</p> |



Children and Families

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| CP13 Children and Families Child Protection Services Task Force on Children and Families | Standardised child protection referral and assessment processes implemented across all Local Health Offices (LHOs) in line with Task Force outputs. | Q1-Q4 | <p>Progress continues on the Business Process implementation (phase 1) with the first 10 (of 32) LHO's ready to begin operating the new Referral & Assessment processes. Implementation is in progress for the next 10 LHO's. All 32 LHO's will operate the new Referral & Assessment processes by the end of June 2011.</p> <p>Roll out of phase 2 (which includes, Child Protection, Family Support Planning, Family Welfare Conferences and Children in Care) will begin in Q3 2011.</p> |
| Out of Hours Services | Emergency Place of Safety Services augmented within existing resources and monitored on an ongoing basis. | Q4 | <p>Work is ongoing. NSP Demographic Funding 2010 has allocated funding to establish 2 pilot sites (HSE South and HSE West) to develop an enhanced level of Social Worker input in the Out of Hours Service.</p> <p>Negotiations are currently taking place in relation to a proposal for the Cork location as an extension to an existing SLA to provide emergency service.</p> <p>In Donegal, there will be social Workers on call. Referrals will be received through the CareDoc GP Out of Hours service. WTE requirement to be met from existing resources. Pilots to commence Q2 2011.</p> |
| Children First National Guidelines for Protection and Welfare of Children | Plan in place to implement revised Children First Guidelines and roll-out of implementation plan commenced. | Q1-Q4 | <p>A National group has been established to develop a National Child Protection Procedures manual.</p> <p>It is anticipated that the revised <i>Children First 2010</i> will be published in Q1 of 2011. On implementation of the revised policy a manual will also be introduced.</p> <p>A training programme is being developed for all relevant staff in the HSE and for external stakeholders.</p> <p>In preparation for the launch of Children First (CF), a national CF training project team has been established with a number of working groups under its auspices to prepare draft training programmes in the following areas:</p> <ul style="list-style-type: none"> ➤ Draft Standardised Children First Basic Level Training ➤ Draft Standardised Children First Basic Level Refresher Training ➤ Draft Standardised Children First Advanced Training Modules ➤ Draft Programme for Regional Delivery of Children First Joint Training with Gardai ➤ Draft Implementation Plan for delivery of HSE/Garda CF Joint Training |
| Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009 | <ul style="list-style-type: none"> ▪ Recruitment of additional 200 social workers for child protection services (50 by Q2, a further 75 by Q3 and the final 75 in Q4). The full year cost is €16m. | Q2-Q4 | <p>By end of December 2010 all 200 posts were in position. The final posts will be activated on payroll in January 2011. Out of the 265 posts, 220 are being prioritised due to existing funding allocations, 200 of these relate to Social Work posts. The remaining 20 posts are currently in the recruitment process. Of these 20, 5 will be dedicated to work in the area of Children First, 10 in aftercare services and 5 therapists for children in the high risk category.</p> <p>As the implementation of the post started in the latter half of 2010 (June to December) the expenditure increased significantly in the last two months with a total for year end of just over €4.68 million.</p> |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | <ul style="list-style-type: none"> Establishment of multidisciplinary assessment services for children and young people at risk and development of a multidisciplinary team for children in care and detention (with IYJS). The WTE requirement is 29.5, at a full year cost of €3m. | Q3 | <p>Working group has developed a model for a national therapy team in conjunction with Irish Youth Justice Service.</p> <p>5 posts have been prioritised and are currently in the process of recruitment. Staff will be recruited on a phased basis to be completed by Q3 2011.</p> |
| | <ul style="list-style-type: none"> Provision of additional counselling services. Full year cost is €2m. | Q1-Q4 | €200k funding will be distributed to three agencies in Q1 2011 and the remainder to be allocated by Q3 2011. |
| | <ul style="list-style-type: none"> Implementation of the recommendations of 2007 Report of Working Group on Treatment Services for Persons with Sexually Abusive Behaviour. The full year cost is €1m, and an additional WTE requirement of 8. | Q3 | Not progressed due to funding deficit in NSP2010. This is allocated in NSP 2011. |
| | <ul style="list-style-type: none"> Enhancement of services for young people leaving care. The full year cost is €1m, with an additional WTE requirement of 10. | Q3 | National aftercare policy completed and Children and Family Social Services (CFSS) are currently in consultation with the DOHC. The recruitment of 10 WTE s is currently underway in the regions. All staff to be recruited by Q2 2011. |
| | <ul style="list-style-type: none"> Practice placements provided for Social Work practitioners. This will depend on funding and availability of placement places. Full year costs €0.16m, with an additional WTE requirement of 2. | Q3 | Not progressed due to funding deficit in 2010. This is allocated in 2011 |
| | <ul style="list-style-type: none"> Research on social work staff retention issues. Cost €0.03m. No additional WTE requirement. | Q3-Q4 | Not progressed due to funding deficit in 2010. This is to be allocated in 2011. |
| | <ul style="list-style-type: none"> Audit of resources targeted at children and families across the statutory and non-statutory sector. Cost €0.1m. No additional WTE requirement. | Q4 | Project scoping complete for audit of resources in non-statutory sector. National Specialist meeting with Child Care information officers in January to prepare a work plan. |
| | <ul style="list-style-type: none"> Training and ongoing professional development for staff in agencies providing services to HSE. Cost €0.75m. Additional WTE requirement of 10. | Q2-Q4 | Not progressed due to funding deficit in 2010. This is to be allocated in 2011. |
| | <ul style="list-style-type: none"> Monitoring compliance with Children First. Cost €0.1m. No additional WTE requirement. | Q2-Q4 | <p>The Office of the AND Children and Families with the support of the Regional Directors of Operations are in discussion with the Office of the Minister for Children to put in place robust monitoring arrangement to be rolled out in 2011.</p> <p>5 WTEs are currently being recruited for the 4 regions and at national level to lead on this. The recruitment process is ongoing and they will be in post by Q2 2011.</p> |
| Alternative Care Care Planning | <ul style="list-style-type: none"> Standardised care planning template rolled out across all LHOs in 2010. | Q4 | The template was developed in 2010 and will be part of the Children in Care Processes as part of phase 2 of Business Process roll-out. They will be implemented in first 10 LHO's in Q4 of 2011 and in all 32 LHO's by the end of Q2 2012. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| National Child Care Information System (NCCIS) | Continued development of NCCIS in line with business plan pending peer review approval and necessary resources being available. | Q1-Q4 | <p>The NCCIS ICT Project is currently on hold at the review of the Request for Tender (RFT) stage. The External Peer Review Group (PRG) have raised a number of concerns about the project structures, specifically to do with the project governance, user involvement and the timetable for rolling out the standardised business processes. A number of meetings have been held with the Peer Review Group and a written response was issued to them, at their request, on 23.12.10. We await their feedback.</p> <p>Successful completion of the review of RFT documentation will allow project to proceed (assuming approval of sanctioning authorities) with the procurement process (i.e. to advertise nationally and internationally for suppliers of a National Child Care Information ICT System).</p> |
| Family Support Agenda for Children <i>Implement Agenda for Children and all its components</i> | <p>Implementation of Strategy in line with Task Force outputs to support Agenda for Children services.</p> <p>Ensure agencies providing services for HSE to children and families develop and implement an operational plan based on Agenda for Children.</p> | <p>Q4</p> <p>Q4</p> | <p>Complete and on available on HSE Website.</p> <p>Ongoing.</p> |
| Performance Management Performance measures | Collection of new and existing performance measures rolled out as agreed. | Q1-Q4 | New metrics were agreed in consultation with the DOHC during 2010 and being rolled out in 2011. |
| Improved Quality and Safety processes | Task Force recommendations on quality and safety processes implemented. | Q1-Q4 | The task force recommendations are being implemented. |

Mental Health

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| CP11 Mental Health Services Vision for Change: <i>Progress Implementation of recommendations in A Vision for Change</i> | Executive Clinical Directorates established including a national Forensic Service. | Q1-Q4 | Executive Clinical Directorates Fourteen Executive Clinical Directors have been appointed, one in each catchment area and one for Forensic Services. Discussions are in train with the nursing representative bodies regarding the senior nursing management structure within the Executive Clinical Directorate and the role of the Director of Nursing for the expanded catchment area. A further meeting to address the issues raised by the nursing representative bodies is scheduled for mid-January. Arising from the Croke Park agreement, progress is expected in relation to the Business Manager role on the directorate. However, the impact of the VRS and the VER Schemes is still being assessed. It is expected that discussions with respect to the Allied Health Professional role will progress under Croke Park in 2011. |
| | Transfer of WISDOM ownership from HRB to HSE and completion and evaluation of Proof of Concept. | Q3 | WISDOM transferred from the HRB to the HSE on 30 June 2010. Arising from the impact of the industrial action in early 2010, the Proof of Concept was extended to end December 2010 and concluded on 31 st December 2010. An evaluation of the Proof of Concept will be carried out in 2011. |
| VFM report on Long Stay Beds Closure and Reconfiguration of Existing Long Stay Mental Health Facilities | Implementation plan developed to action recommendations of the VFM report on long stay care to support reconfiguration. | Q1 | A working group has been established and is developing guidance for mental health services on appropriate housing provision for people with mental health difficulties in the context of the development by the Department of the Environment of a Housing Strategy for people with a Disability. |
| Implementation of Mental Health Act: <i>Involuntary Admissions</i> <i>Assisted Admissions</i> | Full Authorised Officer service implemented. | Q1-Q4 | Negotiations with staff representative bodies were expected to resume following the acceptance of the Croke Park agreement. However, to date, negotiations with staff representative bodies have not resumed. The HSEA to reissue request for meeting in Q1 2011. |
| | Negotiations concluded with staff representative bodies regarding the expansion of in-house Assisted Admission Provision, with associated training programme. | Q2 | Negotiations with staff representative bodies were expected to resume following the acceptance of the Croke Park agreement. However, to date, negotiations with staff representative bodies have not resumed. The HSEA to reissue request for meeting in Q1 2011. Assisted Admissions training programme scheduled for December 2010 was deferred due to weather conditions until Q1 2011. |
| | National e-learning resource developed to assist in staff education and training on the operation of the Mental Health Act. | Q3 | The Mental Health Hub on HSELand is live and hosting four e-learning modules to assist in the education and training of staff on the operation of the Mental Health Act. |
| Inpatient Beds <i>Reconfiguration of mental health services to community based settings</i> | Process of reconfiguration of mental health services to community based settings continued with a reduction in inpatient capacity nationally in line with 2010 available resources. | Q1-Q4 | St Conals, Hospital Letterkenny closed on 18 June 2010. Mental Health Commission imposed conditions in relation to St Brendan's, St Ita's and St Senan's Hospitals, including the timelines for commissioning alternative accommodation. North West Dublin Mental Health Service opened Pine Unit in the Department of Psychiatry, Connolly Hospital Blanchardstown in September 2010. All acute psychiatric admissions to St. Brendan's Hospital from the Cabra and Finglas sectors transferred to the new unit at this time. St. Brendan's Hospital no longer accept acute admissions from these sectors from this date. St Ita's Hospital, Portrane, Co Dublin. Funding has been secured for the new Acute Admissions Unit at Beaumont Hospital. Currently the project is in the planning process with An Bord Pleanala. Following receipt of planning permission, |

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| | | | <p>construction of the Unit will take approx 18 months.</p> <p>St Senan's Hospital Wexford Mental Health Services. Significant steps have already been taken in Wexford including the reduction in beds from 170 in 2005 to 41 continuing care beds in 2010. Four fully funded capital development projects are underway which will see the complete closure of all the non acute wards in the hospital by December 2011.</p> <p>South Tipperary. Reconfiguration of Long Stay beds continues with the reduction from 83 in 2009 to 55 in 2010. A number of Capital Projects are underway which will see closure of non acute wards by December 2011.</p> <p>Carlow / Kilkenny – has reduced its continuing care beds in St Dymphna's and St Canices from 72 to 45 over the last 12 months.</p> <p>Waterford – continuing care beds further reduced by 9 in 2010 from 63 to 54 beds)</p> <p>Kerry – St Fintan's reduced its continuing care beds by 8 in 2010 from 28 to 20 beds.</p> |
| <p>Child and Adolescent Mental Health Teams</p> <p><i>Develop additional CAMHs in line with Vision for Change</i></p> | <p>Recruitment of 2009 staff to support the newly established CAMH teams completed.</p> | Q1 | <p>Funding in 2009 provided for 35 additional posts for CAMH Teams. 32 of the 35 posts have been filled. One post has been advertised on four occasions without success. The remaining posts are in the recruitment process.</p> |
| | <p>"Headstrong" initiatives developed in Kerry and Meath.</p> | Q1-Q4 | <p>Jigsaw Initiatives in Kerry and Meath in partnership with Headstrong are in train.</p> |
| <p>Role out and implement Quality Framework for Mental Health Services</p> | <p>Planning and selection of pilot sites completed and implementation of individual care and treatment plans for all patients in approved centres on these sites as per <i>Article 15, S.I. Number 551 of 2006</i> commenced.</p> | Q1–Q4 | <p>National Mental Health Service Collaborative established in Nov 2009 in partnership with the HSE, Mental Health Commission, St. Patrick's University Hospital and St. John of God's.</p> <ul style="list-style-type: none"> ▪ Initiative stage: Nov 2009 to Jan 2010. ▪ Steering group established. ▪ Knowledge review on individual care and treatment planning that support recovery completed. ▪ 11 participating teams selected. <p>Each team has mapped the service user's journey from admission to discharge from treatment to identify team goals for the action periods. Service user's opinions on care planning have also been collected using questionnaires.</p> <p>The key change ideas are:</p> <ul style="list-style-type: none"> ▪ Standardise the care planning process across the MHS ▪ Explain the care planning process to service users and carers and to provide information in plain language. ▪ Improve multidisciplinary team working and functioning on the care planning process. ▪ Engage with service users and carers in a meaningful way. ▪ Provide training or recovery, team working, engaging with service users and measurement principles. |
| <p>Resource Utilisation and Access</p> | <p>A population based methodology devised and agreed, to guide resource allocation to address inequity in service access.</p> | Q2 | <p>The work of the Group was impacted by the industrial action in 2010. Work continued with the academic sector on using the deprivation index and this will be progressed in 2011.</p> |
| <p>Implementation of Reach Out, the National Strategy for Suicide Prevention in Ireland 2005-2014</p> | <p>Outcome of evaluation of the first 4 years of implementation of <i>Reach Out</i> assessed and plans developed as appropriate.</p> | Q2 | <p>Internal evaluation completed by end of Q2. Further independent evaluation not possible due to embargo on using external consultants and budget restrictions.</p> |
| <p>Responding to Deliberate Self Harm (DSH)</p> | <p>Effective response to self harm presentations further developed in line with action area 12 in <i>Reach Out</i>.</p> | Q2 | <p>6 year analysis by National Suicide Research Foundation completed.</p> <p>Joint self harm workshop held with Irish Association for Suicidology (Oct 2010).</p> <p>Further work to be undertaken in 2011 in conjunction with Clinical Care Directorate and Mental Health clinical lead.</p> |

Disability Services

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| CP12 Disability Services Deliver agreed level of services, including capacity to respond to critical needs for emergency residential, day or PA / Home Support services through increasing efficiencies and maximising effective use of available resources. (Capacity to respond to critical service pressures will be dependent on achieving and reusing these savings through efficiencies) | Plan finalised and implementation ongoing in each LHO to maximise use of available resources to address emergency residential needs. | Q1-Q4 | The funding made available to provide 100 additional residential places in 2010 resulted in 118.83 places. In addition, 40 places were made available from within existing resources. Targets for the provision of emergency residential services were exceeded. |
| | Evaluation of minimum dataset completed. | Q3 | Evaluation completed and dataset for 2011 reviewed. |
| | Review completed of data management systems in collaboration with DOH&C | Q4 | Discussions are lead by DoHC – no further progress in 2010. |
| | Further measures at LHO level implemented in partnership with service providers and in line with national guidelines (designed to maximise cost effectiveness in use of available resources). | Q1-Q4 | Ongoing and active engagement continued throughout 2010 with a view to maximising cost effectiveness in the use of resources. No significant issues arose. |
| | Delivery of Intellectual Disability and Physical and Sensory services reviewed by non statutory agencies in specific areas in line with national guidelines to achieve greater efficiency and sustainability. | Q1-Q4 | Initial discussions held with Disability Federation of Ireland on reconfiguring the model of service provision in the neurological sector. The HSE is liaising with the DoHC with a view to progressing this project early in 2011. |
| | Completion of Service Arrangements with all non statutory service providers and monitoring in place. | Q1-Q4 | Progress was delayed by industrial action in early 2010. Arrangements covering over 80% of the value of funding are in place. Negotiations are ongoing with the outstanding larger agencies. |
| | National criteria and prioritisation guidelines in place for home support / personal assistant services. | Q1-Q4 | Evaluation of services is ongoing. |
| Maximise compliance with legislative and quality and safety standards. | Compliance with timeframes for issuing Assessment Reports improved significantly to achieve statutory requirement of 100%. | Q1-Q4 | Significant improvements, over the year. Further measures to be implemented in 2011. |
| | Plan in place in each LHO to respond to needs for assessments under Disability Act including those for children with autism. | Q2 | Situation kept under constant review and measures tailored appropriately. |
| | Self assessment tool developed and implemented. | Q1 | Discussions with the DoHC and HIQA lead to the temporary suspension of the development of the self assessment tool. Draft action plan prepared. |
| | Outcomes from self audit process reviewed as part of regular meeting with providers under service arrangements. | Q4 | Suspended – See above. |
| | Residential centres for children ready for implementation of HIQA standards. | Q4 | Data on children's residential and residential respite services is currently being collected in preparation for the outcome of discussions between HIQA and the DoHC. |
| | Phase 2 of audit of client protection completed. | Q2 | Project delayed by personnel changes. Data collection process underway. Expected completion date – May 2011. |
| Progress reconfiguration of existing services to introduce more effective and sustainable models of service delivery through implementation of recommendations from "New Directions" (Review of Adults Day Services), report of | Implementation plan in place for co-ordination of EI services in each LHO consistent with implementation of new standards. | Q2 | Local implementation plans are included in the work plan of the National Co-ordinating Group Progressing Disability Services for 0-18s. The Group has met twice in 2010. Final sign-off on the standards and self-audit tool for Early Intervention Services completed in Q3 2010 and circulated to service providers |
| | Review of HSE provided and funded services for persons with autism completed. | Q4 | Report completed and submitted to AND. Internal HSE approval to be sought. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|--|------------------|--|
| <i>working group on congregated settings and implementation plan for multi disciplinary services for children with disabilities</i> | Regional implementation plans in place for reconfiguration of multi-disciplinary services for children with complex disabilities in line with recommendations of reference group and with principles of Transformation Programme. | Q2 | Regional implementation plans will be developed by Regional Co-ordinating Groups for the project 'Progressing Disability Services for 0-18s'. Regional plans are expected by the end of Q1 2011. |
| | Data collated and analysis completed to inform VFM project outcomes. | Q2 | Data collection and analysis was hindered by industrial action. This phase will be completed by the end of March 2011. |
| | The following elements of the <i>New Directions</i> implementation plan completed: | | |
| | <ul style="list-style-type: none"> ▪ Review undertaken of status of individuals currently engaged in work/employment activities to enable future decision making on future servicees. | Q3 | Review completed. Draft Report being prepared for sign off by Project Team in early January. Report will be delivered to National Director before end of January 2011. |
| | <ul style="list-style-type: none"> ▪ Detailed information collated on HSE funded supported and sheltered employment to advance discussions with the Department of Enterprise, Trade and Employment (DETE) regarding their responsibilities. | Q3 | Draft report completed – for sign off in early January. Report will be submitted to National Director before end of January 2011. |
| | <ul style="list-style-type: none"> ▪ Identification of individuals receiving a structured day service through a residential funding stream. | Q2 | Work Completed. Draft Report completed – for sign off on in early January. Report will be submitted to National Director before end of January. |
| | <ul style="list-style-type: none"> ▪ Production of a quality assurance system (QAS) to underpin the delivery of <i>New Directions</i>. | Q3 | Draft QAS proposal completed and agreed by Project Team - for submission to National Director before end of January 2011 |
| | <ul style="list-style-type: none"> ▪ Review of the status of those former day service recipients now involved in work elements within the HSE. | Q2 | Report Completed and submitted to National Director. Report forwarded to National HR Director for attention. |
| | <ul style="list-style-type: none"> ▪ Identification of children inappropriately placed in adult services and attention to their management in the context of childcare guidelines and legislation. | Q2 | Children identified. Risk Assessment completed in respect of all children. RDO's provided with specific issues to be attended to in respect of service provider organisations providing these inappropriate placements. |
| | <ul style="list-style-type: none"> ▪ Training and awareness in elder abuse code of practice for staff providing day services to those over 65 years. | Q3 | Staff in Disability Day Services providing services to those over the age of 65 years identified. Services for Older People provided with data to enable inclusion of these staff in Training and Awareness sessions on the HSE Elder Abuse policy. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|---|---------------------|--|
| CP9 Older People Services Nursing Homes Support Scheme – ‘A Fair Deal’ and associated work <i>Implementation of ‘A Fair Deal’ Nursing Home Support Scheme and components.</i> | National implementation of the new <i>Nursing Homes Support Scheme - ‘A Fair Deal’</i> including the establishment of Task Groups to progress key areas of work under the scheme: | Q1-Q4 | <p>The application process for the Nursing Home Support Scheme (Fair Deal) is being closely monitored. To date 17,949 applications have been received. Determinations have been made on over 75% of applications. The remainder are currently being processed.</p> <p>2,739 applications for Ancillary State Support (Nursing Home Loan) have been received, with determinations issued in 2,330 cases.</p> <p>Based on estimates to date, approximately 95% of applications are processed within 4 weeks of receipt of all information necessary in order for the Nursing Home Support Office to make a determination on an applicant's State Support application. This percentage is significantly lower where additional information has been sought from the applicants as the speed with which people return the relevant information to the HSE is outside of our control.</p> |
| | <ul style="list-style-type: none"> Single Assessment Working Group | | Regular Working Group Meetings held. Option appraisal ongoing. 2 year project - to be completed end 2011. |
| | <ul style="list-style-type: none"> Discharging Processes / Delayed Discharges Working Group | | <p>Ongoing – group meeting as required.</p> <p>Regular reports are prepared outlining the number of beds closed by region, Community Intervention Team (CIT) activity; delayed discharges each month, etc.</p> |
| | <ul style="list-style-type: none"> Ancillary Services Working Group | | <p>Ongoing.</p> <p>A steering group has been formed to meet with Primary Care Directorate. The function of this group is to ensure that Older Persons agenda is represented at Primary Care Team level. Items that are examined include, procurement issues, access to primary care services for residential care clients and GP treatment.</p> |
| | <ul style="list-style-type: none"> Cost of Care Working Group | | Ongoing – ‘HSE cost of care published Q3 2010. |
| | <ul style="list-style-type: none"> ICT Working Group | | New ICT system introduced in Nursing Home Support Offices (Q4 2010). Due to roll out to remaining offices in 2011. |
| Capital Infrastructure <i>developments to support the provision of extended care, rehabilitation and respite to older people. Timely discharge of patients who have completed the acute phase of their care (delayed discharge)</i> | Operationalisation of 420 additional beds and 699 replacement beds. | Q1-Q4 | <p>All new and replacement residential care facilities must be registered with HIQA, (in accordance with the Health Act 2007). This registration process can only commence when buildings have been completed and fully equipped, and ‘Person in Charge’ has been identified. HIQA have advised that the minimum timescale for the registration process is 4 to 6 months - which must now be factored into ‘operational’ dates for newly built facilities (whether new or replacement).</p> <p>New Beds</p> <p>DNE have opened 32 additional beds (Orthopaedic Hospital, Clontarf), and 33 replacement beds (St Josephs, Raheny – to replace ‘Rockfield’).</p> <p>DML – no new beds open by year end. Inchicore and Clonskea with HIQA for Registration.</p> <p>SOUTH have opened 8 additional beds (St Vincent’s, Dungarvan) and 55 replacement beds (43 Dingle and 12 St Johns, Enniscorthy).</p> <p>WEST – no new beds open by year end.</p> |
| | Implementation of Fast Track beds and additional capital developments for Older People as part of the National Development Plan. | Q1-Q4 | 32 additional new beds have opened in DNE (as above). |
| Home Care Packages (HCP) Support <i>over and above mainstream services to maintain</i> | Implementation of findings of the DoHC commissioned evaluation of HCPs within existing resources following publication of the evaluation report. | Q1 (roll out to Q4) | Guidelines agreed with DoHC Q3. Implemented has commenced from 1 Dec 2010. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| <i>the older person at home. Targeting those at risk of admission to long term care, inappropriate admission to acute hospital or requiring discharge to home from acute hospital</i> | National Standardised Operational Guidelines agreed and implementation plan rolled out during 2010. | Q1 (roll out to Q4) | Guidelines agreed with DoHC Q3. Implemented has commenced from 1 Dec 2010. |
| | National procurement framework for Home Care developed, implemented and monitored. | Q1 (roll out to Q4) | Terms of Contract / Advertisement completed. Union consultation process undertaken prior to placing advert. 100+ 'Expressions of interest' received from private and voluntary providers following advertisement campaign. Applications are currently being evaluated. Contracts to be entered into in Q1 2011. |
| | Additional performance indicators for HCPs developed. | Q1 (roll out to Q4) | Home Care Package Guidelines sent to DoHC for approval and inclusion in 2011 dataset. |
| Home Help Services | Implementation of a standardised approach for the allocation of Home Help hours continued. | Q2 | Home Care Package Task Force has established a sub group to look at Home Help Hours. This group is due to report back by end of Q1 2011. |
| | 11.98 million Home Help hours delivered in order to maintain people at home for as long as possible. | | Activity returns show activity at 2.5% below target activity. |
| Elder Abuse - Recruitment of Senior Case Workers | Recruitment will proceed with all Senior Case Worker vacancies filled (subject to normal recruitment practices). | Q3 | The vacant 'Dedicated Officer' post has been offered and accepted in DNE. Remaining vacant posts are currently in the recruitment process. |
| Elder Abuse - Public Awareness Campaign | Development and implementation of elder abuse public awareness campaign. | Q1-Q4 | Campaign held in June 2010 to coincide with World Elder abuse Awareness Day. <ul style="list-style-type: none"> The second report on HSE Elder Abuse Services ('Open Your Eyes') was published in May 2010. Designed to update HSE staff on the developments in the HSE elder abuse service during 2010. Elder Abuse media and public awareness campaign was launched at a seminar in the NCPOP (National Centre for the Protection of Older People) in UCD on 15 June. A DVD has been developed to raise awareness elder abuse within community settings. Short Film Competition being launched on 10 Aug. Competition asks members of the public to highlight the issue of elder abuse in a film of 30 to 60 second duration. Winning entries will be available for viewing on the HSE website. Winner to be announced Jan 2011. |
| Geriatrician-led Teams in Community - Capacity development to meet the more complex needs of older people and to support implementation of 'A Fair Deal'. | Appointment of remaining members of the 4 Geriatrician-led Teams (1 team per Area – 20 WTEs in total) working across hospital and community settings to meet the more complex needs of older people progressed in accordance with requirements of national HR policy and new Consultant Contracts. | Q4 | Subject to moratorium and to new Consultant Contract. <ul style="list-style-type: none"> Moratorium – can only recruit if post 'of same value' is suppressed*. Consultant Contract – Consultants can only be recruited if 2 NCHD posts are suppressed. <p><i>* While the filling of these posts is a priority for Older Persons Services there have been no vacancies arising in Consultant posts under Older Persons Services to facilitate the establishment of these teams.</i></p> |
| Influenza Vaccine | Work towards WHO target of 75% for flu vaccine uptake rate with target of 72% for 2009 / 2010 for GMS card holders aged 65 years and older. | Q4 | This programmed commenced in September 2010. |

Palliative Care

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|--|------------------|--|
| Progress the implementation of recommendations in the Report of the National Advisory Committee on Palliative Care 2001 | Implementation plan on agreed national priorities developed in conjunction with all stakeholders based on new integrated services. | Q1-Q4 | <p>The National Implementation Group has been established and has met as per the report recommendations. Terms of reference and short term work plan have been agreed.</p> <p>Two priorities have been identified:</p> <ul style="list-style-type: none"> • Priority one - concentrating on reorganisation and reconfiguration of the Palliative Care Service • Priority two - continue to develop the Area Development Committees |
| Implement Minimum Data Set for Palliative Care nationally | <p>MDS further implemented nationally ensuring the successful roll out of the MDS in relation to Home Care and Specialist Units.</p> <p>Roll out commenced on the collection of relevant sections of MDS in relation to acute hospitals and day care.</p> | Q3-Q4 | <p>MDS in relation to Specialities Unit's and Home Care are now complete. Review meetings are scheduled to take place every quarter in 2011.</p> <p>A sub group was formed in September 2010 to identify collectable metrics and pilot sites for data relating to the Acute Hospital Services. This work will continue during 2011.</p> |
| Paediatric Palliative Care | <p>Phased implementation of policy with stakeholder involvement.</p> <p>Database progressed through:</p> <ul style="list-style-type: none"> ▪ Liaison with CSO to assess death data. ▪ Further examination of developments in Cardiff to determine benefits of a joint project. ▪ Commencement of project to examine death date and establish 'cause of death factors'. | Q1-Q4 | <p>National steering group established to guide the national implementation on a phased basis. Terms of Reference agreed and short term work plan identified.</p> <p>A successful candidate has been identified for the Consultant Children's post.</p> <p>Outreach nursing posts are progressing but difficulties with WTE ceilings have to be overcome. The following has been agreed.</p> <ul style="list-style-type: none"> ▪ Waterford: 1 WTE has been approved by the Area Employment Monitoring Group and forwarded on to the RDO for sign off. ▪ Cork: 1 WTE has been approved by the RDO and forwarded on to the National Recruitment office in Manorhamilton to action. ▪ DNE; 1 WTE has been approved by the RDO and forwarded on to the National Recruitment office in Manorhamilton to action. ▪ DML: RDO and Irish Hospice Foundation are in discussion as to how this post will be assigned. <p>Database progression. Work is suspended until the Consultant Children's post is in place.</p> <p>Liaison by the sub group with the Cardiff project continues. Options being prepared for the national director to allow this proposed project to develop includes for an external source to provide expertise and assistance.</p> |

Social Inclusion

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|--|----------|----------|------|--|--------|----------------------------|----------|---------------------------|-----------|--|---------|---|-------|---|---------------|--|---------|--|----------|-----------------|
| CP14 Social Inclusion Implementation of the National Drugs Strategy (NDS) 2009 – 2013 | National Rehabilitation Framework in place. | Q2 | <p>Rehabilitation Framework approved by the Oversight Forum on Drugs (chaired by Minister Carey) which will be tested in pilot sites in each of the 4 regions. Terms of Reference for the pilots currently being developed.</p> <p>The National Rehabilitation Framework was approved at the April 2010 Oversight Forum on Drugs meeting and published in July 2010. The HSE led National Drugs Rehabilitation Implementation Committee (NDRIC) called for submissions through the Drug Task Forces to inform/ assist with the implementation of National Drugs Rehabilitation Framework.</p> <p>The NDRIC has adopted a phased approach to selecting pilot sites. To this end three pilot sites (Blanchardstown, North Inner City Dublin and Dundalk) have been selected for the first stage.</p> <p>A further nine sites have made submissions for the 2nd stage and the NDRIC will consider these submissions at its January 2011 meeting.</p> | | | | | | | | | | | | | | | | | | | | |
| | National Liaison Pharmacist appointed. | Q1 | The recruitment of the National Liaison Pharmacist post is completed and an offer is being considered by the successful candidate. | | | | | | | | | | | | | | | | | | | | |
| | Harm reduction and treatment services further developed, including needle exchange and methadone services. | Q1 | <p>Roll out of additional addiction services for methadone has commenced in Q1 with the development of new facilities. However due to local planning issues and other issues, these facilities are not complete. The table below outlines progress to date.</p> <table border="1"> <thead> <tr> <th>Location</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>Cork</td> <td>2 new facilities opened in 2010 (Q1 and Q2). Clinic in Heron House will open in March 2011 (fit out nearing completion).</td> </tr> <tr> <td>Tralee</td> <td>Facility opened in Q4 2010</td> </tr> <tr> <td>Kilkenny</td> <td>Clinic opened on 20.12.10</td> </tr> <tr> <td>Waterford</td> <td>Building renovation being completed. Client transfer due to take place in Q2 2011.</td> </tr> <tr> <td>Wexford</td> <td>Wexford town opened Q4 2010. To be expanded when Level 2 GP is recruited.</td> </tr> <tr> <td>Gorey</td> <td>Clinic facility completed and HSE South Addiction Services have moved in to the facility. No Methadone Clinic operating from this facility at the moment. This is being progressed.</td> </tr> <tr> <td>Limerick City</td> <td>Delays on site have pushed completion to late February 2011.</td> </tr> <tr> <td>Dundalk</td> <td rowspan="2">HSE DNE aiming to have recruitment of Level 2 GP completed in Q1 2011.</td> </tr> <tr> <td>Drogheda</td> </tr> <tr> <td>Midlands Region</td> <td>Tullamore – end of Q1 2011 Mullingar – end of Q3 2011</td> </tr> </tbody> </table> <p>In addition, staff reconfiguration and training for GPs at Level 2 was required and these are completed in the targeted areas.</p> <p>Additional Methadone Services in targeted areas</p> <p>The development of additional methadone services are progressing and all 13 planned will be operational in 2011. The Irish Prison Service clinics for Cork, Limerick and Castlereagh are now planned for 2011 (note the provision of the facility in Mullingar is subject to the availability of additional capital funding through the Office for the Minister for Drugs).</p> <p>Services to Under 18s</p> <p>The allocation of additional funding of €2.46m late in 2010 has been drawn down by the four regions of the HSE. This has allowed for the ongoing development of additional frontline addiction services including additional psychology services, counselling and outreach services and family therapy in each Regional Drugs Task Force area for under 18s in partnership with the voluntary sector.</p> <p>Needle Exchange</p> <p>The Irish Centre for Continuing Pharmaceutical Education (ICPE) training module for participating Pharmacists was completed at the end of 2010. It was successfully attended in six regional locations outside of Dublin across the country. Agreement hasn't been reached with the IPU regarding the fee per item, not withstanding</p> | Location | Progress | Cork | 2 new facilities opened in 2010 (Q1 and Q2). Clinic in Heron House will open in March 2011 (fit out nearing completion). | Tralee | Facility opened in Q4 2010 | Kilkenny | Clinic opened on 20.12.10 | Waterford | Building renovation being completed. Client transfer due to take place in Q2 2011. | Wexford | Wexford town opened Q4 2010. To be expanded when Level 2 GP is recruited. | Gorey | Clinic facility completed and HSE South Addiction Services have moved in to the facility. No Methadone Clinic operating from this facility at the moment. This is being progressed. | Limerick City | Delays on site have pushed completion to late February 2011. | Dundalk | HSE DNE aiming to have recruitment of Level 2 GP completed in Q1 2011. | Drogheda | Midlands Region |
| Location | Progress | | | | | | | | | | | | | | | | | | | | | | |
| Cork | 2 new facilities opened in 2010 (Q1 and Q2). Clinic in Heron House will open in March 2011 (fit out nearing completion). | | | | | | | | | | | | | | | | | | | | | | |
| Tralee | Facility opened in Q4 2010 | | | | | | | | | | | | | | | | | | | | | | |
| Kilkenny | Clinic opened on 20.12.10 | | | | | | | | | | | | | | | | | | | | | | |
| Waterford | Building renovation being completed. Client transfer due to take place in Q2 2011. | | | | | | | | | | | | | | | | | | | | | | |
| Wexford | Wexford town opened Q4 2010. To be expanded when Level 2 GP is recruited. | | | | | | | | | | | | | | | | | | | | | | |
| Gorey | Clinic facility completed and HSE South Addiction Services have moved in to the facility. No Methadone Clinic operating from this facility at the moment. This is being progressed. | | | | | | | | | | | | | | | | | | | | | | |
| Limerick City | Delays on site have pushed completion to late February 2011. | | | | | | | | | | | | | | | | | | | | | | |
| Dundalk | HSE DNE aiming to have recruitment of Level 2 GP completed in Q1 2011. | | | | | | | | | | | | | | | | | | | | | | |
| Drogheda | | | | | | | | | | | | | | | | | | | | | | | |
| Midlands Region | Tullamore – end of Q1 2011 Mullingar – end of Q3 2011 | | | | | | | | | | | | | | | | | | | | | | |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | | | this, the National Liaison Pharmacist post will progress matters in 2011. |
| Development of National Substance Misuse Strategy | Input into development of <i>National Substance Misuse Strategy</i> completed. (Co-led by DoHC) | Q4 | HSE representatives continue to actively participate in the Working Group preparing the National Substance Misuse Strategy. Due to the complexity of issues involved it was agreed to have a final meeting of the group in late January 2011 following which the report will be presented to government. |
| Homeless Services <i>Implementation of the National Homeless Strategy</i> | Implementation of National Homelessness Action Plan (Led by the Department of the Environment, Heritage and Local Government) | Q1-Q4 | Work on progressing the actions contained in the NHAP continue with the prime target of eliminating long term homelessness and the need to sleep rough by year end. These actions will continue into 2011 as the required housing options to allow clients move from unsuitable accommodation to housing units has not materialized. Efforts will be intensified in 2011 by the Local Authorities to meet the agreed targets. |
| | Forums in place. | Q1 | The 9 Regional Homeless Consultative Forums have been established. |
| | Action plans completed. | Q3 | Action plans in respect of the individual Forums is now fully complete by the 9 forums. |
| | HSE code of practice for integrated discharge planning utilised as key tool to ensure timely and appropriate discharge. | Q1-Q4 | The implementation of the code of practice needs to be accelerated in a focused way in Q3 / Q4. It was agreed in Q3 2010 that this KRA would be incorporated in an extensive overview of the integrated discharge policies in hospitals as they affect all clients. This was to be led out by the Acute Hospital Directorate with input from the SI Directorate. Ongoing. |
| Ethnic Minority Services - Progress the implementation of the National Intercultural Strategy and develop performance indicators to support the identification of HSE progress in the rollout of the strategy. | Progress discussions with Department of Justice Equality and Law Reform on impact of Direct Provision on physical and mental health of refugee and asylum seekers: | | Forum is in place, liaison arrangements have been agreed and regular meetings are held with relevant issues being addressed. |
| | <ul style="list-style-type: none"> Appropriate forum in place and liaison arrangements agreed. | Q1 | Regular meetings taking place on agreed basis. |
| | Framework in place to respond to and address health issues with regard to "trafficking" of human beings in Ireland: | | Ongoing efforts are taking place across sectors to inform development of a comprehensive framework. |
| | <ul style="list-style-type: none"> Planning, preparation, liaison initiated for development of framework. | Q1 | Arrangements agreed for provision of psychological support. This National workshop took place in August and a framework is currently being developed. |
| | <ul style="list-style-type: none"> Input into development of framework co-ordinated and completed. | Q3 | Completed |
| | <ul style="list-style-type: none"> Agreed framework in place. | Q4 | Workshop held. Framework agreed and in place. |
| Traveller Health All Ireland Traveller Health Study (AITHS) Traveller Primary Health Care Project | HSE input and support to AITHS completed. | Q4 | The All-Ireland Traveller Health Study was published in September 2010. |
| | Evaluation of Traveller Health Units completed. | Q3 | Group convened and action deferred to 2011 (action to be re-examined in 2011 in light of the findings of the All-Ireland Traveller Health Study). This will enable the Traveller Health Governance Group (first meeting planned for February 2011) to convene and develop this action. The action will also take onboard the restructuring of the HSE into the various Integrated Services Areas to develop prior to reviewing the THUs (Traveller Health Units). |
| Community Welfare Services <i>Support the implementation of the core functions of the Health Service Report.</i> | Transfer of Community Welfare Services and associated resources to Department of Social and Family Affairs further progressed by Implementation Team. | Q1-Q4 | Each HSE Area has established a Regional Transition Team to assist the National Project Team and to transfer the Community Welfare Service to the Department of Social Protection. A new Project Leader and Project Manager have been appointed and the Community Welfare Service has been seconded to the Dept of Social Protection effective from 1/1/11, with a view to transfer from the 1/10/11. |

Acute Services Data

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| CP16 Reconfigure our Acute Hospital System Improve internal hospital efficiencies and processes in line with international best practice. | Re-balancing the profile of activity between inpatient and day case, reducing ALOS and improving access and waiting times for services, particularly ED, admissions, elective surgery, diagnostics and OPD. | Q1-Q4 | <p>Planning and preparation is ongoing in the development of the development of medical and surgical assessment services with implementation to begin in early 2011 and a new €1.4m, 23 bedded MAU opening in Cork University Hospital.</p> <p>The use of Assessment and Intermediate care beds in statutory residential care settings is being strengthened to ensure the bed stock appropriately. This has brought about improvements in processing of Fair Deal applications.</p> <p>Systems of delegated discharge authority within clinical teams and to other clinical practitioners have been introduced within agreed protocols.</p> <p>Community Intervention Teams have now been established in Dublin, Cork and the Mid West region. These with Primary Care Teams are a central component of the development of what is termed a "preferred health system" which can reduce reliance on the acute hospital sector and deliver more care in the community.</p> <p>The HSE is exploring how healthcare might learn from industry in using/adapting a range of quality tools and practices (e.g. supply chain management, process and value stream mapping) to support improvements in patient flow through the hospital and especially those processes that support improvements in ED performance (e.g. access to beds, diagnostics). This is being developed in line with goals articulated in the Department's Action Plan for Health Research 2009-2013 and with a range of national and international partners. Work ongoing in areas such as the Mater Hospital, Naas and Limerick in this regard.</p> |
| | Achieve new: review ratio, DNA and waiting time targets for OPD. | Q1-Q4 | The HSE has undertaken a number of change management projects in OPD using the lean techniques during 2009 and 2010. This involved facilitating groups of OPD staff to identifying problems to high performance within their own OPD and empowering OPD staff to undertake local changes to local problems. Using this approach, there was an overall 28% reduction in OPD long waiters and that 7 of the 8 hospitals reduced their waiting lists. |
| | Control of budget and WTEs. | Q1-Q4 | The monthly performance review meetings were held monthly with each RDO to bring a greater focus on key performance issues across the system and a report was presented to the CEO each month.. |
| ED Waiting Times | Extend total ED waiting time measurement to 27 hospitals in 2010. | Q1-Q4 | <p>Work in progress to implement monitoring the real time patient experience for all sites</p> <p>The Patient experience time in emergency departments is an urgent priority and the business intelligent unit has worked with ISD and QCCD in developing a minimum data set. The dataset was issued to all 33 hospitals in early November with a view to begin reporting in late November. In December 17 Hospitals have started to return data (of which 16 are making regular returns) and a further 3 are expected to begin reporting by January 2011. More hospitals will come on stream during 2011. The 21 hospitals due to be reporting by the end of January 2011 represent 71% of ED attendances with the possibility of 89% coverage by the end of 2011.</p> |
| | Work will commence on the implementation of the key recommendations of the C&AG report on ED services. | Q1 | <p>Work is ongoing on the implementation of key recommendation of the C&AG report Progress to date</p> <ul style="list-style-type: none"> Clinical directors have been appointed in all hospitals Clinical Care Programmes in place and launch of the Acute Medicine report An Emergency Department Improvement programme focused on delivering a range of practice and process changes across the healthcare system is now in place. The focus is on improvements in bed management, clinical practice changes, implementation of integrated discharging planning and the development of community services to support admission avoidance and earlier |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | | | <p>discharges from hospital.</p> <ul style="list-style-type: none"> Work is ongoing on implementing total patient experience in ED i.e times from registration to discharge /admission to hospital bed Fair deal has been implemented and is working well. Work is ongoing on ED definitions with a view to introducing a standard set of performance measures in all Emergency Departments. Medical Assessment units have been introduced in some hospitals The Mater Hospital in Dublin have opened a minor injuries clinic in Smithfield on a 6 month pilot basis this avoids patients having to attend the main emergency Department |
| Enhance Service Integration | Continuation of roll out of integrated discharge planning framework. | Q1-Q4 | <p>Implementing the Code of Practice There is full union support for and engagement in delivering integrated discharge planning systematically across the care system.</p> <p>Following the launch of the Code of Practice (Nov 2008) formal implementation process structures were put in place Structures: 20 local Joint Implementation Groups (JIGs). These consist of clinicians and managers from across primary and secondary care services. Self Assessment against the Code of Practice: Improvement plans were developed on foot of the audit results and implementation plans put in place (July 2009).</p> <p>The following are examples of the actions occurring across the country as a result of this process:</p> <ul style="list-style-type: none"> Admission Avoidance Strategies have been put in place. In-patient Processes (internal hospital processes) have been put in place. Primary Secondary Care Interface protocols have been activated. |
| | The number and role of CITs enhanced as resource capacity from reconfiguration of services permits. | Q1-Q4 | <p>€3m Innovation Funding has been allocated in 2010 for the development of CITs with €2m being allocated in 2010. The areas identified for expansion/ development were:</p> <ul style="list-style-type: none"> Expansion – Dublin North, Dublin South, Limerick and Cork New - Carlow/Kilkenny, Galway, Mayo and Donegal. <p>To date, the €2m has been used to expand the geographical areas covered by the Dublin North, Dublin South, Limerick and Cork CITs and to extend the services provided to include enhanced services such as IV antibiotic. A number of defined hospital avoidance programmes are being developed and formalised. In addition, the funding has been used to commence the development of the 4 additional CITs in Carlow/Kilkenny, Galway, Mayo and Donegal. However, these new CITs are not yet operational. A framework document to assist in the roll out of these and future CIT has been developed and is currently being finalised.</p> |
| | Enhancement of the CNS role particularly with regard to outreach services as part of the pathway management of chronic illnesses. | Q1-Q4 | The role of the CNS will be enhanced through the development of the Chronic Disease Clinical Care Programmes and the Primary Care Chronic Disease Watch programme. |
| Implement the new contract for medical consultants and measure associated service improvements. | Consultant teams rolled out. | Q1 – Q4 | Ongoing |
| | Clinical governance implemented. | Q1 – Q4 | Clinical Directors appointed |
| | Extended working day and working week implemented. | Q1 – Q4 | Ongoing |
| | Control of private practice to contractual limits achieved | Q1 – Q4 | Ongoing. |
| | Single waiting list for outpatient diagnostics implemented | Q1 – Q4 | In place |
| | Continued roll-out of the clinical directorate model. | Q1 – Q4 | Ongoing. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| EWTD compliance for NCHDs | EWTD compliance achieved in each hospital group. | Q4 | Ongoing |
| Reconfigure critical care services to ensure that each critical care unit serves an appropriate catchment population and is resourced to provide comprehensive critical care services to that population | Communicate review findings to stakeholders. | Q1 | Clinical Audit: Consultation document and business plan prepared by the critical care programme working group. Catheter Related Blood Stream Infection CRBSI- Project: The study commenced on November 1 st 2010. 10 hospitals participating. Capacity and resource census report: All critical care units participated in a census undertaken by the programme in collection of national data in relation to the number of nurses employed and the critical care bed capacity to support development of a workforce plan. |
| | Critical Care Clinical Lead appointed to support the reconfiguration agenda. | Q1 | |
| | Reconfiguration of critical care services commenced, informed by the recommendations of the review having regard to financial environment. | Q2-Q4 | |
| Reconfigure maternity services to ensure that all maternity services are co-located with acute hospitals providing the appropriate range of services to support the maternity unit. | Dublin Dublin Maternity service Clinical and Service Reconfiguration Leads appointed to support the reconfiguration agenda. | Q1 | The Dublin maternity hospitals continued to progress approaches for the models of care that will operate on the co-located sites and to develop site specific business/scoping proposals in relation to their proposed co-location moves. Local project steering groups have been established between the maternity hospitals and their proposed adult co-location sites. |
| | Reconfiguration of maternity care services in Dublin commenced, informed by review recommendations. | Q1-Q4 | |
| | Mid-West Project in progress through approval stages for major capital projects. | Q2 | Initial financial review undertaken to identify revenue savings. Further work needed to identify an appropriate financial package to fund this project. |
| Configure the maternity units to ensure that there are a minimum number of births per unit, to ensure comprehensive safe services for all patients and to offer appropriate patient choice. | Maternity service Clinical and Service Reconfiguration Leads appointed to support the reconfiguration agenda. | Q1 | A HSE clinical programme for obstetric & gynaecology has been established with the appointment of two clinical leads for midwifery and obstetric / gynaecology. Development and implementation of a maternity and gynaecology service model will be informed by the work of this service model will be informed by the work of this programme |
| | Current delivery model in maternity units nationally examined in light of emerging trends and best practice, both nationally and internationally. | Q2-Q3 | |
| | Feasibility studies to be carried out on the development and implementation of integrated midwifery-led units in line with the findings of the report of the MidU study produced for the HSE by Trinity College Dublin on midwifery-led services in the North East. | Q2-Q4 | |
| Paediatric Services Configure Dublin paediatric services into an integrated paediatric network in advance of move to the new children's hospital | Establishment of a HSE Executive Team to manage relationships between the HSE and the acute paediatric community. | Q1 – Q2 | Paediatric Hospital Network in place. Regular meetings with 3 hospital CEO's, Network Manager and Clinical Director. Internal HSE Operations Group in place with representation from Network, Planning and Development, Q & CC Directorate and specific Paediatric expertise. |
| | A comprehensive review of operations of the three children's hospitals with a particular focus on resource levels, usage and controls, budgetary/ service issues and all structures and processes undertaken. | Q1 – Q2 | Clinical Director in place across the three hospitals. Working to create one surgical department across the hospitals. Engaged with stakeholders in areas such as ED, Orthopaedics, CSA etc. Clinical Director also working with relevant Programme Leads in Q and CC Directorate to ensure Paediatric component of programmes. Current areas under specific review are: <ul style="list-style-type: none"> • Theatre Usage, • ED Review. • Cardiac Surgery. Waiting List initiative with additional CAN's assigned from NTPF Terms of Reference in place for review of nursing resources |
| | Creation of a single budgetary environment for the three hospitals. | Q1 – Q2 | Delayed due to Industrial Action. Project currently being initiated under sponsorship of the Hospital Chairman and RDO DML Project Lead. Shared Services environment across three hospitals is to be looked at in preparation for move to new National Paediatric Hospital. |
| Initiate the configuration of paediatric services into one national | Creation of formal structures for communication, consultation and progression of joint issues of concern between the HSE and the National | Q1 | A Paediatric Service Improvement Group has been established which includes clinical, financial, reconfiguration and operations representation. Formal regular meetings have been established with the National Paediatric Hospital |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| <i>integrated paediatric network with appropriate services provided at national, regional and local level</i> | Paediatric Hospital Development Board. | | representatives to progress issues relevant to the project. In addition the HSE has established a Steering Group with responsibility, inter alia, to advise, endorse and secure approvals for the Development Board proposals, and to consider broader clinical and operational issues that may impact on the new children's hospital development. |
| | A programmatic approach developed within HSE for the delivery of paediatric services. | Q1 | The National Director QCC has requested the nomination of a national paediatric lead from the RCPI and it is expected the lead will be in place Q1 2011. |
| | Commencement of implementation of new Model of Care for Paediatrics with defined roles for particular hospitals. | Q2 | The National Paediatric Hospital Development Board facilitated the process of development of the National Model of Care for Paediatric Healthcare in Ireland and the membership of the group reflected the wide range of professionals involved in the delivery of Paediatric Healthcare in Ireland today. This document was circulated to stakeholders during Q2. The NPHDB is currently working with clinicians to develop specialty specific models of care for the services delivered within the new children's hospital. This work will reflect the principles outlined in the National Model of Care for Paediatrics and will support the principle of the most appropriate level of care being delivered to a child as close to home as possible. |
| | Reorganisation of paediatric services outside of Dublin commenced, with paediatric surgery and anaesthesia a priority. | Q2 – Q4 | Engagement with the RCSI and the College of Anaesthetists has taken place and it has been agreed that work will be progressed through the paediatric programme lead once established. |
| | Referral pathways developed for tertiary services appropriately provided by the Dublin children's hospitals. | Q2 – Q4 | Work continues on the development of referral pathways for critical care and referral pathways for paediatric neurosurgery are in place. |
| Implement Paediatric Neurosurgery Report recommendations | Further development of Paediatric Neurosurgery services nationally developed, informed by the recommendations of the Report: | Q1-Q4 | All management of neurosurgical care including spina bifida and hydrocephalus is now provided by consultant paediatric neurosurgeons A paediatric neurosurgery rota 24/7 is now in place Children over six continue to be managed at the national neurosurgery service at Beaumont Referral pathways for all paediatric neurosurgery have been developed and communicated to all hospitals nationally Demographic funds provided to address the radiological consultant post needed for the service |
| | Lead neurosurgeon in place. | Q1-Q4 | The lead paediatric neurosurgeon in post since Jan 2010. |
| | Appointment of additional consultant paediatric anaesthetists. | Q1-Q4 | Additional paediatric anaesthetist posts are in place to support this new service in the Children's University Hospital |
| | Transfer of care for all children under 6 years of age requiring neurosurgery for tumours from Beaumont Hospital to the Children's University Hospital. | Q1-Q4 | Neurosurgical management (including tumours) of all children under 6 years of age is now undertaken in the Children's University Hospital. |
| | Multidisciplinary team for spina bifida services in the Children's University Hospital progressed. | Q1-Q4 | The development of the multidisciplinary spina bifida team in the Children's University Hospital to support the service is underway with the appointment of the consultant paediatrician to oversee the service who is due to take up post Q1 2011. |
| Development of Paediatric Critical Care / Transitional Care Unit services and facilities | Irish Paediatric Critical Care Network to continue to develop the service underpinned by the recommendations of the Report on Paediatric Critical Care Services. | Q1-Q4 | The Irish Paediatric Critical Care Network chaired by Prof Des Bohn, Clinical Director of Paediatric Critical Care in Toronto Sick Children continues to oversee implementation of the report recommendations and the development of paediatric critical care. |
| | The appointment of 3 paediatric intensivists across the two sites progressed and in post. | Q2-Q4 | The three consultant paediatric critical care intensivists working across Our lady's Children's Hospital and the Children's University Hospital have taken up post. |
| | Critical care capital build progressed in Our Lady's Children's Hospital. | Q1-Q4 | Building work is well underway in Our Lady's Children's Hospital for 17 intensive care beds with 13 being replacement and an additional 4 beds and is expected to be completed in Early 2011 |
| | Process developed to have a bed bureau for access to paediatric critical care beds for referring hospitals. | Q1-Q2 | Work is underway to put in place for a central bed bureau and referral process for the joint department of paediatric critical care (Our Lady's Children's Hospital and the Children's University Hospital) |
| Development of Paediatric Retrieval Service | Co-ordinator appointed to develop service guidelines and work with the referring hospitals to establish the service. | Q1 | Recruitment unsuccessful and post to be re-advertised Q1 2011. Recruitment of Intensivist posts to develop and run the service delayed due to moratorium and have now been resolved Q4. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | Development of a national paediatric retrieval service continued to be progressed through the Irish Paediatric Critical Care Network. | Q1-Q4 | |
| Review of Paediatric Orthopaedic Service | Review undertaken of delivery of paediatric orthopaedics in the children's hospitals and regionally to identify how they should best be delivered. | Q1-Q2 | A HSE group was established to engage with orthopaedic surgeons in relation to issues of concern regarding delivery of orthopaedic services nationally. This group has reviewed orthopaedic activity information supplied (in-patient/ day case/ hospital and age band) in order to understand the type of orthopaedic paediatric patients discharged from the various hospitals. This work will inform the future delivery of orthopaedic services. The work of this group will continue as part of the national paediatric programme. |
| | Implementation commenced for most appropriate model for paediatric orthopaedic services nationally. | Q3 | |
| Reorganise acute services in each HSE Area to ensure the provision, within each network, of both comprehensive 24 / 7 medical and surgical services and planned activity for comprehensive day case and diagnostic workloads. Reconfigure emergency services to ensure that they serve an appropriate population catchment, and are resourced to provide comprehensive 24 / 7 emergency services and care for other urgent needs and minor injuries | HSE South - Southern Hospital Group A reconfiguration plan for services in Cork and Kerry published. | Q1-Q4 | Roadmap for Reconfiguration of acute services in Cork and Kerry launched 22nd November 2010 to develop and integrated university hospital network <ul style="list-style-type: none"> Detailed implementation planning now in progress Project management approach in place Timelines for 3 years of implementation of roadmap under discussion Capital priorities agreed |
| | Implementation plan developed. | Q1-Q4 | |
| | Implementation commenced. | Q1-Q4 | |
| | South Eastern Hospital Group A framework for reconfiguration completed. | Q1-Q4 | Due to the complexity of the issues presenting it was agreed by the Steering Group that its ongoing work would need to have regard to the National Clinical Programmes currently underway under the auspices of QCC. Before an agreed set of draft proposals could be finalized the direction of travel of the various specialties under National Clinical Programmes needs to be clearly stated and available to the Steering Group to progress its work. To this end a series of meetings are being arranged for Q1 2011 commencing with a meeting between the Steering Group and the National Director arranged for end February 2011 Having considered the views of the National Clinical Programmes, it is planned that the Steering Group will finalise a set of draft proposals early Q2 2011 for national sign off. These proposals will then be subject to public consultation during summer and final report will be available Q3 2011. |
| | Implementation plan developed. | Q1-Q4 | |
| | Implementation commenced. | Q1-Q4 | |
| HSE West - West / North West Hospital Group Commence process of preparing a reconfiguration plan. | Q1-Q4 | Steering Group established with Clinical Lead to develop proposals for the reconfiguration of services in the HSE West Region (excluding the Mid West). Establishment of two sub- groups with clinical leadership to focus on <ul style="list-style-type: none"> North West Donegal, Sligo and Mayo <ul style="list-style-type: none"> ❖ Series of inter-disciplinary planning workshops held Galway/ Roscommon <ul style="list-style-type: none"> ❖ Project Scope statement completed Footprint document (shared vision of the proposal for reconfiguration in the Galway Roscommon Project) agreed. | |
| Mid-West Hospital Group Planning for centralisation of critical care and acute medical care from Ennis General Hospital and Nenagh General Hospital to the Mid-West Regional Hospital, Limerick completed. | Q1-Q4 | Integrated Services Area established <ul style="list-style-type: none"> Critical Care Block construction commenced at MWRH Dooradoyle August 2010 Primary Care Teams 35 implemented 2010 targets met- 14 Limerick, Clare 12 and North Tipp 9 Continued Enhancement of Day Surgical and OPD services at Ennis and Nenagh - new Endoscopy Unit opened in Nenagh in November 2010 Microbiology centralised in September 2010 at MWRH Dooradoyle Patient Flow co-ordinator appointed in 2010 4 Advanced Nurse Practitioner ED posts advertised Progression of centralising acute cardiology is being advanced and approval granted to appoint 4th Cardiologist in December 2010 | |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | | | Gap analysis under Acute Medicine Programme conducted late 2010. |
| | HSE Dublin Mid Leinster - Midlands Hospital Group Process of developing a reconfiguration plan commenced. | Q3-Q4 | Dublin Mid Leinster reconfiguration steering group established involving clinical directors, hospital and community services managers, public health and acute services planning with remit to address acute services reconfiguration and the move to Integrated Services Areas within DML |
| | Dublin South Hospital Group Reconfiguration plans advanced. | Q3-Q4 | This work will be progressed in Q3 in conjunction with the work in the Midlands |
| | HSE Dublin North East - North East Hospital Group Changes required to safely centralise acute inpatient services within Louth to Our Lady of Lourdes (LOL) Hospital Drogheda progressed through Louth Meath Steering Group. | Q1-Q4 | <p>From July 2010, acute services in Co. Louth were centralised from Dundalk to Drogheda and a number of staff have been redeployed to support the enhanced services in Our Lady of Lourdes Hospital – MAU, ICU, staffing for additional beds.</p> <p>Enabling measures at Our Lady of Lourdes Hospital Drogheda included:</p> <ul style="list-style-type: none"> • New Emergency Department in Our Lady of Lourdes, Drogheda • Interim Medical Assessment Unit in Our Lady of Lourdes, Drogheda, this unit, opened on 16 July 2010, has 8 beds and is catering for up to 20 patients referred from the Emergency Department on a daily basis. • New Medical Assessment Unit – Refurbish former ED and open permanent Medical Assessment Unit at this location. Commissioning and the planned transfer of services to this facility are scheduled to take place in early January, 2011. • Development of 18 bed short stay & observation wards at LOL • Enhanced Pre-Hospital service – two extra ambulances were provided for Co. Louth • Opening of two new inpatient wards over the new ED. These wards include a 20 bedded Cohort Isolation Ward and a 20 bedded general medical ward. • Improved discharge planning & reduced length of stay • Transfer of Ambulance trauma from Our Lady's Hospital, Navan to Our Lady of Lourdes Hospital, Drogheda in February 2010. • A new 8 bedded Coronary Care Unit including 5 Step down/cardiology beds, providing a net increase of 5 beds, was commissioned in September 2010. <p>Enabling measures at Louth County Hospital, Dundalk included:</p> <ul style="list-style-type: none"> • 12 Hour Minor Injury Unit. • Increase capacity in Stroke Rehabilitation unit and also to include Orthopaedic Rehabilitation. 6 stroke beds commissioned to date • The Venesection service, which is a Day Case service for the treatment of Haemochromatosis, is currently being transferred from Our Lady of Lourdes Hospital, Drogheda to Louth County Hospital, Dundalk involving the transfer of 250 patients. Other relevant medical day patients have also been identified for transfer. This service transfer of routine elective work to Louth County Hospital is part of the strategic initiative to provide appropriate care in the appropriate setting. This will improve access for acute day services in Our Lady of Lourdes Hospital, Drogheda. |
| | Joint department of surgery between LOL Hospital, Drogheda and Louth County Hospital, Dundalk to be further expanded to include Our Lady's Hospital, Navan. | Q1-Q4 | |
| | Dublin North Hospital Group Reconfiguration plans advanced. | Q3-Q4 | Regional acute hospital forum for all DNE established to consider reconfiguration agenda in north Dublin as well as former north east |
| Ensure that the | National Ambulance Service | Q1 | Awaiting Appointment of AND as priority. Candidate identified, |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| <i>ambulance strategy and the deployment of the Advanced Paramedic emergency workforce are in place to support the reconfiguration.</i> | Management Reconfiguration Risk Manager appointed. | | appointment pending |
| | Senior Management Team reconfigured. | Q1 | Awaiting Appointment of AND as priority. Candidate identified, appointment pending. Discussions commenced with key stakeholders |
| | Service Performance Improve response times to life threatening emergencies with implementation of a medical priority based dispatch system (AMPDS). | Q1-Q2 | AMPDS operational nationally since June. Identifying appropriate response to life threatening emergencies. Extrapolation of data can be used to plan and implement tactical deployment of operational resources. |
| | Continue to spatially analyse final three regions. | Q2 | Completed. Awaiting final reports from Pre Hospital Emergency Care Council. |
| | Develop the Separation of Emergency and patient transport services. | Q1 – Q4 | Separation of Emergency and Patient Transport Service is a key element of ongoing Ambulance Service Reconfiguration in support of Acute Service Reconfiguration. To date, resourcing emergency reconfiguration has been prioritised. Limited progress other than in those Reconfiguration areas where resources have been transferred from acute hospitals. Approx. 95% of all routine work continues to be carried out by Emergency Ambulances and Paramedic/Advanced Paramedic staff. Associated discussions with the relevant trade unions have commenced |
| | Time based performance standards and indicators developed in consultation with DoHC/ PHECC /HIQA | Q2 | Finalisation of Pre Hospital Emergency Care Standards almost completed. Launch planned for January 2011 |
| | Clinical Governance Medical Director appointed. | Q1 | Awaiting Appointment of AND as priority. No progress on identifying a WTE. Interim arrangement in place for 12 months based on secondment of an existing ED Consultant to role. |
| | Clinical Performance Manager appointed. | Q1 | Awaiting Appointment of AND as priority. No progress on WTE or funding |
| | ICT / Technology investments | | |
| | AMPDS fully operational – extrapolation of Clinical PI material. | Q1-Q2 | Rollout delayed due to industrial action. AMPDS operational nationally since June. Extrapolation of clinical PI material will be delayed until Q3 / Q4. Data now available for October 2010. Extrapolation hampered by different systems in former HB areas |
| | ECAS rolled out. | Q1 | Non Live testing successfully completed. Live testing commenced 12 July. Support from Eircom to continued until October now completed |
| | TETRA rollout completed. | Q1-Q4 | Test Radios fitted in Rapid Response Officer vehicles and testing of service underway. Roll out to all Ambulance vehicles will continue pending outcome of testing analysis and report. Rollout commenced in Kerry. |
| | Web Based Roster System rolled out. | Q2 | Pilot project rolled out in North West initially. National rollout commenced Q2. Ongoing. |
| | Electronic patient care reporting project rolled out. | Q1-Q2 | North East pilot project review underway to determine suitability of software and hardware and procurement process to be adopted. Project on hold until 2012 due to a number of critical issues including staff support and ICT capacity to deliver existing projects |
| | Automatic vehicle positioning system rolled out. | Q2 | AVL operating in all areas with the exception of the South. New system required when National Control Centre is commissioned in Q4 2011. Existing systems cannot be integrated into TETRA Digital Network. |
| | CAD System national procurement and roll out. | Q1-Q2 | At preliminary discussion stage with ICT Project Management. CAD specification under development. CMOD approval complete |
| | Mapping System national procurement and roll out. | Q1-Q2 | HSE wide stakeholder user group set up to identify national requirements for national procurement process ongoing. |
| | Control Centre Reconfiguration | | |
| | Reconfiguration of control function in West and South from 4 to 2 sites. | Q1-Q4 | Control Centre Reconfiguration delayed due to Industrial Action. Since acceptance of the Public Service Agreement discussions have recommenced in Castlebar and Tralee. Industrial relations continues to be an issue |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| | Reconfiguration | | |
| | Support area-based reconfigurations of services in the North East, Mid West, South and South East. | Q1-Q4 | North East: Planning Phase 2 Mid West: Planning Phase 2 South: Planning and Implementation Phase 1 South East: Planning Phase 1 |
| | Further 48 interns trained to Advance Paramedic level. | Q4 | Course 1 Commenced June 2010 Course 2 Commencing September 2010 |
| Initiate National Integrated Management Information system (NIMIS) (PACS / RIS) to facilitate communication and ease information across the system of access to imaging | Completion of central system design process. | Q1-Q4 | . |
| | Commencement of installation in Phase 1 and Phase 2 sites. | Q1-Q4 | Central hardware delivered and installed in Data Centres. Confirmation of requirements for Phase 1 sites with delivery of kit for initial sites. Delay in project as a result of sanction approval delays for some of the required interfaces |
| | Completion of required infrastructure upgrades in these and some later sites. | Q1-Q4 | Preparatory work identified and commenced in some sites. |
| | Go-Live in majority of Phase 1 sites. | Q1-Q4 | Due to required software enhancements / developments (and subsequent testing), first go-lives commencing in Q1 (2011). All Phase 1 and 2 sites live by Q4 (2011). |
| Co Location Implement the plans for co – location of private hospitals on public hospital sites | Co-located Hospitals at Cork University Hospital, Midwestern Regional Hospital and Beaumont progressed to construction phase, subject to satisfactory banking arrangements. | Q4 | Co-located Hospitals at Cork University Hospital, Midwestern Regional Hospital and Beaumont have each received full planning permission from An Board Pleanala. Significant work has taken place with the successful private partner under section 3.2 of the Project Agreement to achieve a bankable position in the current changed economic environment. Revised documentation submitted to the HSE by Private Partner on 1 July. The co-location initiative, like other major projects, has to deal with the changed funding environment. The HSE is continuing to work with the successful bidders to provide whatever assistance it can to help them advance the projects. No go-lives completed for Phase 1 sites. First go-live scheduled for Q2 (2011) with 15 sites live by end Q4 (2011). |
| | Co-located Hospital at St. James' progressed to construction phase, subject to receipt of planning permission and satisfactory banking arrangements. | Q4 | Co-located Hospital at St. James' received full planning permission from An Board Pleanala on 1 July 2010. The consortium will seek funding for the project and progress to construction phase The co-location initiative, like other major projects, has to deal with the changed funding environment. The HSE is continuing to work with the successful bidders to provide whatever assistance it can to help them advance the projects. |
| | Co-located Hospital at Waterford Regional Hospital progressed to planning permission, with signing of project agreement including design completion to be concluded after which the Consortium will pursue banking arrangements. | Q1 Q4 | Co-located Hospital at Waterford Regional Hospital remains at preferred bidder stage. Planning permission has not yet been applied for by the consortium. It is anticipated that the site will progress in the process toward the end of third quarter 2010 |
| | Decision to submit a preferred bidder to HSE Board made. | Q1 | Co-located Hospital at Sligo General Hospital remains at preferred bidder stage. Planning permission has not yet been applied for by the consortium. Clarification to be sought from preferred bidder with respect to its continued participation on this site Co Location Hospital in Connolly Hospital, Blanchardstown, remains in procurement phase and a decision has not yet been made by steering group to submit to Board for preferred bidder approval Co Location at AMNCH remains in early phase of procurement process |
| National Specialist | Establishment of an organ donation and | Q1 | Outline of role of the National Organ Donation and |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
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| Service Organ Donation and Transplantation | transplantation unit within the existing resources and national structures. | | Transplantation Office discussed and agreed with key stakeholders |
| | Assignment of clinical lead to drive the work of this unit. | Q1 | Clinical lead appointment process underway. RCPI/RCSI have invited applications for this role. Interview Board selected. The appointment is to be jointly with the RCSI and RCPI, reporting to the National Director of Quality and Clinical Care. |
| | Collation of comprehensive performance data provided by all the transplant centres. | Q2-Q4 | Dependent on establishing the above |
| | Commencement of national reporting, monitoring and assessing of performance of organ donation and transplantation activities. | Q3-Q4 | Dependent on establishing the above |
| Introduction of Newborn Screening for Cystic Fibrosis | Integration of the newborn screening for cystic fibrosis programme into the existing newborn screening programme with an appropriate governance construct. | Q3 | The expansion of the National Newborn Bloodspot Screening Programme to include CF is a key priority and deliverable under the service plan. A project lead been appointed to the Newborn Screening for Cystic Fibrosis Steering Group. Project Lead: proposals to address the implementation are progressing. Funding: €850,000 is ring fenced for implementation. Governance Structure: This has been agreed and is to be established in quarter 1 in 2011. |
| | Commencement of implementation of newborn screening for cystic fibrosis. | Q4 | Date for commencement will now be in quarter 2 2011 and the necessary preparations are being advanced. This includes education of sample takers within maternity and community nursing services. |



| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|--|------------------|--|
| CP15 National Cancer Control Programme Lung cancer services | Rapid access diagnostic clinics for lung cancer in remaining specialised centres established, with centralised lung cancer surgery in 4 of these centres. Development funding utilised (see below). | Q1-Q4 | Lung rapid access clinics opened in 7 of the 8 centres in Dec. 2010. Outstanding clinic to open in Galway Lung surgery centralized in 4 centres – St. James's, The Mater, CUH and GUH |
| Prostate cancer services | Rapid access diagnostic clinics for prostate cancer in remaining specialised centres with centralised prostate cancer surgery in 4 of these Centres. Development funding utilised (see below). | Q1-Q4 | Prostate Rapid Access clinics open in 6 out of 8 centres Outstanding clinics to open in WRH and in CUH Prostate surgery to transfer from AMNCH into DML regional centre and from MUH into CUH |
| National centre for pancreatic cancer | Pancreatic cancer services centralised in St. Vincent's Hospital. | Q1-Q4 | Pancreatic Surgery transferred to St. Vincent's from Beaumont, Mater, St. James's, GUH Surgery due to transfer from MUH into satellite unit in CUH linked to St. Vincent's in 2011 Funding and WTEs transferred into St. Vincent's in line with Service transfer. |
| Radiotherapy Waterford and Limerick Private Units | Activity and operational costs of Waterford and Limerick radiotherapy units controlled. | Q1-Q4 | Contracts with Private providers for the treatment of public patients in Waterford and Limerick being monitored by a National Team |
| Rectal cancer services | Number of hospitals carrying out rectal cancer surgery reduced to 8 cancer centres. | Q1-Q4 | Number of hospitals carrying out rectal surgery has reduced. Ongoing discussions with RDOs and cancer centre CEOs re transfer of rectal cancers into 8 centres. Some centres dependant on reconfiguration of services before additional surgical workload can be accommodated |
| Community oncology | Referral guidelines and standardised referral forms for 7 most common cancers developed. | Q1-Q3 | Referral Guidelines for Breast, lung and prostate developed and implemented nationally. The melanoma guideline has been developed and is being piloted in Cork prior to national rollout. Non-Melanoma referral guidelines and referral form developed, and will be released when additional dermatology resources have been put in place. Gynaecology guideline in process. Colorectal will commence at a later stage. All of these guidelines and referral forms were developed in consultation with specialist services. |
| | Seven site specific referral forms integrated with GP electronic systems. | Q3 | The breast, lung and prostate electronic referral forms are available in healthlink and will be rolled out nationwide by the end of 2011. By end of Q1 these three electronic forms will be fully incorporated into the 4 commercial GP software systems. The electronic melanoma referral form will be developed following results of the pilot study Three additional electronic referral forms agreed with wider HSE are the generic GP referral form, colposcopy referral form and neurology referral form. |
| | GP multiple cancer information sessions delivered nationally. | Q1-Q4 | GP Meetings held in various locations around the country often in association with the specialist services, ICGP and GP training networks. |
| | Cancer nurse education programme in consultation with HSE senior nursing developed and implemented. | Q1-Q4 | PHN and community nurse training programme for medical oncology patients is being implemented and evaluated in Donegal and is due to be expanded to Galway in April 2011. This new service allows for medical oncology patients to receive some of their care at home. A Cancer education programme for nurses working in Primary Care has been developed and will be rolled out in 2011. A national cancer nursing strategy is being developed in conjunction with HSE Nursing and Midwifery Directorate |
| | Cancer prevention services developed. | Q1-Q4 | Prevention is undertaken in association with HSE Health Promotion. A cancer Prevention Project officer has been appointed. NCCP worked with Health Promotion in implementing the tobacco control framework. Cancer prevention material has been prepared for NCCP website. Collaboration with DOHC has taken place in relation to sun bed legislation |
| Skin cancer services | Centres for the treatment of complex skin cancers established. | Q4 | As part of the work of the expert skin cancer group an audit of melanoma services was conducted to identify |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|---|------------------|--|
| | | | priorities for skin cancer developments. NCCP is working with QQCD to develop skin cancer services in accordance with agreed priorities. NCCP funded new dermatology posts in Waterford and Limerick |
| Ocular cancer services | Repatriate service from UK under E112 treatment abroad scheme to St. Luke's. | Q2 | Service established between Eye and Ear and St. Luke's Hospital. Funding allocated to both hospitals to implement service. |
| Transfer and integration of St. Luke's Hospital into the NCCP | Transfer and integration of St. Luke's Hospital into the NCCP by July 2010. | Q3 | St. Luke's transferred into NCCP on August 1 st 2010. |
| Transfer and integration of National Cancer Screening Service (NCSS) into the NCCP | Transfer and integration of National Cancer Screening Service (NCSS) into the NCCP by April 2010. | Q2 | NCSS transferred to into NCCP in April 2010. |
| Medical oncology | Minimum of 2 medical oncologists in every hospital with inpatient oncology beds. | Q4 | Second medical oncologists approved for Limerick, Sligo / Galway and Letterkenny. Medical oncologists also approved for Mater / Cavan, Beaumont/Drogheda and Cork/Tralee. Posts are being recruited |
| Cancer Office in 8 specialised centres | Central cancer offices in each cancer centre for receipt, prioritisation and management of all cancer referrals and GP / patient communication established. | Q1-Q3 | Difficulty in delivering cancer office due to WTE moratorium |
| Additional theatre capacity to support cancer programme centres | Additional theatre supports for designated centres and other new cancers developed. | Q4 | Funding allocated towards theatre/ICU /HDU costs in main surgical centres. Recruitment of posts in process |
| Finance | Existing base cancer expenditure transferred under the control of the NCCP Programme. | Q1 | Draft framework document drawn up between NCCP and HSE Finance Director under consideration. Goal to give NCCP control and responsibility for use of direct cancer expenditure within HSE finance control framework. Drugs budget to be excluded pending revision of overall drugs expenditure framework |
| Telesynergy | NCCP to take ownership of national system and assume responsibility for support and maintenance. | Q1 | Discussions ongoing around transferring maintenance and service of telesynergy equipment under control of NPRO |
| NPRO - Capital development plan in Beaumont and St. James Hospitals, as part of the National HSE Radiation Oncology Network (Phase 1) | Phase 1 facilities on both sites operational. | Q4 | Facilities handed over to operations Q4. 54 WTEs approved and recruitment ongoing Q4. |
| | Delivery of the network service for radiation oncology across 3 sites in the Eastern region. | Q4 | St. Luke's Network established with a single operational model developed to deliver services across 3 sites from Q1 2011. |
| | Recruitment of staff for network service complete. | Q4 | Recruitment process ongoing expected completion Q1 2011. |
| | Integration of radiation oncology with broader cancer and acute services on both hospital sites. | Q4 | Principles of service arrangements established in Q4. Business arrangements being progressed on both sites under a Section 38 arrangement. |
| | Phase 1 construction work continued. | Q4 | Phase 1 construction complete facilities handed over to operations. |
| NPRO - Phase 2 development -the completion of the National Radiation Network by Public Private Partnership by 2014 | Finalisation of the ICT output specifications. | Q1 | ICT Output Specifications complete and approved by Project Board. |
| | Obtain approval for PSB and total project costs. | Q1 | Total project cost report approved by Project Board for submission to NDFA to compile PSB. |
| | Commencement of PPP tender process in line with issue of PQQ. | Q2 | Tender documentation under development. Project still awaiting approval to proceed to market. |
| | Commencement of enabling works package on 6 sites. | Q1- Q4 | Procurement for enabling works underway and approval to proceed from HSE Estates agreed. |
| | Preparation for issue of full tender package for PPP and initiation of the competitive dialogue process to develop full solutions for all 6 sites with preferred bidders commenced. | Q1- Q4 | Project Agreement, technical schedules and tender documents being developed. Project still awaiting approval to proceed to market. |
| | Completion of the Public Sector Benchmark mark and total project costs for 2014 and 2020 developments. | Q1- Q4 | PSB report for all six sites submitted to DoHC, clarifications process complete. |

Quality & Clinical Care

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period | |
|--|---|-----------------------|---|--|
| CP 17 Corporate Quality & Safety Programmatic Approach <i>Develop and implement a programme for Respiratory diseases</i> | Chronic Obstructive Pulmonary Disease (COPD) | | | |
| | National implementation plan developed. | Q1-Q2 | <ul style="list-style-type: none"> Baseline study performed and solutions for delivery in 2011 agreed. Business case developed and approved incorporating solutions into NSP 2011. Planning underway for the implementation of 12 COPD outreach services nationally. Performance measures agreed and targets set for 2011. | |
| | Baseline study underway the findings of which will enable identification of targets for agreed performance indicators. | Q2 | | |
| | Implementation of plan commenced. | Q3 | | |
| | Progress of programme assessed and targets set for 2011. | Q4 | | |
| | Asthma | | | <ul style="list-style-type: none"> Baseline study performed and solutions for delivery in 2011 agreed. Business case developed and approved. Planning underway for the implementation of a national asthma education programme for health care professionals. |
| | National implementation plan developed. | Q1-Q2 | | |
| | Baseline study underway the findings of which will enable identification of targets for agreed performance indicators. | Q2 | | |
| Implementation of plan commenced. | Q3 | | | |
| Progress of programme assessed and targets set for 2011. | Q4 | | | |
| Programmatic Approach <i>Develop and implement a programme for Cardiovascular diseases</i> | Stroke | | | |
| | National implementation plan developed. | Q1-Q2 | <ul style="list-style-type: none"> Baseline study performed and solution for delivery in 2011 agreed. Business case developed and approved incorporating solution into NSP 2011. Planning underway for the implementation of 9 new acute stroke units nationally, the expansion of thrombolysis and TIA rapid access services. Performance measures agreed and target set for 2011. | |
| | Baseline study underway the findings of which will enable identification of targets for agreed performance indicators. | Q2 | | |
| | Implementation of plan commenced. | Q3 | | |
| | Progress of programme assessed and targets set for 2011. | Q4 | | |
| | Acute Coronary Syndrome | | | <ul style="list-style-type: none"> Baseline study performed and solutions for delivery in 2011 agreed. Business case developed and approved incorporating solutions into NSP 2011. Planning underway for the implementation of 4 primary PCI centres nationally. Performance measure agreed and targets set for 2011. |
| | National implementation plan developed. | Q1-Q2 | | |
| | Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators. | Q2 | | |
| | Implementation of plan commenced. | Q3 | | |
| | Progress of programme assessed and targets set for 2011. | Q4 | | |
| | Heart Failure | | | <ul style="list-style-type: none"> Baseline study performed and solution for delivery in 2011 agreed. Business case developed and approved incorporating solution into NSP 2011. Planning underway for the implementation 12 heart failure units managing the inpatient care of an acute decompensated heart failure patient. Performance measures agreed and target set for 2011. |
| | National implementation plan developed. | Q1-Q2 | | |
| | Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators. | Q2 | | |
| | Implementation of plan commenced. | Q3 | | |
| | Progress of programme assessed and targets set for 2011. | Q4 | | |
| | Programmatic Approach <i>Develop and implement a programme for Diabetes</i> | Diabetes | | |
| National implementation plan developed. | | Q1-Q2 | Implementation plan developed for priority areas. | |
| Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators. | | Q2 | Performance Indicators developed and targets agreed | |
| Implementation of plan commenced. | | Q3 | Business Case for priority areas retinopathy and footcare approved in National Service Plan 2011. | |
| Progress of programme assessed and targets set for 2011. | Q4 | Targets set for 2014. | | |
| Programmatic Approach <i>to optimise ED functionality</i> | Specific Projects in place to enable improved: | | | |
| | Access to diagnostic imaging. | Q1-Q4 | Radiology program established and assisting with development of national programmes based on learning from Tallaght incident. | |
| | Pathways for acute medically ill patients. | Q1-Q4 | Acute medicine model developed for sign off in Q3 | |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|--|------------------|---|
| | Utilisation of surgical resources. | Q1-Q4 | ALOS and Day case rate targets agreed with 85% of the surgical specialities. First phase of the Productive Theatre training programme completed in October 2010 |
| | Management of delayed discharges. | Q1-Q4 | This is being considered by the Clinical Programme for elderly persons in conjunction with the Care Programme for Older Persons. |
| Development of metrics to support programmes for patient and quality initiatives | Performance indicators developed for patient and quality initiatives. | Q2 | Being progressed through the Care Programs and jointly with CPCP. |
| | Targets for 2011 established and reporting mechanisms in place to enable reporting 2011. | Q4 | Ongoing |
| Programmatic Approach <i>Develop and implement a resource allocation model for acute hospital funding</i> | Detailed patient level costing study completed. | Q1-Q2 | Costing Study completed in 7 sites. Data and final report pending. |
| | Gap analysis of costing infrastructure completed. | Q1-Q2 | Costing study completed in 7 sites. Data and final report pending. |
| Colonoscopy Services | Review of colonoscopy services completed. | Q2 | Completed |
| | Implementation of recommendations commenced. | Q3 | Quality improvement plan under review |
| Neuro-Rehabilitation Strategy | Lead identified to develop implementation plan for Neuro-Rehabilitation Strategy. | Q2 | In progress |
| Corporate and Clinical Governance Structure <i>to support integrated working practices and clinical networks</i> | Governance structure agreed. | Q2 | Guidance document on Accountability developed and approved by Senior Management Team. Document made available to system. Implementation support contracted. Plan for 2011 implementation in progress. |
| | Implementation commenced for the delivery of services involving managers, clinical directors and clinicians with a focus on quality, safety and resource efficiency. | Q4 | Plan in place for all Primary, Community, and Hospital service to have self assessments completed by October 2010. |
| Quality and Risk Framework <i>including Quality and Risk Management Framework</i> | Self assessments completed in all community and acute services. | Q4 | All acute hospital self-assessments completed in April 2010. Implementation of quality improvement plans (QIPs) reported to QCCD on a quarterly basis. Majority of LHOs also completed 2010 self-assessments. |
| <i>Incident Management</i> | Standardised complaint and incident investigation process defined and agreed. | Q4 | Standardised Process Developed. For piloting, evaluation and general implementation in 2011 |
| | Incident Management Policy and Procedures updated. | Q2 | Revised National Incident Management and Serious Incident Management process agreed. Implementation commenced. |
| <i>Complaint and Incident Framework</i> | Statutory complaints framework implemented. | Q4 | Draft Evaluation Report of the <i>Your Service Your Say</i> – Feedback Management Process – completed & recommendations to be followed up Q1 2011.. |
| CP3 Health Protection Healthcare Acquired Infection, (HCAI) | Further implementation of the “SAY NO TO INFECTION” Strategy and compliance with national standards for prevention of HCAI ensured with particular focus on performance monitoring through indicators and the development and implementation of care bundles for specific site infections. | Q1-Q4 | 2010 plan being implemented. All HCAI related work has been combined into one programme. National HCAI Lead appointed to ensure implementation of strategy. Key interventions for 2011 agreed. |
| | National overview of self-assessment exercise prepared relating to national standards for the prevention and control of HCAI (HIQA). | Q1 | Self assessment programme for 2010 undertaken by all acute hospitals and community in process of completion of self assessment. |
| | In conjunction with ISD, progress monitored in implementation of quality improvement plans to address national standards for the prevention and control of HCAI. | Q1-Q2 | Each acute hospital has submitted initial set of QIPs and in process of reviews progress |
| Health Care Audit | Programme of Health Care Audit in place. | Q4 | Draft policy completed. Audit programme within existing resources agreed. Training Programme for initial Audit staff completed in Q2. Health Care Audit report 2010 for to the Risk Committee completed. |
| Mediation and | Mediation Policy and Open Disclosure Policy | Q2 | Mediation Policy – Workshop with CIS/Medical Council/ |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|---|---|---|
| Disclosure Policies | developed. | | MPS/ Solicitors completed. Stakeholder engagement will commence in Q1 2011. Open Disclosure – Work ongoing with CIS and pilot site (Mater Hospital) to progress this project |
| Action Plan for Health Research 2009-2013 | Work in conjunction with other stakeholders e.g. DoHC and Health Research Board (HRB) to support the implementation of the Programme of Actions as outlined in the <i>Action Plan for Health Research 2009-2013</i> . | Q4 | The post of Director Research is currently under review. |
| CP23 Stakeholder and Relationship Management Service User Involvement | Systematic plans for implementation of involvement practice developed and implemented in acute hospital services and primary care. | Q3 | Development of a support framework for community participation in primary care in partnership with Organisational Development, Dublin Mid Leinster. Pilot phase in DML initially with a view to national roll out in 2011. Proposals agreed for the following pieces of research: <ul style="list-style-type: none"> • 'User involvement in primary health care – Towards a framework for implementation' – Funding from HRB • Implementation of health care strategy – analysis of barriers and facilitators. |
| | Framework for advocacy in healthcare developed. | Q3 | Pilot of National Advocacy Programme for Older persons in residential care completed in 9 out of 10 sites. Final site due to commence Q1 2011. Evaluation of programme continued in Q4 and is due for completion in Q1 2011. |
| | National guidelines implemented and promoted detailing entitlements of service users. | Q3 | You and your Health Service – Charter - promotion materials drafted |
| | Build on approach to systematically capture views of patients / service users on their experience of services with <i>Insight 07</i> commenced. | Q3 | Surveys distributed to 30 acute hospitals, completed surveys returned for analysis during Q4 2010 and Q1 2011 |
| | Database developed which enables compliance with statutory reporting requirements. | Q4 | Project scoping underway |
| CP7 Emergency Management Emergency Management | HSE preparedness and response capacity for emergencies improved in the following areas: | | |
| | <ul style="list-style-type: none"> • Generic emergencies | Q1-Q4 | Training and exercises proceeding as scheduled. Development of standard hospital template major emergency plan delayed, expected now to commence in forth quarter. |
| | <ul style="list-style-type: none"> • Influenza Pandemic | Q1-Q4 | NCMT stood down in first quarter National Pandemic Planning group formed to prepare for next wave, work to be completed by end third quarter.. |
| | <ul style="list-style-type: none"> • Other specific emergencies, | Q1-Q4 | Response to severe weather and flooding reviewed by HSE NCMT, many actions arising. New HSE procedures for crowd events to be finalised in Sept. |
| <ul style="list-style-type: none"> • Interagency emergency management between HSE, Local Authorities, An Garda Síochána and other government departments and agencies advanced. | Q1-Q4 | Interagency response to major flooding and severe weather reviewed and being acted on New interagency protocol on Chemical, Biological, Radiological, and Nuclear incidents to be finalised 4 th quarter. | |
| Pandemic Vaccine | Vaccination of priority groups against H1N1 completed. | Q1 | Pandemic Influenza plan being updated. To be finalised by end of Qtr 2. |
| | Decision on extension of campaign to be made by the National Public Health Emergency Team (NPHE). | | ONSD leading on evaluation of the education programme |
| | Performance Indicators developed. | Q1 | PI's developed. Analysis of uptake by target group being updated |
| | Pandemic monitored and reported. | Q1-Q4 | Surveillance reporting weekly. Other monitoring and reporting ceased |

Commercial and Support Services

Estates

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|---|------------------|--|
| CP24 Implementation of Estates Strategy Primary Care Estate Roll-out | 34 Primary Care Centers operational. | Q4 | 28 operational to date and 23 agreement to lease signed |
| | Liaise with the HSE Board to ensure that price ceiling is set on all 200 targeted sites. | Q1-Q4 | Price ceiling set at 187 locations. Stress showing in market following July values. |
| | Liaise with NDFA to ensure that quality check on lease agreement is carried out. | Q1-Q4 | The NDFA have formally declined to be involved in the VFM check on two Primary Care Centres due to limited resources. |
| Mater Adult Hospital Development | Construction programme delivered on schedule. | Q1-Q4 | Construction progressing well in accordance with programme. Plans being prepared for equipping and commissioning. |
| National Paediatric Hospital | Exemplar design and tender documentation completed. | Q1-Q4 | Works progressing. Project brief approved by Minister & HSE, Preliminary hospital design prepared and planning application imminent. Cost estimates developed and outline business case drafted. |
| Mid West Re- Configuration | Design build contractor appointed. | Q1 | Done |
| | Construction commenced. | Q3 | Done |
| | Design build contractor appointed. | Q1 | Done |
| | Construction commenced. | Q3 | Done |
| | PACS system and integration with NIMIS rolled-out. | Q1-Q4 | Target will be met. CMOD approved. |
| Capital Programme | Expenditure on 2010 Capital allocation to match profile. | Q1-Q4 | Capital expenditure slightly behind profile at end of Q2. Will be on profile at year end. |
| | Expenditure on 2010 Capital Plan to match NSP 2010. | Q1-Q4 | On Target |
| | Expenditure on mental health investment programme to align with sale of land and <i>Vision for Change</i> . | Q1-Q4 | Spend exceeded sale of lands but was offset by continued discount on all project bys market |
| | First framework appointments placed. | Q1-Q4 | Done |
| | 500 new beds delivered. | Q1-Q4 | Done |
| Property | Property protocol fully implemented. | Q1-Q4 | Affected by work to rule in first half of year |
| | Policy of Protection of State's interests approved and rolled out. | Q1-Q4 | Done. Fully implemented. Existing protocol reviewed and revised version to be released in Q1 2011 |
| | Database fully populated and reviewed. | Q1-Q4 | Done. Being populated in line with C&AG Report |
| | Consistent reporting of property transactions achieved | Q1-Q4 | Done |
| | All Primary Care Centre leases paid centrally by HSE Corporate Estates. | Q1-Q4 | Done |

Information and Communication Technology

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|---|------------------|---|
| CP20 Information and Communication Technology Integrated Patient Management System | Subject to Department of Finance and DoHC sanction and availability of capital funding: <ul style="list-style-type: none"> Projects underway at Portlaoise, Mullingar, AMNCH and Letterkenny completed. | Q4 | PAS implementation in Portlaoise and Mullingar are stopped per direction from Dept of Finance (see next section) AMNCH and Letterkenny progressing to plan. |
| | <ul style="list-style-type: none"> PAS replacement projects started in the (3) Dublin Maternity Hospitals, Mercy Hospital, Cork, South Infirmary Victoria University Hospital, Cork, St. Johns Hospital, Limerick, Children's Hospital, Temple Street, Dublin and in the South East Hospitals Group. | Q4 | HSE have agreed with Dept of Finance that these PAS implementations cannot now happen until a single national PAS configuration is available. Work in HSE South is progressing on this basis. |
| | <ul style="list-style-type: none"> Radiology Order Communications projects underway. | Q4 | Sanction received. Project now progressing. |
| Electronic Blood Tracking System | Subject to Department of Finance and DoHC sanction and availability of capital funding, contract in place and deployments commenced. | Q4 | Still in Peer Review and will not move forward until that process is complete – now expected 2011 |
| HSE Internet / Intranet and e-Gov initiatives | Continued development of internet, intranet and e-Gov initiatives as prioritised by the HSE. | Q4 | All planned developments delivered to schedule. This project will complete in 2011 |
| Primary Care Teams (supporting IT Infrastructure) | Infrastructure procured and deployed to remaining sites. | Q4 | Infrastructure deployed to all sites identified within scope. May be a requirement for rollout to additional PCT sites in 2011 |
| Maternal and Newborn | Subject to Department of Finance and DoHC sanction and availability of capital funding, contract in place and ready for implementation. | Q4 | Still in Peer Review and will not move forward until that process is complete – now expected 2011 |
| Nursing Home Support Scheme 2009 ('A Fair Deal') | IT solution procured, configured and deployed. | Q4 | Systems live in 2010. Development of minor features ongoing and will be completed in 2011 |
| H1N1 Pandemic | PDMS Internet and Telephone system operational. | Q1 | Project completed. System deployed and available in 2011 if further H1N1 outbreaks continue. |
| National Childcare Information System (NCCIS) | Subject to Department of Finance and DoHC sanction, contract in place and ready for implementation. | Q4 | Still in Peer Review and will not move forward until that process is complete – not possible at this time to determine when that process will complete. |
| Infrastructure | Procurement completed and new service provider in place for National Health Network. | Q4 | New service provider on board and service operational. Work on NHN2 will progress in 2011 |
| | All capially funded projects sanctioned within Q1 completed by year end. | Q4 | Completed |
| IT Security | Further exercise to identify any potential laptops that still require encryption completed. | Q2 | Completed |
| | Next set of IT Security Policies developed. | Q4 | Completed |
| Information Systems Architecture | Sanction received and project in flight. | Q4 | Project approved and on schedule |
| Completion of ICT Capital Projects | Projects completed or capital spend completed on a further 40 projects by end of 2010. | Q4 | 29 projects closed out in 2010 |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|---|---|---|--|
| CP25 National Procurement Operating Model Implement new procurement operating model | Targets achieved and Procurement Directorate further developed. | Q4 | LRC Agreement at final stage of implementation. Procurement Staff re-pointed into the New Procurement Operating Model. |
| | Budget agreed for Procurement Directorate. | Q1 | Discussions ongoing but as yet a budget has not been agreed for Procurement within the overall Commercial & Support Services Directorate. |
| | Communications, Training and Customer Relationship Management developed within Procurement. | Q1-Q4 | <p>Training</p> <ul style="list-style-type: none"> E learning Training Programme - Course content developed for P&CM. Legal training provided to 17 staff Mandatory Essential Training provided to 82 staff (58 Risk Assessment / 23 Effective People Management) Discussions underway to deliver the "HSE Project Management Light" training to all P&CM staff. Funding secured from NPS to fund one place in MBS in Strategic Procurement (4 year degree course) <p>Communications</p> <p>Supplier Engagement</p> <ul style="list-style-type: none"> Proposal developed re adopting a common approach to dealing with the supply base. Staff engagement completed and process now in place Meetings have taken place and presentations have been made to Enterprise Ireland, IMSTA and the Small Firms Association giving an overview of procurement and how to do business with HSE. Contact points for the market place have been issued to ISME. Supplier Charter continues to be promoted. Ongoing HSE Procurement Roll Up Sign designed and produced. Completed <p>General Communications</p> <ul style="list-style-type: none"> All Procurement related Media Queries, Parliamentary Questions, Representations have been managed and a log maintained. Ongoing Procurement related FOI continue to be managed in line with SOP. Ongoing Intranet review underway. Ongoing <p>Customer Relationship Management</p> <ul style="list-style-type: none"> In conjunction with review in logistics, a Customer Relationship Management Strategy has been developed and agreed by Procurement Leadership Team. Initial discussions have taken place with ICT regarding the securing of a CRM Toolkit to support the strategy. Business plan developed and submitted to ICT for progression. |
| Business support provided in terms of KPI development, Risk Management, Spend Analysis, Policies, Procedures and Guidelines and Knowledge Management. | Q1-Q4 | <p>NFPS</p> <p>Completed NFPS Business Case Document & submitted to DoHC / Department of Finance. Advertised Prior Indicative Notice in Official Journal of European Community</p> <p>Spend Analysis</p> <p>Updated database with 2009 spend data</p> <p>NPS Tender for fully managed etendering system</p> <p>Completed selection phase and first draft of invitation to tender document.</p> <p>Knowledge Management:</p> <p>Maintained Intranet content.</p> <p>Developed new versions of Standard Terms for Supplies & Services incorporating a comprehensive confidentiality section.</p> <p>Commenced development of additional WTE KPI's.</p> <p>Tender Support</p> <p>Provided Tender Support and Data Mining Services as required including Key Supplier Financial Analysis and Supplier Management Information</p> <p>Risk Management:</p> <p>Held three workshops (Sligo, Tullamore & Cork) 22 Risks Identified.</p> | |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|---|------------------|--|
| Implementation of national portfolio and category management approach | Manage €97m Equipment; Laboratory and Diagnostic Imaging spend with sourcing savings target of €4m. | Q1-Q4 | The equipping of all HSE 2010 Capital Plan, Reconfiguration, Cancer Care and Revenue based projects assigned were completed on time on budget. National Imaging Management Information System (NIMIS) procurement won the National Procurement Award for Healthcare Total Benefit of Contracts Awarded in 2010 to date for ELD is €4,529,185 |
| | Manage €165m Medical and Pharmaceutical spend with sourcing savings target of €12m. | Q1- Q4 | The main savings achieved under MSP Portfolio are in Vaccines & Laparoscopic & Endomechanics Disposable Instruments. Total Benefit of Contracts Awarded in 2010 to date for MSP: €17,757,625. |
| | Manage €78m Hotel Services spend with sourcing savings target of €15.3m. | Q1- Q4 | National frameworks for dairy produce / ambient product/ Janitorial / washroom cleaning products and services were awarded to support the 2011 service plan a range of regional contracts for portfolio primary categories were awarded in 2010 The main savings achieved under the HSU portfolio were in the primary categories Total benefit of contracts awarded of contracts awarded in 2010 €7,438,567 . |
| | Manage €99m Professional and Office spend with sourcing savings of €9.85m. | Q1- Q4 | All ICT Requirements met as requested. All Professional Services requirements met as requested Framework agreement for the Provision of Consultancy Services to Support Health Service Configuration and Delivery was awarded. Several mini competitions run from this framework Currently carry out Market Soundings in relation to Security / Cleaning / Portering Services. It is intended to go out to tender for this in Q3. Framework in evaluation stage Regional Contracts are currently underway in some areas for Taxi Services. Dublin and Midland areas completed. A Group has been set up for the Residential Services Project which is estimated to be worth in the region of €20 million. National Framework for Aids & Appliance recycling completed National contract for Legal Services completed National Contract for Insurance services completed National Framework and initial contract awards for Provision of Advertising and Media Buying Services completed The main savings achieved under PICTO Portfolio are in ICT, Patient Property, Concessions Total Benefit of Contracts Awarded in 2010 to date for PICTO: €4,717,983 . |
| | Deliveries: 500,000 deliveries supplied to 21,500 customers nationwide. | Q1- Q4 | Completed |
| | Point-of-Use: Stock managed at Point of Use locations increased to 150. | Q1- Q4 | 94 Completed |
| | Logistics and Inventory Management Review: Recommendations implemented. | Q1- Q4 | Ongoing |
| | Inventory Management: Inventory management costs reduced (50 WTEs). | Q1- Q4 | Reduction of 44 WTE's to date |
| | Stock levels reduced to yield savings target of €8m. | Q1- Q4 | €1.056m achieved |
| | In-sourcing: In-source products selected to yield savings target of €500,000. | Q1- Q4 | €200,000 savings achieved. Relocation of Pandemic stock |
| | Transactional Purchasing: Price reductions on non-stock purchases secured to yield savings target of €1m. | Q1- Q4 | €1.89m achieved |
| | Aids and Appliances: Aids and Appliances recycled to yield savings target of €11m. | Q1- Q4 | €4.46m achieved |
| | Pandemic: Planning, process and mass vaccination logistic requirements supported. | Q1 | Completed |

Corporate Planning and Corporate Performance

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|---|------------------|--|
| CP18 Corporate Planning, Performance Monitoring and Management Framework Business intelligence data repository | Operational data collection and collation unified. | Q1 | Data streams analysed, consolidated and documented. National IR dispute had impact on collection through Q1 and Q2. ED, OPD and Radiology datasets revised ready for 2011. |
| | Reporting activities (electronic and manual) integrated. | Q1-4 | BIU data reporting to Performance Report, HealthStat and ISD reports in process of being streamlined for Jan 2011 roll out. |
| | Electronic data collection from the Directorate of Integration developed. | Q1-4 | National IR dispute had impact on collection through Q1 and Q2. Electronic data collection under consideration within the scope of Performance Review Project Report and Corporate Information Facility – Activity Project. |
| Corporate Performance | Format of the monthly PR developed. Revised and / or additional reporting requirements and templates circulated to all directorates. | Q1 | Complete – Including a review of the PR process 2009 in terms of improved automation and design for 2010. Revised reporting requirements for Directorates have been communicated and supported. |
| | Control Process supported. | Q1-4 | Complete |
| | Monthly PR produced and submitted to the PMCC, Board and DOHC and published on www.hse.ie . | Q1-Q4 | Jan – Mar No PR Report produced due to Industrial Action April – Limited Finance Brief submitted to Board May – Finance and HR Brief submitted to Board June - December – full PR (including biannual KRA information) submitted to HSE Board and published on HSE website. |
| HealthStat | Non Acute metrics completed. | Q1-Q4 | Work programme aligned to development of PIs as part of NSP 2011. Existing software for HealthStat out of contract which eliminates setting up any changes. In 2011 opportunities for parallel system will be pursued in accordance with the Corporate Information Facility – Activity – Project. . |
| | Non Acute dashboard published on the internet. | Q2 | Completed March 2010 |
| | HealthStat performance report and HealthStat Forum produced monthly. | Q1-Q4 | Targets met monthly. Ongoing project. |
| Corporate Plan | KPIs not reported on in 2009. | Q1 | Being considered as part of overall Metadata project. |
| | Corporate performance reports produced biannually, measuring organisational progress against specific strategic corporate objectives. | Q2 and Q4 | Jan to June 2010 Corporate Plan report delayed due to lack of data (Jan – May IR dispute). Main focus on delivery of a Jan – Dec 2010 overview as part of Annual Report 2010 publication. To be completed end Q3 2011. |
| | 3 rd Corporate Plan 2011-2013 prepared | Q2 – Q4 | Health <i>Planning</i> workshops held: <ul style="list-style-type: none"> ▪ Senior managers and Clinicians (RCPI 29 April) ▪ Operational staff nominated through RDOs and corporate services and national leads (Farmleigh 27 May) ▪ Facilitated sessions held by CPCP July/Aug with Care Groups to assist with development of the Plan ▪ Development of Corporate Plan to continue in January 2011. |
| Annual Report | Annual Report 2009 collated and published. | Q2 | <ul style="list-style-type: none"> ▪ Submitted to Minister (21 May) with AFS submitted 26 May and laid before Houses of Oireachtas (11 June) ▪ Irish version of Annual Report available on HSE Website |
| Service and Business Planning processes | Business model 2010 rolled-out. | Q1 | <ul style="list-style-type: none"> ▪ A document outlining the Role and Function of CPCP finalised in September and made available on HSE Website. |
| Annual Corporate Business Plan (incorporating National Service Plan) | National Service Plan 2010 approved by the Minister. | Q1 | <ul style="list-style-type: none"> ▪ NSP 2010 submitted to Minister for Health and Children (15 Jan 2010) and approved by Minister (5 Feb) ▪ Corporate Business Plan 2010 finalised; ▪ Both published on HSE intranet. |
| | Implementation of CBP 2010 through appropriate local Business Plans. | Q1-Q4 | <ul style="list-style-type: none"> ▪ Ongoing discussions with RDOs and Regional Business Managers as to training requirements at local level |
| | CBP 2011 prepared, in partnership with all Directorates. NSP 2011 submitted to the Minister. | Q3-Q4 | <p><i>Estimates 2011</i> - Report submitted to DoHC Nov 2010.</p> <p><i>NSP 2011 development:</i></p> <ul style="list-style-type: none"> ▪ PIs (developed through Metadata project) agreed with line divisions and DoHC (July – Nov) – <i>See KPIs below.</i> ▪ Sign off by MT 9th Dec and submitted to Board 10th Dec. ▪ Final NSP submitted to Minister 17th Dec and approved by Minister on 21st December. |
| Key Performance Indicators (KPIs) | KPIs developed and refined. | Q3 | Complete - Metadata project has provided metadata information on each 2010 NSP PI. Through this process performance indicators were refined and agreed between the HSE and DOHC. This process has also enhanced KRA and PI development for NSP 2011. Joint framework agreed and implementation commenced as part of normal planning reporting process. |
| | PIs refined through profiling of activity and adjustment of targets. | Q1 | |
| | Joint Framework implemented and work to populate the metadata template for high level PIs commenced. | Q1-Q4 | |

Communications

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--------------------------------|--|------------------|---|
| Press and Media | Relations strengthened with a wide cross section of media. | Q1 –Q4 | <p>Communications are currently building relationships with both the press and broadcast media ensuring that:</p> <ul style="list-style-type: none"> media queries are answered in a timely fashion (report on response rates in Q4 pending) HSE spokespeople are given the opportunity to put forward the organisation's view/response to issue there is balanced reporting |
| | Focus on proactive PR increased (positive news stories). | Q1 –Q4 | <p>Ongoing and being developed through:</p> <ul style="list-style-type: none"> service representatives partaking in comms planning through the Communications Resource Planning Group Clinical Programme communications focus which to date has included regular media briefings on each programme incl launch of the Acute Medicine Programme |
| | Stricter monitoring of service outputs and media evaluation. | Q1 –Q4 | <ul style="list-style-type: none"> National media query system went live ensuring visibility across national and regional media queries and responses. This is delivering greater consistency in responses and reducing duplication of effort. Media evaluation service in place – templates for 3 month trial period have been agreed across all regions. |
| Internal Communications | Four issues of magazine in new format produced. Advertising revenues generated to cover costs. | Q1-Q4 | March edition printed and distributed. Second issue due in June. Two further issues in September and December 2010. |
| | HR supported to roll out staff engagement programme. | Q1-Q4 | In progress. Work due to commence in DNE this summer. |
| | HR supported to roll out awards competition in the four HSE regions and to host national finals. | Q1-Q4 | <ul style="list-style-type: none"> Healthy number of entries received by closing date of 3 June. National event fixed for Mansion House on 24 November. |
| Public Communications | Mass communication campaign delivered offering pandemic vaccine to all. | Q1 –Q2 | complete |
| | Website content developed and enhanced content. | Q1 – Q4 | Map centre developed, an ongoing project. |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress for this period Q2-Q4 |
|---|--|------------------|--|
| CP19 Integrated Financial Management System 3-Year Action Plan for delivery of VFM | Analysis and reporting of maintenance of 2008 and 2009 VFM savings of nearly €400m carried out. | Q4 | Maintenance of prior year Vfm reported in monthly PR and more detailed supplementary reports to National Director of Finance and DoH&C |
| | Agreement, analysis and reporting of 2010 VFM programme achieved. | Q4 | VFM reports included as part of June to December PRs as well as detailed supplementary reports to National Director of Finance and DoH&C |
| | Further alignment of VFM performance indicators with other current financial performance indicators on budget and Vote management as part of the monthly reports achieved. | Q4 | Monthly reporting to National Director of Finance and Senior Finance Team provide data to inform budgeting and standardised coding requirements towards improved alignment. |
| | Analysis and reporting of broader efficiencies and cost avoidance over and above the required VFM programme continued. | Q4 | VFM reporting as part of June to December PRs and more detailed reporting to National Director of Finance. indicates delivery of broader efficiencies and cost avoidance. |
| Delivery of value and productivity in all HSE activities | Regional and / or Directorate trends and efficiencies reported. | Q4 | Monthly reporting to National Director of Finance and Senior Finance Team June to December provided data on regional trends and efficiencies. |
| | Work on existing reviews such as Disability and Economic Cost of Private Treatment in Public Hospitals continued. | Q4 | Disability Review ongoing for completion by Q3 2011. Delay on original timeframe due to difficulty with receipt of returns from agencies for DoF and DoH&C mandated process. Economic cost Private Treatment in Public Hospitals completed and submitted to Minister. |
| | Development of an agreed financial productivity measure, aligned to some key service improvement and reconfiguration initiatives, in order to describe the link between financial resource usage, activity levels and improved productivity and value. | Q4 | This has not been progressed largely due to the need to focus on the more narrow cost management programme. There may be some potential to advance this further during 2011 when the current cost management programme is embedded. |
| Centralisation of income data for National Billing System | Contract in place, project team established, and project commenced. | Q1 | Tender process now recommenced with revised target of Contract signing in Q4. |
| Central "Fair Deal" payment and budget reporting process | Reporting and payments processes fully functional. | Q1 | Reporting and payment process now fully functional |
| Finance Shared Services | Further progress achieved in line with Torpey project. | Q4 | Ten of 23 recommendations brought to completion stage. Progress achieved in remaining 13 projects i.e. Patient Level costing, Grant in aid, enhancement of budget approach. Alignment of Finance structure to overall org structure and decision support etc. |
| | Project work on gathering data with national AP Dashboard completed. | Q4 | Project complete 2009 dataset. |
| | Proposed strategy around realigning AP staff to financial shared services completed. | Q4 | Project in final stages. Draft re-alignment plan to be presented and approved by AND and ND Q1 2011 |
| | Standardisation of AP processes across the HSE achieved. | Q4 | Ongoing. Working groups established and working together on 2011 agenda. Further progress following staff re-alignment in 2011 |
| | Approval received to proceed with technical solution and procurement tender. | Q4 | Tender award with ND |
| Vote Systems | Vote CRS further developed in order to improve Working Capital management and implement Cash Forecasting Model. | Q1 | <p>New procedures were implemented in conjunction with Shared Services to ensure Vote CRS could be used for the production of the issues figures.</p> <p>The development of the Cash Forecasting Model was completed in Q3. Full training was provided to all areas in Q4. The system will go-live in Q1 2011. The model will be expected to provide full visibility on the reconciliation of the forecasted year end position between Vote / Cash and I&E</p> |
| Capital Reporting | B-plan system national roll out to National, Regional and Area Finance and Estates Managers completed. | Q1 | On line submission of form A's was withdrawn as part of the industrial action in 2010. This will be fully restored and rolled out to the remaining areas in Q1 |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress for this period Q2-Q4 |
|--|--|------------------|--|
| | | | 2011. |
| Banking / Treasury | Value added elements of single banking contract to be extracted and used to deliver efficiencies in HSE Treasury Management. | Q1 | Approximately 180 of existing cards replaced by 31 December 2011. Remaining existing cards to be replaced in Qtr 1 2011. |
| Vote Accounting | Appropriation Account 2009 prepared by statutory deadline. | Q1 | C&AG Audit completed and Appropriation Account published in Q3. |
| Revenue / Capital Treasury | Merge of Revenue and Capital Treasury management activities formalised. | Q1 | Project proposal completed at Q3. Contract awarded Q4 2010. Project will be rolled out during 2011, target start date 1st Jan, 2012 |
| Financial Regulations | Phase 3 Financial Regulations delivered. | Q4 | 2 NFRs (Due Diligence, Monitoring of Private Practice) issued in Q4 |
| Revenue Project | Tax compliance monitored and reported. | Q4 | Continue to engage with Revenue in programme of Co Operative Compliance. |
| | Guidance issued to standardise tax treatment nationally. | Q4 | Self review of VAT treatment was completed in HSE DNE and HSE W and voluntary disclosures were made to Revenue on the basis of the findings in Q4. |
| | HSE Tax registrations consolidated and rationalised. | Q4 | Completed on incremental basis for subsumed agencies. |
| Annual Financial Statements (AFS) - Rationalisation of Consolidation Entities | Health Service Employers' Agency (HSEA) subsumed into Corporate AFS. | Q1 | Completed and subsumed with effect from 1 January 2010 (Q1) |
| National Reporting | National reporting designed and implemented in line with new organisational structures. | Q2 | Completed in Q1. |
| | Work with the National Standardisation Group on a project to enhance the CRS. | Q4 | A cash planning element has been added to CRS, our main focus now is on the stability of the interim accounting solution. |
| | Monthly reporting processes reviewed in order to shorten reporting timescales. | Q1 | HSE is now producing an accelerated report for the ISD by 15 th of the following month |
| Corporate Payment Processes | Feasibility study to move to a single source corporate expenditure payment point carried out. | Q4 | This is being progressed in 2011 |
| Medical Card Costing | A zero based costing and forecasting model for medical cards designed. | Q4 | PCRS are now building a full analytical capacity to deliver on this requirement. It will be complete in Feb 2011 |
| New Funding System | Study of major acute hospitals undertaken in order to implement patient level costing. | Q4 | Phase one of the Patient Level Costing Project complete. 6 hospital profiles complete. Phase 2 involving 15 hospitals commenced in December 2010. |
| OECD System of Health Accounts | Procedures and information structures put in place to ensure that future year's accounts can be produced in a timely and efficient manner. | Q4 | No further progress. |
| Expert Group on Health Funding | Finance requirements on Expert Group on Health Funding delivered. | Q4 | Completed in Q2 |
| Renal Costing Model | A model developed for the costing of renal services nationally. | Q4 | No work undertaken in this reporting period. |
| Mental Health Resource Utilisation | Work with clinical directors of mental health on the resource utilisation and access project. | Q4 | The work of the Group was impacted by the industrial action in 2010. Work continued with the academic sector on using the deprivation index and this will be progressed in 2011. |

Human Resources

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|---|--|---|
| CP22 Human Resource Strategy and Delivery Succession Management | TM data sources and data gathering process agreed. | Q1 | TM/SM Processes agreed. (SM pools will require updating in 2011 in light of VR Schemes) |
| | Engagement with senior line management to activate programme and agree talent management identification processes. | Q1 | Senior Management Team briefed. Succession management pool identified. |
| | Implementation of Communications plan commenced. | Q2 | Core communications plan agreed with HR Director. Area HR teams briefed. Corporate HR ANDs briefed and integrated approach in progress. |
| | TM implementation plan activity for target group commenced. | Q4 | TM/SM Working Group formed, implementation plans dependant on SM rollout decision |
| | Competency sets for key roles agreed. | Q1-Q2 | PAS completed Job Analysis exercise with Management Team which formed the basis for competency set. |
| | Personal Development Plans (PDPs) for potential successors prioritised in conjunction with Senior Management. | Q2-Q3 | Preparation of PDP follows Management Development Centre (MDC) rollout. Ready for rollout in Q1 2011. |
| | Implementation of development opportunities / plans for identified staff agreed and commenced. | Q3-Q4 | Development opportunities have been discussed with Area ANDs for HR. Will require RDO endorsement in Q1 2011 |
| | Feasibility of introducing assessment centres assessed. | Q3 | MDC designed, procured and ready for rollout, awaiting National Management Team green light |
| | Cross functional workforce planning group created to coordinate service, financial and manpower requirements. | Q1 | Not progressed in 2010 because of other priorities. Engaging directly with RDOs, CPCP and Finance in 2011 to agree a process with them. Joint DoHC and HSE Working Group meetings held. |
| | Specific data system requirements identified and developed. | Q2 | Data set produced. Currently liaising with HR Performance Management and Management Information to leverage existing systems (Census, EPR SAP-HR) to determine capacity to supply data requirements. Workforce reports addressing most of the items in the dataset to be available in Q1 2011. |
| Short term priority plan agreed and implemented. | Q2-Q4 | Emphasis in 2010 on establishing a baseline to support work in future years. | |
| Recruitment and Branding | Existing recruitment practices and "avenues of entry" into the Organisation documented and analysed. | Q1-Q3 | Consolidated model of recruitment implemented and continuing to evolve. |
| | Protocols and targets established which lead to reduced "time to hire" and "cost per hire" performance, reduced duplication of activity and improvement in the candidate experience. | Q1-Q3 | Agreed protocols in respect of recruitment processes in place Metrics indicate improved time to hire and cost per hire and reduced duplication. |
| | Recruitment strategy for the Organisation developed that ensures efficient, effective development and deployment of best practice external and internal recruitment strategies and optimises our employer of choice offering. | Q1-Q3 | Corporate Recruitment Policy Framework for the organisation has been defined. Work ongoing on the policies which form part of the Framework (e.g. assignment policy, redeployment protocol) Work has commenced on agreeing the required change management plan with key stakeholders. |
| | Service Level Agreement with HR Shared Services (HRSS) developed to agree and implement measures appropriate to standardise recruitment practices for all staff categories. This aim to maximise success rates and optimise candidate experience. | Q1-Q3 | SLA's with Administrative Areas developed, agreed and implemented. |
| | HSE Recruitment License and Code of Practice issues managed. | Q1-Q4 | Full handover of responsibility for licence and Codes of Practice was completed in June 2010. All Reviews / Queries from CPSA being managed within Recruitment and Employer Branding. |
| | Employer brand strategy developed that defines the path towards becoming an employer of choice to ideal candidates. | Q1-Q2 | Strategy developed and approved by National Director of HR |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|---|------------------|--|
| | Implementation plan appropriate to the employer brand strategy commenced, to include initiatives aimed at maximising the employee experience and organisational learning feedback mechanisms. | Q2 | Implementation of work plan for Employer Branding Strategy commenced in Q3 with the Communication Audit of the candidate journey. |
| Change and Process | Employee engagement survey conducted. | Q2 | RFT approved by Control Group. Going to E- tender |
| | Resulting action plans commenced. | Q3 | Provider will be selected by Sept. Survey to commence by year end. |
| | Achievement awards planned, communicated and implemented. | Q3 | Complete. National awards ceremony in Q4 |
| HR Services | All former Health Board pension offices transitioned to National Pensions Unit in one location. | Q4 | Processing of all pension payments commenced on 1 Jan. Transition plan for remaining superannuation functions to one location developed, dependencies identified, principally WTE availability. |
| | Complete consolidation of recruitment services in Manorhamilton, including Non-Consultant Hospital Doctors (NCHDs), during 2010. | Q3 | National Recruitment consolidated in one site in Manorhamilton. Migration of NCHDs currently under consideration. Plan to implement wef July 2011 intake. |
| | SAP phase II implemented to facilitate the consolidation of processing of personal files from the National Personnel Administration Service. | Q1 | Migration successfully completed (24 May) for formal handover to Operation (30 June). |
| | Payroll in Merchants Quay transitioned to the finance function when SAP Phase II is introduced. | Q2 | SAP Phase II implemented (24 May). Transition to Finance was delayed due to industrial action. Project re-commenced. Revised target March 2011. |
| | Plan to migrate all Phase I sites to Phase II developed and implemented. | Q2 | Eastern Region completed (May 2010). |
| | Data review and entire system testing implemented. | Q1-Q2 | On target – prerequisite for transition to Phase II |
| | Systems upgrade implemented. | Q2-Q4 | On target – local areas migrating to Phase II currently |
| | | | |
| Performance Management and Management Information | Organisational reporting obligations monitored and fulfilled in respect of WTE reporting. Progress in achievement of WTE reductions within the HSE reported in line with Departmental requirements. | Q1-Q4 | Completed. Based on HSPC at end of November 2010, WTE reduction targets achieved for 2010 and compliance with Employment Control Framework 2010. |
| | Transition employment control function to Regions. | Q4 | Completed where appropriate. |
| | Process to facilitate WTE reporting by care group programme implemented. | Q2 | WTEs being reported by Care Groups in monthly Health Service Personnel Census / employment monitoring reports. |
| | Process to facilitate reporting on maternity leave and cover implemented. | Q2 | Process in place. |
| | Process to facilitate National reporting on retirements, resignations, pensions and pensioner census implemented. | Q4 | Process in place. |
| | PPR framework monitored and reported. | Q1-Q4 | Draft document on Performance Management System incorporating Performance Management Cycle with National Director of HR/Senior Management Team by end of Quarter 4. linked to National Corporate Risk No. 5 and requirements re performance management under the PSA. Engagement with Unions planned for Quarter 1 2011. |
| | PPR and balanced scorecards cascaded to next level of management. | Q4 | Revised scorecard issued to HR team. Placed on hold pending priorities for 2011 PPRs subsumed into new PMS/PMC process being developed in context of the PSA 2010-2014. See above. |
| Employee Relations (ER) | Comprehensive Industrial Relations (IR) screening / reporting including 3 rd party representation. | Q1-Q4 | Monthly reports on all aspects of IR activity are sent to the wider management team. Data relating to all cases is requested and assessed each month. |
| | Dispute resolution mechanisms adhered to VFM initiatives delivered under modernisation and change initiatives utilising the principles of consultation. | Q1-Q4 | Discussions have commenced. The majority of VFM initiatives will be heavily linked to the PSA and cost reduction measures |
| | Use of procedure in conflict resolution | Q1-Q4 | The Public Service Agreement will also be used to bring about |

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|-----------------------------------|---|------------------|---|
| | promoted as set out in social partnership agreements. Continued adherence ensured. | | changes required and set out in the service plan and transformation. |
| | Training programmes delivered to ER practitioners. | Q2-Q4 | Meetings commenced with ER practitioners end Q2. |
| | Delivery of Transformation and standardisation agenda continued. | Q1-Q4 | To be rolled out in line with PSA. The Health Sectoral Plan for PSA deals fully with this area |
| | <i>People Management -The Legal Framework</i> rolled-out. | Q1-Q4 | Training under way. |
| | Implementation of the recommendations in the Integrated Employee Wellbeing and Welfare Strategy progress including best practice approaches to occupational health. | Q2-Q4 | A core group comprising of the CERS, Occupational Health professionals have set up an expert group with the emphasis on delivering policies, procedures and protocols which will be used nationwide |
| | Standardisation and visibility on all policies / procedures / guidelines achieved. | Q1-Q4 | In progress. |
| | Implementation of the <i>Linking Safety and Service Report</i> overseen. | Q1 | Key elements being implemented. |
| | <i>Employee Wellbeing and Welfare Strategy</i> Implemented. | Q2 | Progress delayed to end Q4. |
| | Reintegration into the workplace strategies introduced. | Q2-Q4 | Currently being developed through Occupational Health Professional Group. |
| | Health and Safety guidelines as they affect the HR function produced. | Q2 | Work underway to transfer this to this to appropriate directorate |
| Leadership and Development | Roll-out of template to other health professional groupings and their relevant Higher Education Institutes (HEIs). | Q1-4 | On-going |
| | Develop and agree validation process for overseas qualifications in podiatry. | Q3 | Process established and working. |
| | Implementation of new clinical placement structures monitored and supported. | Q4 | New placement sites accredited by INDI. New sites and structures continue to work as planned. |
| | Evaluation of the clinical placement system and use of posts, completed in conjunction with the national implementation group on clinical placement for OT, SLT and PT. | Q2 | Data analysis complete, write up phase commenced. Due for completion end Q1 2011. |
| | Development and implementation of an interdisciplinary distance / e-learning programme for practice educators in therapy professions supported. | Q3 | Implementation option and process selected but external project leader resigned – project put on hold until replacement sourced. |
| | <i>'From College to Work'</i> programme for final year therapy students piloted and evaluated. | Q2 | Report written, agreed by NIG and circulated widely. Further implementation planned for 2011. |
| | Action plan developed for <i>'The Education and Development of Health and Social Care Professionals in the Health Services 2009-2014'</i> report. | Q2 | Near completion. |
| | Establish a health and social care professional's education, training and development advisory group. | Q2 | Group met regularly during 2010. Action plan agreed for Advisory Group, second whole group consultation held. |
| | Plan for possible extension of HSE role in relation to the validation of overseas qualifications in the context of Directive 2005/36/EC as requested by the DoHC. | Q1 | Further clarification from DOHC pending. |
| | Programme continued. | Q3 | Process established and working. |
| | Programme continued. | Q3 | For reporting Q3 |
| | National NCHD Database fully developed, live and available for access and input by HSE, clinical sites, postgraduate training bodies and Medical Council. | Q2 | Roll out commenced and will continue into Q1 and Q2 2011. |
| | Support posts created. | Q1-Q4 | On Target |
| | Management Development Programme designed. | Q2 | Done |
| | Delivery of Management Development Programme commenced. | Q3-Q4 | National "Train the trainer" completed Q4. Area delivery for reporting Q1 2011 |

Internal Audit

| Key Result Area | Deliverable 2010 | Target Timescale | Progress in reporting period |
|--|--|------------------|--|
| Develop Structures for Internal Audit Function | Remaining structures developed and implemented in consultation with staff association and consistent with the requirements of the public sector employment control framework. | Q4 | Organisational development environment was largely unchanged in 2010. A significant number of key staff members lost under exit schemes. Croke Park Agreement may pave the way for progress in this area in 2011. |
| Audit Training Programme | Professional training and development for internal audit staff (including audit seminar) implemented subject to availability of resources. | Q4 | ICT Audit training was delivered by Mazars throughout the year. IDEA CAAT training was postponed in Q4 due to adverse weather and will be delivered in early 2011. Relevant professional CPD training undertaken. |
| Audit Plan | Audit Plan 2010 developed and approved by audit committee. | Q1 | Complete |
| | Audit Plan 2010 implemented. | Q1-Q4 | 150 audits completed year to 31 st December 2010 |
| | Audits of local implementation of new Consultants Contract undertaken. | Q1-Q4 | Audit of St James Hospital Dublin completed. Audits of 3 DATHs and 2 HSE hospitals in progress. |
| | Performance monitoring data for Non Acute and Acute services verified | Q1-Q4 | Unable to recruit suitably qualified clinical staff due to IR issues. |
| ICT Audits | ICT Audits carried out based on agreed Annual Audit Plan reflecting ICT Risk Assessment completed in 2009 | Q1-Q4 | 5 Audits completed. 2 Framework level audits and a further 6 system level audits were substantially completed but not finalised in 2010 due to delays. These will be expedited in early 2011 |
| | Delivery of ICT audits monitored and reported against Risk Assessment / 3 year Plan. | Q1-Q4 | 3 year plan presented to Audit committee and accepted. All audits in 2010 and audit planning for 2011 were guided by the 3 year plan based on risk analysis. |
| Internal Audit Reports | Internal audit reports delivered with identified recommendations to management to improve the system of internal controls, as well as quarterly synopses to management team and Audit Committee. | Q1-Q4 | 150 audits completed year to 31 st December 2010. Quarterly synopses delivered to Audit Committee and Management team. |
| Management Support | Advice provided to Senior Management relating to controls and processes, including ICT security and assurance. | Q1-Q4 | Ongoing advice was provided in the period. |
| Audit Recommendation Tracking | Process agreed with directorates for tracking the Implementation of audit recommendations. | Q1-Q4 | Process agreed and individuals responsible for each directorate's recommendations have been appointed |
| Briefings | Briefings provided for National Directorates' management teams on the general results of audits. | Q1-Q4 | Briefings were provided quarterly by National Director at Management Team. |
| Policies and Procedures | Assistance provided in the development of Phase 3 of National Financial Regulations and HSE policies and procedures, as applicable. | Q1-Q4 | Assistance provided <ul style="list-style-type: none"> in the development of NFR Phase 3 in the development of the National Information Governance Project as part of the Governance Framework Implementation Team. AND-ICT Audit is a member of the Information Security Project Board which is responsible for developing all HSE ICT Security policies. |
| Special Investigations | Special investigations carried out as required. | Q1-Q4 | Special Investigations have been carried out throughout the year. |
| | Fraud awareness and response training provided to Internal Audit staff | Q1-Q4 | Last remaining fraud awareness and response training session postponed until Q1 2011 due to adverse weather in December. |
| Develop in-house capability for ICT Audit of core HSE ICT systems | ICT Audit knowledge transfer programme activity extended to 1 representative from each of the four Audit Regional Teams. | Q1-Q4 | 4 staff members from Audit Operations and 2 IT Directorate staff members attended Mazars ICT Audit courses in 2010. 1 staff member actively participated in a Data Protection ICT audit in the West Region. One system level audit was completed without external support. |
| Framework Contracts | Framework contracts for specialist forensic and investigation and ICT services managed effectively. | Q1-Q4 | Framework contracts extended for final year. New procurement exercise to be undertaken in 2011. Quarterly reviews were carried out for ICT audit. ICT Audit services were delivered within budget in 2010. The final year of the ICT contract was agreed and runs to August 2011. |