



Féidhmeannacht na Seirbhíse Sláinte
Health Service Executive

INTERIM
PERFORMANCE MONITORING REPORT - June 2008

Including Biannual Report on Deliverables – January to June 2008

National Service Plan 2008

18th August 2008

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1. KEY PERFORMANCE INFORMATION

INTRODUCTION

Due to the industrial action taken by IMPACT Trade Union and the directive to its members not to cooperate with performance reporting to HSE Corporate, this report is an Interim June 2008 Performance Monitoring Report. The majority of the information contained herein has been estimated or has been obtained from reports / data prior to the escalation of the dispute and the directive that came into effect on 9th June 2008. The full June 08 PMR will therefore be completed and backdated when the dispute is resolved.

HSE Overview

The financial results for June show total expenditure of **€6.679 billion** against a year to date budget of **€6.569 billion** – a deficit of **€111 million**. There are 110,515 WTEs in the HSE at the end of June 2008, with a 0.9% variance under ceiling.

PCCC Directorate Overview

PCCC estimated financial expenditure for June 2008 shows an overrun of €77,389m or +2% variance against the year-to-date budget. PCCC's HR performance information for June shows that it is 1.82% under ceiling.

NHO Directorate Overview

NHO estimated financial expenditure for June 2008 shows an overrun of €26,913m or +1.2% variance against the year-to-date budget. The NHO's HR performance information for June shows that it is 0.06% over ceiling.

Key issues / events to note for the month include:

- HSE 2007 Annual Report was launched on 17th June 2008
- IMPACT dispute remained in force during the month
- Ireland's first Community Infusion Centre which opened on Kilree Hospital Campus, Kilkenny, will open three days a week with an initial throughput of 20 patients per week, building capacity for up to 30 patients weekly.
- New guidelines for integrated Diabetes Care launched.
- The Minister for Older People launched the HSE Training DVD 'Recognising and Responding to Elder Abuse in Residential Care Settings' and HSE policy document 'Responding to Allegations of Elder Abuse'.
- The CEO performed 'topping out' ceremony for the new Community Hospital in An Daingean (Dingle), Co. Kerry. When it opens in 2009, the new hospital will provide 68 beds, a day care centre for older people, a mental health day centre and a new ambulance base.

NB: Please note that this report does not contain a HealthStat section due to synchronising the timing of the reports. The next report on HealthStat progress will be in the July PMR.

Financial Overview

The financial results for June show total expenditure of **€6.679 billion** against a year to date budget of **€6.569 billion** – a deficit of **€111 million**.

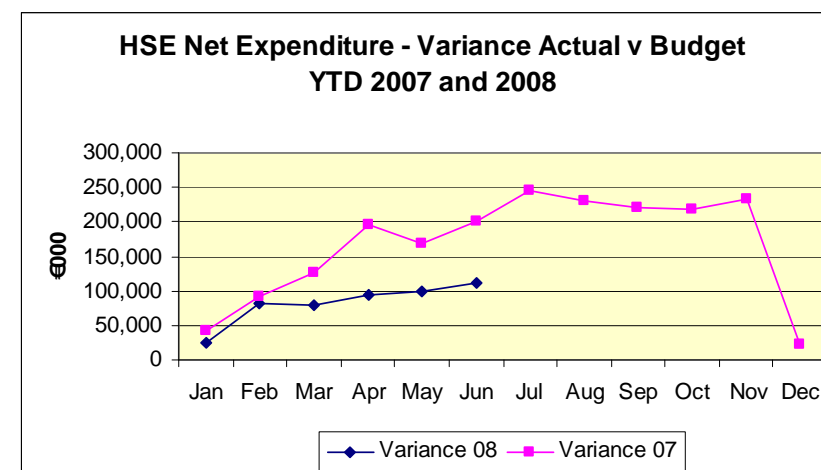
- The IMPACT dispute continues to affect the level of information available for analysis however we are satisfied that the data shown above is a reasonable statement of the year to date finances for the organisation at the end of June 2008.
- The plan for hospitals included the provision of €98m corporately to support hospitals deliver breakeven. Hospitals were to save €150m in that context. This €98m has now been allocated to the NHO to provide more accurate reporting of year-to-date variances.
- At the end of June, hospitals were €26.9m over budget, or 1%, and PCCC services were €77m over budget, or 2%. The PCCC variance is primarily related to statutory schemes.
- The number of medical cards continues to increase beyond expectations this year and given the economic environment it is difficult to predict what the full-year impact of this will be.
- Significant enhanced focus is now being directed at the VFM programme to try to deliver maximum savings which can contribute to the schemes' overruns.
- Hospitals need to carefully manage the Summer period to ensure that variances at the half year are eliminated by year end.

Overall Budget

The overall budget of €13.707 billion is made up of the total HSE Vote of €14.337 billion less an income budget of €630m.

	€000's	%
National Hospitals Office	4,546,453	33.17
Primary, Community and Continuing Care incl PCRS	7,972,565	58.16
National Shared Services	26,767	0.20
Estates	40,226	0.29
ICT	19,637	0.14
Procurement	13,243	0.10
Local Support Services (mainly pensions)	292,383	2.13
Population Health	86,117	0.63
Finance	68,885	0.50
Human Resources	173,625	1.27
CEO	13,922	0.10
Health Repayment Scheme	150,000	1.09
Development & Technical Resources	303,778	2.22
Total	13,707,600	100.0

	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
National Hospitals Office	4,636,630	2,300,655	2,273,742	26,913	1.2%
Primary, Community and Continuing Care	7,972,565	4,014,826	3,937,437	77,389	2.0%
National Shared Services	26,767	15,141	13,670	1,471	10.8%
Corporate	708,038	349,174	343,915	5,259	1.5%
Health Repayment Scheme	150,000	0	0	0	0.0%
Development & Technical Resources	213,600	0	0	0	0.0%
Total	13,707,600	6,679,796	6,568,764	111,032	1.7%



Overall Budget Usage – Expenditure and Cash

	Net Revenue Expenditure €000	Net Cash €000
Annual Budget	13,707,600	13,707,600
Year to date usage	6,679,796	6,748,690
% Remaining for last 6 months	51.3%	50.8%

HR Performance Information

There are 110,515 WTEs in the HSE at the end of June 2008, with a 0.9% variance under ceiling.

End of June employment data shows an increase of 425 WTEs over the May Report. The corresponding month last year showed an increase of 840 WTEs. Due to the effect of the IMPACT dispute some of the data presented has been estimated. The Statutory sector has recorded an increase of 195 WTEs from the May level, the PCCC Voluntary sector increased by 243 WTEs, while the NHO Voluntary Hospital sector reduced by 13 WTEs. Factors in the overall increase recorded in June include an increase in student nurse numbers of 97 WTEs which are of short duration arising from student nurses making up missed hours in their required placements, some summer locum cover, service pressures, particularly in the Voluntary Intellectual Disability sector, and the putting in place of some lagged developments from 2007.

NHO

52 of the increased WTEs in NHO are due to increased student nurse placements. Another significant factor was the further intake of 22 EMTs into the Ambulance Service. Increases were seen across most hospitals, with the exception of Tallaght Hospital and St John's Hospital, Limerick, who recorded reductions of 60 WTEs and 8 WTEs respectively. NHO are now 33 WTEs (+0.06%) over their approved employment ceiling. However, since year end a reduction of 889 WTEs has been recorded, of which 335 are due to reduction in student nurse placements.

PCCC

45 of the increased WTEs in PCCC are due to increased student nurse placements. The Statutory sector increased by 84 WTEs and the Voluntary sector rose by 243 WTEs. This is the third month in a row where the Voluntary sector has increased employment levels and this sector is now 225 WTEs above the level at the end of 2007. PCCC are currently 996 WTEs (-1.82%) below their approved employment ceiling and have reduced by 39 WTEs in 2008.

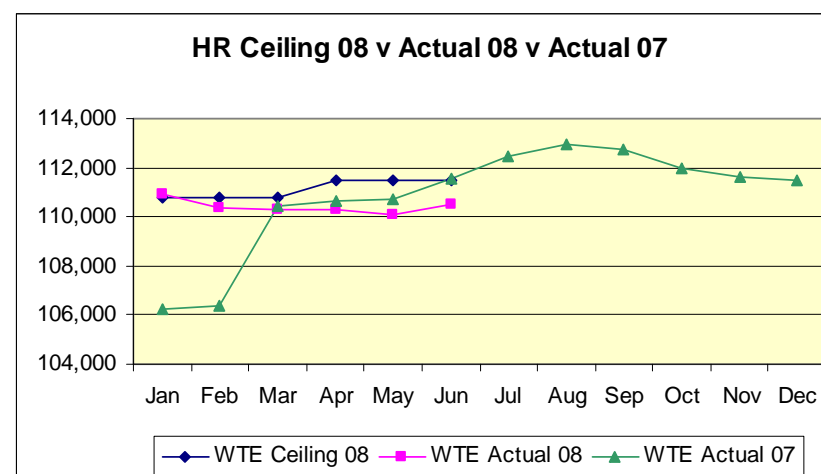
Corporate and Population Health

Population Health recorded a reduction of 2 WTEs in June, while Corporate reported an increase of 9 WTEs. This was due to an increase in employment levels in PCRS of 12 WTEs from the May levels. Some remapping also added to the change in June. It should be stressed that the latter increases are not growth in WTEs as these posts have already been in the system for quite some time.

The level of ceiling compliance at the end of June shows the Health Services at 990 WTEs (-0.89%) below ceiling.

When factoring out the student nurse placement issue, the figure under ceiling is approximately 215 WTEs. NHO is 33 WTEs (+0.06%) above the full ceiling, PCCC is 996 WTEs (-1.82%) below ceiling, Corporate 35 WTEs (-1.03%) below ceiling and Population Health 8 WTEs (+1.53%) above. There were a number of transfers of ceilings between the various functions, amending the ceilings at the end of June from initial allocations, NHO down 13 WTEs, PCCC up 48 WTEs, Corporate down 41 and Population Health up 6 WTEs. Ongoing data clean-up and remapping of the latter two functions will continue to impact on approved employment ceilings across all functions. On a sectoral basis, HSE direct is 1,227 WTEs below ceiling (-1.7%), while the Voluntary Hospitals sector is 13 WTEs above ceiling (+0.05%) and the Voluntary sector of PCCC is 225 WTEs above ceiling (+1.51%) at the end of June.

	Ceiling (at 01/01/08)	2008 new service developments YTD and internal transfers	Amended Ceiling 30/06/08	% of Approved Ceiling	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
NHO	52,818	-14	52,804	47.36%	52,837	91	33	0.06%
<i>Voluntary</i>	22,721	0	22,721	20.38%	22,734	-13	12	0.05%
<i>Statutory</i>	30,097	-13	30,084	26.98%	30,103	104	20	0.07%
PCCC	54,677	48	54,725	49.08%	53,729	327	-996	-1.82%
<i>Voluntary</i>	14,891	0	14,891	433.26%	15,116	243	225	1.51%
<i>Statutory</i>	39,786	48	39,834	35.72%	38,613	88	-1,221	-3.07%
Population Health	533	6	539	0.48%	547	-2	8	1.53%
Corporate (includes subsumed agencies)	3,477	-40	3,437	3.08%	3,402	9	-35	-1.03%
Total	111,505	0	111,505	100.00%	110,515	425	-990	-0.89%



2. PCCC ACTIVITY PERFORMANCE INFORMATION

Primary Care

GP Visit Cards:

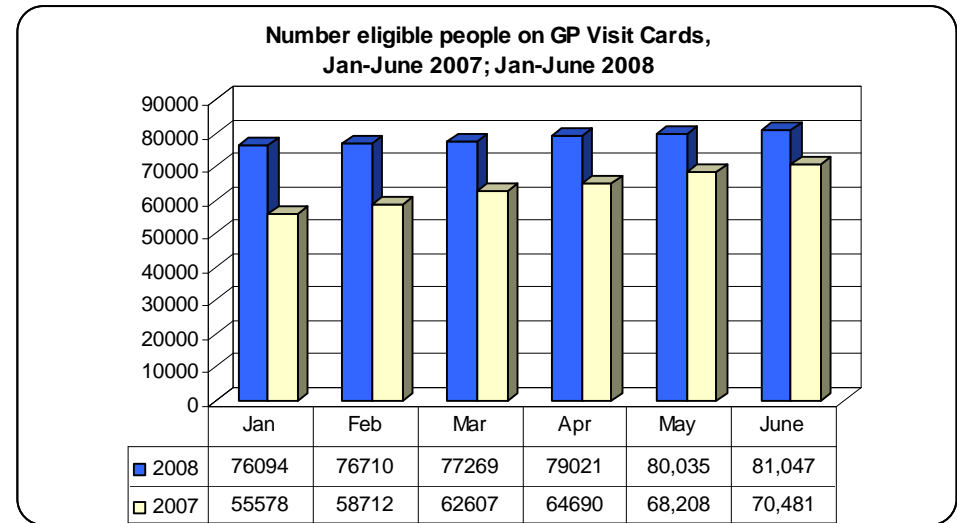
The total number of eligible persons on GP Visit Cards in June 2008 is 81,047. This compares to 80,035 in May and 79,021 in April.

During the second quarter of 2008 (April to June) an additional 3,778 GP Visit Cards were issued. This amounts to an increase of 4.9% since the end of March 2008 position.

The corresponding increase for the same period last year (i.e. April to June 07) was 12.6%, from 62,607 GP Visit Cards at 31st March to 70,481 at 30th June 2007.

For the first six months of 2007 (January to June) an additional 18,721 GP Visit Cards (growth of 36.2%) were issued. This compares with 5,458 (growth of 7.2%) additional cards issued in the first six months of 2008. Growth during the first six months of 2007 was therefore five times that of the same period in 2008, partly a result of the initial public awareness campaign for GP Visit Card eligibility during 2007.

A side by side comparison of the number of eligible persons on GP Visit Cards between January and June 2007 versus January to June 2008 is shown in Graph 1.



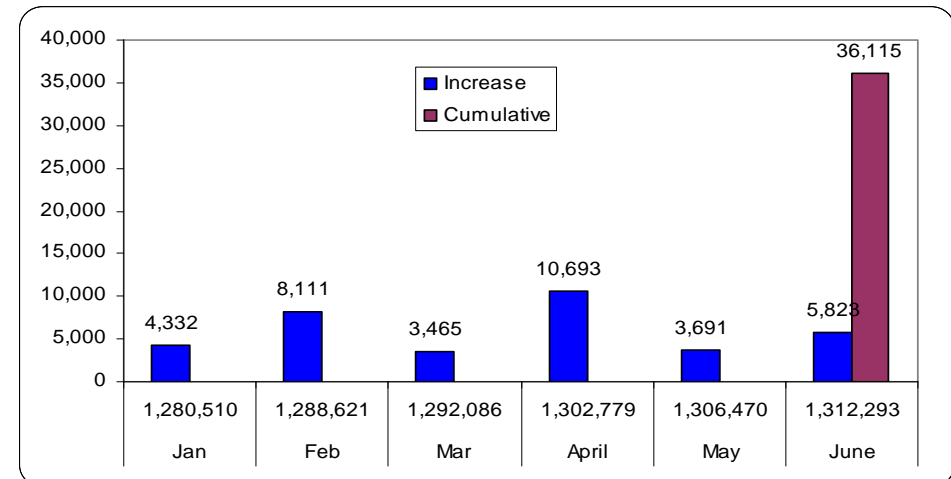
Graph 1: Number of eligible persons on GP Visit Cards, Jan-June 2007 versus Jan-June 2008

Medical Cards:

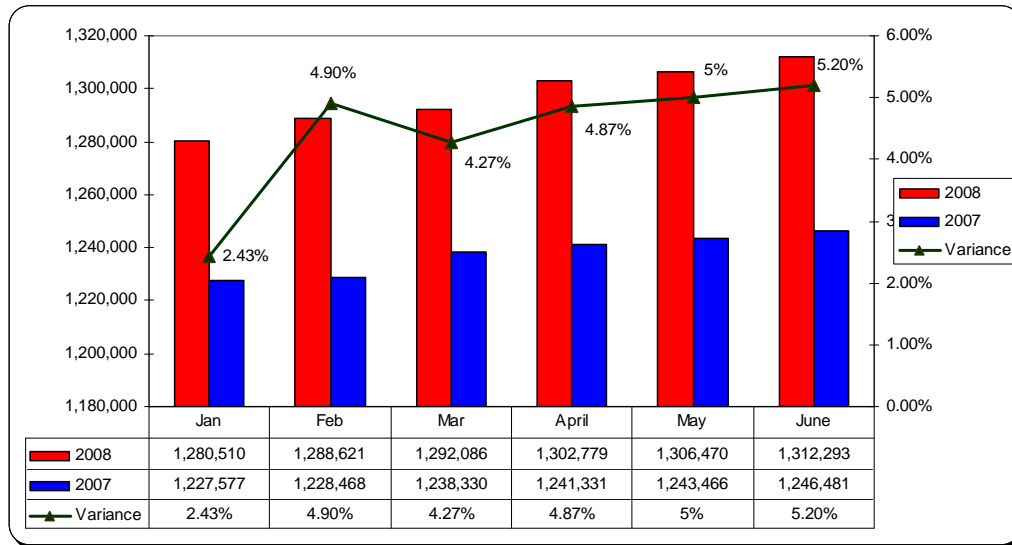
Data for June show an increase of 5,823 eligible persons on Medical Cards over the May position (from 1,306,470 in May to 1,312,293 in June). The percentage growth over May stands at 0.4%. This brings the total number of eligible persons on Medical Cards to 1,312,293.

The cumulative increase in numbers on medical cards for the first six months of 2008 is 36,115 (taking outturn at Dec 07 of 1,276,178 as base) - an increase of 2.8%.

Corresponding growth for the first six months of 2007 (taking outturn at Dec 06 as base) was still significant at 24,786 additional medical cards, or a growth of 2%.



Graph 2: Month on Month Growth in the Number of eligible persons on Medical Cards, Jan-June 2008



Graph 3: Number of medical card items Jan-June 2007 actual and 2008 projected

Schemes

It should be borne in mind that when projecting the expected level of claims in 2008, this was based on the best available evidence to us in the third quarter 2007. Actual outturn at December 2007 would suggest that the expected level of claims for 2008 was underestimated. Percentage variance may be skewed as a result.

LTI and DPS claims also continue to show considerable growth this period.

LTI: The number of LTI claims during June increased by 72,451 to **426,017**, an increase of 20% over the May total of 353,566, and a variance of 57% against the target of 271,500.

DPS: The number of DPS claims during June amounted to **461,204**, a slight reduction on the May total of 474,520. Cumulatively, the number of DPS claims during the first six months of 2008 was 32% above YTD target (2,801,936 versus target of 2,119,999).

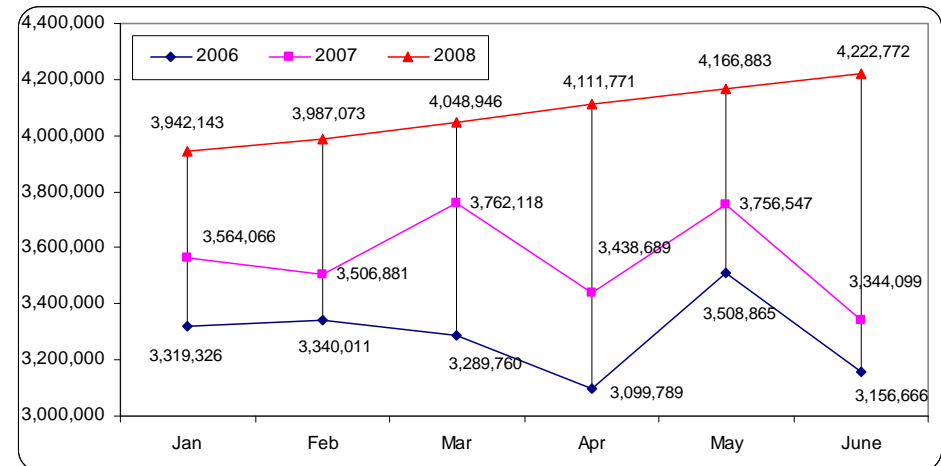
This steeper growth in the numbers eligible for medical cards in 2008 can in part be attributed to the ongoing decline in the economy and the associated growth in the number of individuals on the Live Register (see note). This amounted to 217,400 people in June, an additional 10,100 since the May position. Comparatively, the numbers on the Live Register in June 2007 were significantly lower at 163,000. The growth over the period June 2007 to June 2008 was 54,400, or 33%. We will continue to monitor this during Q3 and Q4 2008.

Note: The Live Register includes unemployed, part-time workers (those who work up to three days a week), seasonal and casual workers entitled to Jobseekers Benefit or Allowance.

Number of Medical Card Items

Projections for the number of medical card items (volume) claimed under the medical card system is estimated at 4,222,722 items in June compared to 4,166,883 in May and 4,111,771 in April. This is a projected increase of 55,839 items during the month (Source: PCRS).

Based on these projections, the mean average number of items for the first six months of the year is 4.079m. This compares to a mean average of 3.560m over the same period last year; and 3.285m for the first six months of 2006. This growth over the past three years is shown in Graph 4.



Graph 4: Comparison between Jan-June 2006, 2007 and 2008 in the Number of Items claimed under the Medical Card System

3. FOCUS ON A SPECIFIC POPULATION - ELDER ABUSE

Introduction

In 2002, the Department of Health and Children (DoHC) published “Protecting Our Future”, the Working Group Report on Elder Abuse. This document defines elder abuse as “A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust” ([Protecting our Future, Report of the Working Group on Elder Abuse](#))

The recommendations contained in Protecting our Future span a number of areas, including HSE structures and procedures to respond to allegations of elder abuse, legislative issues, support for carers, professional education, training, public awareness, financial abuse, advocacy and the establishment of a national elder abuse research centre.

The HSE, in partnership with the DoHC, An Garda Síochána, Age Action Ireland and other relevant stakeholders have considered these recommendations and prepared a policy document and detailed implementation plan to tackle this important issue.

What forms can Elder Abuse take?

There are several forms of abuse, any or all of which may be carried out as the result of deliberate intent, negligence or ignorance.

Physical Abuse: includes hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual Abuse: including rape and sexual assault or sexual acts to which the older person has not consented, or could not consent, or into which s/he was compelled to consent.

Psychological Abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or Material Abuse: Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property possessions or benefits.

Neglect and acts of omission: Including ignoring medical or physical care needs, failure to provide access to appropriate health, social or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.

Some instances of abuse constitute a criminal offence, such as physical assault, sexual assault, theft and fraud etc.

What is the size of the problem?

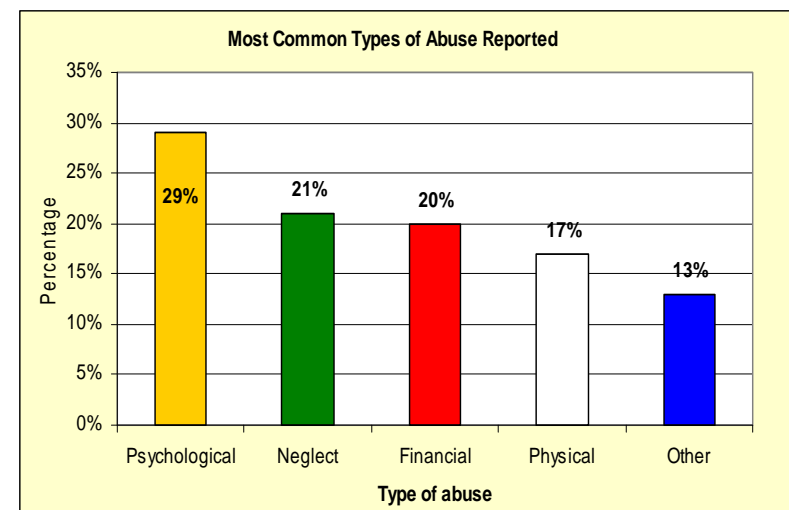
The prevalence of elder abuse in Ireland is not known. However, studies show it is likely to be similar to other developed countries where between 3% and 5% of older people living in the community are likely to suffer abuse at any one time (Protecting Our Future, 2002: 14). This does not include the rate of elder abuse within long stay / institutional settings.

Ireland has a population of 4.23 million and 467,926 of these are aged 65 years or older (Census 2006). If we apply this baseline of 3-5% to the older population in Ireland (i.e. population aged 65 years and over) approximately 14,038 to 23,396 older persons are suffering elder abuse at any one time.

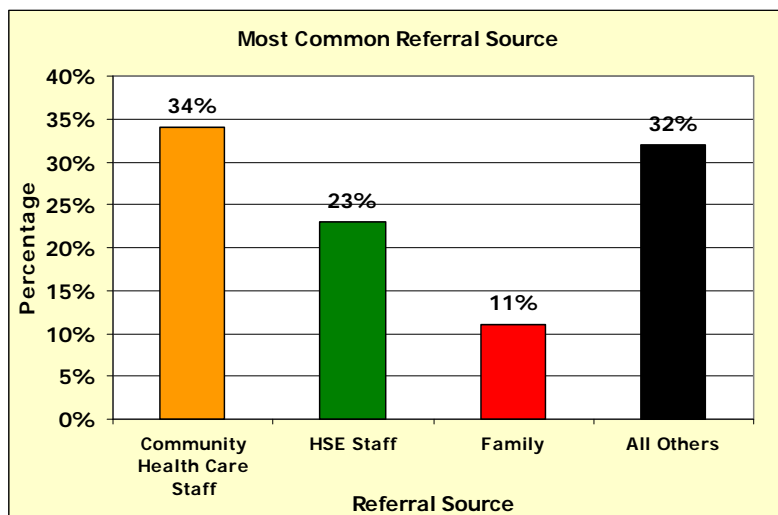
Who might abuse and where might abuse occur?

A wide range of people may abuse older people, including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates.

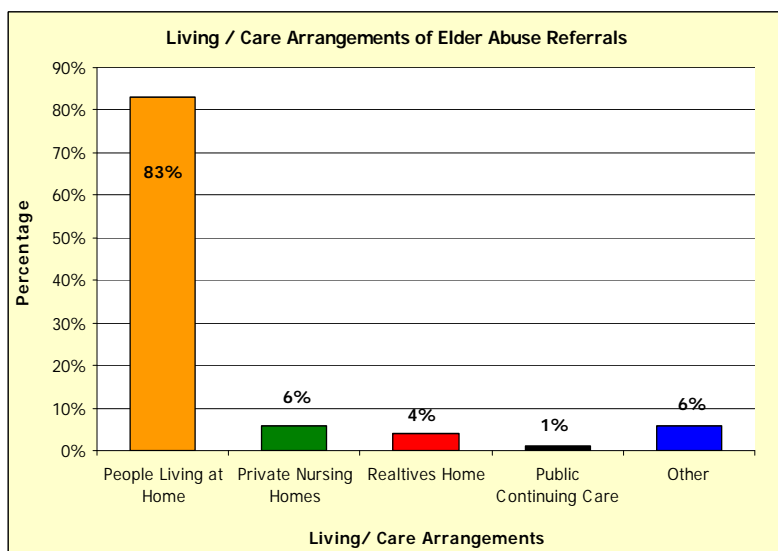
Abuse can take place in any context. It may occur when an older person lives alone or with a relative; it may occur within residential or day-care settings, in hospitals, home support services and other places assumed to be safe, or in public places.



Graph 1: Most Common Types of Abuse Reported, HSE Elder Abuse Data



All Others – May refer to neighbours, friends, associates etc.



What is the current data on Elder Abuse?

A process for recording elder abuse referrals commenced in March 2007 in HSE West and Dublin Mid-Leinster. After this initial pilot project, the data collection system was refined and national roll-out commenced in January 2008. All Senior Case Workers – Elder Abuse are now providing anonymised data on all referrals.

Data on Elder abuse statistics are collated each month from the four HSE administrative areas. The data identify a number of elements, including

- Type of abuse alleged,
- Gender of the abused,
- Age profile,
- Place of residence,
- Referral source, etc.

Through this data collection process, the HSE will be able to develop, over time, a significant information base in relation to the extent of elder abuse in this country. This will be used to develop appropriate policy in responding to the needs of older persons, in monitoring our current systems response to allegations of abuse and changing practice as appropriate.

In analysing the data currently collated, a clear picture emerges on the form/ types of abuse reported. As show in Graph 1, the most common forms of abuse referred to the Elder Abuse service since January 2008 is Psychological (29%) followed by Neglect (21%) and Financial (20%). Community Health staff are the main sources of referral to the service at 34% followed by other HSE staff (23%) and family (11%).

In 93% of cases, the abuse is alleged to have taken place in the client’s primary place of residence and most of these referrals (83%) involve people living at home in their own community. In 96% of all cases analysed to date, there is a familial relationship between the older person referred and the person allegedly causing concern/ harm. A much smaller proportion (1%) of referrals relate to patients in public continuing care or private nursing home care (6%).

Interestingly, while 70% of clients referred are female, approximately 73% of persons causing concern are male.

Over time this data will provide a detailed picture of elder abuse trends in Ireland. It is likely to contribute to research to be carried out by the National Centre for the Protection of Older People which is scheduled to become operational from September 2008.

What Actions are we taking?

In 2006 Elder Abuse received a financial allocation of €2m. As a result of this the HSE have been able to progress a number of important developments:

- **Development of a National Policy on Elder Abuse:** A key recommendation of Protecting Our Future (2002) was the development and implementation of national policy in relation to elder abuse.
 - o A clear policy – “Responding to Elder Abuse Allegations” – on elder abuse has been formulated by the HSE
 - o The HSE have developed a strategy to implement the policy recommendations.
 - o The “Responding to Elder Abuse Allegations” HSE policy document was launched at an Elder Abuse Conference in Galway in June 2008. It is currently being distributed to appropriate voluntary and private agencies.
 - o In addition, a staff training DVD and workbook – “Recognising and Responding to Elder Abuse in residential Care Settings” – is also being distributed to appropriate voluntary organisations and private nursing homes.
- **Appointment of Elder Abuse Officers:** Resources for 32 Senior Case Workers and 4 Dedicated Officers has been allocated. 26 of the 32 Elder Abuse Officers have been appointed. After 2 national recruitment campaigns 6 posts remain vacant and these will be filled through local recruitment arrangements. Two of the 4 Dedicated Officers have been appointed and these will have responsibility for the investigation and management of cases.
- **Extensive Training for Staff in public and private health care settings:** An extensive training programme for staff in public and private health care settings has been put in place. To date over 4,000 staff have received training with a further extensive roll-out underway.

The Elder Abuse Training DVD is currently being distributed to public and private residential facilities, acute services, residential mental health and disability facilities and nursing home inspection teams.
- **National Centre for the Protection of Older people:** Tenders were sought from Third Level Institutions for the establishment of a National Research Centre for the Protection of Older People. Following the tender competition, University College Dublin was successful. The Centre will be operational from 1st September 2008 and will play a vital role in collating information in the area of elder abuse. The Centre will create a knowledge base of Irish and international research on occurrence, prevalence, detection and response to the abuse of older people in Ireland.
- **Collaboration with other stakeholders to develop Public Awareness programmes:** The National Steering Committee on Elder Abuse has established four sub-groups, one of which was allocated the task of drafting a briefing document on the development of a Public Awareness Campaign. This sub-group comprises members from the HSE, the DoHC, An Garda Síochána, Irish Gerontological Society, Age Action Ireland and the Carers Association. The sub-group produced its recommendations to the National Steering Committee in May 2008 which were accepted. An implementation group has now been established to execute the Public Awareness Campaign and work is progressing on this. It is intended to run the campaign in October/ November 2008.

Relevant Publications

- Protecting Our Future, Report of the Working Group on Elder Abuse, September 2002.
- “Responding to Elder Abuse Allegations”, HSE Policy Document, 2008.
- “Recognising and Responding to Elder Abuse in residential Care Settings”, HSE 2008.

CONTACT US FOR HELP AND ADVICE

If you are a victim of Elder Abuse, are concerned about abuse, or if you suspect someone you know may be a victim of abuse, you should contact the HSE elder abuse service, through your GP, Public Health Nurse at your local [Health Centre](#), [HSE General Managers](#) or An Garda Síochána.

The HSE Information Line will also be able to direct you to the appropriate Senior Case Worker in your area. This Information Line is open Monday to Saturday.

HSE Infoline

Call Save: 1850 24 1850

Email: info@hse.ie

4. QUALITY UPDATE

Introduction

The HSE is committed to delivering high quality services to all our patients and clients and to creating a quality promoting workplace for staff. This is done through constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan. Quality is implicit and embedded in the delivery of all our services and is reflected throughout our NSP 2008. This section provides an update on some of the organisational-wide quality and risk areas which have seen progress during Quarter 2.

Implementation of the Corporate Risk Register, as part of the national Quality and Risk Framework

A number of sites (six) within the HSE are currently implementing or planning to implement the risk register. The six sites were chosen from replies received requesting inclusion in the evaluation project of the risk register, and are divided among NHO (two sites), PCCC (2 sites) and Shared Services (2 sites i.e. ICT and Procurement) A schedule for this project has been drawn up and it is anticipated that the project will be completed by end 2008. Following successful completion and evaluation, roll-out among all directorates will be organised.

Serious Incident Management

As reported in Q1, an **Interim Policy and Procedure on Serious Incident Management** has been agreed by the Management Team and the HSE Board. Work on the formation of a Serious Incident Management Team (SIMT) is ongoing, with an acting Director appointed to lead the team. To support the team, work on a prototype database for recording of details of Serious Incidents has been completed. This database is now being considered by the SIMT.

Key Performance Indicators

Work on the Development of 'Quality and Risk' Key Performance Indicators to ensure continuous improvement through measurement of performance against standards, targets, best practice or benchmarks is ongoing. The development of a reporting system and template for Quality and Risk to ensure integration of information from all directorates is ongoing and consultation is scheduled for the second half of 2008.

Corporate Safety Statement

A working group is currently reviewing the Corporate Safety Statement. It is planned to have final drafts ready for consideration by the management team in July.

Quality and Risk Taxonomy

A 'Quality and Risk Taxonomy Governance Group' was initiated during April 2008 to develop a quality and risk taxonomy for the HSE. Taxonomy is the process of deciding what constitutes language and how it fits into a classification (Simpson, 2003).

The Terms of Reference for the group are:

- To review the existing Quality and Risk Taxonomies.
- To develop and manage an agreed Taxonomy in the HSE in line with best practice and emerging requirements in the HSE.
- To make recommendations to the Head of Quality and Risk in the HSE for national implementation of the Taxonomy.

The group conducted an extensive review of the available evidence base of quality and risk taxonomy currently in use both internationally and nationally. Consultation with external bodies was undertaken on an on-going basis by the group to support and quality assure the work undertaken. A draft document was prepared during June 2008 and circulated widely for consultation both within and external to the HSE.

Health Services Quality and Safety Conference

To support culture change nine organisations came together in a unique partnership to deliver a Conference entitled “Leading and Managing - together we can provide a safe quality service for all”. The organisations involved were Health Services National Partnership Forum, Irish Public Bodies, and Irish Society for Quality and Safety in Healthcare, Clinical Indemnity Scheme, Irish Health Promoting Hospitals Network, Irish Clinical Audit Network, Healthcare Risk Managers Forum, and the Health Services Executive.

Governance and Leadership issues in relation to quality and safety and the HSE’s vision and mission were translated in the conference theme. These presentations focused on the public demand for safety, engaging with employees and service users and having good quality and safety governance within organisations. The speakers came from Ireland and overseas to present very thought provoking papers on Quality and Safety.

The Parallel Sessions provided the HSE Achievement Award winners and Quality & Safety Award winners in each of the four HSE Administrative Areas the opportunity to present their excellent work. An article on the conference was submitted to HSE Health Matters and also to the National Institute of Health Sciences.

5. VFM UPDATE

The Health Act 2004 requires the HSE to “use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.”

Value for Money (VFM) has been consistently defined as the correct balance between economy, efficiency and effectiveness – relatively low costs, high productivity and successful outcomes. While obtaining VFM is good practice and common sense, assessing VFM, particularly in the public sector where delivery of value is more challenging to measure and report, is complex. In prioritising the need to develop a means and method to drive, deliver and report value within the HSE, a VFM Unit was established during 2007 with the specific objective of demonstrating and delivering value in the use of public funds by the HSE and associated organisations. It has been tasked, under the direction of a senior Cross Directorate Steering Group, and in consultation with all Directorates, to develop a strategy for VFM with an associated multi year Action Plan. It is also recognised that, while this Unit can provide the dedicated support, the key to delivering value in the HSE will be the creating of a ‘value culture’ that provides leadership and encourages individual ownership throughout the service to drive and deliver value in the organisation.

In the development of a VFM Strategy and Action Plan for 2007-2010, a savings target of €500m for this period was set. Reported savings of €63m were realised during 2007, largely through Procurement and Contracts Management, in addition to the value generated (but not measured) in delivering increased levels of service at higher costs. As part of the Service Plan 2008 the HSE set additional VFM targets totalling €300m., set out in Table 1. The targets are designed to maximise the contracting potential of the HSE, to reduce the corporate overhead associated with managing HSE business and to increase efficiencies at an operational level within the service. This approach has been adopted to ensure that frontline services are protected wherever possible from any negative impact of a cost management programme.

Table 1: Summary of VFM Targets for 2008

Description	Full Year Target
	€m
Supply of Medicines - Wholesale Cost	120.00
Portfolio & Contracts Management	9.33
Travel & Subsistence	10.00
Telephony	2.50
Pay Related Savings (including Overtime & Agency)	54.86
ICT Framework & Licensing	2.75
Sub Total	199.44
Other PCCC Vim Savings	64.00
Other NHO Vim Savings	36.00
Total	299.44

As well as all Directorates having specific targets in areas such as Travel & Subsistence, “Other” VFM measures to the value of €100m were allocated to NHO (€36m) and PCCC (€64m). Specific initiatives were identified by the services to ensure these targets are met. Within NHO the range of measures identified at individual hospital level were under the following broad categories: Managing Growth in Inpatient Activity; Implementing Emergency Department and Outpatient initiatives; Realignment & Reconfiguration of Services and Shifting Service Delivery to Day Case basis. A similar level of detail was developed by PCCC at Local Health Office level, including a range of non pay reduction measures in areas such as Office Administration, Cleaning, Catering etc., as well as streamlining of support functions and other services to eliminate duplication. All of these programmes and initiatives are supported by seasonal activity adjustments, other workforce-related controls and a rigorous review of Non-Pay expenditure which has commenced for all areas.

As part of ensuring delivery of the VFM targets, a reporting process was agreed with all Directorates and a performance monitoring framework established - at network level within NHO and at area level within PCCC. The routine reporting process allows actual performance to be monitored and delivery against specific targets to be quantified. Due to the recent IMPACT dispute, it is only possible to set out details of the overall savings delivered to the end of April this year of €55.7m.

Table 2: VFM savings as of end April 2008

Description	Full Year Target Saving (Jan08)	Qtr1 Target (Jan08) €m	YTD Apr08 €m	Revised 8 Month Target €m	Total Projected Saving €m	Shortfall on 2008 Target €m
Supply of Medicines - Wholesale Cost	120.00	30.00	15.00	65.00	80.00	30.00
Portfolio/Contracts Mgt	9.33	2.33	3.00	6.00	9.00	0.33
Travel & Subsistence	10.00	2.50	0.00	6.00	6.00	4.00
Telephony	2.50	0.63	0.00	2.00	2.00	0.50
Basic Pay & Overtime	42.56	10.64	11.64	23.00	34.64	7.92
Locum & Agency	12.30	3.08	3.36	7.00	10.36	1.94
ICT Framework & Licensing	2.75	0.69	0.70	2.00	2.71	0.04
Sub-Total	199.44	49.86	33.70	111.00	144.71	54.73
PCCC Savings	64.00	16.00	14.00	49.00	62.99	1.00
NHO Savings	36.00	9.00	8.00	23.00	31.01	1.00
Total	299.44	74.86	55.70	183.00	238.71	60.73

- The most significant individual item within the VFM programme 2008 is the target reduction in wholesale cost of medicines. While the negotiations required to deliver in this area have been extensive, savings are becoming evident during the second Quarter of 2008, averaging in excess of €7m. per month
- In the area of Pay Related Savings (including Overtime, Agency etc) the overall trend is down from the levels seen during the second half of 2007. Adjusting for pay awards, the pay bill for the first Quarter of 2008 shows a reduction against both Quarter 3 and Quarter 4 of 2007.
- Travel & Subsistence (T&S) costs remained broadly comparable to 2007. However, efforts have been intensified to ensure target savings are delivered and formal confirmation of this expectation together with guidance on how it might be achieved has been issued to the system. The expenditure data on T&S for May is indicating a reduction of approximately €330,000 for that month alone.
- There is Jan-June data available on the ICT Framework target indicating savings at mid year of €1.075m.
- All of the initiatives/programmes included in the €64m and €36m respectively for PCCC and NHO supported by seasonal activity adjustments, other workforce-related controls and a rigorous review of Non-Pay expenditure are showing near target savings and as mentioned in T&S above, efforts have been intensified to ensure target savings are delivered.

However, overall, at its current performance level the VFM programme would be below target for a full year. With significant escalation it can deliver approximately €240m by year end – however this is short of the full €300m – particularly given the savings lost due to the late start of the pharmacy wholesale margin.

Correspondence has issued to all National Directors detailing the requirement for further VFM measures and ongoing focus on the achievement of targets. This escalation, as well as increased focused on existing targets, also includes further cost containment measures such as Education & Training, Temporary Staff etc. These measures will contribute to the identified shortfalls in existing targets and assist in delivering the original €300m target. All the targets and associated measures will be monitored monthly between the VFM Unit and the relevant Directorates and reported at Control and Management Team meetings. It is also clearly understood that where initiatives do not deliver as planned, a series of compensatory/contingency measures are required to ensure that the overall VFM savings target of €300m is delivered.

In parallel with the above targets and measures, additional areas are being pursued in all Directorates towards realising further savings between now and the end of the year. This includes additional non-pay management initiatives in some of the high cost/high growth areas such as Legal Services, Blood & Blood Products etc. as well as minimisation of further costs this year in areas such as Training & Education, Professional / Consultancy Services, etc. All Directorates are also examining how management of temporary staff, term time schemes etc. could yield any further pay related savings this year.

As well as the initiatives with monetary targets mentioned above, the strategic approaches to VFM being taken by the HSE, the value and productivity reviews, and also the benchmarking type processes which are all progressing the development and delivery of VFM in 2008 and beyond are detailed in Section 8 of this report. Initiatives where it is not possible to set prospective targets for savings are still reported on in terms of progress towards driving and delivering value.

6. CAPITAL PLAN UPDATE

Introduction

For the first time, a half yearly report on progress on the HSE Capital Plan is outlined in this report. The HSE's Capital Allocation for 2008 is €584.72m and it was projected that expenditure in the first 6 months of the year would amount to €281.40m. The Expenditure on Capital Projects by the HSE in the first half of 2008 (i.e. up to and including 30th June and excluding Dormant Accounts) was €291.686m. Capital expenditure is therefore approximately €10.286m over profile and indicates that the HSE is on course to drawing down all of its capital allocation this year.

Expenditure to June 30th broken down by Care Group:

Care Group	Capital Payments (€m)
ICT	2.312
Nursing Education	8.539
Medical Training	1.701
Acute Hospital	133.510
Primary Care	19.858
Mental Health	21.797
Children & Families	7.801
Disabilities	34.250
Older People	56.525
Palliative Care	2.450
Social Inclusion	2.816
Clar/Rapid	0.127
Total	€291.686

Progress on 2008 Acute Hospital Capital Priorities

New Paediatric Hospital (NPH)

The NPH Development Board is in place and the Framework Brief was published in 2007. To-date in 2008 the procurement of Business Management Services and Project Management Services has been advanced and appointments are imminent in Q3. The development of the Design Brief will be progressed in the remainder of this year.

In order to facilitate the NPH development, the New Mater Adult Hospital needs to be progressed. The tendering for the completion of the Design and the Construction of the Mater Adult Hospital has commenced and a contractor should be appointed by the end of 2008.

St Vincent's Hospital Phase 1 & 2

The St Vincent's Phase 1 Development is now nearly complete with the upgrading of the vacated buildings. The development of the Day-care facility will be completed in Q3 and the Interim Cystic Fibrosis Unit commenced earlier this year and will also complete in Q3. Planning permission has been obtained for the Phase 2 Development and the tender process for the Design/Build contract was commenced.

Co- Locate Private Hospitals

Planning applications have been lodged on 3 Hospital sites and all are being progressed. These projects should be cost neutral to the exchequer.

Accident & Emergency Departments

In 2006 and 2007 funding under the A&E Initiative (Cap Ref 554) was made available for the provision of a series of Admission Lounges and Medical Assessment Units to relieve pressure on A&E Departments. Funding was again made available in 2008 to complete these developments. However the main thrust in 2008 is to fund new A&E Departments or to upgrade or extend existing departments. In the first half of this year construction has commenced on the following A&E Projects, Our Lady of Lourdes, Drogheda, Kerry General, Beaumont AMU, and the Mater. The Design of new A&E Departments at Waterford Regional Hospital and St Luke's Kilkenny has been progressed as well as Letterkenny which will be tendered for in Q3.

Acute Hospital Bed Capacity Review

The Acute Hospital Bed Capacity Review was published early on 2008. The Review addresses the current deficit and concludes that "this shortfall can be met from the additional beds detailed in the HSE Capital Programme plus the beds that will be delivered by the Co-Located Private Hospitals". A shortfall of Critical Care beds is also identified in this Review and this shortfall is also being addressed in the following projects under construction in the first half of the year at St James's Hospital, CUH Cardiac Renal, OLOL Drogheda, Beaumont Hospital, as well as the recently completed projects at Tullamore and Cavan Hospitals.

Progress on 2008 Acute Hospital Capital Priorities (cont.)

Additional Paediatric Critical Care facilities

The provision of additional Paediatric Critical Care facilities prior to the completion of the new National Paediatric Hospital has been identified by the HSE as a priority. Accordingly a decision was made to allocate €30m over the next number of years for the provision of these facilities.

Radiation Oncology

The installation of the two additional Linear Accelerators at St Luke's Hospital was completed this year and the tenders for the provision of an additional two Linear Accelerators at Beaumont and St James's Hospitals have commenced and will be completed in Q3.

Development Control Plans (DCPs) for Acute Hospital Campuses

In order to ensure proper and efficient planning of the major Acute Hospital Campuses new (or a review of existing) Development Control Plans are being commissioned. These have been completed for St. Vincent's Hospital, Beaumont Hospital and St. James's Hospital, amongst others. DCPs for University College Hospital Galway, Waterford Regional Hospital, Mid Western Regional Hospital Limerick and Letterkenny Hospital have also been commissioned.

The North East Transformation Programme

The North East Transformation Programme has been identified as a priority for the HSE within its overall Transformation Programme. It is primarily an implementation programme that will allow HSE to focus its resources and change capacity in order to demonstrate achievement of accelerated service improvement for a substantial population base within a significant geographical area

The key drivers for service transformation in the North East are:

- Improving the safety and quality of patient care by centralising acute and complex care so that clinical skills levels can be safeguarded through ensuring sufficient throughput of cases.
- Recognising that the majority of care can and should be provided locally including at local hospitals, in the community or at home where practical.

Due to existing service deficits and identified clinical risks the initial focus is to have acute and complex care transitioned from 5 into 2 sites (Cavan and Drogheda) by 2010 and then to the new single location. Major upgrading of facilities in both these locations continued in the first 6 months of this year. Construction commenced on the new A&E and Ward block (including critical care beds) this year. Similarly the Ward and Theatre Upgrade at Cavan General Hospital continued and will be completed later this year.

Progress on 2008 PCCC Capital Priorities

Primary Care

The National Development Plan 2007-2013, the Programme for Government and Towards 2016 all prioritise the need to provide better access to all healthcare services with particular emphasis on Primary Care. This priority is reflected in the HSE's 2008 National Service Plan which has put great emphasis on the implementation of the National Primary Care Strategy and to continue to create additional Primary Care teams.

The HSE's Estates Directorate, working with the PCCC, has developed a generic model Primary Care Centre brief to accommodate 1, 2 and 3 Primary Care Teams and their associated GPs in line with the Primary Care Strategy. It is intended that these Primary Care Centres will be provided by the market rather than from the Capital Programme (as proposed in the National Development Plan (NDP)).

At the start of the year expressions of interest were requested from interested developers for 131 named centres and over 400 submissions were received. While these submissions are still being assessed, negotiations with the preferred bidders in some locations are being progressed and some have been finalised. The first four leases finalised through this procurement process, at Trim, Letterkenny, Roscommon and Kinsale, were submitted for approval to the HSE Board for the July meeting and a further 12 will be put to the Board at their next meeting.

National Rehabilitation Hospital

The detailed design of this development was progressed and a planning application lodged with the local authority in May '08. The procurement process for the completion of the design and construction of the facility commenced on June '08 and a design/build contractor should be in place by the end of 2008.

Central Mental Hospital

During the first half of this year the Cost Benefit Analysis for this project was completed and the Design Brief has been progressed. A Design Team will be appointed by year end.

Progress on 2008 PCCC Capital Priorities (cont.)**Older People Programme**

The HSE carried out a National Needs Assessment in 2006 (Residential Care for Older People – Needs Assessment), which was updated in the Prospectus Report in 2008, which is still a draft document but which identified and prioritised the areas of greatest deficit and developed a programme of additional and replacement long stay residential beds. The need to act on a Needs Assessment on Residential Care for Older People is identified in both the NDP and Programme for Government. In order to meet this need, an investment of a minimum of €100m per annum for the next number of years was agreed by HSE Management. Community Nursing Units completed so far this year include St Mary's Phoenix Park (100 beds) and Incorporated Orthopaedic Hospital, Clontarf, (First 32 beds).

- Community Nursing Units under construction in this period include;
 - Tralee (50 beds)
 - Harold's Cross (50 beds)
 - Simpson's Hospital, Ballinteer (42 beds)
 - St John's Enniscorthy (72 beds)
 - Dunmanway (23 beds)
 - Dingle (68 beds)
- Community Nursing Units which commenced construction this year include
 - Clonskeagh (100 beds)
 - Cashel (50 beds)
 - Royal Hospital Donnybrook (30 beds)

Mental Health

One of the main objectives of both the NDP and the Programme of Government is the implementations of recommendations of the Mental Health Strategy as outlined in the "Vision for Change". The Programme for Government states that this will be funded from the sale of Mental Health Lands. Earlier this year a Modernising Mental Health Steering Committee was put in place to identify and quantify the infrastructural needs of implementing the recommendations of the Mental Health Strategy (Vision for Change). This group has now produced a draft report which will be finalised in Q3. This report, when finalised, will form the basis of a submission to the Department of Health & Children and the Department of Finance in Q4 for the provision of funding for these prioritised developments from the sale of Mental Health lands as outlined in "Vision for Change".

Mental Health projects are also being funded from the National Development Plan and those being progressed this year include:

- Bloomfield Psychiatric Hospital Dublin (68 beds) and Cope Foundation Cork (8 beds) which are both under construction
- The Design of Child & Adolescent Residential Facilities in both Cork (Bessboro), and Galway (St Anne's, Merlin Park) and the construction of interim facilities at Fairview Dublin and St Stephen's Cork which both commenced this year.
- The design of Acute Psychiatric Units at Letterkenny General Hospital, Sligo General Hospital and Louth County Hospital.

Disability Services

The main focus of the HSE's 2008 National Service Plan and 2008 Capital Plan is to provide community based residential and respite services, day centres and resource facilities, specialist facilities for those who require a more intensive level of care and to provide accommodation for those with Intellectual Disabilities currently in inappropriate settings e.g. Psychiatric Hospitals. This is exactly in line with the government priorities as outlined in the National Development Plan 2007-2013. Residential Units under construction in the first half of the year include St Ita's, Dublin (60 beds), St. Raphael's, Cork (30 beds) and St Dymphna's, Carlow (20 beds). Outreach and Day Facilities are under construction at Clonbrusk, Athlone, Balgaddy, Dublin and St Loman's, Mullingar.

Palliative Care

The HSE carried out a baseline study in 2006 which identified the number of patients requiring Palliative Care and the regional variations across the country. At present the HSE's Palliative Care Steering committee is engaging with all stakeholders and will present a Service Review and Implementation Plan to the CEO in Q3 2008. This review will identify and prioritise the infrastructural service needs for the next 5 years.

7. REPORT ON PROGRESS OF NEW SERVICE DEVELOPMENTS (ADDENDUM)

Focus – Older People	Budget Day Deliverable 08	Progress in reporting period	Lead Responsibility															
<i>Development of home and community based services and supports – Home Care Packages (HCPs)</i>	<table border="1"> <thead> <tr> <th>€</th> <th>HCPs</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>10,000,000</td> <td>360</td> <td>4,710</td> </tr> </tbody> </table>	€	HCPs	Total	10,000,000	360	4,710	<table border="1"> <tbody> <tr> <td>Money spent: € Nil</td> <td>Home care packages funding distribution agreed across the 4 Areas. Implementation of the 2008 allocation is scheduled to commence in August.</td> </tr> <tr> <td>Total WTEs appointed: 0</td> <td>Recruitment process is scheduled to commence on 1st August.</td> </tr> </tbody> </table>	Money spent: € Nil	Home care packages funding distribution agreed across the 4 Areas. Implementation of the 2008 allocation is scheduled to commence in August.	Total WTEs appointed: 0	Recruitment process is scheduled to commence on 1 st August.	PCCC					
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<i>Sheltered Housing schemes</i>	Targeted Sheltered Housing allocation to fund innovative best practice proposal based in Dublin area 10 WTEs & €1.1m	<table border="1"> <tbody> <tr> <td>Total WTEs appointed:</td> <td>Sheltered Housing – allocation made to best practice sheltered housing initiative in Dublin area. Scheduled to commence in August. Discussions are in train with the DoHC.</td> </tr> <tr> <td>Money spent: € Nil</td> <td></td> </tr> </tbody> </table>	Total WTEs appointed:	Sheltered Housing – allocation made to best practice sheltered housing initiative in Dublin area. Scheduled to commence in August. Discussions are in train with the DoHC.	Money spent: € Nil		PCCC											
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10 WTEs																		
<i>Voluntary Groups working in partnership with the HSE</i>	€2 to increase funding allocations to certain Voluntary Groups in areas such as Alzheimers/ Dementia etc.	<table border="1"> <tbody> <tr> <td>Money spent: € Nil</td> <td>Voluntary Groups – Payment of funding allocations to Carers Association & Alzheimers. Implementation of the 2008 allocation is scheduled to commence in August.</td> </tr> </tbody> </table>	Money spent: € Nil	Voluntary Groups – Payment of funding allocations to Carers Association & Alzheimers. Implementation of the 2008 allocation is scheduled to commence in August.	PCCC													
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7. Report on Progress of New Service Developments (Addendum)

Focus – Older People	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Elder Abuse: Implementation of health aspects of 'Protecting our Future' HSE policy document on Elder Abuse</i>	€0.3m to undertake a National Publicity Campaign as part of raising awareness of Elder Abuse.	Money spent: € Nil	Work continues on a national publicity campaign to raise awareness of Elder Abuse. The campaign will take place in Q3 2008 as part of the HSE's implementation of the health aspects of "Protecting our Future"	PCCC
<i>A Fair Deal - new long-term residential care scheme</i>	€110m for the implementation of the introduction of A Fair Deal together with the transition arrangements agreed with the DoHC, pending introduction of legislation.	Money spent: € Nil	Legislation to implement the Fair Deal has not yet been enacted. As agreed with the DoHC an additional 200 long stay beds in private nursing homes have been provided from the €110m with a reallocation of €13m.	PCCC
<i>Fast Track Bed Initiative</i>	Full year implementation of 860 fast track bed initiative in line with arrangements agreed with DoHC.		Initiative continues to be progressed in line with schedule.	PCCC
	660 WTEs	Total WTEs appointed: 0		
Focus – Palliative Care	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Palliative Care Services: Address, on a priority basis, gaps in services and variations in service availability between geographic areas as outlined in the Baseline audits and palliative care plans under development in each Administrative Area and Nationally.</i>	In consultation with Area Development Committees for Palliative Care, €3m provided for the key priority areas for development addressed, including: <ul style="list-style-type: none"> • Multi-Disciplinary Teams • Specialist Palliative Care beds • Home Care • Day Care • Acute Hospital Palliative Care Services Particular emphasis will be placed upon addressing those parts of the country where relevant services above are relatively poorly provided such as the south east, the midlands, the north east and the west.	Money spent: € Nil	As previously reported, priorities for Palliative Care development monies have been agreed at national level and the number and type of staff agreed for each HSE Area. It is planned that implementation of these priorities will commence between July and September 2008.	PCCC
	47 WTEs	Total WTEs appointed: 0		

7. Report on Progress of New Service Developments (Addendum)

Focus – Disability Services	Budget Day Deliverable 08	Progress in reporting period	Lead Responsibility	
Intellectual Disability				
Residential/Community Care	€15.8m for the provision of 200 additional residential places, to bring the total number of places to 8,462 by end 2008.	Money spent: €6,468,125 Note: This relates to 98.25 places	Allocations and priorities for each Area have been finalised. At 30 th June there were 98.25 places in place.	PCCC
	282 WTEs	Total WTEs appointed: 0	Allocations and priorities for each Area have been finalised. Discussion in train with DoHC, etc.	
Day Care	€9.34m for the provision of 467 additional day places, to bring the total number of places to 25,196 by end 2008.	Money spent: €1,668,400 Note: This relates to 83.42 places.	Allocations and priorities for each Area have been finalised. At 30 th June there were 83.42 places.	PCCC
	166 WTEs	Total WTEs appointed: 0		
Respite Care	€4.2m for the provision of 53 additional respite places, to bring the total number of places to 4,533 by end 2008.	Money spent: €1,616,667 Note: This relates to 24.25 places.	Allocations and priorities for each Area have been finalised. At 30 th June there were 24.25 places.	PCCC
	76 WTEs	Total WTEs appointed: 0		
Physical and Sensory Disabilities				
Services for Persons with Physical and Sensory Disability (TP 2.) <i>The 2005-2009 Multi-annual Investment Programme, under the Disability Strategy, provided for the creation of 80 additional residential places per year and 250,000 additional hours of personal assistant / home support.</i>	€4.5m for the provision of 200,000 additional PA / Home Support hours, to bring the total number of hours to 3,200,000 by end 2008.	Money spent: €909,163 Note: This relates to 40,407 additional hours.	Allocations and priorities for each Area have been finalised. At 30 th June there were 40,407 additional / enhanced PA / Home Support hours.	PCCC
	94 WTEs	Total WTEs appointed: 0		
Disability Act: <i>Enhance the level and range of multidisciplinary support services to children with intellectual, physical and sensory disabilities and those with autism, with a priority in 2008 on enhancing the assessment and support service for children with disabilities</i>	€9.8m for the filling of 140 multidisciplinary team posts to provide assessment and ongoing intervention services to children with a disability and in particular with reference to the implementation of the Disability Act.	Money spent: € Nil	Allocations and priorities for each Area have been finalised. Discussion in train with the DoHC, It is scheduled to implement from 1 st August 2008	PCCC
	140 WTEs	Total WTEs appointed: 0		

7. Report on Progress of New Service Developments (Addendum)

Focus – Cancer Control Programme	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<p>National Cancer Control Programme (NCCP) (TP 3.9) <i>The cancer control programme will be organised around the transfer of surgical services onto the 8 designated cancer centres, with some cancers being accelerated to be 90% transferred by the end of 2008. Cancer control will roll out a number of specific projects within cancer, develop national guidelines and implement standards based around these guideline. Key posts to create the programme structure will be put in place.</i></p>	<p>Implementation of the cancer control strategy - €10m Appointment of key posts into the National Cancer Control Programme Structure which will form the leadership for the programme. The commencement of the transfer of oncology surgeries into the 8 cancer centres – 50% delivery by the end of 2008. Improved access to breast services including mammography, with a proposed transfer of 90% of breast services into the 8 centres by end 2008. Strategy for transferring WTE and capital resources, with a fully developed capital and equipping plan.</p>	<p>Money committed: € 8.45 M</p>	<p>A total commitment for the NCCP of 46.5 WTE has been awarded for a number of consultant and support posts for breast cancer service transfer and development. The process of filling these appointments is underway. The remainder of the WTE for 2008 will be allocated in the 3rd quarter to consultant posts for prostate and lung cancers.</p>	<p>Director of Cancer Programme Director</p>
	<p>35 WTEs (NB: Plus an additional 16 in the letter of approval 4.3.08) Total = 51 WTEs</p>	<p>Total WTE in the process of being appointed: 46.5</p>		
	<p>National Plan for Radiation Oncology - €5m Continue increased service delivery in St Luke's Increased delivery of the training programmes throughout 2008. Employment of commissioning staff for the capital developments. Expanded training schemes for all grades of radiation oncology specialised staff.</p>	<p>Money committed: € 5m</p>	<p>A total commitment for the NPRO of 39 WTE has been awarded for a number of consultant and support posts to facilitate the development of the NPRO, and delivery of the expanded training programmes, the process of filling these appointments is underway.</p>	<p>Director of Cancer Control Programme with Director of the Radiation Oncology Plan.</p>
	<p>39 WTEs</p>	<p>Total WTE in the process of being appointed: 39</p>		

7. Report on Progress of New Service Developments (Addendum)

Focus – Population Health	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Introduction of Pneumococcal and Hepatitis B vaccines into Primary Childhood Immunisation Programme.</i>	€12.152m (Incl VAT*) for the implementation of new PCI schedule and catch-up programme. Ensuring 95% uptake of essential childhood vaccine.	Money spent: € Nil	No additional progress reported for June.	Pop Health
<i>Standardisation of current IT systems to allow collection of data for changes to immunisation schedule.</i>	€1.726m for standard process and systems for data capture, scheduling and up-take to support new PCI programmes. 12 WTEs	Money Spent: € 14,000 Total WTEs appointed: 0		Pop Health
<i>Communications and training.</i>	€1.131m for promotional materials and media campaigns. Health Professional training to support the achievement of 95% uptake of essential childhood vaccines. 2 WTEs	Money Spent: € 70,000 Total WTEs appointed: 0		Pop Health
<i>MMR campaign for all children 4 – 18 years of age. Ireland is committed to 2010 WHO European strategy to eliminate measles and rubella.</i>	€2.95m for the commencement of Phase 1 of MMR campaign. 98 WTEs*	Money Spent: € Nil Total WTEs appointed: 0		Pop Health

*These vaccine cost are estimated as prices are market dependent.

Focus – Other	Budget Day Deliverable 08	Progress in reporting period		Lead Responsibility
<i>Innovative Service Delivery Projects</i>	€12m Innovation Fund established. Negotiations initiated between DoHC and HSE to agree a process for innovative projects that will qualify under the Innovation Fund. Projects approved, communicated and rolled-out.	Money spent: € Nil	Evaluation / Monitoring Committee established. Innovation Fund application and assessment process approved. Applications received by closing date in Mid June. Stage 1 of the assessment process completed. Validation of project assessments undertaken by service directorates.	Chair of Monitoring & Evaluation Committee

8. REPORT ON NSP 2008 DELIVERABLES

SERVICE DELIVERY

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>			
New Contract framework and associated documentation finalised and signed off by management team.	Q3	The HSE has submitted a written proposal, following legal advice, to the Department of Health & Children which sets out a process including several steps that is intended to facilitate the development of a new GP Contract without infringing Competition Law. It is expected that engagement between the Department and the HSE on the merits and acceptability of the proposed process will take place during July.	PCCC
Mechanism for engaging with relevant stakeholders, in compliance with Competition Act, 2002, defined and in progress.	Q1	It is expected that the outcome of the HSE's deliberations with the Department (Q3) will inform generally the process to be followed for all contractor cohorts.	
<i>Dental Treatment Services Scheme</i>			
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 Strategy is concluded as the outcome may have implication for a new DTSS Contract.	PCCC
Mechanism for engaging with relevant stakeholders, in compliance with Competition Act, 2002, defined and in progress.	Q1	See Q3 above.	
<i>Pharmacy Contract</i>			
New Contract framework and associated documentation finalised and signed off by Management Team.	Q1	An Interim Contract has been offered. A report following an independent assessment of fees for the Interim Contract has been provided to the Minister and is under consideration.	PCCC
Mechanism for engaging with relevant stakeholders, in compliance with Competition Act, 2002, defined and in progress.	Q1	See Q3 above.	
<i>Demand Led Schemes</i>			
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	<p>A detailed Review of Demand Led Schemes was carried out. The findings and recommendations of the review informed the prioritisation of nine high level initiatives for which an action plan was developed.</p> <p>Work has commenced with procurement to re-orient the process under which non-drug items area are approved and priced to align more with procurement methodologies.</p> <p>A briefing document has been prepared on the provision of foods for special medicinal purposes. Recognising that there is significant wastage of oral nutritional supplements, a proposal is being finalised which will enable the targeting of these</p>	PCCC

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
		<p>products to those patients for whom they are clinically indicated.</p> <p>Guidelines have been developed to standardise the administration of Hardship arrangements at local level. Further to a scoping exercise underway between the Primary Care Reimbursement Service and the local health offices, these will be finalised and rolled out.</p> <p>A mechanism to match High Tech Stock in one pharmacy with patients using other pharmacies in the locality is at an advanced stage, reducing the wastage within the scheme.</p>	
<p>Develop and implement PCCC Configuration Framework (TP 2.1, 2.4)</p>			
<p>Existing PCCC services will continue to be re-orientated to facilitate their re-configuration into PCT and Health and Social Care Networks (HSCN).</p>	<p>Q1-Q4</p>	<p>Draft design framework document has been prepared for the organisation structures below LHO level to provide guidance to LHO management teams for organisational restructuring and hence enable the alignment of services to Primary Care Teams and Networks.</p>	<p>PCCC</p>
<p>Each area to develop a plan for reconfiguration of existing staff.</p>	<p>Q2</p>	<p>Process has commenced and LHMs have been asked by the National Director to prioritise this work. Template forwarded to each area for completion detailing reconfiguration of staff.</p> <p>Approximately 674 HSE allied health professionals have been reconfigured to PCTs and Networks.</p>	
<p>2006 Teams The 87 (2006) PCTs will be progressed from development phase to fully functioning teams, delivering services to defined populations.</p>	<p>Q2</p>	<p>Due to the IMPACT dispute the most up to date verifiable data is as of end of April 08. As of this date, for the 97 teams (including 10 pilots), the position is as follows:</p> <ul style="list-style-type: none"> • 94 PCTs have initial team members identified (97%) • 73 PCTs are holding Clinical Meetings (75%) • 52 PCTs have new posts in place (54%) • 56 PCTs have existing staff configured to geographical areas (58%) • 94 PCTs are holding team development meetings (97%) • 67 PCTs have protocols developed for Clinical Meetings (69%) • 68 PCTs have local protocols in place for team inter-referrals (70%) <p>Guidelines for Clinical Team meetings have been prepared and circulated to all TDOs.</p>	
<p>Progress recruitment of 110.5 staff to support development of 2006 teams.</p>	<p>Q4</p>	<p>As of 1st July 2008 232.5 posts have been filled.</p> <p>Progress is being made to fill the outstanding 66.25 vacant posts by quarter 4.</p>	
<p>2007 Teams Progress development of 100 Primary Care Teams.</p>	<p>Q1-Q4</p>	<p>As of 31st May 2008:</p> <ul style="list-style-type: none"> • 44 PCTs have initial team members identified; • 7 PCTs are holding Clinical Meetings; • 6 PCTs have new posts in place; • 15 PCTs have existing staff configured to geographical areas; • 26 PCTs are holding team development meetings; • 19 PCTs have protocols developed for Clinical Meetings; • 21 PCTs have local protocols in place for team inter-referrals. <p>It is anticipated that significant progress will be made on these teams towards the end of the year.</p>	

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Progress recruitment of 300 posts identified to support development of 100 PCTs.	Q1-Q4	Approval to progress the recruitment of these posts is anticipated for Q 4.	
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	<p>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.</p> <p>All Local Health Offices have a mapping report which will guide them through the restructuring process.</p> <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>	
Review of PCT development completed, in line with 'Towards 2016' commitment.	Q4	To be reported in Q 4.	
Use of Information Technology			
ICT requirements identified for PCTs and HSCNs.	Q2	<p>Work has commenced on the construction of a prioritised plan that will guide the approach to the provision of enabling ICT technologies to support multidisciplinary working by the Primary Care Teams. This entails:</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. Maximizing the use of existing technologies to facilitate secure communication of clinical information, including GPs e.g. (secure e-mail). Developing of a minimum data set of demographics and a supporting application to support initial enrolment e.g. (Ms.Excel). Identifying of training requirements Identifying of support requirements. The development of any supporting protocols or legal requirements. 	PCCC
Framework agreed for the use of a shared record within PCTs and HSCNs.	Q4	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. It is proposed that these guidelines will be signed off by the National Steering group over the coming months. A meeting is being arranged with the ICGP, in relation to the sign off.	
Work with ICGP and PCCC in relation to computerisation and the development of the shared record.	Q1-Q4	<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>	
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	<p>The commissioning of this review is currently being finalised.</p> <p>The National Review will commence in September 2008</p>	

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
HSE National Information Line			
Satisfaction surveys executed periodically to support quality assurance of the service.	Q1-Q4	No update available due to IMPACT Dispute	
GP Vocational training(in partnership with the ICGP) (TP 2.5)			
A review of GP Training undertaken.	Q3	No update available due to IMPACT Dispute	
Report from Interim National HSE / ICGP Steering Group completed.	Q4	No update available due to IMPACT Dispute	
Work with the Irish Medical Council and Irish College of General Practitioners in meeting our requirements under the Medical Practitioners Act 2007.	Q1-Q4	No update available due to IMPACT Dispute	
Development of the Hospital in the Home Service (HiTH). (TP 2.5)			
Service will continue until at least Contract completion in March 08.	Q1	Admissions to HiTH ceased from 11 th May 2008. Patients admitted will have their full course of treatment completed by Tara Health Care and will then be discharged back to their referring doctor. The HSE are currently exploring options within which the concept of HiTH can be retained, repatriated to existing post acute care and community services.	PCCC
National Schemes Modernisation Project (TP 2.8)			
Implement recommendations of Community Ophthalmic Services Medical Pilot Scheme			
Contract agreed with providers.	Q4	Work in progress	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.		Commencement of roll-out on phased basis scheduled for September 2008.	
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	Self-assessment option still being scoped	PCCC
On-line application process for persons aged 70 years piloted.	Q4	On-line application option for over 70's is being scoped	
Standard National Medical Card / GP Visit Card Review Form developed.	Q4	On target for completion by Q4	
Development and enhancement of competency and knowledge base within HSE (PCCC) on EU Health regulations.			
One central repository for all EU regulations queries and points of information established.	Q4	Central Email address euregulations@hse.ie has been developed for all queries and is currently operational. Establishment of Central Unit is currently being scoped.	PCCC
Information manual on 'Completion of EU forms' compiled.	Q4	Information manual on 'Completion of EU forms' complete and awaiting distribution to each LHO.	
Mechanism established to identify the numbers and cost of providing services under regulations.	Q4	Work in progress	

Primary Care Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Position clarified regarding costs, notional costs and waiver systems between EU countries.	Q4	Work in progress	
<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	See Q3 above. However, the work cannot be completed until the National Oral Health Strategy is concluded as the outcome may have implication for a new DTSS Contract.	PCCC
<i>National Review Group on Orthodontic Service</i>			
Impact of revised guidelines will be monitored on an ongoing basis in 2008.	Q1-Q4	No update available due to IMPACT Dispute	PCCC
<i>Development of Orthodontic Services</i>			
Appointment of Consultant Orthodontist for Cork / Kerry area completed.	Q4	No update available due to IMPACT Dispute	PCCC
4 Orthodontic training places at Cork Dental School implemented.		No update available due to IMPACT Dispute	
<i>Development of action plan to address oral health needs of patients with special needs / patients in long-term residences.</i>			
Recommendations of action-plan prioritised.	Q1	No update available due to IMPACT Dispute	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	No update available due to IMPACT Dispute	
<i>Hepatitis C Services</i>			
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 1996. Existing eligibility criteria still being applied for entry to the scheme. New HAA cards continue to be awarded on basis of meeting eligibility criteria but only at rate of approx 1-2 cards per month. Most new cards awarded are on foot of requirement to have a HAA card for entry to Hepatitis C Insurance Scheme and client had not applied previously.	PCCC
National Hep C Forum will monitor planning and delivery of service.	Q1-Q4	Meetings continue to be convened on quarterly basis, June 08 meeting postponed. Next meeting Sept 3 rd 08 and individual meetings continue to be convened with each Hepatology Unit, Patient Group and Liaison Officers outside of the National Forum.	
Provide HAA cardholders with up to date guide to services available under the HAA scheme.	Commence Q1	All Health Amendment Act Cardholders provided with a revised and updated information guide to services during Q1 and Q2. This is complete. Other Hepatitis C information booklets being updated presently.	

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	Work progressed during Q1 and Q2 to deliver this in Q3	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	SLA in place including funding to provide services.	
Care planning			
Standardised care plan developed following completion of discussions with HIQA.	Q2	Initial scoping completed. For implementation Q3.	PCCC
Ensure implementation of standard plan across system.	Q2 09	Initial scoping completed (as above) For roll-out / implementation in Q4.	
<i>Development of 'Agenda for Children's Services' National Child Care Policy</i>			
<i>Agenda for Children</i> disseminated and implementation process commenced.	Q4	On-going discussions with OMCYA to prepare for implementation.	PCCC
<i>Residential Care</i>			
Current placements reviewed of children aged 12 and under and single occupancy placements.	Commencing Q1	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	Current placement review of children aged 12 and under and single occupancy placements was completed during Q1 and Q2. Review will be ongoing throughout Q3 and Q4.	
<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	Implementation has been completed.	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
<i>High-Support and Special Care Units</i>			
Completion of strategic review of High Support and Special Care.	Q2	Strategic review of High Support and Special Care is on-going	PCCC
Implementation of recommendations to be examined.	Q3	Recommendations will be examined on completion of Strategic Review. Ongoing	

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
Development of performance measures.	Q4	To be developed on foot of the completion of strategic review and implementation of recommendations. Ongoing	
<i>Improving quality in Foster Care</i>			
All placements subject to protocol.	Q1	A Draft protocol has been submitted to the National Directors for consideration. Awaiting sign off.	PCCC
Review of foster care standards completed to identify issues arising.	Q2	Review process underway for completion Q3.	
Following completion of Review, ongoing implementation of the standards on a cost-neutral basis will be considered.	From Q2	On-going subject to outcome of review process.	
Publicity and promotion of fostering.	Q4	National Fostering Campaign in partnership with IFCA will be promoted in Q3.	
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 on-going.	PCCC
National child care standards for pre-schools service developed.	Q4	Standards Committee under the auspices of the OMCYA with HSE representation on-going.	
The -5% variance in figures is forecast as it is envisaged that the new audit tool will increase the time it takes to complete an inspection, therefore reducing the number of inspections in turn.	Q4	To be reported in Q4.	
Maximise timely inspections in context of growing number of facilities, more comprehensive inspection regulation and resource availability.	Q4	Standards Committee under the auspices of the OMCYA with HSE representation on-going.	
Roll out of national standard pre-school inspection process and reporting.	Q4	Subject to publication of Standards.	
<i>Review existing Child Protection and Welfare Structures and Services</i>			
		Following launch of "Agenda for Children", the new National Policy on Child Welfare & Protection the HSE have agreed to develop a Child Welfare Strategy, lead by Office of CEO. The delivery of the Strategy will be advanced through a steering committee with PCCC. A brief has now been agreed and submissions have been widely invited from within HSE, Departmental (Office of Minister for Children, Dept. of Justice, Dept. Education and Family Support Agency) and Non Governmental Organisations (NGO) sectors by end of July. Target for concluding the strategic document is end of 2008 Review still not published. HSE preparing for aspects of review which will require changes.	
Revised Children First Guidelines implemented on a phased basis, on completion of review.	Q4	Review still not published. HSE preparing for aspects of review which will require changes.	PCCC / Office of the CEO
<i>Criminal Evidence Act 1992</i>			

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
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	Draft document has been prepared. 6 HSE officials have been trained to work with an Garda Siochana in the preparation and interviewing of children.	PCCC
<i>Management Information</i>			
Interim data set transferred to HSE.	Q1	2005 and 2006 data has been finalised and submitted to the Department of Health & Children. Processing for 2007 ongoing	PCCC / Office of the CEO
Additional Childcare measures identified through work of National Childcare Information System.	Q2	A number of additional measures have been identified for inclusion in 2009 reports. Work ongoing dependant on resource implications.	
Review of Interim Data Set completed.	Q2	Phase I of NCCI system completed. Sign off expected for national role out by end July. Phase II incorporating Child Protection work processes to commence in second half of 2008. ICT proposal to assist data capture completed to be advanced through the system	
<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 on-going 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	Draft business plans have been drawn up and are awaiting sign off by National Directors.	
<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.	PCCC
Validation exercise of current data set undertaken.	Q1	Current dataset reviewed in conjunction with Performance Management.	
<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 Siochana, the Office of the Refugee Applications Commissioner and all statutory and voluntary Childcare	PCCC

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
		Agencies. A national protocol regarding all children who go missing from care is currently being drafted and will be finalised by the end Q3. Separated children seeking asylum are dealt with specifically under this protocol. The HSE is in consultation with the Garda Missing Persons Bureau on this matter.	
Development of plan for countrywide provision.	Q1	Complete	
Implementation of plan on a phased basis.	Q2-Q4	On-going	
Implementation plan developed for roll-out of guidelines.	Q4	On-going	
Data collection process is devised in respect of users of the service.	Q2	For completion in Q3	
Youth Homeless Strategy			
Establish group to examine recommendations of Youth Homeless Strategy.	Q1	Complete	PCCC
Regular reports provided on progress.	Q1-Q4	On-going.	
Sexual Assault Treatment Unit report			
GP certificate course continued.	Q1-Q4	National Hospital Office leading out – work ongoing.	PCCC / NHO
Nurse Training Programme continued.	Q1-Q4	To date 8 nurses are undergoing training	
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	An analysis of shortfall in funding has been completed, awaiting approval. Meetings have been held with GPs to improve the level of training required to augment the work carried out by Sexual Assault Unit. A publicity campaign advising members of the public of the services available has been completed using both local and national. Funding has been made available to replace sessional staff with fulltime employees in the voluntary sector. Audits have been carried out with consumer groups to identify current service provision and delivery and to identify gaps Three training initiatives have been identified for 2008. – (a) G.P. and Nurse Practice in Domestic and Sexual Violence. (b) Forensic nurse training in Sexual Violence. (c) Rolling G.P. training to augment work carried out in Sexual Assault Units.	
Commissioning of 2 new SATUs (Mullingar and Galway).	Q4	To be reported in Q4.	
Ferns			
Identification and implementation of recommendations on a cost neutral basis.	Q1-Q4	On-going - subject to outcome of review group.	PCCC

Children and Families Focus / Deliverable 08	Target Timescale	Progress in Reporting Period	Lead Responsibility
<i>Violence Against Women</i>			
Work with Service Providers in relation to funding allocated to ensure improved service delivery.	Q1-Q4	Meetings with Service Providers are currently ongoing. A budget allocation has been agreed for enhanced service delivery.	PCCC
Standardisation of Service Level Agreements completed.	Q4	Draft SLA in place which is awaiting sign off by the Management Team.	
<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	Scoping exercise complete. For implementation Q4.	PCCC
<i>Continuing Professional Development of HSE Staff and Providers.</i>			
150 training days to be delivered in 2008 for HSE staff.	Q4	To be reported in Q4.	PCCC
Children First Training delivered to Agencies delivering services.	Q1-Q4	To be reported in Q4.	

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	No progress to report this period. However, Local Health Offices continue to work with the G.P. service and PHN service to improve uptake of immunisation service.	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	Child health report delayed due to IMPACT dispute	Pop Health / Office of CEO
<i>The WHO Global Strategy for Infant and Young Child Feeding</i>			
Support new mothers to continue breastfeeding.	Q1-Q4	PHNs continue to educate and support new mothers to continue breastfeeding. A national campaign is currently being undertaken to involve vulnerable sectors of society and young people in breastfeeding. Breast feeding awareness week has been scheduled for October 2008. A leaflet and media campaign will run concurrently at this time.	PCCC
<i>Adolescent Friendly Services</i>			
Training in use of assessment tools rolled out in locations delivering services to young people.	Q3	To be reported in Q3.	Pop Health / Office of the CEO
<i>Child Health Surveillance</i>			
Evaluation of developmental surveillance tool for children in Ireland complete.	Q4	To be reported in 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	Best practice model, CHISP, awaiting adoption by Management Team	
Training plan developed.	Q4	To be reported in Q4.	
<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.	Q4	<p>Awaiting clarity on way forward in light of resource constraints and with regard to obtaining Senior Management confirmation on which sites to be developed through a staged approach.</p> <ul style="list-style-type: none"> • Draft Protocol developed • Equipment Commissioning Guidelines revised • Offer of equipment investigated and decision to decline reached • Needs assessment questionnaire drafted • Principles of UNHS drafted • Communication to NHO Network Managers – to identify Implementation Project Managers at sites or within hospital networks being identified to support implementation • Estimates prepared for 2009 in relation to UNHS • Project proposal revised 	Pop Health / Office of the CEO

Child Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> Roll out of site implementation dependant upon resources Sponsorship discussion document developed (Professional Education and Development with sub group of UNHS steering group) 	
Emotional well being of children			
Training programme and development of training needs assessment for working with adolescents reviewed.	Q3	Training programme developed.	PCCC / Office of the CEO
Develop additional pilot site in Dublin.	Q3	To be reported in Q3.	
Universal Neonatal Hearing Screening			
Current pilot sites to be developed to full screening standard.	Q4	Progress includes: draft Protocol developed; Equipment Commissioning Guidelines have been revised; Needs assessment questionnaire drafted; Principles of UNHS drafted; Implementation Project Managers at sites are being identified; and a discussion document re sponsorship of audiology students developed.	NHO / PCCC / Pop Health
Develop additional pilot site in Dublin.	Q3	To be reported in Q3.	
Growth Measurement			
Implication of new WHO charts considered and recommendations made. Tendering for new Irish Growth Chart completed.	Q2	No report received.	Pop Health
Obesity in Children and Young People			
Training in prevention and management guidelines for primary professionals rolled out.	Q3	Training programme developed.	PCCC / Pop Health
Preventing Injury to Children and Young People			
Injury Prevention Activity reviewed and action plan developed.	Q3	To be reported in Q3.	Pop Health / Office of the CEO
Participation in European Child Safety Alliance.	Q1	No report received.	
Screening Newborns for Cystic Fibrosis			
Implementation of plan with commencement of screening.	Q4	A policy document on the implementation of a CF screening programme which was produced by the Expert Advisory Group on Children and Families is due to be considered by Management Team in July.	NHO / PCCC / Pop Health
Irish Association for Adolescent Health and Development			
Business Plans further developed and implemented.	Q2	No report received.	Pop Health / Office of CEO
Developmental Screening - Best Health for Children			
Audit of HSE performance against standards outlined in 'Best Health for Children' completed.	Q3	Process agreed to advance this audit. Office of the CEO/EAG taking the lead in this cross services project with PCCC and Pop Health. Revised timescale to year end.	Pop Health / PCCC / NHO / Office of CEO

MENTAL HEALTH

Mental Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Implementation of Vision for Change</i>			
Progress implementation plan for 'A Vision for Change'.	Q1-Q4	<p>Targeted action plan developed which focuses on six key areas for 2008 as set out below. The HSE is also working on a more detailed action plan for the period 2009 to 2013 to address all of the remaining recommendations of a Vision for Change not accounted for under these six key areas.</p> <ul style="list-style-type: none"> • Child & Adolescent Mental Health Services • 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 	PCCC
<i>General Adult Psychiatry</i>			
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><u>Catchment Area Definition</u></p> <p>The work on catchment definition has been completed.</p> <p>Mental Health catchment areas will be coterminous with Primary and Social Care Networks. Significant work has been undertaken in each LHO (Local Health Office) area to examine sector boundaries in the context of Transformation.</p> <p>Work is ongoing on defining the specialist services. The 4 Area Steering Groups are to bring forward proposals for sign off by the Area Management Team to include where the specialist services should be located and the model of service delivery for the HSE Area.</p> <p><u>Modernisation of Mental Health Infrastructure</u></p> <p>Work is advanced nationally on the process of replacing the remaining psychiatric hospitals with modern mental health services. A National Infrastructure Group has been established and this group is providing guidance on closure process and new facility functional specifications.</p> <ul style="list-style-type: none"> • Agreement of timeframe for closure of hospitals • Building works in respect of C&A inpatient beds are on target • Work is underway on identifying land banks • Closure plans are underway and group is providing guidance to ensure consistency • Work to identify replacement accommodation is underway • Timeline set for Report of Group • Key Stakeholders active in Working Group - Clinical, Technical, Service Users. • Input from international expertise • Functional clarification of facilities being refined • Template complete for Gap Analysis on resources • Plans agreed to amalgamate current long stay wards and overall closure of facility 	PCCC

Mental Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p><u>Community Based Mental Health Teams</u> Work ongoing in identifying the composition of each multidisciplinary adult mental health team. It is anticipated that this work will be completed by early Autumn.</p> <p><u>Reconfiguration of mental health services for people with an intellectual disability</u> Considerable work continues in planning the reconfiguration of mental health services for people with an intellectual disability. There has been agreement with voluntary partners in Dublin Mid-Leinster on the re-configuration required to provide mental health services to catchment areas. Discussions are commencing in the other three areas to agree similar arrangements with voluntary partners. Resources will be allocated as they become available and reconfigured to develop fully functioning consultant led mental health intellectual disability teams.</p> <p>Plan in respect of roll out of MHID service has been signed off by PCCC Area Management Team</p> <p>Identified the ID clients in our services</p>	
Filling of the Consultant Adult Psychiatrist posts progressed, subject to agreement on Consultant Contract talks.	Pending Agreement	Agreement has been reached on interview boards. Interviews for Consultant posts scheduled for August 2008.	
<i>Old Age Psychiatry</i>			
Filling of the Consultant Adult Psychiatrist posts progressed, subject to agreement on Consultant Contract talks.	Pending Agreement	Agreement has been reached on interview boards. Interviews for Consultant posts scheduled for August 2008.	PCCC
<i>Eating Disorder Services</i>			
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 this period.	PCCC
<i>National Forensic Mental Health Services</i>			
Recruitment of 12 WTE in Central Mental Hospital completed.	Q4	To be reported in Q4.	PCCC
Planning and design for relocation to Thornton Hall progressed.	Q1-Q4	Ongoing	
<i>Develop additional Child and Adolescent Mental Health Teams (CAMHTs)</i>			
Completed 8 x 7 Person Child and Adolescent Mental Health teams.	Q4	<p><u>Eight Teams in 2008</u> In relation to advancing the 8 teams in 2008 to date there is agreement on 12 Consultants for the 8 teams within the four areas. These were advertised on April 2008. The staff to support these teams are currently being advanced through the recruitment process.</p>	PCCC
4 additional beds at St. Anne's commissioned.	Q1	<p>The additional beds are now operational on "a needs basis" since 31st March The dietician has taken up duty and one of the existing consultant psychiatrists has transferred into the in-patient post. The recruitment process for permanent nursing staff is in progress and temporary</p>	

Mental Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>nursing staff are employed as required.</p> <p>Community based teams have also been enhanced to expand the range of disciplines/interventions available</p>	
Construction of the new 20 bedded unit commenced.	Q2	<p>Planning permission granted.</p> <p>Construction to commence in Autumn 2008 with a completion date of Autumn 2009.</p> <p>The Capital budget of €11.72m (i.e. Construction, design team fees, equipment and other costs) was approved in May 2008.</p> <p>Expressions of Interest have been sought with a closing date of 30th July. The project is then scheduled for formal tender.</p> <p>A 'user group' has been formed with the architect to progress the equipping list for the new inpatient unit at Merlin Park to enable the tender process for the builder.</p> <p>Arrangement made to fast track the appointment of staff to facilitate the commissioning of additional beds so that by the end of 2008 there will be 30 beds in place.</p>	
Construction of the new unit commenced.	Q1	Tender process completed with an estimated construction completion date of July 2009.	
8 beds in St. Stephens Hospital, Glanmire commissioned as an interim solution in advance of the completion of the Bessboro Unit.	Q4	<p>Refurbishment work has started with an expected completion date of September/ October 2008.</p> <p>Multidisciplinary sub group established.</p> <p>Recruitment campaign has commenced (Advertised 13th June 08).</p> <p>Some interviews held – CNM1 & senior Psychology. DON pending end May.</p> <p>Consultant advertised.</p> <p>Sub group set up to develop operational policies and procedures for the unit.</p> <p>Sub group set up to commission the unit.</p>	
1 st Phase – a 6 Bed Adolescent Inpatient Unit commissioned at St. Vincent's Hospital, Fairview.	Q3	<p>Timeframe on 6 Interim beds in St. Vincent's Hospital, Fairview is Q3.</p> <p>Construction works are ongoing with completion date scheduled for July 08.</p> <p>The C&A Consultant post for the unit was advertised on April 27th 2008. Work in relation to on-call rotas, admission and discharge protocols etc in preparation for the commissioning of the unit are ongoing.</p>	
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/ a 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 are commencing.	
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. There have been staffing difficulties in maintaining a full seven day service. A review of the operation of Warrenstown scheduled to commence in April was unavoidably delayed, however, it this is in progress and is scheduled for completion September 2008.	

Mental Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Development of role of Authorised Officers</i>			
Negotiations advanced through Partnership to primarily deliver service through our staff.	Q1-Q4	The training for authorised officers was deferred due to the PNA\SIPTU nursing dispute and has now been rescheduled for September. There are ongoing negotiations between the HSEA and unions in relation to remuneration etc.	PCCC
<i>Arrangements for Second Medical Opinion</i>			
Second Opinions provided as required.	Q1-Q4	Ongoing, as required under the Mental Health Act 2001.	PCCC
<i>Meet legal obligations in providing for Assisted Admissions</i>			
Meet legal obligations in providing for assisted admissions.	Q1-Q4	Assisted Admission service is continuing.	PCCC
<i>Management Information</i>			
Interim data set (derived from the suite identified in 2007) to meet the accountability requirements of the main stakeholders developed and implemented.	Q1	WISDOM established for proof of concept phase with very good progress on WISDOM at National level and in Donegal	PCCC
Development of a comprehensive information system for Mental Health commenced.	Commencing Q1	All supporting policy documentation on Access, Privacy & Confidentiality, Security, Business rules and Consent completed for proof of concept phase. Local WISDOM Implementation Group established and working well Good buy in from all stakeholders WISDOM project Donegal advanced Positive engagement with CMOD ICT Training has begun with 300 Staff in Co Donegal WISDOM Documentation (Access Control, Confidentiality & Consent) finalised by National Working Group New Health Metrics being advanced for CAMHS Minimum dataset close to agreement	PCCC
<i>National Service User Council (NSEU)</i>			
NSEU established and elections to the Board supported.	Q1-Q4	Service User Focus Groups being planned	PCCC

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 is complete.	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 39.08 WTE filled & 29.97 WTE offers made and awaiting responses as of end of June 2008. 53.65 posts have been advertised/ interviewed.	PCCC
HCP Evaluation completed.	Q1	HSE HCP evaluation completed and findings forwarded to DOHC for consideration as part of the DoHC led HCP evaluation	
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 has resulted in slower than anticipated implementation of the public Fast Track developments – as of end June 146 beds are opened with a number of beds scheduled to open during July and August (St Mary's Hospital, Phoenix Park, Dublin & St. Finbarr's Hospital, Cork, Cherry Orchard Hospital Dublin).	PCCC
<i>Sheltered Housing schemes</i>			
Pilot, initiative using the housing with care model, established.	Q4	The 56 unit facility, in partnership with FOLD Ireland and Dublin City Council, has opened in Glasnevin providing sheltered housing to older people. The 'Anam Cara' development was completed in mid 2007, providing a total of 56 'Housing with Care' units, and day care, on a site provided by the former NAHB adjacent to Seanchara Community Nursing Unit in Glasnevin. Equipping/Commissioning was carried out in the 3 rd Qtr of 2007, and admissions commenced in the final quarter of 2007 – all units are now full. As is the case with FOLD in Cherryfields, admissions come from a combination of the Local Authority 'housing' waiting lists, (Dept of Environ. provided Capital funding for both projects, via the relevant Local Authorities), and from the HSE list of those awaiting long term supported accommodation/care. There is capacity for 'day care' at this facility also, and application for funding for this development is being considered.	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 identifies a number of elements, including type of abuse alleged, the gender of the abused, the age profile, place of residence etc. This data is analysed each month and, over time, will create a detailed picture of	PCCC

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		abuse trends in Ireland. It is likely to contribute to research to be conducted by the National Centre for the Protection of Older People.	
Core dataset refined.	Q2	Dataset has been refined and there is consistency across the HSE in terms of the information being collected, its timing and interpretation.	
Review of data collection process underway.	Q2	The data collection process has been reviewed to ensure consistency in, and accuracy of, reporting.	
Collaboration with other stakeholders to develop Public Awareness programmes.	Q1-Q4	<p>The National Steering Committee on Elder Abuse has established four Sub-Groups, one of which was allocated the task of drafting a briefing document on the development of a Public Awareness Campaign. The Public Awareness Campaign Sub Group comprised members of the HSE, the DoHC, An Garda Síochána, the Irish Gerontological Society, Age Action Ireland, the Alzheimer's Society of Ireland and the Carers Association. The Sub-Group produced its recommendations to the National Steering Group in May and they were accepted. An Implementation Group has been established to execute the Public Awareness Campaign and work is progressing on this. The Implementation Group recently met with various agencies to seek advice and support for the Campaign. These included the Department of Social and Family Affairs, the Financial Regulator, the Law Reform Commission of Ireland, The Irish Banking Federation, the National Consumer Agency and the Financial Services Ombudsman. Discussions have also been held with COSC, 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.</p> <p>It is intended to run the campaign in October/November.</p>	
Best practice guidelines for the Voluntary and Private sector developed.	Q4	<p>The HSE Policy document – <i>Responding to Allegations of Elder Abuse</i> – is being distributed to appropriate voluntary and private agencies. In addition, the staff training dvd and Workbook –<i>Recognising and Responding to Elder Abuse in Residential Care Settings</i> - is also being distributed to appropriate voluntary organisations and private nursing homes.</p> <p>A Sub Group has been established to develop policies, procedures and guidelines in relation to Elder Abuse. This Sub Group is due to report to the National Steering Committee in Q3.</p>	
Collaboration with development of a national Vulnerable Adult's Policy.	Q1-Q4	Work is ongoing in relation to the development of standards to prevent harm to vulnerable adults and other service users.	
Evaluation of Elder Abuse Awareness DVD in relation to HIQA standards on Elder Abuse.	Q4	The Elder Abuse training DVD is currently being distributed 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 will be considered as evaluation documentation is collated.	
National Research Centre for Elder Abuse establishment progressed.	Q3	Tenders were sought from third level institutions for the establishment of a National Research Centre for the Protection of Older People. Following the tender competition, UCD was successful. The Centre will be operational from 1 st	

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		September.	
A Fair Deal and Associated Work			
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	Implementation of A Fair Deal is delayed in 2008. However, significant progress in preparation for the implementation of 'A Fair Deal' and all its components took place during the first six months of 2008 as outlined below	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. A full assessment of the additional requirements on the HSE to administratively manage the new scheme will be undertaken following the publication of the legislation	
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 upon publication 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 finalisation and publishing of the A Fair deal legislation	
Financial Assessment to encompass existing subvention arrangements and new provision. Common Assessment Process and Clinical Pathways for Long term Care			
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). The Project Board signed off on the CSAR on the 31st January 2008, as did the Programme Board on the 26th February. Briefing material on the CSAR has been provided to all 32 LHO's. The implementation of CSAR is now proceeding in 16 sites (the 8 pilot sites and 8 additional sites)	PCCC, NHO
Develop Geriatrician-led Teams in Community			
Consultant Led Geriatrician teams implemented.	Q4	Job description for Geriatrician posts being finalised following consultation with the national Consultant Geriatrician bodies	PCCC
Long Stay Charges Reimbursement Scheme			
Payment schedule continued as laid out in contract, within the level of funding available.	Q1-Q4	Progressing as per the contract.	PCCC
Service and Standards Improvement			
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, and the Standards and Regulations will be subject to a Regulatory Impact Assessment (RIA) before finalisation, and the process is expected to be commenced shortly by the DoHC	PCCC, HIQA
Nursing Home Inspection and Registration			
Appointment of dedicated inspection teams progressed.	Q4	HSE has developed a standardised approach to inspections and nursing home	PCCC

Older People Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		reports across the system including the development of standardised documentation in all HSE Areas	
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.	
Nursing Homes inspections undertaken pending transfer to HIQA.	Q4	In the transition to the 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	Ongoing The National Needs Plan has been circulated to the relevant stakeholders for review and examination.	
Implementation plan 2009 -2013 developed, following national needs assessment.	Q4	Ongoing. Plan completed awaiting sign off by HSE Management Team. Scheduled for circulation August 2008	
<i>Development of Plan for Paediatric Palliative Care</i>			
Plan developed following finalisation of policy.	Q4	No progress to report this period	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	8 pilot sites have been established to look and implement these developments Review is in relation to Specialist Inpatient Palliative Care Services is ongoing Review in relation to Community/ Home Care is ongoing Specialist Care in Acute Hospitals - Awaiting progress report Awaiting draft SLA to be finalised – ongoing Minimum data set scheduled to be in place September 2008 Database and service intelligence capacity – Scheduled to be incorporated into PMR reports for October 2008 Ongoing	PCCC
<i>Provision of palliative care services for non-malignant conditions.</i>			
Study examined with view to phased implementation.	Q3	Final draft circulated for consultation to all key stakeholders	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	Review ongoing. Report to be finalised October 2008.	PCCC / Office of CEO
<i>Minimum data-set for Palliative Care</i>			
Minimum Data Set rolled out subject to agreement on ICT platform.	Q4	To be reported in Q4.	PCCC / Office of CEO

SOCIAL INCLUSION

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Traveller Health			
Traveller Health Units			
National Health Advisory Forum established to facilitate effective communication and information exchange with Traveller Representatives.	Q1	Complete. The National Traveller Health Advisory Forum has been established. A number of meetings have taken place.	PCCC
Traveller Health Study			
First phase complete.	Q1	The All Ireland Traveller Health Study is now scheduled for October 2008.	PCCC
Operational structure to support study in place.	Q2	Complete. An implementation group with representatives from PCCC and OCEO has been formed to support the OCEO in the implementation of the All Ireland Traveller Health Study. A number of meetings have taken place.	
Primary Healthcare Projects			
Recruitment of staff for Traveller Primary Healthcare Projects completed.	Q4	To be reported in Q4.	PCCC
Ethnic Minority Services			
Learning, Training and Support Framework for HSE staff.			
Evaluation of Learning, Training and Support Framework reviewed. Promote ongoing training of staff.	Q1	Evaluation completed	PCCC / Office of CEO
RAPID, CLÁR and Development Boards			
Implement new HSE Structure for RAPID			
Populate HSE RAPID Structure.	Q1	Complete.	PCCC
The RAPID leverage fund			
New round of RAPID Leverage Fund developed.	Q2	Complete. Application process currently underway.	PCCC
RAPID Leverage Fund Financial Processes operationalised.	Q1	Complete. New financial control measures similar to CLAR have been put in place.	
RAPID action plan implemented.	Q4	In progress. HSE RAPID Plan launched in January 08. 43 local RAPID Health Plans developed in May / June 08.	
Implement new HSE Structure for CLÁR Programme			
CLAR Fund Financial Processes operationalised.	Q1	Complete. Financial processes developed and approved.	PCCC
CLAR Project Funding commenced.	Q1	HSE phase of work complete. List of new HSE CLAR Projects approved in Q1. Awaiting formal launch by the Dept. of Community, Rural and Gaelteacht Affairs.	
Development Boards			
Engagement in County / City Development Boards reviewed.	Q1	In progress. Policy document on engagement commenced for completion in Q 4. Template circulated nationally for completion, results currently being reviewed.	PCCC
Community Development			
Action plan developed to review the structure of community development	Q1	In progress. Final round of consultation on Community Development Position	PCCC

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		Paper completed in May 08. Final draft of document submitted to Working Group for approval.	
Report on Lesbian, Gay, Bisexual, Transsexual, Transgender Services			
Action plan developed for review of services.	Q1	Report on Health and Social Service Provision for Lesbian, Gay, Bisexual and Transgender (LGBT) People signed off by PCCC Management Team. Planning of launch currently underway.	PCCC
Community Welfare Services			
Support the transfer of PCCC Schemes to the Department of Social and Family Affairs (DSFA).	Q1-Q4	In progress. Position papers have been finalized and agreed by DSFA and HSE and submitted to unions.	PCCC
Progress implementation of the core functions report in conjunction with the DoHC, DFSA, DoF, and stakeholder representatives.	Q1-Q4	In progress. Position papers have been finalized and agreed by DSFA and HSE and submitted to unions.	
Reconfiguration of arrangements for delivery of health and social service elements of Community Welfare Services implemented.	Q1-Q4	In progress.	
Special Housing Aid for the Elderly Scheme transferred to the Department of the Environment supported.	Q1-Q4	In progress.	
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	In progress.	
HIV / STD			
HIV / STD Services mapped.	Q1	In progress. Work has commenced on this mapping.	PCCC
Position Paper in relation to HIV / STD services developed.	Q4	To be reported Q4.	
National Drugs Rehabilitation Strategy			
National Drug Rehabilitation Implementation Committee developed.	Q2	In progress. A series of meetings have taken place between the HSE, DCRAGA and DOH+C. HSE has commenced recruitment of Rehabilitation Coordinator. National Drug Rehabilitation Implementation Committee currently in development.	PCCC
Addiction Services - National Drugs Strategy (NDS)			
Participate in review of the National Drugs Strategy.	Q1-Q4	The review of NDS is underway chaired by the lead government dept, the Department of Community, Rural & Gaeltacht Affairs (DCRGA). A review group has been established of key stakeholders including the HSE, Community & Voluntary sector and user groups. Widespread national consultation sessions have been held. The HSE have compiled a written submission to input into the review drawing on the wide range of expertise and knowledge of our colleagues in the drugs services and the HSE has also met formally with the review group to	PCCC / Office of CEO

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		present oral submissions to the process.	
Cocaine Treatment			
Implementation of the National Addiction Training Programme progressed.	Q1-Q4	In progress. The Training Programme for 2008 has been developed. The review of the National Training Programme was completed in Q2.	PCCC
Development of Under 18's Treatment Services			
Development of multidisciplinary team enhancements and related services.	Q4	To be reported Q4.	PCCC
Data collection			
Examination and reconfiguration of Performance Indicators for drug and alcohol.	Q1	In progress.	PCCC
Mapping of data collection systems	Q1	In progress	PCCC
Health Atlas			
Drug and alcohol information input to Health Atlas.	Q2	In progress. PCCC to support the OCEO in the development and implementation of the Health Atlas.	PCCC
Quality initiatives / standards			
Use of QUADS mapped around the country. Ramifications for implementing DANOS explored.	Q3	In progress. It was agreed to prioritise Quality in Alcohol and Drugs Services [QUADS] as the quality tool and assess its effect in the one area where it is implemented at present. A position paper for the HSE on QUADS is being developed.	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	HSE mainstreaming group has met on a number of occasions in Q1 and Q2 to finalise HSE mainstreaming submission with DCRAGA. HSE work complete, awaiting final feedback from DCRAGA.	PCCC
Project by project analysis undertaken of Drug Task Force.	Q4	HSE mainstreaming group has developed a process for assessing the A list projects for mainstreaming into the HSE , developing a detailed costing around mainstreaming these and the B list [148 projects on A and B lists] and developing key criteria for the SLA for these projects.	
Projects mainstreamed.	Q4	In progress	
Links to HSE Working Group on Alcohol			
Cross directorate strategic focus on alcohol developed.	Q2	Group in place chaired by Population Health. Initial planning undertaken.	PCCC / Office of CEO
Best practice guidelines for the alcohol services developed.	Q3	To be reported Q3.	
Homeless Services			
The National Homeless Strategy			
Operational plan for the new Homeless Strategy prepared, to include a new National Preventative Strategy.	Q4	To be reported Q4.	PCCC
Local Authority Capital Developments			
Completion of developments initiated in 2007.	Q1-Q4	In progress. Series of meetings held with DOHC + DOELG.	PCCC

Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>National Protocols for Discharge</i>			
Agreed protocols implemented.	Q2	Protocols submitted and awaiting sign off. Pilot sites under review.	PCCC
<i>Homeless Services Mapping</i>			
Mapping of Homeless Services to Health Atlas stage completed.	Q1	Mapping of homeless services underway	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	To be reported in Q4.	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	To be reported Q4.	PCCC
<i>Transfer of clients inappropriately placed</i>			
Number to be transferred identified and prioritised in line with need and circumstances.	Q1-Q4	Ongoing	PCCC
<i>Complete the Strategic Review of HSE funded Adult Day Services</i>			
Strategic review of HSE funded adult day services completed.	Q3	Ongoing	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	Significant progress on reconfiguration of services in some Local Health Offices. Progress impeded due to delays in commencing multidisciplinary posts.	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	Due to commence in Q4.	
<i>Implementation of the Disability Act (TP 2.6)</i>			
<p>Children aged 0-5 years qualifying under the Disability Act to have independent assessment of need undertaken.</p> <p>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.</p> <p>Recruitment of Case Managers as part of reconfiguration of PCCC services delivered through PCTS and HSCNs.</p> <p>Information disseminated in relation to the entitlements of 0-5 year old children under the Act.</p> <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>	Q1-Q4	<p>Due to the IMPACT dispute, May data has been used.</p> <p>(a) No. of requests for assessments received up to end May 2008 was 1107.</p> <p>(b) 418 assessments commenced</p> <p>(c) 360 (86%) assessments commenced within the stated time limits</p> <p>(d) 14% assessments not commenced within stated time limits</p> <p>(e) 183 assessments completed in the 1st quarter of which 137 (75%) were completed within the stated time limits as provided for in the regulations</p> <p>(f) 25% assessments not completed within stated time limits</p> <p>(g) 325 service statements completed</p> <p>(h) unavailable</p> <p>(i) unavailable</p> <p>(j) 64 applicants did not meet requirements for an assessment, mainly due to the fact that the applicants did not meet the age criteria and/ or definition of disability as defined under the Disability Act 2005. 29 cases were closed at the request of the applicants.</p> <p>54 cases were put on hold at the request of the applicant due to illness and/ or family circumstances.</p> <p>(k) Processes to collect this data are being reviewed, expected to be advanced in Q3.</p>	PCCC

Disability Services Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
(g) The no. of service statements completed. (h) The no of service statements completed within the timelines as provided for in the regulations. (i) The no of service statements not completed within the stated timelines. (j) The number of assessments refused. (k) The aggregate unmet need.			
<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	Data has been submitted to the Department of Health on resource requirements.	PCCC
Implementation roadmap and costed action plans defined.	Q4	Draft Framework document has been prepared on multi agency basis and is awaiting sign off by Cross Sectoral Group including the health and education sectors	
<i>Rehabilitation Training</i>			
Increased rehabilitation training capitation rate implemented in line with the approved FÁS rates.	Commencing Q1	This is now in place for all Providers	PCCC
<i>Minimum Data Set</i>			
Completion of development of minimum data set.	Q4	To be reported Q4.	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	This is being led by the DoHC who have not been able to initiate it. Expected to commence in Q4.	
Work in partnership with HIQA to develop standards for the inspection of ID facilities.	Q1-Q4	Draft Standards for Residential Services for people with disabilities has been prepared.	

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	Progressive addition of further data resources.	
<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 strategic service reviews and planning such as review of acute hospital services.	
<ul style="list-style-type: none"> Health Atlas further progressed. 	Q4	Health Atlas received an award from the Taoiseach's office in April. Funding was received to further develop and enhance this facility and progress is on target.	
<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	Supporting work of the EAG on diabetes.	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	New HSE intranet and internet website incorporates same. FactFile being developed as staff resources allow.	
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 is being piloted 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. Information on CHAIN (Contact, Help, Advice, and Information Network) 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>			
Completion of Health Technology Assessment framework with HIQA.	Q3	Meetings held with HIQA to complete the HTA Framework.	Pop Health
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.	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Progress the work of Drug Utilisation Group.	Q2	Progressing to plan.	
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 progressing planning of conformance audit.	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 3 now on policy matters arising including directly addressing UPI question. Progress on internal process improvement is slow due to time constraints.	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 setting up of such registries by the HSE.	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	Some progress made – specialist assistance provided by Directorate.	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	Field work in all acute hospitals is on target and it is due to be completed by end of August. This will give a full year data on the potential for organ donation nationally	Pop Health
Work with stakeholders in relation to an external review of transplant services nationally.	Q1-Q4	<p>External review of transplant services not commenced. Early in 2006 a review group was established by the HSE Population Health Directorate to review organ procurement and transplantation practice in the Republic of Ireland. The terms of reference of the group are to:</p> <ol style="list-style-type: none"> 1. Conduct a review of organ procurement practices and governance in heart beating donors in Irish hospitals (solid organs) and compare this with International best practice. 2. Correlate the procurement and transplant rates of donated organs in the ROI. 3. Review the practice in relation to transplant services nationally for each of the major organs including patient selection, governance, performance monitoring. <p>In relation to 3 above draft terms of reference for an external peer review of transplant services have been drawn up and this issue is to be discussed with DoHC to ascertain their view on how/whether the HSE is to proceed.</p>	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<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	To be reported in Q4.	Pop Health
<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	First report of Diabetes EAG presented to Management Team. Recommendations that form the basis of what could be a national framework is 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	To be reported in Q4	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.	Pop Health
<i>Development of Population Health Strategy (TP 4.8)</i>			
Framework for Population Health Strategy completed.	Q3	Delayed due to IMPACT dispute.	Pop Health
Consultation commenced with key stakeholders.		Delayed due to IMPACT dispute.	
Strategic priorities identified.		Delayed due to IMPACT dispute.	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Development of a National Sexual Health Strategy and Action Plan (TP 4.8)			
Consultation held with key stakeholders.	Q4	To be reported in Q4	Pop Health
Outline strategy developed.			
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 underway	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 progressed.	
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	SLA in place to progress work. Outline project proposal agreed	Pop Health
HIA project on off-sales commenced.		No report received.	
Continue joint working with DoHC on advertising, off sales, etc.		Joint DOHC meetings progressed quarterly.	
Obesity			
North / South conference held.	Q2	Delayed due to HSE restrictions on travel.	Pop Health
Research progressed in key areas.	Q4	Research work plan agreed with NNSC and underway.	
Health promotion programmes undertaken in key settings.	Q3	Health Promotion programmes delivered in all settings	
Framework for database developed.		WHO surveillance project in final stages.	
Campaign delivered.		Campaign launched in June. Campaign underway.	
Physical Activity			
Roll out of national training programme on GP Exercise Referral with ICGP.	Q4	Training of key staff underway.	Pop Health
Guidelines progressed with external partners		Tender awarded to Waterford Institute of Technology (WIT) to commence development of national guidelines.	
Nutrition			

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Contributed to development of guidelines.	Q4	Progressed development of healthy eating guidelines with Food Safety Authority Ireland (FSAI).	Pop Health
Contribute to the roll out of the National Folic Acid Policy.		No report received	
Tobacco			
Action plan completed and framework in implementation phase.	Q2	Delayed to Q3 due to cost containment measures	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 cost containment measures.	Pop Health
Key research undertaken.		No report received	
National campaign facilitated.		Campaign underway.	
Health Promotion Settings and Population Groups			
Key priorities implemented across all areas.	Q4	Health Promotion programmes delivered in all Areas.	Pop Health
Service Reform			
New structures in place.	Q4	Delayed due to IMPACT dispute.	Pop Health
Projects underway in priority areas such as development of key competencies and skills in health promotion.		Delayed due to IMPACT dispute	
Communication strategy developed for health promotion.		Delayed due to IMPACT dispute and cost containment measures.	
Working with the Voluntary Sector			
Effective governance processes in place for management and funding of voluntary agencies in line with current national work.	Q3	Commenced but delayed due to cost containment measures.	Pop Health
Health Inequalities			
Literature review on best practice in health inequalities completed.	Q2	Completed	Pop Health
Draft HSE Framework developed.		Delayed due to IMPACT dispute.	
Health Protection			
Undertake surveillance on infectious diseases		<p>HEPATITIS:</p> <ul style="list-style-type: none"> • Publication of quarterly reports (Q4 2007 and Q1 2008) on hepatitis B • Publication of quarterly reports (Q4 2007 and Q1 2008) on 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: <ul style="list-style-type: none"> ➢ Guidelines on public health management of hepatitis B – signed off ➢ Training day on hepatitis B Dublin May 2008 – completed ➢ Suite of Hepatitis B leaflets developed – completed ➢ Guidelines on hepatitis B and C notifications in CIDR – completed • Review of document “Hepatitis B infection in Ireland” – ongoing 	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<p>RESPIRATORY:</p> <ul style="list-style-type: none"> Completed revisions of the national TB guidelines and guidelines on the “The management of Legionnaires’ disease in Ireland, 2002”. These draft guidance will be sent out for consultation in early July 08 for a period of three months consideration. The Legionnaires’ disease subcommittee met in January and April 2008 and the TB committee met in January, February, March and April 2008. Completed national quarterly reports on tuberculosis (Q4 2007 and Q1 2008) Collection of data from HSE areas for annual TB report (2007) to be completed by the end of Q3 2008. Supported EuroTB, EWGLI and EISS (European Influenza, TB and Legionellosis networks). Attended EWGLI, EISS and EuroTB meetings. Respiratory team leader chaired the surveillance working group at the EuroTB meeting. Submitted weekly clinical data to EISS from week 40 to 20. Submitted data biweekly from June to September Returned annual validated dataset of Legionnaires’ Disease cases (2007) to EWGLI (February 2008) Compiling 2007 national TB data and 2006 national TB outcome data for submission to ECDC and WHO by September 2008. Also compiling 2006 and provisional 2007 national annual TB reports. Aim to have completed by Q4 2008. Completed a report on a survey of laboratory practices for <i>Legionella</i> infections in Ireland, 2005. Presentation on the Epidemiology of TB in Ireland and challenges to TB control at Irish Aid TB conference in February 2008 <p>HIV/AIDS/STI:</p> <ul style="list-style-type: none"> HIV Surveillance - problems identified with HIV surveillance system which have involved review of data and will involve more work in the coming months Antenatal HIV surveillance system has deteriorated and needs further attention HIV case-based form - have identified changes needed National AIDS Steering Committee - attendance at meetings of main committee and surveillance sub-committee Reports: HIV 2007 (Q3&4 and annual summary) published June 2008 STI annual report 2006 (published May 2008) Syphilis report 2000-2006 (published May 2008) STI data supplied to ESSTI, WHO and DoHC <p>VACCINE PREVENTABLE:</p> <ul style="list-style-type: none"> Bi weekly reports of Measles mumps rubella distributed to HSE areas Quarterly reports of bacterial meningitis, Meningococcal disease, Hib finalised and distributed (Q4 2007 completed, Q1 2008 in preparation) 	
<p>Outbreaks of infectious disease detected and managed.</p>	<p>Q4</p>	<ul style="list-style-type: none"> 198 Outbreaks reported through the National outbreak system year to date 2008 – direct support and advice offered in respect of 31of these. Part of Outbreak Control Teams in the case of 4 outbreaks Leading a working group to carry out a national lookback for hepatitis C in a defined patient group - ongoing Support and advice as a member of a hospital incident team investigating a hepatitis C incident in a patient – completed June 2008 	<p>Pop Health</p>

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> • Support and advice to a DPH as a member of a Local Expert Group investigating a case of health-care acquired hepatitis C • Provided support to HSE area (East) in the management of influenza and VTEC 026 outbreaks • During Q1 and Q2 2008, work was required on follow up on international contacts of 27 TB cases and also dealt with 7 Legionnaires' Disease incidents • Identification and response to mumps outbreaks in 3rd level colleges, schools and community settings. • Support the identification of measles outbreaks, investigation and control measures • Press releases, information on HPSC website regarding disease threats (measles, mumps) 	
Implement guidelines for the management of infectious disease cases and outbreaks.	Q4	<ul style="list-style-type: none"> • Completed the revision of the national TB guidelines and "The Management of Legionnaires' Disease in Ireland, 2002". These documents will be sent out for consultation for a three month period in early July 08. • Work continues on improving acute flaccid paralysis surveillance (polio), measles, rubella, diphtheria, bacterial meningitis surveillance and management. • Norovirus Guidance for Small and Medium Businesses • Ongoing amendment on the management of VTEC disease • Advice via EPI- Insight on advice to the Health System following upsurge in pregnancy related Listeriosis among women whose first language was not English 	
Outbreak / cluster surveillance.	Q1-Q4	<ul style="list-style-type: none"> • Piloted influenza or ILI outbreak definition, reporting form and SOPS for reporting onto CIDR and onto an MS Access Database for variables not on CIDR during the 2007/2008 influenza season. This pilot will be evaluated during Q3 2008. • On-going (e.g. mumps, measles) – working with local HSE areas to improve surveillance measles cases (lab testing) 	
Implementation of recommendations of Report on the prevention of the transmission of Blood Borne Viruses.	Q1-Q4	<ul style="list-style-type: none"> • Member of the Standing Advisory Committee • Member of sub-group set up to revise the Renal Chapter of the guidelines 	
Review and implement public health TB Controls.	Q4	<ul style="list-style-type: none"> • 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 	
Surveillance of new vaccine preventable diseases. Invasive pneumococcal disease and Hep B (especially children born to positive mothers).	Q4	<ul style="list-style-type: none"> • Have proposed to DoHC (through NASC) that HPSC would add hepatitis B antenatal surveillance to the HIV antenatal surveillance system – awaiting reply. • Evaluation of enhanced IPD surveillance program (May 07-April 2008). Based on these amendments, the enhanced form will be sent out for consultation in June 2008. Draft protocol for follow-up of all IPD cases in children (to identify vaccine failures and reasons for) for consultation with SPHMs June 2008. • 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) • Involvement in HPV vaccine assessment 	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Implementation of STD surveillance report.	Q1-Q4	<ul style="list-style-type: none"> 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. Funding of and involvement in the national chlamydia pilot screening programme with Royal College of Surgeons Ireland (RCSI). 	
Roll out of CIDR in West.	Q4	<ul style="list-style-type: none"> Pending clarification / resolution of resource constraints in the West 	
TB implementation on CIDR in all areas.	Q4	<ul style="list-style-type: none"> Ongoing work on the migration of national TB surveillance data onto CIDR from 1st January 2009. The current national TB dataset is being revised and this new dataset will be incorporated onto CIDR. This is contingent on first completing national implementation of CIDR in the remaining Public Health regions (HSE West and MidWest). 	
Immunisation - Flu vaccine campaign			
Increased update rate for over 65 years achieved.	Q4	<ul style="list-style-type: none"> Production of bimonthly influenza vaccine uptake analysis for the 2007/2008 season in those aged 65 years and over. Uptake in this age group from the period September 2007 to February 2008 was 56.8% which is less than that for the same period in 2006/2007 at 59.8%. The highest influenza vaccine coverage at 60.5% was in those aged 75 years and older. Currently analysing data for March 2008. Published an article on a National Telephone Survey on Influenza and Pneumococcal Vaccine uptake, risk factors and burden of influenza like illness (2005/2006 season) in Epi-insight in May 2008. Also presented posters on this study at the 5 nations health protection and Irish Infection Society's conferences. Completed a chapter on BCG vaccine for the revised edition of the Immunisation Guidelines for Ireland due to be published this year. 	Pop Health
Primary Childhood Immunisation Programme (PCIP)			
Completion of plan to introduce Pneumococcal conjugate vaccine into PCIP.	Q4	<ul style="list-style-type: none"> Scheduled for introduction in September 2008. Supported development of information and education materials, these have been disseminated to Health professionals by NIO. Various groups have worked towards this goal - NIO, HPSC, HSE 	Pop Health
Completion of plan to introduce Hepatitis B vaccine into PCIP.	Q4	<ul style="list-style-type: none"> Co-authored report on economic evaluation of universal hepatitis B vaccination – published Jan 2008 Scheduled for introduction in September 2008. As above. 	
Completion of plan to eliminate Measles, Mumps and Rubella.	Q4	<ul style="list-style-type: none"> Plan completed in 2007. Cost containment measures have delayed implementation – now likely that programme will not start until 2009. 	
Immunisation Education			
Roll-out of immunisation staff training programmes.	Q4	<ul style="list-style-type: none"> Information and educational materials developed (HPSC and NIO, HSE collaboration) and in print for distribution in June 2008. Staff training and information sessions curtailed in some areas due to restrictions on travel. Presentations from HPSC at immunisation training days 	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> HPSC involved in on-going work disseminating information/lectures and participation in national immunisation implementation group - and supporting initiative to assess training needs in Ireland (headed by National Immunisation Office) HPSC staff actively involved in the revision of the NIAC guidelines due to be published in Summer 08 Presentation of new changes in relation to BCG vaccine in NIAC guidelines at the HSE BCG training day in January 2008 	
Cold chain delivery			
Maintain National Cold Chain Vaccine Delivery service.	Q1-Q4	No report received	Pop Health
Develop a national environment / public health strategy			
Develop National Unit or interim focus / centre to strengthen networking / sharing of information and resources.	Q4	To be reported in Q4	Pop Health
Surveillance and management of environmental hazards.	Q1-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	
Define role regarding implementation of new Drinking Water Regulations and standardise existing practices.	Q4	Establishment and participation in HSE Water Groups	
Clarify and define working relationships with other disciplines and agencies, for example, Environmental Health Officers.	Q1-Q4	No report received	
Targeted campaigns at specific Health Care Associated Infection (HCAI) (TP 4.10)			
Surveillance of HCAIs.	Q1-Q4	<ul style="list-style-type: none"> Collation, validation and feedback of the following to individual hospitals, network managers, SARI regional cttes and HCAI governance ctte: <ul style="list-style-type: none"> <i>S. aureus</i> bacteraemia rates Antibiotic consumption Alcohol hand rub consumption Ongoing participation in the European Antimicrobial Resistance Surveillance System (EARSS) Ongoing participation in the European Surveillance of Antimicrobial Consumption (ESAC) Expansion of pilot project on surveillance of MRSA in general adult ICU's Ongoing collaboration and protocol development with the panceltic surveillance group Surveillance of <i>C. difficile</i> –associated disease under ‘Acute infectious gastroenteritis’ from 4th May 2008. Notification of <i>C. diff</i> through CIDR commenced in May 2008 in CIDR-implemented regions 	Pop Health
Implement key elements of Action Plan.	Q4	To be reported in Q4	
Provide education and training for all health care workers.	Q3	<ul style="list-style-type: none"> Publication of National guidelines on the surveillance, diagnosis and management of <i>C. difficile</i> – associated disease 	

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> • CDC-lead course on epidemiology and statistics in HCAI surveillance – jointly organised by HPSC and HISC Belfast May 2008 • Planning for SARI/AMRAP annual conference due to be held on 18 Nov 08 • Education day for antibiotic pharmacists • Undergraduate and postgraduate teaching in HCAI/microbiology including RCSI Infection Control diploma course, RCSI undergraduate pharmacy and medicine 	
Set up MRSA helpline for public.	Q2	No report received	
Identify additional Infection Control Staff.	Q4	To be reported in Q4	
<i>Suicide Prevention</i>			
<i>Implementation of 2007 research project recommendations</i>			
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)	Q1	Plan used to determine future research investment	Pop Health
<i>Mental Health Awareness Campaigns</i>			
Implementation of the Mental Health Awareness campaign / Social Marketing (launched in October 2007) continued.	Q4	TV/radio adverts in 3 phases through the year. Evaluation of 2007 phase completed	Pop Health
Targeted campaigns developed, for example young men.		Collaborative advert with NI 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	Pop Health / NHO / PCCC
<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	Planning work continuing on Phase 1 remaining objectives but implementation likely to be deferred. Phase 2 being costed	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:	Q4	Database in preparation.	Pop Health

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<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. 			
Environmental Health			
Implementation of the Environmental Health Service Review			
Structures established to ensure a smooth transition from PCCC to Population Health and ensure continuity of service delivery.	Q1	Structures agreed and arrangements in place for transition on the 1 st July 2008.	Pop Health
Implementation of the recommendations outlined in the report commenced, in conjunction with the various stakeholders.	Q1	Structural recommendations implemented as above. Remaining recommendations to be progressed in Q3 – Q4.	
Develop a National Environmental and Health Action Plan			
Local Environment and Health Action Plans (LEHAPs) developed based on all inclusive local partnership arrangements and plans piloted.	Q3	Ongoing	Pop Health / DoHC
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)			
Protocols developed with Local Authorities and EPA in relation to risk management.	Q2	Ongoing	Pop Health
Procedures agreed pertaining to contaminated supplies.	Q3	To be reported in Q3.	
Co-ordination of activities in relation to fluoridation of water supplies within the HSE (S.I. 42 of 2007)			
Compliance with new legislation.	Q1-Q4	All Local Authorities and supplier of Hydrofluosilicic Acid notified of new legislation	Pop Health
National Steering Group to support and advise the Local Monitoring Committees established.	Q1-Q4	All Local Monitoring Committees re-established.	
National audit of treatment plants progressed.	Q3	Tender completed and endorsed by Expert Body on Fluoridation.	
5 year capital development plan prepared.	Q3	To be reported in Q3.	
Procurement arrangements for the supply and independent testing of Hydrofluosilicic Acid (HFSA) completed.	Q1	Current contract for supply of Hydrofluosilicic Acid extended by 12 months as stipulated in the original contract. PALS to undertake the independent testing however issue of capacity and need to be agreed.	
Develop an integrated national strategy to prevent falls in older people (TP 4.2.6)			
Scope out the extent of the environmental hazards that give rise to falls in older people.	Q2	Completed. An integrated Falls / Osteoporosis Strategy document published and implementation is to be undertaken on a regional basis.	Pop Health / Local Authorities
Agree a programme to implement an action plan.	Q4	Ongoing	
Health Impact Assessment (TP 4.6)			
Health impact assessment designed to integrate health in public policy and public formation.			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	Developing scoping document for public health policy audit	
Identify pilot projects and sites.	Q3	To be reported in Q3.	
Food Safety / Control			
Current contract implemented and proposal for new service contract with the FSAI finalised.	Q1-Q4	Ongoing	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	No additional resources provided in 2008. Issue to be addressed in service contract review.	
National Food Business Register (EU Regulation 852) established.	Q1	Register established March 2008 – hosted on HSE Intranet site	
Import controls, surveillance and sampling programmes, on foods of non-animal origin developed and implemented.	Q2	Ongoing	
Port Health infectious disease controls required by the International Health Regulations 2005 developed and implemented.	Q1	Working groups established. Ongoing.	
Tobacco Control			
HSE / OTC business plan 2008 implemented.	Q1-Q4	Ongoing	Pop Health / PCCC
Capacity to implement additional legal provisions on point of sale secured.		Discussions with DoH&C and OTC on further commencements ongoing.	
National Tobacco Control Database rolled-out.		Contract awarded June. System development Q3 – Q4	
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.	Pop Health
Improvements in Radiation Exposures and Dose levels for Population (SI478)			
Commence and implement recommendations of HSE Task Force on SI478.	Q1	Recommendations been implemented based on implementation plan	Pop Health / Quality and Risk
First annual report of Medical Exposure Radiation Committee (MERC) prepared.	Q4	To be reported in Q4.	
Baseline audit complete.			
Improvements in Road Safety for the Population			
Management approval for action plan sought.	Q1	Approval received from management team of Population Health	Pop Health / PCCC / NHO / HR
Implementation of plan agreed.	Q2	Agreed	
Implementation of action plan commenced.	Q3	To be reported in Q3.	
Networking with key stakeholders outside of the HSE			

Population Health Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
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 agreed with EPA, OTC and RPII.	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>			
<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 are being implemented in all the Hospital Networks as appropriate. For example:</p> <ul style="list-style-type: none"> • Improved day case to inpatient ratio. (Day case activity has moved from 49.4% of total inpatient and day case volumes at the end of April 2007 to 51.3% at 30th April 2008). • Discharge planning is being implemented more rigorously to maximise bed resources. • Local Implementation Teams are monitoring progress weekly. <p>A second National Bed Utilisation Review is being conducted by the HSE. Data collection for this review has been carried out in 36 of the 38 participating hospitals. It is expected that the results of this survey will be available in early August 2008. This will be benchmarked against the earlier survey in 2007 and provide a basis on which further action can be taken at local level where required to address some of the contributory factors to inappropriate bed utilisation.</p>	NHO
<i>Acute Hospital Configuration - Joint HSE / Department of Health and Children Group (TP 3.1)</i>			
<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	The proposed Joint DoHC/HSE Reconfiguration Group, to oversee the steps being taken to plan for, and progress, the optimum configuration of acute hospital services, has not been convened yet this year.	NHO
<i>Reconfiguration of Mid-West and Southern Hospital Groups</i>			
Implementation plan developed to take forward the findings of the reviews.	Q1	The reports on the reconfiguration of the Southern Hospital Group and Mid-Western Hospital Group have not yet been published. Discussions have taken place with DOHC and stakeholders regarding the appropriate arrangements that are needed to facilitate progressing to implementation stage.	NHO
Responsibilities assigned to relevant people to action specific findings.	Q1	Awaiting finalisation of reports.	
Progress priority actions.	Q2-Q4	Awaiting finalisation of reports.	
<i>Reviews of acute hospital services in greater Dublin area and Midlands</i>			
Review of acute hospital services in Greater Dublin Area completed.	Q4	A formal review has not yet commenced. The approach to reviewing acute services in Dublin and Midlands is to be agreed with DoHC – focus will be on planning of services informed by strategy and policy, rather than commissioning an external review of the type carried out recently in other regions.	
Implementation plan developed to take forward the findings of the reviews.	Q4		
Review of acute hospital services in Midlands completed.	Q4		
Implementation plan developed to take forward the findings of the reviews.	Q4		
<i>Critical Care Planning (TP 3.1)</i>			
Review of critical care services undertaken.	Q2	The Review of Adult Critical Care Services commenced in May 2008, with an estimated completion date of mid-September. The Review will be carried out on	NHO
Implementation plan developed in line with recommendations forthcoming from	Q3		

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
this review.		37 sites nationally by the management consultancy firm Prospectus.	
Responsibilities assigned to relevant people to action specific findings.	Q4	To be reported in Q4.	
Progress priority actions.	Q4		
Management of Emergency Patients (TP 1.1 and 3.4).			
Measurement of total patient time from attendance to discharge at an ED commenced, dependent on stakeholder agreement on standardised process in EDs.	Q1	<p>Performance Target: Waiting time from decision to admit (DTA) to admission <12 hours.</p> <p>Performance Target: Accommodation in admission lounge <24hrs</p> <p>Over the last two years the average daily number of patients awaiting admission from Emergency Departments (ED) has fallen from 179 in 2005 to 110 in 2007. The average for the first five months of 2008 increased to 115 (compared with 110 in 2007).However, the May figure reduced to 85 and to 78 in June.</p> <p>The majority of hospitals are continuing to meet their admission targets.</p> <p>The average daily number of ED patients awaiting admission for longer than 24 hours in the first five months of 2008 was 8 (5 in 2007). The figure for May fell to 3 (8 in 2007), and to 1 in June (to 6th).</p> <p>The daily number waiting longer than 12 but less than 24 hours for the first five months of 2008 was 39 (33 in 2007). In May the number fell to 26, (29 in May 2007), and to 16 in June (to 8th).</p>	NHO
Implementation of 100+ consultant post scheme (TP 3.4)			
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	Roll out of these posts has not advanced in Q1 or Q2 2008. Also see deliverables on Consultant Contracts on page 65.	NHO
Track recruitment process for the approved posts.			
Monitor hospital performance to ensure outcomes and ED targets are in line with hospital undertakings.			
Transformation of National Paediatric Services (TP 3.5)			
HSE representatives participate on the Development Board.	Q1 – Q4	The HSE has two nominated representatives participating in the work of the Development Board.	NHO
Development of the new National Paediatric Hospital			
Appropriate structures in place to progress the recommendations in the High Level Framework Brief report that are directly relevant for NHO.		The Development Board is currently setting up the structures required to develop the National Paediatric Hospital including recruitment of a Medical Director and tender for business advisory and project management services. The Framework Brief includes key recommendations regarding the national paediatric network model. The HSE will liaise closely with the Medical Director when appointed to ensure that there is appropriate sequencing of paediatric reconfiguration, and clarity regarding the respective work to be undertaken by HSE and Development Board is progressing all recommendations.	
Paediatric Critical Care Review			
		Paediatric Critical Care Review: The external review commenced mid March and the final report is due shortly. A Paediatric Critical Care Project Group made up of the relevant stakeholders (Children's University Hospital, Our Lady's Children's Hospital, AMNCH, Faculty of Paediatrics and NHO) has been set up	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		to monitor project direction and progress on behalf of the HSE and facilitate communication between the HSE and the external consultancy carrying out the review. The recommendations of this review will inform the detail on the critical care infrastructural content for the project included in the capital plan.	
Progress appointment of vacant paediatric surgeon posts.	Q2	Network Managers are currently confirming agreements to the restructuring of existing surgical posts to facilitate the development of the joint surgery unit across the Dublin paediatric providers. Job descriptions for the vacant posts will then be drawn up in line with the new procedures.	NHO
Joint department of paediatric surgery established in Dublin.		Initial meetings to progress the establishment of a joint department are taking place with the relevant hospitals.	
<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 draft Report of the Review of Paediatric Neurosurgery Services was submitted to the HSE. The final report with recommendations to address the service needs is expected in July.	NHO
Immediate issues of service concern addressed in line with review recommendations.	Q2-Q4	To be reported in Q3.	
Review of ENT services provision for children in Beaumont conducted.	Q3	Not yet advanced in 2008	
Responsibilities assigned to relevant people to action specific findings.	Q4	To be reported in Q4.	
Progress priority actions.	Q4	To be reported in 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 yet advanced.	
<i>Secondary Paediatrics outside Dublin</i>			
Review undertaken of paediatric services outside Dublin.	Q2	Preliminary proposals to progress this without engaging external consultants are being developed in the NHO.	NHO
Implementation plan developed to take forward the findings of the review.	Q3	Not yet advanced. Linked to the work to be done on secondary paediatrics outside Dublin.	
Responsibilities assigned to relevant people to action specific findings.	Q3	To be reported in Q3.	
Progress priority actions.	Q3	To be reported in Q3.	
Implementation of High Level Framework Brief recommendations that are directly relevant to HSE commenced.	Q1 – Q4	To be reported in Q3.	
<i>National Paediatric Transport programme</i>			
National Paediatric Transport Programme operational.	Q3	The HSE has two nominated representatives participating in the work of the Development Board.	NHO
<i>Transformation of maternity Services (TP 3.6)</i>			
Implementation plan developed to take forward the findings of the review on a	Q1-Q4	The external consultancy, KPMG, submitted a final draft report to the Project	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
phased basis.		Team and is currently working on final amendments to the report. The final report is expected to be submitted to the HSE shortly.	
Responsibilities assigned to relevant people to action specific findings.	Q1-Q4	To be reported in Q3.	
Progress priority actions.	Q1-Q4	To be reported in Q3.	
Development of Governance Arrangements in the Acute Sector (TP 3.3)			
Proposals for the governance of public hospitals in the Irish health services further developed.	Q1-Q4	The NHO is currently in the process of implementing standardised clinical governance structures across its hospitals and is working towards a September date for the appointment of Clinical Directors.	NHO
New consultant contract is a core element of the Government's Health Reform Programme.			
New contract agreed following outcome of negotiations.	Q1-Q4	New Contract agreed with medical unions in May. Provides 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. Contract to take effect on 1 st September 2008.	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 vs. public practice, audit of contract implementation. Contract Implementation Team established.	
Progress implementation of new contract.		128 permanent Consultant posts progressed to advertisement under new Contract in April 2008, senior NHO and PCCC management in each hospital network briefed on implementation. Clinical Directorate and Private Practice sub-committees progressing relevant portions of contract. Operational management preparing for implementation of new working hours arrangements.	
Hospital Performance Management (TP 3.8)			
Maternity Services Performance Framework in place.	Q3	Work with the Service Providers to develop a performance framework is ongoing.	NHO
Paediatric Services Performance Framework in place.	Q3	Work with the Service Providers to develop a performance framework is ongoing.	
Process improvement			
OPD service improvement project within the 2 hospital networks of the Dublin Midlands Area.	Q3	The NHO has prioritised outpatient services for immediate restructuring. A pilot project currently underway has resulted in significant improvements in outpatient services in that hospital. A plan to improve outpatient services across all hospitals is being developed, based on this 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

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Responsibilities assigned to relevant people to action specific findings.	Q3-Q4	To be reported in Q3.	
Progress priority actions.	Q3-Q4	To be reported in Q3.	
National Specialist Services			
Bi-annual reviews held with the services.	Q2 & Q4	No review meetings convened in Q1/Q2 08.	NHO
Collaboration with UK Transplant			
Agreement on a new service level agreement with UKT.	Q2	A new service level agreement with UK Transplant is being negotiated.	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 has been agreed for 2007-2008.	NHO
Formal external review of Mater programme completed.	Q4	<p>Early in 2006 a review group was established by the HSE Population Health Directorate to review organ procurement and transplantation practice in the Republic of Ireland. The terms of reference of the group are to:</p> <ol style="list-style-type: none"> 1) Conduct a review of organ procurement practices and governance in heart beating donors in Irish hospitals (solid organs) and compare this with International best practice 2) Correlate the procurement and transplant rates of donated organs in the ROI 3) Review the practice in relation to transplant services nationally for each of the major organs including patient selection, governance, performance monitoring. <p>In relation to the proposal to review the Heart Lung Programme, included in 3 above, draft terms of reference for an external peer review of transplant services have been drawn up and this issue is to be discussed with DoHC to ascertain their view on how/whether the HSE is to proceed.</p>	
Neurosurgical Services			
National Neurosurgical Committee established to oversee implementation of Neurosurgical Service developments.	Q2	Committee has not been established.	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	<p>Progress of Working Group.</p> <p>The Report of this Working Group is at editing stage and it is expected a draft will be available shortly.</p>	NHO / 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	<p>A cross-directorate group was established within the HSE and 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:</p> <ol style="list-style-type: none"> a) Successfully negotiated the full year resources required to meet the treatment needs of metabolic patients b) Secured the capital funding to address the requirements for the adult unit. c) Identified an alternative model of care, including cost-effective options for securing the distribution of the therapies. 	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
PET CT Services			
PET CT Services available in St. James's within existing resource level.	Q2	<p>St James's Hospital</p> <p>The enabling capital works are ongoing and the commissioning will commence late July/early August.</p> <p>The PET CT is expected to be operational at the beginning of September. It is anticipated that the successful candidate for the post of Consultant Radiologist will take up the post in January 2009. A locum consultant will be employed in the interim.</p> <p>The National Hospitals Office has agreed a service level agreement with St. James's for the provision of PET CT services for public patients outside of St. James's.</p>	NHO
PET CT Services available in CUH within existing resource level.	Q4	It is anticipated that the building work to house the PET CT will be completed by April 2009, followed by the commissioning of equipment and the subsequent opening of the service.	
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 is to be established, Chaired by the National Director of Estates, to determine the best option to implement the review. Discussions have commenced with the Medical Laboratory Scientists Association (MLSA) in relation to the implementation of the national review of laboratory medicine services report.	NHO
Consultation process undertaken to agree the implementation stages. This will be conducted through the Partnership Forum.	Q2	Awaiting outcome of process above	
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	<p>Project Agreements (PAs) were signed on the 6th March 2008 in respect of Beaumont Hospital, Cork University Hospital and MWRH, Limerick.</p> <p>The PA for St. James Hospital and Waterford Regional Hospital are expected to be signed shortly.</p> <p>The PAs in relation to Connolly, AMNCH and Sligo are at earlier stages in the procurement process.</p>	NHO
Contractors to achieve planning approval and complete financial due diligence.	Q4	The co-located hospital at MWRH, Limerick has been granted full planning permission. Planning permission granted for Beaumont Hospital and Cork University Hospital was subsequently appealed to An Bord Pleanala.	
Financial close for at least 6 of the co-located hospitals reached.		Financial close is being progressed for the three hospitals (Beaumont, CUH and MWRH) 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 should be complete by September	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		2008.	
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	The Organ Procurement Audit is underway.	
Cancer Control Programme		A group was convened to prepare a Transition Plan which would describe how accountabilities and budget will transfer to the National Cancer Control Programme - there is an NHO represented on this group. Cancer development funding and direct dedicated cancer WTEs and costs have been identified and the validation of figures ongoing.	
Pre-Hospital Emergency Care			
Estate Strategy			
Estate strategy completed.	Q2	Completed and stated in 2008 Capital Plan	NHO / Estates
ICT Strategy			
ICT strategy for the ambulance service developed.	Q2	Significant progress has been made in collating the background information. Work is progressing to consolidate the strategic requirements in line with the wider HSE objectives. It is envisaged this work will be complete by Q4.	NHO / ICT
Staff Development – Training			
Training strategy will be developed in line with nationally agreed standards.	Q1-Q4	The National Hospitals Office continues to review all applications for continuing education and development in line with current financial management control. All mandatory training will continue.	NHO
MIMMS training for an additional 150 staff will be completed.	Q4	To be reported in Q4.	
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	To be reported in Q4.	NHO
Appointment of a National Medical Director for Ambulance Services			
National Ambulance Service Medical Director appointed.	Q1	There are still some HR issues to be agreed. It is expected that the position will be advertised in September, subject to the necessary agreement being reached.	NHO
Appointment of a Clinic Performance Manager for Ambulance Services			
Clinical Performance Manager appointed.	Q3	This will follow the appointment of the Medical Director and may not happen before 2009.	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	Approval of CMOD has been granted. A pilot has commenced in North East.	NHO
Fast Response Units			
7 additional fast response units commissioned.	Q2	The procurement process is on-going	NHO
Ambulance Fleet management			

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
National fleet management system introduced.	Q3	Approval of CMOD has been granted. Procurement process to be commenced	NHO
National ambulance fleet upgrade and replacement programme			
65 new ambulances purchased through an existing contract.	Q1-Q4	50 new ambulances have been ordered through an existing contract. Delivery of these is expected during the last quarter of the year.	NHO
Major Emergency Management			
Senior manager with responsibility for emergency and management in the ambulance service appointed.	Q2	The filling of this position is still under negotiation as part of the reorganization of the service.	NHO – Ambulance Services
Patient Transport Service			
National policy, qualifying criteria and needs analysis reviewed.	Q2 / Q3	To be reported in Q3.	NHO
Recommendations considered by review group and a framework for the provision of Patient Transport Services prepared on a national basis.	Q3 / Q4	To be reported in Q3.	
Service Developments			
Cystic Fibrosis (CF) service			
These developments will be progressed further in 2008.	Q1-Q4	2006 /2007 Funding Approx. 44 of the posts funded in 2006 are in place (90%). Monitoring of posts ongoing.	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: Commenced process to recruit essential staff, working with NEMU and local recruitment staff.	NHO
CUH Day Procedures Unit opened on a phased basis.		The opening of Day Procedures Unit has been deferred. Work is progressing with ICT on a computerised 'Day Case Booking System'	
Commence the opening of the ED in MUH.		Management/HSE/Union talks ongoing.	
Mid-Western Hospitals Group			
Theatre opened.	Q1-Q4	Discussions have commenced with key stakeholders with a view to commissioning the theatre. However, this development may be deferred until 2009 as part of this Network's financial management plan.	NHO
3 rd delivery suite opened on a phased basis.		This development may be deferred until 2009 as part of this Network's financial management plan.	
South Eastern Hospitals Group			
Kilkenny Stroke Unit fully operational.	Q1-Q4	The proposed opening date for the Stroke Unit in St Luke's Kilkenny is August 2008.	NHO
Waterford Regional Hospital Cath Lab.		The Regional Cath Lab at Waterford Regional Hospital partially opened on 1 st May 2008, in line with €1.3m funding received.	

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
North Eastern Hospitals Group			
Our Lady of Lourdes Hospital ED development completed by October.	Q1-Q4	The emergency department in Our Lady of Lourdes will not open until the end of the 2 nd quarter 2009, due to the late addition of a second floor on the new A&E department.	NHO
Navan TSSD will be sustained in 2008.	Q1-Q4	This service is being sustained with 4 WTEs in place.	
Dublin Midlands Hospital Group			
Services to transfer to new Mullingar facility, on an existing service level basis.	Q4	The first phase of the move has been completed. The remaining phase of the move is scheduled to be completed by end September 2008. It is hoped to open the remaining units on a like for like basis but this will require considerable negotiations with the unions.	NHO
Tullamore: Further services (main wards, ED, theatre) to be transferred to new facility, with existing staff complement.	Q4	Negotiations are ongoing with unions about the remaining departments opening on like for like basis.	NHO
Commence the opening of the new Portlaoise ED within existing levels.	Q1-Q4	The opening of Portlaoise ED continues to be delayed due to industrial relations matters. The HSE is engaging with the unions under the auspices of Labour Relations Commission and is hopeful of a resolution.	
<i>Neurology service developments initiated in 2006 and 2007</i>			
Neurology / Neurophysiology			
CUH / SIVUH Consultant Neurology post will be progressed in 2008.	Q1-Q4	Position on hold.	NHO
Neurologists in place in Sligo and Limerick.	Q1	Two new Consultant Neurologists commenced duty in January 2008, one in Limerick Regional Hospital and one in Sligo General Hospital. These appointments arose from funding provided in 2006.	
Commence recruitment of Neurophysiologists in Beaumont, Tallaght and St. James's Hospitals.		Beaumont Hospital: This post is now fully approved by the Consultants' Appointment Unit and has been advertised. St. James's Hospital: This post is now fully approved by the Consultants' Appointment Unit and has been advertised. The NHO is currently in discussions with AMNCH with regard to the appointment of this post.	
<i>Renal service developments initiated in 2006 and 2007</i>			
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.	Q1-Q4	The satellite service in Kilkenny will be re-tendered in the coming weeks following the expiry of the last contract. On completion of this procurement process the Dublin satellite unit will then proceed to tender. Planning has been received as of June 17 th 2008 for the satellite unit at Limerick and discussions are underway with the Private Provider in order to progress the fit out of the unit. It is anticipated that the service will be operational by early 2009.	NHO

Acute Hospital Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Patient Safety</i>			
These essential maternity service posts to be progressed further in 2008.	Q1-Q4	Additional revenue funding has been allocated to the Dublin maternity services in 2009 in recognition of the service pressures associated with birthrate trends. Recruitment is progressing to fill the 31 Midwife posts for the Rotunda. Two consultant posts have been made available to the Rotunda to deal with demographic pressures. In the Coombe and National Maternity Hospital required posts have been identified and recruitment of personnel is being progressed.	NHO
North East will continue this development further in 2008.	Q1-Q4	Sixteen midwives have been appointed in the North East with a further six vacancies remaining. The North East Hospital Group is actively recruiting to fill these positions.	
<i>Tissue and Cells development funding (TP 3.7)</i>			
Progress compliance with EU Directive.	Q1-Q4	Nationally progress is currently being reviewed in order to establish a compliance level within various hospitals by the Quality, Risk and Customer Care Department of the NHO Directorate.	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>1. Development of a forensic nurse training programme. The forensic nurse training programme commenced in January 2008 with 8 nurses enrolled in the programme.</p> <p>2. National Recruitment Campaign and Training Programme for Doctors: 25 applications were received and successful applicants commenced the course in January 2008.</p> <p>3. 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. The HSE is also in high level discussions with An Garda Síochána in relation to remuneration rates for those providing Sexual Assault treatment services through the Department of Justice.</p> <p>4. Development of 2 New Units: Galway Facility - There were some planning challenges which have delayed the establishment of the unit. As a consequence, an alternative site on the campus of Merlin Park has been identified which is capable of coming on stream quickly. This site requires some refurbishment and work is underway in this regard. Subject to the successful recruitment of staff through the training processes identified above this service will commence in the 3rd quarter 2008. Midlands Unit Mullingar - Due to the major capital development at the hospital, an interim site has been identified, which is expected to begin operating shortly.</p>	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 budget €10m and 51 WTE transferred to NCCP Cost centre for 08. Existing cancer budget not transferred from NHO to the NCCP.	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	Still under review.	
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	Breast service transfer into the 8 centres underway – 80% will be delivered by end '08 with remainder on target for Q2 09. Other cancers under review, and 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.	On target for 80% deliverable by end of 08. Full transfer planned for end of Q2 09.	
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 – for national issue Q4 08. Quality standards being developed for Prostate and Lung cancer – target Q4 08.	Cancer Programme Director / NCCP / HIQA
National Plan For Radiation Oncology (NPRO) To 2010			
Continue the service level agreement in Waterford.	Q1-Q4	Ongoing	HSE / Cancer Programme Director / NPRO
Clinical increase in services in St Luke's by 20%.	Q3	On target	
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	
NPRO To 2014			
Governance structure established with the HSE and the National Development Finance Agency for this PPP project.	Q1-Q4	Ongoing negotiations between agencies.	HSE / Cancer Programme

Cancer Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
Prepare for public sector benchmarking.	Q4	Ongoing	Director / NPRO
Prepare for tendering process for PPP Advisors.	Q4	PPP Technical advisors on target to be appointed by end Q3 08.	
<i>NPRO Education and Training Strategy</i>			
Workforce Strategy continued.	Q1-Q4 to make provision for 2010 and 2014	Ongoing	HSE / Cancer Programme Director / NPRO / Universities
<i>National Plan for Medical Oncology (NPMO)</i>			
Commenced development of National Plan for Medical Oncology.	Q1	Commenced the development of a plan in Q2.	Cancer Programme Director / NCCP Advisory Group
<i>National Plan for Surgical Oncology</i>			
Commenced development of National Plan for Surgical Oncology.	Q1	Planning completed for breast in Q1. Planning underway for prostate and lung, and single national centres – ongoing target Q3.	Cancer Programme Director / NCCP Advisory Group
<i>Communications</i>			
Communication strategy for patients.	Q1-Q4	Being developed, pilot completed end Q2. Further roll out of modified communications strategy – aimed for Q3.	Communications / Cancer Programme Director / NCCP advisory group
Communication strategy for staff.		Well underway for Radiation Oncology and breast surgery.	
Development of a website for NCCP.		In the development phase.	
<i>Information Strategy (TP 1.10)</i>			
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.	Q1-Q4	ICT link into HSE appointed to support the process Q2 08. ICT development group established.	Cancer Programme Director / Cancer Registry / NPRO / NCCP advisory group / National ICT
<i>Cancer Financial Model</i>			
Transfer of resources and funding into the NCCP.	Q2	New money – delivered. Existing cancer resources – not delivered.	DOHC / HSE / Cancer Programme Director

Cancer Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<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		HSE / Symptomatic Services
Review to be carried out of symptomatic services.	Q1	Delivered and 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	Not delivered as yet – working relationship established.	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. Following 18 months of data collection in the original five pilot sites the data has been presented to the Director NHO and the Hospital Network Managers. As a result there have been some expressions of interest from hospitals interested in participating in the next stage of the Heartbeat initiative. An action plan is being developed to properly integrate another 4 to 6 hospitals by October 2008.	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	To be reported in Q4.	Pop Health / Office of CEO
Heart health service development action plans prepared.	Q4	Work on a Heart Failure Action Plan 2008-2011 is underway. A Heart Failure Steering Group was established and the purpose of this work will be to develop an action plan in order to improve quality of life and health outcomes, from early detection to terminal care, for people affected by or at risk of developing heart failure. The objectives of the AP are: Objective 1. Conduct Health Needs Assessment for heart failure. Objective 2. Identify models of delivery of the spectrum of care for heart failure and appraise the options. Objective 3. Produce an Action Plan for delivery of heart failure services across the country. To assist this work, a 'Study into the Quality of Life and Views on Quality of Care in Irish Heart Failure Patients' is underway. There is a need to clarify the resources which can be used currently to meet the needs of this group of patients and so establish the true gap in services. A business case is being prepared to do detailed work in one network. Cardiovascular EAG awaited.	Pop Health / PCCC
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	a) The funding and WTE's given to Ambulance sector, NHO to establish a first response structure with coordination and resuscitation training within the community has not got off the ground due to cost containment measures. In March 2008 a Cardiac First Responder Guide was launched jointly by the HSE/ IHF and PHECC. The guide has been designed to provide practical advice and information on all aspects of development a Cardiac First Response Programme and on the use of an AED, in order that communities can make an informed decision. b) Risk assessment work still underway. c) CPR survey (Omnibus) to commence in July, with results in August. • A proposal for media campaign/s, to inform the public about symptoms that indicate increased risk of SCD and also to inform the public about contacting the appropriate medical service when symptoms occur, was accepted by HSE Health Promotion. A discussion was held and a HSE HP campaign template has been completed. Meetings are being arranged.	Pop Health / NHO

CVD Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		<ul style="list-style-type: none"> Managing Risk of SCD in sport: work continues on the risk assessment process. A discussion paper was prepared and discussed at the SCD Steering Group meeting in April. A consensus statement is now being prepared. A workshop on SCD surveillance and research was held on 30th May. 	
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. Draft report being finalised by DoHC.	Pop Health / NHO
Heart Failure			
Initiate services in the 5 sites.	Q4	<p>Most of the 2007 plan to improve heart failure services via NHO throughout the country has not been implemented due to financial constraints and recruitment embargo.</p> <p>The SPIRIT Heart Failure 3 year programme, approved by SPRI in 2006, is in its 3rd year. A review of the programme was held in March and very positive results 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.</p>	NHO / Pop Health
Heart Failure Action Plan to be developed in association with the Cardiovascular EAG.	Q4	To be reported in Q4.	Pop Health / Office of CEO
Stroke			
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. Additional analysis being done to improve interpretation of results and identification of risks.	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. Links to international clinical guidelines on HSE intranet disseminated. Arrangements in place with Irish Heart Foundation Council on Stroke to identify clinical guidelines for acute stroke care. HSE Action Plan for Stroke (1): Emergency and Acute Care in preparation, target end Q4.	
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 (page 88 Service Plan 08). Information on low level of current provision in Irish National Audit of Stroke Care. Quantification and estimation of future needs will form part of HSE Action Plan for Stroke (2), Rehabilitation and Community Services, in 2009.	
Study on 'The Patient Journey' progressed at selected locations.	Q4	Will be done Q3 and Q4, to inform Action Plan (2), described above.	
Work in collaboration with the Cardiovascular EAG progressed.	Q4	EAG not established but HSE Action Plan (acute) is being done in consultation with NHO, stroke clinicians and therapists.	

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	Completed in Population Health and PCCC at all levels. NHO business plan to Network level only as service level agreements for individual Hospitals did not reflect Emergency Management actions required.	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	a) Draft National Plan with the HSE management team for consideration. b) Four draft Area plans with the Area E.M Groups for sign off. c) Phased development due to complexity issues. Hospitals in first phase to be followed by the development of templates for the other services. Currently a draft Hospital template is with the NHO for consideration and sign off. It is anticipated that a final version will be adopted as the standard for all Hospitals by year end.	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	To commence Q1 2009- see above.	Pop Health / NHO / PCCC
Develop a planned programme of exercises to test the above suite of plans.	Q3	Completed.	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	Ongoing. Group working well.	Pop Health
Implement the 2008 Workplan at national level, as pertinent to the HSE.	Q1-Q4	Ongoing. Some issues with Business plan reporting from NHO and PCCC to be resolved.	Pop Health / NHO / PCCC
Represent the HSE at the Regional Intersectoral Groups.	Q1-Q4	Ongoing. Groups working well.	Pop Health / NHO / PCCC
Implement the 2008 Workplan at regional level, as pertinent to the HSE.	Q1-Q4	Ongoing. Some issues with Business plan reporting from NHO and PCCC to be resolved.	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 - This draft consultation document was released on the 15th of January 2007 and the consultation period closed on the 30th April 2007. The Expert Group has reviewed the submissions following the consultation period. The Guidance has been revised and the next version of the Guidance will be published by the end of Q2 2008. Ongoing work on the completion of the development of an interim MS access	Pop Health / NEMO

Emergency Management / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
		database for contacts of avian influenza in the case of an AI outbreak. Development of reports is currently in progress. Ongoing work on the completion of a national protocol on the management of outbreaks of ILI/influenza in longstay institutions. 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.	
Contribute to updating the Pandemic Influenza Expert Group.		Ongoing, Final expert report expected before year end	Pop Health / NEMO
Draft a template for HSE pandemic influenza plans at: <ul style="list-style-type: none"> ▪ National level. ▪ Area level. ▪ Local level i.e. hospitals, local health offices, public health departments and ambulance local administrative areas. 	Q2	a) National Action plan completed and being progressed. b) Area Action plan completed. Template will follow substantive completion of the Action Checklist. c) Local action checklists complete. Template will follow substantive completion of the Action Checklist. Some issues with Business plan reporting from NHO and PCCC to be resolved.	Pop Health / NHO / PCCC
Draft a pandemic influenza plan in accordance with the agreed template at: <ul style="list-style-type: none"> d) National level. e) Area level. c) Local level i.e. hospitals, local health offices, public health departments and ambulance local administrative areas. 	Q4	a) National plan done. b) Area Plan awaiting more substantial progress in the action checklists. c) Local Plans awaiting more substantial progress in the action checklists.	Pop Health / NHO / PCCC

SYSTEM-WIDE SERVICE INTEGRATION INITIATIVES

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>		The proposed model of care has been developed, external consultants have been engaged and they have proposed modifications to the organisation structure to support the delivery model. A project group, headed by the National director of HR, has been set up to implement the new structures.		
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	The draft code of practice for integrated discharge planning has been developed following a comprehensive literature review, and engagement with key stakeholders. It was agreed in principle by Winter Initiative Corporate Team in June. Planning for launch and system-wide implementation for Autumn 2008. Submission made to the Innovation Fund to support development of national training and education programme. A standardised health care record was developed and rolled out within the acute sector.	Programme Lead	
<i>North East Transformation Programme. (TP 3A)</i>				
Complete detailed planning phase.	Q1	Detailed planning for Cavan / Monaghan service changes completed April 2008. Interim detailed planning for Louth / Meath Hospital Group completed April 2008. Remainder of Louth / Meath changes dependant on Drogheda capital investments for which a feasibility study is being progressed.	Programme Manager	
Obtain sign-off and buy in to output of detailed planning which will include:	Q1	North East transformation Steering Group signed off on Cavan/Monaghan Detailed Plan and Louth/Meath Interim Detailed Plan on 9 th May 2008, subject to any further input via Partnership process. Approach has changed as primary resourcing to come from within existing resources plus assistance from Innovation fund.		
<ul style="list-style-type: none"> • Business Case (Costs and Benefits). • Service Blueprints. • Functional Blueprints (Estates, ICT, Finance). • Workforce Plan. • Change management and communications plan. • High level implementation approach and timescales. 				
NB – this first phase of detailed planning is focused on deliverables for 2008 and 2009 – thereafter the medium to long term deliverables for NE Transformation (i.e. period to 2012 / 2015) will be dealt with.				
Commence and complete detailed design phase.	Q2 & Q4			Cavan / Monaghan and Louth / Meath (for interim) detailed design phase commenced Q2/08 as scheduled.
Commence implementation. It is not possible, until detailed planning phase is completed, to be definitive as to what aspects of NE Transformation can be implemented during 2008. It is also the case that progressing NE Transformation is contingent on initial additional investment. Subject to the completion of detailed planning and availability of funding, it is expected that significant service transformation can commence implementation during 2008.	Q4			Level 3 Critical Care centralised in Cavan General Hospital for Cavan and Monaghan (April 2008). Joint Department of Emergency Medicine created (January 2008).

System-wide Service Integration Initiatives

System-Wide Service Integration Initiative Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<i>Winter Initiative</i>			
Specific initiatives for 2008 include: Reducing average length of stay: <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	No report received.	LIT
Discharge Planning: <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	There is a particular focus on improving the patient's experience and the discharge planning process across the system. A Code of Practice has been developed by the HSE and the implementation is to commence in late June to ensure that each patient has: <ul style="list-style-type: none"> A standardised Discharge Summary on leaving hospital A treatment plan and an expected date of discharge/estimated length of stay within 24 hours of arrival into hospital, An expected date of discharge to be managed against the treatment plan on a daily basis with any changes to be communicated to the patient. In addition, ward rounds are to be scheduled in a way that facilitates appropriate and timely clinical review of all patients with the intention of discharging patients by 12 o'clock each day. Nurses will play a more central role in facilitating discharges.	NHO
Admission avoidance – examples include: <ul style="list-style-type: none"> Out of hours GP Service. Rapid access clinic in Smithfield. 	Q1-Q4	Ongoing provision of services under GP Out Of Hours, Community Intervention Teams, Home Care Packages and Rapid Access Clinic	PCCC
Increased usage of Day Case: <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	Day case activity has moved from 49.4% of total inpatient and day case volumes at the end of April 2007 to 51.3% at 30th April 2008 (no May or June data available due to IMPACT dispute). This is being achieved through a number of initiatives including the utilisation of 5 day wards as opposed to 7 day wards, and improved pre-admission assessment criteria.	NHO
Access to Diagnostics - Increase access to diagnostics and assessment, without admission to acute setting, through consideration of opportunities for: <ul style="list-style-type: none"> Improved GP access to hospital and community diagnostics. 	Q1-Q4	Hospital Networks are progressing initiatives to improve GP access to hospital diagnostics in various ways, including increasing the availability of slots for urgent GP referrals, and ring-fencing consultants' time for dedicated community diagnostics.	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	The audit of physical capacity is at various stages of completion in the Hospital Networks.	
<ul style="list-style-type: none"> Spare capacity identified. 	Q2	Upon completion of the audit of capacity any spare capacity will be identified.	
<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 over the coming months will be on improving hospital processes, in particular the discharge planning process. The focus on improving the waiting times in a number of major Dublin hospitals including Tallaght, Beaumont, Mater and Connolly Memorial Hospitals will continue.	

System-wide Service Integration Initiatives

System-Wide Service Integration Initiative Focus / Deliverable 08	Target Timescale	Progress in the Reporting Period	Lead Responsibility
<p>Outpatient Departments</p> <ul style="list-style-type: none"> Inventory of existing OP Waiting Lists for all specialties conducted. 	Q1	Hospitals are at varying stages of completion in carrying out validation of the Outpatient Waiting Lists. 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	Hospitals are at various stages in the completion of an inventory exercise of available physical clinical space. Some hospitals are carrying out this exercise in tandem with work on decanting of services to more appropriate settings.	
<ul style="list-style-type: none"> Validation exercise on waiting lists conducted. 	Q1	<p>Hospitals are at varying stages of completion in carrying out validation of the Outpatient Waiting Lists. Work is continuing with National Treatment Purchase Fund (NTPF) to ensure referral of patients to the NTPF participating hospitals for treatment.</p> <p>Revision of how Outpatient Waiting Lists are managed is recognised as an issue.</p>	
<ul style="list-style-type: none"> Models of good practice adopted e.g. the management of Orthopaedic Waiting list in Limerick. 	Q2	Waiting lists are managed on an ongoing and proactive way nationally including ongoing liaison with the NTPF in relation to referring patients suitable for treatment under this scheme.	
<ul style="list-style-type: none"> Focus on level of DNAs by clinic and investigation of reasons for non attendance. 	Q1-Q4	<p>Hospital Networks are examining and implementing models of good practice as appropriate including:</p> <ul style="list-style-type: none"> Researching with ICT the possibility of developing I.T. Systems to automatically issue reminders, e.g. By Text Messaging. Developing appropriate DNA policies for individual hospital and setting DNA targets to measure against. 	
<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	<p>The shifting of appropriate outpatient and other activity from the acute hospital setting is being promoted in various ways in the Hospital Networks, for example:</p> <ul style="list-style-type: none"> Connolly hospital used the Hospital in the Home to great effect from both an Emergency Department diversions and an early discharge home perspective. A Community Infusion Unit, in partnership with a private company, is in place in Carlow/Kilkenny, based at Kilcreene Hospital. St. Vincent's Hospital is continuing to develop Home Treatment Programme (Cystic Fibrosis). Pathology services at the Midland Regional Hospital Mullingar are operating a Point of Care Project that provides point of care diagnostic equipment within GP practices that targets the risk factors for diabetes and cardiovascular disease. Patients have their glucose, HBA1c, cholesterol, HDL, LDL, microalbumin and warfarin testing carried out within the GP practice. 	

QUALITY IMPROVEMENT

QUALITY IMPROVEMENT

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Quality and Risk Management Framework (TP 12.7)			
Distribution of and briefing / education on the Quality and Risk Management Framework and Quality and Risk Standard in all HSE Directorates.	Q1-Q4	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. This is a continuous and ongoing process.	NHO / PCCC / Pop Health / Office of CEO (OQR)
Corporate Risk Register			
Distribution and briefing / education on use of risk register in all HSE Directorates.	Q1-Q4	The 'Risk Register' is being piloted and evaluated in six sites throughout HSE. The six sites where chosen from NHO (2 sites), PCCC (2 sites), and Corporate/Shared Services (2 sites i.e. ICT and Procurement). The evaluation process will be completed by 31 st December 2008. Other (non-evaluation) sites may decide to implement the risk register before the evaluation process is completed. Following the evaluation, the 'risk register' will be implemented in all HSE sites and this will be a continuous process.	Office of CEO (OQR) / All Directorates
Quality and Risk Key Performance Indicators			
Development of evaluation tool to measure performance.	Q2-Q4	Consultation with key stakeholders is ongoing.	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	Consultation with key stakeholders is ongoing.	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, Serious Incident management Interim Policy and Procedure; Incident Policy and Guideline) A Serious Incident Management Team has been created under a National director.	Office of CEO (OQR) / All Directorates
Code of Practice for Decontamination of Reusable Invasive Medical Devices			
Implementation of e-learning programme.	Q1-Q4	Final edits to the e-learning programme are being completed by E-Learning company. The e-learning programme provides instructions on how to meet the standards and codes of practice for decontamination of reusable invasive medical devices. The programme will be sent to the Subject Matter Expert (SME) group for final review and should be available to all HSE staff from July 2008.	NHO / PCCC / Estates / ICT / HR
Development of national specification for decontamination equipment.		The development of national specification for decontamination equipment will be addressed with Healthcare Science Limited following the completion of the review of the Final Decontamination Review Report by the NHO Senior Management Team.	
National guidance for the built environment in relation to decontamination		National guidance for the built environment in relation to decontamination	

Quality Improvement

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
facilities.		facilities will be addressed with Healthcare Science Limited following review of the Final Decontamination Review Report by the NHO Senior Management Team.	
Healthcare Records Management Code of Practice			
Implementation of National Hospital Chart.	Q1	The National Hospital Chart is currently being implemented in acute hospitals.	NHO
Development and implementation of national strategy.	Q1-Q4	The final report and a national action plan for the development and implementation of a national strategy have been submitted to Director of NHO.	NHO / PCCC / ICT / HR
Roll out of e-learning programme.		The e-learning programme is available on www.hseland.ie since October 2007 and is being used by hospital staff.	
Development of standardised ED documentation.		The development of Standardised Emergency Department documentation is complete. The documentation is currently with printers with a view to national implementation in September.	
Implementation of National Maternity Chart.		A draft chart has been agreed by the Maternity Chart Sub-Group and has been circulated to hospitals to ensure an inclusive consultation process (June-August 2008).	
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 Interim Policy and Procedure (SIMT) is in place. The 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	No report received.	
Quality and Risk Strategy			
Quality and Risk objectives met.	Q1	A number of documents have been produced to guide the various directorates in Dealing with Incidents and Serious Incidents. (Documents include, inter alia, Serious Incident management Interim Policy and Procedure; Incident Policy and Guideline).	Office of CEO (OQR) / All Directorates
Development of Criteria and Guidance for Clinical Audit			
Agreed criteria and guidance for clinical audit.	Q1	Final draft of the document 'Healthcare audit criteria and guidance' has been forwarded to the DoHC and the Patient Safety Commission for their review and their recommendations (for inclusion)	Office of CEO (OQR) / Pop Health
Quality and Safety Awards			
HSE Achievement Awards Feb '08	Q1	Completed. 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. The host organisations have agreed to host another conjoint conference in 2009. An article on the conference has been submitted to HSE Health Matters and also to the National Institute of Health Sciences.	

Quality Improvement

Quality Improvement Focus / Deliverables 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Evaluations and Strategy for '08 Awards process.	Q2-Q4	Work on evaluation of the awards process is ongoing	
Hospital Hygiene			
Address the issues identified in the third report on hospital hygiene.	Q1-Q4	Various initiatives are taking place in hospitals nationally to address hospital hygiene including: <ul style="list-style-type: none"> • Monthly compliance monitoring is in place informing actions to be taken to comply with the recommendations. • Hospitals have set up Hygiene Groups responsible for following up on the recommendations of the Hygiene Report. • Hand Hygiene training for staff is taking place on an ongoing basis. • Hospital hygiene teams carry out internal hygiene audits in line with the HIQUA standards. 	NHO
Hospital Acquired Infections and Healthcare Associated Infections (TP 4.10)			
Continue and expand surveillance of HCAs.	Q1-Q4	The NHO has published the baseline data for bloodstream MRSA, antibiotic consumption and consumption of hand gel in 2006 and 2007 and this will be produced on quarterly basis going forward. In tandem with this national development individual hospitals are progressing surveillance of HCAs by <ul style="list-style-type: none"> • Establishing baseline studies into Alcohol Gel Consumption, Staphylococcus and MRSA rates and the antibiotic usage. • Establishment and operation of Hospital Infection Control Committees. 	NHO / PCCC / Pop Health
Implement key elements of Action Plan.		The Action Plan is being progress through linkages with Local Implementation Teams (LITs). Regular meetings are held and HCAs is an integral part of the agenda. All relevant documentation from HCAI Governance Group disseminated through LIT leads.	
Provide education and training on HAs for all frontline health care workers.		An education sub-committee has been formed by the HCAI Governance Group. E-learning induction programme is about to be launched. A GP Anti-Biotic Prescribing training programme is currently being developed, for launch in the Autumn.	
Set up MRSA helpline for public.		This is being actively progressed in line with HSE Communications Department.	
Identify additional Infection Control Staff.		37 (from a total of 52) additional Infection Control staff have been recruited. Efforts are being made to progress the recruitment of the remaining posts.	
Risk Identification			
Develop action plan to manage these risks.	Q1	Key Risks in HSE as identified during December 2007 are currently being addressed, via action plans, in the relevant directorates. Advice to the directorates to address their Key Risks is available from the Office of Quality and Risk.	All

VALUE FOR MONEY

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 service plan reporting.	
Develop role and function of VFM Unit			
Appointment of General Manager with specialist financial expertise completed.	Q1	Complete	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			
The following processes will be enabled:	Q1	<p>The Project Team have delivered the following outputs :</p> <ul style="list-style-type: none"> • Scope Document • Blueprint Charter • Draft Business Case <p>Draft Business Case is now with DoHC for review, and confirmation of joint approach for submission to CMOD / Dept of Finance</p> <ul style="list-style-type: none"> • If approved and submitted it is expected Peer Review process will begin in Aug / Sept • It is expected the Peer Review and EU Procurement process will take approximately 6 months. • It is expected Implementation Partner on board and Project Start date in Q1 2009 <p>** All of the above is subject to: DoHC and CMOD approval and progress through Peer Review.</p>	Finance
<ul style="list-style-type: none"> ▪ Draft completion of Scope. 			
<ul style="list-style-type: none"> ▪ CMOD Peer Review process begins (1st Stage is Review Business Case). 			
<ul style="list-style-type: none"> ▪ Tender for Implementation partner. 	Q2		
<ul style="list-style-type: none"> ▪ Project Design (to be completed Q1 '09). 	Q3		
<p>The first release of a long term programme should achieve the following:</p> <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 Arrangements			
Implementation of recommendations from 'road map' will commence in:	Q1	<p>A Steering Group was established in Q1 who have agreed a broad plan for implementation in a number of hospitals in addition to the establishment of a range of sub groups developing the necessary coding, standards and systems for standardised implementation.</p> <p>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.</p>	Finance
<ul style="list-style-type: none"> ▪ A group of Dublin based hospitals. ▪ Specific Care Groups in PCCC. 			
Cost Containment Initiatives			
Supply of Medicines			

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Contract for Non Licensed Medicines to achieve substantial savings.	Q1	In March & April 08 there was a total saving of €14.2m	National Pharmaceutical Unit in association with Procurement and PCCC
Finalise pricing for non drug products reimbursable under the Community Drugs Schemes.	Q2	GMS = €10.5m DPS = €3.3m	
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	LTI = €0.4M Awaiting information re Products off Patent. No progress to report.	
<u>Procurement Initiatives</u>			
Pharma / Lab / Diag Portfolio and <ul style="list-style-type: none"> ▪ Unlicensed Drugs and Medicines. ▪ Medical Products Refunded under GMS Re-imburement 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 / Contenance 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	This tender has been cancelled and a new tender process is to be initiated. Intended contract award Q4. Report and 9 Point Action Plan submitted for Demand Led Schemes to HSE Management and its implementation is under discussion with the DoHC 17 Vaccines Contract Approvals completed. Framework in place Finalising SLA. Agency Recruitment will go to tender in Q3 Tenders to be processed following agreement of implementation of recent Patient Transport Review First round of contracts to terminate July 08 with new contracts to be awarded for 12 month period July 08 Progression of these tenders behind schedule due to prioritisation of available staff resources. Security Tender in South East, Dublin Mid Leinster and Dublin North East awarded and further work ongoing. <i>An expected saving in 2008 of €262K is on target with an annual saving of €629K.</i> Progression of these tenders behind schedule due to prioritisation of available staff resources. Ongoing support being provided for procurement of Pandemic requirements National Paediatric Hospital is now the remit of a separate statutory body Support is being provided to the NPRO Project Estates receiving support from Procurement.	Procurement

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility																																								
		<p>Additional Savings from HSE Contract Awards for 2008:</p> <table border="1"> <thead> <tr> <th>Contract</th> <th>Duration + Option to Extend</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> <tr> <td>Retinal Screening Service</td> <td>Once off</td> <td>€737K</td> <td>€737k</td> <td></td> </tr> <tr> <td>Social Welfare Allowance Forms</td> <td>3 + 2 yrs</td> <td>€334K</td> <td>€1m</td> <td>€334k</td> </tr> <tr> <td>National SAP Hosting & Systems Support</td> <td>1.5 – 5 years</td> <td>€570K</td> <td>€3.8M</td> <td>€760k</td> </tr> </tbody> </table> <p>Note: Total Annual Savings achieved is circa €3.7m Total Savings (are for primary contract durations excluding option to extend).</p> <p>*Banking: This contract is due to commence in Oct 08</p>	Contract	Duration + Option to Extend	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		Retinal Screening Service	Once off	€737K	€737k		Social Welfare Allowance Forms	3 + 2 yrs	€334K	€1m	€334k	National SAP Hosting & Systems Support	1.5 – 5 years	€570K	€3.8M	€760k	
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Non Pay - Travel and subsistence expenses																																											
A target saving of €10m with specific targets to be set for all Directorates, proportional to the current rate of expenditure.	Q4	Each Directorate has received their specific target for 2008. The total HSE saving based for Jan-May 2008 based on a comparison against expenditure for the same period 2007 is approximately €330,000.	Finance																																								
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 the first quarter 2008 than expected and therefore the expected savings have not been achieved in the first quarter.	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 €5m 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 €15m. has been achieved Jan-April 2008 based on the comparative expenditure for the previous four months in Basic Pay, Overtime and Agency.	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 June 08 = €1,630,868 Actual VFM savings to June 08 = €1,074,593 The actual VFM savings fell short 34% 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																																											

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<p>Replace multiple existing licences arrangements with single HSE consolidated agreement on a phased basis.</p> <p><u>A total saving of €0.75m is expected, with further savings on other licences in future years.</u></p> <p><i>Creation and population of National HSE land and building Register</i></p>	Q4	With regard to licence consolidation and ICT savings of €0.75m, this work is on going. To be reported in Q3.	ICT
<p>National database populated.</p> <p>Following completion, this database will allow the utilisation of HSE lands and buildings to be rationalised and can identify assets for disposal.</p> <p><i>Central approval and negotiation of all Leases.</i></p>	Q1	National database populated.	Estates
<p>Manage, monitor, negotiate and approve all HSE Leases centrally. Each year, value will continue to be delivered by ongoing management of leases.</p> <p><i>Procurement of CNU's by means of Design / Build multi-site tenders</i></p>	Q4	All leases monitored and approved centrally. In process of archiving all leases centrally. On target for negotiation of all leases centralised by year end.	Estates
<p>Invite tender for similar units. A 5% saving in total project costs per unit is expected.</p> <p><i>The procurement of Design Teams by means of a Framework Tender for all projects under €30m</i></p>	Q2	Specifications and Schedule of Accommodation being agreed. Tenders will be invited by end of Q2.	Estates
<p>Framework tenders for all Design Team Consultants completed.</p> <p>Competitive tendering for all Design Teams will ensure better VFM.</p> <p><i>Centralisation of Corporate Facilities Management.</i></p>	Q1	All appropriate framework tenders are now in place in all areas. The remaining framework tenders will be complete by year end.	Estates
<p>Centralisation of Corporate Facilities Management ensuring better VFM by coordinating office occupation, booking of meeting rooms, maintenance of facilities, etc.</p> <p><i>Performance and Development – Collective Call for Tender</i></p>	Q4	66 Meeting Rooms in 25 locations can now be booked via a Help Line. Survey of Office accommodation in all main centres and report issued. Office Accommodation in the Dublin Area being centrally coordinated. Process to be complete in Q4.	Estates
<p>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).</p> <p>Report on current average per head training costs and prospectively report on savings resulting from tender.</p> <p><i>Recruitment</i></p>	Q3	P&D have initiated discussions with Procurement to develop a national call to tender for a panel of providers for specified training. Discussions are ongoing on the most suitable approach to this collective tender specification, to optimise both the spread and depth of possible content and the geographical spread of delivery.	HR / Procurement
<p>Transfer of all management / administration recruitment processing undertaken to National HR Services in Manorhamilton on a phased basis, leading to establishment of national panels.</p> <p><i>Mediation Panel</i></p>	Q3	Current environment does not require panels for Mgt/Admin grades at this time therefore they have been substituted with therapy grades. A national campaign for Basic Physiotherapists has been completed and other therapy grade campaigns have commenced. Plans are at an advanced stage for the consolidation of Recruitment. Consultations to commence shortly with trade unions	HR

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
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	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.	Pop Health
Audit of legal costs within Environmental Health Services			
Audit of legal costs within environmental health conducted.	Q2	Not yet commenced due to delay in appointing Area Chief EHOs who will be responsible for driving this initiative.	Pop Health
Implement protocols and best practice in order to minimise the costs from this activity.	Q3		
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	The project remains as a priority focus for 2008. The development of a technical solution is in progress.	
<ul style="list-style-type: none"> Complete the process of populating schemes registration systems with verified PPSNs for the registered population. 	Q2	Ongoing and on target.	
<ul style="list-style-type: none"> Implement National Data Management and Control Programme. 	Q3	The Schemes National Data Management and Control document has been developed and circulated for implementation.	
<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	A report on the 'Hardship Scheme' has been developed and is under consideration by the Schemes Modernisation Programme Steering Group.	
Review of the Primary Care Reimbursement Schemes			
Enhance probity assurance structures and processes across the range of contracted services.	Q2	Detailed Review of Demand Led Schemes carried out. The findings and recommendations of this review focus on the various community drug schemes have been crystallised into nine high level initiatives: <ol style="list-style-type: none"> HSE will establish one overarching group to give effect to and provide strategic oversight for determining the inclusion and de-listing of licensed drugs/ medicines, non-drug items and appliances across the HSE. A common single list of items reimbursable will be agreed and extended and a single process across PCCC and NHO Products Committee to have authority for determining all licensed drugs/ medicines; non-drug items and appliances reimbursed under the Schemes Local client registration systems will be integrated with the National client Index in real time 	PCCC

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility					
		<p>4. High Tech Scheme arrangements will be reviewed and options to minimise waste implemented</p> <p>5. All payments, including local discretionary schemes, under the DLS will be reimbursed through PCRS through redirecting of claims from local offices to PCRS</p> <p>6. Pilot project for electronic invoicing and sample control/ audit process of pharmacy claims. PCRS also to develop electronic links with manufacturers as part of its control processes</p> <p>7. Administrative arrangements regarding recoupment of health care costs of EU residents while visiting Ireland will be rationalised, to include a central recoupment system</p> <p>8. Project to be carried out to identify at a high level the main factors affecting volume of claims, unusual high costs in prescribing, unusual claim patterns and large cost prescriptions.</p> <p>9. Initiative involving clinical leaders aimed at influencing prescribing behaviour towards more rational prescribing to commence.</p>						
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	Initial data analysis completed, validation templates sent to all LHO area. Literature review of international models completed, Liaison has taken place with Director of National Association of State Mental Health Programme Directors (NASMHPD), and the Director of International Initiative for Mental Health Leadership.	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	To be reported in Q3.	PCCC					
National Integrated Medical Imaging System (NIMIS) Project (formerly PACs in 2007)								
Process will commence in 2008:								
<ul style="list-style-type: none"> Business Case completed. 	Q1	Project Board in place. The Business Case for the NIMIS project was approved by the Project Board on Wed 20 th February 2008.	NHO					
<ul style="list-style-type: none"> Approval Process. 	Q2	Approval has also been received for the funding required in 2008.						
<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	
Procurement Process Completion	Q1 2009							
Installation Commencement	Q2 2009							
Project Completion	Q3 2011							

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
		<p>A site readiness survey document has been circulated for completion and returned by the hospitals by mid June which will form part of the site roll out prioritisation.</p> <p>Membership of the Procurement Project Team is being finalised. It is planned to go to the market by beginning of July.</p> <p>Procurement in individual site projects (Limerick and Sligo) paused given the rapid movement to procurement for the national project – situation to be reviewed in 3-4 months.</p>	
Dialysis			
Provide a dialysis service in Limerick city.	Q3	Planning permission has been obtained for a satellite unit in Limerick and it is anticipated the service will commence early in 2009.	NHO
Laboratory review			
Implementation plan developed for the recommendations of the Laboratory Report.	Q1	The immediate implementation needs were provided in an implementation plan which was presented to the Management Team on 29th April. Implementation group being established.	NHO
Consultation process undertaken to agree the implementation stages. This will be conducted through the Partnership Forum.	Q2	Consultation has not yet commenced.	
Priority will be the development of 'cold laboratories'.	Q1-Q4	This is captured in the implementation plan	
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
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

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Review and full roll-out.	Q3-Q4	Project Plan being prepared for full roll out over Q3 & Q4	
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 have 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 model to be developed in the context of workforce planning and taking into account best practice in Ireland and elsewhere Introduction of resource allocation model is deferred until the process for the Model of Integrated Care is complete.	Office of CEO / HR
Analysis of all other directorates.	Q4		
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	To be reported in Q4.	PCCC
Internal Audit			
Areas of the system of internal control requiring improvement identified.	Q4	In excess of 80 Internal Audit reports issued at 30 th June 2008	Internal Audit
Recommendations to assist management improve the system of internal control formulated.		As above	
Regular exchange of information with VFM group.		Ongoing	
Development of Integrated Workforce Planning Strategy			
Consultation Process and Final Policy Strategy Integrated Workforce Planning completed.	Q2	The final strategy to e agreed. This process will be completed in Q3. Some consultation has taken place but the full briefing will not take place until the final document is agreed at both HSE, DoHC and Government Level.	HR

Value For Money

VFM Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
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 and taking into account of the action plan targets as set out in the strategy	

CONSISTENCY AND SOCIAL INCLUSION

CONSISTENCY AND SOCIAL INCLUSION

Consistency and Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Management Framework for Services provided by the Non-Statutory Sector			
3 Project Implementation Teams established (NHO, PCCC and Population Health).	Q1	A National Advisory Body was recently set up to guide and support implementation of the strategy recommendations in an integrated way. The Network Manager of Dublin South Hospital Group represents the NHO on this Body.	NHO & PCCC & Pop Health
Implementation Plans developed.	Q2	Work is ongoing with a number of hospitals on a range of projects linked to priority recommendations.	
PCCC service configuration framework			
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	Draft design framework document has been prepared for the organisation structures below LHO level to provide guidance to LHO management teams for organisational restructuring and hence enable the alignment of services to Primary Care Teams and Networks.	PCCC
Development of hospital services configuration framework			
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. The KPMG report into Maternity and Gynaecology Services for the greater Dublin area is being finalised. 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.	NHO
National Cancer Control Programme (NCCP)			
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 budget 10 Million and 51 WTE transferred to NCCP Cost centre for 2008. Existing cancer budget NOT transferred from NHO to the cancer control programme.	Cancer Programme Director
Services for Persons with Disabilities			
Continuation of an evidence based approach nationally to development and delivery of services, in response to identified need.	Q1-Q4	Ongoing	PCCC
Palliative Care Services			
Review and examine national needs plan in association with DoHC and other stakeholders.	Q3	Ongoing The National Needs Plan has been circulated to the relevant stakeholders for review and examination.	PCCC
Implementation Plan 2009 -2013 developed, following national needs assessment.	Q4	Ongoing Plan completed awaiting sign off by HSE Management Team. Scheduled for circulation August 2008	
Development of Health Inequalities Framework			
Literature review on best practice in health inequalities completed.	Q2	Completed	Pop Health

Consistency and Social Inclusion

Consistency and Social Inclusion Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
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	<p>Implementation Plan developed. Strategy can be grouped into three themes:</p> <p>1. Improving Access to Services and Service Delivery.</p> <ul style="list-style-type: none"> • Work underway with the Communications directorate so that the HSE intranet and internet is welcoming for people from other countries. • Key information on HSE services is provided in other languages apart from Irish & English, on an incremental basis .e.g. HSE Guide to services. • Reviewing and commenced an "information hub" so that HSE service information being translated by colleagues in different clinical settings e.g. clinical staff working in Diabetes have had information on Diabetes translated, as this is a condition that affects groups from ethnic minority communities. • A copy is in the "information hub" so that learning and information is shared and disseminated thus duplication is minimised. • A short "HSE Guide to Interpreting & Translation" has been circulated. <p>2. Enhancing Collection and Application of data, information and research around the health needs and outcomes of people from diverse cultural and ethnic backgrounds</p> <ul style="list-style-type: none"> • Work underway with ICT and 1-2 TBC hospitals on the feasibility of embedding the Ethnic Identifier Field into core data sets. • Evaluation of Interpreting Services available to GPs in Dublin Mid Leinster. This was a pilot done in partnership with the ICGP and funded by the HSE. <p>3. Provision of learning, training and support to staff in equipping them to deliver a responsive, culturally competent health service. The 12 health settings we worked with last year - 6 hospitals and 6 community care areas were funded to provide a range of supports and training for staff as part of the implementation of the National Intercultural Strategy.</p>	Office of CEO / PCCC / NHO / Pop Health / HR

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	Revised ceiling of 111,505 issued by the DoHC in March 08. Ceilings revised to reflect financial sustainability and reported in the April 08 Employment Monitoring Report.	HR
Timely and accurate performance data available at all levels.	Q1-Q4	With effect from Jan 08 the Health Services Personnel Census is now collated on a monthly basis. The system allows the census to provide timely and accurate data for the Board of the HSE, DoHC, CPCP, PMU, CMOD and other agencies on a monthly basis. This information provides greater detail for all areas. This information also provides accurate and current data in relation to PQ's and Reps.	
<i>Manpower Planning - Administration Staff Assessment Project (ASAP)</i>			
Resource allocation model developed.	Q1	Initiative is currently paused. This is due to IMPACT's work to rule, the absence of clarity around the terms of any voluntary early retirement scheme, and also the change programme.	HR
<i>Nursing Workforce feasibility study</i>			
Findings of benchmark study on nursing resource deployment progressed.	Q2	Final Report on the Review and Feasibility Analysis of Nursing and Other Related Staff Resource Deployment in the HSE was received in May 2008.	HR
Implementation of 1.5 hrs reduction on cost neutral basis completed, where feasible.	Q2	Implementation of 1.5 hrs reduction on cost neutral basis completed, where feasible. As at 30th June 2008, some 13,145 WTE nurses & midwives in 134 locations have commenced working a 37.5 hr week following sanction by Health Service PVG. This represented about 35% of total number of nurses & midwives. The approval process by the Health Service PVG continues as requested by the National Implementation Body (NIB).	
<i>Community Welfare Analysis</i>			
Transfer of Community Welfare Staff to the Dept. of Social, Community and Family Affairs (DSCFA).	Q2	Joint meetings with HSE, DoHC, DSFA, SIPTU & IMPACT continuing under facilitation.	HR / PCCC
<i>Performance Management</i>			
Performance framework, based on 2008 NSP commitments, to support Mangers and Staff in attainment of targets and objectives finalised.	Q1	Framework finalised, with supporting documentation, guides and templates developed.	HR
<i>Development of Integrated Workforce Planning Strategy</i>			
Consultation Process and Final Policy Strategy Integrated Workforce Planning completed.	Q2	Final draft Workforce Planning Strategy being finalised and for discussion at next Cabinet Sub-Committee in July.	HR
Action Plan Integrated Workforce Planning Completed.	Q2	Awaiting completion of final workforce planning strategy, the action plan forms part of this strategy (as above)	HR
Implementation of Integrated Workforce Planning.	Q2-Q4	On completion of Workforce Planning Strategy (which includes an action plan) the implementation process will commence and will be rolled out in accordance with milestones in the action plan.	HR
<i>Health and Social Care</i>			

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
Development of a HSE strategy and policy statement for the professional education of Health and Social Care Professionals, in consultation with key stakeholders.	Q3	Consultation questionnaires circulated and responses received. Questionnaires are being analysed.	HR
<i>Develop and implement a leadership development strategy for the HSE</i>			
Development of Leadership Development Strategy and completion of targets for 2008 as outlined in the strategy.	Q1-Q4	Draft Strategy prepared, awaiting approval by Programme 6 Transformation Steering Group and discussion with the National Director of HR.	HR
<i>Create and implement leadership and management approaches</i>			
Delivery of phase 1 programme to Leadership group (over 6 months) commenced.	Q1-Q2	Phase 1 completed as planned, comprising six monthly sessions with the Management Team	HR
Phase 1 programme evaluated and adapted.	Q2	Three trilateral meetings involving HSE, the providers and the evaluators took place which resulted in some agreed changes. Phase 1 sessions were also adapted to meet the Management Team's evolving needs and priorities while respecting the up-dated objectives agreed with the Project Team in January. Initial findings received from Henley, the independent evaluators, in June.	HR
Phase 2 programme delivery to top 160 managers (over 12 months) commenced.	Q3	Phase 2 began in May. Second session was scheduled for June and was deferred by the Management Team.	HR
<i>Standardisation of management development</i>			
Standard objectives / formats for management development programmes at all levels agreed.	Q2	Standard objectives for two of three levels have been agreed with Areas while work on the final level is nearing completion, ahead of 2009 P&D Prospectus.	HR
New Performance Management Legal Framework (PMLF) modules designed and existing modules updated, in conjunction with Health Service Employers Agency (HSEA).	Q4	Content was finalised for two new modules and for existing modules needing revision. Contact initiated with external providers to design trainer's guides for the new modules and to produce audio-visual supports for the programme.	HR
<i>Implement National Plan for Standard HSE General Learning and Development Programme</i>			
Circulation and promotion of standardised prospectus information across all areas commenced.	Q1	Plans agreed to look at Project Management Standardisation based on Transformation Model.	HR
Next phase of integration towards national prospectus.	Q4	One electronic access point for all HSE. Performance and Development (P&D) Prospectus now available.	HR
<i>Standardisation of National Academic Study Support Scheme</i>			
National Academic Study Support Scheme finalised.	Q1	Agreement formally reached with IMPACT	HR
Implementation of National Scheme.	Q2	Next phases of standardisation to commence based on resource availability. Full implementation is dependent on resource availability in 2008	HR
Research in best practice conducted and policy and framework document developed and agreed.	Q4	To be reported in Q4.	HR
<i>Implement standards based performance measurement and management throughout the HSE (TP 9.4)</i>			
Implementation Plan for Strategic Performance and Development Framework developed.	Q2	Strategic Performance Management and Development Framework updated to reflect changes in performance management. Implementation plan nearing	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
		completion.	
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	Draft plan prepared – further discussions will be required when resource availability is determined.	HR
<i>E-learning Centre – Further development of www.hseland.ie</i>			
Broad suite of E-Learning Programmes available on line.	Q1	40 E Learning Programmes now available. More to be added through procurement and development in Q3.	HR
On-line resources and bespoke HSE E-Learning Programmes to support Transformation Programme developed.	Q3	To be reported in Q3.	
<i>Develop robust model for recording, reporting and tracking expenditure on training, development and education (TDE) across the HSE for performance measurement and benchmarking purposes</i>			
Uniform TDE expenditure coding, across the HSE, developed in agreement with Finance.	Q2	Little progress has been made on this issue due to a range of issues outside the control of P&D. Commitment to project made by Finance but awaiting action.	HR
Piloted in selected site.	Q3	To be reported in Q3.	
Mainstream / roll out on a national basis.	Q3	To be reported in Q3.	
Full recording of Training and Development expenditure in standard format across the HSE.	Q4	To be reported in Q4.	
<i>Develop a set of Human Resources Performance Indicators and Metrics (TP 9.3)</i>			
Suite of HR Performance Indicators and Metrics developed and tested.	Q4	To be reported in Q4.	HR
<i>Develop and implement an Employee Engagement Strategy (TP 6.1)</i>			
Employee Engagement survey designed, circulated and completed.	Q1	Detailed planning work for survey completed. Project team including partnership representative well established.	HR
Survey findings analysed.	Q1	Draft questionnaire finalised.	HR
Action plan to implement survey findings developed and incorporated into an overall Employee Engagement Strategy.	Q2	Commencement date and content of survey to be decided - deferred pending discussion.	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	OD interventions underway to support existing Primary Care and preparation work underway in relation to the establishment of new Primary Care Teams. Work well underway to assist Transformation Development Officers in developing primary care teams and direct team development work underway with primary care teams in some areas (e.g. HSE West); (note: no OD staff in HSE South). <u>In addition:</u> Dublin North East: Ongoing development work at service delivery and management level in relation to the reconfiguration of services to deliver on Transformation Programmes 1, 2, 3 and 3A.	HR

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
		Working with Transformation Development Officers, Heads of Discipline, Care Group Managers and team members to realign services for team based delivery, and redesign of existing discipline specific processes to support and develop integrated client pathways and processes. Working with mental health services to realignment their services into PCCC and in line with <i>Vision for Change</i> . OD&D Dublin Mid Leinster: Currently working with Transformation Development Officer's in the diagnosis and analysis of the Primary Care Teams current situation and training needs and working in conjunction with P&D in the delivery of focused Team Building measures.	
Convening of National HR forum on a quarterly basis.	Q1-Q4	Next Forum Planned for Q3, following discussions with the National Director of HR.	HR
Development of action plan through National HR Forum and implementation of projects set out in this plan.	Q3-Q4	To be developed through Forum in Q3.	HR
Development of Employee Wellbeing and Welfare Strategy			
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	Ongoing	
Equality Agenda			
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	
Standardisation of HRBS Process			
Implementation and communication of standard processes progressed, commencing with PPARS Phase 2 sites, and rolled-out nationally.	Q1-Q4	PPARS project currently being closed down. Detailed Project plan to be prepared over next two months to realise full benefits throughout Phase 1 and Phase 2 sites.	HR
Develop Absence Management Strategy			
Pilot sites identified and implement.	Q1	Pilot concluded successfully. 1 st Draft of Attendance/Absence Management policy developed.	HR
Pilot reviewed and rolled-out nationally.	Q3-Q4	Roll out reporting capability Phase 1 sites. Consultation process ongoing. Conclude and roll out.	HR
Standardisation of Terms and Conditions of employment of new entrants			
Standardisation of employment Terms and Conditions progressed across the organisation.	Q1-Q4	HSE and IMPACT submissions regarding proposals are with the adjudicator.	HR
Towards 2016 – Implementation of agreement and modernisation and			

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility								
<i>change agenda</i>											
All Unions engaged in implementation of transformation.	Q1-Q4	Regular meetings between the Senior Management Team and trade unions officials are in place.	HR								
New PVG measurement template applied in accordance with requirements of PVG reporting mechanisms.	Q1-Q4	New template completed for Phase 4 reports.	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	Ongoing.	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	In progress. However the current environment does not require panels in place for Management/admin grades at this time and they have been substituted with therapy grades.	HR								
<i>Garda Vetting (TP 9.5)</i>											
Garda vetting for former ERHA transferred to Manorhamilton.	Q1	Complete. Garda vetting for former ERHA transferred to Manorhamilton.	HR								
<i>Recruitment Information Repository</i>											
Database pertaining to job descriptions / specifications and qualifications for management / administration and therapy / nursing grades established.	Q2	Essential qualifications and qualifications for management/administration, therapy and nursing grades have been placed on the intranet and cover the following percentage of staff employed in these categories: <table border="1"> <thead> <tr> <th>Category</th> <th>Complete</th> </tr> </thead> <tbody> <tr> <td>Nursing</td> <td>85.4</td> </tr> <tr> <td>Health and Social Care Professionals</td> <td>83.4</td> </tr> <tr> <td>Management/ Admin</td> <td>94.1</td> </tr> </tbody> </table> <p>Work ongoing.</p>	Category	Complete	Nursing	85.4	Health and Social Care Professionals	83.4	Management/ Admin	94.1	HR
Category	Complete										
Nursing	85.4										
Health and Social Care Professionals	83.4										
Management/ Admin	94.1										
<i>National Internal Transfers</i>											
Database rolled-out to other grades, following a review of current system and agreement with Trade Unions.	Q1-Q4	Currently on hold pending agreement with IMPACT on closing of pilot scheme.	HR								
<i>Recruitment Agencies</i>											
Full review of Agency Recruitment completed.	Q2	Tenders sent out will be completed Q3	HR								
Research on pricing model completed.	Q2	Complete	HR								
Universally applicable set of criteria defined (which may vary for different grades).	Q2	Complete	HR								
Protocol for use of recruitment agencies with NHO and Procurement agreed.	Q2	Complete	HR								
Protocol for all grades implemented.	Q3	Will be achieved through tender process	HR								
Staff members who commenced post January 2005 included in HSE Scheme.	Q3	Complete	HR								
<i>Clinicians in Management (CIM) Project</i>											

Human Resources Focus / Deliverable 08	Target Timescale	Progress in reporting period	Lead Responsibility
Participating sites identified.	Q1	Phase 1 of CIM complete.	HR
Diagnostic / Fact-finding exercise conducted.	Q1-Q2	Complete.	
CIM Model developed.	Q1	Under consideration.	
Ownership and go-live promoted on a phased basis.	Q2-Q4	To be reported in Q4.	
<i>Professional Development</i>			
Skills of Senior Managers in dispute resolution developed.	Q1-Q4	PMLF (People Management Legal Framework) Training currently nearing final stages of revision by HSE-EA / P&D.	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	Project ongoing	Office of CEO
Twice yearly reports on complaints to HSE Board.	Q2 & Q4	Report for 2007 complaints to be presented to HSE Board in Q4.	
Disability Act 2005 (Complaints Officers)			
Policy and procedures developed in relation to the management of complaints under this legislation.	Q1	Interviews held in June. Appointees awaiting Garda clearance. It is expected that 2 full time complaints Officers will be in place by the end of September. Work on the policy and procedure is underway and should be completed by mid September.	Office of CEO
Code of Governance			
Action plan to implement Code of Governance developed.	Q1	Action Plan developed and implementation commenced	Office of CEO
Consultation with staff organisations commenced.	Q1	Consultation mechanisms agreed with HR and meeting scheduled	
Implementation programme commenced.	Q2	Ongoing	
Expert Advisory Groups			
Continued development of policy recommendations referred through agreed processes to Management Team for development of Implementation Plans.	Q1-Q4	<p>Mental Health</p> <p>The Expert Advisory Group in Mental Health submitted reports and recommendations from its Sub-Groups.</p> <p>Chair of the EAGs and the Assistant National Director, Mental Health, Office of the CEO met with SPRI to discuss the recommendations from the Sub-Groups in March. SPRI forwarded its recommendations and comments to the Management Team of the HSE. The consideration of the Management Team is awaited.</p> <p>The EAG has also completed a report and recommendations in relation to the voluntary partners in mental health to be submitted for the consideration of SPRI in early July.</p> <p>Workplan 2008</p> <p>The following are the agreed high level areas that will be considered in 2008, as agreed at EAG in Feb:-</p> <ol style="list-style-type: none"> 1. Development of an active role for the Service User within the mental health services. 2. Embedding a Recovery ethos within the services. 3. Progressing the implementation of the Vision for Change 4. Supporting the Transformation Programme 2.6 in tandem with implementation of Vision for Change 5. Considering resource allocation in mental health services including inequities, existing resources, staffing and facilities. 6. Capital Developments for Mental Health 7. ICT infrastructure in Mental Health to support service delivery, Vision for Change and Transformation 8. Consideration the development of a National Mental Health Minimum Dataset for the HSE including outcome measures for mental health services 	Office of CEO inputting to PCCC, Pop Health and NHO

Office of the CEO Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
		<p>9. Development of guidance on the provision of specialist services.</p> <p>Policy Advice sought from EAG The Expert Advisory Group in Mental Health has received a request from the Primary, Community and Continuing Care Directorate in respect of the provision of specialist Eating Disorder services by HSE. The EAG is considering its response to the issue. The EAG was also asked to contribute to the development of a mental health response within Emergency Planning for Major Emergencies.</p> <p>Children and families Policy proposals/best practice models concluded by EAG on the following:</p> <ul style="list-style-type: none"> • Neonatal screening for cystic fibrosis- policy direction • Introduction of parent held national child health record-best practice • National parenting information books- best practice • Child Health Standards group- policy direction • Promoting the engagement of children-policy direction • National Paediatric immunology service- policy direction • Photographing children in care- policy/best practice direction • Separated Children seeking Asylum- policy direction • Treatment services for persons with sexual harmful behaviour- policy direction <p>Older People</p> <ul style="list-style-type: none"> • Policies approved through EAG will be referred through agreed processes to the Management Team for development of implementation plans and identification of resource requirements. • Work plan for 08 developed. The following work programmes have been progressed: <ul style="list-style-type: none"> • Teaghlach Model: approved by SPRI and implementation plan drafted. • Consultation commenced with the relevant stakeholders. Project is due to be presented to PCCC Management Team and HSE Management team in Q4. • Quality Home Care Guidelines developed. Currently at consultation phase. Five year implementation plan for guidelines to be developed. • Work is currently under way regarding the development of Successful Aging Code for Older Persons. • Clinical Age Assessment Units/Medical Assessment Units and Nationally Standardised Rehabilitation and Unified Needs Assessment projects have all been progressed. <p>Chronic Disease Recommendations approved by Management Team are being progressed to implementation with delivery units.</p>	
Implementation of approved recommendations monitored by EAGs.	Q1-Q4	<p>Children & Families Proposals awaiting management Team approval.</p> <p>Older People Proposals awaiting Management Team approval.</p> <p>Chronic Disease Clinical guidelines published and all other recommendations at various stages of implementation with service.</p>	

Office of the CEO Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
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	Expressions of interest for membership of the groups were sought. Expressions of interest have been reviewed and are under consideration.	
Consultant Appointments Unit			
Determine the number and type of new and replacement consultant posts, in line with service needs.	Q1-Q4	In the six month period from 1 st January 2008 to 1 st June 2008, a total of 67 posts have been approved. Of these, 25 were additional posts and 42 were replacement consultant posts.	Office of CEO
Regional Health Forums (RHF)			
Answer all questions and motions for standing orders as advised.	Q1-Q4	<ul style="list-style-type: none"> No of Questions answered from Jan to June 08: 183 No of notice of motions from Jan to June 08: 90 No of HSE updates/presentations to Regional Health Forum from Jan to June 08: 16 No of Regional Health forum meetings from Jan to June 08: 18 No of Committee Meetings from Jan to June 08: 15 No of briefing sessions with Directors/chair from Jan to June 08: 8 No of briefing meetings from Jan to June 08: 7 	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	183 questions, 90 standing orders	Office of CEO
National Communications Unit (NCU) (TP 12.1)			
Comprehensive communications strategy for the HSE completed.	Q1	Board approved Communications Plan on 12 th of June	Office of CEO
4 editions of Health Matters national newsletter published, one issue per quarter.	Q1-Q4	Two issues published	
Provide a rapid and responsive service to the media, processing over 20,000 media queries.	Q1-Q4	Ongoing	
Communicate National Communications Strategy for Influenza Pandemic.	Q2	Ongoing	
Implementation of Strategic Plan for Medical Education, Training and Research (METR) within HSE			
Development of implementation plan.	Q1	Completed. Implementation plan was reviewed and adopted by HSE Management Team in March 2008 and HSE Board in June 2008.	Office of CEO
Implementation of robust METR Unit within the Office of the CEO and associated governance structures.	Q1 – Q2	Implementation of Unit was dependent on agreement of HSE Board to proposed implementation plan – this was received in June of this year – work in this area is on-going, with revised timescales being Q3 – Q4.	
Education, Training and Research (ETR) Management Sub-Committee			
Establishment of ETR Management Subcommittee.	Q1	With agreement to implementation plan now in place – work in this area is on-going. Revised timescale is Q3.	Office of CEO
Training and education priorities identified and agreed for 2008 with training bodies.	Q1–Q2	On-going – due for finalisation in July 2008.	

Office of the CEO Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
<i>Corporate Safety Statement</i>			
Recommendations of Site Specific Statement Project Plan submitted to Risk Management Steering Group.	Q2	This work is on target for July. The working group progressing with this work, consultation with key stakeholders is continuing and work is progressing as scheduled.	Office of CEO / NHO / PCCC / Pop Health
<i>Develop and commence implementation of a Risk Management Framework</i>			
Implementation of Site Specific Statement and Guidelines.	Q4	This work is on target for July. The working group is progressing with this work, consultation with key stakeholders is continuing and work is progressing as scheduled.	Office of CEO / NHO / PCCC / Pop Health
<i>Ethnic Minority Services</i>			
<i>National Intercultural Strategy</i>			
Intercultural Health Strategy Implementation Plan developed.	Q4	<p>1. Improving Access to Services and Service Delivery. Work underway with the Communications directorate so that the HSE intranet and internet is welcoming for people from other countries. Key information on HSE services is provided in other languages apart from Irish & English, on an incremental basis .e.g. HSE Guide to services. Reviewing and commenced an "information hub" so that HSE service information being translated by colleagues in different clinical settings e.g. clinical staff working in Diabetes have had information on Diabetes translated, as this is a condition that affects groups from ethnic minority communities. A copy is in the "information hub" so that learning and information is shared and disseminated thus duplication is minimised. A short "HSE Guide to Interpreting & Translation" has been circulated</p> <p>2. Enhancing Collection and Application of data, information and research around the health needs and outcomes of people from diverse cultural and ethnic backgrounds Work underway with ICT and one to two hospitals on the feasibility of embedding the Ethnic Identifier Field into core data sets. Evaluation of Interpreting Services available to GPs in Dublin Mid Leinster. This was a pilot done in partnership with the ICGP and funded by the HSE.</p> <p>3. Provision of learning, training and support to staff in equipping them to deliver a responsive, culturally competent health service. The 12 health settings worked with last year , 6 hospitals and 6 community care areas ,were funded to provide a range of supports and training for staff as part of the implementation of the National Intercultural Strategy .</p>	Office of the CEO / PCCC

ESTATES

Estates Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Development of national structure and facilities / estates strategy (TP 11:1-6)			
Regional structure realignments completed.	Q3	3 Estate Manager posts remain to be filled after first round of interviews. 2 nd round of interviews to be held in first week of August.	Estates / HR
Service Level Agreement (SLA) with directorates established.	Q2	No progress to report.	Estates / PCCC / NHO
Primary Care Estate Roll out			
20 new centres contracted for each quarter.	Q1-Q4	The first 5 Primary Care Centres approved by the Board in July. An additional 12 more will be put to the board at the August meeting. 30 to 40 to be agreed by the end of the year.	PCCC / Estates
Mater Adult Hospital Development			
Construction commenced.	Q2	Enabling works commenced (e.g. Demolition of Nurses Home). Procurement for main contract commenced. Contractor to be appointed Q4.	Estates
National Paediatric Hospital			
Design Brief completed.	Q4	First staff appointments made (Finance Manager and Clinical Manager). Business Service Provider appointed. Project Managers to be appointed in Q3.	Estates
Costings established.	Q4	On target.	
Capital Plan on time			
Minor Capital approved and issued in advance.	Q1	Achieved.	Estates
Leasing costs established in separate revenue stream.		Discussions held with Dept. of Health & Children and Dept. of Finance. Not finalised.	
Uniform Property transactions			
Reconcile staff work locations with database.	Q2	Complete	Estates
Medium term property plans established and distributed.	Q1	Work in progress	
90% adherence to plans.	Q3	Work in progress	
Land disposal methodology reviewed and approved.	Q2	Complete and with HSE Finance for sign off.	
3 large sites released to market.	Q4	On target	
Office Estates			
Achieve 95% occupancy in all offices.	Q3	Reconciliation of office accommodation ongoing. To be reported in Q3.	All
80 meeting rooms in National Programme.	Q2	Centralised booking of meeting rooms in place	
Elderly long term care			

Estates Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Build 12 CNU's in 2008.	Q4	HSE Management decision to allocate €100m in Capital Expenditure in 2008 and future years. This will allow for the completion of 500 beds or 10 CNU's per year. 400 plus beds will be completed with many more coming on stream early next year. A total of 800 beds will be delivered in 2009 (funding dependent).	Estates
Establish advanced sites for 2009 and 2010 programmes.	Q4	Complete	
<i>Quality</i>			
Formalise and document relationship with HIQA.	Q1	Relationship established.	Estates
Complete level 1 standards.	Q3	To be reported in Q3	

FINANCE

Finance Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Structure			
Appointment of Senior Finance Managers completed.	Q1	Interviews were held and 29 successful candidates have been offered posts	Finance
Systems			
Infrastructure to support the implementation of a standardised national financial system in 2008 established.	Q2	Draft Business Case completed in May '08	Finance
Implementation of a single financial management system for the HSE commenced.	Q2	Steering Group submission to DoH&C to agree joint document. Once agreed (July '08) formal submission to CMOD to start Peer Review process. Project start date: Q1 2009 – all subject to DoH&C and Dept of Finance (CMOD) approval.	Finance
Training			
Formalised programmes of continuing professional development for Finance Staff established, in association with the National Accounting Bodies.	Q2	Development of Programme ongoing with ACCA. Expected progress to HSE approved employer status during Q3.	Finance
National Shared Services (TP 7.7)			
People and process migration to Shared Services, on a process or location level, commenced.	Q1	GM appointments in final stage; Process and Migration Plans to commence under GM role	Finance
Vote, Cash and I&E			
Enhancement of reporting, reconciliation and performance monitoring arrangements around Vote, Cash and I&E.	Q1-Q4	2007 Appropriation Account prepared by statutory deadline of 30 th March 2008. 2007 Appropriation Account reconciled to published 2007 AFS. Monthly Vote Expenditure Reports for January 08 to May 08 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.	Finance
Capital Reporting			
B-plan system rolled out nationally to LHO Managers and Network Managers.	Q1	Project ready to roll out. Awaiting clarification of IMPACT position.	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	Finance
Devolved Budgeting (TP 7.2)			
A model for the effective management of the health service budget on a devolved basis developed and implemented.	Q4	Significant work has been done on budgeting payroll nationally for 2009 and a 2009 budgeting process has been developed in draft for consultation.	Finance
Funding Mechanism			
Recommendations of the review in terms of re-engineering the funding and resource distribution process further developed.	Q1-Q4	Interim report on founding principles and justification produced	Finance
Initiatives piloted in specific locations.	Q1 – Q4	Forum for specific casemix development in place	Finance
VFM Programme (TP 7.3)			

Finance Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Relationships throughout the HSE to establish VFM priorities further developed.	Q1-Q4	There has been continuous and consistent inter directorate working between the VFM Unit and all Directorates in driving and reporting the existing VFM Action Plan as well as developing the medium and longer term strategy for achieving larger scale value. (See Section 7 on VFM)	Finance
Strategic plan for VFM agreed by Management Team and the Board. (See Section 7 on VFM on page 103).	Q1	The Strategic Framework for VFM was presented to Management Team in April and agreed as the means for communicating all our activities in driving and delivering value throughout the HSE.	

ICT

ICT Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Continued reliable operation of critical systems and services			
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
Structural Transformation (TP 10.5)			
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.	ICT
ICT Capital Plan			
Multi annual ICT Capital Plan 2008 approved. €70m approved for 2008. Revenue implications specified as per Estates Capital Plan.	Q1	Capital allocation and priorities approved by ICT steering group. HSE seeks capital approvals on a per project basis on an ongoing basis from the Department of Finance. To date €25,194.546 has been approved.	ICT / PCCC / NHO / Finance / Estates
ICT Capital Plan delivered on budget and on time.	Q4	Ongoing. Some expenditure will move into 2009 due to delays in prioritisation and approvals.	
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 DoHC have made limited progress on this matter.	ICT / Finance
ICT Governance and Organisation (TP 10.4)			
Project approval framework for all projects implemented.	Q1	In place.	ICT / Finance
Agreed project management methodology for key projects implemented.	Q4	In progress and on target	ICT / Finance
National ICT Chart of Accounts implemented.	Q1	Implemented. Reporting issues to be resolved.	Finance
Financial Regulation for ICT sanction developed and implemented.	Q2	Final draft with HSE Finance for approval.	ICT / Finance
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.	ICT
National Infrastructure			
ICT infrastructure policies delivered.	Q1-Q4	On going – good progress on information security policies.	ICT
ICT Capital Infrastructure programme in line with the transformation and capital plans delivered.	Q4	On going	
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	Completed	Internal Audit
Audit Training Programme			
Follow-on audit training programme for IA staff developed.	Q4	To be reported in Q4. However, due to cost containment measures it is likely that this deliverable will not take place by year end.	Internal Audit
Professional training and development programme for internal audit staff agreed and implemented.	Q4	To be reported in Q4. However, due to cost containment measures it is likely that this deliverable will not take place by year end.	
Audit seminar			
IA staff seminar held.	Q2	Completed	Internal Audit
Audit / Governance seminar held. Not due for reporting. However, due to cost containment measures it is likely that this deliverable will not take place by year end.	Q4	To be reported in Q4. However, due to cost containment measures it is likely that this deliverable will not take place by year end.	
Audit Plan			
Annual audit plan 2008 completed.	Q4	Not due for reporting. However, due to non filling of maternity leave and other vacancies it is possible that the audit plan may not be fully achieved by the year end.	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 80 Internal reports issued as of 30/6/08.	Internal Audit
Special Investigations			
Special investigations carried out as required.	Q1-Q4	In progress	Internal Audit
Automated Workpapers			
Appropriate IT package procured and piloted by Internal Audit.	Q4	It is unlikely that this deliverable will be achieved by its target date due to cost containment measures initiated.	Internal Audit
Management Support			
Advice provided to Senior Management throughout the year.	Q1-Q4	Ongoing	Internal Audit
Briefings provided for regional forums and National Directorates' management teams on the general results of audits.	Q1-Q4	Ongoing	
Policies and Procedures			
Assist in the development of National Financial Regulations, as applicable.	Q1-Q4	Ongoing	Internal Audit
Assist in the development of HSE policies and procedure, as applicable.	Q1-Q4	Ongoing	

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 – awaiting outcome of discussions with DoH&C to agree Business Case and resources required.	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 independent facilitator.	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. Strategy will be implemented in Q3.	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	Delays being experienced due to IR issues affecting implementation – ongoing.	Procurement
Recruitment and appointment of the Assistant Heads of Logistics and Inventory Management finalised.	Q1	Recruitment process completed. Last appointment currently at final stages.	Procurement
Development and implementation approach for the Future Operating Model for Logistics and Inventory Management finalised.	Q2	Consultancy partner selected to assist implementation – delays being experienced. Re-alignment of target date to commence Q4. Continuing negotiations with local managers and staff.	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	Interim structure in place pending permanent structure March/Apr 08 Structure to Support CTCR defined in terms of Grades, Number of staff and roles and responsibilities. Competency Models complete for P&CM and LIM. Competency Models under development for Business Support, CTCR and Procurement Shared Services. Skill Project initiated with a view to commencing training in Sept 08. Initial Training requirements identified for all Delivery Streams within procurement for delivery in 2008 Steering Group established with PDU to support ongoing training within procurement	Procurement
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 Planning Supplier and Customer Engagement	Procurement

Procurement Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
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 Procurement Leadership Team (PLT) Information gathering exercise ongoing to define an interim Customer Relationship Management (CRM) model to meet the requirement of procurement and customers.	Procurement
<i>Implementation of required business supports (TP 13)</i>			
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	Interim Project Team to implement required business supports currently being assembled. Spend data extracts from HSE legacy systems are being refined to provide an interim spend analysis solution.	Procurement
Develop and implement high performance procurement processes and procedures to underpin the new operating model.	Q1-Q4	Audit & Risk Management Systems developed and in place. KPI developed for Portfolio and Category Management activity. Additional supplementary policies & procedures developed. Procurement space on intranet developed.	Procurement
<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 prepared monthly.	Procurement
Maintain and Manage the Procurement Transformation Programme Risk Register.	Q1-Q4	Procurement Transformation Programme Risk Register being incorporated into Procurement Directorate Risk Register	Procurement

CORPORATE PLANNING AND CONTROL PROCESSES

CPCP Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
Corporate Plan (2008-2011)			
Corporate Plan 2008 – 2011 finalised and presented to the Board.	Q1	Approved by Management Team 4.6.08. Final draft submitted to the Board for their 10 th July meeting and onward submission to Minister for approval mid July.	CPCP
Corporate Plan published and circulated.	Q1	Unable to publish until approved by Minister and lay before both Houses of Oireachtas.	
Values (TP 6.8)			
Values published.	Q1	Values will be published in tandem with the new Corporate Plan.	CPCP
Values embedded into organisation through a communication process	Q3	To be reported in Q3.	
NSP 2008 and Business Planning Model			
Training Programme to support business planning developed and rolled-out.	Q1	Focus groups held in March with representatives from each Directorate to assess the training needs of the organisation in terms of service/business planning. Agreed there is a need for information on overall planning in HSE. This will be done through the development of Fact Sheets by CPCP. These Fact Sheets will in the first instance, assist Directorates with induction/training of staff with a planning brief. Fact Sheets to be delivered into the system in conjunction with Service Planning 09 guidelines to Directorates in July.	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	Ongoing.	
NSP 2009 prepared (including Estimates process), in partnership with Directorates.	Q2 -Q4	Estimates document approved by Management Team in April; discussed at Control Meeting on 30 th June for onward submission to the Board for their 10 th July meeting.	
Corporate Control Process			
2008 Control Process developed.	Q1	Control process developed. Supported by CPCP.	CPCP
Ongoing support to Corporate Control process.	Q1-Q4	Ongoing.	
Systems and processes developed to support system-wide performance management.	Q1	Ongoing.	
Performance Measures (TP.5)			
Lead the process to evolve and embed PIs and Measures in the organisation.	Q1-Q4	Performance Information Group (PIG) established to develop this piece of work and their first meeting was held on 22 nd April.	CPCP
Support integration of different data sets to ensure single system approach to performance assessment.	Q1-Q4	Ongoing.	

CPCP Focus / Deliverable 08	Target Timescale	Progress in the reporting period	Lead Responsibility
PIs and Measures for inclusion in NSP 2009 agreed.	Q3	To be reported in Q3.	
<i>Planning Governance Group</i>			
Cohesive and integrated approach towards planning through working with the Planning Governance Group further developed.	Q1-Q4	Ongoing.	CPCP
<i>Transformation Programme</i>			
Organisational engagement with Health Forum supported.	Q1-Q4	Ongoing.	CPCP

9. NATIONAL PERFORMANCE INDICATORS AND MEASURES

N.B. Due to the IMPACT dispute, the full National Performance Indicators suite is unavailable.

CORPORATE

PI / Measure	Outturn 07	Target 2008	Target YTD	Actual YTD	Same period last year	% variance YTD v YTD last year
PQs (PI)						
Total Number of PQ's received by the HSE, for direct reply to the Deputy, for answer in the Dáil (from first day to last day of 3rd month in relevant quarter)	2,755	-	-	Total no. Received: 2,160 Answered on time: 1,484	1484	+46%
HSE South	436	-	-	293	300	-2%
HSE West	593	-	-	357	377	-5%
HSE Dublin / North East	322	-	-	220	156	41%
HSE Dublin Mid Leinster	514	-	-	540	259	108%
HSE Corporate	890	-	-	750	392	91%
And in respect of the following:						
a) For which an interim reply issued by the HSE within 15 working days of the date of the Ministers answer to the Dáil	Interim figures are currently not available – most interim replies are carried out by phone contact and these are not formally recorded.					
b) For which a final reply has been issued by the HSE within 15 working days of the date of the Ministers answer to the Dáil.		Time to reply 15 days				
Total	1,779	-	-	1,484 (69%)	Comparative figures from last year not available as 15 day timeframe was introduced on 1st January 2008 (20 days timeframe in 2007)	
HSE South	336	-	-	238 (81%)		
HSE West	379	-	-	244 (68%)		
HSE Dublin / North East	222	-	-	191 (86%)		
HSE Dublin Mid Leinster	281	-	-	347 (64%)		
HSE Corporate	561	-	-	464 (62%)		

9. National Performance Indicators and Measures

PI / Measure	Outturn 07	Target 2008	Target YTD	Actual YTD	Same period last year	% variance YTD v YTD last year
Ministerial and public representations						
No. received	2,896	---	---	901	1,629	-45%
HSE South	502	---	---	96	292	-67%
HSE West	387	---	---	105	257	-59%
HSE Dublin / North East	624	---	---	140	351	-60%
HSE Dublin Mid Leinster	728	---	---	296	408	-27%
Corporate	655	---	---	264	321	-18%
HSE National Information Line						
No. of calls received	69,076	---	---	43,699	32,864	+33%
HSE South	8,831	---	---	3,188	5,593	-43%
HSE West	9,159	---	---	5,638	5,388	+4.6%
HSE Dublin / North East	25,525	---	---	16,560	11,128	+49%
HSE Dublin Mid Leinster	25,561	---	---	18,313	10,755	+70%

Commentary: Figures are extracted from the National Information Line database which extracts in the following format. Dublin North East, South Dublin Mid-Leinster, Southern Area, Western Area, Email (263) and Overseas (189). Information lines are also in operation in Donegal/Sligo/Leitrim. Figures for Cork, Kerry and Limerick are not captured in the above information.

APPENDIX 1

FINANCE DATA

HSE Net Expenditure – Summary – by Pillar / Statutory & Voluntary System

HSE NET EXPENDITURE	Current Month				Year to Date		
	Budget 2008 €000s	Actual €000s	Budget €000s	Variance €000s	Actual €000s	Budget €000s	Variance €000s
Statutory							
National Hospitals Office	2,592,201	214,709	214,704	5	1,284,524	1,272,513	12,011
Primary, Community and Continuing Care	7,405,064	641,501	625,412	16,089	3,732,306	3,657,111	75,195
Corporate and Shared Services	734,804	58,871	60,767	(1,897)	364,315	357,585	6,730
				-			
Total Statutory	10,732,070	915,081	900,883	14,197	5,381,145	5,287,209	93,936
Voluntary							
National Hospitals Office	2,044,428	169,032	168,594	438	1,016,131	1,001,229	14,902
Primary, Community and Continuing Care	567,501	47,641	47,499	142	282,520	280,326	2,194
Total Voluntary	2,611,929	216,673	216,093	580	1,298,651	1,281,555	17,096
Development & Technical Resources							
Primary, Community and Continuing Care	190,200						
Cancer Control Programme	11,400						-
Pay, Superannuation & Other Technical Items	12,000						-
Total Development & Technical Resources	213,600	-	-	-	-	-	-
Overall Total							
National Hospitals Office	4,636,630	383,741	383,298	443	2,300,655	2,273,742	26,913
Primary, Community and Continuing Care	7,972,565	689,142	672,911	16,231	4,014,826	3,937,437	77,389
Corporate and Shared Services	734,804	58,871	60,767	(1,897)	364,315	357,585	6,730
Health Repayment Scheme	150,000			-			-
Development & Technical Resources	213,600		-	-		0	-
Total HSE Budget	13,707,600	1,131,754	1,116,976	14,777	6,679,796	6,568,764	111,032

APPENDIX 2

HR DATA

National Staff Categorisation WTE data¹

A major exercise was conducted during April/May to more properly align employment ceilings with financial budgets. This has involved detailed engagement with NHO and PCCC by the NEMU and this re-alignment has now been completed and incorporated in the monthly PMR with effect from the current month. It has involved an assessment of the financial capacity to support employment levels provided for in the allocated ceiling and the sub-allocation of employment ceilings based on the provisions in the 2008 sanction for expenditure. While outlined in more detail below, this has involved allocating increased employment ceilings to hospitals which can sustain them and increases the number of hospitals reported as at or below employment ceiling level. It involves no change in the control environment.

* Start 2008 approved ceiling is 111,505 and is currently being sub-allocated to Hospitals/Local Health Offices/Voluntary Hospitals and Voluntary Agencies. Reconfiguration targets also being assigned to functions with target dates end of 2009.

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Approved Ceiling	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	7.27%	8,009	3	n/a	n/a
Nursing	n/a	n/a	n/a	34.19%	37,783	30	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	14.23%	15,726	33	n/a	n/a
Management/Admin	n/a	n/a	n/a	16.24%	17,944	38	n/a	n/a
General Support Staff	n/a	n/a	n/a	11.66%	12,884	74	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	16.44%	18,169	248	n/a	n/a
Total	111,505	0	111,505	100%	110,515	425	-990	-0.9%

Note 1: Rounding up/down effect may result in +1 or -1 in some of the tables.

Note 2: This table shows break-down by staff category across health services.

National Staff Categorisation – by Statutory Sector¹

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	7.04%	5,119	5	n/a	n/a
Nursing	n/a	n/a	n/a	34.89%	25,354	58	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.27%	9,643	-11	n/a	n/a
Management/ Admin	n/a	n/a	n/a	17.52%	12,730	5	n/a	n/a
General Support Staff	n/a	n/a	n/a	11.41%	8,289	54	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	15.87%	11,531	85	n/a	n/a
Total	73,893	0	73,893	100.00%	72,665	195	-1,227	-1.7%

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

¹Health Service Executive employees only.

National Staff Categorisation – by Voluntary Hospital Sector (NHO)¹

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.85%	2,695	0	n/a	n/a
Nursing	n/a	n/a	n/a	38.97%	8,859	-66	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.81%	3,139	-2	n/a	n/a
Management/ Admin	n/a	n/a	n/a	17.02%	3,869	19	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.85%	2,922	30	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	5.50%	1,251	5	n/a	n/a
Total	22,721	0	22,721	100.00%	22,734	-13	12	0.05%

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

¹ Voluntary Hospitals aligned to NHO.

National Staff Categorisation – by Voluntary Agencies (PCCC)¹

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	1.29%	195	-1	n/a	n/a
Nursing	n/a	n/a	n/a	23.62%	3,571	37	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	19.48%	2,944	45	n/a	n/a
Management/ Admin	n/a	n/a	n/a	8.90%	1,345	14	n/a	n/a
General Support Staff	n/a	n/a	n/a	11.07%	1,673	-10	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	35.64%	5,387	158	n/a	n/a
Total	14,891	0	14,891	100.00%	15,116	243	225	1.51%

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

¹ Non-Health Service Executive Agencies aligned to PCCC

HR WTE data by National Hospitals Office Networks

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.15%	499	-1	n/a	n/a
Nursing	n/a	n/a	n/a	42.01%	1,878	-7	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	8.86%	396	-4	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.64%	700	4	n/a	n/a
General Support Staff	n/a	n/a	n/a	18.47%	826	7	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	3.87%	173	1.53	n/a	n/a
South Eastern Hospitals Group	4,474	-3	4,471	100%	4,472	-1	1	0.0%

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.26%	772	0	n/a	n/a
Nursing	n/a	n/a	n/a	40.95%	2,807	-2	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	11.11%	761	1	n/a	n/a
Management/ Admin	n/a	n/a	n/a	14.71%	1,009	9	n/a	n/a
General Support Staff	n/a	n/a	n/a	16.62%	1,139	45	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	5.35%	366	5.07	n/a	n/a
Southern Hospitals Group	6,899	0	6,899	100%	6,855	58	-44	-0.6%
NHO South	11,373	-3	11,370	n/a	11,327	58	-43	-0.4%
Medical/ Dental	n/a	n/a	n/a	12.45%	415	7	n/a	n/a
Nursing	n/a	n/a	n/a	41.27%	1,376	36	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	8.35%	278	-2	n/a	n/a
Management/ Admin	n/a	n/a	n/a	14.75%	492	-3	n/a	n/a
General Support Staff	n/a	n/a	n/a	13.94%	465	3	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	9.24%	308	3.19	n/a	n/a
North Eastern Hospitals Group	3,147	0	3,147	100%	3,334	43	187	5.9%
Medical/ Dental	n/a	n/a	n/a	12.47%	1,100	-1	n/a	n/a
Nursing	n/a	n/a	n/a	39.47%	3,483	6	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.35%	1,179	1	n/a	n/a
Management/ Admin	n/a	n/a	n/a	16.91%	1,492	-2	n/a	n/a
General Support Staff	n/a	n/a	n/a	13.35%	1,179	6	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	4.44%	392	2.47	n/a	n/a
Dublin North East Hospitals Group	8,937	2	8,939	100%	8,825	12	-114	-1.3%
NHO Dublin North East	12,084	2	12,086	n/a	12,159	55	73	0.6%
Medical/ Dental	n/a	n/a	n/a	12.13%	987	0	n/a	n/a
Nursing	n/a	n/a	n/a	40.74%	3,314	0	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	11.34%	922	0	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.12%	1,230	0	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.93%	1,052	0	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	7.74%	630	0	n/a	n/a
Western Hospitals Group	8,050	0	8,050	100%	8,135	0	85	1.1%
Medical/ Dental	n/a	n/a	n/a	11.43%	369	-1	n/a	n/a
Nursing	n/a	n/a	n/a	42.10%	1,360	-8	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	9.85%	318	1	n/a	n/a
Management/ Admin	n/a	n/a	n/a	14.63%	472	-2	n/a	n/a
General Support Staff	n/a	n/a	n/a	8.94%	289	4	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	13.05%	421	-2	n/a	n/a
Mid Western Hospitals Group	3,245	0	3,245	100%	3,230	-8	-14	-0.4%
NHO – West	11,295	0	11,295	n/a	11,366	-8	71	0.6%

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	11.52%	932	3	n/a	n/a
Nursing	n/a	n/a	n/a	38.71%	3,134	-66	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	13.43%	1,087	-9	n/a	n/a
Management/ Admin	n/a	n/a	n/a	15.30%	1,239	5	n/a	n/a
General Support Staff	n/a	n/a	n/a	9.26%	750	11	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	11.78%	954	10	n/a	n/a
Dublin Midlands Hospitals Group	8,012	-13	7,999	100%	8,097	-47	98	1.2%
Medical/ Dental	n/a	n/a	n/a	11.32%	966	-4	n/a	n/a
Nursing	n/a	n/a	n/a	38.36%	3,275	11	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	14.75%	1,259	2	n/a	n/a
Management/ Admin	n/a	n/a	n/a	16.56%	1,414	9	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.85%	1,097	-2	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	6.15%	525	-3	n/a	n/a
Dublin South Hospitals Group	8,584	0	8,584	100%	8,537	14	-47	-0.6%
NHO – Dublin Mid Leinster	16,596	-13	16,583	n/a	16,634	-34	51	0.3%
Medical/ Dental	n/a	n/a	n/a	0.00%	0	0	n/a	n/a
Nursing	n/a	n/a	n/a	0.51%	7	0	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	0.00%	0	0	n/a	n/a
Management/ Admin	n/a	n/a	n/a	4.25%	57	0	n/a	n/a
General Support Staff	n/a	n/a	n/a	24.51%	331	0	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	70.73%	956	20	n/a	n/a
National Ambulance Service	1,305	0	1,305	100%	1,352	20	46	3.6%
Office of the NHO	164							
NHO National Total	52,818	-14	52,804	n/a	52,837	91	33	0.1%

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

HR WTE Data – Population Health

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	20.14%	110	-3	n/a	n/a
Nursing	n/a	n/a	n/a	3.35%	18	0	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	10.74%	59	0	n/a	n/a
Management/ Admin	n/a	n/a	n/a	57.01%	312	1	n/a	n/a
General Support Staff	n/a	n/a	n/a	0.37%	2	1	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	8.39%	46	-1	n/a	n/a
Total	533	6	539	100%	547	-2	8	1.53%

Note: Rounding up/down effect may result in +1 or -1 in some of the tables.

HR WTE Data – Corporate/Others

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	1.01%	34	0	n/a	n/a
Nursing	n/a	n/a	n/a	4.71%	160	2	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	1.36%	46	4	n/a	n/a
Management/ Admin	n/a	n/a	n/a	79.99%	2,721	-1	n/a	n/a
General Support Staff	n/a	n/a	n/a	12.58%	428	4	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	0.35%	12	0	n/a	n/a
Total	3,477	-40	3,437	100%	3,402	9	-35	-1.0%

Note 1: Rounding up/down effect may result in +1 or -1 in some of the tables.

HR WTE data by PCCC Area

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	n/a	n/a	n/a	3.46%	433	-3	n/a	n/a
Nursing	n/a	n/a	n/a	34.49%	4,315	18	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	17.09%	2,137	-12	n/a	n/a
Management/ Admin	n/a	n/a	n/a	10.99%	1,374	1	n/a	n/a
General Support Staff	n/a	n/a	n/a	11.55%	1,444	16	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	22.42%	2,805	126	n/a	n/a
South	12,677	-5	12,672	100%	12,508	147	-164	-1.3%
Medical/ Dental	n/a	n/a	n/a	3.25%	372	4	n/a	n/a
Nursing	n/a	n/a	n/a	29.96%	3,425	27	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	19.57%	2,237	13	n/a	n/a
Management/ Admin	n/a	n/a	n/a	13.68%	1,563	3	n/a	n/a
General Support Staff	n/a	n/a	n/a	9.20%	1,052	-14	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	24.34%	2,782	27	n/a	n/a
Dublin North East	11,724	1	11,724	100%	11,432	59	-292	-2.5%
Medical/ Dental	n/a	n/a	n/a	3.08%	449	0	n/a	n/a
Nursing	n/a	n/a	n/a	33.30%	4,855	-4	n/a	n/a
Health & Social Care Professionals	n/a	n/a	n/a	14.49%	2,113	5	n/a	n/a
Management/ Admin	n/a	n/a	n/a	13.64%	1,989	4	n/a	n/a
General Support Staff	n/a	n/a	n/a	9.31%	1,357	-4	n/a	n/a
Other Patient and Client Care	n/a	n/a	n/a	26.19%	3,819	27	n/a	n/a
West	14,802	38	14,840	100%	14,582	29	-258	-1.7%

	Ceiling at 01/01/2008	2008 new service developments YTD and internal transfers	Amended Ceiling 31/05/08	% of Outturn	Actual June 2008	Growth from previous month	WTE Variance from ceiling	% Variance Actual to Ceiling
Medical/ Dental	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	3.79%	577	3	<i>n/a</i>	<i>n/a</i>
Nursing	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	28.77%	4,375	16	<i>n/a</i>	<i>n/a</i>
Health & Social Care Professionals	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	19.20%	2,920	29	<i>n/a</i>	<i>n/a</i>
Management/ Admin	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	12.38%	1,882	12	<i>n/a</i>	<i>n/a</i>
General Support Staff	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	9.68%	1,472	-2	<i>n/a</i>	<i>n/a</i>
Other Patient and Client Care	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	26.19%	3,983	35	<i>n/a</i>	<i>n/a</i>
Dublin Mid Leinster	15,473	16	15,489	100%	15,207	92	-282	-1.8%
National PCCC	1			<i>n/a</i>	0	0	0	<i>n/a</i>
PCCC NATIONAL TOTAL	54,676	49	54,725	<i>n/a</i>	53,729	327	-996	-1.8%

Note 1: Rounding up/down effect may result in +1 or -1 in some of the tables.

Note 2: The sub-allocations of the approved employment ceiling by Area and by LHO within the overall PCCC ceiling is ongoing and subject to change.

Note 3: There remains a balance of 5 WTEs from the NSP 2006 to be allocated to LHOs which in the interim is held at National PCCC pending decision by National Director.

PRIMARY, COMMUNITY AND CONTINUING CARE

Ceiling Compliance Colour Coding –

Green

below or within ceiling

Orange

>0% <1.5%

Red

Above 1.5%

Primary, Community and Continuing Care	Approved employment ceiling - June 08	Actual June 2008	Growth from Previous Month	WTE variance with ceiling	% Variance (Actual to ceiling)	
National Director's Office - TBA	1	0		-5		
HSE Dublin Mid Leinster						
Asst Director's Office	46	42	-2	-4	-8.50%	
Dun Laoghaire - Statutories	907	904	1	-3	-0.37%	
Children's Sunshine Home	59	76	6	17	28.87%	
Drug Treatment Board	105	109	1	4	3.40%	
Total Dun Laoghaire	1,072	1,089	8	17	1.62%	
Dublin South East - Statutories	689	674	-6	-15	-2.18%	
Royal Hospital Donnybrook	305	300	4	-5	-1.72%	
Leopardstown Park Hospital	218	216	-2	-2	-1.11%	
Total Dublin South East	1,213	1,190	-4	-23	-1.87%	
Wicklow - Statutories	858	824	-1	-33	-3.90%	
Sunbeam House Services	324	320	0	-4	-1.13%	
Dublin Dental Hospital Board	88	86	-3	-2	-2.80%	
National Rehabilitation Hospital	371	389	7	18	4.87%	
St. John of God-Eastern Region	1,409	1,456	25	48	3.38%	
Total Wicklow	3,049	3,075	28	26	0.85%	
Dublin South City - Statutories	763	744	0	-19	-2.46%	
Our Lady's Hospice (Harold's Cross)	508	501	9	-7	-1.33%	
Total Dublin South City	1,270	1,245	8	-26	-2.01%	
Dublin South West - Statutories	889	869	23	-20	-2.23%	
Cheeverstown House	378	378	1	-1	-0.16%	
Total Dublin South West	1,267	1,246	24	-20	-1.61%	
Dublin West - Statutories	688	721	13	32	4.71%	
Peamount Hospital (Newcastle)	406	416	3	10	2.48%	
Stewarts Hospital (Palmerstown)	734	747	16	12	1.67%	
Total Dublin West	1,829	1,883	32	55	3.00%	
Kildare/West Wicklow-Statutories	1,115	1,096	-2	-19	-1.73%	
KARE	251	255	0	4	1.44%	
Total Kildare West Wicklow	1,366	1,351	-1	-16	-1.15%	
Laois/Offaly - Statutories	1,785	1,741	-18	-44	-2.44%	
Sisters of Charity (Laois/Offaly)	213	222	7	9	4.32%	
Sisters of Charity (Moore Abbey)	302	308	6	5	1.81%	
Total Laois/Offaly	2,300	2,271	-5	-29	-1.26%	
Longford/Westmeath	1,612	1,583	0	-29	-1.82%	
Sisters of Charity (Lngfrd/Wst Mth)	219	214	4	-5	-2.23%	
Total Longford/Westmeath	1,831	1,797	4	-34	-1.87%	
PCCC National		18	0			
Posts to be allocated by AND	245	0	0	-245	-100.00%	
Total Dublin Mid Leinster	15,488	15,207	92	-281	-1.81%	

Primary, Community and Continuing Care	Approved employment ceiling - June 08	Actual June 2008	Growth from Previous Month	WTE variance with ceiling	% Variance (Actual to ceiling)	
HSE Dublin North East						
Asst Director's Office	0		0			
Louth - Statutories	1,205	1,159	-4	-46	-3.79%	
St John of Gods (Drumcar)	590	565	10	-25	-4.18%	
Total Louth	1,795	1,724	6	-70	-3.92%	
Cavan/Monaghan	1,286	1,261	-3	-25	-1.95%	
Meath	998	1,000	2	1	0.13%	
Dublin North West - Statutories	1,727	1,757	32	30	1.73%	
Daughters of Charity (Dublin Area)	1,036	1,042	2	6	0.59%	
Total Dublin North West	2,763	2,799	34	36	1.31%	
Dublin North Central - Statutories	1,248	1,238	8	-9	-0.75%	
Central Remedial Clinic	242	241	0	-1	-0.26%	
Incorporated Orthopaedic Hosp	118	117	0	0	-0.20%	
St. Michael's House Dublin	1,291	1,334	12	43	3.34%	
St. Vincent's Hospital Fairview	210	209	6	-2	-0.74%	
Total Dublin North Central	3,109	3,140	25	31	1.01%	
Dublin North	1,575	1,509	-6	-67	-4.22%	
To be allocated by AND	199	0	0	-199	-100.00%	
Total - Dublin North East	11,724	11,432	59	-292	-2.49%	
HSE West						
Asst Director's Office*	15	16	0	0	2.26%	
Galway - Statutories	2,076	2,084	0	8	0.40%	
Bros of Charity (Galway)	812	825	15	13	1.64%	
Total Galway	2,887	2,909	15	22	0.75%	
Total Mayo	1,569	1,546	0	-22	-1.41%	
Roscommon - Statutories	766	763	0	-3	-0.35%	
Bros of Charity (Roscommon)	253	253	0	0	-0.04%	
Total Roscommon	1,019	1,016	0	-3	-0.27%	
Sligo/Leitrim - Statutories	1,848	1,850	0	2	0.08%	
Cregg House	341	333	15	-8	-2.25%	
Total Sligo/Leitrim	2,189	2,183	15	-6	-0.28%	
Total Donegal	2,210	2,204	0	-7	-0.31%	
Limerick - Statutories	1,507	1,466	0	-41	-2.72%	
Brothers of Charity (Limerick)	472	490	8	18	3.72%	
Total Limerick	1,979	1,956	8	-23	-1.18%	
Clare - Statutories	1,078	1,085	0	8	0.73%	
Brothers of Charity (Clare)	157	169	-2	12	7.51%	
Total Clare	1,234	1,254	-2	20	1.59%	
North Tipperary - Statutories	727	722	0	-6	-0.78%	
Daughters of Charity (Limerick)	507	495	-13	-12	-2.34%	
St. Anne's Roscrea	281	280	6	-1	-0.39%	
Total North Tipperary/East Limerick	1,515	1,496	-7	-19	-1.23%	
PCCC Management		2				

Primary, Community and Continuing Care	Approved employment ceiling - June 08	Actual June 2008	Growth from Previous Month	WTE variance with ceiling	% Variance (Actual to ceiling)	
To be allocated by AND	222		0			
Total - Western Area	14,840	14,582	29	-258	-1.74%	
HSE South						
Total Kerry	1,192	1,172	-3	-20	-1.67%	
Total South Lee - Cork	1,269	1,234	11	-35	-2.75%	
Total North Lee - Cork	1,165	1,160	-4	-5	-0.39%	
North Cork	881	860	2	-21	-2.38%	
Cork Dental Hospital	87	85	-1	-2	-2.30%	
Total North Cork	968	945	1	-23	-2.37%	
West Cork - Statutories	919	935	16	16	1.69%	
Cope Foundation	783	812	32	29	3.73%	
Brothers of Charity, Lota	745	777	32	33	4.37%	
SJOGTralee/ Beaufort-St. Mary's	271	269	0	-2	-0.90%	
Total West Cork	2,719	2,792	80	74	2.72%	
Carlow/Kilkenny - Statutories	1,262	1,276	26	15	1.17%	
St. Patrick's, Kilkenny	220	215	7	-5	-2.35%	
Total Carlow/Kilkenny	1,481	1,491	33	10	0.65%	
South Tipperary	1,042	1,061	10	19	1.84%	
Regional Posts former SEA	77	79	-1	1	1.93%	
Total South Tipperary	1,119	1,140	9	21	1.84%	
Waterford - Statutories	950	951	0	1	0.12%	
Brothers of Charity (Waterford)	427	437	19	10	2.23%	
Carriglea Cairde Services	164	178	11	13	8.19%	
Total Waterford	1,542	1,566	30	24	1.57%	
Wexford	1,014	1,005	-11	-9	-0.93%	
PCCC National	0	2	0	2		
Posts to be allocated by AND	203		0	-201		
Total - Southern Area	12,672	12,508	147	-164	-1.29%	
PCCC National Total	54,725	53,729	327	-996	-1.82%	

NATIONAL HOSPITALS OFFICE

Ceiling Compliance Colour Coding –



below or within ceiling



>0% <1.5%



Above 1.5%

National Hospitals Office	Revised employment ceiling - June 08	Actual June 2008	Growth from previous month	WTE Variance from Ceiling	% Variance (Actual to Ceiling)	
National Director's Office	164					
Network Manager's Office	15.08	9	0	-6	-37.40%	
St Luke's Hospital	875.04	869	-3	-6	-0.63%	
Orthopaedic Hospital Kilcreene	96.88	93	-2	-4	-3.89%	
St Joseph's South Tipp General Hospital	785.95	784	2	-2	-0.26%	
Our Lady's Hospital Cashel	14.23	15	0	1	6.89%	
Waterford Regional Hospital	1,760.49	1,791	8	31	1.75%	
Ely Hospital	43.17	35	-5	-8	-19.04%	
Wexford General Hospital	880.26	874	0	-6	-0.66%	
South Eastern Hospitals Group	4,471	4,472	-1	1	0.02%	
Network Manager's Office	6.23	8	0	2	28.41%	
Cork University Hospital	3,357.67	3,266	23	-91	-2.72%	
Mallow General Hospital	243.96	243	0	-1	-0.51%	
CUH Group Other	37.55	35	0	-2	-5.91%	
St Mary's Orthopaedic Hospital	225.44	235	-2	10	4.41%	
Kerry General Hospital	995.00	1,023	14	28	2.84%	
Bantry General Hospital	260.00	258	0	-2	-0.61%	
Mercy Hospital	1,003.00	986	-3	-17	-1.68%	
South Infirmary Hospital	770.00	799	27	29	3.78%	
Southern Hospitals Group	6,899	6,855	58	-44	-0.64%	
HSE SOUTH	11,370	11,327	58	-43	-0.38%	
Network Manager's Office	12.98	7	1	-6	-46.07%	
Cavan Hospital	710.00	756	-4	46	6.54%	
Monaghan Hospital	236.10	270	-2	33	14.18%	
Our Lady's Hospital	500.00	511	6	11	2.29%	
Our Lady of Lourdes Hospital	1,290.00	1,395	43	105	8.11%	
Louth County Hospital	398.12	395	-1	-3	-0.78%	
North Eastern Hospitals Group	3,147	3,334	43	187	5.94%	
Network Manager's Office	4.00		0	-4		
Connolly Hospital Blanchardstown	1,254.17	1,159	6	-96	-7.63%	
Beaumont Hospital	3,069.00	3,047	0	-22	-0.73%	
Mater Hospital	2,623.89	2,624	0	0	0.00%	
Cappagh National Orthopaedic Hospital	328.00	327	0	-1	-0.22%	
Children's University Hospital, Temple Street	940.00	934	0	-6	-0.61%	
Rotunda Hospital	720.00	735	6	15	2.03%	
Dublin North East Hospitals Group	8,939	8,825	12	-114	-1.27%	
HSE DUBLIN NORTH EAST	12,086	12,159	55	73	0.60%	
Network Manager's Office	6.70	10	0	4	55.37%	
Letterkenny General Hospital	1,435.18	1,449	0	14	0.95%	
Sligo General Hospital	1,431.10	1,445	0	14	0.96%	
University Hospital Galway	2,456.55	2,484	0	27	1.10%	
Merlin Park University Hospital	672.03	670	0	-2	-0.27%	
Orthodontic Service	12.55	13	0	0	0.32%	

National Hospitals Office	Revised employment ceiling - June 08	Actual June 2008	Growth from previous month	WTE Variance from Ceiling	% Variance (Actual to Ceiling)	
Diploma in Nursing	8.01	7	0	-1	-6.62%	
Mayo General Hospital	1,020.63	1,028	0	8	0.75%	
Roscommon General Hospital	328.70	334	0	5	1.64%	
Portiuncula Hospital, Ballinasloe	678.99	695	0	16	2.37%	
West and North West Hospitals Group	8,050	8,135	0	85	1.05%	
Network Manager's Office	16.47	17	0	0	0.43%	
MWRH Dooradoyle	2,340.53	2,332	0	-8	-0.36%	
MWRH Maternity						
MWR Orthopaedic Hospital Croom						
MWRH Ennis	283.95	285	0	1	0.43%	
MWRH Nenagh	277.94	277	0	-1	-0.34%	
St John's Hospital, Limerick	325.66	319	-8	-6	-1.93%	
Mid Western Hospitals Group	3,245	3,230	-8	-14	-0.44%	
HSE West	11,295	11,366	-8	71	0.63%	
Network Manager's Office	5.19	8	0	3	49.33%	
Midlands Regional Hospital Tullamore	1,005.37	1,015	0	10	0.96%	
Midlands Regional Hospital Portlaoise	607.86	626	0	18	2.99%	
Midlands Regional Hospital Mullingar	777.59	782	0	4	0.52%	
Acute Hospital Services (Midland)	24.00	22	0	-2	-10.04%	
Naas General Hospital	717	715	0	-2	-0.33%	
Tallaght Hospital	2,621.00	2,506	-60	-115	-4.40%	
Our Lady's Hospital for Sick Children	1,550.00	1,697	1	147	9.50%	
The Coombe Women's Hospital	691.00	728	12	37	5.31%	
Dublin Midlands Hospital Group	7,999	8,097	-47	98	1.23%	
Network Manager's Office	2.08		0	-2		
St Colmcille's Hospital	502.00	505	2	3	0.53%	
St Vincent's Hospital Elm Park	2,400.00	2,455	0	55	2.27%	
St James's Hospital	3,751.00	3,650	-4	-101	-2.70%	
St Michael's Hospital, Dun Laoghaire	434.83	399	-1	-35	-8.14%	
St Luke's Hospital, Rathgar	495.00	506	10	11	2.13%	
Royal Victoria Eye & Ear Hospital	285.00	283	0	-2	-0.59%	
National Maternity Hospital	714.00	739	6	25	3.53%	
Dublin South Hospitals Group	8,584	8,537	14	-47	-0.55%	
HSE DUBLIN MID LEINSTER	16,583	16,634	-34	51	0.31%	
Regional Ambulance Service (SE)	165.21	173	1	8	4.61%	
Ambulance Service (South)	183.83	186	-2	3	1.39%	
Ambulance Service (NE)	138.77	144	-1	5	3.68%	
Ambulance Service (NW)	141.23	145	0	4	2.92%	
Ambulance Service (West)	126.71	140	0	14	10.76%	
Ambulance Service (MW)	135.03	137	0	2	1.61%	
Ambulance Service (Midland)	195.57	146	0	-49	-25.26%	
Ambulance Service (EC)	219.14	280	22	60	27.60%	
National Ambulance Service	1,305	1,352	19	46	3.55%	
NHO NATIONAL TOTAL	52,804	52,837	91	33	0.06%	