



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DELIVERABLES REPORT – July to December 2008

National Service Plan 2008

5th February 2008

CONTENTS

SECTION 1 – SERVICE DELIVERY

Primary, Community and Continuing Care	1
Primary Care.....	1
Children and Families	7
Child Health	12
Mental Health.....	15
Older People.....	18
Palliative Care.....	22
Social Inclusion.....	23
Disability Services.....	27
Population Health.....	29
Acute Hospital Services and Pre-Hospital Emergency Care.....	47
Cancer Control Programme	58
Cardiovascular Health	61
Emergency Management.....	64
SECTION 2 – SYSTEM-WIDE SERVICE INTEGRATION INITIATIVES.....	66
SECTION 3 – QUALITY IMPROVEMENT	70
SECTION 4 – VALUE FOR MONEY.....	75
SECTION 5 – CONSISTENCY AND SOCIAL INCLUSION	84
SECTION 6 – SUPPORTING SERVICE DELIVERY	87
Human Resources	87
Office of the CEO	93
Estates	96
Finance.....	98
ICT.....	100
Internal Audit	102
Procurement.....	103
Corporate Planning and Control Processes.....	106

INTRODUCTION

This is the 2nd bi-annual report against the detailed deliverables in NSP 2008. Whilst progress on initiatives that are cost neutral continued in the second half of 2008, cost containment measures which were implemented in order to deliver a balanced vote at year end, severely impacted on our ability to progress on all our deliverables.

This report should be read in conjunction with the December 08 PMR.

SECTION 1 – SERVICE DELIVERY

PRIMARY, COMMUNITY AND CONTINUING CARE

Primary Care

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
<i>Primary Care Reform and Integration (TP 2.1-6)</i>			
<i>Contractual framework for GMS and other publicly funded services involving GPs</i>			PCCC
New Contract framework and associated documentation finalised and signed off by management team.	Q3	The HSE is awaiting the outcome of DOHC deliberations arising from the Budget 2009 in relation to a process for developing new contractual arrangements, particularly having regard to Competition Law.	
Mechanism for engaging with relevant stakeholders, in compliance with Competition Act, 2002, defined and in progress.	Q1	See above	
<i>Dental Treatment Services Scheme</i>			PCCC
New Contract framework and associated documentation finalised and signed off by Management Team.	Q1	At an advanced stage. However, the work cannot be completed until the National Oral Health Policy is concluded as the outcome may have implications for a new DTSS Contract.	
Mechanism for engaging with relevant stakeholders, in compliance with Competition Act, 2002, defined and in progress.	Q1	Awaiting DoHC clarification.	
<i>Pharmacy Contract</i>			PCCC
New Contract framework and associated documentation finalised and signed off by Management Team.	Q1	The response to the public consultation exercise was reviewed with key themes identified. A framework for progressing contract discussions was developed. The matter is under consideration at the Policy level (DoH&C) arising from a High Court Judgement and the HSE cannot make further progress in the meantime.	
Mechanism for engaging with relevant stakeholders, in compliance with Competition Act, 2002, defined and in progress.	Q1	Awaiting DoHC clarification.	
<i>Demand Led Schemes</i>			PCCC
A review of the Demand Led Schemes will be carried out addressing areas such as: <ul style="list-style-type: none"> • Procurement for non drug items. • Hardship Scheme. • Oral nutritional supplements. 	Q1-Q4	The HSE has initiated a cross pillar review of the non drug area. Clinical Nutritional Products is the first category to be examined in the new format and the work is ongoing. An amended proposal in relation to the Hardship Scheme was put to the PCCC Management Team and is to be rolled out in 2009. Oral Nutritional Supplements: Prescribing guidance was developed in Q4 of 2008 and will be circulated to GPs / PHNs / CPs in early 2009.	

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
<i>Develop and implement PCCC Configuration Framework (TP 2.1, 2.4)</i>			PCCC
Existing PCCC services will continue to be re-orientated to facilitate their re-configuration into PCT and Health and Social Care Networks (HSCN).	Q1-Q4	A Care Group alignment and reconfiguration working group has reported and prepared a guidance document which has been circulated to all Local Health Offices. This Guidance Document includes working examples of the realignment of services into teams and networks. Consultation meetings have taken place with various Representative Groups involved in the provision of network services e.g. Irish Nutrition and Dietetic Institute, Irish Social Worker Associations, National Area Medical Officers Group, Audiology Representatives etc.	
Each area to develop a plan for reconfiguration of existing staff.	Q2	During the 3 rd and 4 th Quarter, a national reconfiguration framework was developed and agreed. Each Local Health Office progressed reconfiguration for Primary Care Teams in each area. Transition plans for each care group are being progressed.	
2006 Teams The 87 (2006) PCTs will be progressed from development phase to fully functioning teams, delivering services to defined populations.	Q2	As of 31 st December 2008, the status of the 97 teams (including 10 pilots) is as follows: <ul style="list-style-type: none"> • 97 PCTs have initial team members identified (100%) • 81 PCTs are holding Clinical Meetings (84%) • 75 PCTs have new posts in place (77%) • 79 PCTs have existing staff configured to geographical areas (81%) • 96 PCTs are holding team development meetings (99%) • 83 PCTs have protocols developed for Clinical Meetings (86%) • 72 PCTs have local protocols in place for team inter-referrals (74%) 	
Progress recruitment of 110.5 staff to support development of 2006 teams.	Q4	All 298.75 posts (which includes the 110.5 WTE - Phase 1 team posts) have been filled to support the development of primary care teams.	
2007 Teams Progress development of 100 Primary Care Teams.	Q1-Q4	As of 31 st December 2008, the status of the Phase 2 (2007) teams is as follows: <ul style="list-style-type: none"> • 82 PCTs have initial team members identified (73%) • 8 PCTs are holding clinical meetings (7%) • 1 PCT has new posts in place (1%) • 31 PCTs are holding team development meetings (27%) • 23 PCTs have protocols developed for clinical meetings (20%) • 24 PCTs have local protocols in place for team inter-referrals (21%) 	
Progress recruitment of 300 posts identified to support development of 100 PCTs.	Q1-Q4	Approval to recruit these posts has been confirmed as part of the 2009 National Service Plan. A reconfiguration exercise was undertaken in Q4 which identified the breakdown and location of the development posts required nationally. These posts will be recruited in 2009.	
Complete definition of HSCNs through: <ul style="list-style-type: none"> • Alignment of care groups to PCTs and HSCN. • Progressing Staff Reconfiguration Plan at LHO and Area level. • Completion of geographic mapping process. • Addressing LHO Organisational Structure. 	Q2	A framework document on the alignment of multidisciplinary specialist services/care group staff is completed and it will facilitate each care group to commence reconfiguration. This has been circulated to all Local Health Areas. All Local Health Offices have a mapping report which will guide them through the restructuring process.	

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
		<p>As outlined previously, a draft design framework document has been prepared for the organisation structures below LHO level which is required to support the PCCC Transformation Programme.</p> <p>The Programme 2 Steering Group are meeting with Lead LHMs from each of the Care Groups in order to develop transition plans to assist with the reconfiguration of care group specialist staff to PCTs and Networks.</p> <p>As referred to above, consultation meetings have taken place with various Representative Groups involved in the provision of network services e.g. Irish Nutrition & Dietetic Institute, Irish Social Worker Associations, National Area Medical Officers Group, Audiology Representatives etc.</p> <p>A national pilot site, in conjunction with Mental Health Services, has been identified to define Health and Social Care Network services and how they will integrate with the Primary Care Team and secondary care services and ensure the effective delivery of specialist services through the network.</p>	
Review of PCT development completed, in line with 'Towards 2016' commitment.	Q4	An internal review was carried out on the targets set under Towards 2016 and in line with development resources made available, revised targets were set locally and signed off by the HSE Management Team. These revised targets have been circulated through the National Partnership Forum.	
<i>Use of Information Technology</i>			
ICT requirements identified for PCTs and HSCNs.	Q2	<p>In the 3rd & 4th Quarter, work was prioritised on the construction of a plan that will guide the approach to the provision of enabling ICT technologies to support multidisciplinary working by the Primary Care Teams. This included:</p> <ul style="list-style-type: none"> Identifying the hardware and networking requirements to allow all HSE team members to have basic internet and e-mail connectivity and shared calendar. This included the development of a Succinct Impact Statement for the commission of ICT requirements. This funding request was for PCT Phase 2 hardware was approved by CMOD, however due to resourcing the provision of funding has been deferred until 2009. Patient Management System has been defined which aims to provide HSE Staff with a single national system that can communicate using standard protocols with GP, Physio and OT systems. 	PCCC
Framework agreed for the use of a shared record within PCTs and HSCNs.	Q1	Information Sharing Guidelines have been developed by a Working Group made up of Service Users, General Practitioner Representatives, Representatives from the Office of the Data Protection Commissioner & HSE staff representatives.	
Work with ICGP and PCCC in relation to computerisation and the development of the shared record.	Q1-Q4	<p>These were agreed and signed off by relevant stakeholders and consultation was undertaken with the ICGP to obtain their agreement on the roll out of these guidelines. These guidelines have been circulated to each LHO.</p> <p>It should be noted that these are only 'Interim' guidelines which were developed to guide best practice within PCTs but that the DoHC have since produced a discussion paper on a 'Proposed Health Information Bill' and HIQA will be involved in the development of 'standards for the collection and sharing of information across the health and social services'.</p>	

Section 1 - Service Delivery

Primary Care

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Out of Hours GP services / GP Co-operatives (TP 2.5)			
A National Review of G.P. Out of Hours Services to standardise Service Level Agreements arrangements will be conducted.	Q4	Due to resource restrictions, this action has been deferred to 2009.	
HSE National Information Line			
Satisfaction surveys executed periodically to support quality assurance of the service.	Q1-Q4	Survey commenced during 2008, completion of survey is currently on hold until further notice.	
GP Vocational training(in partnership with the ICGP) (TP 2.5)			
A review of GP Training undertaken.	Q3	A Draft Baseline Study of GP Vocational Training has been completed and is being reviewed by the HSE GP Training Steering Committee	
Report from Interim National HSE / ICGP Steering Group completed.	Q4	Completion of the revised Terms of Reference of the Joint Interim National HSE/ICGP Steering Committee – GP Training has been put on hold pending clarification from the Irish Medical Council with regard to implementation of Agencies requirements under the Medical Practitioners Act 2007	
Work with the Irish Medical Council and Irish College of General Practitioners in meeting our requirements under the Medical Practitioners Act 2007.	Q1-Q4	Initial discussions have been held with the Irish Medical Council (IMC) with regard to the HSE's role and responsibilities in accordance with the Medical Practitioners Act 2007. Further clarity with regard to the specific implementation of these requirements is awaited from the IMC. The HSE will continue to work in partnership with the IMC and the ICGP in this regard.	
Development of the Hospital in the Home Service (HITH). (TP 2.5)			
Service will continue until at least Contract completion in March 08.	Q1	Service ceased on completion of contract in March.	PCCC
National Schemes Modernisation Project (TP 2.8)			
Implement recommendations of Community Ophthalmic Services Medical Pilot Scheme			
Contract agreed with providers.	Q4	On hold (see below)	PCCC
Implement roll out to an additional 10 (WTE) contractors, thereby ensuring equitable geographical availability of service to medical card holders and provision of additional treatments.		Implementation plan submitted for funding under Health Innovation Fund. No funding provided so roll out had to be deferred.	
The Application / Assessment process for Medical / GP Visit Cards to be streamlined and made more 'customer friendly'.			
A self-assessment system piloted in one LHO Area.	Q4	This project was not undertaken.	PCCC
On-line application process for persons aged 70 years piloted.	Q4	Based on Budget announcement in relation to over 70's a new MC1 form has been developed for applicants aged over 70 and will be available to download from website.	

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Standard National Medical Card / GP Visit Card Review Form developed.	Q4	Final draft under consideration.	
<i>Development and enhancement of competency and knowledge base within HSE (PCCC) on EU Health regulations.</i>			
One central repository for all EU regulations queries and points of information established.	Q4	Queries were received and dealt with from all Administrative areas. Limited on site training delivered due to travel restrictions.	PCCC
Information manual on 'Completion of EU forms' compiled.	Q4	The Manual was completed and distributed to Local Health Offices at the end of July 2008	
Mechanism established to identify the numbers and cost of providing services under regulations.	Q4	A Draft Project plan was submitted to Management.	
Position clarified regarding costs, notional costs and waiver systems between EU countries.	Q4	This work is ongoing.	
<i>Review of the Indicative Drug Target Saving Scheme</i>			
Recommendations of review prioritised and action plan drawn-up.	Q1	A group including clinicians from both the hospital and primary care settings has been established by the HSE to consider and recommend how best to engage clinicians in general in cost effective, rational prescribing.	PCCC
<i>Oral Health (TP 2.8)</i>			
<i>Complete review of Dental Treatment Services Scheme</i>			
Implementation plan for the DTSS Review to be agreed following advice from Attorney General.	Q1	On the instructions of the Dept of Health & Children, the DTSS review is on hold pending completion of oral health policy (which is under way) and receipt of definitive clarification in relation to the applicability of the Competition Act 2002 to this process. In the meantime the HSE has been working on the development of a comprehensive management agenda for a new DTSS contract. The work, which is at an advanced stage, includes a review of the treatment schedule, review of the fee schedule, proposals on strengthened governance arrangements, and rationalised dispute resolution, suspension and termination provisions.	PCCC
<i>National Review Group on Orthodontic Service</i>			
Impact of revised guidelines will be monitored on an ongoing basis in 2008.	Q1-Q4	New national monitoring template developed (sample in 2008 shows increased number of referrals for orthodontic assessment)	PCCC
<i>Development of Orthodontic Services</i>			
Appointment of Consultant Orthodontist for Cork / Kerry area completed.	Q4	New Consultant took up post in HSE South in December 2008	PCCC
4 Orthodontic training places at Cork Dental School implemented.		Current group of 4 due to qualify in 2009.	
<i>Development of action plan to address oral health needs of patients with special needs / patients in long-term residences.</i>			

Section 1 - Service Delivery

Primary Care

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Recommendations of action-plan prioritised.	Q1	Review of special needs and discussions with representatives of individual hospitals undertaken. Due to resource constraints, there is limited ability to increase service.	PCCC / Office of the CEO
Action plan developed to address oral health needs of patients in long-term residences, in line with the findings of DoHC Oral Health Policy Review Group.	Q2	Department of Health have not yet issued new oral health policy – work ongoing.	
Hepatitis C Services			
Service provided within existing eligibility criteria.	Q1-Q4	Services continue to be provided to all eligible persons under the terms of the Health Amendment Act. Eligibility criteria for awarding HAA cards remains unchanged and cards continue to be awarded on basis of meeting eligibility criteria	PCCC
National Hep C Forum will monitor planning and delivery of service.	Q1-Q4	Quarterly meetings scheduled for June, Sept and Dec 08, all postponed. However, individual meetings with each designated hospital, patient group and liaison officers were held in the absence of the national forum mtgs.	
Provide HAA cardholders with up to date guide to services available under the HAA scheme.	Commence Q1	All Health Amendment Act Cardholders provided with revised and updated Information Guide to Services during Q1 and Q2. Cardholders were also provided with 2 newsletters with updated information on entitlements and in Q4 were provided with an updated information leaflet in relation to hospital services provided under the terms of the Health Amendment Act.	

Children and Families

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
<i>Rights of the Child in line with National Children's Strategy 'Our Children, Their Lives'.</i>			
Awareness of complaints procedures by all children in care.	Q3	Completed. All LHO's ensuring compliance.	PCCC
National Association of Young People in Care supported to ensure we meet our obligations under national policy to support and advocate for service users.	Q1-Q4	Complete. SLA in place including funding to provide services.	
<i>Care planning</i>			
Standardised care plan developed following completion of discussions with HIQA.	Q2	Complete. Standardised National Guidelines in place.	PCCC
Ensure implementation of standard plan across system.	Q2 09	Complete.	
<i>Development of 'Agenda for Children's Services' National Child Care Policy</i>			
<i>Agenda for Children</i> disseminated and implementation process commenced.	Q4	Complete. On line access in place. Implementation process commenced.	PCCC
<i>Residential Care</i>			
Current placements reviewed of children aged 12 and under and single occupancy placements.	Commencing Q1	Complete. Current placement review of children aged 12 and under and single occupancy placements was completed during Q1 and Q2.	PCCC
Review will be ongoing to ensure that children are placed appropriately.	Q1-Q4	Complete. Review will be ongoing throughout Q3 and Q4. Action Plan developed including new PI and National Protocol.	
<i>Child Protection Assessments</i>			
Implementation of standardised initial assessment process in four designated areas (Cork, Louth, Mayo and Donegal / Leitrim / Sligo) as part of development of National Childcare Information System.	Q2	Complete.	PCCC
<i>Special Care</i>			
<i>The pending enactment of the Special Care Orders</i>			
Work with the Courts and the Children's Act Advisory Board (CAAB) in relation to the development of Special Care Orders.	Q4	This work is ongoing with particular focus on the following areas: <ul style="list-style-type: none"> • Adherence to the placement of Children in Care Regulations. • Support for Foster Parents • Aftercare • Search and Reunion. 	PCCC

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
<i>High-Support and Special Care Units</i>			
Completion of strategic review of High Support and Special Care.	Q2	Strategic Review Complete and gone in draft format to the National Director PCCC.	PCCC
Implementation of recommendations to be examined.	Q3	Pending finalisation of Draft Strategic Review	
Development of performance measures.		Awaiting final sign off by National Director PCCC	
<i>Improving quality in Foster Care</i>			
All placements subject to protocol.	Q1		PCCC
Review of foster care standards completed to identify issues arising.	Q2	Complete. National Standards for Foster Care reviewed by Alternative Care Committee.	
Following completion of Review, ongoing implementation of the standards on a cost-neutral basis will be considered.	From Q2	Consideration of issues ongoing.	
Publicity and promotion of fostering.	Q4	Complete. National Focus on Fostering campaign in partnership with IFCA conducted.	
SLA for IFCA to be continued.	Q4	Complete.	
<i>Implement a standardised pre-school monitoring framework</i>			
Implement inspection tool across system.	Q4	Implementation process ongoing.	PCCC
National child care standards for pre-schools service developed.	Q4	Standards Committee under the auspices of the OMCYA with HSE representation ongoing.	
Maximise timely inspections in context of growing number of facilities, more comprehensive inspection regulation and resource availability.	Q4	Partnership Committee in place.	
Roll out of national standard pre-school inspection process and reporting.	Q4	Ongoing.	
<i>Review existing Child Protection and Welfare Structures and Services</i>			
Revised Children First Guidelines implemented on a phased basis, on completion of review.	Q4	Awaiting publication of Review of Children First.	PCCC / Office of the CEO
<i>Criminal Evidence Act 1992</i>			
Assist and co-operate closely with an Garda Siochana in the preparations for (including training) and the interviewing of children under these provisions once commenced.	Q4	Joint National Protocol with an Garda Siochana agreed. 6 HSE officials have been trained to work with an Garda Siochana in the preparation and interviewing of children	PCCC

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
<i>Management Information</i>			
Interim data set transferred to HSE.	Q1	Complete.	PCCC / Office of the CEO
Additional Childcare measures identified through work of National Childcare Information System.	Q2	Ongoing with additional measures included in NSP 2009.	
Review of Interim Data Set completed.	Q2	Following transfer of Interim Data Set from Department of Health and Children to HSE, structures for collation, compilation and publication of IDS have been reviewed. Automated data collation developed and is in place.	
<i>Children and Families Transformation Plan (TP 2.1)</i>			
Project plan developed and implemented to realign Children and Families Services with PCCC TP, in line with PCCC service reconfiguration (delivered through PCTs and HSCN).	Q2	Planning ongoing in context of Transformation process.	PCCC
<i>Towards 2016</i>			
Development of County Committees in consultation with Office of the Minister for Children and stakeholders.	Q1-Q4	Meetings are ongoing with the Office of the Minister for Children and other relevant stakeholders to advance the development of County Committees.	PCCC
In context of Inter-Agency planning, HSE will complete its own business plans for the delivery of children's service directly provided and funded, in each of the four pilot areas.	Q1-Q4	Business plans have been drawn up and are in place.	
<i>Inter-Country Adoption</i>			
Review of Inter-Country Adoption business processes in order to achieve maximum efficiency in the context of impending changes in adoption legislation progressed.	Q1	National management structure in place. Review of standardisation of business processes underway –Implementation plan in progress – will be completed during first half of 09.	PCCC
Validation exercise of current data set undertaken.	Q1	Current dataset reviewed in conjunction with Performance Management Department, PCCC.	
<i>Develop responses to the needs of Separated Children Seeking Asylum</i>			
Standardisation of the management of care and welfare of Separated Children seeking Asylum will continue in partnership with other stakeholders.	Q1-Q4	A standard template containing a photograph of the child and a physical description has been agreed between An Garda Síochána, the Office of the Refugee Applications Commissioner and all statutory and voluntary childcare agencies. A national protocol regarding all children who go missing from care is in place.	PCCC
Development of plan for countrywide provision.	Q1	Complete.	
Implementation of plan on a phased basis.	Q2-Q4	Ongoing.	
Implementation plan developed for roll-out of guidelines.	Q4	Ongoing. Initial focus on residential developments completed.	

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Data collection process is devised in respect of users of the service.	Q2	Ongoing. Existing Interim Data Set reviewed and deemed appropriate.	
<i>Youth Homeless Strategy</i>			
Establish group to examine recommendations of Youth Homeless Strategy.	Q1	Complete.	PCCC
Regular reports provided on progress.	Q1-Q4	Ongoing. Reports to Children and Family Services National Steering Committee monthly meetings.	
Identification and implementation of recommendations on a cost neutral basis.		Ongoing. For review during Q1 2009.	
<i>Sexual Assault Treatment Unit report</i>			
GP certificate course continued.	Q1-Q4	The National Review highlighted the requirement for standardisation in the remuneration of doctors. This has now been agreed and it is hoped that it will act as an appropriate incentive for doctors to participate in the programme. Discussions with An Garda Siochana in relation to remuneration rates for those providing Sexual Assault treatment services through the Department of Justice have had a satisfactory outcome.	PCCC / NHO
Nurse Training Programme continued.	Q1-Q4	The RCSI has secured the contract to develop the forensic nurse training programme which is a key requirement in terms of delivering services in SATU's. Eight nurses were selected to participate in this programme, which commenced in January 2008, and these nurses are due to complete their training in early January 2009. Successful completion of this course, the first of its kind in Europe, will allow these nurses to treat patients presenting at SATU's and to prepare and present forensic evidence in a court case where required.	
Improve response rates to the victims of sexual and / or domestic violence seeking practical and / or emotional support by: <ul style="list-style-type: none"> • Completing analysis of shortfalls in current funding for a number of voluntary organisations • Improved training of GPs and other frontline staff. • Increased level of services to clients. • Developing improved responses to clients of these services. • Improved uptake on training. 	Q4	Complete. Draft SLA developed and in place pending sign off on national SLA. Schedule associated with national SLA considered and approved	
Commissioning of 2 new SATUs (Mullingar and Galway).	Q4	Galway Facility Because of planning problems in relation to the Galway site, an alternative site on the campus of Merlin Park has been identified which was recently recommended for approval through the HSE – National Hospitals Capital Steering Group. Pending the development of the unit on the Merlin Park campus an interim solution is in the process of being secured. It is hoped the unit will be operational in early 2009.	

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
		<p><u>Midlands Unit – Mullingar</u></p> <p>A project group with representatives from NHO and PCCC was set up to identify an appropriate site and to develop an implementation plan for this service. A site in Mullingar was identified early in the year and work commenced in developing the service. However, because of the major capital development at the hospital, there are challenges in developing the site due to other decanting requirements. Accordingly, an interim site has been identified. Equipment has been ordered and recruitment of staff for this unit is at an advanced stage. A training/induction day was arranged for the 15th December for local clinicians and it is expected that the unit will open in the coming weeks.</p>	
<i>Ferns</i>			
Identification and implementation of recommendations on a cost neutral basis.	Q1-Q4	HSE "Parents who Listen" leaflet TV and Radio campaign.	PCCC
<i>Violence Against Women</i>			
Work with Service Providers in relation to funding allocated to ensure improved service delivery.	Q1-Q4	Complete. Budget allocation has been agreed for enhanced service delivery.	PCCC
Standardisation of Service Level Agreements completed.	Q4	Complete. Draft SLA developed and in place pending sign off on national SLA. Schedule associated with national SLA considered and approved.	
<i>Teen Parent Support Programme</i>			
Work with the Teen Parent Support Programme with a view to improving outcomes for Teen Parents.	Q1-Q4	To roll out this piece of work 10 pilot teams are to be established and as of June 2008, eight of these pilot teams were in place. The remaining 2 pilot teams are scheduled to become operational in early 2009.	PCCC
<i>Community Based High Support</i>			
Performance measure developed to capture community based alternatives to high support.	Q1	New Family Support PI developed for implementation in 2009.	PCCC
<i>Continuing Professional Development of HSE Staff and Providers.</i>			
150 training days to be delivered in 2008 for HSE staff.	Q4	150 training days delivered in 2008 for HSE staff.	PCCC
Children First Training delivered to Agencies delivering services.	Q1-Q4	Children First Training delivered.	

CHILD HEALTH

Child Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Achievement of immunisation targets</i>			
Review current implementation model to maximise efficiencies towards achieving a 95% national uptake rate, at 24 months.	Q4	Q4 2007 uptake – two HSE areas achieved DPT uptake of > or = 95% (HSE NW and HSE Midlands). Quarterly reports continue – Q1 2008 in preparation, Q4 2007 completed and distributed, and available to public. LHO data provides useful information to identify local areas under-performing. Data on immunisation uptake presented at national meetings (Summer scientific meeting, Infectious disease society in Ireland meetings) and international conference in Ireland (5 nations conference in Cork). Collaborating in EU projects to improve immunisation uptake across Europe and learn from each other on how this has been achieved (VENICE project, EUVAC). Study near completion which reviewed how well crèches are documenting immunisation information for children attending pre-school facilities (and obstacles to this). Recommendations will be part of this report.	PCCC / Pop Health
<i>Undertake audit to support 'European Strategy for Child and Adolescent Health and Development'.</i>			
Self audit using WHO tools completed.	Q4	Draft report completed. Final version to be signed off Q1 2009.	Pop Health / Office of CEO
<i>The WHO Global Strategy for Infant and Young Child Feeding</i>			
Support new mothers to continue breastfeeding.	Q4	Ongoing	PCCC
<i>Adolescent Friendly Services</i>			
Training in use of assessment tools rolled out in locations delivering services to young people.	Q3	Not addressed due to cost containment and travel restrictions.	Pop Health / Office of the CEO
<i>Child Health Surveillance</i>			
Evaluation of developmental surveillance tool for children in Ireland complete.	Q4	The completed survey was agreed and disseminated to all LHO areas. 29 of 32 LHO areas had returned survey by end Q4.	PCCC / Pop Health / Office of CEO
Translation of Child Health Information Support for Parents (CHISP) materials into languages of ethnic groups in Ireland undertaken.	Q2	CHISP proposal agreed by EAG and National Management Team. Progress funding dependent.	
Training plan developed.	Q4	Curriculum developed but training postponed due to travel/training restrictions.	
<i>Promote a strategic approach to child health research (TP 1.3)</i>			
Specific research studies contracted in relation to youth participation, injury prevention, and Universal Neonatal Hearing Screening (UNHS).	Ongoing	Merger of Child Health Research forum with research and evaluation re children and young people consortium Ireland (RECCI).	Pop Health / Office of the CEO

Child Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>Implementation of "Getting Research into practice for Children" discussion paper awaited.</p> <p>Youth Participation.</p> <p>Joint working with NUIG Child and Family research centre.</p> <p>Participation in working group of the National Strategy for service user involvement.</p> <p>UNHS - Draft Protocol developed; Equipment Commissioning Guidelines revised; Offer of second hand equipment investigated and decision to decline reached; Needs assessment questionnaire drafted; Principles of UNHS drafted; Project plan developed and revised as necessary. A Comprehensive report: An Integrated Care Approach to UNHS in Ireland to outline key aspects and issues in implementing UNHS was subsequently developed. The report sets out:</p> <ul style="list-style-type: none"> •The service specification in relation to newborn hearing screening in Ireland. •Identified the current provision and status of hearing screening •Set out the clinical care pathway representing the babies journey from screening through to intervention informed by epidemiological data •Described the hospital/community service models •Proposed a phased implementation of the programme •Set out a national framework for service delivery based on the existing HSE Hospital Network Structure •Outlined the newborn hearing screening and paediatric audiology services required •Set out the audiological programme requirement •Costed the HR requirement of screening and audiology <p>It set out key decisions required to move project forward, resource implications and risk issues in relation to both implementation of programme and lack of implementation.</p> <p>A sponsorship programme for audiology students was developed and 4 candidates were identified as suitable for this programme. The position in relation to HSE capacity to employ these students is presently being examined in context of current climate. Implementation of UNHS in 2008 severely constrained due to cost containment issues.</p>	
<i>Emotional well being of children</i>			PCCC / Office of the CEO
Training programme and development of training needs assessment for working with adolescents reviewed.	Q3	Training module completed and national trainers trained.	
<i>Universal Neonatal Hearing Screening</i>			
Current pilot sites to be developed to full screening standard.	Q4	A project plan for Universal Neonatal Hearing Screening has been developed and further discussion is taking place on the appropriate governance structures for this screening service.	NHO – with input from PCCC / Pop Health
Develop additional pilot site in Dublin.	Q3	This has not yet been progressed	

Child Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Growth Measurement</i>			
Implication of new WHO charts considered and recommendations made. Tendering for new Irish Growth Chart completed.	Q2	Unable to proceed due to departure of lead SAMO and non replacement. Work to be reconvened Q1 2009	Pop Health
<i>Obesity in Children and Young People</i>			
Training in prevention and management guidelines for primary professionals rolled out.	Q3	Postponed due to travel/training restrictions	PCCC / Pop Health
<i>Preventing Injury to Children and Young People</i>			
Injury Prevention Activity reviewed and action plan developed.	Q3	National Information collected and collated for standardised project tools on Ireland's capacity in relation to child injury prevention.	Pop Health / Office of the CEO
Participation in European Child Safety Alliance.	Q1	1 of 2 meetings attended (travel restrictions) national report made to alliance.	
<i>Screening Newborns for Cystic Fibrosis</i>			
Implementation of plan with commencement of screening.	Q4	<p>The HSE had committed to the development of screening of newborns for Cystic Fibrosis (CF) in the Service Plan 2008. The introduction of the new screening programme requires appropriate governance and clinical arrangements to ensure effective implementation; services and infrastructure are in place to meet newly identified need, including follow up genetic counselling. Accordingly, during 2008 the focus was on the continued development of CF services nationally and the development of a policy to oversee CF screening implementation informed by the Expert Advisory Group on Children and Families.</p> <p>The Expert Advisory Group on Children and Families produced a policy document for the HSE Management Team on the implementation of a CF screening programme. Recommendations include the establishment of a multidisciplinary Steering Group to oversee its implementation and to ensure that there is a fit with the development of other relevant services. The screening programme will be implemented in line with this EAG document and the Steering Group will be established in 2009 to oversee the roll out of the screening programme.</p>	NHO / PCCC / Pop Health
<i>Irish Association for Adolescent Health and Development</i>			
Business Plans further developed and implemented.	Q2	No funding available for implementation of current proposals. Reconfigured plan to develop a network. Preliminary discussions held with Child Health research forum to host network. Project to continue Q1 '09	Pop Health / Office of the CEO
<i>Developmental Screening - Best Health for Children</i>			
Audit of HSE performance against standards outlined in 'Best Health for Children' completed.	Q3	Data collection completed.	Pop Health / PCCC / NHO / Office of the CEO

MENTAL HEALTH

<i>Implementation of Vision for Change</i>			Lead Responsibility
Progress implementation plan for 'A Vision for Change'.	Q1-Q4	<p>A targeted action plan developed which focuses on six key areas for 2008. Child and Adolescent Mental Health Services</p> <ul style="list-style-type: none"> • Catchment area definition and clarification • Modernisation of Mental Health Infrastructure • Community based Mental Health Teams • Mental Health Services for people with an Intellectual Disability • Mental Health Information Systems <p>Progress on each of the above areas is set out in the sections below. A detailed Action Plan accounting for the remaining recommendations of A Vision for Change for the period 2009 to 2013 was completed and signed off by the PCCC Management Team.</p>	
<i>General Adult Psychiatry</i>			PCCC
Reconfiguration of mental health services to community based settings in line with PCCC Transformation Reconfiguration Programme (Primary Care Teams and Health and Social Care Networks) supported.	Q1-Q4	<p>Catchment Area Definition Significant work has been undertaken in each area to examine sector boundaries to align the mental health services with Primary Care Teams and Health and Social Care Networks. This is in line with the Transformation Reconfiguration Programme and the creation of integrated networks and clinical directors as agreed in Appendix Four of the new Consultant Contract.</p> <p>A Vision for Change recommends catchment areas to provide specialist services to populations between 250,000 and 400,000. There are 13 expanded catchment areas proposed nationally: 3 expanded catchment areas in Dublin North East, West, and Dublin Mid Leinster and 4 expanded catchment areas in HSE South.</p> <p>The proposal for 13 expanded catchment areas and the proposal for the 13 Clinical Director posts are currently being discussed by HR and the IHCA in the context of the implementation of the 2008 Consultant Contract.</p> <p>Modernisation of Mental Health Infrastructure Work completed to date includes:</p> <ul style="list-style-type: none"> • Identification of the mental health infrastructural requirements as per Vision for Change compared with actual infrastructure provision (based on the geo-mapping exercise carried out in 2006). • An audit of the existing mental health infrastructure is in train by the Estates Directorate. This audit will assess fitness for purpose and opportunities for further development. • An overview of planning process relating to the provision of new infrastructure has been drafted to provide guidance for services in planning the provision of such infrastructure in conjunction with the estates function. • A detailed design outline for Community Mental Health Centres, ideally co-located with Primary Care Centres, maximising opportunities for integration has been developed. The Community Mental Health Centre will also include Day Hospital provision. 	

<i>Implementation of Vision for Change</i>			Lead Responsibility
		<ul style="list-style-type: none"> • Consideration has been given to criteria for consideration of the location of Intensive Care Rehab Units, Acute inpatient Units, Service User provided drop in centres (day centres), child and adolescent infrastructure and residential provision. • Acute inpatient units co-located on acute hospital sites: PCCC are finalising agreement with the NHO in relation to the provision of the balance of the acute units. A review of the suitability of current Acute In-patient Units for high acuity interventions is in train. The capacity for existing acute sites to safely host Intensive Care Rehab Unit facilities will also be considered. <p>Community Based Mental Health Teams</p> <ul style="list-style-type: none"> • The multi-disciplinary team requirements of each catchment area currently being assessed. • A number of additional Community Mental Health Teams began reconfiguration in 2008 from within existing resources in a number of centres nationally. This work will be complete in early 2009. 	
Filling of the Consultant Adult Psychiatrist posts progressed, subject to agreement on Consultant Contract talks.	Pending Agreement	Interviews for Consultant posts completed and letters of offer have been issued.	PCCC
<i>Old Age Psychiatry</i>			
Filling of the Consultant Adult Psychiatrist posts progressed, subject to agreement on Consultant Contract talks.	Pending Agreement	Interviews for Consultant posts completed and letters of offer have been issued.	
<i>Eating Disorder Services</i>			PCCC
Service will be progressed as part of development of Child and Adolescent Psychiatry Teams in Dublin Mid-Leinster and the South.	Q4	No progress to report for 2008.	
<i>National Forensic Mental Health Services</i>			PCCC
Recruitment of 12 WTE in Central Mental Hospital completed.	Q4	Recruitment complete and additional 5 beds opened in mid December to address significant waiting list of patients from within the prison system.	
Planning and design for relocation to Thornton Hall progressed.	Q1-Q4	The development of the brief for the new hospital is on schedule.	PCCC
<i>Develop additional Child and Adolescent Mental Health Teams (CAMHTs)</i>			
Completed 8 x 7 Person Child and Adolescent Mental Health teams.	Q4	<p>Eight Teams in 2008</p> <ul style="list-style-type: none"> • The recruitment process for the Consultants is nearing completion. • Interviews took place in November and letters of offer have now issued. • The staff to support these teams are currently being advanced through the recruitment process. 	
4 additional beds at St. Anne's commissioned.	Q1	The additional beds have been operational on a needs basis since 31 st March, with appropriate staffing supports in place.	PCCC
Construction of the new 20 bedded unit commenced – Galway	Q2	Construction to commence Qtr 1 2009.	

<i>Implementation of Vision for Change</i>			Lead Responsibility
Construction of the new unit commenced - Cork	Q1	Work is expected to be completed by the last quarter 2009. Delay due to planning difficulties.	
8 beds in St. Stephens Hospital, Glanmire commissioned as an interim solution in advance of the completion of the Bessboro Unit.	Q4	The 8 bedded unit is complete and is expected to be in operation late Q1 2009.	
1 st Phase – a 6 Bed Adolescent Inpatient Unit commissioned at St. Vincent's Hospital, Fairview.	Q3	Six bedded unit has been completed. The new C&A Consultant Psychiatrist is due to take up post on January 12 th Recruitment of remaining staff is nearing completion. It is anticipated that admissions to the unit will commence in February 2009.	
2 nd Phase: Development of an additional 6 Beds in the Adolescent Inpatient Unit, St. Vincent's Hospital, Fairview progressed.	Q1-Q4	Discussions to progress the planning of an additional 6 beds/ new purpose built 12 bedded inpatient unit at St. Vincent's, Fairview (six bedded unit currently being developed as an interim solution) and a Day Hospital for the North East will commence in Q1 2009.	
Service provision at Warrenstown House increased from 5 to 7 days per week.	Q1	In Oct 2007 this unit moved from a 5 day to a 7 day service. While there have been staffing difficulties in maintaining a full seven day service, this has been restored in September 2008 with a new staff roster system in place. A review of the operation of Warrenstown is scheduled for completion by end December 2008.	
<i>Development of role of Authorised Officers</i>			
Negotiations advanced through Partnership to primarily deliver service through our staff.	Q1-Q4	Authorised Officer Training completed in Qtr 4. Discussions with staff associations regarding the implementation of a full Authorised Officer service in Qtr 1 2009 are ongoing.	
<i>Arrangements for Second Medical Opinion</i>			PCCC
Second Opinions provided as required.	Q1-Q4	Ongoing, as required under the Mental Health Act 2001.	
<i>Meet legal obligations in providing for Assisted Admissions</i>			PCCC
Meet legal obligations in providing for assisted admissions.	Q1-Q4	Assisted Admission service is continuing.	
<i>Management Information</i>			PCCC
Interim data set (derived from the suite identified in 2007) to meet the accountability requirements of the main stakeholders developed and implemented.	Q1	Proof of concept to commence in Donegal on 19 th January 2009.	PCCC
Development of a comprehensive information system for Mental Health commenced.	Q1		
<i>National Service User Council (NSEU)</i>			
NSEU established and elections to the Board supported.	Q1-Q4	National Service User web site launched and Service User Focus group planning continues. "The Journey Together" an information booklet for families and friends who support people experiencing mental health problems was launched in December '08.	

OLDER PEOPLE

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Development of home and community based services and supports (TP 2.5 and 2.6)</i>			
Conclude the implementation of the National Home Help Agreement.	Q2	National Home Help Agreement is being finalised and preparations for national implementation complete. Implementation of Agreement to be concluded by Q2 2009 as well as a standardised approach for national allocation of home help hours.	PCCC
<i>Home Care Packages (HCPs)</i>			
Clients with more complex level of needs to benefit from Home Care Packages. (The input of additional allied health professionals and related community staff as part of the provision of Home Care Packages will meet the needs of more complex cases. They will enhance the support of early discharges from the acute sector and prevent inappropriate admission.)	Q1-Q4	Progress on the recruitment of additional allied health professionals across 4 areas with 93.45 WTE in post & 23.50 offers made and awaiting responses and 58.37 advertised or interviews being held as of end of November 2008.	PCCC
HCP Evaluation completed.	Q1	HSE HCP evaluation completed and findings forwarded to DOHC for consideration as part of the DoHC led HCP evaluation. The work of the Home Care Package review group is ongoing and the HSE and DOHC are represented on this group.	
Outcome of evaluation considered in National Guidelines.	Commencing Q4	As above	
<i>Public Fast Track Beds</i>			
Provide an additional 606 beds bringing the implementation of the total fast track initiative to 860 as approved by Government.	Q4	Planning and recruitment difficulties have resulted in slower than anticipated implementation of the public Fast Track developments – as of 31st December 2008 306 beds are opened.	PCCC
<i>Sheltered Housing schemes</i>			
Pilot, initiative using the housing with care model, established.	Q4	The 56 unit facility, in partnership with FOLD and Dublin City Council, has opened in Glasnevin, providing sheltered housing to older people.	PCCC
<i>Elder Abuse</i>			
Data on Elder Abuse analysed.	Q1	Data on Elder Abuse referrals are collected each month from the four HSE administrative areas. The data is quite detailed and provides information on the type of abuse alleged, the gender of the abused, the age profile, place of residence, place of abuse, relationship of alleged abuser to the abused, etc. This data is analysed each month, creating a detailed picture of abuse in Ireland and will form the basis for analysing emerging trends and informing future direction of the service.	PCCC
Core dataset refined.	Q2	The data collected has been refined to be consistent across each administrative area in terms of collection, timing and interpretation.	
Review of data collection process underway.	Q2	The data collection process has been refined to ensure accuracy, consistency and timeliness of the data gathered.	

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Collaboration with other stakeholders to develop Public Awareness programmes.	Q1-Q4	<p>A Public Awareness Campaign Sub Group (comprising representatives from all relevant statutory and voluntary bodies/ services) and an Implementation Group were established to develop and oversee implementation of the Public Awareness Campaign, with appropriate collaboration with the relevant stakeholders.</p> <p>As part of this a survey was commissioned to ascertain the level of awareness and understanding of Elder Abuse in Ireland. Following this proposals were developed around a media campaign with a focus on Financial Abuse.</p> <p>Ogilvy and Mather advertising agency developed the newspaper and radio advertisements. The campaign ran over three weeks, November 10th to 16th, November 30th to December 6th 2008 and January 5th to 11th 2009. The HSE Information line is the main point of contact for persons with concerns.</p> <ol style="list-style-type: none"> 1. To complement the media campaign, a flyer on Elder Abuse was developed and distributed widely throughout the HSE to appropriate service areas and units as well as by Government and Voluntary agencies and the Irish Banking Federation. 2. In addition to the above, a supplement magazine was produced by the HSE entitled 'Your Health Your Future'. This was done with the Sunday Independent and covered information on the wide range of services for older people in Ireland. Articles and adverts on Elder Abuse were placed in this supplement along with the Elder Abuse flyer which was placed as an insert into the newspaper. The circulation for this paper was 300,000 and provided increased exposure for the Elder Abuse campaign 3. A dedicated section on Elder Abuse was also developed for the HSE website, providing greater access to information and contact details for those in a position to respond to allegations. 4. Discussions have also been held with COSC (The National Office for the Prevention of Domestic, Sexual and Gender-based Violence) who are also planning a public awareness campaign on domestic violence, in order to ensure that the campaigns do not conflict but, rather, complement each other. Their campaign is planned for Monday, January 12th 2009. 	
Best practice guidelines for the Voluntary and Private sector developed.	Q4	<p>The HSE Policy document, '<i>Responding to Allegations of Elder Abuse</i>' has been distributed to all HSE staff who work with older persons as well as to all frontline staff. The Policy is also available to download from the internet. The policy was also distributed to appropriate voluntary and private agencies.</p> <p>The staff training DVD and Workbook, '<i>Recognising and Responding to Elder Abuse in Residential Care Settings</i>' has been distributed within the HSE and has also been distributed to appropriate voluntary organisations and private nursing homes.</p> <p>A Policy and Procedures Sub Group was established to develop policies, procedures and guidelines in relation to Elder Abuse. A number of priority areas for procedures / guidance documents were identified.</p> <p>Two separate working groups were established by the sub group to address the issues of self neglect and the joint working relationship between the HSE and An Garda Siochana. The working group on self neglect submitted a report to the</p>	

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		National Steering Committee in September 2008 and remains on the agenda for further consideration and decision.	
Collaboration with development of a national Vulnerable Adult's Policy.	Q1-Q4	The HSE is developing standards and guidelines to help prevent harm to vulnerable patients and other service users. A Working Group has been established to progress this work. The Working Group is representative of all the Care Groups, the Acute Services and HR. The National Steering Committee on Elder Abuse is represented on the Working Group to ensure appropriate linkages between both groups.	
Evaluation of Elder Abuse Awareness DVD in relation to HIQA standards on Elder Abuse.	Q4	The Elder Abuse training DVD, 'Recognising and Responding to Elder Abuse in Residential Care Settings' has been distributed widely to public and private residential facilities, acute services, residential mental health and disability facilities and nursing home inspection teams. An evaluation sheet is enclosed in the training workbook which is being distributed with the DVD. These evaluation sheets will form the basis of feedback in relation to the effectiveness of the DVD.	
Examination of merits of producing similar training materials for community services and acute settings.	Q4	This evaluation will be based on feedback received in relation to the Elder Abuse training DVD and will be considered by the National Steering Group on Elder Abuse.	
National Research Centre for Elder Abuse establishment progressed.	Q3	A National Research Centre for the Protection of Older People opened in University College Dublin in October 2008. It will create a knowledge base of Irish and international research on occurrence, prevalence, detection and response to the abuse of older people in Ireland that will underpin policy, best practice and service provision.	
<i>A Fair Deal and Associated Work</i>			
Implementation progressed of 'A Fair Deal' and all its components i.e. Financial Assessments, National Needs Analysis of Long Stay Residential Care, Common Assessment Process and Clinical Pathways for Long term Care, development of Geriatrician-led Teams in the Community, Standards, Nursing Home Inspections.	Q1-Q4	Significant progress in preparation for the implementation of 'A Fair Deal' and all its components has been made. Full implementation and preparations are dependent on the legislation.	PCCC
National standardised financial procedures and protocols in place to replace subvention processes.	Q1-Q4	'A Fair Deal' will replace the current system of charges/subvention for public/private beds respectively.. Legislation is currently moving through the Houses of Oireachtas and National Guidelines etc. cannot be finalised until the legislation is passed. A full assessment of the additional requirements on the HSE to administratively manage the new scheme will be undertaken following its publication.	
National Guidelines implemented from 1 st January 2008 and monitored to ensure implementation on an equitable basis nationally.	Commencing Q1	Draft National Guidelines for the Standardised Financial Assessment of Means drawn up and will be finalised and issued to the system on enactment of A Fair Deal legislation.	
IT system in place to capture performance and management information required in the context of 'A Fair Deal' linking with existing IT systems in Nursing Home Units across the service.	Commencing Q1	Performance and management information to be agreed following the enactment of A Fair Deal legislation.	

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Financial Assessment to encompass existing subvention arrangements and new provision. Common Assessment Process and Clinical Pathways for Long term Care</i>			
Assessment of resources required to implement PCCC Clinical Pathways for Older People completed, with a focus on the introduction of : <ul style="list-style-type: none"> Continuing care referral procedures and processes Establishment of Placement panels for residential care. Appraisal and development of ICT based care needs assessment systems and identification of capacity building requirements. 	Q1	Significant progress made with regard to the development of a common assessment process and specifically the introduction of a common summary assessment record (CSAR). Implementation is proceeding nationally and is nearing completion.	PCCC, NHO
<i>Develop Geriatrician-led Teams in Community</i>			
Consultant Led Geriatrician teams implemented.	Q4	Job descriptions from each of the four Areas for Geriatrician posts are completed and due to be progressed at the next Services for Older People Governance Group in February 2009.	PCCC
<i>Long Stay Charges Reimbursement Scheme</i>			
Payment schedule continued as laid out in contract, within the level of funding available.	Q1-Q4	Work continued in regard to repaying long stay charges that were incorrectly paid as set out in the Health (Repayment Scheme) Act 2006. A total of 34,784 claims were received under the scheme and to date 34,116 or 98% of the claims have been concluded.	PCCC
<i>Service and Standards Improvement</i>			
Work with HIQA and the DoHC on the implementation of standards, in line with legislation.	Q1-Q4	Draft Standards for Residential Care Settings for Older People have been developed by HIQA. The Standards and Regulations will be subject to a Regulatory Impact Assessment (RIA) before finalisation, which has been instigated by the DoHC.	PCCC, HIQA
<i>Nursing Home Inspection and Registration</i>			
Appointment of dedicated inspection teams progressed.	Q4	HSE has developed a standardised approach to inspections and nursing home reports across the system including the development of standardised documentation in all HSE Areas. A standardised nursing home inspection template is in place since September 2008 and additional WTEs are currently in place.	PCCC
Inspection and registration function transferred to HIQA, with stakeholders in place to facilitate transfer	Q4	Preparatory work has been undertaken and arrangements are being put in place to transfer inspections to HIQA. The transfer of function has been moved back to April 2009.	
Nursing Homes inspections undertaken pending transfer to HIQA.	Q4	Pending transfer to HIQA, the HSE will continue to undertake inspections of private nursing homes.	

PALLIATIVE CARE

Palliative Care Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>National Palliative Care Report 2001 Baseline Palliative Care Study (published end 2005).</i>			
Work of Area Development Committees supported.	Q1-Q4	Area Development Committee is in place and meets quarterly to implement minimum data sets and oversee strategies and policy decisions.	PCCC
National needs plan reviewed and examined in association with DoHC and other stakeholders.	Q3	The Framework for The National Needs Plan is currently with DoHC and is awaiting publication.	
Implementation plan 2009 -2013 developed, following national needs assessment.	Q4	No update received at the time of finalising this report.	
<i>Development of Plan for Paediatric Palliative Care</i>			
Plan developed following finalisation of policy.	Q4	Awaiting finalisation from DoHC	PCCC
<i>Developments 2007</i>			
Completion of developments agreed in 2007 in the following areas: <ul style="list-style-type: none"> Specialist Inpatient Palliative care Services. Specialist services in the Community / Home Care. Specialist care in Acute General Hospitals. Core statutory funding for services provided by voluntary agencies. Data management and improvement. Development of database and service intelligence capacity. Additional medical, nursing and paramedical staff to support key service developments in palliative care have been identified for 2008. The impact of these appointments on current levels of service provision will be monitored through our service plan reporting.	Q4	No update received at the time of finalising this report.	PCCC
<i>Provision of palliative care services for non-malignant conditions.</i>		Report 'Palliative Care For All – Integrating Palliative Care into Disease Management Frameworks' was published and launched on 9th December 2008.	
Study examined with view to phased implementation.	Q3	Implementation plan drafted by key stakeholders and it is planned to have a discussion forum on the report and recommendations in February 2009 that will assist implementation.	PCCC / Office of CEO
<i>Provision of care pathways for specialist palliative care services</i>			
National approach developed (based on outcome of study in HSE South, linking to Transformation Programme delivery system – PCTs).	Q4	No update received at the time of finalising this report.	PCCC / Office of CEO
<i>Minimum data-set for Palliative Care</i>			
Minimum Data Set rolled out subject to agreement on ICT platform.	Q4	Discussion with ICT ongoing – dependent on funding.	PCCC / Office of CEO

SOCIAL INCLUSION

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Traveller Health</i>			
<i>Traveller Health Units</i>			
National Health Advisory Forum established to facilitate effective communication and information exchange with Traveller Representatives.	Q1	The National Traveller Health Advisory Forum is now established and work is underway on a number of projects e.g. Pilot Self Assessment of Traveller Health Units, supporting the All Ireland Traveller Health Study.	PCCC
<i>Traveller Health Study</i>			
First phase complete.	Q1	The All Ireland Traveller Health Study, which got under way in October 2008, involves three elements: completion of Questionnaires; Birth Cohort Study; and Morbidity and Mortality Study. The Birth Cohort and Morbidity and Mortality Studies will continue in 2009.	PCCC
Operational structure to support study in place.	Q2	The Implementation Group, comprising representatives from PCCC and OCEO and the National Liaison Group, comprising all HSE and relevant stakeholders, were instrumental in the successful implementation of the All Ireland Traveller Health Study.	
<i>Primary Healthcare Projects</i>			
Recruitment of staff for Traveller Primary Healthcare Projects completed.	Q4	Implementation of Traveller Primary Healthcare Projects scheduled for completion by end Q1 2009 on foot of demographic funding provided.	PCCC
<i>Ethnic Minority Services</i>			
<i>Learning, Training and Support Framework for HSE staff.</i>			
Evaluation of Learning, Training and Support Framework reviewed. Promote ongoing training of staff.	Q1	National Training Pilot Projects in respect of Ethnic Minority and Intercultural Health Training is now complete and evaluation process has commenced. National Sub Group on Ethnic Minorities established, with appropriate Terms of Reference and membership. Recommendations of the National Intercultural Health Strategy are currently being examined with a view to implementation.	PCCC / Office of CEO
<i>RAPID, CLÁR and Development Boards</i>			
<i>Implement new HSE Structure for RAPID</i>			
Populate HSE RAPID Structure.	Q1	Complete.	PCCC
<i>The RAPID leverage fund</i>			
New round of RAPID Leverage Fund developed.	Q2	Dept. of Community Rural and Gaeltacht Affairs launched the approved lists of successful HSE/DCRAGA RAPID Health Leverage Fund projects in October and December 2008.	PCCC

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
RAPID Leverage Fund Financial Processes operationalised.	Q1	Complete. Revised financial processes part of drawdown procedures for projects.	
RAPID action plan implemented.	Q4	Complete. Local RAPID Health Plans developed.	
<i>Implement new HSE Structure for CLÁR Programme</i>			
CLAR Fund Financial Processes operationalised.	Q1	Complete.	PCCC
CLAR Project Funding commenced.	Q1	Projects commenced and underway.	
<i>Development Boards</i>			
Engagement in County / City Development Boards reviewed.	Q1	HSE engagement in County/City Development Boards continues. It is envisaged that a Policy document and mapping exercise will be completed in 2009	PCCC
<i>Community Development</i>			
Action plan developed to review the structure of community development	Q1	Social Inclusion Governance Group approved Community Development Position Paper in October 2008.	PCCC
<i>Report on Lesbian, Gay, Bisexual, Transsexual, Transgender Services</i>			
Action plan developed for review of services.	Q1	Social Inclusion Governance Group approved LGBTT Report in October 2008. Report to be launched once printing complete.	PCCC
<i>Community Welfare Services</i>			
Support the transfer of PCCC Schemes to the Department of Social and Family Affairs (DSFA).	Q1-Q4	The initial consultative process with Unions is now complete and Draft report of the Independent Chair has now been circulated.	PCCC
Progress implementation of the core functions report in conjunction with the DoHC, DFSA, DoF, and stakeholder representatives.	Q1-Q4	The final Project Scope of the transfer has now been agreed with DFSA, HSE and other key stakeholders.	
Reconfiguration of arrangements for delivery of health and social service elements of Community Welfare Services implemented.	Q1-Q4	Engagement with HSE and DOHC ongoing.	
Special Housing Aid for the Elderly Scheme transferred to the Department of the Environment supported.	Q1-Q4	Special Housing Aid for the Elderly Scheme has been transferred to Dept. of Environment, Heritage and Local Government. I.R. issues resulting are being advanced with the HSEEA.	
Administrative processes and procedures examined after the transfer of the Community Welfare Service: <ul style="list-style-type: none"> Nursing Home Subvention. Hardship Scheme. Homecare Package. Inpatient Charges Assessment. Home Help Over 70s. Disabled Persons Rehab Allowance. 	Q1-Q4	Planning arrangements for the reconfiguration of the service continues.	

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
HIV / STD			
HIV / STD Services mapped.	Q1	Work on the mapping continues.	PCCC
Position Paper in relation to HIV / STD services developed.	Q4	Pending completion of mapping exercise as above.	
National Drugs Rehabilitation Strategy			
National Drug Rehabilitation Implementation Committee developed.	Q2	A Rehabilitation Coordinator has been appointed and commenced in October 2008. The National Drug Rehabilitation Implementation Committee meetings are ongoing.	PCCC
Addiction Services - National Drugs Strategy			
Participate in review of the National Drugs Strategy.	Q1-Q4	Membership of the National Drugs Strategy Review Group agreed. HSE participated fully in review to date. Timescale for completion of review by Department of Community Rural & Gaeltacht Affairs is Q2 2009.	PCCC / Office of CEO
Cocaine Treatment			
Implementation of the National Addiction Training Programme progressed.	Q1-Q4	The procedure for the roll-out of the Training Modules has been agreed and will be implemented in 2009.	PCCC
Development of Under 18's Treatment Services			
Development of multidisciplinary team enhancements and related services.	Q4	Preparation completed for the roll-out of the 3 Tier Multidisciplinary Teams in each area.	PCCC
Data collection			
Examination and reconfiguration of Performance Indicators for drug and alcohol.	Q1	Ongoing.	PCCC
Mapping of data collection systems	Q1	Completed for Drug and Alcohol Services. Glossary of terms for data collection completed.	PCCC
Health Atlas			
Drug and alcohol information input to Health Atlas.	Q2	Input continues.	PCCC
Quality initiatives / standards			
Use of QUADS mapped around the country. Ramifications for implementing DANOS explored.	Q3	Draft completed of the National position paper on Quality in Alcohol and Drug Services (QUADS). QUADS Pilot commenced in East Coast Area.	PCCC
Drug Task Force Mainstreaming			
Mainstreaming process agreed with DCRAGA and DOHC to manage the mainstreaming of the National Drugs Strategy projects that have been evaluated.	Q1	Currently identifying and mainstreaming interim funding projects. During 2008, 169 Projects were referred to HSE by the NDST and these were assessed for most appropriate placement.	PCCC

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Project by project analysis undertaken of Drug Task Force.	Q4	As above.	
Projects mainstreamed.	Q4	In conjunction with DOH&C a group was established to address benchmarking issues for existing mainstreamed projects and the recommendations will be implemented in 2009.	
<i>Links to HSE Working Group on Alcohol</i>			
Cross directorate strategic focus on alcohol developed.	Q2	Cross directorate strategic focus on alcohol developed. Participated with Working Group on synergies between Alcohol and Drugs and work ongoing.	PCCC / Office of CEO
Best practice guidelines for the alcohol services developed.	Q3	Work ongoing in conjunction with Quality and Standards.	
<i>Homeless Services</i>			
<i>The National Homeless Strategy</i>			
Operational plan for the new Homeless Strategy prepared, to include a new National Preventative Strategy.	Q4	Preparation advanced for development of Implementation Team for the National Homeless Strategy. Chairperson appointed. Work not yet complete – ongoing.	PCCC
<i>Local Authority Capital Developments</i>			
Completion of developments initiated in 2007.	Q1-Q4	A number of projects funded by Department of the Environment and Local Government opened in 2008 with HSE Revenue Projects well underway.	PCCC
<i>National Protocols for Discharge</i>			
Agreed protocols implemented.	Q2	National protocols for Discharge from Acute and Mental Health services approved by Social Inclusion Governance Group and circulated to relevant stakeholders.	PCCC
<i>Homeless Services Mapping</i>			
Mapping of Homeless Services to Health Atlas stage completed.	Q1	The majority of Homeless Services have been mapped to Health Atlas. To be complete in Q1 09.	PCCC / Office of CEO
<i>Data Collection</i>			
Data set to collect accurate information on the uptake of health services by residents in homeless facilities rolled out on a 6 monthly basis.	Q4	Based on feedback data, now collected on annual basis. This will be reviewed in 2009 in the context of the new National Homeless Strategy that proposes the development of a national and integrated information system to be rolled out in 2009.	Office of CEO

DISABILITY SERVICES

Disability Services Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Services for Persons with Intellectual Disability and Autism (TP 2)</i>			
<i>Residential Care</i>			
198 posts to support service developments (initiated in 2006) completed, together with a further 145 from 2007.	Q4	Recruitment completed.	PCCC
<i>Transfer of clients inappropriately placed</i>			
Number to be transferred identified and prioritised in line with need and circumstances.	Q1-Q4	Work continues on planning the transfer of clients from a number of inappropriate settings: <ul style="list-style-type: none"> • 35 transfers from Kllcoran planned. • 8 scheduled for transfer from St. Ita's, Portrane in 2009 • 17 due to transfer from St. Peters, Castlepollard in April 2009 Further prioritisation will take place in the context of the report of the congregated settings working group.	PCCC
<i>Complete the Strategic Review of HSE funded Adult Day Services</i>			
Strategic review of HSE funded adult day services completed.	Q4	All of the work modules in connection with the Strategic Review of HSE Funded Adult Day Services completed in Quarter 4. Report of Review will issue in Quarter 1 of 2009.	PCCC
<i>Review models of service provision to reflect revised Primary Care structures.</i>			
Framework document for children aged 0 -5 years implemented within available resources.	Q2	Work on aligning early intervention services with primary care was delayed due to the IMPACT dispute and delays in appointing additional early intervention staff.	PCCC
Review congregated settings through development of project plan to provide more appropriate community based accommodation for 3,000 individuals with an intellectual and / or physical and sensory disability who currently live in large residential units.	Commencing Q4	Significant data collection has been undertaken of the 4,000 clients in congregated settings including intellectual disabilities and physical and sensory disability. Data Analysis is ongoing with the assistance of the Health Research Board and the National Development Authority with a final report expected at the end of the 1 st quarter of 2009.	
<i>Implementation of the Disability Act (TP 2.6)</i>			
Children aged 0-5 years qualifying under the Disability Act to have independent assessment of need undertaken. Service statement specifying the health or education services, to be provided to an applicant as a result of their completed assessment furnished by liaison officers. Recruitment of Case Managers as part of reconfiguration of PCCC services delivered through PCTS and HSCNs. Information disseminated in relation to the entitlements of 0-5 year old children under the Act.	Q1-Q4	Process and resources put in place to respond to increased level of applications. Difficulties in meeting timelines in some areas. Process improvements and additional staff should assist in reducing waiting times in 2009. Majority of applicants receive service statements within required timelines. Case managers were recruited to all LHOs. The HSE continues to make information available to families on entitlements under the Act in verbal and written format. Information is now available in easy to read format, in foreign languages and in audio format for people with visual difficulties.	PCCC

Disability Services Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<p>Work in partnership with the DoHC and other stakeholders to review the sectoral plan for Disabilities.</p> <p>The following data items will be reported against in 2008:</p> <p>(a) The no. of requests for assessments received.</p> <p>(b) The no. of assessments commenced as provided for in the regulations.</p> <p>(c) The no. of assessments commenced within the timelines as provided for in the regulations.</p> <p>(d) The no of assessments not commenced within the stated timelines.</p> <p>(e) The no. of assessment completed within the timelines as provided for in the regulations.</p> <p>(f) The no of assessments not completed within the stated timelines.</p> <p>(g) The no. of service statements completed.</p> <p>(h) The no of service statements completed within the timelines as provided for in the regulations.</p> <p>(i) The no of service statements not completed within the stated timelines.</p> <p>(j) The number of assessments refused.</p> <p>(k) The aggregate unmet need.</p>		<p>Review of Sectoral plan by the DoHC only commenced in January 2009. However, progress of implementation of the Disability Act is reviewed on an ongoing basis.</p> <p>Q3 data shows the following:</p> <p>(a) The no. of requests for assessments received: 556</p> <p>(b) The no. of assessments commenced as provided for in the regulations: 633</p> <p>(c) The no. of assessments commenced within the timelines as provided for in the regulations: 463 (73%)</p> <p>(d) The no of assessments not commenced within the stated timelines: 170 (27%)</p> <p>(e) The no. of assessment completed within the timelines as provided for in the regulations: 153 (37%)</p> <p>(f) The no of assessments not completed within the stated timelines: 256 (63%)</p> <p>(g) to (k): Not available until 2009.</p>	
<i>Work with the DoHC, Dept of Education and Science and the National Council for Special Education to plan the implementation of the EPSEN Act 2004 (TP 2.6)</i>			
Project plan developed to deliver increased capacity for children aged 5-18 years.	Q4	Work on mapping current service provision and proposed approach commenced.	PCCC
Implementation roadmap and costed action plans defined.	Q4	Estimated costs and staffing requirements submitted to DoHC.	
Rehabilitation Training			
Increased rehabilitation training capitation rate implemented in line with the approved FÁS rates.	Commencing Q1	Implemented.	PCCC
Minimum Data Set			
Completion of development of minimum data set.	Q4	Initial data set for inclusion in 2009 Service Plan agreed. Work commenced on data set for speech and language therapy services.	PCCC
Progress the reconfiguration of the ID and PS databases, in partnership with other key stakeholders, having regard to the requirement of the Disability Act.	Q2	DoHC have ownership of databases and were not in a position to commence this in 2008.	
Work in partnership with HIQA to develop standards for the inspection of ID facilities.	Q1-Q4	Standards completed and to go to HIQA Board in January 2009.	

POPULATION HEALTH

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Health Intelligence (HI)</i>			
<i>Management of population health related data and information resources (TP 4.7)</i>			
Consolidation of population health information speciality, within the context of full establishment of the national Health Intelligence function for the HSE:			Pop Health
<ul style="list-style-type: none"> Firmly defined role in supporting planning and decision-making processes. 	Q1	Health Intelligence Business Plan in place.	
<ul style="list-style-type: none"> Addition of further data resources (through the Health Atlas Ireland programme). 	Q4	Continual addition of new and updated data sources for analysis to enhance HSE planning and evaluation	
<ul style="list-style-type: none"> Conduct specific pieces of analysis to inform policy and planning decision-making. 	Q4	On-going support is being provided to the NHO, PCCC and the National Cancer strategy	
<ul style="list-style-type: none"> Health Atlas further progressed 	Q4	Health Atlas received an award from the Taoiseach's office in April. Received a Merit Award from Inside Government in Autumn. Additional development and enhancements undertaken in response to Stakeholder needs	
<i>The use and development of the evidence base of health (Part of TP 4.7)</i>			
Priority review and dissemination of evidence (including through the Horizon-Scanning Unit) to support decision-making.	Q4	Training in Evidence Based Health Care provided to a range of different interested groups. Evidence alert emails pilot underway.	Pop Health
Provision of some extension and improvements to web-based resources through new HSE internet and intranet platforms, including www.healthintelligence.ie, intranet based resources, and www.factfile.ie.	Q1	FactFile being developed as staff resources allow. User survey completed in December 2008 evaluating usefulness of the site and required changes.	
Provision and progress on basic parts of Knowledge Exchange programme. Applying Network Analysis to example knowledge networks, conduct review and inventory of existing knowledge channels, develop knowledge broker resources.	Q4	Final report given to METR group in February with follow-up presentation on recommendations in March and follow-on meetings held. A Practice Based Learning pilot using video conferencing facilities for medical training piloted and evaluated, using international experts in the field.	
'Contact, Help, Advise and Information Network' (CHAIN) programme to raise awareness of services through email based 'mail-shots' and articles in professional journals progressed.	Q1	A special interest group for health analysts has been established by INIPHO in conjunction with CHAIN (Contact, Help, Advice, Information Network) Information on CHAIN has been published and personalised invitations to 400+ participants in HSE Achievement Awards circulated.	
<i>Research and Development Strategy</i>			
Implementation of further actions by Health Intelligence in the context of the wider HSE context. Continuing to support research grant applications.	Q4	Participation in national steering committee to progress clinical education, training and research in the HSE. Ongoing provision of specialist assistance with research grant applications. Central role in completion of Research Ethics Committee Review report.	Pop Health
<i>Health Technology Assessment (HTA)</i>			Pop Health
Completion of Health Technology Assessment framework with HIQA.	Q3	Meetings held with HIQA to complete the HTA Framework.	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Completion of actions for 2008 identified as agreed together with HIQA.	Q4	Report with recommendations circulated to PCCC and NHO and work plan being drafted. HTA work progressed with HIQA. Mini HTA framework piloted and modified.	
Progress the work of Drug Utilisation Group.	Q2	This work has now been subsumed into the work on demand led schemes and work is continuing with PCCC and the central pharmaceutical unit.	
HSE Information Governance Framework (TP 1.9)			
Trans-agency liaison on policy issues (with HIQA, DoHC and Data Protection Commissioner) and internal practice review improvement planned and progressed.	Q2	HSE Information Governance Framework approach noted by Interagency Group (DoHC, HIQA, and HSE) on Health Information / eHealth. HSE Oversight Group and Managers Group established and base-line survey of current practice near finalised by year end. Project Plan completed with Managers Group. (6 months lost in Project Planning work due to IMPACT dispute regarding Transformation Projects)	Pop Health
Implement National Client Index (TP 1.10)			
Trans-agency liaison on policy issues (with HIQA, DoHC and Data Protection Commissioner) and some internal process improvement progressed.	Q4	HSE NCI approach noted by Interagency Group (DoHC, HIQA, and HSE) on Health Information / eHealth. Active process of engagement between all three now on policy matters arising including directly addressing UPI question. Slow progress on internal process improvement due to time constraints. New Project Board established and firm scope agreed.	Pop Health
National Registry of Congenital Anomalies			
Extension of existing congenital anomaly surveillance coverage to an additional four counties in the northeast of the country.	Q4	Project delayed due to the need for legislation around data protection aspects and the extension of such registries by the HSE. HSE submission to DoHC in Oct '08 on registries need for legislation as part of forthcoming Health Information Bill, submission supported with additional detailed information from registry in the East and separate submission from registry in the South. Progress dependant on legislation coming into force in 2009.	Pop Health
CEMACH - (Confidential Enquiry into Maternal and Child Health) (TP 4.7)			
Participation by HSE in the CEMACH process and the implementation of recommendations – Preliminary work on processes and protocols completed.	Q4	CEMACH coordinator now in process of recruitment and will work under aegis of neonatal epidemiology centre.	Pop Health
Implementation of the HSE Quality and Risk Framework			
Implementation of Quality and Risk Framework.	Q4	Steady progress made in drawing up risk schedule and remediation plans. Expertise of the team being provided with quality and risk related matters across the HSE.	Pop Health
Strategic Health Planning			
Review of donor organ procurement services			
Final report on audit completed.	Q4	The audit of 1 year duration ended 31 st August. Due to delay in returning questionnaires, report now due end of Q1 2009.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Work with stakeholders in relation to an external review of transplant services nationally.	Q1-Q4	External review of transplant services has been deferred.	
<i>Work in collaboration with NHO and PCCC in relation to monitoring and implementation of the various elements of the Winter Initiative.</i>			
Work in collaboration with NHO and PCCC in ensuring that all the health and personal social services required to address the particular demands of the winter season are in place and operating optimally.	Q1-Q4	Participated in Winter Initiative Project Team and Corporate Team and worked with NHO and PCCC to highlight and address the demands of the Winter season. A repeat of the Bed Utilisation Study has been completed. Results and implementation to be discussed with NHO and PCCC and compared with the 2007 survey. A review of new community services undertaken i.e. Community Intervention Teams and 'out of 'hours' services.	Pop Health
<i>Renal review report</i>			
Renal review finalised.	Q4	Review not completed in 2008. External review to be commissioned in 2009.	NHO
<i>Chronic Illness</i>			
<i>Framework for Prevention and Management of Chronic Illness</i>			
Further developments in relation to the Chronic Illness Framework progressed.	Q4	Framework completed.	Pop Health
<i>Chronic Illness Patient Support Programme</i> <i>Implement a pilot project for chronic illness patient support. (TP 4.2.1)</i>			
Conclusion of service contract negotiation with service providers and external evaluator.	Q1	Chronic illness patient support programme deferred.	Pop Health
<i>Implementation of the national framework for diabetes. (TP 1.2 and 4.2.2)</i>			
Establish the governance arrangements and quality assurance standards required for the national programme.	Q4	The national framework for diabetic retinopathy screening was developed and published. Approval to proceed with commencing implementation in HSE West was granted for 2009. First report of Diabetes EAG presented to Management Team of HSE. Recommendations which form a national framework are being processed with service delivery units.	Office of the CEO / Pop Health / PCCC / NHO
<i>Develop the management of Chronic Obstructive Airways Disease (COPD) (TP 4.2.3)</i>			
Complete Strategy for the management of COPD	Q4	A draft report on the COPD Strategy is completed. This will be finalised and Implementation Plan developed with the Services.	PCCC/Pop Health
<i>Health Promotion Strategy and Policy</i>			
<i>Development of strategic health promotion policy in partnership with DoHC</i>			
Scope strategy and agree with DOHC, who have proposed the establishment of an Inter-departmental forum which will support the development of the Health Promotion Policy.	Q4	Agreement not reached with DOHC to proceed. Development of HSE framework commenced.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Development of Population Health Strategy (TP 4.8)			
Framework for Population Health Strategy completed.	Q3	Completed.	Pop Health
Consultation commenced with key stakeholders.		Completed.	
Strategic priorities identified.		Completed.	
Development of a National Sexual Health Strategy and Action Plan (TP 4.8)			
Consultation held with key stakeholders.	Q4	Agreement not reached with DOHC to proceed. HSE action plan will be developed in 2009.	Pop Health
Outline strategy developed.		As above. Initial scoping work completed.	
Social Marketing			
Health Promotion Campaigns			
Campaigns on Flu Vaccines, Alcohol, Obesity, Tobacco, Breastfeeding and Sexual Health delivered.	Q4	Obesity, alcohol, breastfeeding, drugs and tobacco campaigns delivered.	Pop Health
National Health Promotion Programmes			
Key priorities identified and progressed.	Q4	Joint priorities agreed and progressed with SPHE Management group. Meetings held with Dublin City Council to progress Healthy Cities initiative. Meetings held with HPH to progress HPH development.	Pop Health
In conjunction with the Dept of Education and Science and DOHC, the delivery of SPHE further developed.		SPHE delivered in partnership with DOES. Agreement reached to establish mental health promotion sub-group within interdepartmental group and to progress partnership with primary support services	
Health Promotion Research and Development			
Support the roll out of SLÁN			
Lifestyle trends continue to be monitored.	Q2	Analysis of SLAN results completed.	Pop Health
Research disseminated to key stakeholders.		Research disseminated.	
Health behaviours and risk factors			
Alcohol			
Further research and education initiatives developed on alcohol in pregnancy.	Q4	Service Level Agreement in place to progress work. Outline project proposal agreed. The HSE has agreed a three years research initiative with Coombe Women & Infants University Hospital to: 1. Evaluate the prevalence of alcohol exposure in pregnancy, the patterns of behaviour (social drinking, binge drinking, sustained heavy drinking) and the factors that influence whether or not a woman drinks alcohol pre-conceptually and during each trimester of pregnancy.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>2. To follow a cohort of women who drink alcohol during pregnancy to evaluate the impact on the infants condition at birth and subsequent development.</p> <p>3. To explore the health promotion opportunities in terms of advising women to abstain from alcohol during pregnancy and breastfeeding.</p> <p>Agreement in place and project underway.</p>	
Health Impact Assessment (HIA) project on off-sales commenced.		<p>HIA project not completed.</p> <ul style="list-style-type: none"> • specification agreed and issued to potential suppliers but no expressions of interest. • context of HIA changed by new regulations on alcohol sales. <p>DoHC unable to provide joint funding.</p>	
Continue joint working with DoHC on advertising, off sales, etc.		Joint DOHC meetings progressed quarterly.	
Obesity			
North / South conference held.	Q2	Conference held in November 08.	Pop Health
Research progressed in key areas.	Q4	Research work plan agreed with NNSC and research completed.	
Health promotion programmes undertaken in key settings.	Q3	Health Promotion programmes delivered in all settings.	
Framework for database developed.		WHO surveillance project completed.	
Campaign delivered.		North South campaign delivered on obesity.	
Physical Activity			
Roll out of national training programme on GP Exercise Referral with ICGP.	Q4	Training course completed and second course commenced.	Pop Health
Guidelines progressed with external partners		Evaluation process initiated.	
Nutrition			
Contributed to development of guidelines.	Q4	Draft healthy eating guidelines developed with Food Safety Authority Ireland (FSAI).	Pop Health
Contribute to the roll out of the National Folic Acid Policy.		Completed.	
Tobacco			
Action plan completed and framework in implementation phase.	Q2	Draft framework completed and submitted to Steering Group for review.	Pop Health
Breastfeeding			
Area committees' established and key actions of Strategic Action Plan delivered in partnership with statutory and voluntary organisations.	Q4	Some committees established but work delayed due to HSE cost containment measures.	Pop Health
Key research undertaken.		Tender awarded for the assessment of the breastfeeding service needs of families and communities in Ireland with low breastfeeding rates.	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		Tender awarded for the review of breastfeeding support services provided by Public Health Nurses	
National campaign facilitated.		Campaign completed.	
<i>Health Promotion Settings and Population Groups</i>			
Key priorities implemented across all areas.	Q4	Health Promotion programmes delivered in all Areas.	Pop Health
<i>Service Reform</i>			
New structures in place.	Q4	Internal health promotion restructuring has been deferred pending outcome of new HSE organisational structures.	Pop Health
Projects underway in priority areas such as development of key competencies and skills in health promotion.		Not completed due to impact of travel restrictions.	
Communication strategy developed for health promotion.		Delayed due to IMPACT dispute and HSE cost containment measures.	
<i>Working with the Voluntary Sector</i>			
Effective governance processes in place for management and funding of voluntary agencies in line with current national work.	Q3	Service Level and Grant agreements signed. Training provided on SLAs and Grant agreements.	Pop Health
<i>Health Inequalities</i>			
Literature review on best practice in health inequalities completed.	Q2	Completed.	Pop Health
Draft HSE Framework developed.		Draft Framework developed.	
<i>Health Protection</i>			
Undertake surveillance on infectious diseases		<p>HEPATITIS:</p> <ul style="list-style-type: none"> • Publication of quarterly reports (Q2 2008) on hepatitis B and hepatitis C • Maintenance and improvement of enhanced surveillance systems for hepatitis B and hepatitis C • Facilitation and support for regular workshops on hepatitis B and C with Departments of Public Health to develop standardised national approach to public health management of investigation, control and surveillance of hepatitis: • Operational plans for public health management of hepatitis B – implemented • Antenatal Hepatitis B leaflet updated • Development of hepatitis C leaflet • Review of surveillance data and updating of knowledge base • Review of document “Hepatitis B infection in Ireland” – to be completed in quarter 1, 2009. 	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p><u>RESPIRATORY:</u></p> <ul style="list-style-type: none"> • Finalising national TB guidelines and guidelines on the “The management of Legionnaires’ disease in Ireland, 2002” following consultation up to November 08. Both the Legionnaires’ disease subcommittee and the TB committee met twice in November 2008 to discuss responses to the consultation. Proposed to have finalised versions of both guidance by the end of Q1/early Q 2 2009 • Completed 2006 Annual TB report (national) and provisional TB report for 2007. • Completed national quarterly reports on tuberculosis (Q2 & Q3 2008). • Forwarded national 2007 TB data and outcome data for 2006 to WHO and ECDC in September 2008. • Supported EuroTB, EWGLI and EISS (European Influenza, TB and Legionellosis networks). Attended and presented at the 5 nations influenza meeting in July 2008. • Submitted weekly clinical data to EISS from week 40 to 20. • Submitted data biweekly from July to September 2008. • Issued two press statements on influenza (October and December 2008). • Presentation on the Current Epidemiology of TB in Ireland at Focus on Infection Meeting in December 2008. • Participation in undergraduate teaching of medical students on influenza surveillance in October and November 2008. <p><u>HIV/AIDS/STI:</u></p> <ul style="list-style-type: none"> • HIV Case Based Reporting system has been reviewed. Laboratory reporting criteria have been revised and subject to agreement it is proposed to introduce the changes with immediate effect. • Antenatal HIV work will be progressed during Q1 and Q2 with a view to drafting a proposal that will seek to rectify the problems identified. • HIV case-based form - have identified changes needed. The laboratory reporting criteria are currently being reviewed and will be amended. The Case Based Reporting dataset will also need amendment so that it complies with current best practice and ECDC reporting criteria. • National AIDS Steering Committee - attendance at meetings of main committee and surveillance sub-committee. • Reports: HIV 2008 Q1&2 published November 2008. • STI data supplied to ESSTI, WHO and DoHC. Work is currently in progress to incorporate STI data into TESSY. <p><u>VACCINE PREVENTABLE:</u></p> <ul style="list-style-type: none"> • Maintenance and improvement of enhanced surveillance systems for measles, mumps, rubella, invasive pneumococcal disease, meningococcal and Hib disease. • Bi weekly reports of Measles mumps rubella distributed to HSE areas. • Quarterly reports of bacterial meningitis, Meningococcal disease, Hib, finalised and distributed (Q3 2008 completed, Q4 2008 in preparation). • Immunisation coverage (national and LHO report) Q3 2008 finalised and ready for distribution. Q4 2008 in preparation. 	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> • Pneumococcal serotype report Q1-Q3 2008 report completed. • Recent Epi-Insight reports include <ul style="list-style-type: none"> ○ Meningitis in Ireland 2007/2008 (Jan 2009), ○ Botulism in injecting drug users, Dublin, Ireland, 2008 (Jan 2009), ○ Invasive Haemophilus Influenza Disease in Ireland 2007 / 2008 (Nov 2008), ○ Protecting Children Through Immunisation , 2007 (Nov 2008), ○ Changes to the Irish Primary Childhood Immunisation Programme (Aug 2008). ○ Serotype distribution of <i>Streptococcus pneumoniae</i> in Ireland, prior to introducing the conjugate vaccine to the infant schedule (Aug 2008), • Supported DIPNET, EUVAC.NET, VENICE, and attended DIPNET 2nd annual meeting and presented data on Diphtheria screening study and VENICE meeting and presented data on immunisation survey work carried in VENICE • Completed protocol for surveillance of invasive pneumococcal disease (IPD) and implemented nationally (October 2008) • VPD annual report for HPSC annual report (chapters on IPD, invasive bacterial infections (Hib, Meningococcal, other forms bacterial meningitis), viral meningitis/encephalitis, measles, mumps, rubella, pertussis, tetanus • Support and participation to National immunisation office (NIO) working groups • Committee work: <ul style="list-style-type: none"> ○ bacterial meningitis guidance – in progress. ○ national stockpile committee – in progress. • <u>GASTROENTERIC/ZOONOTIC</u> • Publication of quarterly reports (Q2 and Q3) on gastroenteric/zoonotic diseases and outbreaks. • Maintenance and improvement of enhanced surveillance systems for legionellosis, malaria, VTEC, outbreaks and cryptosporidiosis. • Initial scoping exercise for review of national salmonella surveillance system. • Commenced revision of National VTEC Guidance – to be completed in 2009. • Progressing mosquito surveillance study to ensure identification of emergence of novel mosquito species in Ireland capable of carrying more exotic viral CNS infections. • Review of national rabies guidance. • Participation in HSE guidance for water quality and waterborne diseases. • Development of national Guidance for management of infectious disease in Childcare facilities. • Completion of Guidance on management of infectious diseases in deceased individuals. • Ongoing development of CNS infections guidance document. • Ongoing involvement in National Zoonosis Committee. • Ongoing involvement in FSPB North South IID Surveillance Group. • Ongoing participation in rotavirus vaccination expert group (ECDC). 	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> • Ongoing participation in SHIPSAN (EU group developing guidance in managing the threat of infectious diseases on board sea vessels). • Supporting Enternet and Divine Net (ECDC/EU Groups on Gastroenteritis and enteric Viruses). • Monthly submission of norovirus data to Divine Net. • Quarterly submission of gastroenteritis data to ECDC Enternet. • Annual submission of a range of bacteria and parasites to ECDC, EU, EFSA, and WHO. 	
Outbreaks of infectious disease detected and managed.	Q4	<p>In the period Jul-Dec 2008 there were 202 outbreaks reported through the National outbreak system leading to 1813 cases of illness. Direct support and advice offered in respect of 17 of these. HPSC gastro tem was part of Outbreak Control Teams in the case of 3 outbreaks. The largest of these was an outbreak of <i>Salmonella</i> Agona in July-Aug 2008. This outbreak lead to 163 confirmed cases of illness across Europe [England (96 cases), Scotland (34 cases), Ireland (11 cases), Wales (11 cases), Northern Ireland (2 cases), Finland (1 case), France (3 cases), Austria (1 case), Luxembourg (2 cases) and Sweden (2 cases)]. Information gathered by the outbreak control team has shown that contaminated products produced by Dawn Farm Foods, The Maudlins, Naas, Co. Kildare, have been associated with this outbreak. These include beef and bacon products which have been withdrawn from sale. In total, management of this outbreak required many additional man-hours from HPSC staff.</p> <p>Support and advice as a member of a hospital incident team investigating a hepatitis C incident in a patient – report to be completed in 2009.</p> <p>Support and advice to a DPH as a member of a Local Expert Group investigating a case of health-care acquired hepatitis C - report to be completed in 2009.</p> <p>Provided support to HSE area (East) in the management of a Legionnaires' disease outbreak.</p> <p>During Q3 and Q4 2008, work was required on follow up of international contacts of 21 TB cases and also dealt with 6 Legionnaires' Disease incidents.</p> <p>Identification and response to mumps outbreaks in 3rd level colleges, schools and community settings.</p> <p>Support the identification of measles, mumps and botulism outbreaks, investigation and control measures.</p> <p>Press releases, information on HPSC website regarding disease threats (measles, mumps, botulism, polio, meningococcal disease, pneumococcal disease, botulism).</p>	Pop Health
Implement guidelines for the management of infectious disease cases and outbreaks.	Q4	<p>Finalising the national TB guidelines and "The Management of Legionnaires' Disease in Ireland, 2002" post consultation. These documents should be completed by the end of Q1/early Q2 2009.</p> <p>Work continues on improving acute flaccid paralysis surveillance (polio), measles, rubella, diphtheria, bacterial meningitis surveillance and management.</p> <p>Norovirus Guidance for Small and Medium Businesses.</p>	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>Ongoing amendment on the management of VTEC disease.</p> <p>Advice via EPI- Insight on advice to the Health System following upsurge in pregnancy related Listeriosis among women whose first language was not English.</p> <p>Investigation of invasive pneumococcal disease – protocol Oct 2008.</p> <p>Identification and management of botulism (ppt. presentation) – Dec 2008.</p> <p>Completed protocol on the management of outbreaks of ILI and influenza in longstay facilities and circulated to HCPs for comment.</p> <p>Updated antiviral guidance for the prevention and treatment of influenza in high risk groups when flu is circulating in the community (December 2008). This is posted on HPSC website and was circulated to HCPs.</p> <p>Work continuing on development of national outbreak team and plan for investigation and management of Potential Public Health Emergencies of International Concern, as required under the new International Health Regulations.</p> <p>Work commenced on preparing for an external assessment of surveillance and response capacity at local and national level, as required under IHR.</p>	
Outbreak / cluster surveillance.	Q1-Q4	<p>Ongoing work on the surveillance of influenza or ILI outbreaks via CIDR reporting and an MS Access Database for variables not on CIDR during the 2008/2009 influenza season. This will be evaluated in Q3 2009 at the end of the influenza season.</p> <p>On-going (e.g. mumps, measles, acute flaccid paralysis, botulism) – working with local HSE areas to improve surveillance measles cases (lab testing).</p>	Pop Health
Implementation of recommendations of Report on the prevention of the transmission of Blood Borne Viruses.	Q3-Q4	Implementation committee continues to progress recommendations.	Pop Health
Review and implement public health TB Controls.	Q4	Ongoing participation in HSE PHMCDG TB control subgroup and completed two papers on implementation actions for improved control of TB in "blackspots" for TB and for increasing awareness regarding TB among the public and professionals	Pop Health
Surveillance of new vaccine preventable diseases. Invasive pneumococcal disease and Hep B (especially children born to positive mothers).	Q4	<p>Have proposed to DoHC (through NASC) that HPSC would add hepatitis B antenatal surveillance to the HIV antenatal surveillance system – awaiting reply.</p> <p>Enhanced surveillance implemented nationally since programme began (Sept/Oct 2008). Focus on children targeted for vaccination since vaccine.</p> <p>On-going work of pneumococcal serotyping project with RCSI/Beaumont/Temple St. Hospital. Project to continue for duration of 2008- urgent need for on-going reference facility in Ireland (with sustainable funding from HSE/DoHC).</p>	Pop Health
Implementation of STD surveillance report.	Q1-Q4	Disaggregate notifications of STI commenced at the beginning of 2008 as a pilot project. This initially involved St James's Hospital and the Department of Public Health in HSE East but was extended in April to include Waterford Regional Hospital and the Department of Public Health in HSE South East. STI Pilot will be evaluated during Q1 2009. Subject to the findings of the pilot, we hope to expand the laboratory reporting of STIs to CIDR by Q4 2009.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		Funding of and involvement in the national Chlamydia pilot screening programme with RCSI. The RCSI team are due to report back during Q12009.	
Roll out of CIDR in West.	Q4	Resource constraints in HSE West resolved and CIDR implementation initiated. Implementation scheduled to be complete by Easter 2009. CIDR implementation in HSE Mid West scheduled to start in Q2 2009.	Pop Health
TB implementation on CIDR in all areas.	Q4	Ongoing work on the migration of national TB surveillance data onto CIDR from 1 st January 2010. The current national TB dataset is being revised and this new dataset will be incorporated onto CIDR. It takes into consideration ECDC TB data requirements. This is contingent on first completing national implementation of CIDR in the remaining Public Health regions (HSE West and Mid West). Once this is completed, it is proposed to integrate TB data onto CIDR prospectively and retrospectively from 2002.	Pop Health
Immunisation - Flu vaccine campaign			
Increased update rate for over 65 years achieved.	Q3-Q4	Vaccine procured and delivered to HSE in August/September. Updated and distributed information materials for health professionals, healthcare workers and the public. Website revised. National and local press campaign took place in October.	Pop Health
Primary Childhood Immunisation Programme (PCIP)			
Introduction Pneumococcal and Hep B vaccines into Primary Childhood Immunisation Programme.	Q3-Q4	Vaccines were procured and delivered to HSE. New Childhood immunisation programme commenced as scheduled on 1 st September 2008. Developed national suite of information immunisation materials on all childhood vaccines for general public. Managed supply of materials to ensure equitable distribution.	Pop Health
Catch-Up Programme for Pneumococcal vaccine for children under 2 years of age as per NIAC 2007 recs.	Q3-Q4	All aspects of the catch up programme co-ordinated centrally by the NIO (National Immunisation Office). These included: <ul style="list-style-type: none"> • Vaccine procurement and distribution • Extensive national and local radio and press campaign • Developed and distributed GP information and parent information materials • Training sessions for healthcare professionals • Liaison with Practice Nurse co-ordinators • Contact and advice to childcare facilities • Training of helpline staff • Development and implementation of national vaccines return process for PGs • Quality control and validation of GP turns • Provision of support and advice to health professionals the public. 	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Standardisation of current IT Systems to allow collection of data for changes to immunisation schedule	Q3-Q4	Standard processes and systems for information collecting and invitations letters to parents to support the new immunisation programme.	Pop Health
Communications and Training for new Programme	Q 3-Q4	A suite of information materials for health professionals, childcare facilities and parents was developed and distributed in June. Website revised to include this material, which was translated into 10 languages. Standard training module developed and delivered to over 3000 health professionals. National and local radio and press campaign ran in September. Provided support and advice to health professionals and the public.	Pop Health
MMR Campaign for all children 4 – 18 years of age.	Q3 - Q4	Project Manager appointed. Review of MMR up-take in primary schools since 2000. Strengthened school immunisation programme to improve uptake of 2 nd dose of MMR at 4-5 years. Priority groups for MMR catch-up identified.	Pop Health
Immunisation Education			
Roll-out of immunisation staff training programmes.	Q3-Q4	Participated in WHO European Immunisation Week. SMO appointed to co-ordinate training and education programme. Practical Guide to Immunisation developed, with accompanying CD of training slides distributed nationally. Training programme developed for health professionals. Rolled out immunisation training programme nationally for all health professionals involved in immunisation. Provided support and advice to health professionals and the public. Quarterly Immunisation Newsletter developed and circulated to all GP and HSE sites nationally. Supported national circulation of National Immunisation Advisory Committee (NIAC) Guidelines.	Pop Health
Cold chain delivery			
Maintain National Cold Chain Vaccine Delivery service.	Q3-Q4	National Cold Chain Vaccine Delivery Service maintained. Customer Satisfaction study carried out – over 90% satisfaction from GPs. Planned and co-ordinated fortnightly vaccine deliveries to GPs/HSE sites, to facilitate implementation of the new Childhood Immunisation Programme and Flu season. Developed an Out of Hours service for delivery of Cold Chain Products. Contract with Cold Chain provider extended until 201.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Develop a national environment / public health strategy</i>			
Develop National Unit or interim focus / centre to strengthen networking / sharing of information and resources.	Q4	Established a HSE intranet Drinking Water website for Public Health Department and Environmental Health Service.	Pop Health
Surveillance and management of environmental hazards.	Q3-Q4	Establishment of a Mosquito Surveillance Programme with relevant partners to monitor potential emergence of new mosquito strains following the emergence of Chikungunya on mainland Italy. On-going response and management of environmental queries and incidents. Surveillance system not developed due to lack of resources. Published HSE statement and FAQs regarding 'Lead' on HSE website.	Pop Health
Define role regarding implementation of new Drinking Water Regulations and standardise existing practices.	Q3-Q4	HSE Pop Health Water Group on-going. Published "Drinking Water and Health – a review and guide for Population Health, HSE 2008". Ongoing work on a template document for HSE and local authorities on drinking water. Ongoing work developing health advice for individual drinking water parameters Multidisciplinary training for Public Health Departments.	Pop Health
Clarify and define working relationships with other disciplines and agencies, for example, Environmental Health Officers.	Q1-Q4	On-going work developing position papers between HSE and EPA/RPII. Participation in multi-agency groups regarding drinking water and environment (Dept. of Environment, EPA, CCMA). Preliminary review of the protocol for the investigative approach to serious animal/human health problems. Multi-agency "basic course for health assessment and consultation" provided by ATSDR (arranged by RCPI).	Pop Health
<i>Targeted campaigns at specific Health Care Associated Infection (HCAI) (TP 4.10)</i>			
Surveillance of HCAIs.	Q3-Q4	Surveillance system established to ensure quarterly/annual surveillance information published, to include: <ul style="list-style-type: none"> • MSSA and MRSA Bacteraemia (quarterly) • MRSA in ITUs (annual) • Antibiotic usage in Hospitals (annual but hope to produce quarterly) • Hand Gel (quarterly) 	Pop Health
Continue and expand surveillance of HCAIs.	Q3-Q4	C Difficile became a notifiable disease during 2008. Once sufficient data is available, rates will be published.	Pop Health
Implement key elements of Action Plan.	Q4	Actions identified in the Action are being implemented through the eight Local Implementation Teams. Dashboards have been developed to include updated action plans and allow PIs to be identified.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>Governance structures for infection control are in place throughout hospitals and appear to be functioning well.</p> <p>Standards have been set to include:</p> <ul style="list-style-type: none"> • Hygiene • Uniform guidance for Clinical Areas • Management of Isolation Facilities • MRSA • Hand Hygiene • C Difficile • Decontamination and Waste Management • Cleaning <p>Audits are constantly being undertaken, at the patient contact level.</p> <p>Antimicrobial prescribing patterns being examined to ensure more appropriate usage. Current hospital guidelines being examined by a national group. Public campaign undertaken to inform public.</p> <p>Progress being made to improve the provision of Isolation facilities throughout hospitals.</p>	
<p>Provide education and training for all health care workers.</p> <p>Set up MRSA Helpline for public.</p> <p>Identify additional infection control staff.</p>	Q3-Q4	<p>E-learning programme for all healthcare staff has been developed in conjunction with HSE learning centre.</p> <p>GP auditing and education campaign being undertaken in conjunction with UCC.</p> <p>Hospital and Community DVD on Infection Control has been developed for staff who are more involved in patient care.</p> <p>Infection Control DVD for Managers is being developed in conjunction with HMI</p> <p>Intra and Extra Websites – a designated area on both sites has been developed</p> <p>Algorithms to assist the public assess information on HCAs have been made available to National HSE Help Line.</p> <p>A series of information leaflets and posters have been made available throughout the system and on the websites.</p> <p>Public Education Campaign.</p> <p>Additional infection control staff identified and recruited.</p>	Pop Health
<i>Suicide Prevention</i>			
<i>Implementation of 2007 research project recommendations</i>			
<p>The NOSP will continue to engage with research projects that are in line with the objectives of the Suicide Prevention Research Strategy (Reach Out, Action 26.1)</p>	Q1	Plan used to determine future research investment.	Pop Health
<i>Mental Health Awareness Campaigns</i>			
<p>Implementation of the Mental Health Awareness campaign / Social Marketing (launched in October 2007) continued.</p>	Q4	TV/radio adverts in 3 phases through 2008. Evaluation of 2007 phase completed	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Targeted campaigns developed, for example young men.		Collaborative advert with Northern Ireland colleagues but not implemented this year due to required savings.	
<i>Development of Deliberate Self Harm (DSH) Liaison Nurses</i>			
Continue to improve the availability of nurses fully trained to deal with the needs of patients presenting with DSH.	Q2	Portlaoise and Temple St services established. Planned coordinating conference deferred to early 2009.	Pop Health
<i>Implement outstanding actions from Phase 1 of Reach Out.</i>			
Remaining deliverables from Phase 1 of Reach Out implemented. <ul style="list-style-type: none"> • Media training of volunteers. • Bereavement support. • Primary care referrals for self harm. • Suicide amongst older people. • Information / data links. 	Q4	Evaluation of first 3 years of Reach Out underway. Summary of actions under Reach Out prepared. Presentation to Oireachtas sub committee on suicide in July 2008.	Pop Health
<i>Continued Support of Voluntary and Community initiatives</i>			
Network of voluntary organisations providing suicide prevention and bereavement support services sustained and developed.	Q4	Funding maintained for existing organisations and 2 further groups, Teenline and Living Links, funded.	Pop Health
<i>Provision of Regional Resource Officers</i>			
Local initiatives responding to local needs as identified by Resource Officers supported.	Q4	Initiatives deferred at present.	Pop Health
<i>Implementation of national training programme on suicide prevention</i>			
National database relating to training packages, qualifications, courses, units of competency and registered training organisations developed, including: <ul style="list-style-type: none"> • Community education. • Work with religious groups. • Training for primary care / hospital staff. • Work with Gardaí. • Work with Coroner service – develop pilot scheme. 	Q4	Database work ongoing. Pilot scheme for Coroners finalised. All other planned training ongoing for start of 2009.	Pop Health
<i>Environmental Health</i>			
<i>Implementation of the Environmental Health Service Review</i>			
Structures established to ensure a smooth transition from PCCC to Population Health and ensure continuity of service delivery.	Q1	Transition took place on the 1 st July 2008 and four Area Chief EHO's appointed. Progressing the transfer of the budgets / WTEs.	Pop Health
Implementation of the recommendations outlined in the report commenced, in conjunction with the various stakeholders.	Q1	Progressing and implementing the remaining recommendations in the report.	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Develop a National Environmental and Health Action Plan</i>			
Local Environment and Health Action Plans (LEHAPs) developed based on all inclusive local partnership arrangements and plans piloted.	Q3	Not yet commenced as awaiting formal approval from the DOHC to sign off on the National Environmental Health Action Plan. It is anticipated that LEHAPs will be put in place during 2009.	Pop Health / DoHC
<i>Co-ordination of activities within the HSE in relation to public water supplies in the context of the Drinking Water Directive (SI 106 and 278 of 2007)</i>			
Protocols developed with Local Authorities and EPA in relation to risk management.	Q2	Protocol in place for contaminated drinking water supplies (both microbiological and chemical). Protocol in place to deal with heavy metals in the water supplies i.e. lead.	Pop Health
Procedures agreed pertaining to contaminated supplies.	Q3	Guidance note developed on how to manage water contaminated incidents.	
<i>Co-ordination of activities in relation to fluoridation of water supplies within the HSE (S.I. 42 of 2007)</i>			
Compliance with new legislation.	Q1-Q4	All Local Authorities and supplier of Hydrofluosilicic Acid notified of new legislation with monthly sampling programme and analysis to ensure compliance with legal standards.	Pop Health
National Steering Group to support and advise the Local Monitoring Committees established.	Q1-Q4	Completed.	
National audit of treatment plants progressed.	Q3	Funding priorities agreed for the water treatment plants that require urgent maintenance / upgrading where necessary.	
5 year capital development plan prepared.	Q3	Not commenced.	
Procurement arrangements for the supply and independent testing of Hydrofluosilicic Acid (HFSA) completed.	Q1	New contract for supply and delivery of the Hydrofluosilicic Acid is being progressed.	
<i>Develop an integrated national strategy to prevent falls in older people (TP 4.2.6)</i>			
Scope out the extent of the environmental hazards that give rise to falls in older people.	Q2	An integrated Falls / Osteoporosis Strategy published and implementation undertaken at regional level. A literature review has been undertaken and the WHO recommendations are being considered. The Environmental Health aspects that are relevant to falls design were highlighted within this strategy.	Pop Health / Local Authorities
Agree a programme to implement an action plan.	Q4	Consultation workshop took place with the relevant stakeholders to scope out the environmental matters relating to older people.	
<i>Health Impact Assessment (TP 4.6)</i>			
Health impact assessment designed to integrate health in public policy and public formation.		Steering group is being established to oversee the Health Impact framework.	Pop Health / other relevant

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Intersectoral collaboration developed.			agencies
Review and evaluate the impact on public policy and publications.	Q2	Not commenced as the Steering Group will oversee this process.	
Identify pilot projects and sites.	Q3	No funded secured to progress this matter	
Food Safety / Control			
Current contract implemented and proposal for new service contract with the FSAI finalised.	Q1-Q4	New contract agreed and signed.	Pop Health / PCCC
Develop the capacity to meet the additional legal obligations arising under the EU Hygiene Package including the obligations of a competent authority under EC Regulation 882 of 2004: <ul style="list-style-type: none"> • Internal Audit / Quality Management System • ICT • Training 	Q2	Reflected in new service contract for 2009-2011. New 3-year contract agreed between the HSE and the Food Safety Authority of Ireland (FSAI) and this identifies targets and outcomes for each category of food premises.	
National Food Business Register (EU Regulation 852) established.	Q1	National FBO register compiled in March 08 & updated on intranet site. Under the legal requirement 852 the HSE is required to compile a FBO register. This is compiled and updated on the HSE intranet site on a quarterly basis.	
Import controls, surveillance and sampling programmes, on foods of non-animal origin developed and implemented.	Q2	Reflected in new service contract for 2009-2011. Detailed requirements set out in the new 3 year contract between the HSE / FSAI.	
Port Health infectious disease controls required by the International Health Regulations 2005 developed and implemented.	Q1	Identified and agreed targets in the new FSAI/HSE contract.	
Tobacco Control			
HSE / OTC business plan 2008 implemented.	Q1-Q4	Business Plan implemented, new business plan agreed for 2009.	Pop Health / PCCC
Capacity to implement additional legal provisions on point of sale secured.		New provisions priorities in OTC/HSE Business Plan for 2009.	
National Tobacco Control Database rolled-out.		Contract for database awarded in June 08. Roll out to commence in Q 1 2009. Pilot site identified in the Cavan/Monaghan area to roll out this database.	
Control of Cosmetic Products			
In co-operation with the DoHC and the Irish Medicines Board (IMB), develop and implement a National programme for the effective implementation of the Cosmetic Products Legislation.	Q3	Baseline study on HSE role/resources submitted to Dept. and IMB. Ongoing discussions with Dept. and IMB to develop programme. DOHC have to progress matters in relation to the legislation in the first instance. Part of this will involve the amalgamation of agencies i.e. IMB.	Pop Health
Improvements in Radiation Exposures and Dose levels for Population (SI478)			
Commence and implement recommendations of HSE Task Force on SI478.	Q1	The recommendations have been communicated to the relevant responsible authorities i.e. DoHC, HIQA, INC, IDC, RPII and implemented where timely and appropriate.	Pop Health / Quality and Risk

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Baseline audit complete.		Audit result published for National Radiation Safety Committee and the HSE.	
First annual report of Medical Exposure Radiation Committee (MERC) prepared.	Q4	Annual report draft presented to National Radiation Safety Committee.	
Improvements in Road Safety for the Population			
Management approval for action plan sought.	Q1	Completed.	Pop Health / PCCC / NHO / HR
Implementation of plan agreed.	Q2	Completed.	
Implementation of action plan commenced.	Q3	Completed.	
Networking with key stakeholders outside of the HSE			
Memorandum of Understanding and Service Level Agreement with HIQA, Health and Safety Authority (HAS), Environmental Protection Agency (EPA), Office of Tobacco Control (OTC), Radiological Protection Institute of Ireland (RPII) agreed.	Q1-Q4	Memorandum of Understanding (MOU) agreed with EPA, OTC and RPII. Developing the actions and protocols pertaining to these MOUs with the various agencies.	Pop Health
Improvements in Road Safety for the Population			
		Population Health Management Team approved road safety activity within the HSE. HSE has contributed significantly to RSA documents such as Consultation on Fitness to Drive and the National Pedestrian Safety Strategy. The HSE has also contributed to the WHO Collaborating Centre on Road Trauma by providing valuable input to the survey on the role of the Public Health Sector in Road Crash Collisions. HSE and RSA met in relation to identifying a conjoined research programme between the two. Actions 103 and 108 of the Road Safety Strategy – Health Atlas infrastructure to be developed to support a public view by the end of the year.	Pop Health

ACUTE HOSPITAL AND PRE-HOSPITAL EMERGENCY CARE

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>A National Acute Bed Capacity Review (ABCR) was commissioned Acute Hospital Inpatient Bed Utilisation Review</i>			NHO
<p>The findings of both the Acute Bed Capacity and the Bed Utilisation Reviews will form the basis for the development of performance improvements as they apply to practices in acute hospitals i.e.:</p> <ul style="list-style-type: none"> • Implement formal bed management procedures across all hospitals. • Increase day case rates. • Implement performance improvements over time, such as reducing average length of stay and admission on day of surgery, in a continuous improvement environment. <p>A performance improvement culture will be driven on the ground via the eight Local Implementation Teams that have worked effectively in addressing the ED waiting time issues as part of the Winter Initiative.</p>	Q1-Q4	<p>The findings of the Acute Bed Capacity and Bed Utilisation Reviews continued to be implemented throughout the second half of 2008. The second National Bed Utilisation Review was carried out in 36 hospitals and is being used as a benchmark against the earlier survey in 2007. Based on the information from the Reviews emphasis is being placed on the reorientation of services in favour of day case activity; reductions in Average Lengths of Stay through improving discharge planning; and other initiatives such as surgical pre-assessment clinics.</p> <p>Local Implementation Teams working across the acute and primary care sectors are addressing areas for improvement in bed utilisation and bed management within a structured standards based Framework. Key improvements, noted in the repeat Bed Utilisation study undertaken during 2008, are informing the specific actions being taken in each hospital.</p>	NHO
<i>Acute Hospital Configuration - Joint HSE / Department of Health and Children Group (TP 3.1)</i>			NHO
<p>Progress on individual regional reviews tracked</p> <p>Ensure that plans emerging in one area, or for one service, are integrated with each other and are consistent with overall national / government policy and the TP.</p>	Q1-Q4	While the proposed Joint DoHC/HSE Reconfiguration Group, to oversee the plan and progress towards the optimum configuration of acute hospital services was not convened in 2008, the HSE and DoHC liaised closely throughout the year regarding all reviews and emerging plans. The Group is to be established in early 2009 to be chaired by DoHC with HSE input.	NHO
<i>Reconfiguration of Mid-West and Southern Hospital Groups</i>			
Implementation plan developed to take forward the findings of the reviews.	Q1	<p>Reviews of the reconfiguration of the Southern Hospital Group and Mid-Western Hospital Group are expected to be published in early 2009. Since the completion of the actual reviews the networks have focused on the development of high level implementation plans and associated business cases.</p> <p>More detailed Implementation plans will be developed for the Mid-West and Southern Hospital Group reviews when they are published which is expected early 2009.</p>	NHO
Responsibilities assigned to relevant people to action specific findings.	Q1	Responsibilities will be assigned following publication of the Reviews in early 2009.	
Progress priority actions.	Q2-Q4	Priority actions will be identified and progressed upon publication of the Reviews which is expected in early 2009.	
<i>Reviews of acute hospital services in greater Dublin area and Midlands</i>			
Review of acute hospital services in Greater Dublin Area completed.	Q4		
Implementation plan developed to take forward the findings of the reviews.	Q4		
Review of acute hospital services in Midlands completed.	Q4	These reviews were not undertaken in 2008. The Midland focus in 2008 has been on the collection and analysis of statistical data in the Midlands Hospitals that will inform the review.	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Implementation plan developed to take forward the findings of the reviews.	Q4	An impact assessment of the review undertaken, report recommendations and implementation process in the Mid-West, South and North-East will inform the work the Dublin and Midlands services in 2009.	
<i>Critical Care Planning (TP 3.1)</i>			
Review of critical care services undertaken.	Q2	The comprehensive Review of Adult Critical Care Services was completed in the last quarter of 2008. The Review covered all 52 units across 37 acute hospital sites and included a month long national audit of activity. The final draft of the report was completed in December 2008. The actual final report is to be presented to the HSE Steering Group in early 2009 and will inform the development of critical care services nationally.	NHO
Implementation plan developed in line with recommendations forthcoming from this review.	Q3	This will be progressed in 2009 informed by the recommendations of the report.	
Responsibilities assigned to relevant people to action specific findings.	Q4		
Progress priority actions.	Q4	The review identified key priorities for implementation which will be progressed in the context of 2009 service priorities and resource availability.	
<i>Management of Emergency Patients (TP 1.1 and 3.4).</i>			
Measurement of total patient time from attendance to discharge at an ED commenced, dependent on stakeholder agreement on standardised process in EDs.	Q1	The HSE continued to work with all hospitals during late 2008 on developing a system to measure total ED waiting times. Significant problems were encountered across ED systems nationally and information on 10 hospitals only could be regularly produced. A project group comprising both senior ICT management, ED consultant and information specialists was set up to resolve the issues. This group commenced its work in December 2008 with a first meeting scheduled for January 2009. As an interim step, the HSE has also developed a system to sample the patient wait times in ED daily. This system will take a sample of patients each day and track their times within the ED department.	
<i>Implementation of 100+ consultant post scheme (TP 3.4)</i>			
Progress applications submitted to Consultant Appointments Unit for the recommended posts, in line with the level of development funding available for this scheme in 2008.	Q1 – Q4	In August 2007 the HSE outlined 60 consultant posts it planned to create as part of the 100+ programme to create 100 posts. These Consultant posts would be distributed across a number of hospitals and a range of specialties. They include consultant posts in Emergency Medicine, Radiology, General Medicine, General Surgery and Geriatric Medicine. New consultant posts have not been appointed under this scheme in 2008. The posts outlined in the 100+ plan will be filled on a priority basis within the overall funding available to the HSE. Some provision has been made in the NSP 09 to advance this initiative.	NHO
Track recruitment process for the approved posts.			
<i>Transformation of National Paediatric Services (TP 3.5)</i>			
HSE representatives participate on the Development Board.	Q1 – Q4	The HSE has two nominated representatives participating in the work of the Development Board.	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Development of the new National Paediatric Hospital</i>			NHO
Appropriate structures in place to progress the recommendations in the High Level Framework Brief report that are directly relevant for NHO.		The Development Board has appointed a Medical Director, Business Advisory and Project Management Service team. The HSE is liaising closely with the Medical Director and the project team consortium to ensure that there is a collaborative approach to the reconfiguration of paediatric services in line with the High Level Framework Brief, and clarity regarding the respective work to be undertaken by HSE and Development Board.	
<i>Paediatric Critical Care Review</i>		The Paediatric Critical Care Review was completed in 2008 and submitted to HSE Management for information and the Report has been shared with the relevant stakeholders. The recommendations of this review give clarity on the development of paediatric critical care services across Our Lady's Children's Hospital and the Children's University Hospital. The infrastructure required in the interim between now and the completion of the National Paediatric Hospital has been included in the Capital Plan. Priority areas for development informed by the review recommendations have been identified in the National Service Plan for 2009.	
Progress appointment of vacant paediatric surgeon posts.	Q2	The configuration of the vacant posts has been agreed across the paediatric hospitals and the HSE and resources identified. The job descriptions for the posts are currently being drawn up for submission to the Consultant Appointments Unit (CAU).	
Joint department of paediatric surgery established in Dublin.		Progress has been made in the development of the joint department of surgery including agreement on the consultant appointments across the three hospitals and job specification are being drafted for submission to the CAU early in 2009. Appointment of NCHD staff, rotation of NCHD's, on-call, audit and clinical pathways are areas identified that will benefit from the collaboration of the joint department in the first instance.	NHO
<i>Appropriate arrangements for delivery of specialist paediatric services in non paediatric hospitals</i>			
Tertiary Paediatric Neurosurgery Review completed. Implementation plan to take forward the findings of the review in place.	Q1	The final report with recommendations to address the service needs was presented to the HSE Management in August 2008 for information. The Executive Summary of the report has been shared with the stakeholders and the HSE and service provider stakeholders have liaised closely regarding the report recommendations which are informing the revised interim arrangements for paediatric neurosurgery service delivery and the strategic development of this service. The more detailed implementation plan will be worked up, upon the appointment of the additional Paediatric Neurosurgeons, which is anticipated to be completed in Q3 2009.	
Immediate issues of service concern addressed in line with review recommendations.	Q2-Q4	Pending the implementation of the recommendations of the report and after consultation with the stakeholders, an interim arrangement has been developed for the management of urgent neurosurgical cases. The report recommends the priority appointment of an additional 2 paediatric neurosurgeons to enable the strategic development of paediatric neurosurgery. The CAU has approved the 2	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		consultant posts for 2009 and resources have been identified in the Service Plan 2009 to address the clinical risk issues as part of the demographic service pressures.	
Review of ENT services provision for children in Beaumont conducted.	Q3	Not advanced in 2008, this project will be pursued in the future when an additional ENT Consultant is appointed and the services developed appropriately.	
Responsibilities assigned to relevant people to action specific findings.	Q4		
Progress priority actions.	Q4		
Development of the paediatric component of the National Cochlear Implant Programme commenced in line with the recommendations of the Paediatric Cochlear Implantation Review 2005 and 'Children's Health First' 2006.	Q1-Q4	Not advanced in 2008, this project will be pursued in the future when the ENT Consultant is appointed and the services developed appropriately.	
Secondary Paediatrics outside Dublin			
Review undertaken of paediatric services outside Dublin.	Q2	Preliminary work has commenced on a needs assessment and mapping of the current configuration of paediatric service provision nationally. This work will continue throughout 2009.	NHO
Implementation plan developed to take forward the findings of the review.	Q3	This is linked to the work being done on secondary paediatrics outside Dublin and the plan will be developed once that work is completed.	
Responsibilities assigned to relevant people to action specific findings.	Q3		
Progress priority actions.	Q3		
Implementation of High Level Framework Brief recommendations that are directly relevant to HSE commenced.	Q1 – Q4	The work underway regarding the development of the Joint Department of Surgery, the implementation of the Critical Care Review and the Neurosurgery Review are part of the beginning of the implementation of the High Level Framework Brief. The review of services outside Dublin is part of the implementation of the High Level Framework Brief which is an analysis of activity, work force and infrastructural requirements that will be necessary to determine the configuration of services.	
National Paediatric Transport programme			
National Paediatric Transport Programme operational.	Q3	Resources for ambulance and equipment were allocated and work is underway on this. Delivery is expected in Q12009.	NHO
Transformation of maternity Services (TP 3.6)			
Implementation plan developed to take forward the findings of the review on a phased basis.	Q1-Q4	<p>Findings and recommendations of the Independent Review of Maternity and Gynaecology Services were presented to the three Maternity Hospitals in November 2008. The report was also presented to the HSE Board for information.</p> <p>The wider stakeholder groups were invited to a comprehensive report briefing session in December 2008.</p> <p>The report has been broadly welcomed by the Joint Standing Committee (JSC) of the three Dublin Maternity Hospitals who have committed to work with the HSE to evaluate and implement the recommendations of the report.</p> <p>The project team commenced preparation of the implementation plan to be completed with the stakeholders in early 2009.</p> <p>The report will be published on the HSE website in early 2009.</p>	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Responsibilities assigned to relevant people to action specific findings.	Q1-Q4	NHO has met with the CEOs of the relevant three Dublin Academic Teaching Hospitals (Mater, St Vincent's and AMNCH) to discuss the implications of the report findings for development of services on their sites.	
Progress priority actions.	Q1-Q4	A pre-implementation paper is being developed that addresses the key elements and processes towards implementation.	
<i>Development of Governance Arrangements in the Acute Sector (TP 3.3)</i>			
Proposals for the governance of public hospitals in the Irish health services further developed.	Q1-Q4	The NHO and Integrated Care programme are continuing to work on implementing standardised clinical governance structures in hospitals. Nominations for Clinical Directors are being pursued at local level.	NHO
<i>New consultant contract is a core element of the Government's Health Reform Programme.</i>			
New contract agreed following outcome of negotiations.	Q1-Q4	A new Contract was agreed with medical unions in May, providing for 4-hour increase in working week, 8am-8pm working day, up to 5 hours on-site overtime at weekends and on public holidays, public patients must be a minimum of 80% of consultant's clinical workload, new management and organisational role for Clinical Directors, each Consultant to report to a Clinical Director. Final Contract text issued by Independent Chair on 23 rd July. In the period of 1 st June 2008 to 31 st December 2008, 216 permanent consultant posts were approved, of which 131 were additional and 85 were replacement. The total for 2008 was 283 posts of which 156 were additional and 127 were replacement.	Office of CEO / NHO / HR / PCCC
Establishment of contract implementation group.		Contract Implementation Group established in February 2008, focusing on three areas – development of Clinical Directorates, regulation of private -v- public practice, audit of contract implementation. Contract Implementation Group meets monthly – to conclude in April 2009.	
Progress implementation of new contract.		283 permanent Consultant posts progressed to advertisement under new Contract between April and December 2008, senior NHO and PCCC management in each hospital network briefed on implementation. Contract offered to consultants on 25 th July – closing date 31 st December. Deadline extended in December for Consultant Academics and those appealing a change of category under 1997 Contract. Estimated 80% acceptance rate as of end December. Beginning in September 2008, the HSE instituted a reporting system regarding public and private inpatient and day case activity on a Consultant by Consultant basis. Initial reports from these systems – which record individual consultant public and private activity - were produced in November 2008. In relation to diagnostic (laboratory and radiology) and outpatient activity, the HSE is making use of existing information systems which record attendances at public outpatient clinics and is evaluating the measures needed to record and report on public and on-campus private outpatient activity using such systems. As of December, operational management were preparing for an audit, the extent of implementation of new working hours arrangements.	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		Initial tranche of 50 Clinical Director posts identified in August and following significant consultation, recruitment process began in December. Implementation of contracts is proceeding as appropriate at local level.	
Hospital Performance Management (TP 3.8)			
Maternity Services Performance Framework in place.	Q3	A draft National maternity Performance Framework developed. The learning from this project will now assist with the development of maternity services set of performance indicators for regular reporting.	NHO
Paediatric Services Performance Framework in place.	Q3	Following discussion with Service Providers on the development of a performance framework it was agreed it would be more appropriate to co-ordinate its development with the progress in developing paediatric networks and the national paediatric hospital.	
Process improvement			
OPD service improvement project within the 2 hospital networks of the Dublin Midlands Area.	Q3	This project has now expanded nationally and the HSE has: a) developed a national OPD framework b) conducted effectiveness audits across many hospitals with performance improvement plans to follow and c) worked on developing national referral management protocols with GPs. A number of other stands relating to OPD such as target setting and the role of ICT in referral management also form part of the project.	NHO
Conduct a review of radiology services nationally			
Commission an external review of radiology services to determine the optimum configuration of radiology services nationally to provide services across the continuum of care.	Q2	An external review of radiology services has not been commissioned.	NHO
Responsibilities assigned to relevant people to action specific findings.	Q3-Q4		
Progress priority actions.	Q3-Q4		
National Specialist Services			
Bi-annual reviews held with the services.	Q2 & Q4	NHO meetings convened with the service providers regarding the national liver transplant programme and the heart lung transplant programme to review 2008 progress and address any service issues arising.	NHO
Collaboration with UK Transplant			
Agreement on a new service level agreement with UKT.	Q2	Negotiations on a new service level agreement with the UK Transplant Team is nearing finalisation and will be signed by the end of the first quarter 2009.	NHO
Heart Lung Programme Mater Hospital			
New contract agreed with Freeman Hospital reflecting the development of a national programme at the Mater Hospital.	Q3	The Freeman Hospital Contract was agreed for the period 2007-2008.	NHO
Formal external review of Mater programme completed.	Q4	This review was not undertaken in 2008. A review of this service will be considered in early 2009 in conjunction with need to review the national transplant services overall.	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Neurosurgical Services			
National Neurosurgical Committee established to oversee implementation of Neurosurgical Service developments.	Q2	Committee has not been established. Focus in 2008 was on the review and development of paediatric neurosurgical services. A decision on the establishment of such a committee will be taken in 2009.	NHO
Arthritis and related conditions			
Alignment of arthritis model of care with HSE chronic illness model of care for existing rheumatology sites (restructuring / integration of acute services with PCCC).	Q1-Q4	The Report of Working Group is at final editing stage and will be available in 2009.	NHO – with input from PCCC
Metabolic Disorders			
Steering Group to be established to make recommendations on model of care, infrastructural and resource requirements and arrangements for administration of therapies.	Q1-Q4	A cross-directorate group was established within the HSE Representatives of the hospitals meet monthly to address issues in relation to the organisation, delivery and funding of the metabolic services programme. Achievements to date include: <ul style="list-style-type: none"> • Successfully negotiated the full year resources required to meet the treatment needs of metabolic patients. • Secured the capital funding to address the requirements for the adult unit. • Identified an alternative model of care, including cost-effective options for securing the distribution of the therapies. 	NHO
PET CT Services			
PET CT Services available in St. James's within existing resource level.	Q2	Following completion of the commissioning, the PET CT services in St. James's Hospital commenced in December 2008.	NHO
PET CT Services available in CUH within existing resource level.	Q4	Completion of building work is scheduled for June 2009. The tender process for supply of certain specialist consumables will commence in January 09.	
Laboratory review (TP 1.11)			
Implementation plan developed for the recommendations of the Laboratory Report.	Q1	Following the presentation of the Laboratory Review to the Management Team of the HSE on the 29 th April, a group was established, Chaired by the National Director of Estates, to determine the best option to implement the review. The NHO has commenced the process of engaging with the stakeholders.	NHO
Consultation process undertaken to agree the implementation stages. This will be conducted through the Partnership Forum.	Q2	Awaiting finalisation of implementation plan.	
Priority will be the development of 'cold laboratories'.	Q1-Q4	This is part of the implementation of the review and will be progressed in due course.	
Co-Location Private Hospitals			
Implementation plans continued for the seven hospitals and a co-located hospital award progressed for the remaining public hospital.	Q1-Q4	The Project Agreement (PA) for St. James's Hospital was signed on the 8 th December 2008 bringing to 4 the number sites (out of 8) that have PA signed. The PA for Waterford Regional Hospital is expected to be signed in 2009. The PAs in relation to Connolly, AMNCH and Sligo are at earlier stages in the procurement process.	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Contractors to achieve planning approval and complete financial due diligence.	Q4	Full planning permission has been granted for the Beaumont site and the co-located hospitals at CUH and MWRH await decisions on planning by An Bord Pleanala.	
Financial close for at least 6 of the co-located hospitals reached.		Financial close is being progressed for the four hospitals (Beaumont, CUH, MWRH and St. James) where the PAs have been signed.	
Madden Reports on Post Mortems (TP 3.7)			
Audit is to be completed with the report sent to the DOHC.	Q2	An Audit Team retained by the HSE and DoHC has visited 34 hospitals. A report on this audit is being prepared and a draft report should be available in early 2009.	NHO
Standards for organ retention and related issues developed in line with the outcome of the Audit. This will be undertaken in conjunction with HIQA.	Q3	Once the Audit is complete and reviewed by the DoHC standards it will determine, in conjunction with the HSE, the arrangements and timescales in the development of national strategy.	
Estate Strategy			
Estate strategy completed.	Q2	Achieved - DCPs have been completed for all major acute hospital sites. Strategy is to rationalize developments into integrated care blocks	NHO – with input from Estates
ICT Strategy			
ICT strategy for the ambulance service developed.	Q2	The ICT Programme was developed and a number of projects have commenced: TETRA, Electronic Patient Report, Fleet Management and Roster management.	NHO – with input from ICT
Staff Development – Training			
Training strategy will be developed in line with nationally agreed standards.	Q1-Q4	The training strategy has been developed.	NHO
MIMMS training for an additional 150 staff will be completed.	Q4	To date 38 staff have been trained. Further training is deferred due to financial constraints this will be reviewed periodically.	
National Human Resource (HR) structure			
National HR structure for the ambulance service further developed to provide consistent support in areas such as change management, selection and recruitment, employee relations, and staff development and training.	Q4	National Structures have been developed in the areas of selection and recruitment, employee relations and staff development and training.	NHO
Appointment of a National Medical Director for Ambulance Services			
National Ambulance Service Medical Director appointed.	Q1	The filling of this post has been deferred in 2008 due to financial constraints. It is to be progressed early 2009.	NHO
Appointment of a Clinic Performance Manager for Ambulance Services			
Clinical Performance Manager appointed.	Q3	This will be progressed following the appointment of the Medical Director.	NHO
System for effective clinical audit for Pre-hospital emergency care.			
System rolled out nationally subject to approval of Department of Finance CMOD.	Q1-Q4	Roll out of the system is on-going and will continue in 2009.	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Fast Response Units			
7 additional fast response units commissioned.	Q2	The additional fast response units were ordered In November 2008.	NHO
Ambulance Fleet management			
National fleet management system introduced.	Q3	Roll out of National Fleet Management system commenced and will continue in 09.	NHO
National ambulance fleet upgrade and replacement programme			
65 new ambulances purchased through an existing contract.	Q1-Q4	50 ambulances purchased in 2008. No plan to purchase new ambulances through this contract in 2009.	NHO
Major Emergency Management			NHO – Ambulance Services
Senior manager with responsibility for emergency and management in the ambulance service appointed.	Q2	The filling of this position is part of the reorganisation of the service and will be progressed during 2009.	
Patient Transport Service			
National policy, qualifying criteria and needs analysis reviewed.	Q2 / Q3	A draft policy has been prepared and is currently being considered.	NHO
Recommendations considered by review group and a framework for the provision of Patient Transport Services prepared on a national basis.	Q3 / Q4	Completed.	
Cystic Fibrosis (CF) service			
These developments will be progressed further in 2008.	Q1-Q4	The 2006 and 2007 funding has been allocated in full to relevant Hospital Networks to enhance specialist teams in designated centres. Over 90% of the posts funded in 2006 are now in place and recruitment for outstanding posts is at various stages.	NHO
New Unit service developments initiated in 2006 and 2007.			
Southern Hospitals Group			
Full year gynaecology and maternity services delivered.	Q1-Q4	CUMH Gynaecology Theatre: The process to recruit essential staff, which commenced earlier in the year, was almost complete by the end of December 2008. This theatre is scheduled to open first week of February 2009.	NHO
CUH Day Procedures Unit opened on a phased basis.	Q1-Q4	<p>The Day Procedures Unit at CUH has 35 bays, of which 24 are operational. Work has progressed in relation to the commissioning of the Theatres and Endoscopy suites.</p> <p>Pre Admission Assessment has commenced for all surgical day case patients and it is planned to progress this service to encompass all day case patients.</p> <p>A new computerised day case booking service is in the final stage of configuration and when implemented will contribute to optimise day case throughput in these beds.</p> <p>It has been agreed with the Executive Management Board, CUH and the Cancer Control Programme to allocate one of these Theatres and a number of the day beds to the Symptomatic Breast Service. It has also been identified as a resource for the further implementation of the Cancer Control Programme.</p>	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Commence the opening of the ED in MUH.	Q1-Q4	The new ED at MUH opened in December 2008 on a phased / ELS basis.	
Mid-Western Hospitals Group			
Theatre opened.	Q1-Q4	The planning for the opening of the Theatre is finalised and it is hoped the theatre will be opened early 2009.	NHO
3 rd delivery suite opened on a phased basis.		The third delivery suite has been opened on a phased basis in line with service demand.	
South Eastern Hospitals Group			
Kilkenny Stroke Unit fully operational.	Q1-Q4	The Acute Stroke unit in St Luke's Hospital Kilkenny became fully operational in September 2008. All stroke patients admitted to the hospital are now accommodated in this unit. A dedicated Stroke area has been established within Medical Department at South Tipperary General Hospital.	NHO
North Eastern Hospitals Group			
Our Lady of Lourdes Hospital ED development completed by October.	Q1-Q4	The emergency department in Our Lady of Lourdes is currently under construction and will be ready for operational use by June / July 2009. An additional floor was added to the block which when completed will consist of 3 floors above the ED department with 20 inpatient beds per floor. This additional inpatient accommodation will be completed by end of 2009. The Transit Lounge was opened in OLOL in December 2008.	NHO
Navan TSSD will be sustained in 2008.	Q1-Q4	This service was sustained in 2008 within existing resources.	
Dublin Midlands Hospital Group			
Services to transfer to new Mullingar facility, on an existing service level basis. Further services (main wards, ED, theatre) to be transferred to new facility, with existing staff complement.	Q4	The work at the MRH Mullingar was completed at the end of 2008. The process of moving beds from the old hospital wards into the new hospital will take place in Q1 2009. The final phase of the move to the New Hospital at MRH Tullamore was completed on 10 th December 2008.	NHO
Commence the opening of the new Portlaoise ED within existing levels.	Q1-Q4	The new Emergency Department at MRH Portlaoise opened on an "existing level of service" basis in the latter quarter of 2008.	
Neurology service developments initiated in 2006 and 2007			
Neurology / Neurophysiology CUH / SIVUH Consultant Neurology post will be progressed in 2008.	Q1-Q4	The HSE South is due to resubmit the application to the CAU in Q1 2009 to allow this post to progress in line with the new consultants' contract.	NHO
Neurologists in place in Sligo and Limerick.	Q1	Completed. Consultants commenced in Sligo General Hospital and Limerick Regional Hospital in January 2008.	
Commence recruitment of Neurophysiologists in Beaumont, Tallaght and St. James's Hospitals.		St. James's Hospital: This post has been advertised and the new consultant is due to commence in February 2009. The AMNCH / Tallaght post has been advertised and short-listing is underway. Beaumont Hospital: this post did not progress in 2008 but will be advanced by the hospital in 2009.	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Renal service developments initiated in 2006 and 2007</i>			
<p>Dialysis Continue service provision in public units. There is limited expansion capacity as units are currently running at full capacity nationally. Formalise existing contracts in Dublin and in Kilkenny within the Dialysis tender framework. The Limerick satellite dialysis unit will be operational by the Autumn of 2008. Requirements for additional tenders will be considered in the context of funding available and the expansion capacity in the public system.</p>	Q1-Q4	<p>Tender has been issued for a contract for the Kilkenny area. The HSE did not tender for the provision of satellite units in Dublin in 2008 – these will be progressed in 2009.</p> <p>Planning received in June 2008 for the new satellite unit in the Dock Road in Limerick. Commissioning of the unit is well underway with the opening scheduled for mid February 2009. This will enable those patients currently being treated in Galway to receive their dialysis nearer to home.</p>	NHO
<i>Patient Safety</i>			
These essential maternity service posts to be progressed further in 2008.	Q1-Q4	<p>Rotunda: Recruitment progressed to fill the 31 Midwife posts and two consultant posts were made available to the Rotunda to deal with demographic pressures.</p> <p>Coombe and National Maternity Hospital: Required posts have been identified and recruitment of the personnel was completed in 2008.</p>	NHO
North East will continue this development further in 2008.	Q1-Q4	To date, 18.76 WTEs out of the 22 midwives have been appointed in the North East. The remainder are being actively progressed.	
<i>Tissue and Cells development funding (TP 3.7)</i>			
Progress compliance with EU Directive.	Q1-Q4	A decision was made to progress the Stem Cell Laboratory at Our Lady Children's Hospital, Crumlin (OLCHC). The capital project for the laboratory was presented for consideration by the NHO Capital Steering Committee, was recommended for approval and added to the capital programme.	NHO
<i>Sexual Assault Treatment Unit (SATU) Funding</i>			
Facilitate release of 8 nurses for forensic training. Progress recruitment of permanent Consultant post. Progress establishment of 2 new units (Midlands and West).	Q1-Q4	<p>Complete. Training programme commenced in January 2008. The Consultant post has been advertised and the recruitment process is underway.</p> <p>National Recruitment Campaign and Training Programme for Doctors: GP Certificate course commenced in January 2008.</p> <p>GP Remuneration: The National Review highlighted the requirement for standardisation in the remuneration of doctors. This has now been agreed and it is hoped that it will act as an appropriate incentive for doctors to participate in the programme.</p> <p>Development of 2 New Units:</p> <ul style="list-style-type: none"> • <i>Galway Facility</i> - There were some planning challenges which have delayed the establishment of the unit. As a consequence, an alternative site has been identified and Capital approval received. Pending this Capital development a lease agreement is being negotiated for a short term premises which should allow the unit to open in early 2009. • <i>Midlands Unit Mullingar</i> - The commissioning of the SATU in Mullingar is complete and will open following receipt of the registration of the Forensic Nurse Specialist staffing. The opening of the SATU at Mullingar is now expected in January 2009. 	NHO

CANCER CONTROL PROGRAMME

Cancer Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
National Cancer Control Programme (NCCP) (TP 3.9)			
Establishment of the Cancer Control Programme with transfer of all budgetary funding, WTE and other resources under the direct control of the Cancer Programme Director.	Q2	New development funding of €6.75 for 2007 plus €15m (NCCP €10m and NPRO €5m) for 2008 together with associated WTEs is under the direct control of Cancer Programme Director. Transfer of St. Luke's budget agreed for 1 st Jan 2009. Transfer of other existing cancer resources is still being considered.	HSE / Cancer Programme Director
Key appointments into the NCCP			
Appointments of head of systemic therapy, radiation oncology and oncology surgery as 0.5 WTE appointments.	Q1	Completed as of 1 st April 2008.	HSE / Cancer Programme Director
Consideration of other leadership roles.	Q4	Work in progress.	
Establishment of 4 cancer control networks, with 2 cancers centres per network			
With a target of 90% of surgeries transferred to the 8 centres by the end of 2009, the programme will endeavour to transfer assets into each centre, work with each network to relocate other services and establish a plan for any capital, infrastructural or service expansion required to support this realignment of cancer surgeries.	Q1-Q4 with a target of 90% transfer by end 2009	4 Cancer Networks have been established, with 2 Cancer Centres in each network; 3 Network Managers have been appointed to manage the 4 Networks, one for the West, South and East. Breast service transfer into the 8 centres is 80% delivered. Transfer of remaining service at planning stage and transfer to be delivered in 2009. Capital / infrastructural expansions have been delivered in some centres and are at the planning/construction phase in other centres. Transfer of other cancers in the planning phase.	HSE / Cancer Programme Director
Symptomatic Breast Disease services			
Hospitals carrying out less than 20 new breast surgeries per year (ceased in September 2007) to continue.	Q1-Q4	Delivered.	HSE / Cancer Programme Director
Ceasing and transferring services rolled out for those hospitals providing less than 50 new breast surgeries per year.	Q2	Delivered.	
Full transfer of breast surgery services into the 8 designated cancer centres.	Target end of 2009.	80% delivered in 2008. Full transfer planned for 2009.	
National Standards			
Development and implementation of national standards for access to, and quality of, diagnostic and treatment services for cancer patients, and implementation of a process to report on a compliance of these standards.	Q4	Breast service re alignment based on national standards. National breast referral form and referral guidelines completed. Quality standards being developed for Prostate and Lung cancer.	Cancer Programme Director / NCCP / HIQA
National Plan For Radiation Oncology (NPRO) To 2010			
Continue the service level agreement in Waterford.	Q1-Q4	Ongoing for 2009.	HSE / Cancer Programme
<i>Clinical increase in services in St Luke's by 20%.</i>		Ongoing for 2009.	

Cancer Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Capital development plan in Beaumont and St James's Hospitals as part of the National HSE Radiation Oncology Network. (target date for clinical service 2010)	Q1-Q4	On target for clinical service in 2010.	Director / NPRO
NPRO To 2014			
Governance structure established with the HSE and the National Development Finance Agency for this PPP project.	Q1-Q4	Negotiations between agencies continuing.	HSE / Cancer Programme Director / NPRO
Prepare for public sector benchmarking.	Q4	Discussions between agencies ongoing.	
Prepare for tendering process for PPP Advisors.	Q4	PPP advisors appointed.	
NPRO Education and Training Strategy			
Workforce Strategy continued.	Q1-Q4 to make provision for 2010 and 2014	Ongoing.	HSE / Cancer Programme Director / NPRO / Universities
National Plan for Medical Oncology (NPMO)			
Commenced development of National Plan for Medical Oncology.	Q1	No progress to report for end of year. This will be progressed in 2009.	Cancer Programme Director / NCCP Advisory Group
National Plan for Surgical Oncology			
Commenced development of National Plan for Surgical Oncology.	Q1	Planning complete for breast surgery in Q1. Planning for prostate, lung, and single national centres being developed. Planning for other cancers to be developed.	Cancer Programme Director / NCCP Advisory Group
Communications			
Communication strategy for patients.	Q1-Q4	Patient Information Booklets for Breast cancer have been distributed.	Communications / Cancer Programme Director / NCCP advisory group
Communication strategy for staff.	Q1-Q4	Ongoing communication with staff in symptomatic breast and radiation oncology.	
Development of a website for NCCP.	Q1-Q4	A working group has been set up to progress. Website is in development phase.	
Information Strategy (TP 1.10)			
Development of a high level outline specification developed for an oncology ICT network which will provide a common identifier for oncology, provide cancer data, and enable treatment across all sections of cancer within national standard guidelines and care pathways.		ICT link into HSE appointed to support the process ICT development group established and engagement with relevant stakeholders is underway.	Cancer Programme Director / Cancer Registry / NPRO / NCCP advisory group / National ICT

Cancer Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Cancer Financial Model</i>			
Transfer of resources and funding into the NCCP.	Q2	New development funding of €6.75 for 2007 plus €15m (NCCP €10m and NPRO €5m) for 2008 together with associated WTEs is under the direct control of Cancer Programme Director St Luke's budget to transfer on 1 st January 2009. Transfer of other base budgets still under discussion.	DOHC / HSE / Cancer Programme Director
<i>Impact on HSE services of National Screening services</i>			
Opening of the static breast screening units in the HSE South and West Dec'07, and commencement of the Cervical Screening service will impact into the symptomatic services. In 2008 a review of this impact will be carried out.	Q4	Increased impact of BreastCheck in West and South on the Symptomatic Services is under regular review. Colposcopy services are being upgraded and delivered in 15 of the existing hospitals through SLAs with NCSS.	HSE / Symptomatic Services
Review to be carried out of symptomatic services.	Q1	Delivered. In the process of service development and transfer.	
<i>National Cancer Registry (NCR)</i>			
Alignment of the NCR into the NCCP, thus creating the foundation stone of a cancer surveillance system.	Q2-Q3	Discussions are still ongoing.	HSE / Cancer Programme Director / National Cancer Registry.
<i>Ensure an evidence based approach to developments of the Cancer Control Programme</i>			
Ensure an evidence based approach to the developments of the NCCP.	Q4	Ongoing input to NCCP with regard to service utilisation.	Pop Health

CARDIOVASCULAR HEALTH

CVD Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Acute Myocardial Infarction (AMI) Improvement			
Action plan for roll out of programme in conjunction with the NHO prepared.	Q1-Q4	The AMI Heartbeat improvement programme – IHI methodology has continued in the 5 original pilot sites. Results at 15 months have proven the methodology works. Results have been presented to the NHO and expansion discussed.	NHO (Quality and Risk) / Pop Health
Cardiovascular Strategy (TP 4.2.4)			
The service gaps outlined in the audit will be reviewed by the Cardiovascular Expert Advisory Group (EAG).	Q4		Pop Health / Office of CEO
Heart health service development action plans prepared.	Q4	<p>Areas identified as priority for heart health service development were moved forward in 2008 these included:</p> <ul style="list-style-type: none"> (a) an Action Plan for Heart Failure which is currently in development, which involves national work including an innovation funded project, to inform this, based in Co. Galway and a hospital/ community HF programme in SVUH and HSE DML, HSE S. (b) Ongoing implementation of the SCD Taskforce Report recommendations and (c) plans for expansion of the AMI Heartbeat Improvement Programme. <p>Innovation funded HF Project in Galway: 'How to develop comprehensive heart failure services in Ireland'. This work with Galway NHO, PCCC and Public H Dept will be a significant contributor to a business case for national integrated heart failure services. The Innovation funded HF project in Galway is a form of pilot in terms of using resources more efficiently and building on work of SVUH pilot programme for HF services in SVUH and DML / S. This innovation project will look at innovative use of services while maximising patient care.</p> <p>SPIRIT SVUH Heart Failure Programme: The SVUH pilot programme is in its 3rd year and will be analysed and evaluated (Jan 09) and inform the HF innovation project funded in Galway and the development of the HF Action Plan. A decision re the future of the programme will be needed and source of funding identified if it is to be continued beyond the 3 years of the pilot phase.</p> <p>Progress in relation to Heartbeat AMI Improvement Programme:</p> <ul style="list-style-type: none"> • Changes/improvements to Heartbeat quarterly report format • 21 mths and 24 mths produced and dispatched. • Non- STEMI reports produced for Letterkenny and Wexford hospitals • Heartbeat article for HSE Health Matters magazine – Autumn 2008 • Heartbeat Article (accepted as poster) for BMJ/IHI Conference in Berlin, March 2009. • Discussions with Network managers and cardiologists in planning for Heartbeat expansion. 	Pop Health / PCCC

CVD Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		Heart Failure funding given to NHO in 2007 is prioritised for planning in 2009. Pop Health needs to be involved in the planning for use of this funding.	
Sudden Cardiac Death (SCD)			
Continue implementation of the report's recommendations, specifically: a) Implementation of comprehensive first response programmes on a phased basis across the country. b) Development of protocols for follow up of people with positive risk assessment and assessment of need for cardiology referral. c) Monitoring of resuscitation ability in community.	Q1-Q4	<p>SCD Progress 2008:</p> <ul style="list-style-type: none"> Completed representative survey (1000 persons) on Emergency Phone No and CPR knowledge and prepared an article with results. Finalised AED signage for Ireland and began promotion of signage via PHECC Cheile CFR Conference in Oct 2008, CFR Guide poster and posting on PHECC website. In December completed representative survey (800 persons aged 16 to 34 years) to establish baseline prevalence on a range of cardiac symptoms and history that may be used in cardiac risk assessment for SCD in young people. Developed draft advisory statement for cardiac risk assessment for young people engaged in sports or exercise and forwarded to partners for discussion. Finalised guideline for Coroners in informing families where a family member (under 40 years) has died of SCD for presentation to the Coroners Society of Ireland (CSI). Formed a Surveillance and Research Group which met 11 December 2008 to oversee development of SCD in the Young register and research into SCD. <p>Improving First Response</p> <ul style="list-style-type: none"> SLA with IHF being finalised i) innovation re CPR for transition year in schools and ii) innovation re resuscitation among public. A survey of prevalence of training in CPR in Ireland underway. Ambulance sector has not been in a position to develop service as planned due to employment ceiling and overall budgetary issues in 2007 and 2008. CFR Guide has been developed but is not actively promoted due to (a) above. <p>Risk Assessment in those engaged in Sports and Exercise</p> <ul style="list-style-type: none"> RA consensus statement being finalised and consulted upon with stakeholders. A survey of prevalence of certain symptoms in 16 – 39 year olds is being finalised for Oct 08. <p>Requires management commitment for development.</p>	Pop Health / NHO
CVD Policy Framework			
The Minister has asked the group to report in Spring 2008.	Q2	This Group was established by DoHC. There has been substantial input from Population Health, Strategic Planning, NHO and PCCC, re cardiology and stroke. Due to its complexity, the report is taking longer than originally envisaged, report being finalised by DoHC for Feb 09.	Pop Health / NHO
Heart Failure			
Initiate services in the 5 sites.	Q4	Most of the 2007 plan to improve heart failure services via NHO throughout the country has not been implemented due to resource restrictions.	NHO / Pop Health / Office of CEO
Heart Failure Action Plan to be developed in association with the Cardiovascular EAG.	Q4	The SPIRIT Heart Failure 3 year programme, approved by SPRI in 2006, is in its 3 rd year. A review of the programme was held in March and very positive results	

CVD Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		are being shown from this programme. A business case is being prepared by SVUH/ Heartbeat Trust to seek funding for continuation of this programme. Learning from this programme will inform the development of national heart failure structures.	
<i>Stroke</i>			
Analysis of report on trends in mortality and hospital statistics completed to support health care planning.	Q1	Basic analysis completed. Hospital discharge data disseminated to NHO and Network managers.	Pop Health
Analysis and dissemination of implications of Irish National Audit of Stroke Care (2006 / 2007) for HSE prepared.	Q1	Findings of INASC disseminated to HSE senior management. Priorities re emergency and acute stroke identified and discussed with NHO and network managers – establish stroke units; identify lead physician and create functioning multidisciplinary teams; work to clinical guidelines; raise stroke to highest level of emergency for EMTs.	
Rehabilitation and long-stay post-stroke care, current provision and future need reviewed.	Q2	Rehabilitation and long-stay post-stroke care reviewed in context of CVD Policy Framework.	
Study on 'The Patient Journey' progressed at selected locations.	Q4	Contributed on key interfaces of the stroke patient's journey to the DoHC forthcoming CVD Health Policy.	
Work in collaboration with the Cardiovascular EAG progressed.	Q4	EAG not established.	
The service gaps outlined in the audit will be reviewed by the Cardiovascular EAG.		EAG not established.	

EMERGENCY MANAGEMENT

Emergency Management / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Co-ordination / standardisation and improvement of generic emergency plans across NHO / PCCC and Pop Health at national, area and local levels.</i>			
Develop clear emergency management work programmes / business plans across all directorates and functions of the HSE.	Q1	No update received at the time of finalising this report.	Pop Health / NHO / PCCC / ICT / HR / Procurement
<i>Development and implementation of generic emergency plans</i>			
Draft a template for HSE emergency plans at: a) National level. b) Area level. c) Local level i.e. hospitals, local health offices, public health departments and ambulance local administrative areas.	Q1	No update received at the time of finalising this report.	Pop Health / NHO / PCCC /
Draft emergency plans in accordance with the agreed template at: a) National level. b) Area level. c) Local level i.e. hospitals, local health offices, public health departments and ambulance local administrative areas.	Q2	No update received at the time of finalising this report.	Pop Health / NHO / PCCC
Develop a planned programme of exercises to test the above suite of plans.	Q3	No update received at the time of finalising this report.	Pop Health / NHO / PCCC
<i>Develop and implement the intersectoral framework for emergency management with the Garda and the Local Authorities</i>			
Represent the HSE at the National Intersectoral Steering Group.	Q1-Q4	No update received at the time of finalising this report.	Pop Health
Implement the 2008 Workplan at national level, as pertinent to the HSE.	Q1-Q4	No update received at the time of finalising this report.	Pop Health / NHO / PCCC
Represent the HSE at the Regional Intersectoral Groups.	Q1-Q4	No update received at the time of finalising this report.	Pop Health / NHO / PCCC
Implement the 2008 Workplan at regional level, as pertinent to the HSE.	Q1-Q4	No update received at the time of finalising this report.	Pop Health / NHO / PCCC
<i>Emergency Plan for Influenza Pandemic</i>			
Update the National Pandemic Influenza Plan as international understanding of the pandemic increases.	Q1-Q4	Pandemic Influenza Preparedness for Ireland: Advice of the Pandemic Influenza Expert Group - The Expert Group has updated its Guidance, first published as a consultation document in January 2007. Updated guidance was completed in November 2008. We are awaiting a launch date from DOHC. A position paper on the use of H5N1/pre-pandemic vaccines was prepared by the Expert Group and sent to the DOHC for its consideration Ongoing work on the completion of the development of an interim MS access database for contacts of avian influenza in the case of an AI outbreak.	Pop Health / NEMO

Emergency Management / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>Development of reports is currently in progress.</p> <p>Ongoing work on the completion of a national protocol on the management of outbreaks of ILI/influenza in longstay institutions.</p> <p>Ongoing work on the development of a mortality database containing notifications of all cause deaths which are received from GRO on a weekly basis. These mortality data will be used to estimate the number of deaths due to pneumonia and influenza (P&I) based on the CDC Atlanta 121 cities mortality surveillance system.</p>	
Development of plans		<p>Completed work on the development of a baseline estimate for ILI and seasonal influenza activity. This work was shared with members of the European Influenza Surveillance System (EISS).</p> <p>Work ongoing on standardisation of the sentinel hospital and schools surveillance systems.</p> <p>Expanding GP network with respect to weekly influenza like illness surveillance to cover 5% of the population (increased from 4.3% to 4.8% during quarters 1 and 2 2008). Production of weekly influenza reports during the influenza season and monthly reports from June to September. Production of monthly report on the other diseases e.g. varicella, shingles in the sentinel surveillance network.</p> <p>Active participation in the European Excess Mortality Surveillance Network particularly with monitoring mortality in a pandemic. This network received a research grant from the EU in September 07 to commence a three year project which began in January 2008. Ireland will be participating with HPSC as collaborator.</p> <p>Active participation in the European Influenza Surveillance Scheme (EISS).</p>	
Contribute to updating the Pandemic Influenza Expert group.	Q4	Expert group updated during the year.	Pop Health / NEMO
<p>Draft a template for HSE pandemic influenza plans at:</p> <ul style="list-style-type: none"> a) National level. b) Area level. c) Local level i.e. hospitals, local health offices, public health departments and ambulance local administrative areas. 	Q2	No update received at the time of finalising this report.	Pop Health / NHO / PCCC
<p>Draft a pandemic influenza plan in accordance with the agreed template at:</p> <ul style="list-style-type: none"> a) National level. b) Area level. c) Local level i.e. hospitals, local health offices, public health departments and ambulance local administrative areas. 	Q4	No update received at the time of finalising this report.	Pop Health / NHO / PCCC

SECTION 2 - SYSTEM-WIDE SERVICE INTEGRATION INITIATIVES

System-Wide Service Integration Initiative Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Development of an Integrated Model of Care (TP1)</i>			
Commence the migration of existing structures to the integrated model and the standardisation and roll out nationally of key elements of integrated care packages, e.g. implementation of healthcare record, discharge planning and shared care service packages.	Q1	<p>A Code of Practice for Integrated Discharge Planning was developed and launched in nine regional locations during the first two weeks in December 2008. The Code provides a standardised approach to integrated discharge planning in the Health Service Executive (HSE), from preadmission to post-discharge. The aim is to enhance patient safety and improve continuity of care from the hospital to the home and community. The Standards will be used to direct and evaluate integrated discharge planning practices in the HSE providing:</p> <ol style="list-style-type: none"> 1. A framework for consistent, coherent management of integrated discharge planning in the Health Service Executive. 2. A reference point against which continual improvement and consultation can take place. <p>A National Code of Practice for healthcare records management was developed and a process of implementation has begun across all acute hospitals</p>	Programme Lead
<i>North East Transformation Programme. (TP 3A)</i>			
Complete detailed planning phase.	Q1	A process commenced in July and August seeking information from management and clinicians on the Drogheda site in relation to space requirements to deliver the reconfiguration of the Louth Meath hospital group. Once this information was received Estates proceeded to develop a number of options considering the capacity requirements and the site footprint. The finalisation of the option appraisal is subject to funding in 2009 and is impacting on the development of the further detailed plan for Louth Meath being completed.	Programme Manager
Obtain sign-off and buy in to output of detailed planning which will include:	Q1	Cavan Monaghan plan signed off and has progressed to implementation.	
<ul style="list-style-type: none"> ▪ Business Case (Costs and Benefits). 		Submissions were made for six projects to the Innovation fund and €2m was received. This money will be used in projects which will facilitate the reconfiguration of the hospitals initially in Cavan Monaghan, then in Louth Meath, resources freed up from reconfiguration will then be reinvested to address quality and risk issues, strengthen services and reduce acute hospital bed numbers in the North East.	
<ul style="list-style-type: none"> ▪ Service Blueprints. 		While in early 2008, clinical networks prepared high level blueprints, the change in the financial situation and the need to clarify the future plans for the Drogheda site, led to many clinical networks not being able to complete their full clinical service descriptions. Work on these will continue into 2009.	
<ul style="list-style-type: none"> ▪ Functional Blueprints (Estates, ICT, Finance). 		Estates options appraisals completed and presented to the NE Transformation leadership group end of Dec 08. Awaiting clarification on capital funding will be available in 2009 to proceed.	
<ul style="list-style-type: none"> ▪ Workforce Plan. 		Workforce analysis and profile completed for Monaghan and redeployment of staff became the subject of a framework agreement between the HSE local management and unions, sign off on this agreement due Jan 09.	

Section 2 - System-wide Service Integration Initiatives

System-Wide Service Integration Initiative Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<ul style="list-style-type: none"> Change management and communications plan. High level implementation approach and timescales. 		<p>Communication plan developed by the Cavan Monaghan Project group.</p> <p>The NE Transformation implemented a revised organisation structure. This is to ensure that local service changes are consistent and aligned with the NE Transformation plan. The organisational structure put in place enabled the programme to move from a planning to implementation stage. In Cavan Monaghan a project structure was developed comprising of a joint acute/PCCC project executive and project managers and a number of sub groups to over see the development of the identified service changes.</p> <p>Discussions commenced with Louth Meath in December as to whether a similar structure would suffice or is an alternative methodology required to implement the Louth Meath reconfiguration.</p>	
Commence and complete detailed design phase.	Q2 & Q4	Cavan/Monaghan and Louth/Meath (for interim) detailed design phase commenced Q2 2008 as scheduled.	
Commence implementation.	Q4	<p>Training of Advanced paramedics commenced in October to deliver pre hospital thrombolysis.</p> <p>On 8th Dec the Medical Assessment Unit open in Our Lady's Hospital in Navan.</p> <p>Sub groups in Cavan Monaghan continued to work on their implementation plans for the service changes to transfer acute services from Monaghan to Cavan.</p> <p>PCCC commenced the recruitment of additional staff to deliver home care packages to support the reconfiguration.</p> <p>Meeting held with Louth Meath hospital group to develop a structure for implementing the service changes for the Louth Meath reconfiguration.</p>	
<i>Winter Initiative</i>			
<p>Specific initiatives for 2008 include:</p> <p>Reducing average length of stay:</p> <ul style="list-style-type: none"> Action plan and implementation plan for each Hospital and LHO in place, with clear targets based on the findings of the Bed Utilisation Study. 	Q1	<p>Local Implementation Teams working across the acute and primary care sectors are addressing areas for improvement in bed utilisation and bed management within a structured standards based Framework. Key improvements were noted. A repeat Bed Utilisation study undertaken during 2008 and the average length of stay projected for 2008 was 6.2 days.</p>	LIT
<p>Discharge Planning:</p> <ul style="list-style-type: none"> Expected date of discharge set within 24 hours of arrival. National Framework to support effective Discharge Planning in place. 	Q3	<p>The process of implementation of the Code of Practice has begun through the formation of Joint Implementation Groups and associated sub groups in each region. These are tasked with self assessing against the standards within the Code and developing local action plans to address areas for improvement across the care sectors. This includes setting and documenting an estimated length of stay for each patient and proactively managing the patient journey in line with best practice.</p> <p>Joint Information Groups (JIG) were nominated and three sub-groups will be established in January 2009 for training, documentation and audit functions.</p> <p>Two Integrated Discharge Planning Workshops were organised within Dublin Midland Hospital Group to launch the Code of Practice for Integrated Discharge Planning in December 2008.</p>	NHO

Section 2 - System-wide Service Integration Initiatives

System-Wide Service Integration Initiative Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>The implementation of the Code of Practice on Discharge Planning seeks to address relevant issues and is the culmination of a series of research activities drawing on best practice internationally and consultation with a very significant number of clinical and other staff and stakeholders.</p> <p>The implementation of the Code of Practice will commence immediately:</p> <ul style="list-style-type: none"> • All patients will have a treatment plan and an expected date of discharge/estimated length of stay within 24 hours of arrival into hospital. • The expected date of discharge to be proactively managed against the treatment plan on a daily basis and changes communicated to the patient. • Ward rounds are scheduled in a way that facilitates appropriate and timely clinical review of all patients and efficient care processes. • Immediate introduction of a Discharge Summary which will be available to all patients and other relevant personnel such as GPs and Pharmacists once the patient is deemed fit to leave hospital. • Discharges to take place on Saturdays and Sundays at the same level as on other days of the week. • Nurses play a more central role in discharging patients from hospital once criteria set out by medical staff are met. 	
<p>Admission avoidance – examples include:</p> <ul style="list-style-type: none"> • Out of hours GP Service. • Rapid access clinic in Smithfield. 	Q1-Q4	<p>D-Doc 81,277 contacts in 2008 compared with 65,513 in 2007 which is an increase of 11%.</p> <p>RAC – uptake of service continues to exceed target by 196% (7,360 v 3,744).</p>	PCCC
<p>Increased usage of Day Case:</p> <ul style="list-style-type: none"> • Increased usage of day case relative to inpatient surgery. • No patients admitted on the night before for day case procedures. • No patients kept in overnight for non-clinical reasons. 	Q1-Q4	<p>Day case activity has moved from 49.4% of total inpatient and day case volumes at the end of December 2007 to 51.3% at 31st December 2008. This is in line with our policy of shifting from inpatient to day case where appropriate.</p>	NHO
<p>Access to Diagnostics - Increase access to diagnostics and assessment, without admission to acute setting, through consideration of opportunities for:</p> <ul style="list-style-type: none"> • Improved GP access to hospital and community diagnostics. 	Q1-Q4	<p>Hospital Networks are implementing initiatives to improve GP access to hospital diagnostics in various ways, including increasing the availability of slots for urgent GP referrals, and ring-fencing consultant's time for dedicated community diagnostics.</p> <p>An example of initiatives include all hospitals in the Dublin Midland Hospital Group operate direct GP access to radiology diagnostics on an ongoing basis. Another example includes the support to GPs in Longford and Westmeath provided by the Midland Regional Hospital Mullingar Pathology Department in maintaining a primary care based point of care testing programme for cardiac and diabetic risk and operating a primary care based Warfarin testing programme.</p>	NHO
<ul style="list-style-type: none"> • Audit conducted on physical capacity e.g. Plain x-ray machines, ultrasounds, CT Scanners, MRI Scanners and comparison on usage and workload per machine also conducted. 	Q2	<p>The audit of physical capacity is ongoing as part of the National Integrated Medical Imaging System Project.</p>	
<ul style="list-style-type: none"> • Spare capacity identified. 	Q2	<p>Upon completion of the audit of capacity any spare capacity will be identified.</p>	

Section 2 - System-wide Service Integration Initiatives

System-Wide Service Integration Initiative Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<ul style="list-style-type: none"> Systematic approach using process redesign tools to match demand and capacity and improve patient flow through the system applied. 	Q3	The focus in the past months has been on improving hospital processes, including the discharge planning process.	
Outpatient Departments <ul style="list-style-type: none"> Inventory of existing OP Waiting Lists for all specialties conducted. 	Q1	Outpatient Services have been identified as a priority area. An example of initiatives in this area include the South Tipperary General Hospital (STGH) Outpatient Project. To enable continuous improvement and further development of the service, STGH worked with the service improvement team from the Performance Management Unit (PMU). Four key measures were identified for improvement: <ul style="list-style-type: none"> Reduce DNAs Reduce waiting time from referral to appointment Reduce waiting time in OPD Aim for New to Return ratio of 1:2 Validation of the Outpatient Waiting Lists is at various stages of completion. Work is continuing with National Treatment Purchase Fund (NTPF) to ensure referral of patients to the NTPF participating hospitals for treatment.	NHO
<ul style="list-style-type: none"> Simultaneous exercise on the availability of 'physical clinical space' conducted. 	Q1	This is an ongoing process with hospitals at various stages of completion of the inventory exercise of available physical clinical space. As previously reported some hospitals are carrying out this exercise in tandem with work on decanting of services to more appropriate settings. This will continue to be an ongoing process within hospitals.	
<ul style="list-style-type: none"> Validation exercise on waiting lists conducted. 	Q1	Hospitals are at varying stages of completion in carrying out validation of the Outpatient Waiting Lists. Work will continue with the National Treatment Purchase Fund (NTPF) to ensure referral of patients to the NTPF participating hospitals for treatment. Revision of how Outpatient Waiting Lists are managed is recognised as an issue.	
<ul style="list-style-type: none"> Models of good practice adopted e.g. the management of Orthopaedic Waiting list in Limerick. 	Q2	All hospitals participate in ongoing waiting list validation. This is supported by active referral of those with long waiting period to the NTPF.	
<ul style="list-style-type: none"> Focus on level of DNAs by clinic and investigation of reasons for non attendance. 	Q1-Q4	Individual hospitals are implementing various initiatives to address DNAs at clinics, for example the North East Hospital Group has developed and introduced a DNA policy.	
<ul style="list-style-type: none"> Focus on shifting appropriate outpatient and other activity to other venues e.g. Warfarin clinics, I / V in the home / long stay institutions. 	Q1-Q4	The focus on shifting of appropriate outpatients activity from the acute hospital setting is being further promoted for example: <ul style="list-style-type: none"> A Community Infusion Unit, in partnership with a private company, is in place in Carlow / Kilkenny, based at Kilcreene Hospital AMNCH and community services in Longford have introduced Community Intra-Venous (IV) services AMNCH has established a Community Intervention Team (CIT) and a community IV initiative exists in Longford. MRH Mullingar Pathology support GPs in Longford and Westmeath in maintaining a primary care based point of care testing programme for cardiac and diabetic risk and operate a primary care based Warfarin testing programme. 	

SECTION 3 - QUALITY IMPROVEMENT

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Quality and Risk Management Framework (TP 12.7)</i>			
Distribution of and briefing / education on the Quality and Risk Management Framework and Quality and Risk Standard in all HSE Directorates.	Q1-Q4	<p>Documentation has been circulated throughout HSE. (Also available on intranet). Workshops have been held with participation from all directorates. Framework and standard are now in place and are being implemented. Commencing with training for self assessment. This is a continuous and ongoing process.</p> <p>Work on an e-learning package has commenced with systems analysis training to support the implementation of the quality and risk management standard. This work is ongoing into 2009.</p>	NHO / PCCC / Pop Health / Office of CEO (OQR)
<i>Corporate Risk Register</i>			
Distribution and briefing / education on use of risk register in all HSE Directorates.	Q1-Q4	<p>The 'Risk Register' is being piloted and evaluated in a number of sites throughout the HSE. Following from the evaluation, the 'risk register' will be implemented in all HSE sites. This work will continue in 2009.</p> <p>Significant progress has been made on the HSE interim electronic Corporate Risk Register system since previous update.</p> <p>A manual Risk Register had been piloted in four Local Health Offices (LHOs); the business requirements were evaluated against the initial system model. As anticipated a number of issues arose, which have now been discussed and addressed. (Issues refer to the number of levels in the organisation structure as currently applies. If these change significantly, further work may be necessary)</p> <p>In parallel, members of the project team had discussions with relevant persons in PCCC and NHO to seek their involvement in the development of the system. Information from the LHO sites has been used to conduct a more robust testing phase. This has also assisted in the refinement of the organisational model.</p> <p>Changes to the ICT system have now been delivered and a final round of systems testing is scheduled. The changes related mainly to security and management of the "levels" in the organisational model.</p> <p>A further round of testing involving other LHO areas and PCCC (Corporate) will take place in the first quarter of 2009 and the outcomes evaluated. It is anticipated that the changes will be minor in nature and that the system can be put into live use. Questions regarding access to the system, performance and day to day systems management will be addressed as part of this round of testing.</p> <p>A full Project Initiation Document is under discussion and development and a formal governance structure will be in place early in 2009.</p> <p>On the assumption that the models used and the systems as tested will be acceptable, further resources (resources will be discussed, approved and procured in accordance with all relevant ICT procedures) will then need to be made available to guarantee systems capacity and performance; also, more formal support arrangements from both the ICT and business areas will need to be agreed and operated.</p>	Office of CEO (OQR) / All Directorates

Section 3 - Quality Improvement

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Quality and Risk Key Performance Indicators			
Development of evaluation tool to measure performance.	Q2-Q4	Evaluation tool developed for Quality and Risk projects.	Office of CEO (OQR) / All Directorates
Reporting system and template for Quality and Risk			
Development of a Request for Proposal (RFP) in partnership with key stakeholders including representatives from various HSE directorates.	Q1-Q4	Presently working on the Project Initiation Document for ICT requirements. Expected completion date March 2009.	Office of CEO (OQR)
Incident Reporting			
Agreement, dissemination and training in all Directorates.	Q4	A number of documents have been produced to guide the various directorates in dealing with Incidents and Serious Incidents. (Documents include, inter alia, Incident Management Policy and Procedure; Toolkit of documentation to support Incident Management; Serious Incident Management: Policy and Procedure.) The documents are available to all staff on the intranet website.	Office of CEO (OQR) / All Directorates
Code of Practice for Decontamination of Reusable Invasive Medical Devices			
Implementation of e-learning programme.	Q1-Q4	An E-learning programme has been circulated to hospitals and LHOs and is currently being used. This is available on www.HSEland.ie	NHO / PCCC / Estates / ICT / HR
Development of national specification for decontamination equipment.		Estates are working with NHO to develop a National Specification. A high level group has been asked to review the options appraisal document which accompanied the final report and this is currently ongoing.	
National guidance for the built environment in relation to decontamination facilities.		Estates are working with NHO to develop a National Specification. This recommendation is contained in the options appraisal document and will be reviewed by the high level group.	
Healthcare Records Management Code of Practice			
Implementation of National Hospital Chart.	Q1	The implementation of the National Hospital Chart is an ongoing process for 2008 and 2009.	NHO
Development and implementation of national strategy.	Q1-Q4	Co-chairs of the National Steering Committee for health care records are expected to meet with the NHO Senior Executive to agree national action plan Q1 2009.	NHO / PCCC / ICT / HR
Roll out of e-learning programme.		An E-learning programme has been circulated to hospitals and LHOs and is currently being used. It is available on www.HSEland.ie since October 07 and is being used by hospital staff.	
Development of standardised ED documentation.		Standardised ED documentation has been developed and agreed by the Steering Committee. Implementation will proceed in due course. Co-chairs of the National Steering Committee for health care records are expected to present the final report to the NHO Senior Executive during Q1 2009.	
Implementation of National Maternity Chart.		The consultation process on the draft chart has been completed and feedback reviewed. Resources from the Coombe hospitals have been made available to facilitate implementation in hospitals.	

Section 3 - Quality Improvement

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Internal Investigation Team to carry out independent investigations.			
Standards of Practice for team established and criteria agreed by Management Team.	Q1	The 'Serious Incident Management: Policy and Procedure' is in place. The Serious Incident Management Team (SIMT) has been established and is headed by A/National Director.	Office of CEO (OQR) / All Directorates
Communication, education and training in all directorates.	Q2	Communication, education and training has commenced and is ongoing. Work has commenced on a 'sharing the learning' programme in relation to (serious) incidents and the implementation of the recommendations following any investigation into the incident(s).	
Quality and Risk Strategy			
Quality and Risk objectives met.	Q1	A number of documents have been produced to guide the various directorates in Quality and Risk Management. Documents are available on intranet website and include inter alia: HSE Quality and Risk Management Standard; HSE Integrated Risk Management Policy; Risk Management in the HSE, An information handbook; Developing and populating a risk register BPG; Risk Assessment Tool and Guidance; Quality and Risk Taxonomy Report. In addition two other documents are in development i.e.' Medical Devices Management Policy' (incl. procedural guidance for managing medical devices and equipment) and the 'HSE Procedure for developing Policies Procedures Protocols and Guidelines'. The latter document is being piloted throughout a number of departments within the HSE. It is anticipated that these documents will be available early 2009.	Office of CEO (OQR) / All Directorates
Development of Criteria and Guidance for Clinical Audit			
Agreed criteria and guidance for clinical audit.	Q1	The document 'Healthcare audit criteria' and its guidance document are now available on intranet website.	Office of CEO (OQR) / Pop Health
	Q4	Healthcare audit training course developed. Training commencing Q1 2009. Work commenced on development of audit framework for HSE with Population Health.	
Quality and Safety Awards			
HSE Achievement Awards Feb '08	Q1	The HSE achievement awards took place (open to all directorates in HSE) and preparation is ongoing for the next 'awards'.	Office of CEO (OQR)
Quality and Safety Conference Feb '08	Q1	The Health Services Quality and Safety Conference evaluation reports have been prepared and the findings have been very positive. One analysis was undertaken based on the evaluation forms completed by the conference attendees. Another analysis was undertaken based on an evaluation form developed for the host organisations. Feedback from both of the evaluations has been very positive.	
Evaluations and Strategy for '08 Awards process.	Q2-Q4	Work on evaluation of the awards process has been completed	
Hospital Hygiene			
Address the issues identified in the third report on hospital hygiene.	Q1-Q4	The fourth review (second by HIQA) has taken place. The NHO will be addressing emerging recommendations. Actions taking place at local level include: <ul style="list-style-type: none"> • Hospital Hygiene Committees in place to oversee and Implement the actions 	NHO

Section 3 - Quality Improvement

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
		<p>outlines in Hygiene Reports.</p> <ul style="list-style-type: none"> • Compliance monitoring is in place informing actions to be taken to comply with the recommendations. • Hospital Hygiene Governance Committees established. • Internal hygiene audits being carried out in line with HIQUA standards. • Action Plan for each Hospital in the North East has been identified and implemented. 	
<i>Hospital Acquired Infections and Healthcare Associated Infections (TP 4.10)</i>			
Continue and expand surveillance of HCAIs.	Q1-Q4	<p>C Difficile became a notifiable disease during 2008. Once sufficient data is available, rates will be published.</p> <p>Data on MRSA Bacteremia, Hand Hygiene Gel, Consumption and Antibiotic Consumption for individual hospitals being finalised. Reports have been made available on www.hse.ie and www.hpsc.ie</p>	NHO / PCCC / Pop Health
Implement key elements of Action Plan.		<p>Action via HCAI Governance Group. Actions identified in the Action are being implemented through the eight. Local Implementation Teams.</p> <p>Dashboards have been developed to include updated action plans and allow PIs to be identified.</p> <p>Governance structures for infection control are in place throughout hospitals and appear to be functioning well.</p> <p>Standards have been set to include:</p> <ul style="list-style-type: none"> • Hygiene • Uniform guidance for Clinical Areas • Management of Isolation Facilities • MRSA • Hand Hygiene • C Difficile • Decontamination and Waste Management • Cleaning <p>Audits are constantly being undertaken, at the patient contact level.</p> <p>Antimicrobial prescribing patterns being examined to ensure more appropriate usage. Current hospital guidelines being examined by a national group. Public campaign undertaken to inform public.</p> <p>Progress being made to improve the provision of Isolation facilities throughout hospitals.</p>	
Provide education and training on HAIs for all frontline health care workers.			
Set up MRSA helpline for public.		E-learning programme for all healthcare staff has been developed in conjunction with HSE learning centre.	
Identify additional Infection Control Staff.		<p>GP auditing and education campaign being undertaken in conjunction with UCC.</p> <p>Hospital and Community DVD on Infection Control has been developed for staff who are more involved in patient care.</p> <p>Infection Control DVD for Managers is being developed in conjunction with HMI</p> <p>A designated area on both intra and extra websites has been developed</p>	

Section 3 - Quality Improvement

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
		<p>Algorithms to assist the public access information on HCAs have been made available to National HSE Help Line.</p> <p>A series of information leaflets and posters have been made available throughout the system and on the websites.</p> <p>Public Education Campaign.</p> <p>Additional infection control staff identified and recruited.</p>	
<i>Risk Identification</i>			
Develop action plan to manage these risks.	Q1-Q4	During 2008, corporate key risks as identified in December 2007, were addressed via action plans, in the relevant directorates. Ongoing support to the directorates to address their key risks is available from the Office of Quality and Risk. This process will continue in 2009.	All

SECTION 4 - VALUE FOR MONEY

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Strategic Initiatives			
Implementation of Strategic Plan			
Management Team and Board approve strategy for driving and delivering value in the HSE.	Q1-Q4	Management team endorsed high level VFM framework for driving and delivering value in March 2008.	Finance
Oversee implementation of the action plan to deliver quantifiable VFM savings as well as broad productivity and value driving initiatives.	Q1-Q4	Management Team receives report on actual savings and status of all initiatives as part of routine management team monthly reports and service plan reporting.	
Develop role and function of VFM Unit			
Appointment of General Manager with specialist financial expertise completed.	Q1	Completed.	Finance
Build relationships throughout the HSE to establish VFM priorities.	Q2	This is ongoing through regular discussion and agreement of progress and actual targets.	
Single Financial Management System			
Infrastructure to support the implementation of a standardised national financial system in 2008 established.	Q2	Business Case completed in May '08, updated and re-submitted Sept '08 Steering Group has met DoHC in Nov & Dec '08 to discuss document and agree joint submission to CMOD. High-level discussions now underway due to current economic and priority funding requirements of the HSE / DoHC Project start date: Q2 2009 – all subject to DoH&C and Dept of Finance (CMOD) approval.	Finance
Implementation of a single financial management system for the HSE commenced.			
<ul style="list-style-type: none"> Draft completion of Scope. 	Q2		
<ul style="list-style-type: none"> CMOD Peer Review process begins (1st Stage is Review Business Case). 	Q3		
<ul style="list-style-type: none"> Tender for Implementation partner. 			
<ul style="list-style-type: none"> Project Design (to be completed Q1 '09). 			
The first release of a long term programme should achieve the following: <ul style="list-style-type: none"> Revitalised financial controls and budgetary framework. Establish the finance function as a business partner for all directorates. Provide automated vote accounting. Provide comprehensive Capital Expenditure management. Establish the foundation for leveraging buying power based on national procurement. Benefits Realisation of a Shared Services environment. 			
Funding Mechanism			
<ul style="list-style-type: none"> Recommendations of the review in terms of reengineering the funding and resource distribution process further developed Initiatives piloted in specific locations 	Q4	<p>Agreement to link with German health system. Completion of hospital level plan and selection of hospitals.</p> <p>Forums for specific casemix development in place.</p> <p>The HRB/HSE population based resource allocation model for PCCC is going through agreement and adaptation of Welsh model and development of formulae for specific care group areas populated with Irish data. The project is to complete mid 2009.</p>	Finance

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility																									
Cost Containment Initiatives																												
Supply of Medicines																												
Contract for Non Licensed Medicines to achieve substantial savings.	Q1	See Pharma/Lab/Diag Portfolio below.	National Pharmaceutical Unit in association with Procurement and PCCC																									
Finalise pricing for non drug products reimbursable under the Community Drugs Schemes.	Q2	See Pharma/Lab/Diag Portfolio below.																										
Commence process of identifying balance of off-Patent products due for price reduction under IPHA Agreement. <u>The expected savings in 2008 will be approximately €120m.</u>	Q2	Awaiting information re Products off Patent. No progress to report. Implications of the recent Court judgement have made these savings unavailable. IPHA savings of €40m have been made.																										
Procurement Initiatives																												
Pharma / Lab / Diag Portfolio and <ul style="list-style-type: none"> Unlicensed Drugs and Medicines. Medical Products Refunded under GMS Re-imbusement Scheme. Vaccines. Professional / Office Portfolio <ul style="list-style-type: none"> Implement Professional Services Finance and Audit Framework Agreement. Additional frameworks to support Transformation Programme. Framework for PCs and Laptops. Agency Recruitment. Patient Transport Services. Patient Ambulance Services. Hotel Portfolio <ul style="list-style-type: none"> Dry Provisions. Dairy Products. Cleaning Supplies. Contract Cleaning and Security (Select Areas). Medical / Continance Portfolio <ul style="list-style-type: none"> Aids and Appliances. Incontinence Products. Pandemic Requirements. Special Projects Supporting <ul style="list-style-type: none"> National Paediatric Hospital. National Programme for Radiation and Oncology including Public Private Partnership and conventional procurement. Estates Facility Management Requirements. Please note that the above targets may be refined in the context of other priorities that may be identified by Directorates. <u>The above initiatives will realise benefits of €9.33m in 2008 in line with procurement business case.</u>	Q1-Q4	<p>This tender has been cancelled and a new tender process is to be initiated. Report and 9 Point Action Plan submitted for Demand Led Schemes to HSE Management and its implementation is under discussion with the DoHC</p> <p>17 Vaccines Contract Approvals published Q3.</p> <p>Awaiting approval (due to restriction on consultancy projects) for drawdown on 2 projects from the Financial Services Framework.</p> <p>Savings for PCs and Laptops – €1.9m saving see ICT below.</p> <p>Agency Recruitment has now been advertised.</p> <p>Contracts awarded under the Private Ambulance Framework had to be cancelled recently.</p> <p>Progression of these tenders behind schedule due to prioritisation of available staff resources and therefore, the timelines for the achievement of benefits has been delayed.</p> <p>Security Tender in East awarded to the value of €15m.</p> <p>Progression of these tenders behind schedule due to prioritisation of available staff resources and therefore, the timelines for the achievement of benefits has been delayed.</p> <p>Ongoing support being provided for procurement of Pandemic requirements.</p> <p>National Paediatric Hospital is now the remit of a separate statutory body.</p> <p>Support is being provided to the NPRO Project.</p> <p>Estates receiving support from Procurement. Requirements for Security & Cleaning Contracts in Dublin Area extended to Estates.</p> <p>Additional Savings from HSE Contract Awards for 2008:</p> <table border="1"> <thead> <tr> <th>Contract</th> <th>Duration</th> <th>Estimated Saving 2008</th> <th>Total Saving</th> <th>Annual Saving</th> </tr> </thead> <tbody> <tr> <td>Special Feeds</td> <td>2 + 2 yrs</td> <td>€28K</td> <td>€76k</td> <td>€38k</td> </tr> <tr> <td>Needles & Syringes</td> <td>3 yrs</td> <td>€31K</td> <td>€103k</td> <td>€34k</td> </tr> <tr> <td>Banking</td> <td>3 + 2 yrs</td> <td></td> <td>€1m</td> <td>€347k</td> </tr> <tr> <td>Commercial Vehicles for Primary Care</td> <td>Once off</td> <td>€40k</td> <td>€40k</td> <td></td> </tr> </tbody> </table>	Contract	Duration	Estimated Saving 2008	Total Saving	Annual Saving	Special Feeds	2 + 2 yrs	€28K	€76k	€38k	Needles & Syringes	3 yrs	€31K	€103k	€34k	Banking	3 + 2 yrs		€1m	€347k	Commercial Vehicles for Primary Care	Once off	€40k	€40k		Procurement
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<p>A target saving of €10m with specific targets to be set for all Directorates, proportional to the current rate of expenditure.</p>	<p>Q4</p>	<p>Each Directorate has received their specific target for 2008 based on their expenditure level. The total HSE saving for Jan-Dec 2008 based on a comparison against expenditure for the same period 2007 is approximately €5.3m.</p>					<p>Finance</p>																																																																																																																																																	

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Non Pay - Telephony costs			
A target saving of €2.5m before the end of 2008, with specific targets to be set for each Directorate to reduce expenditure on telephony.	Q4	The national CMOD framework was not agreed until later in 2008 than expected and therefore the expected savings have not been achieved against mobile telephony but there is a saving of €0.630m on landline costs.	Finance
Pay – Non Fixed Costs e.g. Overtime, Agency etc.			
Implementation of findings of cross directorate group on expenditure on Overtime and Agency. A target saving of €55m has been set, with specific targets for each Directorate as well as guidance for the reduction of both use and cost.	Q3	An approximate saving of €70m. has been achieved during 2008 based on the comparative expenditure for the previous 6 months annualised under Basic Pay, Overtime and Agency etc.	Finance
ICT Hardware Framework			
A total savings of €2m is expected on the basis of the level of purchases in 2007.	Q4	Target VFM savings to Dec. 08 = €3.26m Actual VFM savings to Dec. 08 = €1.9m The actual VFM savings fell short 42% on the target VFM saving, however as purchasing has appeared to slow down nationally in all Directorates this saving is in line with the level of purchasing. Our estimates were on the basis of the level of purchasing for 2007.	ICT / Procurement
ICT Licence Consolidation			
Replace multiple existing licences arrangements with single HSE consolidated agreement on a phased basis. A total saving of €0.75m is expected, with further savings on other licences in future years.	Q4	There were no new licences procured in 2008. With regard to the consolidation of the existing licence base and the estimated ICT savings of €75m, this work is on going and a framework for future procurement will be put in place.	ICT
Creation and population of National HSE land and building Register			
National database populated. Following completion, this database will allow the utilisation of HSE lands and buildings to be rationalised and can identify assets for disposal.	Q1	National database was completed by Dec 18 th 2008. The management and administration of the property database is an ongoing process.	Estates
Central approval and negotiation of all Leases.			
Manage, monitor, negotiate and approve all HSE Leases centrally. Each year, value will continue to be delivered by ongoing management of leases.	Q4	The HSE have adopted and implemented a formal policy for the management of all HSE property transactions, - "HSE Protocol for the Acquisition and Disposal of the Property" was developed in 2007 and fully adopted in 2008 and will be in place in Q2 2009.	Estates
Procurement of CNU's by means of Design / Build multi-site tenders			
Invite tender for similar units. A 5% saving in total project costs per unit is expected.	Q2	392 Beds delivered in 2008. The provision of an additional 1,000 beds has been progressed in 2008, the bulk of which will be completed in 2009. A new design build draw down tender for CNU's was commenced in 2008 and will be in place in Q2 2009.	Estates
The procurement of Design Teams by means of a Framework Tender for all projects under €30m			
Framework tenders for all Design Team Consultants completed. Competitive tendering for all Design Teams will ensure better VFM.	Q4	Achieved - All appropriate framework tenders are now in place in all areas.	Estates

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Centralisation of Corporate Facilities Management.			
Centralisation of Corporate Facilities Management ensuring better VFM by coordinating office occupation, booking of meeting rooms, maintenance of facilities, etc.	Q4	Achieved - Centralisation of corporate office facilities progressed. Ongoing engagement in relation to office utilisation, facility management and costs.	Estates
Performance and Development – Collective Call for Tender			
Collective call to tender in place (with the aim of establishing a framework agreement with a panel of providers who may be called upon to provide specific services in any or all HSE areas in the field of learning, training and development, primarily in support of primary care reform, over a period of 3-4 years).	Q4	P&D had initiated discussions with Procurement to develop a national call to tender for a panel of providers for specified training. Due to the cessation of external training activities as part of cost reductions, the concept is no longer relevant and has not been pursued at this point in time.	HR / Procurement
Report on current average per head training costs and prospectively report on savings resulting from tender.			
Recruitment			
Transfer of all management / administration recruitment processing undertaken to National HR Services in Manorhamilton on a phased basis, leading to establishment of national panels.	Q4	Current environment does not require panels for Mgt/Admin grades at this time therefore they have been substituted with therapy grades. National campaigns for Basic Physiotherapists, Occupational Therapists, Speech and Language Therapists, Ambulance staff and PSQW have been completed and a regional recruitment campaign for staff grade nurses has also been completed. Plans are at an advanced stage for the consolidation of Recruitment. Consultations to commence shortly with trade unions.	HR
Mediation Panel			
New Panel launched. Areas / services report level and cost of Mediators used (estimated at costing in excess of €1,000 per day) to identify savings gained in the reduction in use of Mediators, following development and use of Mediation Panel.	Q1 2009	The National Dignity at Work review group approved the Mediation policy on 26 th May 2008. A project team has been appointed to prepare for the implementation of the panel and associated governance arrangements. Given travel restrictions it is anticipated that the formal launch will occur in Jan/Feb 09.	HR
Maximise VFM in Health Promotion Social Marketing Campaigns			
Increased inter-sectoral planning and commissioning of campaigns which are publicly funded, resulting in higher impact and more integrated and cost effective campaigns.	Q1-Q4	Extended the reach of the obesity campaign through partnership with Safe food and Health Promotion Agency Northern Ireland. The total campaign cost 1.4m. The HSE contribution was €600k, resulting in a larger campaign than the HSE had budgeted and reducing duplication of public expenditure. Resources and expertise were also shared in developing and enhancing the campaign.	Pop Health
Audit of legal costs within Environmental Health Services			
Audit of legal costs within environmental health conducted.	Q2	Audit carried out and recommendations made to the AND to ensure governance of access to law agents and the centralising and sharing of legal opinions nationally.	Pop Health
Implement protocols and best practice in order to minimise the costs from this activity.	Q3		

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Productivity and Value Initiatives			
Schemes Modernisation			
The focus for 2008 will be:			PCCC
<ul style="list-style-type: none"> Complete the integration of local schemes systems with the National Schemes Index on a real time basis. 	Q2	Responsibility for this action was transferred to PCRS as part of the HSE's DLS Action plan.	PCCC
<ul style="list-style-type: none"> Complete the process of populating schemes registration systems with verified PPSNs for the registered population. 	Q2	Implemented fully through the National Data Management and Control Programme, 98% of MC/GPVC database populated with PPS Numbers – VFM savings calculated as outlined below within the National Data Management & Control Programme.	
<ul style="list-style-type: none"> Implement National Data Management and Control Programme. 	Q3	Annual potential savings of implementation of the National Data Management and Control Programme have been estimated at €2million (includes over 65's mail shot, deletion of deaths, long stay unit audit, review of potential duplicate reports and population of schemes registration systems with verified PPS Numbers).	
<ul style="list-style-type: none"> Review of Community Drugs Schemes, including the establishment of cost effective mechanisms for the supply of drugs / medicines and non drug items under the 'Hardship Scheme'. 	Q3	The contracts office completed a comprehensive review of the demand led schemes in 2008 and the findings from the review were a key input into the HSE's Demand Led Schemes Action Plan.	
Review of the Primary Care Reimbursement Schemes			
Enhance probity assurance structures and processes across the range of contracted services.	Q2	Contracts office has been collaborating with the Nat Director for Internal Audit in relation to the establishment of a national inspectorate function. Proposal brought to HSE management team for consideration. A number of individual Pharmacy probity cases were concluded during the year and a number are still in progress.	PCCC
Review of the efficiency and effectiveness of Long Stay Residential Care for Adults in Mental Health Services			
Review complete and recommendations brought forward to Management Team.	Q4	Following quality assurance of the data, sign off by the National Steering Group (i.e. principal stakeholders in the DoF, DoHC & HSE) and professional editing, the Report was submitted to the National Director PCCC on the 31 st December 2008.	PCCC
National Review of Aids and Appliances Scheme			
Development of a national policy in relation to the funding, allocation, storage and recycling of aids and appliances. National action plan for implementation, utilising work already completed from DML Review findings.	Q3	No update received at time of finalising this report.	PCCC
National Integrated Medical Imaging System (NIMIS) Project (formerly PACs in 2007)			
Process will commence in 2008:		Project Board in place.	NHO
<ul style="list-style-type: none"> Business Case completed. 	Q1	The Business Case for the NIMIS project was approved by the Project Board on	

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility						
<ul style="list-style-type: none"> Approval Process. <p>Future years will require:</p> <table border="0"> <tr> <td>Procurement Process Completion</td> <td>Q1 2009</td> </tr> <tr> <td>Installation Commencement</td> <td>Q2 2009</td> </tr> <tr> <td>Project Completion</td> <td>Q3 2011</td> </tr> </table> <p>The introduction of a standard technology will be cost effective in terms of administration, ease of use and maintenance. Standard technology offers the potential for data exchange between hospitals in regard to patient care.</p>	Procurement Process Completion	Q1 2009	Installation Commencement	Q2 2009	Project Completion	Q3 2011	Q2	<p>Wed 20th February 2008.</p> <p>Approval has also been received for the funding required in 2008.</p> <p>Procurement Process commenced in July 2008 with tender advert placed in OJEU. Phase 1 of process complete, i.e. short listing of potential companies.</p> <p>Procurement Process Completion Q2 (2009).</p> <p>Installation Commencement Q3 (2009).</p> <p>Project Completion Q4 (2011).</p> <p>Site Readiness surveys submitted by individual agencies.</p> <p>Project Team starting to meet with individual local teams to review submissions.</p> <p>Project has engaged strongly with the NCI Project to facilitate patient identification and consequently seamless image / report transfer.</p>	
Procurement Process Completion	Q1 2009								
Installation Commencement	Q2 2009								
Project Completion	Q3 2011								
Dialysis									
Provide a dialysis service in Limerick city.	Q1 2009	Planning permission has been obtained for a satellite unit in Limerick, the procurement process has been finalised and a service will commence on the 8 th February 2009.	NHO						
Laboratory review									
Implementation plan developed for the recommendations of the Laboratory Report.	Q2 2009	A Steering Group has been formed and is chaired by Estates Director. Engagement has commenced with all stakeholders.	NHO						
Consultation process undertaken to agree the implementation stages. This will be conducted through the Partnership Forum.	Q2	Consultation with all stakeholders remains part of the next phase. The NHO has commenced the process of engaging with the stakeholders.							
Priority will be the development of 'cold laboratories'.	Q1-Q4	This is captured in the implementation plan presented to Management Team in April.							
Development of Health Information Project									
Promote the reduction in time spent on duplication of analytical work across the organisation. Promote the provision of geographic mapping data across the organisation.	Q4	The Health Atlas Ireland is delivering the benefits of efficient collaborative working across the HSE and involving external partners. There is a mapping licence arrangement in place to drive VFM.	Pop Health						
National Falls Prevention Strategy									
Implement the integrated strategy for the prevention of falls and effective management of osteoporosis. One of the expected outcomes would be an incremental reduction in acute care costs which currently stand at €35m a year.	Q3	The falls / osteoporosis strategy is complete. The report and guidelines of care are being printed for circulation to the regions and the development of regional plans in the community, acute care and long term care settings.	Pop Health						
Cancer Control Programme (NCCP)									
Determine the capacity in the selected hospitals to develop services in accordance with quality and best practice. This will ultimately lead to better patient care, better outcomes, reduced inefficiency and good economic outcomes not just for the HSE but for the economy as a whole.	Q2	Ongoing work is taking place with the NCCP to determine the capacity of the acute sector.	Pop Health						

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Develop Absence Management Strategy Introduce unitary system of absence recording			
Initial selection of targeted pilot sites for implementation of absence recording, utilising facility existing within HRBS.	Q1	Pilot site complete with additional functionality built into recording system.	HR
Review and full roll-out.	Q1 2009	National HSE Attendance Policy agreed. Training commencing Q12009.	
ICT budget control			
Standardised reporting internally and for CMOD (Dept. of Finance) available.	Q1	In conjunction with the Finance Directorate, the New Chart of Accounts has been implemented and are operational. This allows for improved control, management and reporting of ICT expenditure to Dept Finance (CMOD).	ICT
Benchmarking Initiatives			
Admin Review			
Develop a resource allocation model which will, using established techniques and applying variables in the HSE context, assist in providing an evidence base for determining the number and grade of staff required to support each operating unit.	Q1	This analysis has informed the development of a workforce planning strategy and taking into account best practice in Ireland and elsewhere.	Office of CEO / HR
Rationalise the utilisation of office accommodation with other bodies (OPW, Local Authorities, etc)			
Identify and rationalise the utilisation of HSE accommodation.	Q3	Utilisation survey of HSE office accommodation now complete. Estates have commenced discussions with external agencies (including OPW and some local authorities).	Estates
Single template for assessing and reporting planned and delivered value			
Develop a generic template for the assessment and reporting of planned and delivered value as part of the Business Case requirement of the North East Implementation.	Q4	In the absence of a significant change investment package the focus has moved to deriving investment from within existing resources plus some innovation funding.	Finance
Care Area Resource Reviews			
Specific Care Area e.g. Mental Health, examined for specific population groups e.g. Dublin Mid Leinster, in terms of identified need, current level of service, current level of resource (HR and Finance) and recommendations regarding resource allocation.	Q4	No update received at time of finalising this report.	PCCC
Internal Audit			
Areas of the system of internal control requiring improvement identified.	Q4	In excess of 200 Internal Audit Reports issued by year end and reported on to the Audit Committee and Management Team.	Internal Audit
Recommendations to assist management improve the system of internal control formulated.		As above.	
Regular exchange of information with VFM group.		Ongoing throughout 2008.	

Section 4 - Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Development of Integrated Workforce Planning Strategy</i>			
Consultation Process and Final Policy Strategy Integrated Workforce Planning completed.	Q4 2011	The final strategy has to be agreed. Some consultation has taken place but the full briefing will not take place until the final document is agreed at HSE, DoH&C and Government Level. Formal approval deferred to 2009 due to circumstances outside HSE control.	HR
Action Plan Integrated Workforce Planning Completed.	Q2	The action plan forms part of the Workforce Planning Strategy and includes the targets and milestones and the responsible person with regard to the implementation of workforce planning processes across the service.	
Implementation of Integrated Workforce Planning.	Q3 onwards	On completion of the workforce planning strategy, the implementation process will commence, taking into account the action plan targets as set out in the strategy	

SECTION 5 - CONSISTENCY AND SOCIAL INCLUSION

Consistency and Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Management Framework for Services provided by the Non-Statutory Sector</i>			
3 Project Implementation Teams established (NHO, PCCC and Population Health).	Q1	<p>Generic Service Level Agreements for use with all Voluntary Hospitals have been developed by the NHO under the guidance of a National Steering Group. The final Service Level Agreement has been approved by the Steering Group and the CEO for implementation in 2009.</p> <p>Service Level Agreements which have been developed by PCCC for use with the Voluntary sector will be signed off by end January 09.</p>	NHO & PCCC & Pop Health
Implementation Plans developed.	Q2	<p><u>Population Health</u></p> <p>The rollout of framework commenced but delayed due to changes in documentation at national level.</p> <p><u>PCCC</u></p> <p>National PCCC Implementation group in place. National Business Support Unit in place. Area Implementation Managers in place in each of 4 Admin Areas. A policy and procedures document was completed – will be updated in early 2009 to reflect recently agreed changes in documentation architecture. Care Group schedules have been completed to final draft stage and are awaiting sign off by operational governance groups. Interim register of providers in place and work on a detailed national register in progress. A detailed consultation process with external stakeholders at an advanced stage. The final documents (SA's Sect 38/39 and GA) are close to finalisation and sign off. Area and local implementation plans for commencement of roll out in Q1 09 in progress (some 4,100 individual arrangements involving almost 3,500 agencies in PCCC). Internal briefing sessions have been held and more planned for early 2009 to coincide with commencement of roll out. Training plan developed for roll out in Q1 09.</p> <p><u>NHO</u></p> <p>During the first quarter of 2009 the SLA will be circulated to the Voluntary Hospitals with a view to signing the agreement by the end of Q1. Implementation plan developed for Population Health. Roll out commenced but full roll out delayed due to changes in documentation at national level.</p>	NHO & PCCC & Pop Health

Section 5 - Consistency and Social Inclusion

Consistency and Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>PCCC service configuration framework</i>			
Continue realignment from the current model of fragmented service delivery to a population based model organised through Primary Care Teams serving populations of approximately 8,000 people (see Primary Care Section on page 23 for details).	Q1-Q4	All Local Health Offices have completed a mapping project which has identified the teams in their areas. Additional resources have been assigned to support the development of the teams. Reconfiguration exercise has been progressed in respect of all teams. Liaison with Estates on Primary Care Centre approvals. Various projects are being progressed for the enhancement of primary care services for local populations e.g. CITs, IV Therapy in CNUs, Cancer initiatives, COPD pilots etc.	PCCC
<i>Development of hospital services configuration framework</i>			
Reconfiguration will be reflected in a redeveloped hospital / management construct and in specific service transformation projects in areas such as cancer, paediatrics, maternity services and emergency departments.	Q1-Q4	The plan to centralise surgical cancer services in eight cancer centres is ongoing. Findings and recommendations of the Independent Review of Maternity and Gynaecology Services were presented to the three Maternity Hospitals in November 2008. The report was also presented to the HSE Board for information. The wider stakeholder groups were invited to a comprehensive report briefing session in December 2008. The report has been broadly welcomed by the Joint Standing Committee (JSC) of the three Dublin Maternity Hospitals who have committed to work with the HSE to evaluate and implement the recommendations of the report. The project team commenced preparation of the implementation plan to be completed with the stakeholders in early 2009. The report will be published on the HSE website in early 2009. The Development Board is currently setting up the structures that are required to develop the National Paediatric Hospital and the Paediatric neurosurgery and critical care reviews are underway. The Project Team are currently drawing up a business case for the new hospital. Implementation plans will be developed early in 2009, following publication of the Mid-West and Southern Hospital Group reviews.	NHO
<i>National Cancer Control Programme (NCCP)</i>			
Establishment of the Cancer Control Programme, with transfer of all budgetary funding, WTE and other resources under the direct control of the Cancer Programme Director.	Q2	NCCP established. New development funding of €6.75 for 2007 plus €15m (NCCP €10m and NPRO €5m) for 2008 together with associated WTEs is under the direct control of Cancer Programme Director St. Lukes budget transferring from Jan 1 st 2009. Transfer of other existing base cancer budgets still at work in progress stage	Cancer Programme Director
<i>Services for Persons with Disabilities</i>			
Continuation of an evidence based approach nationally to development and delivery of services, in response to identified need.	Q1-Q4	Ongoing.	PCCC

Section 5 - Consistency and Social Inclusion

Consistency and Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Palliative Care Services</i>			
Review and examine national needs plan in association with DoHC and other stakeholders.	Q3	Completed.	PCCC
Implementation Plan 2009 -2013 developed, following national needs assessment.	Q4	Completed.	
<i>Development of Health Inequalities Framework</i>			
Literature review on best practice in health inequalities completed.	Q2	Completed.	Pop Health
Draft HSE Framework developed.		Delayed due to Impact dispute.	
<i>The National Intercultural Health Strategy</i>			
Public launch of the strategy.	Q1	Strategy launched in February 08.	Office of CEO
Implementation plan to address recommendations of NIHS finalised.	Q2	Implementation plan in place and underway.	Office of CEO / PCCC / NHO / Pop Health / HR

SECTION 6 – SUPPORTING SERVICE DELIVERY

HUMAN RESOURCES

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
<i>Employment Policy</i>			
Employment ceilings revised to reflect financial sustainability.	Q1	Completed Q2 08. Revised ceiling of 111,505 issued by the DoHC in March 08.	HR
Timely and accurate performance data available at all levels.	Q1-Q4	Completed Q1 08. Health Services Personnel Census collated and reported on a monthly basis.	
<i>Manpower Planning - Administration Staff Assessment Project (ASAP)</i>			
Resource allocation model developed.	Q1	ASAP output providing analysis of allocation of administration resources across the HSE and informs consideration of approval of posts. Organisational unit configuration will influence resource allocation model.	HR
<i>Nursing Workforce feasibility study</i>			
Findings of benchmark study on nursing resource deployment progressed.	Q2	Report published and disseminated.	HR
Implementation of 1.5 hrs reduction on cost neutral basis completed, where feasible.	Q2	<p>Of the 37,748 nurses / midwives, 28,230 (75%) are working a 37.5 hour week. Further agreements representing an additional 517.13 nurses / midwives have been submitted to the Performance Verification Group (PVG) for approval. Following validation, this will bring the total number of nurses and midwives working the reduced working week to 28,747 (76%).</p> <p>The National Implementation Body (NIB) met in private session on 19 December 2008 to consider a report from the Labour Relations Commission (LRC) who had been requested by the NIB to assist areas where implementation of the reduced working week remained outstanding.</p> <p>The NIB has sought further assistance from the LRC with a view to agreeing a definite list of locations where the agreement is outstanding and to propose possible solutions within cost constraints.</p> <p>The NIB will consider the matter further when the LRC process above has concluded.</p>	
<i>Community Welfare Analysis</i>			
Transfer of Community Welfare Staff to the Dept. of Social, Community and Family Affairs (DSCFA).	Q2	The facilitated Joint Liaison Group has now concluded. Final report has been prepared by the independent facilitator, to be presented to Government.	HR / PCCC
<i>Performance Management</i>			
Performance framework, based on 2008 NSP commitments, to support Managers and Staff in attainment of targets and objectives finalised.	Q1	Completed.	HR
<i>Development of Integrated Workforce Planning Strategy</i>			
Consultation Process and Final Policy Strategy Integrated Workforce Planning completed.	Q2	Consultation process completed and final strategy document awaiting publication subject to agreement with DoHC/Dept of Finance.	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
Action Plan Integrated Workforce Planning Completed.	Q2	Action Plan completed and awaiting publication subject to agreement with DoHC / Dept of Finance.	HR
Implementation of Integrated Workforce Planning.	Q2-Q4	Commencing in respect of 2010 NSP.	HR
Health and Social Care			
Development of a HSE strategy and policy statement for the professional education of Health and Social Care Professionals, in consultation with key stakeholders.	Q3	<p>Strategy and policy statement at final draft stage.</p> <ul style="list-style-type: none"> ▪ Consultation process extended to take account of new structures ▪ 116 questionnaires sent out and 71 responses received. ▪ Data analysed and relevant new UK reports published in July/August 2008 were reviewed. ▪ Initial feedback provided to stakeholders. <p>Finalisation of the document was deferred until Q1 2009 to allow for consideration of any relevant findings from the FAS workforce planning report due to be published in early 2009.</p>	HR
Develop and implement a leadership development strategy for the HSE			
Development of Leadership Development Strategy and completion of targets for 2008 as outlined in the strategy.	Q1-Q4	Development of Leadership Strategy deferred, arising from the closure of Transformation Programme 6. Leadership Strategy will be developed as part of new HR Strategy and restructuring of HR in 2009, which will include a dedicated focus on Leadership.	HR
Create and implement leadership and management approaches			
Delivery of phase 1 programme to Leadership group (over 6 months) commenced.	Q1-Q2	Completed June 2008.	HR
Phase 1 programme evaluated and adapted.	Q2	Completed - Evaluation report received in October.	
Phase 2 programme delivery to top 160 managers (over 12 months) commenced.	Q3	Deferred by SMT in July – to progress in 2009.	HR
Standardisation of management development			
Standard objectives / formats for management development programmes at all levels agreed.	Q2	Completed Q3.	HR
New Performance Management Legal Framework (PMLF) modules designed and existing modules updated, in conjunction with Health Service Employers Agency (HSEA).	Q4	Design Phase Completed Q4.	HR
Implement National Plan for Standard HSE General Learning and Development Programme			
Circulation and promotion of standardised prospectus information across all areas commenced.	Q1	Completed.	HR
Next phase of integration towards national prospectus.	Q4	Development of common facility on HSEI and completed.	HR
Standardisation of National Academic Study Support Scheme			
National Academic Study Support Scheme finalised.	Q1	Policy and Procedures Agreement in place, some resource issues remain impacting on full implementation.	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
Implementation of National Scheme.	Q2	Some resource issues remain, impacting on full implementation.	HR
Research in best practice conducted and policy and framework document developed and agreed.	Q4	Research Complete, Policy & Procedures Document agreed with Unions.	HR
Implement standards based performance measurement and management throughout the HSE (TP 9.4)			
Implementation Plan for Strategic Performance and Development Framework developed.	Q2	Completed.	HR
A roll-out plan for TBPM for the period 2008-2012, developed and agreed, subject to securing the necessary resources to enable the roll-out plan to be implemented.	Q2	Comprehensive plan not implemented due to cost containment issues. A reduced roll out via internal resources is in discussion.	HR
E-learning Centre – Further development of www.hseland.ie			
Broad suite of E-Learning Programmes available on line.	Q1	Completed. A significant number of programmes now available.	HR
On-line resources and bespoke HSE E-Learning Programmes to support Transformation Programme developed.	Q3	On Line ODD (web-site re Guide to Improving our services) Change Hub in Place, PPR Resources, HSE Decontamination, Records Management and Medication Management e learning programmes on line. Learning and Development on line Network under development. A new suite of generic clinical and non clinical programmes go live in Q1 2009.	
Develop robust model for recording, reporting and tracking expenditure on training, development and education (TDE) across the HSE for performance measurement and benchmarking purposes			
Uniform TDE expenditure coding, across the HSE, developed in agreement with Finance	Q2	No progress as yet on uniform systems development to capture T&D expenditure coding. It is hope to have further discussions with Finance during 2009 to progress this issue.	HR
Piloted in selected site.	Q3	This is dependant on above.	
Mainstream / roll out on a national basis.	Q3	As this has not been tested in pilot sites no progress/roll out has taken place. This is dependant on above.	
Full recording of Training and Development expenditure in standard format across the HSE.	Q4	Little progress has been made on this issue due to a range of issues outside the control of P&D.	
Develop a set of Human Resources Performance Indicators and Metrics (TP 9.3)			
Suite of HR Performance Indicators and Metrics developed and tested.	Q4	Completed. Monthly HR Performance Dashboard completed September 08.	HR
Develop and implement an Employee Engagement Strategy (TP 6.1)			
Employee Engagement survey designed, circulated and completed.	Q1	Draft questionnaire, project and methodology developed. Discussions held with National Director of HR. Decision made to defer implementation of survey until 2009, and that questionnaire will be refined to reflect organisation priorities, in particular linking it to HR Strategy and key HR areas.	HR
Survey findings analysed.	Q1	See Above.	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
Action plan to implement survey findings developed and incorporated into an overall Employee Engagement Strategy.	Q2	See Above.	HR
<i>Support the achievement of organisational effectiveness through team building and other organisational development interventions</i>			
Team building and other organisational development interventions delivered to teams with a particular focus on teams implementing Transformation Projects.	Q1-Q4	Over 90 days of teambuilding and change management interventions have been provided across a range of services including Primary Care teams, early intervention services, child care services, nursing services, mental health services and acute services.	HR
Convening of National HR forum on a quarterly basis.	Q1-Q4	Decision made by National Director of HR to defer until 2009.	HR
Development of action plan through National HR Forum and implementation of projects set out in this plan.	Q3-Q4	See Above.	HR
<i>Development of Employee Wellbeing and Welfare Strategy</i>			
Consultation process to be undertaken.	Q1-Q2	Completed.	HR
Analysis of data on structures with regard to policies and procedures.	Q1-Q2	Completed.	
Development of Strategy and Action Plan.	Q2-Q4	Completed.	
<i>Equality Agenda</i>			
Structure for development of the Equality Agenda completed.	Q1	Completed.	HR
Implementation of Strategy for Employment of Persons with Disabilities.	Q1-Q4	Ongoing.	
Standardised policies in Occupational Health / Employee Assistance Programme identified and prioritised.	Q1-Q4	Ongoing.	
<i>Standardisation of HRBS Process</i>			
Implementation and communication of standard processes progressed, commencing with PPARS Phase 2 sites, and rolled-out nationally.	Q1-Q4	HRBS Project provides for implementation of standard processes based on initial implementation of optimised data processes and forms as a core solution in one selected Phase II site, prior to roll out nationally. This project and subsequent revision has not been approved to date. In view of this, specific proposals on rationalising Payroll processing have been completed.	HR
<i>Develop Absence Management Strategy</i>			
Pilot sites identified and implement.	Q1	Completed – pilot concluded successfully.	HR
Pilot reviewed and rolled-out nationally.	Q3-Q4	Ongoing.	HR
<i>Standardisation of Terms and Conditions of employment of new entrants</i>			
Standardisation of employment Terms and Conditions progressed across the organisation.	Q1-Q4	Following a period of facilitated discussion, certain matters on annual leave and hours of work were referred for adjudication. A report issued in September 2008, following which a framework was agreed for consideration. IMPACT is balloting on acceptance of this framework with an outcome expected in January 2009.	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
<i>Towards 2016 – Implementation of agreement and modernisation and change agenda</i>			
All Unions engaged in implementation of transformation.	Q1-Q4	Regular discussions take place with union representatives in a range of forums, including HSNPF and briefings by the Team Integrated Service Development Project Team (ISDP).	HR
New PVG measurement template applied in accordance with requirements of PVG reporting mechanisms.	Q1-Q4	New template was in use for Phase 3 and 4 of the Performance Verification Process under T2016.	HR
Employee Relations (ER) and Industrial Relations (IR) support provided to development of PCTs, with priority on programme 3A in the North East, with Unions' involvement through PCCC National Partnership Working Group.	Q1-Q4	Support continues to be provided to PCCC management in relation to the development of PCTs.	HR
<i>Recruitment: Consolidation of all management / administration recruitment (TP 9.5)</i>			
All management administration recruitment processing undertaken in National HR Services in Manorhamilton - implemented on a phased basis leading to establishment of national panels.	Q3	Plans are at an advanced stage for the consolidation of Recruitment. Consultations to commence shortly with trade unions.	HR
<i>Garda Vetting (TP 9.5)</i>			
Garda vetting for former ERHA transferred to Manorhamilton.	Q1	Review of Garda Vetting Policy underway .Review group considering the implication of the Review Inquiry on matters pertaining to Child Protection Issues and Mental Health and the Commissioners Code of Practice. Speed up risk assessment for “minor” convictions - Recorded convictions classified by degrees of seriousness and risk now in place. This new classification reduces time taken on risk assessments for “minor” convictions.	HR
<i>Recruitment Information Repository</i>			
Database pertaining to job descriptions / specifications and qualifications for management / administration and therapy / nursing grades established.	Q2	Job specifications for 14 additional grades posted on the site. Commenced work on job specifications for Social Care Professional. Eligibility criteria for consultant posts posted on site. Regulations governing the recruitment of locum, temporary and permanent consultants posted on site.	HR
<i>National Internal Transfers</i>			
Database rolled-out to other grades, following a review of current system and agreement with Trade Unions.	Q1-Q4	Current environment does not require panels for Mgt/Admin grades at this time therefore they have been substituted with therapy grades. National campaigns for Basic Physiotherapists, Occupational Therapists, Speech & Language Therapists, Ambulance staff and PSQW have been completed and a regional recruitment campaign for staff grade nurses has also been completed.	HR
<i>Recruitment Agencies</i>			
Full review of Agency Recruitment completed.	Q2	Tenders sent out. Will be completed in 2009.	HR
Research on pricing model completed.	Q2	Completed.	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
Universally applicable set of criteria defined (which may vary for different grades).	Q2	Completed.	HR
Protocol for use of recruitment agencies with NHO and Procurement agreed.	Q2	Completed.	HR
Protocol for all grades implemented.	Q3	Completed.	HR
Staff members who commenced post January 2005 included in HSE Scheme.	Q3	Completed.	HR
<i>Clinicians in Management (CIM) Project</i>			
Participating sites identified.	Q1	Exemplar sites were identified in Qtr.1 However, the programme did not move to Phase 2 because the Consultant Contract mandated that Consultants be appointed as Clinical Directors. The Clinical Director programme is now being put in place to address this programme.	HR
Diagnostic / Fact-finding exercise conducted.	Q1-Q2	As above.	
CIM Model developed.	Q1	As above.	
Ownership and go-live promoted on a phased basis.	Q2-Q4	As above.	
<i>Professional Development</i>			
Skills of Senior Managers in dispute resolution developed.	Q1-Q4	Legal Framework programme for Line Managers developed – to be launched 2009.	HR

OFFICE OF THE CEO

Office of the CEO Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Consumer Affairs - Implement statutory complaints framework (TP 12.2)			
Database developed to comply with statutory reporting requirements.	Q4	The development of the database for statutory reporting on complaints is pending approval for funding from the Department of Finance. It is anticipated that progress on this will be reported in late 2009.	Office of CEO
Twice yearly reports on complaints to HSE Board.	Q2 & Q4	Report for 2008 (Jan to June) complaints to the HSE Board deferred until Q1 09.	
Disability Act 2005 (Complaints Officers)			
Policy and procedures developed in relation to the management of complaints under this legislation.	Q1	Two full time complaints officers under Disability Act 2005 appointed in October. Policy and procedures in relation to the management of complaints under Disability Act 2005 to be completed in Q1 2009.	Office of CEO
Code of Governance			
Action plan to implement Code of Governance developed.	Q1	Action Plan developed.	Office of CEO
Consultation with staff organisations commenced.	Q1	A presentation on the aspects of the framework re Code of Conduct and Policies on Good Faith Reporting and Fraud was made to the Health Service National Partnership Forum on Wednesday 22nd October 2008. Feedback from the Unions on the documents has been received and is being considered. When this consultation process is concluded it is intended to formally publish the framework on the HSE website.	
Implementation programme commenced.	Q2	Implementation commenced and progress report provided to Audit Committee in November 2008.	
Expert Advisory Groups			
Continued development of policy recommendations referred through agreed processes to Management Team for development of Implementation Plans.	Q1-Q4	General A review of all Expert Advisory Groups commenced in November and will be submitted to CEO in Q1 09. The objective of the review is to: 1. Reflect on the EAG process as the two year term draws to a close, and 2. Understand how EAGs might best contribute to policy development within the new structures.	Office of CEO inputting to PCCC, Pop Health and NHO
Implementation of approved recommendations monitored by EAGs.	Q1-Q4	Examples of work progressed in 2008 include (not exhaustive): ▪ Teaghlach Model: Implementation plan developed and consultation commenced with the relevant stakeholders. Pilot projects underway in Clonakilty and Dundalk. ▪ National Quality Home Come Support Guidelines were developed to reflect the needs of older persons and their carers. ▪ Clinical Age Assessment Units/Medical Assessment Units and Nationally Standardised Rehabilitation and Unified Needs Assessment projects. ▪ Diabetes Report: First report of the Diabetes EAG published and launched on 13th November 2008.	

Office of the CEO Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
		<ul style="list-style-type: none"> ▪ Neonatal screening for cystic fibrosis: The group provided a policy proposal based on the recommendations from the 2004 report called "Implementation of Newborn Cystic Fibrosis Screen in the Republic of Ireland" and the evidence base to support universal newborn cystic fibrosis screening. This policy was supported and is proposed in the 2009 service plan. ▪ Multidisciplinary Teams in Mental Health Service: A Sub-Group considered the multidisciplinary team, which is the core unit in the delivery of a specialist community based mental health service, and made a series of recommendations to support team development in accordance with the provision of A Vision for Change. 	
Establishment of additional EAGs with key priorities and workplans agreed on: <ul style="list-style-type: none"> ▪ Cardiovascular Health. ▪ Oral Health. ▪ Maternity Services. ▪ Disabilities. 	Q1-Q4	On hold. Progress on this deliverable is subject to the review of EAGs, due to be completed Q1 2009.	
Consultant Appointments Unit			
Determine the number and type of new and replacement consultant posts, in line with service needs.	Q1-Q4	A new Contract was agreed with medical unions in May, providing for 4-hour increase in working week, 8am-8pm working day, up to 5 hours on-site overtime at weekends and on public holidays, public patients must be a minimum of 80% of consultant's clinical workload, new management and organisational role for Clinical Directors, each Consultant to report to a Clinical Director. Final Contract text issued by Independent Chair on 23 rd July. In the period of 1 st June 2008 to 31 st December 2008, 216 permanent consultant posts were approved, of which 131 were additional and 85 were replacement. The total for 2008 was 283 posts of which 156 were additional and 127 were replacement.	Office of CEO
Regional Health Forums (RHF)			
Answer all questions and motions for standing orders as advised.	Q1-Q4	Total = 335 Jan to Dec <ul style="list-style-type: none"> ▪ 183 Jan to June ▪ 152 July to Dec 	Office of CEO
Number of Notices of Motions submitted to Regional Health Forum			
Answer all questions and motions for standing orders as advised.	Q1-Q4	Total = 128 Jan to Dec <ul style="list-style-type: none"> ▪ 90 Jan to June ▪ 38 July to Dec 	Office of CEO
National Communications Unit (NCU) (TP 12.1)			
Comprehensive communications strategy for the HSE completed.	Q1	Completed. Communication Strategy implementation is overseen by the Implementation Group, chaired by the National Director of Communications.	Office of CEO
4 editions of Health Matters national newsletter published, one issue per quarter.	Q1-Q4	4 editions published.	
Provide a rapid and responsive service to the media, processing over 20,000 media queries.	Q1-Q4	20,000 queries year to date*.	

Office of the CEO Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Communicate National Communications Strategy for Influenza Pandemic.	Q2	Media Training was organised for Pandemic Spokespersons. Information has been prepared and updated for the website. Editorial content for newspaper ads prepared. Information for household information leaflets updated.	
Implementation of Strategic Plan for Medical Education, Training and Research (METR) within HSE			
Development of implementation plan.	Q1	Implementation Plan completed and approved by Management Team and Board. Actions progressed during Q3-4.	Office of CEO
Implementation of robust METR Unit within the Office of the CEO and associated governance structures.	Q1 – Q2	METR Unit in place within Professional Education division of National HR Directorate.	
Education, Training and Research (ETR) Management Sub-Committee			
Establishment of ETR Management Subcommittee.	Q1	ETR Committee established, with appropriate internal and external representation. Two meetings held in Q4. Terms of reference and priorities agreed.	Office of CEO
Training and education priorities identified and agreed for 2008 with training bodies.	Q1–Q2	Detailed work programme agreed with training bodies through the Forum of Irish Postgraduate Medical Training Bodies. Approved programmes completed by end Q4 2008.	
Corporate Safety Statement			
Recommendations of Site Specific Statement Project Plan submitted to Risk Management Steering Group.	Q2	Completed and with Management Team for sign off. Once approved, implementation will be led by HR in conjunction with directorates. It is expected that the information will be available on website Q1 09..	Office of CEO / NHO / PCCC / Pop Health
Develop and commence implementation of a Risk Management Framework			
Implementation of Site Specific Statement and Guidelines.	Q4	This has been developed and implementation is underway with the 8 sites piloting the process (Risk Registers). The ICT to support this is part of this pilot. Implementation will commence in 2009.	Office of CEO / NHO / PCCC / Pop Health
Ethnic Minority Services			
National Intercultural Strategy			
Intercultural Health Strategy Implementation Plan developed.	Q4	Recommendations of the National Intercultural Health Strategy are currently being examined with a view to implementation.	Office of the CEO / PCCC

* Note each query requires a number of follow up actions/consultations with relevant hospital, PCCC, journalist or NCU. Each query is counted once regardless of the number of follow on communications and actions required.

ESTATES

Estates Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Development of national structure and facilities / estates strategy (TP 11:1-6)</i>			
Regional structure realignments completed.	Q3	Completed - Remaining 3 Estate Manager posts interviewed and currently in process of appointment.	Estates / HR
Service Level Agreement (SLA) with directorates established.	Q2	Delayed - No progress to report.	Estates / PCCC / NHO
<i>Primary Care Estate Roll out</i>			
20 new centres contracted for each quarter.	Q1-Q4	Achieved - 90 finalised in 2008.	PCCC / Estates
<i>Mater Adult Hospital Development</i>			
Construction commenced.	Q2	Achieved - Contractor appointed for new development. Advanced works in construction.	Estates
<i>National Paediatric Hospital</i>			
Design Brief completed.	Q4	Delayed - Project Service and Project Manager Consultant in place Q2 2009.	Estates
Costings established.	Q4	Achieved - Revised costing established.	
<i>Capital Plan on time</i>			
Minor Capital approved and issued in advance.	Q1	Achieved - Full drawdown of capital allocation in 2008.	Estates
Leasing costs established in separate revenue stream.		Delayed.	
<i>Uniform Property transactions</i>			
Reconcile staff work locations with database.	Q2	Completed Q3 2008 - Planned access to database Q1 2009 held up pending verification of data.	Estates
Medium term property plans established and distributed.	Q1	Delayed - Accommodation and Property strategy being developed for each region to form basis of property plans.	
90% adherence to plans.	Q3	Delayed – see above.	
Land disposal methodology reviewed and approved.	Q2	Achieved - Formal Property protocols adopted by Management team and all region in Q3 2008.	
3 large sites released to market.	Q4	Agreement reached with St. Tip Council regarding land adjacent to St. Luke's Clonmel. Sale of other site currently being monitored to take advantage of upturn in market.	
<i>Office Estates</i>			
Achieve 95% occupancy in all offices.	Q3	Achieved - 95% Occupancy of Corporate estate achieved and exceeded	All
80 meeting rooms in National Programme.	Q2	Achieved - National meeting room booking system (23 locations, 64 meeting facilities) operational through a helpdesk system.	

Estates Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Elderly long term care</i>			
Build 12 CNU's in 2008.	Q4	330 beds complete in 2008. Completion of 300 delayed to 09 due to planning permission issues. 900 under construction, to be complete in 2009.	Estates
Establish advanced sites for 2009 and 2010 programmes.	Q4	Achieved - Site established and new Design Build Tender underway.	
<i>Quality</i>			
Formalise and document relationship with HIQA.	Q1	Achieved - Relationship established – Formally commenting on HIQA Draft standards.	Estates
Complete level 1 standards.	Q3	Delayed due to Estate manager appointed in Q4 08.	

FINANCE

Finance Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Structure</i>			
Appointment of Senior Finance Managers completed.	Q1	31 posts approved, as of year end. 29 successful candidates offered posts: <ul style="list-style-type: none"> • 22 in post • 7 still awaiting appointment 2 posts not yet advertised.	Finance
<i>Systems</i>			
Infrastructure to support the implementation of a standardised national financial system in 2008 established.	Q2	Business Case completed in May 08 was updated and resubmitted in Sept '08. Steering Group met with DoHC in Nov and Dec 08 to discuss and agree a joint submission to CMOD. Project start date: Q2 2009-all subject to DoHC and Dept of Finance (CMOD) approval.	Finance
Implementation of a single financial management system for the HSE commenced.	Q2		
<i>Training</i>			
Formalised programmes of continuing professional development for Finance Staff established, in association with the National Accounting Bodies.	Q2	Development of Programme ongoing with ACCA. Project delayed due to change of personnel in ACCA. Inventory of Finance staff details for advancement of project in Q1 2009.	Finance
<i>National Shared Services (TP 7.7)</i>			
People and process migration to Shared Services, on a process or location level, commenced.	Q1	GM appointments now agreed Q4 2008. Process and migration plans to commence under GM role Q2 2009.	Finance
<i>Vote, Cash and I&E</i>			
Enhancement of reporting, reconciliation and performance monitoring arrangements around Vote, Cash and I&E.	Q1-Q4	Audited 2007 Appropriation Account published by C&AG's in September 2008.	Finance
	Q1-Q4	Paper on reconciliation of Appropriation Account to AFS prepared, approved by Audit Committee and published on HSE Website.	
	Q3-Q4	Monthly Vote Expenditure Reports for the year were submitted to DoH&C. An enhanced report, which includes a reconciliation of vote to I&E, was developed in conjunction with the services and the DoH&C.	
	Q2-Q4	Vote and Treasury participated in Considine Review Group which was established to examine certain issues arising from dual Vote/I&E reporting requirement. Assisted in preparation of final Report of Considine Group which was submitted to DoHC.	
• Considine Group			
	Q1-Q4	Revised cash management procedures were implemented in 2008.	
• Cash Management			
• Vote Corporate Reporting Solution Project which will automate Vote Reporting was started.	Q3-Q4	Project commenced in Q3. Phase 1 testing completed by end of Q4. System to go-live in Q1 2009	
• Implementation of Single Banking Contract	Q2-Q4	Implementation of single banking contract with Ulster Bank: Implementation planning has commenced. A Board resolution delegating authority on banking matters was signed in July 2008 and a new composite mandate has been created. DoF sanction received for new bank accounts at HSE Corporate, South, Shared Services and the PCRS. Locations changed over to Ulster Bank to date are: HSE Corporate Q4 2008 and HSE South phase 1 Q4 2008.	

Finance Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Capital Reporting			
B-plan system rolled out nationally to LHO Managers and Network Managers.	Q1	Project being rolled out. Expected to be finalised Q1 2009.	Finance
New Financial Regulations (TP 7.5)			
Further modules beyond Purchase to Pay developed.	Q4	Progressing in accordance with project timetable.	Finance
Vote and Cash management implications addressed in national financial regulations.	Q1-Q4	Progressing in accordance with project timetable.	
Devolved Budgeting (TP 7.2)			
A model for the effective management of the health service budget on a devolved basis developed and implemented.	Q4	Due to industrial action further development of a national payroll budgeting system was stalled in the 2 nd half of 2008. A change in culture in budgeting practice in 2008 was achieved by crystallising budgets early in the year. This enhanced the control environment which led to breakeven.	Finance
Funding Mechanism			
Recommendations of the review in terms of re-engineering the funding and resource distribution process further developed.	Q1-Q4	Agreement to link with German health system. Completion of hospital level plan and selection of hospitals.	Finance
Initiatives piloted in specific locations.	Q1 – Q4 Q3 09	Forum for specific casemix development in place. The HRB/HSE Population Based Resource Allocation Model for PCCC is ongoing through agreement and adaptation of Welsh model and development of formulae for specific care group areas populated with Irish data. This project is to complete mid 2009.	
VFM Programme (TP 7.3)			
Relationships throughout the HSE to establish VFM priorities further developed.	Q1-Q4	See section 7 VFM page 72	Finance
Strategic plan for VFM agreed by Management Team and the Board. (See Section 7 on VFM on page 103).	Q1	See section 7 VFM page 72	

ICT

ICT Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Continued reliable operation of critical systems and services</i>			
Maintain and enhance existing systems and services throughout the year.	Q1-Q4	The HSE's 300+ systems are being maintained and enhanced with no loss of critical systems or services.	ICT
<i>Structural Transformation (TP 10.5)</i>			
All ICT staff reassigned into the new structure as per the agreed transition plan while ensuring that the existing levels of service are maintained and enhanced through the year.	Q1	All staff appointed to interim structure. Move to final structure contingent on appointment of national director of ICT and approval of ICT structure by DOHC. Following a number of unforeseen delays the appointment of the ICT Director is now imminent. We expect DoHC approval for the ICT structure following the appointment of the ICT Director.	ICT
<i>ICT Capital Plan</i>			
Multi annual ICT Capital Plan 2008 approved. <ul style="list-style-type: none"> • €40m approved for 2008. • Revenue implications specified as per Estates Capital Plan 	Q1	Capital allocation and priorities approved by ICT steering group. HSE seeks capital approval from the Dept of Finance on a per project basis. This is done on an ongoing basis. Although there was an indicative figure of 70m Euro included within the NSP 08, the actual approved funding for 2008 was €39.5m. The funding request for carryover projects into 2009 was submitted in December of 2008 and we expect approval in January 2009.	ICT / PCCC / NHO / Finance / Estates
ICT Capital Plan delivered on budget and on time.	Q4	The outturn for 2008 was €18,399,022m. There is always a 6 – 8 month lag between sanction of expenditure and actual expenditure taking place. This is due to procurement and contract timelines combined with payment schedules based on actual deliverables.	
Framework agreed with the DOHC to ensure the revenue and WTE implications of ICT projects are incorporated in the planning process.	Q1	Discussions with the Department of Health & Children are still ongoing. A formal process has yet to be agreed.	ICT / Finance
<i>ICT Governance and Organisation (TP 10.4)</i>			
Project approval framework for all projects implemented.	Q1	Completed.	ICT / Finance
Agreed project management methodology for key projects implemented.	Q4	Excellent progress made in developing the Project Management Methodology (now aligned with National Programme Management Office) and design of management dashboard. Project will be completed in 2009 within two thirds of approved (original) budget.	ICT / Finance
National ICT Chart of Accounts implemented.	Q1	National ICT Chart of Accounts implemented. Issues related to reporting are now resolved and the system is now operational.	Finance
Financial Regulation for ICT sanction developed and implemented.	Q2	Final draft is still with HSE Finance for approval.	ICT / Finance

ICT Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Staff Development			
Staff Development action plan for 2008 implemented.	Q1-Q4	Project Proposal drafted for ICT staff professional development but delayed pending appointment of national director of ICT and reduction in Training expenditure.	ICT
National Infrastructure			
ICT infrastructure policies delivered.	Q1-Q4	Draft Completed – due for approval by ICT Security Group in Jan 09.	ICT
ICT Capital Infrastructure programme in line with the transformation and capital plans delivered.	Q4	Ongoing.	
ICT Strategy			
Action plan for ICT Strategy developed.	Q1	Final draft of the ICT Strategy delivered in Q1.	ICT
Delivery of the action plan for ICT Strategy commenced.	Q2	Publication and detailed planning of the ICT strategy is awaiting the appointment of the National Director of ICT.	

INTERNAL AUDIT

Internal Audit Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Develop Structures for Internal Audit (IA) Function			
Senior management structure (excluding ICT and special investigations) in place.	Q1	Senior management structure (including ICT and special investigations) in place.	Internal Audit
Audit Training Programme			
Follow-on audit training programme for IA staff developed.	Q4	Two factors, inability to fill the training officer post due to employment constraints as well as budgetary constraints, have impacted on this deliverable. However, staff have received training throughout the year and some staff are pursuing professional audit qualifications	Internal Audit
Professional training and development programme for internal audit staff agreed and implemented.	Q4	Two factors, inability to fill the training officer post due to employment constraints as well as budgetary constraints, have impacted on this deliverable.	Internal Audit
Audit seminar			
IA staff seminar held.	Q2	Completed.	Internal Audit
Audit / Governance seminar held.	Q4	Deferred due to Budgetary Constraints.	Internal Audit
Audit Plan			
Annual audit plan 2008 completed.	Q4	Although in excess of 200 Internal Audit reports were issued as at 31/12/08 and reported on to the Audit Committee and Management Team, the audit plan could not be fully completed at 31/12/08 due to the loss of vacant posts existing at 31/12/07 and the delay/ non-filling of vacancies arising in 2008.	Internal Audit
Internal Audit Reports			
Delivery of a substantial number of internal audit reports, identifying recommendations to management to improve the system of internal controls.	Q4	In excess of 200 Internal Audit reports issued as at 31/12/08 and reported on to the Audit Committee and Management Team.	Internal Audit
Special Investigations			
Special investigations carried out as required.	Q1-Q4	Special investigations carried out as required.	Internal Audit
Automated Workpapers			
Appropriate IT package procured and piloted by Internal Audit.	Q1	Deferred due to budgetary constraints.	Internal Audit
Management Support			
Advice provided to Senior Management throughout the year.	Q1-Q4	Advice provided throughout 2008.	Internal Audit
Briefings provided for regional forums and National Directorates' management teams on the general results of audits.	Q1-Q4	Briefings provided during 2008.	Internal Audit
Policies and Procedures			
Assist in the development of National Financial Regulations, as applicable.	Q1-Q4	Assistance provided during 2008.	Internal Audit
Assist in the development of HSE policies and procedure, as applicable.	Q1-Q4	Assistance provided during 2008.	Internal Audit

PROCUREMENT

Procurement Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Implementation of New Procurement Operating Model (TP 13)			
Continued Procurement Transformation to support the needs of overall transformation of HSE.	Q1	Advanced discussions have taken place with DoH&C and Social Partners on the implementation of the overall Procurement Structure. Approval for the proposed organisational structure not forthcoming in the current economic climate. Alternative proposals with social partners for consideration – awaiting response.	Procurement
Implementation of National Portfolio and Category Management Approach (TP 13)			
Continued development of Portfolio and Category management organisation with responsibility for strategic sourcing, tendering and contracting for all non pay expenditure.	Q1-Q4	P&CM sub working group deliberations completed. IMPACT has referred matter to an independent facilitator. Further developments on this deliverable will be reported in 2009.	Procurement
Recruitment and appointment of the Assistant Heads of Portfolio and Category Management finalised.	Q1	Completed.	Procurement
Strategic review of expenditure undertaken, identifying priority areas for sector wide contracting initiatives.	Q3	In progress. Top 50 suppliers identified. Interim strategy relating to Top 20 suppliers drafted. Top 20 suppliers met as part of the continuing programme. 41 other significant suppliers to the HSE were also met in the context of the HSE Cost Containment/Price Management Strategy.	Procurement
Implementation of National Approach to Logistics and Inventory Management (TP 13)			
Logistics and Inventory Management transformed to provide a proactive materials management capability at the point of use in all areas.	Q1-Q4	Some progress made. Delays being experienced due to IR issues affecting implementation.	Procurement
Recruitment and appointment of the Assistant Heads of Logistics and Inventory Management finalised.	Q1	Recruitment and appointments completed.	Procurement
Development and implementation approach for the Future Operating Model for Logistics and Inventory Management finalised.	Q2	Consultant Partner selected through tender process. Following public sector curtailment on engaging consultants this element of the plan has been deferred to Q1 2009.	Procurement
Implementation of communications, training and customer relations (CTCR) programmes (TP 13)			
Communications, training and customer relations structures developed to support the new procurement operating model.	Q1-Q4	Completed. Interim structure in place.	Procurement
Develop Competency Models and Training Programmes for all Delivery streams within Procurement	Q1-Q4	Competency Models complete for P&CM and LIM and CTCR. Competency Models under development for Business Support and Procurement Shared Services. Skill Project initiated funding secured and training commenced for 20 staff in Sept 08. Planning for second group of staff to commence SKILL project in 2009 is underway. Initial Training requirements identified for all Delivery Streams within procurement for delivery in 2008 – Limited training provided against plan due to curtailment on training in 08. Mandatory Training programme developed and agreed for roll out in 09. Steering Group established with PDU to support ongoing training within procurement – close liaison with PDU continues.	Procurement

Procurement Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Continued targeted communications to key audiences including Procurement staff, HSE staff and Supplier Base.	Q3	Procurement News quarterly edition ongoing. National Communication workshops with Procurement Staff to update on Procurement Transformation with particular focus on the areas of CTCR, Business Support and Procurement Shared Services – completed 17 information workshops held nationwide. Planning Supplier and Customer Engagement – Process of Supplier Engagement has commenced and is being led by P&CM and supported by CTCR.	Procurement
CRM model finalised to support Procurement and its customers and requirements regarding CRM technology specified.	Q4	Executive summary on CRM model to support procurement presented to PLT. Information gathering exercise ongoing to define an interim CRM model to meet the requirement of procurement and customers. (It was agreed by PLT to hold further development of CRM model due to resource levels, funding implications and other competing priorities.)	
Implementation of required business supports (TP 13)			Procurement
Knowledge management solutions developed and implemented to support the new operating model, including specific solutions to support the Portfolio and Category Management and Logistics and Inventory Management organisation.	Q1-Q4	Spend Analysis: A prototype payments analysis system has been developed providing vendor analysis by location by general ledger code across HSE. Capacity Building: Supported NPPPU in developing electronic tender management and education and training technology. Portfolio & Category Management Toolkit: Developed a draft suite of template documents to standardize the tendering process.	Procurement
Develop and implement high performance procurement processes and procedures to underpin the new operating model.	Q1-Q4	Risk Management Procedure: Developed a Risk Management Procedure for Procurement to ensure that risk is appropriately managed. Audit Management System: Developed an audit management system to ensure that all audit findings relating to Procurement are managed to resolution. Performance Management: Developing Key Performance Indicators for Procurement e.g. Etenders Contract Award Values, Savings Achieved. Socially Responsible Procurement Policy: Developed Socially Responsible Procurement Policy incorporating green procurement and social sustainability. Standard and Specific Terms and Conditions: Developed standard terms and conditions to support HSE purchasing. Procurement Portal: HSEnet including web Forums has been developed as a key repository for procurement related documentation, policies & procedures, risk management etc.	
Continued targeted communications to key audiences including Procurement staff, HSE staff and Supplier Base.	Q3	Procurement News quarterly edition ongoing. National Communication workshops with Procurement Staff to update on Procurement Transformation with particular focus on the areas of CTCR, Business Support and Procurement Shared Services – completed 17 information workshops held nationwide. Planning Supplier and Customer Engagement – Process of Supplier Engagement has commenced and is being led by P&CM and supported by CTCR.	

Procurement Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Transition and Development of new procurement operating model (TP 13)</i>			
Collate and report procurement transformation programme status (fortnightly) to the Procurement Leadership Team and the Overall Transformation Programme Office.	Q1-Q4	Procurement Transformation Programme reports (re-formatted) have been submitted monthly to the National Transformation Office.	Procurement
Maintain and Manage the Procurement Transformation Programme Risk Register.	Q1-Q4	Procurement Transformation Programme Risk Register being incorporated into Procurement Directorate Risk. Work will continue into 2009.	Procurement

CORPORATE PLANNING AND CONTROL PROCESSES

CPCP Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Corporate Plan (2008-2010)</i>			
Corporate Plan 2008 – 2010 finalised and presented to the Board.	Q1	Approved by the Minister on 29 th September 08.	CPCP
Corporate Plan published and circulated.	Q1	Corporate Plan published and circulated - published on HSE intranet website only. Delay with displaying Corporate Plan on internet website by year end due to finalising issues with the Irish Translation Service - Sonas. The Plan will be available on both websites from January 2009.	
<i>Values (TP 6.8)</i>			
Values published.	Q1	Values were published in the new Corporate Plan.	CPCP
Values embedded into organisation through a communication process	Q3	This action will be progressed through the HR OD work plan for 2009.	
<i>NSP 2008 and Business Planning Model</i>			
Training Programme to support business planning developed and rolled-out.	Q1	Fact Sheets on overall planning in HSE developed by CPCP to incorporate revised business planning model for 2009. Circulated to Management on 11 th December for circulation to their staff in tandem with NSP 2009.	CPCP
NSP 2008 implemented through roll-out of Business Planning Model and preparation of Business Plans at each level of the organisation.	Q1	Information and guidelines on business model 2008 circulated to all Directorates.	
Performance Monitoring and Measurement Framework rolled-out.	Q1	Agreed PMR reporting formats and revised framework communicated to the organisation with associated templates, timeframes, etc.	
Monthly and quarterly Performance Monitoring Reports prepared in line with management control and legislative requirements.	Q1-Q4	November 2008 PMR prepared in December for discussion at Control Meeting in January 2009. December report will be prepared in January 2009.	
NSP 2009 prepared (including Estimates process), in partnership with Directorates.	Q2 -Q4	Complete. NSP 09 approved by Minister on 9 th December 08.	
<i>Corporate Control Process</i>			
2008 Control Process developed.	Q1	Control process developed. Supported by CPCP.	CPCP
Ongoing support to Corporate Control process.	Q1-Q4	Supported the process to year end and will continue to do so in 2009.	
Systems and processes developed to support system-wide performance management.	Q1	Supported to year end and will continue in 2009.	
<i>Performance Measures (TP.5)</i>			
Lead the process to evolve and embed PIs and Measures in the organisation.	Q1-Q4	Ongoing work throughout 2008 by Performance Indicator Review Group (PIG) to develop meaningful PIs for HSE. This work will continue in 2009.	CPCP
Support integration of different data sets to ensure single system approach to performance assessment.	Q1-Q4	Ongoing and will continue in 2009.	
PIs and Measures for inclusion in NSP 2009 agreed.	Q3	Complete.	

CPCP Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Planning Governance Group</i>			
Cohesive and integrated approach towards planning through working with the Planning Governance Group further developed.	Q1-Q4	Ongoing. Restructuring within the Directorate will determine role of PGG in 2009.	CPCP
<i>Transformation Programme</i>			
Organisational engagement with Health Forum supported.	Q1-Q4	Process supported throughout 2008.	CPCP