



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Half Year Report against the HSE NSP June 2010

9th September 2010

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# Primary & Community Services

## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
Primary Care	170,422	153,797	16,625

**Note:** Finance figures at Care Group level are approximated / estimated only and are not fully inclusive of all staff working in the area.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP8 Configure Primary Community and Continuing Care <b>Primary Care Teams (PCTs)</b> - <i>Progress the establishment PCTs and Health and Social Care Networks through reorganisation of existing resources</i>	<b>Phase 1 and Phase 2 Teams (210)</b> Appropriate management and clinical governance structures for PCTs in operation.	Q1-Q4	Ongoing as part of the overall ISA structures.
	<b>Phase 3 Primary Care Teams</b> Progress to a stage where 100% of 184 new Teams are holding clinical meetings.	Q1-Q4	27 New Primary Care Teams have commenced holding Clinical Team Meetings in 2010.
	<b>Phase 4 Primary Care Teams</b> Development of a further 136 teams commenced.	Q1-Q4	Approximately 80 Teams at advanced stages of development.
	Development of Network Services and general principles of referral processes and shared care arrangements agreed.	Q1-Q4	Ongoing and depended on agreement of ISA Network structures. Groups established with main Care Groups looking at interfaces between specialist / network services and Primary Care Teams.
	Development and roll out of new metrics to capture activity in PCTs.	Q1-Q4	Capturing information in relation to Diabetes, Asthma and Clinical Team meetings has commenced.
	PCT Evaluation conducted to measure the effectiveness of PCTs including potential benefits.	Q1-Q4	A National Patient Satisfaction Survey has been completed. A research project has commenced. Involves Primary Care Services, Mallow PCT and the Department of General Practice in the National Universities. Aim is to develop a strategic primary care research agenda. This collaboration will evaluate primary care developments and innovations, contribute to best practice and inform HSE decision making in regard to the allocation of resources and supported development and investment in primary care services
<b>Use of Information Technology in PCTs</b>	Electronic patient management system progressed for use in PCTs.	Q1-Q4	National Primary Care ICT group being established to progress this work.
<b>GP Out of Hours (OOH) Review</b>	Implementation of recommendations commenced.	Q1-Q4	Will report by Q4.
CP23 Stakeholder and Relationship Management <b>Service User Involvement</b>	Opportunities for engagement with local communities provided through PCTs in a systematic way in accordance with the principles and guidelines endorsed in the <i>National Strategy for Service User Involvement in the Irish Health Service 2008-2013</i> .	Q2-Q4	Evaluation of Pilot Project complete and recommendations will be implemented. Workshops set up in each HSE area.
CP3 Health Protection <b>Immunisations</b>	Education and training of healthcare staff improved.	Q1-Q4	HPV (Human Papilloma Virus) training day held in April 2010. National event whose purpose was to brief Senior Medical Officers and relevant staff on the rollout of HVP in 2 <sup>nd</sup> level schools and Epidemiology of the scheme.
	Implementation of standard procedures to improve uptake rates.	Q1-Q4	HPV programme implementation commenced in May 2010. The programme is aimed at school girls who are in 1 <sup>st</sup> and 2 <sup>nd</sup> class at 2 <sup>nd</sup> level institutions. Each child receives 3 doses of the HPV vaccination. It is intended that every 2 <sup>nd</sup> level institution will be targeted by the end of Q4 2010.
	Report on pneumococcal conjugate vaccine catch up campaign completed.	Q1-Q4	PCV catch-up campaign completed. Estimated current outstanding payments to GPs are approx. €1.3m which will be paid through PCRS.
	Measles (MMR) elimination campaign for 4-15 year olds.	Q2	The proposed measles elimination campaign did not progress in the first half of 2010 due to the requirement for existing staff to clear the backlog of routine school immunisations resulting from the pandemic vaccination campaign.

			<p>The clearing of this backlog was important to ensure that all new school entrants were offered MMR vaccine by the end of the school year especially because of the current measles outbreak in pre school children.</p> <p>The HSE is currently carrying out a review of the school immunisation programme as a result of the addition of HPV vaccine to the schedule. Part of this review will include the feasibility of implementing the measles elimination campaign in primary or second level schools from 2010 depending on the available resources.</p>
<p><b>Environmental Health:</b> <i>Protection of public health through the effective enforcement of the environmental health legislation</i></p>	<ul style="list-style-type: none"> <li>Food Safety Authority Ireland contract implemented and compliance with EU National legislation in place.</li> </ul>	Q1-Q4	The overall target set for the inspection of food premises for 2010 is 42,000. 21,000 inspections achieved to date.
	<ul style="list-style-type: none"> <li>Business plan agreed and implemented in conjunction with the Office of Tobacco Control and DoHC.</li> </ul>	Q1-Q4	Business plan agreed and implementation ongoing.
	<ul style="list-style-type: none"> <li>Implementation of a national programme underway on the Cosmetics Control legislation in conjunction with the DoHC and the Medicines Board.</li> </ul>	Q1-Q4	National sampling programme underway.
	<ul style="list-style-type: none"> <li>HSE capacity / structures developed to implement the international health regulations effectively and consistently.</li> </ul>	Q1-Q4	Work underway to address core competency deficits. National training day for HSE staff working at ports completed.
	<ul style="list-style-type: none"> <li>Monitoring of fluoride in public water supplies continued and capital developments implemented. Protocols and procedures agreed with Environmental Protection Agency and local authorities in relation to at risk contaminated water supplies.</li> </ul>	Q1-Q4	Monitoring of fluoride ongoing. New procedures agreed with EPA.
	<ul style="list-style-type: none"> <li>Awareness monitored and raised of compliance with national legislation on Radiation Protection of Patients; national register maintained, National Radiation Safety Committee supported and framework developed for clinical audit.</li> </ul>	Q1-Q4	National guidance on compliance issued to holders in March 2010. National mechanism for reporting of patient radiation incidents commenced in April. CT Scanner Dose Survey and National Review of Compliance in Dentistry ongoing.
	<ul style="list-style-type: none"> <li>Existing funded level of services provided to local authorities maintained.</li> </ul>	Q1-Q4	No change
<p>CP2 Health Promotion <b>Health Promotion Strategic Framework for the HSE</b></p>	Key actions to improve health status identified and delivered through the strategic framework.	Q1-Q4	Development of Health Promotion Strategic Framework progressed and summary has been presented to ISD Management.
	Action plans 2010 developed and priority actions implemented in the following areas:		
	<ul style="list-style-type: none"> <li>Obesity</li> </ul>	Q4	Implementation of HSE Obesity framework progressed in relation to treatment, care and prevention.
	<ul style="list-style-type: none"> <li>Health Inequalities</li> </ul>	Q4	Health Inequalities Framework approved by HSE Board in February 2010. Implementation plan has been drafted.
	<ul style="list-style-type: none"> <li>Alcohol</li> </ul>	Q4	Ongoing progress on the development of National Alcohol Strategy. Working with DoHC towards implementing a Standard Drinks approach.
	<ul style="list-style-type: none"> <li>Tobacco</li> </ul>	Q4	Tobacco Framework for HSE approved by the HSE Board in February 2010. Implementation Committee to be established.
<ul style="list-style-type: none"> <li>Breastfeeding</li> </ul>	Q4	Infant Feeding policy for all maternity hospitals has been drafted. Community breastfeeding policy piloted by 2 Primary Care teams.	

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>PCTs</b>								
<b>(M)</b> Number of PCTs holding clinical meetings								
<b>National</b>	219	395	277	267	267	-4%	120	123%
<b>(M)</b> Number of Primary Care Teams in development								
<b>National</b>	184	236	210	263	263	25%	88	199%
<b>(M)</b> Total no. of patients / clients with a Care Plan								
Note: Due to industrial dispute, not all areas captured this data from Jan to May. June 2010 is the figure included here								
<b>National</b>	5,622	14,000	9,811	2,906	2906	-70%	515	464%
<b>(Q)</b> No. and % of PHNs who are assigned to PCTs (as defined between DoHC and HSE)								
<b>National</b>	100%	100%	100%	100%	100%	0%	47%	113%
<b>Orthodontics</b>								
<b>(Q)</b> Total number of patients receiving treatment during reporting period								
<b>National</b>	18,830	22,130	11,065	16,435	16,435	49%	18,327	-10%
<b>(Q)</b> Total number of patients with completed treatments during reporting period								
<b>National</b>	4,803	2,000	1,000	2,658	2,658	166%	1,819	46%
<b>GP Out of Hours</b>								
<b>(M)</b> No. contacts with GP out of hours								
<b>National</b>	931,305	880,000	436,302	88,391	449,171	3%	434,005	3%
<b>Immunisations</b> (Data reported Q in arrears and provided by the HPSC Q1 2010)								
<b>(Q)</b> Number and percentage of children 12 months of age who have received three doses of vaccine against <b>Diphtheria (D3)</b>								
<ul style="list-style-type: none"> <li>No data for L/O or L/W LHO</li> <li>No data for Cork or Kerry LHO</li> </ul>								
<b>National</b>		95.0%	95.0%	12,986/ 89.0%	12,986/ 89.0%	-6.3%	16,072/ 88.2%	-19.2%/0.9%
<b>(Q)</b> Number and percentage of children 12 months of age who have received three doses of vaccine against <b>Tetanus (T3)</b>								
<ul style="list-style-type: none"> <li>No data for L/O or L/W LHO</li> <li>No data for Cork or Kerry LHO</li> </ul>								
<b>National</b>	unavailable	95.0%	95.0%	12,986/ 89.0%	12,986/ 89.0%	-6.3%	16,072/ 88.2%	-19.2%/ 0.9%
<b>(Q)</b> Number and percentage of children 12 months of age who have received three doses of vaccine against <b>Pertussis (P3)</b>								
<ul style="list-style-type: none"> <li>No data for L/O or L/W LHO</li> <li>No data for Cork or Kerry LHO</li> </ul>								
<b>National</b>	unavailable	95.0%	95.0%	12,986/ 89.0%	12,986/ 89.0%	-100%	16,072/ 88.2%	-19.2%/-100%
<b>(Q)</b> Number and percentage of children 12 months of age who have received three doses of vaccine against <b>Haemophilus influenzae type b (Hib3)</b>								
<ul style="list-style-type: none"> <li>No data for L/O or L/W LHO</li> <li>No data for Cork or Kerry LHO</li> </ul>								
<b>National</b>	unavailable	95.0%	95.0%	12,985/ 89.0%	12,985/ 89.0%	-6.3%	16,067/ 87.9%	-19.2%/1.3%
<b>(Q)</b> Number and percentage of children 12 months of age who have received three doses of vaccine against <b>Polio (Polio3)</b>								
<ul style="list-style-type: none"> <li>No data for L/O or L/W LHO</li> <li>No data for Cork or Kerry LHO</li> </ul>								
<b>National</b>	unavailable	95.0%	95.0%	12,986/ 89.0%	12,986/ 89.0%	-6.3%	16,073/ 88.2%	-19.2%/0.9%
<b>(Q)</b> Number and percentage of children 12 months of age who have received two doses of vaccine against <b>Meningococcal group C (MenC3)</b>								
<ul style="list-style-type: none"> <li>No data for L/O or L/W LHO</li> <li>No data for Cork or Kerry LHO</li> <li>No data from Limerick, Clare, Nth Tipp LHOs</li> </ul>								
Immunisation schedule in relation to MenC has changed from three doses at 12 months to two doses at 12 mths								
Immunisation Schedule in relation to MenC changed during 2008 and therefore MenC2 figures for same period last year for 12 month cohort are not available								
<b>National</b>	Not reported in PR 2008/09	95.0%	95.0%	11,530/88.2%	11,530/88.2%	-7.2%		
<b>(Q)</b> Number and percentage of children 24 months of age who have received three doses of vaccine against <b>Diphtheria (D3)</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	66,786 / 93.6%	95.0%	95.0%	13,563/93.6%	13,563 / 93.6%	-1.5%	15,655/ 93.2%	-13.4%/0.4%

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>(Q) Number and percentage of children 24 months of age who have received three doses of vaccine against Tetanus (T3)</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	<b>66,786 / 93.6%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>13,563/93.6%</b>	<b>13,563 / 93.6%</b>	<b>-1.5%</b>	<b>15,655/ 93.2%</b>	<b>-13.4%/0.4%</b>
<b>(Q) Number and percentage of children 24 months of age who have received three doses of vaccine against Pertussis (P3)</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	<b>66,781/93.6%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>13,563/93.6%</b>	<b>13,563 / 93.6%</b>	<b>-1.5%</b>	<b>15,654/ 93.2%</b>	<b>-13.4%/0.4%</b>
<b>(Q) Number and percentage of children 24 months of age who have received three doses of vaccine against Haemophilus influenzae type b (Hib3)</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	<b>66,632/93.3%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>13,512/93.3%</b>	<b>13,512 / 93.3%</b>	<b>-1.8%</b>	<b>15,611/ 92.7%</b>	<b>-13.4%/0.6%</b>
<b>(Q) Number and percentage of children 24 months of age who have received three doses of vaccine against Polio (Polio3)</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	<b>66,778/93.6%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>13,563/93.6%</b>	<b>13,563 / 93.6%</b>	<b>-1.5%</b>	<b>15,652/ 93.2%</b>	<b>-13.3%/0.4%</b>
<b>(Q) Number and percentage of children 24 months of age who have received three doses of vaccine against Meningococcal group C (MenC3)</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	<b>66,484/93.6%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>13,432/92.9%</b>	<b>13,432 / 92.9%</b>	<b>-2.2%</b>	<b>15,645/ 92.9%</b>	<b>-14.1%/0.0%</b>
Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>(Q) Number and percentage of children who have received the Measles, Mumps, Rubella (MMR) vaccine at 24 months</b>								
<ul style="list-style-type: none"> <li>No data from Laois/Offaly</li> <li>No data from Longford/Westmeath</li> <li>No data from Cork/Kerry LHOs</li> <li>Outturn for 09 does not include data from Limerick, Clare, North Tipp LHOs for Q3 2009</li> </ul>								
<b>National</b>	<b>64,244 / 93.6%</b>	<b>95.0%</b>	<b>95.0%</b>	<b>13,035/90.0%</b>	<b>13,035 / 90.0%</b>	<b>-5.3%</b>	<b>15,077/ 89.9%</b>	<b>-13.5%/0.1%</b>
<b>Child Health/Developmental Screening</b>								
<b>(Q) No. and % of new born babies visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge. (72 hour data collection to also be developed in 2010)</b>								
<ul style="list-style-type: none"> <li>DML - Outturn 09 based on full return except 4 LHOs in Q4</li> <li>No data from KWW Q2</li> <li>DNE – Outturn 09 based on full return except 1 LHO in Q4</li> <li>No data from North Lee LHO</li> </ul>								
<b>National</b>	<b>56,997 / 82.1%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>13,039 / 86.7%</b>	<b>-13.3%</b>	<b>13,483/ 80.4%</b>	<b>-3.3%/7.8%</b>
<b>(Q) The percentage uptake of 7-9 month developmental screening by 10 months (PHN only)</b>								
<ul style="list-style-type: none"> <li>No data from Wicklow or KWW LHO</li> <li>No data from DNC LHO</li> <li>South – Data only relates to South Tipp</li> <li>No data from Limerick</li> </ul>								
<b>National</b>	No reported in 2009	<b>90.0%</b>	<b>90.0%</b>	<b>X</b>	<b>7,254 / 68.3%</b>	<b>-24.1%</b>	Not reported in 2009	

# Community (Demand Led) Schemes

## Resources

Demand Led Schemes	Approved Allocation €000	YTD			
		Actual €000	Budget €000	Variance €000	%
Medical Card Schemes	1,936,538	921,010	929,456	(8,446)	-0.9%
Community Schemes	848,002	408,247	418,373	(10,126)	-2.4%
<b>Total</b>	<b>2,784,541</b>	<b>1,329,258</b>	<b>1,347,829</b>	<b>-18,571</b>	<b>-1.4%</b>

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



## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Medical and GP Visit Cards</b>								
(M) No. of GP Visit Cards issued	98,325	114,436	106,378	107,931	107,931	1%	91,359	18%
(M) No. persons covered by Medical Cards	1,478,560	1,622,560	1,550,560	1,558,777	1,558,777	1%	1,413,299	10%
<b>Long Term Illness</b> <i>(Data reported M in arrears)</i>								
(M) No. of claims	895,868	1,084,656	542,328	75,051	448,085	-17%	447,106	0%
(M) No. of items	2,840,485	3,449,205	1,724,604	244,251	1,460,821	-15%	1,396,715	5%
<b>Drug Payment Scheme</b> <i>(Data reported M in arrears)</i>								
(M) No. of claims	4,983,192	5,030,180	2,515,092	315,388	2,034,082	-19%	2,624,422	-22%
(M) No. of items	13,452,415	13,631,788	6,815,892	933,021	5,887,665	-14%	6,867,283	-14%
<b>GMS</b> <i>(Data reported M in arrears)</i>								
(M) No. prescriptions	16,480,457	18,445,234	9,222,618	1,438,932	8,583,077	-7%	8,140,107	5%
(M) No. of items	50,913,529	57,364,678	28,682,340	4,406,035	26,489,882	-8%	25,106,269	6%
(M) No. of claims – special items of service	563,147	714,293	357,144	36,109	448,439	26%	236,589	90%
(M) No. of claims – special type consultations	1,125,187	1,084,945	542,472	84,424	485,322	-11%	554,837	-13%
<b>HiTech</b>								
(M) No. of claims	312,878	383,324	191,664	27,893	165,150	-14%	151,754	9%
<b>DTSS</b>								
(M) No. of treatments (above the line)	1,418,722	1,084,517	542,256	166,784	819,762	51%	649,368	26%
(M) No. treatments (below the line)	143,849	111,428	55,716	16,555	77,528	39%	64,998	19%
<b>Community Ophthalmic Scheme</b>								
(M) No. of treatments	622,621	679,310	339,654	60,744	311,001	-8%	286,545	9%
Adult	566,477	617,170	308,586	55,326	282,352	-9%	259,600	9%
Children	56,144	62,140	31,068	5,418	28,649	-8%	26,945	6%

# Children and Families

## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
<b>Children and Families</b>	<b>280,730</b>	<b>286,547</b>	<b>-5.817</b>

**Note:** Finance figures at Care Group level are approximated / estimated only and are not fully inclusive of all staff working in the area.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP13 Children and Families Child Protection Services Task Force on Children and Families	Standardised child protection referral and assessment processes implemented across all Local Health Offices (LHOs) in line with Task Force outputs.	Q1-Q4	Design of standardised business process completed Implementation of referral and assessment has commenced (01.07.2010) in 10 LHOs – completed by Q4 2010 Remaining 22 LHOs completed by Q2 2011
Out of Hours Services	Emergency Place of Safety Services augmented within existing resources and monitored on an ongoing basis.	Q4	Work is ongoing. NSP Demographic Funding 2010 has allocated funding to establish 2 pilot sites (Cork and Donegal) to develop an enhanced level of Social Worker input in the Out of Hours Service.  Negotiations are currently taking place in relation to a proposal for the Cork location as an extension to their existing SLA to provide emergency placements. Costs have yet to be agreed.  In Donegal, there will be social Workers on call. Referrals will be received through the CareDoc GP out of hour service. WTE requirement to be met from existing resources.  Total cost for both pilot sites to date is €119,639
Children First National Guidelines for Protection and Welfare of Children	Plan in place to implement revised Children First Guidelines and roll-out of implementation plan commenced.	Q1-Q4	National Child Protection Procedures are being developed to effect the implementation of Children First 2010. Also, a training programme is being developed for all relevant staff in the HSE and for all relevant external stakeholders.
Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009	It is anticipated that resources will be made available following the Revised Estimate Volume for the specific purpose of the implementation of some key recommendations from the Ryan Report on a part year basis. Further discussions are required with the DoHC to confirm full year funding prior to the commencement of recruitment. Following this, the receipt of the 2010 funding, a successful recruitment campaign and a ceiling adjustment, the following will be progressed:	Q1-Q4	Approval has been given to recruit an additional 200 Social Work Posts for child Protection Services.
	<ul style="list-style-type: none"> <li>Recruitment of additional 200 social workers for child protection services (50 by Q2, a further 75 by Q3 and the final 75 in Q4). The full year cost is €16m.</li> </ul>	Q2-Q4	The first 2 Social Work posts, issued under the Ryan Report, were filled in June. Employment contracts have been signed for a further 23 Ryan Report posts. The 200 social work posts are currently on track to be filled by year end.
	<ul style="list-style-type: none"> <li>Establishment of multidisciplinary assessment services for children and young people at risk and development of a multidisciplinary team for children in care and detention (with IYJS). The WTE requirement is 29.5, at a full year cost of €3m.</li> </ul>	Q3	Working group has developed a form and function model for national therapy team in conjunction with the Youth Justice Service 5 posts to be provided in 2010 for this service Balance of posts currently under review
	<ul style="list-style-type: none"> <li>Provision of additional counselling services. Full year cost is €2m.</li> </ul>	Q1-Q4	Currently under review
	<ul style="list-style-type: none"> <li>Implementation of the recommendations of 2007 Report of Working Group on Treatment Services for Persons with Sexually Abusive Behaviour. The full year cost is €1m, and an additional WTE requirement of 8.</li> </ul>	Q3	Currently under review

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	<ul style="list-style-type: none"> <li>Enhancement of services for young people leaving care. The full year cost is €1m, with an additional WTE requirement of 10.</li> </ul>	Q3	National aftercare policy completed Implementation of policy and review of the allocation of 10 WTE have commenced
	<ul style="list-style-type: none"> <li>Practice placements provided for Social Work practitioners. This will depend on funding and availability of placement places. Full year costs €0.16m, with an additional WTE requirement of 2.</li> </ul>	Q3	Currently under review
	<ul style="list-style-type: none"> <li>Research on social work staff retention issues. Cost €0.03m. No additional WTE requirement.</li> </ul>	Q3-Q4	A scoping exercise is currently been developed. Work is ongoing.
	<ul style="list-style-type: none"> <li>Audit of resources targeted at children and families across the statutory and non-statutory sector. Cost €0.1m. No additional WTE requirement.</li> </ul>	Q4	A scoping exercise is currently been developed. Work is ongoing
	<ul style="list-style-type: none"> <li>Training and ongoing professional development for staff in agencies providing services to HSE. Cost €0.75m. Additional WTE requirement of 10.</li> </ul>	Q2-Q4	Currently under review
	<ul style="list-style-type: none"> <li>Monitoring compliance with Children First. Cost €0.1m. No additional WTE requirement.</li> </ul>	Q2-Q4	The Office of the AND Children and Families with the support of the Regional Directors of Operations have put in place monitoring arrangement to support monthly progress reporting to the National Director, ISD
Alternative Care <b>Care Planning</b>	Standardised care planning template rolled out across all LHOs in 2010.	Q4	To commence in Q4.
<b>National Child Care Information System (NCCIS)</b>	Continued development of NCCIS in line with business plan pending peer review approval and necessary resources being available.	Q1-Q4	Business case prepared / complete. Project Board approval Peer Review (BC stage) complete. Tender (procurement) documents prepared. Requirements spec. for ICT System complete Project Board approval / Submitted for Peer Review Peer review (RFT Stage) is in progress.
Family Support <b>Agenda for Children</b> <i>Implement Agenda for Children and all its components</i>	Implementation of Strategy in line with Task Force outputs to support Agenda for Children services.	Q4	Complete and on available on HSE Website.
	Ensure agencies providing services for HSE to children and families develop and implement an operational plan based on Agenda for Children.	Q4	Ongoing
Performance Management <b>Performance measures</b>	Collection of new and existing performance measures rolled out as agreed.	Q1-Q4	New metrics agreed and are in process of being rolled out. For collection September 2010
<b>Improved Quality and Safety processes</b>	Task Force recommendations on quality and safety processes implemented.	Q1-Q4	Ongoing

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Family Support Services</b>								
<b>(M)</b> Total no. of referrals to Family Welfare Conferences								
<ul style="list-style-type: none"> <li>No data from Galway/Roscommon LHOs</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>444</b>	<b>476</b>	<b>238</b>	<b>44</b>	<b>51</b>	<b>-78.6%</b>	<b>See note</b>	<b>See note</b>
DML	113	117	59	14		-100.0%	57	-100.0%
DNE	119	123	62	13		-100.0%	67	-100.0%
South	98	119	60	11	51	-14.3%	39	30.8%
West	114	117	59	6		-100.0%	<b>See note</b>	<b>See note</b>
<b>(M)</b> Total no. Family Welfare Conferences convened								
<ul style="list-style-type: none"> <li>No data from Galway/Roscommon LHOs</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>269</b>	<b>273</b>	<b>137</b>	<b>23</b>	<b>32</b>	<b>-76.6%</b>	<b>See note</b>	<b>See note</b>
DML	68	69	35	3		-100.0%	33	-100.0%
DNE	50	48	24	7		-100.0%	23	-100.0%
South	63	82	41	8	32	-22.0%	34	-5.9%
West	88	74	37	5		-100.0%	<b>See note</b>	<b>See note</b>
<b>(M)</b> No. of Springboard family referrals								
<ul style="list-style-type: none"> <li>No data from Roscommon LHO</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>1,120</b>	<b>992</b>	<b>496</b>	<b>73</b>	<b>84</b>	<b>-83.1%</b>	<b>See note</b>	<b>See note</b>
DML	283	192	96	21		-100.0%	151	-100.0%
DNE	201	267	134	21		-100.0%	111	-100.0%
South	168	158	79	17	84	6.3%	81	3.7%
West	468	375	188	14		-100.0%	<b>See note</b>	<b>See note</b>
<b>(Q)</b> No. of Teen Parent Support Programme active cases								
<b>National</b>	<b>1,109</b>	<b>1,147</b>	<b>1,147</b>	<b>X</b>	<b>890</b>	<b>-22.4%</b>	<b>1,092</b>	<b>-18.5%</b>
DML	245	224	224	X	187	-16.5%	225	-16.9%
DNE	245	236	236	X	189	-19.9%	214	-11.7%
South	223	206	206	X	204	-1.0%	201	1.5%
West	396	481	481	X	310	-35.6%	452	-31.4%
<b>Residential and Foster Care</b>								
<b>(M)</b> Total number of children in care								
<b>National</b>	<b>5,689</b>	<b>5,790</b>	<b>5,790</b>	<b>X</b>	<b>5,901</b>	<b>1.9%</b>	<b>5,651</b>	<b>4.4%</b>
DML	1,534	1,598	1,598	X	1,558	-2.5%	1,514	2.9%
DNE	1,392	1,444	1,444	X	1,434	-0.7%	1,443	-0.6%
South	1,653	1,638	1,638	X	1,713	4.6%	1,597	7.3%
West	1,110	1,110	1,110	X	1,196	7.7%	1,097	9.0%
<b>(M)</b> (a) No. and % of children in residential care								
<b>National</b>	<b>394 / 6.9%</b>	<b>399 / 8.0%</b>	<b>399 / 8.0%</b>	<b>X</b>	<b>427 / 7.2%</b>	<b>6.5% / -9.8%</b>	<b>397 / 7.0%</b>	<b>7.6% / 3.0%</b>
DML	157 / 10.2%	154 / 6.0%	154 / 6.0%	X	170 / 10.9%	10.4% / 81.9%	144 / 9.5%	18.1% / 14.7%
DNE	112 / 8.0%	129 / 5.0%	129 / 5.0%	X	122 / 8.5%	-5.4% / 70.2%	138 / 9.6%	-11.6% / -11.0%
South	83 / 5.0%	73 / 10.0%	73 / 10.0%	X	89 / 5.2%	21.9% / -48.0%	81 / 5.1%	9.9% / 2.4%
West	42 / 3.8%	43 / 10.0%	43 / 10.0%	X	46 / 3.8%	7.0% / -61.5%	34 / 3.1%	35.3% / 24.1%
<b>(M)</b> (b) No. and % of children in Foster Care								
<b>National</b>	<b>3,418 / 60.1%</b>	<b>3,567 / 60.0%</b>	<b>3,567 / 60.0%</b>	<b>X</b>	<b>3,578 / 60.6%</b>	<b>0.3% / 1.1%</b>	<b>3,417 / 60.5%</b>	<b>4.7% / 0.3%</b>
DML	887 / 57.8%	984 / 64.0%	984 / 64.0%	X	917 / 58.9%	-6.8% / -8.0%	893 / 59.0%	2.7% / -0.2%
DNE	731 / 52.5%	775 / 65.0%	775 / 65.0%	X	767 / 53.5%	-1.0% / -17.7%	762 / 52.8%	0.7% / 1.3%
South	1,059 / 64.1%	1,053 / 53.0%	1,053 / 53.0%	X	1,108 / 64.7%	5.2% / 22.0%	1,022 / 64.0%	8.4% / 1.1%
West	741 / 66.8%	755 / 59.0%	755 / 59.0%	X	786 / 65.7%	4.1% / 11.4%	740 / 67.5%	6.2% / -2.6%
<b>(M)</b> (c) No. and % of children in Foster care with relative								
<b>National</b>	<b>1,698 / 29.8%</b>	<b>1,596 / 29.0%</b>	<b>1,596 / 29.0%</b>	<b>X</b>	<b>1,734 / 29.4%</b>	<b>8.6% / 1.3%</b>	<b>1,641 / 29.0%</b>	<b>5.7% / 1.2%</b>
DML	459 / 29.9%	428 / 27.0%	428 / 27.0%	X	441 / 28.3%	3.0% / 4.8%	444 / 29.3%	-0.7% / -3.5%
DNE	496 / 35.6%	487 / 26.0%	487 / 26.0%	X	496 / 34.6%	1.8% / 33.0%	492 / 34.1%	0.8% / 1.4%
South	446 / 27.0%	409 / 33.0%	409 / 33.0%	X	462 / 27.0%	13.0% / -18.3%	421 / 26.4%	9.7% / 2.3%
West	297 / 26.8%	272 / 28.0%	272 / 28.0%	X	335 / 28.0%	23.2% / 0.0%	284 / 25.9%	18.0% / 8.2%

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>(M)</b> (d) No. and % of children in other care placements / at home under care order								
<b>National</b>	<b>179 / 3.1%</b>	<b>228 / 3.0%</b>	<b>228 / 3.0%</b>	<b>X</b>	<b>162 / 2.7%</b>	<b>-28.9% / -8.5%</b>	<b>196 / 3.5%</b>	<b>-17.3%/-20.8%</b>
DML	31 / 2.0%	32 / 4.0%	32 / 4.0%	X	30 / 1.9%	-6.3% / -51.9%	33 / 2.2%	-9.1% / -11.7%
DNE	53 / 3.8%	53 / 4.0%	53 / 4.0%	X	49 / 3.4%	-7.5% / -14.6%	51 / 3.5%	-3.9% / -3.3%
South	65 / 3.9%	103 / 4.0%	103 / 4.0%	X	54 / 3.2%	-47.6% / -21.2%	73 / 4.6%	-26.0%/-31.0%
West	30 / 2.7%	40 / 3.0%	40 / 3.0%	X	29 / 2.4%	-27.5% / -19.2%	39 / 3.6%	-25.6%/-31.8%
<b>Foster Carers</b>								
<b>(M)</b> No. and % of approved foster carers during the reporting period who have an allocated social worker								
<ul style="list-style-type: none"> <li>No data from Galway LHO</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>2,638/ 78.6%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>2,836 / 78.8%</b>	<b>-21.2%</b>	<b>See note</b>	<b>See note</b>
DML	652 / 70.6%	100%	100%	X	572 / 66.1%	-33.9%	729 / 72.2%	-21.5% / -8.6%
DNE	512 / 86.3%	100%	100%	X	592 / 70.7%	-29.3%	443 / 68.2%	33.6%/ 3.7%
South	953 / 90.0%	100%	100%	X	988 / 89.5%	-10.5%	970 / 92.6%	1.9% / -3.3%
West	521 / 66.6%	100%	100%	X	581 / 84.2%	-15.8%	See note	See note
<b>Care Planning</b>								
<b>(Q)</b> No. and % of children in care who currently have a written care plan as defined by Child Care Regulations 1995								
<ul style="list-style-type: none"> <li>Outturn 09 does not include DSC LHO</li> <li>No data from Galway LHO</li> <li>Comparison to 09 not possible</li> <li>DNE data not available for all care types</li> </ul>								
<b>National</b>	<b>4,630/ 81.4%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>4,825 / 81.9%</b>	<b>-0.1%</b>	<b>See note</b>	<b>See note</b>
DML	1,121 / 73.1%	100%	100%	X	1,339 / 85.9%	-14.1%	1,328 / 87.7%	0.8% / -2.0%
DNE	1,042 / 74.9%	100%	100%	X	1,124 / 78.4%	-21.6%	1,138 / 78.9%	-1.2%/ -0.6%
South	1,388 / 84.0%	100%	100%	X	1,414 / 82.5%	-17.5%	1,091 / 68.3%	29.6%/20.8 %
West	1,079 / 97.2%	100%	100%	X	948 / 80.1%	-19.9%	See note	See note
<b>(Q)</b> (a) No. and % of children in residential care								
<ul style="list-style-type: none"> <li>Outturn 09 does not include DSC LHO</li> <li>No data from Galway LHO</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>351 / 89.1%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>381 / 89.6%</b>	<b>-10.4%</b>	<b>See note</b>	<b>See note</b>
DML	124 / 79.0%	100%	100%	X	162 / 95.3%	-4.7%	129 / 89.6%	25.6%/ 6.4%
DNE	104 / 92.9%	100%	100%	X	97 / 79.5%	-20.5%	108 / 78.3%	-10.2% / 1.6%
South	81 / 97.6%	100%	100%	X	85 / 95.5%	-4.5%	77 / 95.1%	10.4% / 0.5%
West	42 / 100.0%	100%	100%	X	37 / 84.1%	-15.9%	See note	See note
<b>(Q)</b> (b) No. and % of children in Foster Care								
<ul style="list-style-type: none"> <li>Outturn 09 does not include DSC LHO</li> <li>No data from DNW LHO</li> <li>No data from Galway LHO</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>2,896/ 84.7%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>3,006 / 84.2%</b>	<b>-15.8%</b>	<b>See note</b>	<b>See note</b>
DML	652 / 73.5%	100%	100%	X	769 / 83.9%	-16.1%	842 / 94.3%	-8.7%/ -11.1%
DNE	602 / 82.4%	100%	100%	X	703 / 91.7%	-8.3%	See note	See note
South	915 / 86.4%	100%	100%	X	916 / 82.7%	-17.3%	702 / 68.7%	30.5% / 20.4%
West	727 / 98.1%	100%	100%	X	618 / 79.4%	-20.6%	See note	See note
<b>(Q)</b> (c) No. and % of children in Foster Care with Relatives								
<ul style="list-style-type: none"> <li>Outturn 09 does not include DSC LHO</li> <li>No data from DNW LHO</li> <li>No data from Galway LHO</li> <li>Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>1,249/ 73.6%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>1,308 / 75.7%</b>	<b>-24.3%</b>	<b>See note</b>	<b>See note</b>
DML	322 / 70.2%	100%	100%	X	383 / 86.8%	-13.2%	334 / 75.2%	14.7% / 15.5%
DNE	296 / 59.7%	100%	100%	X	284 / 57.3%	-42.7%	See note	See note
South	351 / 78.7%	100%	100%	X	377 / 81.6%	-18.4%	263 / 62.5%	43.3% / 30.6%
West	280 / 94.3%	100%	100%	X	264 / 80.2%	-19.8%	See note	See note

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>(Q) (d) No. and % of children in other care placement</b>								
<ul style="list-style-type: none"> <li>• Outturn 09 does not include DSC LHO</li> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>134 / 74.9%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>130 / 78.3%</b>	<b>-21.7%</b>	<b>See note</b>	<b>See note</b>
DML	23 / 74.2%	100%	100%	X	25 / 83.3%	-16.7%	23 / 69.7%	8.7% / 19.6%
DNE	40 / 75.5%	100%	100%	X	40 / 81.6%	-18.4%	45 / 88.2%	-11.1% / -7.5%
South	41 / 63.1%	100%	100%	X	36 / 66.7%	-33.3%	49 / 67.1%	-26.5% / -0.7%
West	30 / 100.0%	100%	100%	X	29 / 87.9%	-12.1%	<b>See note</b>	<b>See note</b>
<b>(Q) No. and % of children who came into care during the reporting period who had a care plan drawn up prior to placement</b>								
<ul style="list-style-type: none"> <li>• Incomplete data from DNW</li> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>518 / 23.6%</b>	<b>40.0%</b>	<b>40.0%</b>	<b>X</b>	<b>188 / 37.4%</b>	<b>-6.5%</b>	<b>See note</b>	<b>See note</b>
DML	71 / 20.4%	31.0%	31.0%	X	31 / 43.0%	38.7%	30 / 30.6%	3.3% / -40.5%
DNE	20 / 3.9%	29.0%	29.0%	X	11 / 11.0%	-62.1%	4 / 3.1%	175%/254.8%
South	156 / 20.2%	44.0%	44.0%	X	50 / 29.1%	-33.9%	46 / 28.2%	8.7% / 3.2%
West	271 / 48.2%	50.0%	50.0%	X	91 / 77.1%	54.2%	<b>See note</b>	<b>See note</b>
<b>(Q) No. and % of children in care who have an allocated social worker</b>								
<ul style="list-style-type: none"> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>4,711 / 82.8%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>5,093 / 86.5%</b>	<b>-13.5%</b>	<b>See note</b>	<b>See note</b>
DML	1,284 / 83.7%	100%	100%	X	1,362 / 87.4%	-12.6%	1,284/91.8%	6.1% / -4.8%
DNE	999 / 71.8%	100%	100%	X	1,221 / 85.1%	-14.9%	1,052/77.3%	16.1% / 10.2%
South	1,366 / 82.6%	100%	100%	X	1,608 / 93.9%	-6.1%	1,372/77.7%	17.2% / 20.8%
West	1,062 / 95.7%	100%	100%	X	902 / 76.2%	-23.8%	<b>See note</b>	<b>See note</b>
<b>(Q) (a) No. and % of children in residential care</b>								
<ul style="list-style-type: none"> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>363 / 92.1%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>391 / 92.0%</b>	<b>-8.0%</b>	<b>See note</b>	<b>See note</b>
DML	145 / 92.4%	100%	100%	X	163 / 95.9%	-4.1%	139 / 96.5%	17.3% / -0.7%
DNE	111 / 99.1%	100%	100%	X	108 / 88.5%	-11.5%	123 / 89.1%	-12.2% / -0.7%
South	68 / 81.9%	100%	100%	X	85 / 95.5%	-4.5%	70 / 86.4%	21.4% / 10.5%
West	39 / 92.9%	100%	100%	X	35 / 79.5%	-20.5%	<b>See note</b>	<b>See note</b>
<b>(Q) (b) No. and % of children in foster care</b>								
<ul style="list-style-type: none"> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>2,864 / 83.8%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>3,147 / 88.2%</b>	<b>-11.8%</b>	<b>See note</b>	<b>See note</b>
DML	738 / 83.2%	100%	100%	X	790 / 86.2%	-13.8%	732 / 82.0%	7.9% / 5.1%
DNE	543 / 74.3%	100%	100%	X	738 / 96.2%	-3.8%	598 / 78.5%	23.4% / 22.6%
South	864 / 81.6%	100%	100%	X	1,031 / 93.1%	-6.9%	883 / 86.4%	16.8% / 7.7%
West	719 / 97.0%	100%	100%	X	588 / 75.6%	-24.4%	<b>See note</b>	<b>See note</b>
<b>(Q)(c) No. and % of children in foster care with relatives</b>								
<ul style="list-style-type: none"> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>1,340 / 78.9%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>1,408/81.5%</b>	<b>-18.5%</b>	<b>See note</b>	<b>See note</b>
DML	375 / 81.7%	100%	100%	X	384 / 87.1%	-12.9%	382 / 86.0%	0.5%/1.2%
DNE	299 / 60.3%	100%	100%	X	333 / 67.1%	-32.9%	303 / 61.6%	9.9% / 9.0%
South	391 / 87.7%	100%	100%	X	441 / 95.5%	-4.5%	360 / 85.5%	22.5% / 11.6%
West	275 / 92.6%	100%	100%	X	250 / 76.0%	-24.0%	<b>See note</b>	<b>See note</b>
<b>(Q) (d) No. and % of children in other care placement</b>								
<ul style="list-style-type: none"> <li>• No data from Galway LHO</li> <li>• Comparison to 09 not possible</li> </ul>								
<b>National</b>	<b>144 / 80.4%</b>	<b>100%</b>	<b>100%</b>	<b>X</b>	<b>147 / 88.6%</b>	<b>-11.4%</b>	<b>See note</b>	<b>See note</b>
DML	26 / 83.9%	100%	100%	X	25 / 83.3%	-16.7%	31 / 93.9%	-19.4%/-11.3%
DNE	46 / 86.8%	100%	100%	X	42 / 85.7%	-14.3%	28 / 54.9%	50.0%/56.1%

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
South	43 / 66.2%	100%	100%	X	51 / 94.4	-5.6%	59 / 80.8%	-13.6%/16.9%
West	29 / 96.7%	100%	100%	X	29 / 87.9%	-12.1%	See note	See note
<b>Pre-School</b>								
<b>(M)</b> No. and % of notified current operational pre-school centres where an Annual Inspection took place (monthly cumulative)								
<ul style="list-style-type: none"> <li>Cumulative data only available from HSE South</li> <li>No data from Galway, Roscommon &amp; Donegal LHOs</li> </ul>								
<b>National</b>	<b>3,013 / 64.8%</b>	<b>2,145 / 46.1%</b>	<b>1,074/46.8%</b>	<b>254 / 11.8%</b>	<b>477 / 22.2%</b>	<b>-55.6%/-52.5%</b>	<b>See note</b>	<b>See note</b>
DML	663 / 52.6%	487 / 100.0%	244 / 63.1%	59 / 12.1%	0.0%	See note	See note	See note
DNE	476 / 44.0%	327 / 100.0%	164 / 56.2%	57 / 17.4%	0.0%	See note	See note	See note
South	987 / 94.4%	622 / 100.0%	311 / 30.2%	89 / 14.3%	477 / 76.7%	53.4% / 154%	525 / 84.4%	-9.1%/-9.1%
West	887 / 70.3%	709 / 100.0%	355 / 38.7%	49 / 6.9%	0.0%	See note	See note	See note
<b>(Q)</b> No. of pre-school Advisory Visits that took place during the year								
(figures for actual YTD are cumulative Q1-Q4)								
<ul style="list-style-type: none"> <li>No data from Kerry or South Tipp LHO</li> <li>No data from Galway, Roscommon, Donegal LHOs</li> </ul>								
<b>National</b>	<b>1,160</b>	<b>1,463</b>	<b>732</b>	<b>X</b>	<b>210</b>	<b>-71.3%</b>	<b>See note</b>	<b>See note</b>
DML	279	435	218	X	50	-77.0%	73	-31.5%
DNE	218	207	104	X	49	-52.7%	46	6.5%
South	351	407	204	X	63	-69.0%	See note	See note
West	312	414	207	X	48	-76.8%	See note	See note
<b>Child Abuse</b>								
<b>(Q)</b> No. of referrals of child abuse or neglect (Reporting to commence in 2010)								
<ul style="list-style-type: none"> <li>Not available from NCCIS site DML</li> <li>DNE – No NCCIS site</li> </ul>								
<b>National</b>					<b>337</b>			
DML								
DNE								
South					93			
West					244			
<b>(Q)</b> No. and % of initial assessments conducted following a referral of child abuse or neglect (Reporting to commence in 2010)								
<ul style="list-style-type: none"> <li>Not available from NCCIS site DML</li> <li>DNE – No NCCIS site</li> </ul>								
<b>National</b>					<b>208 / 61.7%</b>			
DML								
DNE								
South					73 / 78.5%			
West					135 / 55.3%			
<b>(Q)</b> No. and % of children on waiting lists for initial assessments following a referral of child abuse or neglect (Reporting to commence in 2010)								
<ul style="list-style-type: none"> <li>Not available from NCCIS site DML</li> <li>DNE – No NCCIS site</li> <li>Not available from NCCIS site South</li> </ul>								
<b>National</b>				<b>69</b>				
DML								
DNE								
South								
West				69 / 28.3%				



# Mental Health

## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
<b>Mental Health</b>	<b>351,043</b>	<b>345,871</b>	<b>5,172</b>

**Note:** Finance figures at Care Group level are approximated / estimated only and are not fully inclusive of all staff working in the area.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP11 Mental Health Services <b>Vision for Change:</b> <i>Progress Implementation of recommendations in A Vision for Change</i>	Executive Clinical Directorates established including a national Forensic Service.	Q1-Q4	<b>Forensic Services</b> An additional national catchment for National Forensic Service has been agreed.  <b>Executive Clinical Directorates</b> Fourteen Executive Clinical Directors have been appointed, one in each catchment area and one for Forensic Services.  Discussions are in train with the nursing representative bodies regarding the senior nursing management structure within the Executive Clinical Directorate and the role of the Director of Nursing for the expanded catchment area.  Initial discussions have taken place in relation to the other members of the Executive Management Teams including the Allied Health Professionals and Business Manager. Staff representatives have been invited to advance these discussions.
	Transfer of WISDOM ownership from HRB to HSE and completion and evaluation of Proof of Concept.	Q3	WISDOM to transfer from the HRB to the HSE (30 June 2010). Proof of concept complete on the 30 June 2010. Interim National Project Board for WISDOM have met to discuss and agree elements of the transfer. 1.5 WTEs have been identified to maintain the project
<b>VFM report on Long Stay Beds Closure and Reconfiguration of Existing Long Stay Mental Health Facilities</b>	Implementation plan developed to action recommendations of the VFM report on long stay care to support reconfiguration.	Q1	A working group has been confirmed and work will begin in Q3
<b>Implementation of Mental Health Act:</b> <i>Involuntary Admissions</i> <i>Assisted Admissions</i>	Full Authorised Officer service implemented.	Q1-Q4	Negotiations with staff representative bodies will resume following the acceptance of the "Croke Park" agreement.
	Negotiations concluded with staff representative bodies regarding the expansion of in-house Assisted Admission Provision, with associated training programme.	Q2	Negotiations with Staff Associations will now recommence following the acceptance of Croke Park agreement
	National e-learning resource developed to assist in staff education and training on the operation of the Mental Health Act.	Q3	Mental Health Hub ready for pilot phase and three e learning programmes currently being built due to be piloted in Q3.
<b>Inpatient Beds</b> <i>Reconfiguration of mental health services to community based settings</i>	Process of reconfiguration of mental health services to community based settings continued with a reduction in inpatient capacity nationally in line with 2010 available resources.	Q1-Q4	The reconfiguration to CMHTs is in various stages of development in the context of the expanded catchment areas and is now seen as a priority for Executive Clinical Directors (ECD's).  St Conals, Hospital Letterkenny closed on 18 June 2010  Mental Health Commission imposed conditions in relation to St Brendan's, St Ita's and St Senan's Hospitals, including the timelines for commissioning alternative accommodation.  <b>North West Dublin Mental Health Service</b> is planning to open a second unit (Pine Ward) in the Department of Psychiatry, Connolly Hospital Blanchardstown on 12 July 2010. All acute psychiatric admissions to St.



Mental Health

			<p>Brendan's Hospital from the Cabra and Finglas sectors will transfer to the new ward at this time. St. Brendan's Hospital will no longer accept acute admissions from these sectors from this date.</p> <p><b>St Ita's Hospital, Portrane, Co Dublin.</b> Funding has been secured for the new Acute Admissions Unit at Beaumont Hospital. The Project User Group have finalised the Exemplar Design and Brief. The tender documents will be issued mid-May 2010. The contract will be in place by mid-July 2010. Construction of the Unit will take approx 18 months. Equipping and commissioning of the unit will be completed by April 2012.</p> <p><b>St Senan's Hospital Wexford Mental Health Services.</b> Significant steps have already been taken in Wexford including the reduction in beds from 170 in 2005 to 85 beds. Four fully funded capital development projects are underway which will see the complete closure of all the non acute wards in the hospital by December 2011.</p>
<p><b>Child and Adolescent Mental Health Teams</b></p> <p><i>Develop additional CAMHs in line with Vision for Change</i></p> <p><b>Child and Adolescent Mental Health Units</b></p>	<p>Recruitment of 2009 staff to support the newly established CAMH teams completed.</p>	Q1	<p>Funding in 2009 provided for 35 additional therapy posts for CAMH Teams. 29 allied health professionals have been appointed with the remaining posts at an advanced stage of recruitment.</p>
	<p>"Headstrong" initiatives developed in Kerry and Meath.</p>	Q1-Q4	<p><b>Kerry:</b> The Project is at the implementation stage.</p> <p><b>Meath:</b> The Grant Agreement between Headstrong and the HSE was signed on 8 March 2010. A Project Coordinator has been appointed and an implementation group has been established.</p>
<p><b>Role out and implement Quality Framework for Mental Health Services</b></p>	<p>Planning and selection of pilot sites completed and implementation of individual care and treatment plans for all patients in approved centres on these sites as per <i>Article 15, S.I. Number 551 of 2006</i> commenced.</p>	Q1-Q4	<p>National Mental Health Service Collaborative established in Nov 2009 in partnership with the HSE, MHC, SPUH and SJOG</p> <ul style="list-style-type: none"> <li>▪ initiative stage: Nov 2009 to Jan 2010.</li> <li>▪ Steering group established.</li> <li>▪ Knowledge review on individual care and treatment planning that support recovery completed.</li> <li>▪ 11 participating teams selected.</li> </ul> <p>Each team has mapped the service user's journey from admission to discharge from treatment to identify team goals for the action periods. Service user's opinions on care planning have also been collected using questionnaires.</p>
<p><b>Resource Utilisation and Access</b></p>	<p>A population based methodology devised and agreed, to guide resource allocation to address inequity in service access.</p>	Q2	<p>The RUA working group's objective is to maximise equal access to mental health resources across the country by applying an equitable model of resources utilisation.</p> <p>The collection of data has been delayed due to the industrial action in Q1 &amp; Q2.</p> <p>It is expected that significant progress can be made in Q3</p>
<p>National Office for Suicide Prevention <b>Implementation of Reach Out, the National Strategy for Suicide Prevention in Ireland 2005-2014</b></p>	<p>Outcome of evaluation of the first 4 years of implementation of <i>Reach Out</i> assessed and plans developed as appropriate.</p>	Q2	<p>Internal evaluation completed by end of Q2.</p> <p>Advisory sub group to consider internal evaluation in Q3.</p> <p>Expert external peer review in late Q3.</p> <p>Final evaluation report in Q4</p>
<p><b>Responding to Deliberate Self Harm (DSH)</b></p>	<p>Effective response to self harm presentations further developed in line with action area 12 in <i>Reach Out</i>.</p>	Q2	<p>Plan being prepared for end of Q3.</p> <p>6 year analysis by National Suicide Research Foundation to be published in Q3.</p> <p>Joint self harm workshop planned with Irish Association for Suicidology (Oct 2010).</p>

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Children &amp; Adolescent Mental Health</b>								
<b>(M)</b> No. of Community Child and Adolescent Mental Health <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>55</b>	<b>55</b>	<b>55</b>	<b>55</b>	<b>55</b>	<b>0%</b>		
DML	20	18	18	18	18	0%		
DNE	11	11	11	11	11	0%		
South	12	13	13	13	13	0%		
West	12	13	13	13	13	0%		
<b>(M)</b> No. of Day Hospital Teams (per Vision for Change) <i>(Data reported M in arrears)</i>								
<b>National</b>		<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0%</b>		
DML		2	2	2	2	0%		
DNE		1	1	1	1	0%		
South								
West								
<b>(M)</b> No. of Paediatric Liaison Teams (per Vision for Change) <i>(Data reported in arrears)</i>								
<b>National</b>		<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0%</b>		
DML		2	2	2	2	0%		
DNE		1	1	1	1	0%		
South								
West								
<b>Referrals / Patients seen</b>								
• No data from South Tipp, Meath								
<b>(M)</b> No. of new child / adolescent referrals received by Mental Health Services <i>(Data reported M in arrears)(to commence reporting in 2010)</i>								
<b>National</b>	<b>814</b>			<b>914</b>				
DML	232			317				
DNE	206			174				
South	162			226				
West	214			197				
<b>(M)</b> No. of new child / adolescent referrals accepted by Mental Health Services <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>588 / 72%</b>	<i>For reporting in 2010</i>		<b>603</b>				
DML	159 / 69%			199				
DNE	135 / 66%			110				
South	112 / 69%			145				
West	182 / 85%			149				
<b>(M)</b> No. of new child / adolescent patients seen by a member of CAMH team <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>428</b>	<i>For reporting in 2010</i>		<b>552</b>				
DML	122			154				
DNE	83			124				
South	110			119				
West	113			155				
<b>Children &amp; Adolescent waiting time to first appointment with CAMH</b>								
• No data from South Tipp, Meath								
<b>(M)</b> New cases seen by wait time to first appointment: <b>0-1 month</b> <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>210</b>	<i>70% seen within 3 mths</i>		<b>274</b>				
DML	62			86				
DNE	49			34				
South	30			63				
West	69			91				
<b>(M)</b> New cases seen by wait time to first appointment: <b>1-3 month</b> <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>122</b>	<i>70% seen within 3 mths</i>		<b>114</b>				
DML	37			46				
DNE	18			28				
South	46			21				
West	21			19				

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>(M)</b> New cases seen by wait time to first appointment: <b>3-6 month</b> <i>(Data reported M in arrears)</i>								
National	<b>38</b>			<b>80</b>				
DML	20			15				
DNE	10	<i>70% seen within 3 months</i>		34				
South	5			12				
West	3			19				
<b>(M)</b> New cases seen by wait time to first appointment: <b>6-12 month</b> <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>21</b>	<i>70% seen within 3 mths</i>		<b>39</b>				
DML	0			4				
DNE	4			18				
South	6			15				
West	11			2				
<b>(M)</b> New cases seen by wait time to first appointment: <b>&gt;12 month</b> <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>37</b>			<b>45</b>				
DML	3	<i>70% seen within 3 months</i>		3				
DNE	2			10				
South	23			8				
West	9			24				
<b>Child &amp; Adolescent Waiting Lists</b>								
• No data from South Tipp, Meath								
<b>(Q)</b> Total number on waiting list at end of each quarter by wait time: <b>&lt; 3 months</b> <i>(Data reported Q in arrears)</i>								
National	<b>859</b>			<b>1,010</b>				
DML	251	<i>To reduce numbers on waiting list by &gt;5%</i>		370				
DNE	254		179					
South	190		233					
West	164		228					
<b>(Q)</b> Total number on waiting list at end of each quarter by wait time: <b>3-6 months</b> <i>(Data reported Q in arrears)</i>								
<b>National</b>	<b>498</b>	<i>To reduce no on waiting list by &gt;5%</i>		<b>598</b>				
DML	139			169				
DNE	112			142				
South	132			134				
West	115			153				
<b>(Q)</b> Total number on waiting list at end of each quarter by wait time: <b>6-12 months</b> <i>(Data reported in arrears)</i>								
National	<b>596</b>	<i>To reduce no on waiting list by &gt;5%</i>		<b>596</b>				
DML	97			135				
DNE	131			118				
South	199			176				
West	169			167				
<b>(Q)</b> Total number on waiting list at end of each quarter by wait time: <b>&gt;12 months</b> <i>(Data reported Q in arrears)</i>								
National	<b>488</b>	<i>To reduce no on waiting list by &gt;5%</i>		<b>461</b>				
DML	34			14				
DNE	27			34				
South	273			209				
West	154			204				

# Disability Services

## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
Disability Services	698,233	688,923	9,310

**Note:** Finance figures at Care Group level are approximated / estimated only and are not fully inclusive of all staff working in the area.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP12 Disability Services <b>Deliver agreed level of services, including capacity to respond to critical needs for emergency residential, day or PA / Home Support services through increasing efficiencies and maximising effective use of available resources. (Capacity to respond to critical service pressures will be dependent on achieving and reusing these savings through efficiencies)</b>	Plan finalised and implementation ongoing in each LHO to maximise use of available resources to address emergency residential needs.	Q1-Q4	Monitoring procedures established within the National Disability Unit  Quarterly targets have been set and are being achieved to date.
	Evaluation of minimum dataset completed.	Q3	Evaluation commenced and on target for completion.  Discussions with CPCP have commenced and discussions with ISD are planned.  Discussions with DoHC planned.
	Review completed of data management systems in collaboration with DOH&C	Q4	Initial discussions with DoHC underway.
	Further measures at LHO level implemented in partnership with service providers and in line with national guidelines (designed to maximise cost effectiveness in use of available resources).	Q1-Q4	There is ongoing active engagement with all service providers in relation to the 2010 budget allocations and the efficiencies required.
	Delivery of Intellectual Disability and Physical and Sensory services reviewed by non statutory agencies in specific areas in line with national guidelines to achieve greater efficiency and sustainability.	Q1-Q4	Initial discussions held with Disability Federation of Ireland on reconfiguring the model of service provision in the neurological sector.
	Completion of Service Arrangements with all non statutory service providers and monitoring in place.	Q1-Q4	Reporting affected by industrial action. Process commenced to obtain end of Q2 position. Will be available in July.
	National criteria and prioritisation guidelines in place for home support / personal assistant services.	Q1-Q4	Draft guidelines have been prepared and are the subject of further consultation.
<b>Maximise compliance with legislative and quality and safety standards.</b>	Compliance with timeframes for issuing Assessment Reports improved significantly to achieve statutory requirement of 100%.	Q1-Q4	Further Training & Information Sessions planned for delivery early in Q3.
	Plan in place in each LHO to respond to needs for assessments under Disability Act including those for children with autism.	Q2	Situation kept under constant review and measures tailored appropriately.
	Self assessment tool developed and implemented.	Q1	Engagement with HIQA and DoHC to agree the self assessment audit tool for adult residential services has commenced.
	Outcomes from self audit process reviewed as part of regular meeting with providers under service arrangements.	Q4	Audit process is dependent on the completion of the self assessment tool and agreement with providers on the process to be followed.
	Residential centres for children ready for implementation of HIQA standards.	Q4	Consultation on the standards has been on-going. Final set of standards expected in September ready for engagement with service providers.
	Phase 2 of audit of client protection completed.	Q2	Audit tool completed and awaiting sign-off.
<b>Progress reconfiguration of existing services to introduce more effective and sustainable models of service delivery through implementation of recommendations from "New Directions" (Review of Adults Day</b>	Implementation plan in place for co-ordination of EI services in each LHO consistent with implementation of new standards.	Q2	Local implementation plans are now to be included in the work plan of the National Project Team - Progressing the Integration of Children's Services.  The first meeting of this group took place on 30 June.  Final sign-off on the standards for Early Intervention Services has been delayed and is expected in Q3.
	Review of HSE provided and funded services for persons with autism completed.	Q4	Draft report of review ready at end of Q2. Circulated to appropriate stakeholders for consideration and comment prior to finalising.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<i>Services), report of working group on congregated settings and implementation plan for multi disciplinary services for children with disabilities</i>			
	Regional implementation plans in place for reconfiguration of multi-disciplinary services for children with complex disabilities in line with recommendations of reference group and with principles of Transformation Programme.	Q2	Regional implementation plans will be developed following the first meeting of the National Project Team which will, in turn, be followed by a briefing for regional representatives. The Regional plans are expected by the end of Q3.
	Data collated and analysis completed to inform VFM project outcomes.	Q2	Expected Q3. Effected by industrial action.
	The following elements of the <i>New Directions</i> implementation plan completed:		
	<ul style="list-style-type: none"> <li>▪ Review undertaken of status of individuals currently engaged in work/employment activities to enable future decision making on future services.</li> </ul>	Q3	Service user identification well advanced. Data forms piloted. Service locations identified. Sector briefings held. IT system finalised and tested. 95% of data returned. Data verification system agreed.
	<ul style="list-style-type: none"> <li>▪ Detailed information collated on HSE funded supported and sheltered employment to advance discussions with the Department of Enterprise, Trade and Employment (DETE) regarding their responsibilities.</li> </ul>	Q3	Data compilation planning completed. DETE engagement completed. Research tenders under evaluation.
	<ul style="list-style-type: none"> <li>▪ Identification of individuals receiving a structured day service through a residential funding stream.</li> </ul>	Q2	Service providers requested to return data and a process to capture outstanding data will be agreed once the current process is complete.
	<ul style="list-style-type: none"> <li>▪ Production of a quality assurance system to underpin the delivery of <i>New Directions</i>.</li> </ul>	Q3	NDA and FETAC committed to participate in devising framework. HIQA committed to review drafts. Outline framework under review by Quality and Clinical Care Directorate.
	<ul style="list-style-type: none"> <li>▪ Review of the status of those former day service recipients now involved in work elements within the HSE.</li> </ul>	Q2	Report provided to National Director-ISD.
	<ul style="list-style-type: none"> <li>▪ Identification of children inappropriately placed in adult services and attention to their management in the context of childcare guidelines and legislation.</li> </ul>	Q2	Children under 18 in RT services identified. Children under 18 in other day services - 98% complete. Review commenced of protocols relating to children under 18 in day services including adult mental health services. Potential additional issue of young adults placed in children's services identified and being addressed.
<ul style="list-style-type: none"> <li>▪ Training and awareness in elder abuse code of practice for staff providing day services to those over 65 years.</li> </ul>	Q3	Day Service staff to be included in training provided by Older People's Services. Agencies have been requested to provide details of staff involved.	

## Performance Activity and Key Performance Indicators

\* Q1 2010 data.

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>(Q) Under 5 Assessments</b>								
(a) The no. of requests for assessments received <i>(Data reported Q in arrears)</i>	<b>584</b>	<b>2,712</b>	<b>678</b>	<b>735</b>	<b>735</b>	<b>8.4%</b>	<b>739</b>	
DML	206	716	179	201	201	12.3%	183	
DNE	110	472	118	141	141	19.5%	118	
South	155	872	218	261	261	19.8%	227	
West	113	652	163	132	132	-19.0%	211	
(b) The no. of assessments commenced as provided for in the regulations <i>(Data reported Q in arrears)</i>	<b>583</b>	<b>2,340</b>	<b>585</b>	<b>572</b>	<b>572</b>	<b>-2.2%</b>	<b>523</b>	
DML	218	380	153	158	158	3.3%	152	
DNE	81	612	95	113	113	19.0%	95	
South	207	728	182	168	168	-7.7%	144	
West	138	620	155	133	133	-14.2%	132	
(c) The no. of assessments commenced within the timelines as provided for in the regulations <i>(Data reported Q in arrears)</i>	<b>472</b>	<b>2,340 (100%)</b>	<b>585 (10%)</b>	<b>491 (86%)</b>	<b>491 (86%)</b>		<b>443</b>	
DML	133	612	153	130 (82%)	130 (82%)		135	
DNE	106	380	95	97 (86%)	97 (86%)		89	
South	116	728	182	143 (85%)	143 (85%)		104	
West	117	620	155	121 (91%)	121 (91%)		115	
(d) The no. of assessments completed as provided for in the regulations <i>(Data reported Q in arrears)</i>	<b>501</b>	<b>1,692</b>	<b>423</b>	<b>560</b>	<b>560</b>	<b>32.4%</b>	<b>416</b>	
DML	99	328	82	120	120	46.3%	82	
DNE	87	336	84	140	140	66.7%	81	
South	180	568	142	178	178	25.4%	152	
West	135	460	115	122	122	6.1%	101	
(e) The no. of assessment completed within the timelines as provided for in the regulations <i>(Data reported Q in arrears)</i>	<b>115</b>	<b>1,692 (100%)</b>	<b>46.5%</b>	<b>119 (21%)</b>	<b>119 (21%)</b>		<b>86</b>	
DML	11	328 (100%)	42%	18 (15%)	18 (15%)		15	
DNE	35	336 (100%)	56%	42 (30%)	42 (30%)		33	
South	37	568 (100%)	4%	25 (14%)	25 (14%)		8	
West	32	460 (100%)	48	34 (28%)	34 (28%)		30	



## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
Older People	531,117	535,940	-4.822

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP9 Older People Services <b>Nursing Homes Support Scheme – ‘A Fair Deal’ and associated work</b> <i>Implementation of ‘A Fair Deal’ Nursing Home Support Scheme and components.</i>	National implementation of the new <i>Nursing Homes Support Scheme - ‘A Fair Deal’</i> including the establishment of Task Groups to progress key areas of work under the scheme:	Q1-Q4	The application process for the Nursing Home Support Scheme (Fair Deal) is being closely monitored and it is anticipated that this service will come in on budget within 2010.  To date there have been 13,048 applications received. Determinations have been made on 8,000 applicants. The remainder are currently being processed.  There is evidence that some public long stay beds are being vacated as clients choose beds in the private sector with the commencement of the Nursing Home Support Scheme.
	<ul style="list-style-type: none"> <li>Single Assessment Working Group</li> </ul>		Ongoing with regular meetings being held.  Draft templates and procedures are in place. It is the intention to pilot these templates in a number of LHOs within the coming months.
	<ul style="list-style-type: none"> <li>Discharging Processes / Delayed Discharges Working Group</li> </ul>		Ongoing – group meeting as required.  Regular reports are prepared outlining the number of beds closed by region, CIT activity, Delayed discharges each month, etc.
	<ul style="list-style-type: none"> <li>Ancillary Services Working Group</li> </ul>		Working Group ongoing.  A steering group has been formed to meet with Primary Care Directorate. The function of this group is to ensure that Older Persons agenda is represented at Primary Care Team level. Items that are examined include, procurement issues, access to services and residential clients and GP treatment.
	<ul style="list-style-type: none"> <li>Cost of Care Working Group</li> </ul>		Ongoing – ‘HSE cost of care to be published Q3/4 2010.  Meetings have taken place with AND Primary Care to inform policy decisions on access to equipment, ensure that links are established between Primary Care Teams and Older Persons Service that reflect Nursing Home Provision (Fair Deal).
	<ul style="list-style-type: none"> <li>ICT Working Group</li> </ul>		Ongoing. Currently all data is being collected manually.  A steering group has been established and it is the intention that a full system will be in place at the end of Q4 2010
<b>Capital Infrastructure developments to support the provision of extended care, rehabilitation and respite to older people. Timely discharge of patients who have completed the acute phase of their care (delayed discharge)</b>	Operationalisation of 420 additional beds and 699 replacement beds.	Q1-Q4	All new and replacement residential care facilities must be registered with HIQA, in accordance with the Health Act 2007. This registration process can only commence when building has been completed and fully equipped, and 'Person in Charge' has been identified. HIQA have advised that the minimum timescale for the registration process is 4 to 6 months - which must now be factored into 'operational' dates for newly built facilities (whether new or replacement).  <b>New Beds</b>  By Q2 2010, 142 new beds were due to open, DNE 32, DML 90, South 8 and the West 12. To date DNE have opened 32 beds.  <b>Operational Beds</b>  By Q2 254 Operational beds were due to be replaced. DNE 0, DML 100, South 4 and the West 150. 4 replacement beds have opened to date.



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	Implementation of Fast Track beds and additional capital developments for Older People as part of the National Development Plan.	Q1-Q4	All new and replacement residential care facilities must be registered with HIQA, in accordance with the Health Act 2007. This registration process can only commence when building has been completed and fully equipped, and 'Person in Charge' has been identified. HIQA have advised that the minimum timescale for the registration process is 4 to 6 months - which must now be factored into 'operational' dates for newly built facilities (whether new or replacement). 32 additional new beds have opened in DNE (as above)
<b>Home Care Packages (HCP)</b> <i>Support over and above mainstream services to maintain the older person at home. Targeting those at risk of admission to long term care, inappropriate admission to acute hospital or requiring discharge to home from acute hospital</i>	Implementation of findings of the DoHC commissioned evaluation of HCPs within existing resources following publication of the evaluation report.	Q1 (roll out to Q4)	A working group has been established. Timeframes have been agreed with regard to reporting and implementation of recommendations. Final report due Oct / Nov 2010.
	National Standardised Operational Guidelines agreed and implementation plan rolled out during 2010.	Q1 (roll out to Q4)	Guidelines submitted to DoHC in June 2010 – feedback awaited
	National procurement framework for Home Care developed, implemented and monitored.	Q1 (roll out to Q4)	Terms of Contract/ Advertisement completed – with legal advisors for final sign off. Union consultation process to be undertaken prior to placing advert – Initial discussions held.
	Additional performance indicators for HCPs developed.	Q1 (roll out to Q4)	Home Care Package Guidelines sent to DoHC for approval. When finalised an implementation plan will be developed and rolled out.
<b>Home Help Services</b>	Implementation of a standardised approach for the allocation of Home Help hours continued.	Q2	Home Care Package Task Force has established a sub group to look at Home Help Hours. This group is due to report back by end of Q3
	11.98 million Home Help hours delivered in order to maintain people at home for as long as possible.		In the analysis of June data, a number of national inconsistencies with the recording and collection of data for Home Care Packages and Home Help have emerged. These include <ul style="list-style-type: none"> <li>• Differing baselines measures as to the classification which Home Help hours are categorised as HCP Home Help Hours (this baseline varying from 5 to 10 hours)</li> <li>• Differing interpretations as to the measure of categories (some areas have yet to separate out HCP hours from Home Help thereby contributing to wide variations against targets)</li> <li>• Individual LHOs conducting reviews of both service levels and monitoring contributing to variations</li> <li>• Individual LHOs not returning data thereby skewing regional targets</li> </ul> <p>The data as it currently stands is therefore unreliable. Draft national Guidelines for Standardised Implementation of Home Care Packages are awaiting approval by the Department of Health and Children which will bring clarity to the system regarding standardised baselines for Home Helps, Home Care Packages and standardised definitions for all categories so that differing interpretations nationally should discontinue.</p>
<b>Elder Abuse - Recruitment of Senior Case Workers</b>	Recruitment will proceed with all Senior Case Worker vacancies filled (subject to normal recruitment practices).	Q3	The vacant 'Dedicated Officer' post has been offered and accepted in DNE. Remaining posts are currently in the recruitment process.
<b>Elder Abuse - Public Awareness Campaign</b>	Development and implementation of elder abuse public awareness campaign.	Q1-Q4	Campaign held in June 2010 to coincide with World Elder abuse Awareness Day. The second report on HSE Elder Abuse Services ('Open Your Eyes') was published in May 2010. Designed to update HSE staff on the developments in the HSE elder abuse service during 2009. Elder Abuse media and public awareness campaign was launched at a seminar in the NCPOP (National Centre for the Protection of Older People) in UCD on 15 June. A DVD has been developed to raise awareness elder abuse within community settings.



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			Short Film Competition being lanced on 10 Aug. Competition asks members of the public to highlight the issue of elder abuse in a film of 30 to 60 second duration. Winning entries will be available for viewing on the HSE website. An exhibition stand has been reserved at 'Over 50's Show 2010' in the RDS, Dublin (Oct 2010) to promote an awareness of elder abuse and to provide information and advise on this issue.
<b>Geriatrician-led Teams in Community</b> - Capacity development to meet the more complex needs of older people and to support implementation of 'A Fair Deal'.	Appointment of remaining members of the 4 Geriatrician-led Teams (1 team per Area – 20 WTEs in total) working across hospital and community settings to meet the more complex needs of older people progressed in accordance with requirements of national HR policy and new Consultant Contracts.	Q4	Subject to moratorium and to new Consultant Contract. <ul style="list-style-type: none"> <li>• Moratorium – can only recruit if post 'of same value' is suppressed*.</li> <li>• Consultant Contract – Consultants can only be recruited if 2 NCHD posts suppressed.</li> </ul> *While the filling of these posts is a priority for Older Persons Services there have been no vacancies arising in Consultant posts under Older Persons Services to facilitate the establishment of these teams.
<b>Influenza Vaccine</b>	Work towards WHO target of 75% for flu vaccine uptake rate with target of 72% for 2009 / 2010 for GMS card holders aged 65 years and older.	Q4	This programmed is due to commence in September 2010.

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Day Care</b>								
<b>(BA)</b> Total no. of day care places <i>(Data reported Q in arrears)</i>								
<b>National</b>	<b>36,378</b>	<b>21,300</b>	<b>21,300</b>		<b>36,378</b>	<b>70.8%</b>		
DML	6,966				6,966			
DNE	8,863				8,863			
South	11,499				11,499			
West	9,050				9,050			
First in depth survey took place in Dec 2009. This is the first time there has been comprehensive figures. A second point in time count is to be undertaken in the second half of 2010 and will be reported in Dec 2010 PR.								
<b>(BA)</b> No. benefiting from day care places <i>(Data reported Q in arrears)</i>								
<b>National</b>	<b>21,601</b>				<b>21,601</b>			
DML	3,105				3,105			
DNE	6,504				6,504			
South	6,621				6,621			
West	5,371				5,371			
<b>Subvention</b>								
<b>(M)</b> Total no. in receipt of subvention <i>(point in time)</i>								
The Nursing Home Support Scheme has replaced subvention. As people cease to avail of this scheme or transfer to the NHSS the numbers will reduce accordingly. Excludes South Tipperary								
<b>National</b>	<b>8,823</b>	<i>Dependent on update of 'A Fair Deal'</i>			<b>3,996</b>		<b>9,225</b>	<b>-57%</b>
DML	1,739				718		1,833	-61%
DNE	1,157				625		1,402	-55%
South	2,635				1,083		2,662	-59%
West	3,292				1,570		3,328	-53%
<b>(M)</b> Total no. in receipt of enhanced subvention <i>(point in time)</i>								
Excludes South Tipperary								
<b>National</b>	<b>4,333</b>	<i>Dependent on update of 'A Fair Deal'</i>			<b>2,099</b>		<b>4,786</b>	<b>-56%</b>
DML	761				390		857	-54%
DNE	1,094				545		1,359	-60%
South	1,714				829		1,744	-52%
West	764				335		826	-59%

# Palliative Care

## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
Palliative Care	33,923	33,162	761

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Progress the implementation of recommendations in the Report of the National Advisory Committee on Palliative Care 2001</b>	Implementation plan on agreed national priorities developed in conjunction with all stakeholders based on new integrated services.	Q1-Q4	The National Implementation Group has been established and has met; as per the report recommendations. Terms of reference and short term work plan have been agreed.  It is proposed that local groups will work on regional plans for the implementation of the regional priorities identified in the 5 year framework document.
<b>Implement Minimum Data Set for Palliative Care nationally</b>	MDS further implemented nationally ensuring the successful roll out of the MDS in relation to Home Care and Specialist Units.  Roll out commenced on the collection of relevant sections of MDS in relation to acute hospitals and day care.	Q3-Q4	First meeting scheduled for early August. Progress on other actions to commence.  The members of a subgroup to progress the minimum data set (MDS) with regard to acute and day care services have been identified. Information has been received for the first 6 months of the roll out of the MDS in relation to Home Care and Specialist Units. This has indicated the roll out to have been generally successful.  It is hoped that the National Director will receive further key metrics in next quarter that will form additions to the existing reporting metrics in 2011.
<b>Paediatric Palliative Care</b>	Phased implementation of policy with stakeholder involvement. Database progressed through: <ul style="list-style-type: none"> <li>Liaison with CSO to assess death data.</li> <li>Further examination of developments in Cardiff to determine benefits of a joint project.</li> <li>Commencement of project to examine death date and establish 'cause of death factors'.</li> </ul>	Q1-Q4	National steering group established to guide the national implementation on a phased basis. Terms of Reference agreed and short term work plan identified.  Interview process for Consultant due to take place in September.  Outreach nursing posts are progressing but difficulties with WTE ceilings have to be overcome.  Database progression has been delayed due to work to rule.  Liaison by the sub group with the Cardiff project continues.  Options being prepared for the national director to allow this proposed project to develop includes for an external source to provide expertise and assistance.

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Specialist Palliative Care</b> (Data reported as per last day of month)								
<b>(M)</b> No. patients treated in specialist inpatient units								
<b>National</b>	<b>292</b>	<b>325</b>	<b>325</b>	<b>347</b>	<b>347</b>	<b>6.8%</b>	<b>315</b>	<b>10.2%</b>
DML	87	111	111	90	90	-18.9%	103	-12.6%
DNE	27	34	34	43	43	26.5%	34	26.5%
South	63	58	58	67	67	15.5%	61	9.8%
West	115	122	122	147	147	18.0%	117	25.6%
<b>(M)</b> No. patients in receipt of domiciliary based specialist palliative care								
<b>National</b>	<b>2,714</b>	<b>2,865</b>	<b>2,865</b>	<b>2,880</b>	<b>2,880</b>	<b>0.5%</b>	<b>2,921</b>	<b>-1.4%</b>
DML	628	696	696	643	643	-7.6%	653	-1.5%
DNE	408	561	561	550	550	-2.0%	616	-10.7%
South	764	749	749	830	830	10.8%	788	5.3%
West	914	859	859	857	857	-0.2%	864	-0.8%
<b>(M)</b> No. patients in receipt of intermediate palliative care in community hospitals								
• No return Sligo, Leitrim, West Cavan								
<b>National</b>	<b>82</b>	<b>127</b>	<b>127</b>	<b>94</b>	<b>94</b>	<b>-26.0%</b>	<b>147</b>	<b>-36.1%</b>
DML	10	44	44	30	30	-31.8%	67	-55.2%

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
DNE	7	4	4	6	6	50.0%	4	50.0%
South	26	32	32	21	21	-34.4%	26	-19.2%
West	39	47	47	37	37	-21.3%	50	
<b>(M) No. patients in receipt of day care</b>								
<b>National</b>	<b>280</b>	<b>297</b>	<b>297</b>	<b>266</b>	<b>325</b>	<b>9.4%</b>	<b>281</b>	<b>15.7%</b>
DML	75	85	85	84	84	-1.2%	42	100.0%
DNE	49	55	55	48	48	-12.7%	57	-15.8%
South	71	67	67	89	89	32.8%	82	8.5%
West	85	90	90	45	104	15.6%	100	4.0%

# Social Inclusion

## Resources

FINANCE YTD			
	Actual €000	Budget €000	Variance
<b>Social Inclusion</b>	<b>75,297</b>	<b>58,011</b>	<b>17,286</b>

**Note:** Finance figures at Care Group level are approximated / estimated only and are not fully inclusive of all staff working in the area.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>CP14 Social Inclusion</b> <b>Implementation of the National Drugs Strategy (NDS) 2009 – 2013</b>	National Rehabilitation Framework in place.	Q2	Rehabilitation Framework approved by the Oversight Forum on Drugs (chaired by Minister Carey) which will be tested in pilot sites in each of the 4 regions. Terms of Reference for the pilots currently being developed.
	National Liaison Pharmacist appointed.	Q1	The recruitment process has commenced in HSE South during Q2.
	Harm reduction and treatment services further developed, including needle exchange and methadone services.	Q1	The roll out of additional addiction services for methadone has commenced in Q1 with the development of new facilities. However due to local planning issues and other problems these facilities will not be completed until Q4. In addition, staff reconfiguration and training for GPs at Level 2 was required and these are completed in the targeted areas.  The Needle Exchange project which involves the provision of Needle Exchange services through Community Pharmacies was commenced in Q1. Negotiations with the IPU on an agreed fee structure and the development of a training module to be part of the ICCPE training programme are ongoing. The training module and the Fee Structure will be completed at the end of Q2 and progress to the training stage in Q3.
<b>Development of National Substance Misuse Strategy</b>	Input into development of <i>National Substance Misuse Strategy</i> completed. (Co-led by DoHC)	Q4	HSE representatives continue to actively participate in the Working Group preparing the National Substance Misuse Strategy which remains on target for completion in Q4.
<b>Homeless Services</b> <i>Implementation of the National Homeless Strategy</i>	Implementation of National Homelessness Action Plan (Led by the Department of the Environment, Heritage and Local Government)	Q1-Q4	Work on progressing the actions contained in the NHAP continue with the prime target of eliminating long term homelessness and the need to sleep rough by year end.
	Forums in place.	Q1	The 9 Regional Homeless Consultative Forums have been established.
	Action plans completed.	Q3	The action plans in respect of the individual Forums will be completed by end Q2
	HSE code of practice for integrated discharge planning utilised as key tool to ensure timely and appropriate discharge.	Q1-Q4	The implementation of the code of practice needs to be accelerated in a focused way in Q3 and Q4.
<b>Ethnic Minority Services - Progress the implementation of the National Intercultural Strategy and develop performance indicators to support the identification of HSE progress in the rollout of the strategy.</b>	Progress discussions with Department of Justice Equality and Law Reform on impact of Direct Provision on physical and mental health of refugee and asylum seekers:		Forum is in place, liaison arrangements have been agreed and regular meetings are held with relevant issues being addressed.
	<ul style="list-style-type: none"> <li>Appropriate forum in place and liaison arrangements agreed.</li> </ul>	Q1	Regular meetings taking place on agreed basis.
	Framework in place to respond to and address health issues with regard to “trafficking” of human beings in Ireland: <ul style="list-style-type: none"> <li>Planning, preparation, liaison initiated for development of framework.</li> </ul>	Q1	Ongoing efforts are taking place across sectors to inform development of a comprehensive framework.
	<ul style="list-style-type: none"> <li>Input into development of framework co-ordinated and completed.</li> </ul>	Q3	Q3

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	<ul style="list-style-type: none"> <li>Agreed framework in place.</li> </ul>	Q4	Q4
	Framework in place to address the health related actions of Ireland's national action plan against female genital mutilation.	Q2	Progress maintained; awaiting outcome of consultations and anticipated legislation.
<b>Traveller Health All Ireland Traveller Health Study (AITHS) Traveller Primary Health Care Project</b>	HSE input and support to AITHS completed.	Q4	<p>The AITHS is on schedule.</p> <p>The Health Service providers study is complete and is currently being written up.</p> <p>The Technical Steering Group met at the end of June to agreed final draft.</p> <p>The Birth Cohort expected to be completed by October (write up to follow).</p> <p>The study will be launched on 2 September ahead of the Birth cohort.</p>
	Evaluation of Traveller Health Units completed.	Q3	The HSE National Traveller Health Forum will be convened at the end of September after the launch of the Study.
<b>Community Welfare Services</b> <i>Support the implementation of the core functions of the Health Service Report.</i>	Transfer of Community Welfare Services and associated resources to Department of Social and Family Affairs further progressed by Implementation Team.	Q1-Q4	<p>Each HSE Area has established a Regional Transition Team to assist the National Project Team and to transfer the Community Welfare Service to the Department of Social Protection.</p> <p>Regional teams have not progressed their work due to Industrial Action. Discussions are ongoing at a national level with the DSP and Unions to progress the transfer.</p>

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month / Quarter	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Methodone Treatment</b>								
<b>(M)</b> Total no. clients in methadone treatment <i>(Data reported M in arrears)</i>	<b>9,062</b>	<b>8,775</b>	<b>8,775</b>	<b>9,104</b>	<b>9,104</b>	<b>10.0%</b>	<b>8,852</b>	<b>2.8%</b>
<b>(M)</b> Total no. of clients in methadone treatment per Area <i>(Data reported M in arrears)</i>								
<b>National</b>	<b>8,043</b>	<b>8,278</b>	<b>8,278</b>	<b>9,104</b>	<b>9,104</b>	<b>10.0%</b>	<b>8,852</b>	<b>2.8%</b>
DML	4,463	4,841	4,841	4,954	4,954	2.3%	4,883	1.5%
DNE	3,064	3,020	3,020	3,078	3,078	1.9%	3,036	1.4%
South	253	187	187	262	262	40.1%	208	26.0%
West	263	230	230	264	264	14.8%	240	10.0%
<b>(M)</b> Total no. of clients in methadone treatment – Prisons <i>(Data reported M in arrears)</i>	508	497	497	546	546	9.9%	485	12.6%
<b>Homeless Services</b>								
<b>(Q)</b> No. and % of acute providers, including voluntary, hospitals / acute mental health units / psychiatric hospitals operating the HSE Code of Practice for integrated discharge planning <i>(Data reported Q in arrears)</i>								
<b>National</b>	<b>51 (68%)</b>	<b>80 (100%)</b>	<b>80 (100%)</b>	<b>62 (77.5%)</b>	<b>62 (77.5%)</b>	<b>20 (25%)</b>	<b>51 (68%)</b>	<b>9 (17.6%)</b>
DML	12 (70.6%)	17 (100%)	17 (100%)	11 (64.7%)	11 (64.7%)	6 (35.3%)	11 (92%)	0 (0%)
DNE	8 (50%)	18 (100%)	18 (100%)	12 (66.7%)	12 (66.7%)	6 (33.3%)	8 (53%)	4 (50%)
South	24 (100%)	26 (100%)	26 (100%)	24 (92.3%)	24 (92.3%)	2 (7.7%)	24 (100%)	0 (0%)
West	8 (44.4%)	19 (100%)	19 (100%)	15 (78.9%)	15 (78.9%)	6 (31.6%)	8 (42%)	5 (62.5%)
<b>(Q)</b> No. and % of LHO's operating a formal Leaving and Aftercare Support Service for young people leaving care <i>(Data reported Q in arrears)</i>								
<b>National</b>	<b>32 (100%)</b>	<b>32 (100%)</b>	<b>32 (100%)</b>	<b>25 (75%)</b>	<b>25 (75%)</b>	<b>24 (75%)</b>	<b>32 (100%)</b>	<b>7 (21.9%)</b>
DML	9 (100%)	9 (100%)	9 (100%)	2 (22.2%)	2 (22.2%)	7 (77.8%)	9 (100%)	7 (77.8%)
DNE	6 (100%)	6 (100%)	6 (100%)	6 (100%)	6 (100%)	0 (0%)	6 (100%)	0 (0%)
South	9 (100%)	9 (100%)	9 (100%)	9 (100%)	9 (100%)	0 (0%)	9 (100%)	0 (0%)
West	8 (100%)	8 (100%)	8 (100%)	8 (100%)	8 (100%)	1 (12.5%)	7 (88%)	0 (0%)

# Acute Services Data

Acute Hospital Services by Region	Human Resources				Budget		
	Ceiling Current Month	WTE Current Month	WTE Change 2010	% Var	Actual €000	Budget €000	% Var
DML	16,371	16,543	-24	1.05%	721,680	700,668	3.0%
DNE	11,805	11,844	-164	0.33%	466,813	435,796	7.1%
South	11,015	11,161	17	1.32%	422,123	395,325	6.8%
West	10,986	11,272	-29	2.60%	463,449	411,989	12.5%
National	26	0	0				
<b>Total</b>	<b>50,203</b>	<b>50,819</b>	<b>-200</b>	<b>1.23%</b>	<b>2,074,064</b>	<b>1,943,778</b>	<b>6.7%</b>

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP16 Reconfigure our Acute Hospital System <b>Improve internal hospital efficiencies and processes in line with international best practice.</b>	<p>Achievement of targets in all areas of activity, with the emphasis on re-balancing the profile of activity between inpatient and day case, reducing ALOS and improving access and waiting times for services, particularly ED, admissions, elective surgery, diagnostics and OPD.</p> <p><b>Code of Practice</b> The HSE is placing a significant emphasis on improving processes to ensure that all available capacity and resources are used as efficiently as possible. The Code of Practice for Integrated Discharge Planning (launched Nov 2008) provides a very explicit and measurable means to ensure that patient care, in, through and out of hospital is managed in a consistent, coherent and efficient manner. The Code provides a reference point against which we can measure how well we are doing. The Code recognises that discharge from a hospital is an ongoing process, not an isolated event and involves the development and implementation of a plan for each patient which begins even before admission to hospital where possible and continues post discharge.</p> <p><b>Discharge Process</b> In focusing on the discharge process, it is possible to identify where bottlenecks are likely to occur either in the hospital or in the community or home setting. It is these bottlenecks that can so often cause delays for other people trying to get into a hospital bed and add to trolley waits for patients in the Emergency Department. Some of these are simple matters of arranging transport home for a frail elderly patient, organising prescriptions or follow up care or applying for nursing home care in time. The simple premise is that the sooner an acute bed is vacated by the person who has finished their acute care, the sooner the next person can be accommodated in it.</p>	Q1-Q4	<p>We have looked critically at our processes and systems in the hospital setting with a view to improving how we deliver the service. This has resulted in a number of changes which have strengthened the role of the Medical and Surgical Assessment Units to facilitate a higher admission rate from Emergency Departments while still dealing with direct GP referrals.</p> <p>We have introduced the use of visual aids such as white boards on in-patient beds which shows the expected day of discharge to facilitate better communication, planning and timely discharging of patients. We are strengthening the use of Assessment and Intermediate care beds in statutory residential care settings to ensure we use our bed stock appropriately and after initial teething problems have brought about improvements in processing of Fair Deal applications.</p> <p>We are supporting the introduction of systems of delegated discharge authority within clinical teams and to other clinical practitioners within agreed protocols.</p> <p>The HSE is exploring how healthcare might learn from industry in using/adapting a range of quality tools and practices (e.g. supply chain management, process and value stream mapping) to support improvements in patient flow through the hospital and especially those processes that support improvements in ED performance (e.g. access to beds, diagnostics). This is being developed in line with goals articulated in the Department's Action Plan for Health Research 2009-2013 and with a range of national and international partners.</p>
	Achieve new: review ratio, DNA and waiting time targets for OPD.	Q1-Q4	<p>The HSE has undertaken a number of change management projects in OPD using the lean techniques during 2009 and 2010. This involved facilitating groups of OPD staff to identify problems to high performance within their own OPD and empowering OPD staff to undertake local changes to local problems. Using this approach, there was an overall <b>28%</b> reduction in OPD long waiters and that 7 of the 8 hospitals reduced their waiting lists. Many of the solutions identified by hospital staff were simple business process changes to patient referrals were managed, how patients were queued in waiting lists and how patients were managed on their appointment day at the hospital.</p>

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	Control of budget and WTEs.	Q1-Q4	<p>As part of the development of the Integrated Services Directorate, Performance and Financial Management have instituted a series of formalised performance review (monthly) meetings within each Region and Regional Director of Operations to calibrate how the system is performing against its service targets and priorities. Locally the control of budgets and WTE's are the responsibility of the RDO's .</p> <p>This process has been in operation since October 2009. These monthly meetings are bringing a greater focus to key performance issues across the breadth of services, addressing areas of significant variance, issues of concern and corrective follow-up action required.</p> <p>Central to this process for 2010 is the creation of a services 'Performance Contract' which has been agreed between the relevant HSE region and the Integrated Services Directorate. The performance review meetings are framed within the context of an annual Performance Contract with each Region. The Performance Contract is both accountability and assurance mechanism and an improvement road-map which sets out agreed targets and deliverables under a number of key headings. It has been in application in other jurisdictions internationally and the Integrated Services Directorate (PFM) has had the opportunity to work closely with the Scottish Executive in understanding their experience of its development, utility and effectiveness in a health sector context.</p> <p>The performance contract sets out specific acute actions required of Regions to translate the Key Result Areas contained within the National Service Plan (NSP) into time-bound implementation steps. Recognising the breadth of measurement encompassed within the NSP, the Contract has focused on a sub-set of priority measures clustered around key priorities. Key priority targets and in year improvement profiles have been set in the acute area in respect of the following:</p> <ul style="list-style-type: none"> <li>➤ ED Patient Experience Times</li> <li>➤ ED Admission Waits</li> <li>➤ Colonoscopy Waiting Times</li> <li>➤ Day case rates</li> <li>➤ Day of Admission Rates</li> <li>➤ Adult and child waiting lists (in-pt, day and OPD)</li> <li>➤ OPD New: Return Ratios</li> <li>➤ Consultant contract compliance rates</li> <li>➤ Caesarean Section Rates</li> </ul>
<b>ED Waiting Times</b>	Extend total waiting time measurement to 27 hospitals in 2010.	Q1	Work in progress to implement monitoring the real time patient experience for all sites.
	Extend total waiting time measurement to remaining hospitals by Q4 as developments in ICT permit.	Q4	Work in progress.
	Achievement of target waiting times for examination and treatment in the ED.	Q1-Q4	<p>Work in progress to implement monitoring the real time patient experience for all sites</p> <p>There are currently 2 methods being used to collect information relating to patient experience time in ED.</p> <p><b>Sample of Attendances</b></p> <ul style="list-style-type: none"> <li>▪ A sample of attendances over two periods of two hours each; (11am–1pm and 4pm-6pm) each day.</li> <li>▪ Post industrial action, the number of Hospitals reporting is 10 which relates to 23% coverage of national ED attendances.</li> <li>▪ Each person who registers in the ED during these hours is traced back throughout the day to capture the total time they spent in the ED.</li> <li>▪ This method enables a view of how many people were treated within specific times.</li> <li>▪ The HSE is working to expand this method to all Hospitals and report covering 24 hours with a view to having complete patient experience time data by January 2011.</li> </ul>



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			<p><b>ED Experience 24 Hour</b></p> <ul style="list-style-type: none"> <li>▪ The second method is gathered by recording the time for all attendances over a 24 hour period.</li> <li>▪ This collection method is not as detailed as the method above and is aggregated for all patients.</li> <li>▪ This method enables a view of average time spent in ED for all patients.</li> <li>▪ Post industrial action, the number of Hospitals reporting is 11 (which relates to 43% coverage of national ED attendances).</li> </ul>
	Achievement of target waiting times for admission to hospital from the ED where admission is necessary.	Q1-Q4	Monitoring, reporting and alert system in operation.
	Work will commence on the implementation of the key recommendations of the C&AG report on ED services.	Q1	<p>Work is ongoing on the implementation of key recommendation of the C&amp;AG report Progress to date</p> <ul style="list-style-type: none"> <li>▪ Clinical directors have been appointed in all hospitals</li> <li>▪ Monitoring of waiting time from decision to admit to admission to a bed is on going. Numbers of patients waiting are submitted twice daily. A weekly teleconference on ED waiting time takes place with the RDO's. An individual has been seconded to continually monitor ED targets.</li> <li>▪ Work is ongoing on implementing total patient experience in ED i.e times from registration to discharge /admission to hospital bed</li> <li>▪ Work is on going on discharge planning process and implementing the expected date of discharge for all patients within 24 hours of admission.</li> <li>▪ Fair deal has been implemented and is working well.</li> <li>▪ Work is ongoing on ED definitions with a view to introducing a standard set of performance measures in all Emergency Departments.</li> <li>▪ Medical Assessment units have been introduced in some hospitals</li> <li>▪ The Mater Hospital in Dublin have opened a minor injuries clinic in Smithfield on a 6 month pilot basis this avoids patients having to attend the main emergency Department</li> <li>▪ Lean Six Sigma project progressing in Naas General Hospital this is currently looking at processes within the hospital</li> </ul>
<b>Enhance Service Integration</b>	Continuation of roll out of integrated discharge planning framework.	Q1-Q4	<p><b>Implementing the Code of Practice</b> Following the launch of the Code of Practice (Nov 2008) formal implementation process structures were put in place at regional and local levels to drive improvements as follows;</p> <p><b>Structures:</b> There is an agreed programme of implementation nationally and locally through the formation of approx 20 local Joint Implementation Groups (JIGs). These consist of clinicians and managers from across primary and secondary care services. There is full union support for and engagement in delivering integrated discharge planning systematically across the care system.</p> <p><b>Self Assessment against the Code of Practice:</b> Each Joint Implementation Group conducted a self assessment against the standards in the Code using a structured audit tool. Following this, Improvement plans were developed on foot of the audit results and implementation plans put in place (July 2009).</p> <p>The following are examples of the actions occurring across the country as a result of this process:</p> <p><b>Admission Avoidance Strategies:</b></p> <ul style="list-style-type: none"> <li>▪ Accelerated establishment of new Medical Assessment Units and enhancement of existing services (i.e. operating times)</li> <li>▪ Maximising use of Chronic Disease Clinics (i.e. Chest Pain, Heart Failure etc)</li> <li>▪ Establishing / expanding use of OPD Urgent / Review Clinic slots to minimise referrals to ED</li> <li>▪ Defining and facilitating appropriate Primary Care access to Diagnostics</li> <li>▪ Extending OPD hours and sessions</li> <li>▪ Maximising utilisation of Community Intervention</li> </ul>



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			<p>Teams for admission avoidance and early discharge</p> <ul style="list-style-type: none"> <li>▪ Introducing IV therapy in the Community, focusing on older person services and linkages with Nursing Homes</li> <li>▪ Establishing city and region wide bed response to demand. A web based ICU bed bureau is currently being established which will identify ICU beds on a city and region wide basis. This will be a real time system.</li> <li>▪ Ensuring that senior decision makers are onsite and do not have conflicting commitments (this requires additional senior teams on call)</li> <li>▪ Establishing pre admission clinics to reduce length of stay</li> <li>▪ Strengthening shared care services (Geriatrician, GP and Community) required in Community (i.e. Nursing Homes to reduce admissions to ED)</li> </ul> <p><b><u>In-patient Processes (internal hospital processes)</u></b></p> <ul style="list-style-type: none"> <li>▪ Implementing the code of practice for discharge planning with particular focus on the key performance indicators</li> <li>▪ Use of ELOS for all admissions at or before the point of admission</li> <li>▪ Ensuring timely access to Diagnostics for patients ready for discharge</li> <li>▪ Strengthening support from Specialist services by timely response to consultation requests.</li> <li>▪ Improving efficiency of Ward Rounds across seven days. – Structured ward rounds, i.e. defined timeframes, defined support (i.e. nursing / clerical)</li> <li>▪ Eliminating 'safari' ward rounds - physician co-operation in patient management related to available beds in designated wards</li> <li>▪ Improving levels of same day admissions particularly on day of surgery.</li> <li>▪ Streamlining arrangements for inter hospital transfers</li> <li>▪ Scheduling elective workload across seven day timeframe taking account of emergency pressure points</li> <li>▪ Scheduling elective surgery across 12 month timeframe to allow for seasonal variation (i.e. winter demand for emergency services peaks versus summer demand)</li> <li>▪ Implementing the escalation framework, including full capacity protocols</li> <li>▪ Development of Integrated Care Pathways</li> </ul> <p><b><u>Primary Secondary Care Interface</u></b></p> <ul style="list-style-type: none"> <li>▪ Home by 11am – ensuring discharge requirements are in place to achieve this target, e.g. transport, place of discharge, prescriptions, letter of discharge, aids and appliances etc.</li> <li>▪ Ensuring early communication with community services</li> <li>▪ Ensuring that shared assessments are in operations between community and hospital staff, particularly in relation to discharge needs, i.e. OT, physio, social care services</li> <li>▪ Strengthening community services (i.e. nursing) in-reach arrangements as part of discharge planning role, e.g. ward rounds, case conferences etc.</li> <li>▪ Establishing NCHD and Nurse facilitated discharge arrangements.</li> <li>▪ Maximising additional bed capacity in Community Nursing Units through shared human resources from Acute and Primary services.</li> <li>▪ Fast track applications for the Nursing Home Support Schemes (Fair Deal).</li> </ul>
	The number and role of CITs enhanced as resource capacity from reconfiguration of services permits.	Q1-Q4	<p>€3m Innovation Funding has been allocated in 2010 for the development of CITs. In total, 9 areas have been identified which includes expansion of 3 existing CITs. The locations identified include:</p> <ul style="list-style-type: none"> <li>➤ Galway</li> <li>➤ Donegal</li> <li>➤ Limerick (expansion)</li> <li>➤ Mayo</li> <li>➤ Dublin North West/South Meath</li> <li>➤ North Dublin and South Louth</li> </ul>

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			<ul style="list-style-type: none"> <li>➤ Carlow/Kilkenny</li> <li>➤ Cork City (expansion)</li> <li>➤ Dublin South (expansion)</li> </ul> <p>Work is underway on the development of a framework to assist in the roll out of these CITs. The role of this nurse-led service is to provide a rapid response from community services to patients so that unnecessary referrals to A + E and / or hospital admissions can be avoided and patients can be cared for at home in their community. The CIT also works to facilitate early discharge from hospital.</p>
	Enhancement of the CNS role particularly with regard to outreach services as part of the pathway management of chronic illnesses.	Q1-Q4	The role of the CNS will be enhanced through the development of the Chronic Disease Clinical Care Programmes and the Primary Care Chronic Disease Watch programme. All these programmes are in progress, and the development of their plans expected for early September 2010."
<b>Implement the new contract for medical consultants and measure associated service improvements.</b>	Consultant teams rolled out.	Q1 – Q4	Ongoing
	Clinical governance implemented.	Q1 – Q4	Clinical Directors appointed
	Extended working day and working week implemented.	Q1 – Q4	Ongoing
	Control of private practice to contractual limits achieved	Q1 – Q4	<p>Ongoing. Monthly report produced to facilitate full control and monitoring of the consultants contracts under the direction of the RDO Dublin Mid Lenister.</p> <p>The report covers the following in respect of each of the Hospitals across the country;</p> <ul style="list-style-type: none"> <li>➤ For those consultants who have signed the new contract, the report states the percentage operating fully within the contract ratio specified in their contracts.</li> <li>➤ To further clarify the position in relation to compliance, the report also outlines the proportion of consultants within 10% of their specified contract ratio.</li> <li>➤ Note that each consultant receives an individualised report each month since the beginning of 2009, which outlines their individual private practice details. This report also goes to the Hospital Manager and Clinical Director.</li> <li>➤ This information now provides the basis to follow up with individual consultants who are exceeding their specified private practice ratio in accordance with the procedures outlined in Section 20 of the Contract 2008 documentation.</li> </ul> <p>Specific procedures are outlined in the contract documentation, which require consultants who are exceeding their private practice ratio to engage with the Clinical Director and Hospital Manager to address this within a specified time (maximum of 9 months). If after this process the appropriate ratio is not achieved, either the facilities for the excess private practice will be removed or the consultant is required to remit the private practice fees in respect of this activity to the hospital research and study fund.</p>
	Single waiting list for outpatient diagnostics implemented	Q1 – Q4	<p>Ongoing.</p> <ul style="list-style-type: none"> <li>• In September 2009 the HSE applied common guidance to the management of public and private patients referred for outpatient diagnostics or treatment.</li> <li>• All patients – public or private – requiring diagnostic or treatment procedures following an outpatient consultation must be placed on a common waiting list if there is awaiting period for access to the procedure.</li> <li>• A common waiting list is one which includes all patients – irrespective of public or private status – awaiting a particular procedure.</li> <li>• Patients must be called from common waiting lists regardless of public or private status: <ul style="list-style-type: none"> <li>○ In order of clinical priority, followed by</li> <li>○ Length of waiting time.</li> </ul> </li> </ul>
Continued roll-out of the clinical directorate model.	Q1 – Q4	<p>Ongoing.</p> <ul style="list-style-type: none"> <li>• Development of an effective working relationship with the relevant stakeholders to improve the quality of</li> </ul>	

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			<p>management decisions and efficiency of service delivery.</p> <ul style="list-style-type: none"> <li>• Providing leadership in dealing with critical clinical issues as they arise i.e. <ul style="list-style-type: none"> <li>➢ Preparation for influenza pandemic</li> <li>➢ Improving compliance with EWTD compliance (considerable progress has been made in this area over the last year)</li> <li>➢ Quality and risks issues such as clinical underperformance</li> <li>➢ Improving hospitals income from private insurers</li> </ul> </li> <li>• Engagement with the Integrated Services Programme (together with managers and other disciplines) to help define the responsibilities, accountability, and authority of different staff within the new structures.</li> <li>• Playing a key role in reconfiguration. Clinical Directors have taken the lead role in locations where major reconfiguration is underway including the South, South East, North East, and Mid West. In addition to those leading reconfiguration, the other clinical directors have played a key role in supporting the reconfiguration agenda.</li> <li>• Working with the National Director of Quality and Clinical Care to define the key priority areas and objectives of the National Clinical Programmes (which have subsequently been approved as part of the Service Plan).</li> <li>• These programmes include: <ul style="list-style-type: none"> <li><i>Stroke, Acute Coronary Syndrome, Heart Failure, Diabetes, Asthma, Mental Health, Epilepsy, Dermatology, Neurology, Orthopaedics, Elderly, Acute Medicine, Obstetrics, ICU/Critical Care, Palliative Care, Primary Care Strategy</i></li> </ul> </li> </ul> <p>The clinical directors will continue to focus on the above areas and in addition the following new targets will be implemented on a phased basis over the next two years:</p> <ul style="list-style-type: none"> <li>• Establishment of an office of the Clinical Director with designated staff to cater for the progressive delegation of authority for the management of all clinical services. (Office established no later than Q4 2010;</li> <li>• Ensuring (service permitting) that clinical directors are free for two full days per week to focus on clinical director duties (Q4 2010)</li> <li>• Implementation of clinical governance infrastructure and processes as defined by National Directorate for Quality and Clinical Care. (Implementation to commence Q4 2010;</li> <li>• Implementation of the outputs from the National Programmes (implementation to commence Q4 2010; more detailed timescale to be determined by Programmes). This will include a targeted approach on: <ul style="list-style-type: none"> <li>➢ Reduction of waiting lists for Dermatology, Neurology, Orthopaedics and Rheumatology</li> <li>➢ Implementation of ring fenced beds for elective surgery based on pre defined average length of stay</li> <li>➢ Implementation of an acute medicine programme to improve bed utilisation and clinical outcomes.</li> </ul> </li> <li>• Engagement with the Corporate Planning and Control to support the development of the Service and Corporate plans.</li> </ul>
<b>EWTD compliance for NCHDs</b>	EWTD compliance achieved in each hospital group.	Q4	Ongoing. The most recent data on EWTD compliance indicates that significant progress has been made in reducing NCHD working hours and facilitating rest break requirements.
<b>Reconfigure critical care services to ensure that each critical care unit serves</b>	Communicate review findings to stakeholders.	Q1	A clinical care programme has been established under the aegis of the HSE's QCC Directorate, led by a consultant intensivist with representation from the consultant intensivists / anaesthetists in each of the four HSE regions.
	Critical Care Clinical Lead appointed to support the reconfiguration agenda.	Q1	

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<i>an appropriate catchment population and is resourced to provide comprehensive critical care services to that population</i>	Reconfiguration of critical care services commenced, informed by the recommendations of the review having regard to financial environment.	Q2-Q4	A key programme task is to collate, evaluate and adopt / adapt materials and evidence including the unpublished Prospectus Report (and its list of recommendations) and newer evidence since 2008 to inform and develop a programme plan to meet performance goals. Reconfiguration of critical in the regions will be informed by the recommendations emerging from the QCCC Critical Care Programme.
<b>Reconfigure maternity services</b> <i>to ensure that all maternity services are co-located with acute hospitals providing the appropriate range of services to support the maternity unit.</i>	<b>Dublin</b> Dublin Maternity service Clinical and Service Reconfiguration Leads appointed to support the reconfiguration agenda.  Reconfiguration of maternity care services in Dublin commenced, informed by review recommendations.	Q1	The Dublin maternity hospitals are progressing approaches for the models of care that will operate on the co-located sites. These models will be developed in partnership with the HSE Obstetrics Clinical Programme to ensure that maternity services are reconfigured to achieve consistent best practice models of care to support integrated primary, community and hospital maternity services. The HSE is engaging all relevant parties in relation to the preparation of a design brief for the proposed co-located maternity & gynaecology service physical infrastructure. A design brief for the recommended co-location projects is currently being prepared with specific emphasis on scope of service planning, design issues, and shared services, etc. Each of the three Dublin maternity hospitals has begun to develop site specific business / scoping proposals in relation to their proposed co-location moves. This process involves working closely with each of their proposed adult hospital sites and in the case of the Rotunda also with the National Paediatric Hospital project. Local project steering groups have been established between the maternity hospitals and their proposed adult co-location sites. To inform the approach for design, operations planning and how to relocate, the HSE in association with the maternity hospitals have been researching the learning experiences of other relocated organisations. A foetal medicine clinical network has been established between the three Dublin Maternity Hospitals in line with the implementation of the KPMG / HSE Report pertaining to Foetal Medicine Services in Dublin.
	<b>Mid-West</b> Project progressed through approval stages for major capital projects.	Q2	Project Steering Group established  Review of Project Financial Impact carried out
<b>Configure the maternity units</b> <i>to ensure that there are a minimum number of births per unit, to ensure comprehensive safe services for all patients and to offer appropriate patient choice.</i>	Maternity service Clinical and Service Reconfiguration Leads appointed to support the reconfiguration agenda.	Q1	A HSE clinical programme for obstetric & gynaecology has been established with the appointment of two clinical leads for midwifery and obstetric / gynaecology.
	Current delivery model in maternity units nationally examined in light of emerging trends and best practice, both nationally and internationally.	Q2-Q3	The roles of the clinical leads include developing and implement a maternity and gynaecology clinical programme in accordance with the HSE Service Plan incorporating the recommendations of reports such as the <i>Independent Review of the Maternity &amp; Gynaecology Services in the Greater Dublin Area</i> (KPMG / HSE February 2009) (e.g. setting the direction of community & hospital maternity / gynaecology models of care).
	Feasibility studies to be carried out on the development and implementation of integrated midwifery-led units in line with the findings of the report of the MidU study produced for the HSE by Trinity College Dublin on midwifery-led services in the North East.	Q2-Q4	
<b>Paediatric Services</b> <b>Configure Dublin paediatric services</b> <i>into an integrated paediatric network in advance of move to the new children's hospital</i>	Establishment of a HSE Executive Team to manage relationships between the HSE and the acute paediatric community.	Q1 – Q2	Paediatric Hospital Network in place. Regular meetings with 3 hospital CEO's, Network Manager and Clinical Director. Joint HSE Paediatric Hospital Operations Group in place with Network Manager, CEOs and Clinical Director under chairmanship of M Lynott Internal HSE Operations Group in place with representation from Network, Planning and Development, Q & CC Directorate and specific Paediatric expertise
	A comprehensive review of operations of the three children's hospitals with a particular focus on resource levels, usage and controls, budgetary/ service issues and all structures and processes undertaken.	Q1 – Q2	Clinical Director in place across the three hospitals. Working to create one surgical department across the hospitals. Engaged with stakeholders in areas such as ED, Orthopaedics, CSA etc. Clinical Director also working with relevant Programme Leads in Q and CC Directorate to

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			<p>ensure Paediatric component of programmes. Current areas under specific review are:</p> <ul style="list-style-type: none"> <li>Theatre Usage,</li> <li>ED Review.</li> <li>Cardiac Surgery.</li> </ul> <p>Waiting List initiative with additional CAN's assigned from NTPF Terms of Reference in place for review of nursing resources</p>
	Creation of a single budgetary environment for the three hospitals.	Q1 – Q2	Delayed due to Industrial Action. Project currently being initiated under sponsorship of the Hospital Chairman and RDO DML Project Lead. Shared Services environment across three hospitals is to be looked at in preparation for move to new National Paediatric Hospital.
<b>Initiate the configuration of paediatric services into one national integrated paediatric network with appropriate services provided at national, regional and local level</b>	Creation of formal structures for communication, consultation and progression of joint issues of concern between the HSE and the National Paediatric Hospital Development Board.	Q1	<p>A Paediatric Project Group has been established which includes clinical, financial, reconfiguration and operations representation. Formal regular meetings have been established with the HSE Paediatric Team to progress issues relevant to the project. I In addition the HSE has established a Steering Group with responsibility, inter alia, to advise, endorse and help secure approvals for the Development Board proposals, and to consider broader clinical and operational issues that may impact on the new children's hospital development.</p>
	A programmatic approach developed within HSE for the delivery of paediatric services.	Q1	This was not progressed in Q1, Q2.
	Commencement of implementation of new Model of Care for Paediatrics with defined roles for particular hospitals.	Q2	<p>The National Paediatric Hospital Development Board facilitated the process of development of the National Model of Care for Paediatric Healthcare in Ireland and the membership of the group reflected the wide range of professionals involved in the delivery of Paediatric Healthcare in Ireland today. This document was circulated to stakeholders during Q2. The NPHDB is currently working with clinicians to develop specialty specific models of care for the services delivered within the new children's hospital. This work will reflect the principles outlined in the National Model of Care for Paediatrics and will support the principle of the most appropriate level of care being delivered to a child as close to home as possible.</p>
	Reorganisation of paediatric services outside of Dublin commenced, with paediatric surgery and anaesthesia a priority.	Q2 – Q4	This was not progressed in Q1, Q2.
	Referral pathways developed for tertiary services appropriately provided by the Dublin children's hospitals.	Q2 – Q4	Work continued in Q1, Q1 on development of referral pathways for critical care and paediatric neurosurgery.
<b>Implement Paediatric Neurosurgery Report recommendations</b>	Further development of Paediatric Neurosurgery services nationally developed, informed by the recommendations of the Report:	Q1-Q4	<p>All management of neurosurgical care including spina bifida and hydrocephalus is now provided by consultant paediatric neurosurgeons. A paediatric neurosurgery rota 24/7 is now in place. Children over six continue to be managed at the national neurosurgery service at Beaumont. Referral pathways for all paediatric neurosurgery have been developed and communicated to all hospitals nationally. Demographic funds provided to address the radiological consultant post needed for the service.</p>
	Lead neurosurgeon in place.	Q1-Q4	The lead paediatric neurosurgeon in post since Jan 2010.
	Appointment of additional consultant paediatric anaesthetists.	Q1-Q4	Two new anaesthetist posts approved for this service.
	Transfer of care for all children under 6 years of age requiring neurosurgery for tumours from Beaumont Hospital to the Children's University Hospital.	Q1-Q4	Neurosurgical management (including tumours) of all children under 6 years of age is now undertaken in the Children's University Hospital
	Multidisciplinary team for spina bifida services in the Children's University Hospital progressed.	Q1-Q4	<p>The development of the multidisciplinary spina bifida team in the Children's University Hospital to support the service is underway. Approval given for the replacement post of the consultant paediatrician to oversee the service.</p>

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Development of Paediatric Critical Care / Transitional Care Unit services and facilities</b>	Irish Paediatric Critical Care Network to continue to develop the service underpinned by the recommendations of the Report on Paediatric Critical Care Services.	Q1-Q4	The Irish Paediatric Critical Care Network (chaired by Prof Des Bohn, Clinical Director of Paediatric Critical Care in Toronto Sick Children) continues to oversee implementation of the report recommendations.
	The appointment of 3 paediatric intensivists across the two sites progressed and in post.	Q2-Q4	The recruitment of three consultant paediatric critical care intensivists is underway with interviews held in May 2010.
	Critical care capital build progressed in Our Lady's Children's Hospital.	Q1-Q4	Building work has commenced in Our Lady's Children's Hospital for 17 intensive care beds with 13 being replacement and an additional 4 beds. Expected to be completed in early 2011.
	Process developed to have a bed bureau for access to paediatric critical care beds for referring hospitals.	Q1-Q2	Work is underway to establish a system and process for a central bed bureau for the joint department of paediatric critical care (Our Lady's Children's Hospital and the Children's University Hospital)
<b>Development of Paediatric Retrieval Service</b>	Co-ordinator appointed to develop service guidelines and work with the referring hospitals to establish the service.	Q1	The establishment of the paediatric retrieval service has commenced and the recruitment is underway for a coordinator to set up and develop the service
	Development of a national paediatric retrieval service continued to be progressed through the Irish Paediatric Critical Care Network.	Q1-Q4	
<b>Review of Paediatric Orthopaedic Service</b>	Review undertaken of delivery of paediatric orthopaedics in the children's hospitals and regionally to identify how they should best be delivered.	Q1-Q2	A HSE group has been established to engage with orthopaedic surgeons in relation to issues of concern regarding delivery of orthopaedic services nationally. This group has reviewed orthopaedic activity information supplied (in-patient / daycase / hospital and age band) in order to understand the type of orthopaedic paediatric patients discharged from the various hospitals. The work of this group will inform the future delivery of orthopaedic services.
	Implementation commenced for most appropriate model for paediatric orthopaedic services nationally.	Q3	
<b>Reorganise acute services in each HSE Area to ensure the provision, within each network, of both comprehensive 24 / 7 medical and surgical services and planned activity for comprehensive day case and diagnostic workloads.</b>  <b>Reconfigure emergency services to ensure that they serve an appropriate population catchment, and are resourced to provide comprehensive 24 / 7 emergency services and care for other urgent needs and minor injuries</b>	<b>HSE South - Southern Hospital Group</b> A reconfiguration plan for services in Cork and Kerry published.	Q1-Q4	Work is well underway on comprehensive reconfiguration programmes in South West hospital group. The <i>Review of Securing Clinically Safe and Sustainable Acute Hospital Services, HSE South (Cork and Kerry)</i> was launched on 9 June 2009. A Forum was established to oversee the implementation of the review's recommendations and the work of over 40 specialty subgroups has been included in the draft plan for reconfiguration which is due to be published later this year. In HSE South East, a steering group was established (April 2009) to lead the project to plan and implement the acute hospital transformation programme in the South East. A Project Manager for acute hospital reconfiguration has been appointed. The development of an agreed set of proposals is in progress. Inter-disciplinary Specialist Advisory Groups have been established for general surgery, general medicine and women's & children's services, together with a PCCC reference group and a business analysis group. The Steering Group originally worked to a deadline date of 30 April 2010, at which date a report on the future development of acute hospital services in the South East would be completed. Due to the complex issues under discussion, the time required to reach decisions and the implications of national policies this deadline has been revised. A workshop involving clinical directors, hospital and community managers was held on 1 July to begin to discuss the reconfiguration of hospital services within the West and to agree the immediate next steps. This work will be progressed in Q3.
	Implementation plan developed.	Q1-Q4	
	Implementation commenced.	Q1-Q4	
	<b>South Eastern Hospital Group</b> A framework for reconfiguration completed.	Q1-Q4	
	Implementation plan developed.	Q1-Q4	
	Implementation commenced.	Q1-Q4	
	<b>HSE West - West / North West Hospital Group</b> Commence process of preparing a reconfiguration plan.	Q1-Q4	
	<b>Mid-West Hospital Group</b> Planning for centralisation of critical care and acute medical care from Ennis General Hospital and Nenagh General Hospital to the Mid-West Regional Hospital, Limerick completed.	Q1-Q4	



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			<p>A number of meetings have been held recently with the Physicians in the local hospitals and a discussion document has been prepared by a sub committee of this group. This paper was presented to The National Director for Quality and Clinical Care, and the Acute Medicine Clinical Programme Leads for consideration.</p> <p>It is anticipated that the acute medical admission and assessment units in the local hospitals will be restructured and remodelled as part of a new medical model for the region. Patient pathways similar to those used in the acute medical assessment unit in the MWRH Limerick will be introduced in the local hospitals. The precise hours of operation of the AMU will be determined by the rapid access to acute relevant diagnostics and the availability of on site anaesthetist as required. There is ongoing discussion with the department of radiology and anaesthesia in this regard.</p> <p>Work is ongoing with the Department of Medicine to develop the plans for the new medical model.</p>
	<b>HSE Dublin Mid Leinster - Midlands Hospital Group</b> Process of developing a reconfiguration plan commenced.	Q3-Q4	<p>A reconfiguration involving clinical directors, hospital and community managers was held in June to begin to discuss the reconfiguration of hospital services within the Midlands and to agree the immediate next steps.</p> <p>This work will be progressed in Q3</p>
	<b>Dublin South Hospital Group</b> Reconfiguration plans advanced.	Q3-Q4	This work will be progressed in Q3 in conjunction with the work in the Midlands
	<b>HSE Dublin North East - North East Hospital Group</b> Changes required to safely centralise acute inpatient services within Louth to Our Lady of Lourdes (OLOL) Hospital Drogheda progressed through Louth Meath Steering Group.	Q1-Q4	<p>The new Emergency Department in Our Lady's Hospital Drogheda opened in June 2010.</p> <p>The conversion of the Louth County Hospital Emergency Department to a Minor Injury Registrar led Unit, happened in June.</p> <p>This service change was supported by an extensive public communications programme to reduce the occurrences of seriously ill or injured patients inappropriately presenting to Louth County Hospital.</p> <p>A 5 bedded Interim MAU is being established in Our Lady of Lourdes Hospital – this unit is due to open on the 12 July 2010. This will provide assessment and treatment for triage category 3 &amp; 4 acute medical patients from the Emergency Departments from both Louth Hospitals and direct GP referrals for this same category of patient. The relocation of services to enable this has commenced.</p> <p>Ambulance services have been enhanced to include an extra 24/7 (day and night) crew stationed in the Co Louth area.</p>
	Joint department of surgery between OLOL Hospital, Drogheda and Louth County Hospital Dundalk to be further expanded to include Our Lady's Hospital, Navan.	Q1-Q4	<p>In Cavan Monaghan a joint department of surgery has been in place for a number of years with major and emergency procedures taking place in Cavan and elective day procedures in Monaghan.</p> <p>Similarly in Louth major and emergency procedures take place in Drogheda with intermediate and minor in Dundalk.</p> <p>Progress in relation to Navan to be reported in Q3</p>
	<b>Dublin North Hospital Group</b> Reconfiguration plans advanced.	Q3-Q4	This work will be progressed in Q3.
<b>Ensure that the ambulance strategy and the deployment of the Advanced Paramedic emergency workforce are in place to support the reconfiguration.</b>	<b>National Ambulance Service Management Reconfiguration</b> Risk Manager appointed.	Q1	Awaiting Appointment of AND as priority.
	Senior Management Team reconfigured.	Q1	Awaiting Appointment of AND as priority.
	<b>Service Performance</b> Improve response times to life threatening emergencies with implementation of a medical priority based dispatch system (AMPDS).	Q1-Q2	<p>AMPDS operational nationally since June.</p> <p>Identifying appropriate response to life threatening emergencies.</p> <p>Extrapolation of data can be used to plan and implement tactical deployment of operational resources.</p>
	Continue to spatially analyse final three regions.	Q2	Ongoing
	Develop the Separation of Emergency and patient transport services.	Q1 – Q4	Separation of Emergency and Patient Transport Service is a key element of ongoing Ambulance Service Reconfiguration in support of Acute Service Reconfiguration.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			To date, resourcing emergency reconfiguration has been prioritised.
	Time based performance standards and indicators developed in consultation with DoHC/ PHECC /HIQA	Q2	Finalisation of Pre Hospital Emergency Care Standards is a work in progress between all stakeholders.
	<b>Clinical Governance</b> Medical Director appointed.	Q1	Awaiting Appointment of AND as priority
	Clinical Performance Manager appointed.	Q1	Awaiting Appointment of AND as priority
	<b>ICT / Technology investments</b>		
	AMPDS fully operational – extrapolation of Clinical PI material.	Q1-Q2	Rollout delayed due to industrial action. AMPDS operational nationally since June. Extrapolation of clinical PI material will be delayed until Q3 / Q4.
	ECAS rolled out.	Q1	Non Live testing successfully completed. Live testing commenced 12 July. Support from Eircom to continue until October.
	TETRA rollout completed.	Q1-Q4	Test Radios fitted in Rapid Response Officer vehicles and testing of service underway. Roll out to all Ambulance vehicles will continue pending outcome of testing analysis and report.
	Web Based Roster System rolled out.	Q2	Pilot project rolled out in North West initially. National rollout commenced Q2.
	Electronic patient care reporting project rolled out.	Q1-Q2	North East pilot project review underway to determine suitability of software and hardware and procurement process to be adopted.
	Automatic vehicle positioning system rolled out.	Q2	AVL operating in all areas with the exception of the South.
	CAD System national procurement and roll out.	Q1-Q2	At preliminary discussion stage with ICT Project Management
	Mapping System national procurement and roll out.	Q1-Q2	HSE wide stakeholder user group set up to identify national requirements to Ordnance Survey Ireland.
	<b>Control Centre Reconfiguration</b>		
	Reconfiguration of control function in West and South from 4 to 2 sites.	Q1-Q4	Control Centre Reconfiguration delayed due to Industrial Action. Since acceptance of the Public Service Agreement discussions have recommenced in Castlebar and Tralee.
	<b>Reconfiguration</b>		
	Support area-based reconfigurations of services in the North East, Mid West, South and South East.	Q1-Q4	North East: Planning Phase 2 Mid West: Planning Phase 2 South: Planning and Implementation Phase 1 South East: Planning Phase 1
	Further 48 interns trained to Advance Paramedic level.	Q4	Course 1 Commenced June 2010 Course 2 Commencing September 2010
<b>Initiate National Integrated Management Information system (NIMIS) (PACS / RIS)</b> <i>to facilitate communication and ease information across the system of access to imaging</i>	Completion of central system design process.	Q1-Q4	Contract signed in Q1. Project Teams established Q2. System configuration / design process commenced Q2. Future state design due for completion Q3 with testing commencing in Q4.
	Commencement of installation in Phase 1 and Phase 2 sites.	Q1-Q4	Current workflow state walk throughs with Phase 1 and 2 sites commenced. All due for completion in Q2 / Q3. Detailed project planning for each site commenced in Q3.
	Completion of required infrastructure upgrades in these and some later sites.	Q1-Q4	Completion of requirements identification process (Q3). Approvals for works in Phase 1 being issued as of current date. Still awaiting CMOD approval for ICT infrastructure elements.
	Go-Live in majority of Phase 1 sites.	Q1-Q4	Due to required software enhancements / developments (and subsequent testing), first go-lives commencing in Q1 (2011). All Phase 1 and 2 sites live by Q4 (2011).
<b>Co Location</b> <b>Implement the plans for co – location of private hospitals on</b>	Co-located Hospitals at Cork University Hospital, Midwestern Regional Hospital and Beaumont progressed to construction phase, subject to satisfactory banking arrangements.	Q4	Co-located Hospitals at Cork University Hospital, Midwestern Regional Hospital and Beaumont have each received full planning permission from An Bord Pleanála. Significant work has taken place with the successful private



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
public hospital sites			partner under section 3.2 of the Project Agreement to achieve a bankable position in the current changed economic environment. Revised documentation submitted to the HSE by Private Partner on 1 July.
	Co-located Hospital at St. James' progressed to construction phase, subject to receipt of planning permission and satisfactory banking arrangements.	Q4	Co-located Hospital at St. James' received full planning permission from An Bord Pleanala on 1 July 2010. The consortium will seek funding for the project and progress to construction phase
	Co-located Hospital at Waterford Regional Hospital progressed to planning permission, with signing of project agreement including design completion to be concluded after which the Consortium will pursue banking arrangements.	Q1 Q4	Co-located Hospital at Waterford Regional Hospital remains at preferred bidder stage. Planning permission has not yet been applied for by the consortium. It is anticipated that the site will progress in the process toward the end of third quarter 2010
	Decision to submit a preferred bidder to HSE Board made.	Q1	Co-located Hospital at Sligo General Hospital remains at preferred bidder stage. Planning permission has not yet been applied for by the consortium. Clarification to be sought from preferred bidder with respect to its continued participation on this site Co Location Hospital in Connolly Hospital, Blanchardstown, remains in procurement phase and a decision has not yet been made by steering group to submit to Board for preferred bidder approval Co Location at AMNCH remains in early phase of procurement process
	Proceed to tender.	Q2	Details as above.
	Dependent upon tender process.	Q4	Q4
	Dependent upon tender process.	Q4	Q4
<b>National Specialist Service Organ Donation and Transplantation</b>	Establishment of an organ donation and transplantation unit within the existing resources and national structures.	Q1	The Quality and Clinical Care Directorate have held meetings with the key stakeholders regarding the establishment of the National Organ Donation and Transplantation Office.
	Assignment of clinical lead to drive the work of this unit.	Q1	Dependent on establishing the above
	Collation of comprehensive performance data provided by all the transplant centres.	Q2-Q4	Dependent on establishing the above
	Commencement of national reporting, monitoring and assessing of performance of organ donation and transplantation activities.	Q3-Q4	Dependent on establishing the above
<b>Introduction of Newborn Screening for Cystic Fibrosis</b>	Integration of the newborn screening for cystic fibrosis programme into the existing newborn screening programme with an appropriate governance construct.	Q3	The expansion of the screening programme to include CF is a high priority and is a deliverable under the service plan. He gave update as follows: <ul style="list-style-type: none"> <li>A national lead been appointed and will be the representative on the Steering Group.</li> <li>Project Manager: proposals to address this are going forward. It was clarified that this is a part time role.</li> <li>Funding: 850,000 is ring fenced for implementation.</li> <li>Governance Structure: This is at an advanced stage</li> </ul>
	Commencement of implementation of newborn screening for cystic fibrosis.	Q4	It was agreed that the date for commencement will now be in quarter 4 and that staff training lead in time needs to be planned for.

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Elective Non Elective and Public / Private Discharges(M)</b>								
a) Number of patients discharged broken down by adult and child:								
• Inpatient	593,076	540,993	271,952	49,006	292,867	7.7	300,099	-2.4
• Elective	203,573			17,495	100,076		102,021	-1.9
• Non Elective	389,503			31,571	192,791		198,078	-2.7
• Day Case	670,182	689,310	339,138	63,381	365,279	7.7	332,013	10.0
b) Percentage of Public Patients discharged broken down by adult and child:								
• Inpatient	75.5%	80%	80%	77.04	77.02		74.84	2.9
• Elective	70.2%			73.11	73.06		69.54	5.1
• Non Elective	78.2%			79.21	79.08		77.57	1.9
• Day Case	81.2%	80%	80%	84.25	87.87		83.37	1.8
<b>Average Length of Stay (ALOS)</b>								
Overall ALOS for all inpatient discharges and deaths	6.2	5.6	5.6	6.0	6.4	14.5	6.3	1.3
<b>Bed Days Used</b>								
No. of bed days used for all inpatient discharges and deaths	3,696,663			295,128	1,878,156		1,899,346	-1.1
<b>Occupancy Rates</b>								
% occupancy rate for all inpatient discharges and deaths	89.3%	85%	85%	88.3%	91%	7.1%	89.9%	1.2%
<b>Day of Procedure</b>								
Overall % of elective inpatient procedures conducted on day of admission	-	75%	75%	48%	48%	-36%		
<b>Emergency Department</b>								
a) no. of emergency presentations	1,181,657	1,190,435	595,497	102,831	594,382	-0.2%	597,169	-0.5%
b) no. of ED attendances	1,118,895			97,634	559,746		566,559	-1.2%
c) no. of emergency admissions	366,960	330,298	167,284	30,194	183,963	10%	186,119	-1.2%
<b>Emergency Department Turnaround Times</b>								
Average time from registration to discharge from ED for:								
YTD data not available due to incomplete data during Industrial Action								
i) all patients		6	6	3.8		-36.7		
ii) patients who require admission		6	6	8.1		35.0		
iii) patients who are not admitted and are discharged		6	6	2.9		-51.7		
% of patients admitted to hospital within 6 hours of ED registration		100%	100%	60.1%		-39.9%		
% of patients discharged within 6 hours of ED registration		100%	100%	94.8%		-5.2%		
% of patients admitted to hospital or discharged from ED within 6 hours of ED registration		100%	100%	88.9%		-11.1%		

Performance Activity/Key Performance Indicator	Outturn 09	Target 10	Target YTD	Actual this Month	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Outpatients Department</b>								
a) no. of outpatient attendances	3,394,677	3,422,854	1,717,036	302,044	1,782,452	3.8%	1,700,295	4.8%
b) no. of outpatient attendances (new)	917,536			85,462	499,838		452,021	10.6%
c) no. of outpatient attendances (return)	2,477,141			216,582	1,282,614		1,248,274	2.8%
New Ratio Return	1:2.7	1:2	1:2	1:2.6	1:2.6	30%	1:2.8	-7.1%
% DNA new rate	14.8	10%	10%	13%	14.1	41%	14.6	-3.2%
% DNA return rate	14.6	10%	10%	13%	14.2	42%	14.7	-3.4%
<b>Births</b>								
a) no. of births	74,602	74,996	37,190	6,249	36,382	-2%	36,566	-0.5%
b) no. and % delivered by Caesarean Section	25.8% 19,267	20%	20%	26%	27%		26%	
<b>Public Inpatient, Day Case and OPD Waiting Lists – Adult</b>								
% of adults waiting >12 months (inpatient)	3.7%	0%	0%	3.9%	3.9%		5.4%	-27.0%
% of adults waiting >12 months (daycase)	1.5%	0%	0%	1.4%	1.4%		2.3%	-39.7%
% of adults waiting >12 months (OPD)								
% of adults waiting >6 months (inpatient)	22.7%	0%	0%	25.3%	25.3%		26.1%	-3.0%
% of adults waiting >6 months (daycase)	15.0%	0%	0%	13.5%	13.5%		14.5%	-7.2%
% of adults waiting >6months (OPD)								
% of adults waiting >3 months (inpatient)	47.7%			51.2%	51.2%		51.9%	-1.4%
% of adults waiting >3 months (daycase)	37.8%			36.6%	36.6%		37.5%	-2.5%
% of adults waiting >3 months (OPD)								
<b>Public Inpatient, Day Case and OPD Waiting Lists – Children</b>								
% of children waiting >6 months (inpatient)	26.0%	0%	0%	26.8%	26.8%		28.8%	-6.8%
% of children waiting >6 months (daycase)	33.2%	0%	0%	25.5%	25.5%		35.2%	-27.7%
% of children waiting >6months (OPD)								
% of children waiting >3 months (inpatient)	56.2%	0%	0%	54.8%	54.8%		55.0%	-0.5%
% of children waiting >3 months (daycase)	59.2%	0%	0%	52.0%	52.0%		57.9%	-10.1%
% of children waiting >3 months (OPD)								
<b>Colonoscopy Services</b>								
% of patients receiving access to colonoscopy for urgent referral within 4 weeks	92%	100%	100%	93.3%	93.3%	-6.7%		
<b>Ambulance</b>								
<b>Total no. of Ambulance Transfers</b>								
Emergency Calls	205,444	205,000	101,657	17,337	103,494	1.8%	101,348	2.1%
Urgent Calls	61,435	62,000	30,745	5,046	29,304	-4.7%	31,559	-7.1%
Non Urgent Calls	265,186	188,000	93,227	20,740	129,314	38.7%	136,892	-5.5%
Community Transport	338,132	280,000	138,849	30,302	180,108	29.0%	167,923	7.2%
No. and % of emergency ambulance calls responded to within pre-determined time bands.								
• <8 minutes	59,165 (29.5%)	32%	32%	27.4%	27,920 (27.0%)	-15.6%	29,757 (29.4%)	-8.2%
• <14 minutes	121,163 (59.0%)	63%	63%	58.3%	59,135 (57.1%)	-9.4%	60,714 (59.9%)	-4.7%
• <19 minutes	148,614 (72.3%)	76%	76%	74.0%	75,125 (72.6%)	-4.5%	73,620 (72.7%)	0.2%
• <26 minutes	170,777 (83.1%)	86%	86%	85.5%	84,374 (81.5%)	-5.2%	84,311 (83.2)	-2.0%



# NCCP Data

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>CP15 National Cancer Control Programme Lung cancer services</b>	Rapid access diagnostic clinics for lung cancer in remaining specialised centres established, with centralised lung cancer surgery in 4 of these centres. Development funding utilised (see below).	Q1-Q4	Lung rapid access clinic opened in 6 of the 8 centres in June 2010. Outstanding clinics to open in Galway and Limerick. Surgery currently in James's, Mater, Vincent's, CUH and GUH. Surgery to transfer from Vincent's to Mater (Sept. 2010). Funding and WTEs to transfer in line with service transfer.
<b>Prostate cancer services</b>	Rapid access diagnostic clinics for prostate cancer in remaining specialised centres with centralised prostate cancer surgery in 4 of these Centres. Development funding utilised (see below).	Q1-Q4	Outstanding Rapid Access clinics to open in Waterford, Cork and Limerick. Prostate surgery to transfer from Tallaght and MUH into regional cancer centres. Proposals expected from St. James's and St. Vincent's on reconfiguration of urology services in Dublin Mid Leinster. Prostate Surgery to be carried out in 4/5 centres (one in each region).
<b>National centre for pancreatic cancer</b>	Pancreatic cancer services centralised in St. Vincent's Hospital.	Q1-Q4	Pancreatic Surgery transferred to St. Vincent's from Beaumont, Mater, James's, GUH. Services due to transfer from Tallaght and Mercy to St. Vincent's. Funding and WTEs transferred from hospitals into St. Vincent's in line with Service transfer.
<b>Radiotherapy Waterford and Limerick Private Units</b>	Activity and operational costs of Waterford and Limerick radiotherapy units controlled.	Q1-Q4	Contracts with Private providers for the treatment of public patients in Waterford and Limerick are being monitored by a National Team
<b>Rectal cancer services</b>	Number of hospitals carrying out rectal cancer surgery reduced to 8 cancer centres.	Q1-Q4	In discussion with RDOs and cancer centre CEOs re transfer of rectal cancers into 8 centres.
<b>Community oncology</b>	Referral guidelines and standardised referral forms for 7 most common cancers developed.	Q1-Q3	Breast, lung, Prostate and Skin referral guidelines and standardised referral forms developed. Gynaecology guideline in process. Colorectal and family risk for breast cancer will commence at a later stage
	Seven site specific referral forms integrated with GP electronic systems.	Q3	Incorporation of breast referral forms into practice management software systems well underway. Prostate pilot complete and being extended to 4 centres. Lung electronic referral being piloted
	GP multiple cancer information sessions delivered nationally.	Q1-Q4	GP information sessions have taken place in the East and West and are currently taking place in the South.
	Cancer nurse education programme in consultation with HSE senior nursing developed and implemented.	Q1-Q4	PHN and community nurse training programme launched in Letterkenny in June 2010. Practice nurse courses being developed.
	Cancer prevention services developed.	Q1-Q4	Work in progress on prevention programmes for skin cancer and smoking cessation.
<b>Skin cancer services</b>	Centres for the treatment of complex skin cancers established.	Q4	Audit of melanoma/non melanoma services and activity complete. Centres for priority posts for complex skin cancers have been agreed
<b>Ocular cancer services</b>	Repatriate service from UK under E112 treatment abroad scheme to St. Luke's.	Q2	Proposals from Eye and Ear Hospital and St. Luke's are approved. Patients will be referred to St. Luke's for ocular Brachytherapy. Funding allocated to both hospitals to implement service. Equipment ordered. Training taking place. Service to commence in Q3.
<b>Transfer and integration of St. Luke's Hospital into the NCCP</b>	Transfer and integration of St. Luke's Hospital into the NCCP by July 2010.	Q3	Transfer and Integration deferred to August 2010.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Transfer and integration of National Cancer Screening Service (NCSS) into the NCCP</b>	Transfer and integration of National Cancer Screening Service (NCSS) into the NCCP by April 2010.	Q2	NCSS transferred to NCCP April 2010.
<b>Medical oncology</b>	Minimum of 2 medical oncologists in every hospital with inpatient oncology beds.	Q4	Second medical oncologists to be recruited for Limerick, Sligo / Galway and Letterkenny. Paperwork being prepared also for additional posts in Mater / Cavan, Beaumont/Drogheda and Cork/Tralee.
<b>Cancer Office in 8 specialised centres</b>	Central cancer offices in each cancer centre for receipt, prioritisation and management of all cancer referrals and GP / patient communication established.	Q1-Q3	Difficulty in delivering cancer office due to WTE moratorium
<b>Additional theatre capacity to support cancer programme centres</b>	Additional theatre supports for designated centres and other new cancers developed.	Q4	Difficulty in delivering posts to date due to moratorium. Funding allocated towards theatre/ICU /HDU costs in main surgical centres.
<b>Finance</b>	Existing base cancer expenditure transferred under the control of the NCCP Programme.	Q1	Draft framework document drawn up between NCCP and HSE Finance Director under consideration. Goal to give NCCP control and responsibility for use of direct cancer expenditure within HSE finance control framework. Drugs budget to be excluded pending revision of overall drugs expenditure framework
<b>Telesynergy</b>	NCCP to take ownership of national system and assume responsibility for support and maintenance.	Q1	Discussions ongoing around transferring maintenance and service of telesynergy equipment under control of NPRO
<b>NPRO - Capital development plan in Beaumont and St. James Hospitals, as part of the National HSE Radiation Oncology Network (Phase 1)</b>	Phase 1 facilities on both sites operational.	Q4	Facilities on target for completion by year end. Approval of 54 WTEs essential for units to open.
	Delivery of the network service for radiation oncology across 3 sites in the Eastern region.	Q4	Integration group with St. Luke's established. Programme of work to achieve delivery of network service across 3 sites ongoing.
	Recruitment of staff for network service complete.	Q4	Q4. Recruitment process has commenced
	Integration of radiation oncology with broader cancer and acute services on both hospital sites.	Q4	Q4 Integration teams established on both hospitals sites with NPRO staff. Services needing to be provided by SLA identified
	Phase 1 construction work continued.	Q4	Q4 work continuing
<b>NPRO - Phase 2 development -the completion of the National Radiation Network by Public Private Partnership by 2014</b>	Finalisation of the ICT output specifications.	Q1	ICT Output Specifications complete and approved by Project Board.
	Obtain approval for PSB and total project costs.	Q1	Total project cost report approved by Project Board for submission to NDFA to compile PSB.
	Commencement of PPP tender process in line with issue of PQQ.	Q2	Tender documentation under development.
	Commencement of enabling works package on 6 sites.	Q1- Q4	Procurement for enabling works underway and approval to proceed from HSE Estates agreed.
	Preparation for issue of full tender package for PPP and initiation of the competitive dialogue process to develop full solutions for all 6 sites with preferred bidders commenced.	Q1- Q4	Project Agreement, technical schedules and tender documents being developed.
	Completion of the Public Sector Benchmark mark and total project costs for 2014 and 2020 developments.	Q1- Q4	PSB report for all six sites submitted to DoHC clarifications process underway.

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Target	Jan	Feb	March	April	May	June	July	Aug	Set	Oct	Nov	Dec	Actual YTD
<b>No. of cases compliant with HIQA standard of 2 weeks for urgent referral:</b>														
Total Number of Urgent Referrals; and of those		966	956	1,175	1,064	960	1096							6,217
No. and % offered an appointment within 2 weeks	95%	904 93.6%	803 84.0%	963 82.0%	1,060 99.6%	918 95.6%	1044 95.3%							5,692
<b>No. of non-urgent referrals offered an appointment within 12 weeks:</b>														
Total Number of Non-Urgent referrals; and of those		2,017	1,873	2,223	2,317	2,029	2179							12,638
No. and % offered an appointment within 12 weeks	95%	1,955 96.9%	1,825 97.4%	2,171 97.7%	2,266 97.8%	1,990 98.1%	2,104 96.6%							12,311
<b>No. of newly diagnosed breast cancers discussed at MDM:</b>														
Total no. of patients newly diagnosed in the cancer centre; and of those		182	187	175	188	143	171							1,046
No. and % discussed at MDM.	100%	182 100%	187 100%	175 100%	188 100%	143 100%	171 100%							1,046
No. and % of patients with a primary diagnosis of breast cancer who have procedures carried out in one of the 8 designated cancer centres out of the total patients with a primary diagnosis of breast cancer who have procedures carried out.	100%	182 100%	187 100%	175 100%	188 100%	143 100%	171 100%							1,046
No. of centres providing breast services	8+ Letter-kenny	8+ Letter-kenny	8+ Letter-kenny	8+ Letter-kenny	8+ Letter-kenny	8+ Letter-kenny	8+ Letter-kenny							

### Breast June 2010.

#### CUH

Due to various categories of leave requirement for breast surgeons, clinics have had to be cancelled; therefore, PI's are below the 95% target. However, one post holder has now returned from a maternity leave, and CUH has added extra clinics recover compliance in July.

#### WRH

The recruitment of a 2<sup>nd</sup> breast radiologist has taken some time, due to this vacancy annual leave for the existing breast radiologist has been difficult to cover, resulting in delayed triple assessment clinics. WRH hope to back up to full compliance in July. The radiologist will take up post in Feb of 2011.

#### Mater

A number of issues impacted on the service during the month of Feb which then impacted into March for the SBD service in the Mater Hospital. One of the issues was the unusual weather; patients cancelled appointments to attend clinics. This was further compounded by consultant availability into theatre, due to the impact of fair deal on the ED, and subsequently theatre re allocation, this meant rescheduling theatre sessions, therefore, by rescheduling of elective surgeries for SBD there was subsequent cancelling of new patient SBD clinics.

# Quality & Clinical Care

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>CP 17 Corporate Quality &amp; Safety</b> <b>Programmatic Approach</b> <i>Develop and implement a programme for Respiratory diseases</i>	<b>Chronic Obstructive Pulmonary Disease (COPD)</b>		
	National implementation plan developed.	Q1-Q2	Programme plan finalised. Initial deliverables being produced including algorithms, care bundles and pathways. Overall time frame 3 months delayed due to delay in approval of Clinical Leads.
	Baseline study underway the findings of which will enable identification of targets for agreed performance indicators.	Q2	
	Implementation of plan commenced.	Q3	
	Progress of programme assessed and targets set for 2011.	Q4	
	<b>Asthma</b>		
	National implementation plan developed.	Q1-Q2	Programme plan finalised. Initial deliverables being produced including algorithms, care bundles and pathways. Overall time frame 3 months delayed due to delay in approval of Clinical Leads.
	Baseline study underway the findings of which will enable identification of targets for agreed performance indicators.	Q2	
Implementation of plan commenced.	Q3		
Progress of programme assessed and targets set for 2011.	Q4		
<b>Programmatic Approach</b> <i>Develop and implement a programme for Cardiovascular diseases</i>	<b>Stroke</b>		
	National implementation plan developed.	Q1-Q2	Programme lead communicated Programme plan as part of the launch of the National cardio Vascular Strategy in Q2. <a href="http://hsenet.hse.ie/News_and_Events/National_News/NationalCardiovascularHealthPolicy2010-2019.html">http://hsenet.hse.ie/News_and_Events/National_News/NationalCardiovascularHealthPolicy2010-2019.html</a>
	Baseline study underway the findings of which will enable identification of targets for agreed performance indicators.	Q2	
	Implementation of plan commenced.	Q3	Current focus on developing standard models for stroke units and thrombosis services.
	Progress of programme assessed and targets set for 2011.	Q4	
	<b>Acute Coronary Syndrome</b>		
	National implementation plan developed.	Q1-Q2	Programme lead communicated Programme plan as part of the launch of the National cardio Vascular Strategy in Q2. <a href="http://hsenet.hse.ie/News_and_Events/National_News/NationalCardiovascularHealthPolicy2010-2019.html">http://hsenet.hse.ie/News_and_Events/National_News/NationalCardiovascularHealthPolicy2010-2019.html</a>
	Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators.	Q2	
	Implementation of plan commenced.	Q3	Current focus on implementing model for primary PCI protocol.
	Progress of programme assessed and targets set for 2011.	Q4	
	<b>Heart Failure</b>		
	National implementation plan developed.	Q1-Q2	Programme lead communicated Programme plan as part of the launch of the National cardio Vascular Strategy in Q2. <a href="http://hsenet.hse.ie/News_and_Events/National_News/NationalCardiovascularHealthPolicy2010-2019.html">http://hsenet.hse.ie/News_and_Events/National_News/NationalCardiovascularHealthPolicy2010-2019.html</a>
Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators.	Q2		
Implementation of plan commenced.	Q3	Current focus on implementing care pathways for patient triage.	
Progress of programme assessed and targets set for 2011.	Q4		
<b>Programmatic Approach</b> <i>Develop and implement a programme for Diabetes</i>	<b>Diabetes</b>		
	National implementation plan developed.	Q1-Q2	Implementation options for development of national retinopathy service being developed with associated business case.
	Baseline study underway, the findings of which will enable identification of targets for agreed performance indicators.	Q2	
	Implementation of plan commenced.	Q3	
Progress of programme assessed and targets set for 2011.	Q4		
<b>Programmatic Approach</b> <i>to optimise ED functionality</i>	<b>Specific Projects in place to enable improved:</b>		
	Access to diagnostic imaging.	Q1-Q4	Radiology program established and assisting with development of national programmes based on learning from Tallaght incident.
	Pathways for acute medically ill patients.	Q1-Q4	Acute medicine model developed for sign off in Q3
	Utilisation of surgical resources.	Q1-Q4	ALOS being agreed for all major elective surgery interventions.



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	Management of delayed discharges.	Q1-Q4	This is being considered by the Clinical Programme for elderly persons in conjunction with the Care Programme for Older Persons.
<b>Development of metrics to support programmes for patient and quality initiatives</b>	Performance indicators developed for patient and quality initiatives.	Q2	Being progressed through the Care Programs and jointly with CPCP.
	Targets for 2011 established and reporting mechanisms in place to enable reporting 2011.	Q4	Ongoing
<b>Programmatic Approach</b> <i>Develop and implement a resource allocation model for acute hospital funding</i>	Detailed patient level costing study completed.	Q1-Q2	Costing Study completed in 7 sites. Data and final report pending.
	Gap analysis of costing infrastructure completed.	Q1-Q2	Costing study completed in 7 sites. Data and final report pending.
<b>Colonoscopy Services</b>	Review of colonoscopy services completed.	Q2	Completed
	Implementation of recommendations commenced.	Q3	Quality improvement plan under review
<b>Neuro-Rehabilitation Strategy</b>	Lead identified to develop implementation plan for Neuro-Rehabilitation Strategy.	Q2	In progress
<b>Corporate and Clinical Governance Structure</b> <i>to support integrated working practices and clinical networks</i>	Governance structure agreed.	Q2	Draft document on Accountability, Clinical Governance completed and reviewed by reference group. Final draft following stakeholder feedback with Management Team.
	Implementation commenced for the delivery of services involving managers, clinical directors and clinicians with a focus on quality, safety and resource efficiency.	Q4	Plan in place for all Primary, Community, and Hospital service to have self assessments completed by October 2010.
<b>Quality and Risk Framework</b> <i>including Quality and Risk Management Framework</i>	Self assessments completed in all community and acute services.	Q4	Plan in place for all Primary, Community, and Hospital service to have self assessments completed by October 2010.
<i>Incident Management</i>	Standardised complaint and incident investigation process defined and agreed.	Q4	In progress as part of the Commission on Patient Safety programme of work
	Incident Management Policy and Procedures updated.	Q2	Review completed revised policy and procedure with the Department of Health and Children and Management Team for review.
<i>Complaint and Incident Framework</i>	Statutory complaints framework implemented.	Q4	Draft Evaluation Report of the <i>Your Service Your Say</i> – Feedback Management Process completed.
<b>CP3 Health Protection Healthcare Acquired Infection, (HCAI)</b>	Further implementation of the “ <i>SAY NO TO INFECTION</i> ” Strategy and compliance with national standards for prevention of HCAI ensured with particular focus on performance monitoring through indicators and the development and implementation of care bundles for specific site infections.	Q1-Q4	2010 plan agreed and being implemented. All HCAI related work has been combined into one programme.
	National overview of self-assessment exercise prepared relating to national standards for the prevention and control of HCAI (HIQA).	Q1	Self assessment programme for 2010 being implemented.
	In conjunction with ISD, progress monitored in implementation of quality improvement plans to address national standards for the prevention and control of HCAI.	Q1-Q2	Each acute hospital to develop QIP by July 2010
<b>Health Care Audit</b>	Programme of Health Care Audit in place.	Q4	Draft policy completed. Audit programme within existing resources agreed. Training Programme for initial Audit staff completed in Q2. Resource constraints will limit audit programme. Health Care Audit report will go to the Risk Committee in September.
<b>Mediation and Disclosure Policies</b>	Mediation Policy and Open Disclosure Policy developed.	Q2	Mediation Policy – Workshop with CIS/Medical Council/ MPS/ Solicitors completed. Stakeholder engagement will commence when project manager available. Open Disclosure – Work ongoing with CIS and pilot site



Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			(Cork) to progress this project.
<b>Action Plan for Health Research 2009-2013</b>	Work in conjunction with other stakeholders e.g. DoHC and Health Research Board (HRB) to support the implementation of the Programme of Actions as outlined in the <i>Action Plan for Health Research 2009-2013</i> .	Q4	The post of Director of Research has been filled by Ms Marian Rowland.
<b>CP23 Stakeholder and Relationship Management Service User Involvement</b>	Systematic plans for implementation of involvement practice developed and implemented in acute hospital services and primary care.	Q3	Phase 1 and 2 of the Workshops in Hospital settings in the four regions completed. The first round of similar workshops in the Local Health Office areas are to commence in July  The HSE and the Social Inclusion Division of the Department of Community, Equality and Gaeltacht Affairs are working in collaboration to promote community participation in primary care initiatives. The evaluation report and other related materials may be sourced at <a href="http://www.hse.ie/eng/services/ysys/SUI/Library/participatio n/">http://www.hse.ie/eng/services/ysys/SUI/Library/participatio n/</a>
	Framework for advocacy in healthcare developed.	Q3	Project plan agreed. Development of Network of advocates underway
	National guidelines implemented and promoted detailing entitlements of service users.	Q3	Consultation Document completed Preliminary consultation process completed March 2010 Draft charter completed
	Build on approach to systematically capture views of patients / service users on their experience of services with <i>Insight 07</i> commenced.	Q3	Survey of inpatients in acute hospital sector planned Q4 Pilot survey of patient's satisfaction with primary care teams completed and evaluation report submitted to PCCC Directorate.
	Database developed which enables compliance with statutory reporting requirements.	Q4	Project scoping underway
<b>CP7 Emergency Management Emergency Management</b>	HSE preparedness and response capacity for emergencies improved in the following areas:		
	<ul style="list-style-type: none"> <li>Generic emergencies</li> </ul>	Q1-Q4	Training and exercises proceeding as scheduled. Development of standard hospital template major emergency plan delayed, expected now to commence in forth quarter.
	<ul style="list-style-type: none"> <li>Influenza Pandemic</li> </ul>	Q1-Q4	NCMT stood down in first quarter National Pandemic Planning group formed to prepare for next wave, work to be completed by end third quarter.
	<ul style="list-style-type: none"> <li>Other specific emergencies,</li> </ul>	Q1-Q4	Response to severe weather and flooding reviewed by HSE NCMT, many actions arising. New HSE procedures for crowd events to be finalised in Sept.
	<ul style="list-style-type: none"> <li>Interagency emergency management between HSE, Local Authorities, An Garda Síochána and other government departments and agencies advanced.</li> </ul>	Q1-Q4	Interagency response to major flooding and severe weather reviewed and being acted on  New interagency protocol on Chemical, Biological, Radiological, and Nuclear incidents to be finalised 4 <sup>th</sup> quarter.
<b>Pandemic Vaccine</b>	Vaccination of priority groups against H1N1 completed.	Q1	Pandemic Influenza plan being updated. To be finalised by end of Qtr 2.
	Decision on extension of campaign to be made by the National Public Health Emergency Team (NPHET).		ONSD leading on evaluation of the education programme
	Performance Indicators developed.	Q1	PI's developed. Analysis of uptake by target group being updated
	Pandemic monitored and reported.	Q1-Q4	Surveillance reporting weekly. Other monitoring and reporting ceased

## Performance Activity and Key Performance Indicators

Performance Activity/Key Performance Indicator	Outturn 08	Target 09	Target YTD	Actual month	Actual YTD	% var YTD Actual v Target	Same period last year	% var YTD v YTD last year
<b>Access to Treatment</b>								
(Q) No. and % of patients with ST elevation myocardial infarction who have undergone angiography/primary PCI within 120 minutes of first medical contact		New PI for 2010						
(Q) No and % of patients with ST elevation myocardial infarction who have received thrombolysis or cardiac catheterization within the following 24 hours		New PI for 2010						
(Q) No and % of patients with acute ischemic stroke who have undergone thrombolysis within 4.5 hours of onset of symptoms		New PI for 2010						
<b>Service Level Agreements</b>								
(Q) % of agencies with whom the HSE has a Service Arrangement / Grant Aid Agreement in place		New PI for 2010						
<b>Service User Involvement</b>								
(M) Number and % of PCTs with engagement with the local community		New PI for 2010						
(M) % of hospitals or hospital networks that have established service user panels		New PI for 2010						
(M) % of hospitals or hospital networks that have completed patient satisfaction surveys		New PI for 2010						
<b>MRSA</b>								
(Q) MRSA bacteraemia notification rate per 1,000 bed days used	0.111	5% reduction			0.09		0.103	10%
<b>Antibiotic Consumption Rate*</b>								
(BA) Total antibiotic consumption rate (DDD, defined daily dose per 100 bed days) per hospital	77.42	4% reduction			75.18 2009			3%
<b>Blood Policy**</b>								
(Q) % of red blood bell units discarded / returned out of total red blood cell units ordered		3%	3%	-----	1.75%	41.66%	-----	8%
(Q) No. of units of platelets ordered in 2010		3% lower than no. of units ordered in 2009			11,397		12,394	
<b>Complaints</b>								
No. of complaints		Demand Led						
No of complaints finalised within 30 working days ***		Demand Led						
<b>FOI</b>								
Number of FOI requests received		Demand Led						
HSE National Information Line								
Number of calls received		Demand Led						

\* Figures are one year in arrears because of denominator data.

\*\*Data source - Irish Blood Transfusion Service (IBTS)

\*\*\* Refers to the numbers finalised ytd but this cannot be directly related to the number of complaints received ytd due to rolling timeframe.

# Commercial and Support Services

## Estates

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP24 Implementation of Estates Strategy <b>Primary Care Estate Roll-out</b>	34 Primary Care Centers operational.	Q4	8 operational and 23 agreement to lease signed
	Liaise with the HSE Board to ensure that price ceiling is set on all 200 targeted sites.	Q1-Q4	Price ceiling set at 187 locations. On target.
	Liaise with NDFA to ensure that quality check on lease agreement is carried out.	Q1-Q4	The NDFA have formally declined to be involved in the VFM check on two Primary Care Centres due to limited resources.
<b>Mater Adult Hospital Development</b>	Construction programme delivered on schedule.	Q1-Q4	Construction progressing well in accordance with programme. Plans being prepared for equipping and commissioning.
<b>National Paediatric Hospital</b>	Exemplar design and tender documentation completed.	Q1-Q4	Works progressing. Some stoppage to programme but NPHDP advise no adverse effect on overall completion targets.
<b>Mid West Re- Configuration</b>	Design build contractor appointed.	Q1	Appointed April 2010
	Construction commenced.	Q3	Planning Application lodged. On target.
	Design build contractor appointed.	Q1	As above
	Construction commenced.	Q3	As above
	PACS system and integration with NIMIS rolled-out.	Q1-Q4	Slight delay with final approval of NIMIS contractor. Target should still be met.
<b>Capital Programme</b>	Expenditure on 2010 Capital allocation to match profile.	Q1-Q4	Capital expenditure slightly behind profile at end of Q2. Will be on profile at year end.
	Expenditure on 2010 Capital Plan to match NSP 2010.	Q1-Q4	On Target
	Expenditure on mental health investment programme to align with sale of land and <i>Vision for Change</i> .	Q1-Q4	On Target
	First framework appointments placed.	Q1-Q4	On target, Contractor appointed for Clonmel and Ennis
	500 new beds delivered.	Q1-Q4	On Target
<b>Property</b>	Property protocol fully implemented.	Q1-Q4	Affected by work to rule in first half of year
	Policy of Protection of State's interests approved and rolled out.	Q1-Q4	Template forms prepared and now in use
	Database fully populated and reviewed.	Q1-Q4	Review delayed by Work to rule. Will be brought back on target in Q3
	Consistent reporting of property transactions achieved	Q1-Q4	On Target
	All Primary Care Centre leases paid centrally by HSE Corporate Estates.	Q1-Q4	Achieved

# Information and Communication Technology

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>CP20 Information and Communication Technology Integrated Patient Management System</b>	Subject to Department of Finance and DoHC sanction and availability of capital funding: <ul style="list-style-type: none"> <li>Projects underway at Portlaoise, Mullingar, AMNCH and Letterkenny completed.</li> </ul>	Q4	These projects are under way. However, some slippage has occurred due to the industrial action earlier in the year.
	<ul style="list-style-type: none"> <li>PAS replacement projects started in the (3) Dublin Maternity Hospitals, Mercy Hospital, Cork, South Infirmary Victoria University Hospital, Cork, St. Johns Hospital, Limerick, Children's Hospital, Temple Street, Dublin and in the South East Hospitals Group.</li> </ul>	Q4	The Patient Administration System (PAS) replacements have been sanctioned by the Department of Finance. These projects are currently being mobilised.
	<ul style="list-style-type: none"> <li>Radiology Order Communications projects underway.</li> </ul>	Q4	Sanction has not yet been received for these projects
<b>Electronic Blood Tracking System</b>	Subject to Department of Finance and DoHC sanction and availability of capital funding, contract in place and deployments commenced.	Q4	At final stages of the procurement process including due diligence.
<b>HSE Internet / Intranet and e-Gov initiatives</b>	Continued development of internet, intranet and e-Gov initiatives as prioritised by the HSE.	Q4	Certificates (won the Taoiseach's Award). Health Atlas put on line so members of the public can easily locate their nearest health centre / facility. Staff pension's estimator updated and posted to intranet.
<b>Primary Care Teams (supporting IT Infrastructure)</b>	Infrastructure procured and deployed to remaining sites.	Q4	Submission to Dept of Finance for additional sites is currently being prepared.
<b>Maternal and Newborn</b>	Subject to Department of Finance and DoHC sanction and availability of capital funding, contract in place and ready for implementation.	Q4	Currently awaiting sanction from Dept of Finance. Project is in Peer review Stage 2.
<b>Nursing Home Support Scheme 2009 ('A Fair Deal')</b>	IT solution procured, configured and deployed.	Q4	IT solution procured. System currently being configured in preparation for deployment.
<b>H1N1 Pandemic</b>	PDMS Internet and Telephone system operational.	Q1	Project Completed
<b>National Childcare Information System (NCCIS)</b>	Subject to Department of Finance and DoHC sanction, contract in place and ready for implementation.	Q4	Currently going through the Department of Finance peer review process.
<b>Infrastructure</b>	Procurement completed and new service provider in place for National Health Network.	Q4	Procurement completed. Contract awarded.
	All capially funded projects sanctioned within Q1 completed by year end.	Q4	On-going
<b>IT Security</b>	Further exercise to identify any potential laptops that still require encryption completed.	Q2	Completed
	Next set of IT Security Policies developed.	Q4	On target
<b>Information Systems Architecture</b>	Sanction received and project in flight.	Q4	On target
<b>Completion of ICT Capital Projects</b>	Projects completed or capital spend completed on a further 40 projects by end of 2010.	Q4	On target

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP25 National Procurement Operating Model <b>Implement new procurement operating model</b>	Targets achieved and Procurement Directorate further developed.	Q4	All targets progressing to plan and being monitored.
	Budget agreed for Procurement Directorate.	Q1	Discussions ongoing but as yet a budget has not been agreed for Procurement within the overall Commercial & Support Services Directorate.
	Communications, Training and Customer Relationship Management developed within Procurement.	Q1-Q4	<p><b>Training</b></p> <ul style="list-style-type: none"> <li>E learning Training Programme under development including development of specific course content for P&amp;CM and LIM staff.</li> <li>Legal training provided to 17 staff (Contracting &amp; Legal Training Workshop)</li> <li>Mandatory Essential Training provided to 82 staff ( 58 Risk Assessment / 23 Effective People Management)</li> <li>Training Register maintained</li> <li>Discussions underway to deliver the “HSE Project Management Light” training to all P&amp;CM staff</li> </ul> <p><b>Communications</b></p> <p><b>Supplier Engagement</b></p> <ul style="list-style-type: none"> <li>Proposal developed re adopting a common approach to dealing with the supply base. Proposed mechanism for capturing and sharing of information around benefits achieved by adopting a common approach has been developed. Eight staff engagements are underway with a view to implementation of proposal.</li> <li>Meetings have taken place and presentations have been made to Enterprise Ireland, IMSTA and the Small Firms Association giving an overview of procurement and how to do business with HSE. Contact points for the market place have been issued to ISME.</li> <li>Supplier Charter continues to be promoted.</li> <li>HSE Procurement Roll Up Sign designed and produced.</li> </ul> <p><b>General Communications</b></p> <ul style="list-style-type: none"> <li>All Procurement related Media Queries, Parliamentary Questions, Representations have been managed and a log maintained.</li> <li>Procurement related FOI continue to be managed in line with SOP.</li> <li>Intranet review underway.</li> </ul> <p><b>Customer Relationship Management</b></p> <ul style="list-style-type: none"> <li>In conjunction with review in logistics, a Customer Relationship Management Strategy has been developed and agreed by Procurement Leadership Team.</li> <li>Initial discussions have taken place with ICT regarding the securing of a CRM Toolkit to support the strategy.</li> </ul>
Business support provided in terms of KPI development, Risk Management, Spend Analysis, Policies, Procedures and Guidelines and Knowledge Management.	Q1-Q4	<p><b>NFPS</b></p> <ul style="list-style-type: none"> <li>Completed NFPS Business Case Document &amp; submitted to DoHC</li> </ul> <p><b>Spend Analysis</b></p> <ul style="list-style-type: none"> <li>Updated database with 2009 spend data.</li> </ul> <p><b>NPS Tender for fully managed tendering system:</b></p> <ul style="list-style-type: none"> <li>Completed selection phase and first draft of invitation to tender document.</li> </ul> <p><b>Knowledge Management:</b></p> <ul style="list-style-type: none"> <li>Maintained Intranet content.</li> <li>Developed new versions of Standard Terms for Supplies &amp; Services incorporating a comprehensive confidentiality section.</li> <li>Commenced development of additional WTE KPI's.</li> </ul> <p><b>Risk Management:</b></p> <ul style="list-style-type: none"> <li>Held three workshops (Sligo, Tullamore &amp; Cork) 22 Risks Identified</li> <li>Provided Tender Support and Data Mining Services as required.</li> </ul>	

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Implementation of national portfolio and category management approach</b>	Manage €97m Equipment; Laboratory and Diagnostic Imaging spend with sourcing savings target of €4m.	Q1-Q4	All equipping projects are on Target The Laboratory Strategy has been agreed with the National Group. A Framework Agreement will be put in place in Q3 for all Laboratory Requirements. Main savings achieved under ELD portfolio are in Equipping & Radiology. Total Benefit of Contracts Awarded in 2010 to date for ELD is €612,555
	Manage €165m Medical and Pharmaceutical spend with sourcing savings target of €12m.	Q1- Q4	Orthopaedic / Cardiology / Wound Care / Nutritional Feeds – minimal progress in this area. Currently trying to identify support for these projects. It is intended that a F/A would be in place late 2010 for Orthopaedics & Cardiology The main savings achieved under MSP Portfolio are in Vaccines & Laparoscopic & Endomechanics Disposable Instruments. Total Benefit of Contracts Awarded in 2010 to date for MSP: 17,757,625
	Manage €78m Hotel Services spend with sourcing savings target of €15.3m.	Q1- Q4	National Framework Agreements have recently being advertised for Ambient Foods and Dairy Products It is intended to go out to tender for Janitorial/Washroom Services in Q3 of 2010 The main savings achieved under HSU Portfolio are in Perishables, Electricity, Car Park Income Total Benefit of Contracts Awarded in 2010 to date for HSU: 5,886,904
	Manage €99m Professional and Office spend with sourcing savings of €9.85m.	Q1- Q4	All ICT & Professional Services Requirements are being supported to a wide customer base Framework agreement for the Provision of Consultancy Services to Support Health Service Configuration and Delivery was recently awarded. Currently carry out Market Soundings in relation to Security / Cleaning / Portering Services. It is intended to go out to tender for this in Q3 Regional Contracts are currently underway in some areas for Taxi Services A Group has been set up for the Residential Services Project which is estimated to be worth in the region of €20 million. The main savings achieved under PICTO Portfolio are in ICT, Patient Property, Concessions Total Benefit of Contracts Awarded in 2010 to date for PICTO: 2,701,419
<b>Transform logistics and inventory management</b>	Deliveries: 500,000 deliveries supplied to 21,500 customers nationwide.	Q1- Q4	Ongoing.
	Point-of-Use: Stock managed at Point of Use locations increased to 150.	Q1- Q4	91 completed
	Logistics and Inventory Management Review: Recommendations implemented.	Q1- Q4	LS taking recommendations to Management Team for approval.
	Inventory Management: Inventory management costs reduced (50 WTEs).	Q1- Q4	Reduction of 19 WTEs to date
	Stock levels reduced to yield savings target of €8m.	Q1- Q4	€1.056m achieved
	In-sourcing: In-source products selected to yield savings target of €500,000.	Q1- Q4	€200,000 savings achieved. Relocation of Pandemic stock
	Transactional Purchasing: Price reductions on non-stock purchases secured to yield savings target of €1m.	Q1- Q4	€1.89m achieved
	Aids and Appliances: Aids and Appliances recycled to yield savings target of €11m.	Q1- Q4	€4.46m achieved
Pandemic: Planning, process and mass vaccination logistic requirements supported.	Q1	Completed	

# Corporate Planning and Corporate Performance

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
CP18 Corporate Planning, Performance Monitoring and Management Framework <b>Business intelligence data repository</b>	Operational data collection and collation unified.	Q1	Data streams analysed, consolidated and documented. National IR dispute had impact on collection through Q1 and Q2.
	Reporting activities (electronic and manual) integrated.	Q1-4	BIU data reporting to PR, HealthStat and ISD reports in process of being streamlined, incorporating metrics and codes project
	Electronic data collection from the Directorate of Integration developed.	Q1-4	National IR dispute had impact on collection through Q1 and Q2. Electronic data collection under consideration within the scope of Performance Review Project Report and Corporate Information Facility – Activity Project.
<b>Corporate Performance</b>	Format of the monthly PR developed. Revised and / or additional reporting requirements and templates circulated to all directorates.	Q1	Complete – Including a review of the PR process 2009 in terms of improved automation and design for 2010. Revised reporting requirements for Directorates have been communicated and supported.
	Control Process supported.	Q1-4	Ongoing -enable the further development of good governance and performance management of the organisation by further strengthening the administrative Control process and supporting the Chair of PMCC
	Monthly PR produced and submitted to the PMCC, Board and DOHC and published on <a href="http://www.hse.ie">www.hse.ie</a> .	Q1-Q4	Jan – Mar No PR Report produced due to Industrial Action April – Limited Finance Brief submitted to Board May – Finance and HR Brief submitted to Board June- First monthly PR including Activity data and Bi -annual KRA results will be submitted to the September Board Ongoing – Monthly reports to drive continuous improvement and provide timely updates on organisational performance.
<b>HealthStat</b>	Non Acute metrics completed.	Q1-Q4	<ul style="list-style-type: none"> <li>Work in progress.</li> <li>Additional engagement from Care Group Managers required to complete all by year-end.</li> </ul>
	Non Acute dashboard published on the internet.	Q2	Completed March 2010
	HealthStat performance report and HealthStat Forum produced monthly.	Q1-Q4	Targets met monthly to date. Ongoing project.
<b>Corporate Plan</b>	KPIs not reported on in 2009, developed.	Q1	Being considered as part of overall Metadata project.
	Corporate performance reports produced biannually, measuring organisational progress against specific strategic corporate objectives.	Q2 and Q4	Delay in Q2 report because of lack of data January – May.
	3 <sup>rd</sup> Corporate Plan 2011-2013 prepared	Q2 – Q4	Two Health <i>Planning</i> workshops held with: <ul style="list-style-type: none"> <li>Senior managers and Clinicians (RCPI 29 April)</li> <li>Operational staff nominated through RDOs and corporate services and national leads (Farmleigh 27 May)</li> </ul>
<b>Annual Report</b>	Annual Report 2009 collated and published.	Q2	<ul style="list-style-type: none"> <li>Annual Report including Annual Financial Statements signed off by HSE Board at Special Board Meeting (30 April)</li> <li>30<sup>th</sup> April</li> <li>Submitted to Minister (21 May) with AFS submitted 26 May</li> <li>Laid before Houses of Oireachtas (11 June)</li> <li>Launch: 16 June with subsequent distribution week commencing 21 June</li> <li>Irish translation in progress</li> </ul>
<b>Service and Business Planning processes</b>	Business model 2010 rolled-out.	Q1	<ul style="list-style-type: none"> <li>Agreed that the overall branding strategy for CPCP needed to be developed in first instance before rolling out a business model.</li> <li>A document is currently being finalised comprising (Part 1 – setting out CPCP work, planning and performance framework, timelines etc) and Part 2 (succinct fact sheets outlining CPCP outputs and products)</li> </ul>
<b>Annual Corporate Business Plan (incorporating National Service</b>	National Service Plan 2010 approved by the Minister.	Q1	<ul style="list-style-type: none"> <li>NSP 2010 submitted to Minister for Health and Children (15 Jan 2010) and approved by Minister (5 Feb)</li> <li>Corporate Business Plan 2010 finalised;</li> </ul>

**Corporate Planning and Corporate Performance**

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Plan)</b>			<ul style="list-style-type: none"> <li>▪ Both published on HSE intranet</li> </ul>
	Implementation of CBP 2010 through appropriate local Business Plans supported.	Q1-Q4	<ul style="list-style-type: none"> <li>▪ National Director met with RDOs to further explain role and function of CPCP and to examine RDO requirements in terms of planning and performance agenda.</li> <li>▪ Ongoing discussions with Regional Business Managers as to training requirements at local level</li> <li>▪ Clinical Director Workshop training on service and business planning is being organised for September, 2010 (as part of an education programme being put in place by QCC).</li> </ul>
	CBP 2011 prepared, in partnership with all Directorates. NSP 2011 submitted to the Minister.	Q3-Q4	Estimates 2011 process agreed at Management Team 29 <sup>th</sup> June Process for NSP11 development to commence Q3
<b>Key Performance Indicators (KPIs)</b>	KPIs developed and refined.	Q3	In progress through Metadata project.
	PIs refined through profiling of activity and adjustment of targets.	Q1	
	Joint Framework implemented and work to populate the metadata template for high level PIs commenced.	Q1-Q4	Joint framework agreed and implementation commenced as part of normal planning reporting process.





Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Press and Media</b>	Relations strengthened with a wide cross section of media.	Q1 –Q4	Communications are currently building relationships with both the press and broadcast media ensuring that: <ul style="list-style-type: none"> <li>there is fair commentary</li> <li>media queries are answered in a timely fashion</li> <li>there is balanced reporting</li> </ul>
	Focus on proactive PR increased (positive news stories).	Q1 –Q4	Ongoing – service representatives now take part in communications resource planning group to strengthen feeding of potential stories to communications.
	Stricter monitoring of departments' outputs and media evaluation achieved.	Q1 –Q4	<ul style="list-style-type: none"> <li>Evaluation plans being agreed through communications resource planning groups.</li> <li>New media evaluation service in place – templates to be agreed across all regions.</li> </ul>
<b>Internal Communications</b>	Four issues of magazine in new format produced. Advertising revenues generated to cover costs.	Q1-Q4	March edition printed and distributed. Second issue due in June. Two further issues in September and December 2010.
	HR supported to roll out staff engagement programme.	Q1-Q4	In progress. Work due to commence in DNE this summer.
	HR supported to roll out awards competition in the four HSE regions and to host national finals.	Q1-Q4	<ul style="list-style-type: none"> <li>Healthy number of entries received by closing date of 3 June.</li> <li>National event fixed for Mansion House on 24 November.</li> </ul>
<b>Public Communications</b>	Mass communication campaign delivered offering pandemic vaccine to all.	Q1 –Q2	complete
	Website content developed and enhanced content.	Q1 – Q4	Map centre developed, an ongoing project.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>CP19 Integrated Financial Management System</b> <b>3-Year Action Plan for delivery of VFM</b>	Analysis and reporting of maintenance of 2008 and 2009 VFM savings of nearly €400m carried out.	Q4	Reported as part of reported delivery of 2010 VFM.
	Agreement, analysis and reporting of 2010 VFM programme achieved.	Q4	VFM reports included as part of April and May PRs
	Further alignment of VFM performance indicators with other current financial performance indicators on budget and Vote management as part of the monthly reports achieved.	Q4	This work is ongoing however, due to the IR constraints during Q1 & Q2 alignment of reporting may only be delivered in Q4.
	Analysis and reporting of broader efficiencies and cost avoidance over and above the required VFM programme continued.	Q4	VFM reporting as part of April and May PRs indicates delivery of broader efficiencies and is reported specifically to National Director of Finance.
<b>Delivery of value and productivity in all HSE activities</b>	Regional and / or Directorate trends and efficiencies reported.	Q4	This work is ongoing however, due to the IR constraints during Q1 & Q2, only national reporting has been possible for Qs1 & 2, however, regional reporting may be validated for Q3.
	Work on existing reviews such as Disability and Economic Cost of Private Treatment in Public Hospitals continued.	Q4	Disability Review ongoing for completion by year end. Economic cost Private Treatment in Public Hospitals for completion before end Q3.
	Development of an agreed financial productivity measure, aligned to some key service improvement and reconfiguration initiatives, in order to describe the link between financial resource usage, activity levels and improved productivity and value.	Q4	This work is ongoing however, due to the IR constraints during Q1 & Q2; this may only be delivered as part of 2011 plans.
<b>Centralisation of income data for National Billing System</b>	Contract in place, project team established, and project commenced.	Q1	Tender documents issued but delayed due to IR dispute. Tender process now recommenced with revised target of Contract signing in Q4.
<b>Central "Fair Deal" payment and budget reporting process</b>	Reporting and payments processes fully functional.	Q1	Reporting and payment process now fully functional.
<b>Finance Shared Services</b>	Further progress achieved in line with Torpey project.	Q4	On the Centralisation of Income project (NCMS), the tender was issued in January 2010. However the process had to be suspended during the union action. We are now re-commencing the tender process.
	Project work on gathering data with national AP Dashboard completed.	Q4	The progress for this project was constrained by industrial dispute. Industrial action has now been lifted and the project has now resumed gathering data to complete the AP national dashboard.
	Proposed strategy around realigning AP staff to financial shared services completed.	Q4	The progress was constrained by industrial dispute. Recommendations on realignment and transition of processing to Shared Services were completed. Project preparation has commenced on moving each former Area Board using a piece meal approach to Shared Services. Realignment dependencies are currently being reviewed.
	Standardisation of AP processes across the HSE achieved.	Q4	The progress for this project was constrained by industrial dispute. The high level documentation of processes across the HSE is completed. A project will now commence to review Tax Clearance Certificate process across the HSE to evaluate the centralising and standardising of this process.
	Approval received to proceed with technical solution and procurement tender.	Q4	Progress on the income collection initiative was constrained by industrial dispute. No progress to report for Q1 & Q2. Project will re-commence in Q3.

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Vote Systems</b>	Vote CRS further developed in order to improve Working Capital management and implement Cash Forecasting Model.	Q1	Vote CRS is fully operational and all recommendations of the Working Capital Group were implemented at the end of 2009.  It is expected that the system will be utilised during 2010 to improve Working Capital management.  Cash Forecasting Model is now being developed and it is expected to be rolled out in Q3. The model will be expected to provide full visibility on the reconciliation of the forecasted year end position between Vote / Cash and I&E.
<b>Capital Reporting</b>	B-plan system national roll out to National, Regional and Area Finance and Estates Managers completed.	Q1	The system is now operational in terms of reporting for construction and ICT projects in all areas.  On line submission of form As is operational in a number of areas and the roll out will be completed by year end.
<b>Banking / Treasury</b>	Value added elements of single banking contract to be extracted and used to deliver efficiencies in HSE Treasury Management.	Q4	Single supplier contract now operating on Business As Usual (BAU) model.  25 bank accounts in place replacing 245 accounts in 2007.  Merchant Services rollout completed.  FX pilot in NW completed.  Rollout of UB procurement cards has commenced.
<b>Vote Accounting</b>	Appropriation Account 2009 prepared by statutory deadline.	Q1	2009 Appropriation Account prepared and signed by Statutory deadline in Q1.
<b>Revenue / Capital Treasury</b>	Merge of Revenue and Capital Treasury management activities formalised.	Q1	Dependant on implementation of Capital Payments Project.  Project proposal completed at Q2.
<b>Financial Regulations</b>	Phase 3 Financial Regulations delivered.	Q4	Work has commenced in relation to phase 3 of Financial Regulations.  2 Draft NFRs (Due Diligence, Monitoring of Private Practice) are with stakeholders for review during Q2).
<b>Revenue Project</b>	Tax compliance monitored and reported.	Q4	Process underway to develop a system to ensure tax compliance across all HSE areas.
	Guidance issued to standardise tax treatment nationally.	Q4	Guidance issued to areas on tax treatment of locum staff, Community Midwives.  VAT training provided to all HSE areas in Q2.
	HSE Tax registrations consolidated and rationalised.	Q4	Completed on incremental basis for subsumed agencies.
<b>Annual Financial Statements (AFS) - Rationalisation of Consolidation Entities</b>	Health Service Employers' Agency (HSEA) subsumed into Corporate AFS.	Q1	Completed and subsumed with effect from 1 January 2010 (Q1)
<b>National Reporting</b>	National reporting designed and implemented in line with new organisational structures.	Q2	Completed in Q1.
	Work with the National Standardisation Group on a project to enhance the CRS.	Q4	This project did not progress in Q2 because of the IR environment.  Also CRS is experiencing operating problems which have been the focus of our attention.
	Monthly reporting processes reviewed in order to shorten reporting timescales.	Q1	The decision support model is now producing earlier finance data.
<b>Corporate Payment Processes</b>	Feasibility study to move to a single source corporate expenditure payment point carried out.	Q4	Not progressed in this quarter due to the industrial action.
<b>Medical Card Costing</b>	A zero based costing and forecasting model for medical cards designed.	Q4	This model was commenced in 2009. It is currently being developed as a Microsoft ACCESS database.
<b>New Funding System</b>	Study of major acute hospitals undertaken in order to implement patient level costing.	Q4	The HSE embarked on a pilot patient level costing study in January this year Q1.  Initially fifteen hospitals were identified to take part in the pilot, with the aim of having ten fully completed hospital profiles.  The pilot study completed at the end of Q2. However,

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			due to the industrial action, seven hospital PLC profiles will be completed rather than 15.
<b>OECD System of Health Accounts</b>	Procedures and information structures put in place to ensure that future year's accounts can be produced in a timely and efficient manner.	Q4	Based on the outcome of the pilot study in Q2, it would take significant ICT investment and staffing to deliver the level of data which is required for regular OECD based accounts. Currently the HSE systems do not facilitate the level of data production required.
<b>Expert Group on Health Funding</b>	Finance requirements on Expert Group on Health Funding delivered.	Q4	Completed in Q2
<b>Renal Costing Model</b>	A model developed for the costing of renal services nationally.	Q4	No work undertaken in this quarter
<b>Mental Health Resource Utilisation</b>	Work with clinical directors of mental health on the resource utilisation and access project.	Q4	No work undertaken in this quarter

# Human Resources

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>CP22 Human Resource Strategy and Delivery Succession Management</b>	TM data sources and data gathering process agreed.	Q1	Sources identified. Data gathering processes may require software development.
	Engagement with senior line management to activate programme and agree talent management identification processes commenced.	Q1	Senior Management Team briefed. Succession management pool identified.
	Implementation of Communications plan commenced.	Q2	Core communications plan agreed with HR Director. Area HR teams briefed. Corporate HR ANDs briefed and integrated approach in progress.
	TM implementation plan activity for target group commenced.	Q4	For reporting Q4
	Competency sets for key roles agreed.	Q1-Q2	PAS currently undertaking Job Analysis exercise with Management Team which will form the basis for Competency set.
	Personal Development Plans (PDPs) for potential successors prioritised in conjunction with Senior Management.	Q2-Q3	This process will follow completion of competency set. Plans for availability of Coaching underway.
	Implementation of development opportunities / plans for identified staff agreed and commenced.	Q3-Q4	For reporting Q4
	Feasibility of introducing assessment centres assessed.	Q3	Discussions with providers ongoing to provide Development Centres October/November 2010
	Cross functional workforce planning group created to coordinate service, financial and manpower requirements.	Q1	Nominations sought for HSE working group. Awaiting response. Joint DoHC and HSE working Group meetings held.
	Specific data system requirements identified and developed.	Q2	Draft data set produced. Currently liaising with HR Performance Management and Management Information to leverage existing systems (Census, EPR SAP-HR) to determine capacity to supply data requirements.
Short term priority plan agreed and implemented.	Q2-Q4	Work plan for 2010 agreed and in progress. Emphasis in 2010 on establishing a baseline to support work in future years.	
<b>Recruitment and Branding</b>	Existing recruitment practices and "avenues of entry" into the Organisation documented and analysed.	Q1-Q3	Work has commenced on documenting existing practices. On target for completion by Q3
	Protocols and targets established which lead to reduced "time to hire" and "cost per hire" performance, reduced duplication of activity and improvement in the candidate experience.	Q1-Q3	Work ongoing in consultation with HR Shared Services. On target for completion by Q3.
	Recruitment strategy for the Organisation developed that ensures efficient, effective development and deployment of best practice external and internal recruitment strategies and optimises our employer of choice offering.	Q1-Q3	Analysis underway (including use of feedback from current reviews) to identify objectives and framework for the strategy. Work underway to develop some of the policies which will form part of the strategy (e.g. assignment policy)
	Service Level Agreement with HR Shared Services (HRSS) developed to agree and implement measures appropriate to recruitment practices adopted in respect of all staff categories, with the aim of maximising success rates and optimising candidate experience.	Q1-Q3	Preliminary discussions have been held. SLA will be developed on target in Q3.
	HSE Recruitment License and Code of Practice issues managed.	Q1-Q4	Full handover of responsibility for licence and Codes of Practice was completed in June 2010. All Reviews / Queries from CPSA being managed within Recruitment and Employer Branding.
	Employer brand strategy developed that defines the path towards becoming an employer of choice to ideal candidates.	Q1-Q2	Strategy developed and approved by National Director of HR

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	Implementation plan appropriate to the employer brand strategy commenced, to include initiatives aimed at maximising the employee experience and organisational learning feedback mechanisms.	Q2	Work plan to implement strategy developed. Implementation of work will commence in Q3.
<b>Change and Process</b>	Employee engagement survey conducted.	Q2	RFT approved by Control Group. Going to E- tender
	Resulting action plans commenced.	Q3	Provider will be selected by Sept. Survey to commence in October
	Achievement awards planned, communicated and implemented.	Q3	On target as per original project plan. National awards ceremony planned for Q4
	Employee engagement strategy rolled-out, including promotion of HSE core values.	Q1-Q4	Ongoing – will be integral part of the implementation of the PSA.
	The benefits of usage promoted and line managers assisted in the application of the change hub.	Q1-Q4	Ongoing - progress report being prepared – finalised for Q3 and further report Q4
	Support provided to these programmes in the form of teambuilding, facilitation, staff engagement, etc.	Q1-Q4	Ongoing. Progress / assessment reports to be presented Q3 / Q4
<b>HR Services</b>	All former Health Board pension offices transitioned to National Pensions Unit in one location.	Q4	Processing of all pension payments commenced on 1 Jan. Transition plan for remaining superannuation functions to one location developed, dependencies identified.
	Complete consolidation of recruitment services in Manorhamilton, including Non-Consultant Hospital Doctors (NCHDs), during 2010.	Q3	National Recruitment consolidated in one site in Manorhamilton. Migration of NCHDs currently under consideration.
	SAP phase II implemented to facilitate the consolidation of processing of personal files from the National Personnel Administration Service.	Q1	Migration successfully completed (24 May) for formal handover to Operation (30 June).
	Payroll in Merchants Quay transitioned to the finance function when SAP Phase II is introduced.	Q2	SAP Phase II implemented (24 May). Project target dependent on transition to Phase II. Transition to Finance was delayed due to industrial action. Project re-commenced.
	Plan to migrate all Phase I sites to Phase II developed and implemented.	Q2	Eastern Region completed (May 2010).
	Data review and entire system testing implemented.	Q1-Q2	On target – prerequisite for transition to Phase II
	Systems upgrade implemented.	Q2-Q4	On target – local areas migrating to Phase II currently
	Organisational reporting obligations monitored and fulfilled in respect of WTE reporting. Progress in achievement of WTE reductions within the HSE reported in line with Departmental requirements.	Q1-Q4	Revised 2010 Employment Control Framework set out in issues HSE HR Circular 01/2010. Organisational HR In place. Progress to date on WTE reductions broadly on line based on reported employment levels as at the end of May.
Transition employment control function to Regions.	Q4	HSE HR Circular (Jan 2011) issued giving effect to some devolvement to the Regions. Outcomes being monitored.	
Process to facilitate WTE reporting by care group programme implemented.	Q2	Implemented from the HR perspective. WTEs being reported by Care Groups in monthly census / employment monitoring reports.	
Process to facilitate reporting on maternity leave and cover implemented.	Q2	Process in place.	
Process to facilitate National reporting on retirements, resignations, pensions and pensioner census implemented.	Q4	Process in place. Work ongoing to enhance linkages and reconciliation between PM&MI and Superannuation.	
PPR framework monitored and reported.	Q1-Q4	Draft document on Performance Management System encompassing National Corporate Risk No. 5 and requirements of the PSA issued to HR team for consideration. Due for review at HR OPG meeting (14 July).	
PPR and balanced scorecards cascaded to next level of management.	Q4	Draft revised scorecard issued to HR team.	

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
			PPRs being reviewed in context of the PSA 2010-2014.
<b>Employee Relations (ER)</b>	Comprehensive Industrial Relations (IR) screening / reporting including 3 <sup>rd</sup> party representation.	Q1-Q4	Monthly reports on all aspects of IR activity are sent to the wider management team. Data relating to all cases is requested and assessed each month.
	Dispute resolution mechanisms adhered to VFM initiatives delivered under modernisation and change initiatives utilising the principles of consultation.	Q1-Q4	The recent industrial action by all trade unions has limited negotiations, however, discussions have now commenced.
	Use of procedure in conflict resolution promoted as set out in social partnership agreements. Continued adherence ensured.	Q1-Q4	The Public Service Agreement will also be used to bring about changes required and set out in the service plan and transformation.
	Training programmes delivered to ER practitioners.	Q2-Q4	Meetings commenced with ER practitioners end Q2.
	Delivery of Transformation and standardisation agenda continued.	Q1-Q4	To be rolled out in line with PSA
	<i>People Management - The Legal Framework</i> rolled-out.	Q1-Q4	Training under way.
	Implementation of the recommendations in the Integrated Employee Wellbeing and Welfare Strategy progress including best practice approaches to occupational health.	Q2-Q4	Currently being progressed.
	Standardisation and visibility on all policies / procedures / guidelines achieved.	Q1-Q4	In progress.
	Implementation of the <i>Linking Safety and Service Report</i> overseen.	Q1	Key elements being implemented.
	<i>Employee Wellbeing and Welfare Strategy</i> Implemented.	Q2	Progress delayed to end Q4.
	Reintegration into the workplace strategies introduced.	Q2-Q4	Currently being developed.
	Health and Safety guidelines as they affect the HR function produced.	Q2	Currently being developed.
	<b>Leadership and Development</b>	Roll-out of template to other health professional groupings and their relevant Higher Education Institutes (HEIs).	Q1-4
Develop and agree validation process for overseas qualifications in podiatry.		Q3	Process agreed and in place. Committee has commenced and completed assessment of first applications.
Implementation of new clinical placement structures monitored and supported.		Q4	New clinical placement structures for dietetics in place and working well to date.
Evaluation of the clinical placement system and utilisation of posts completed in conjunction with the national implementation group on clinical placement for OT, SLT and PT.		Q2	Evaluation designed and being implemented. Data collection phase completed.
Development and implementation of an interdisciplinary distance / e-learning programme for practice educators in therapy professions supported.		Q3	Feasibility study completed and considered by NIG. Options for implementation generated. Work ongoing.
'From College to Work' programme for final year therapy students piloted and evaluated.		Q2	Pilot complete and evaluation data collected for analysis
Action plan developed for 'The Education and Development of Health and Social Care Professionals in the Health Services 2009-2014' report.		Q2	In progress
Establish a health and social care professional's education, training and development advisory group.		Q2	Established February 2010.
Plan for possible extension of HSE role developed in relation to the validation of overseas qualifications in the context of Directive 2005/36/EC as requested by the DoHC.		Q1	Discussion with DoHC ongoing.
Programme continued.		Q3	For reporting Q3
Programme continued.		Q3	For reporting Q3

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
	Database fully developed, live and available for access and input by HSE, clinical sites, postgraduate training bodies and Medical Council.	Q2	On Target to go live Q4
	Support posts created.	Q1-Q4	On Target
	Management Development Programme designed.	Q2	On Target
	Delivery of Management Development Programme commenced.	Q3-Q4	On Target



# Internal Audit

Key Result Area	Deliverable 2010	Target Timescale	Progress in reporting period
<b>Develop Structures for Internal Audit Function</b>	Remaining structures developed and implemented in consultation with staff association and consistent with the requirements of the public sector employment control framework.	Q4	Organisational development environment was largely unchanged in Q1 and Q2, however Croke Park Agreement may pave the way for progress in this area.
<b>Audit Training Programme</b>	Professional training and development for internal audit staff (including audit seminar) implemented subject to availability of resources.	Q4	ICT audit courses were delivered to Operations Audit personnel in Q2 expanding the knowledge base of ICT audit in the directorate.
<b>Audit Plan</b>	Audit Plan 2010 developed and approved by audit committee.	Q1	Complete
	Audit Plan 2010 implemented.	Q1-Q4	Audit Plan is in place 76 audits completed year to 30 <sup>th</sup> June 2010
	Audits of local implementation of new Consultants Contract undertaken.	Q1-Q4	Audit of St James Hospital Dublin in progress. Regional audits to commence Q3
	Performance monitoring data for Non Acute and Acute services verified.	Q1-Q4	Not Yet Progressed
<b>ICT Audits</b>	ICT Audits carried out based on agreed Annual Audit Plan reflecting ICT Risk Assessment completed in 2009.	Q1-Q4	2 Audits completed in Q2 with a further 8 audits substantially complete
	Delivery of ICT audits monitored and reported against Risk Assessment / 3 year Plan.	Q1-Q4	3 year plan presented to Audit committee and accepted. 10 audits in 2010 commenced reflect high level findings in the risk assessment.
<b>Internal Audit Reports</b>	Internal audit reports delivered with identified recommendations to management to improve the system of internal controls, as well as quarterly synopses to management team and Audit Committee.	Q1-Q4	76 audits completed year to 30 <sup>th</sup> June 2010. 37 in Q1 and 39 in Q2 Quarterly synopses delivered in respect of Q4 2009 and Q1 2010 to Audit Committee and Management team.
<b>Management Support</b>	Advice provided to Senior Management relating to controls and processes, including ICT security and assurance.	Q1-Q4	Ongoing advice was provided in the period.
<b>Audit Recommendation Tracking</b>	Process agreed with directorates for tracking the Implementation of audit recommendations.	Q1-Q4	Process agreed and individuals responsible for each directorate's recommendations have been appointed
<b>Briefings</b>	Briefings provided for National Directorates' management teams on the general results of audits.	Q1-Q4	Briefings were provided quarterly by National Director at Management Team.
<b>Policies and Procedures</b>	Assistance provided in the development of Phase 3 of National Financial Regulations and HSE policies and procedures, as applicable.	Q1-Q4	Assistance was provided in the Q1 and Q2 in the development of NFR Phase 3 Assistance provided in the development of the National Information Governance Project.
<b>Special Investigations</b>	Special investigations carried out as required.	Q1-Q4	Special Investigations have been carried out in Q1 and Q2 and will continue through the rest of 2010
	Fraud awareness and response training provided to Internal Audit staff.	Q1-Q4	Remaining Fraud Awareness and response courses were provided in each of the regional Audit Operations offices having commenced in 2009
<b>Develop in-house capability for ICT Audit of core HSE ICT systems</b>	ICT Audit knowledge transfer programme activity extended to 1 representative from each of the four Audit Regional Teams.	Q1-Q4	4 staff members from Audit Operations and 2 IT Directorate staff members attended Mazars ICT Audit courses in Q1 and Q2. 1 staff member actively participated in a Data Protection ICT audit in the West Region in Q2.
<b>Framework Contracts</b>	Framework contracts for specialist forensic and investigation and ICT services managed effectively.	Q1-Q4	Quarterly review carried out in Q1 and Q2 for ICT audit. A review of the contracts will be conducted in Q3 with a view to a decision to extend for the final period covered by the framework.