



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Half Year Report against the HSE National Service Plan December 2011

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Quality & Safety			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Quality, Safety and Risk Management Framework <i>Building on existing work on quality and risk standards</i>	Quality, Safety and Risk Management Framework:		
	Quality, Safety and Risk Management Framework further implemented (taking into consideration the <i>National Standards for Safer Better Healthcare</i>).	Q1	The HSE has continued to engage with the DOH and HIQA re the response required to support implementation of the National Standards when they are launched. This includes the development of a Quality Management System (QMS). Three subgroups have progressed the design and functionality of specific modules of the system focusing on incident management, risk management and standards which will facilitate self assessment against the national standards.
	Implementation ongoing.	Ongoing	As above
Clear Accountability Arrangements	Strengthen accountability arrangements:		
	National guidance on clear accountability arrangements implemented.	Q4	Following review of the plans for implementation it was decided to incorporate a framework for clinical governance (including accountability) within the roll out of the national clinical programmes and clinical directorates framed by the Safer Better Health Care Standards (HIQA, 2011). A national lead for clinical governance development and a project manager have been appointed. A national steering group and working group has been established.
	HSE Code of Governance review completed, submitted to Board and Minister for Health and Children for approval.	Q2	The Code of Governance Review completed, revised code approved by HSE Board on 14th July 2011. Submitted to Minister for Health for approval.
	Implementation commenced.	Q2	Awaiting final approval to go to next phase.
Person Centred Care <i>Service User Involvement</i> <i>Complaints [Your Service Your Say]</i> <i>Advocacy</i>	Increase service user input into planning and delivery of services:		
	Strengthening of service user input in planning and delivery of services through implementation of key actions from <i>Strategy for Service User Involvement</i> .	Ongoing	Report on the ISQSH national inpatient survey launched on 24th June 2011. Patient Safety Champions steering group established. Work is ongoing in this area and will continue throughout 2012.
	Appropriate management of complaints and reviews.	Ongoing	10 new review officers identified. Training delivered to review officers in February 2011. Discussions ongoing regarding the appointment of 10 lead complaints officers in each region. Work complete on Job description for lead complaints officer.
	National Advocacy Programme for older people in residential and community settings.	Q4	250 volunteer advocates have completed the Level 6 FETAC, National Advocacy Programme Alliance programme and received a qualification to date. 100

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			volunteer advocates completed the training in 2011. Third Age National Advocacy Programme has been appointed as the service provider with responsibility for this programme since 30th September 2011.
Effective Care <i>Assurance and Monitoring</i>	Strengthen our healthcare audit:		
	Health Audit Level II Plan agreed and implemented.	Q4	<p>QPSA Audit Plan implemented successfully, with 30 audit requests accepted and followed up in 2011. QPSA completed the year ahead of both KRA targets:</p> <p>% of audits, commenced 2011 Target: 100% Outturn: 100%</p> <p>% of audits completed 2011 Target: 75% Outturn: 94%</p> <p>An Audit Recommendation Tracking system was also implemented to follow up on audit report recommendations and to promote a culture of accountability and continuous quality improvement in the HSE.</p> <p>Q4 Audits currently in progress. Work is underway to finalise 2012 QPSA Audit Plan and new audits assigned to Audit Teams 10/01/12.</p>
	Implementation of continuous quality improvement (CQI) programme enabled (which will include all HSE and National Standards).	Ongoing	Work has progressed on developing a Quality Management System to facilitate reporting on incidents, risk management and self assessment against standards and development of quality improvement plans to address areas of concern highlighted in reporting process. The monitoring function established in QPS continued to focus on working towards provision of evidence of performance and compliance within the HSE with national/international regulations, standards, and QPS codes of practice, and analysis of information. The QPS Directorate continued to provide support to the delivery system in implementing quality improvements in areas such as Health Care Acquired Infection, Decontamination of Reusable Devices, Medication Safety and management of Healthcare Records.
	Supporting guidance for monitoring and review system, including clinical and surgical audit, drafted and specified, following consultation.	Q4	A proposed guidance document 'The five step approach to clinical audit' has been prepared by the National Clinical Audit Advisory Group and shared with the wider system in December for final consultation.
Documentation	Comply with HIQA report recommendations:		
	Implementation of recommendations of internal and external reports monitored.	Q4	Procedure for implementation of recommendations from major reports developed, approved and implemented. Implementation groups to oversee HIQA recommendations from reports on Mallow and Ennis hospitals; Hayes report; and for

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			the Meadhbh McGivern report set up and functioning. Implementation group to oversee HIQA recommendations from reports on Mallow and Ennis hospitals set up.
<i>Clinical Effectiveness</i>	Clinical effectiveness:		
	National Clinical Effectiveness Committee supported to ensure national guidelines and audit are implemented across the HSE.	Ongoing	The QPS Directorate continued to support the National Clinical Effectiveness Committee working group.
<i>Health Technology Assessment</i>	Health Technology Assessment:		
	Health Technology Assessment capacity developed through working with HIQA.	Q4	Ongoing at this time.
<i>Healthcare Records Management Programme</i>	Healthcare Records Management Code of Practice, general healthcare record and e-learning programme reviewed and adapted for non-acute services.	Q4	The <i>HSE Standards and Recommended Practices for Healthcare Records Management V3.0</i> was developed by the National Healthcare Records Management Advisory Group following consultation and review of the NHO Code of Practice for Healthcare Records Management V2.0. This work was completed in Q3 and disseminated to the system following a national consultation exercise, utilising published guidance from expert bodies, existing best practice guidance and standards and information drawn from various expert groups and reference sources. Work commenced on the roll-out of the Healthcare Records Programme to non-acute services with a focus on an analysis to determine what policies, procedures, protocols and/or guidelines are in place in relation to healthcare records management in Community Services.
	Version 1.0 of National Nursing Healthcare Record, acute services, specified following consultation.	Q4	Not commenced.
	National standard maternity record in use in all centres.	Q4	A National Maternity Healthcare Record (NMHCR) has been finalised in Q3 and disseminated to the system for implementation in all HSE funded maternity hospitals/units. In Q3/Q4 the NMHCR Working Group provided support and guidance to hospital staff in the implementation of the record.
	National ED dataset in use in all centres.	Q4	Continued to work with Emergency Medicine Clinical Care Programme (EMCCP) to finalise ED dataset to reflect agreed pathway of care.

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	National HSE Consent Policy drafted and specified following consultation.	Q4	The National Consent Advisory Group completed a scoping exercise in Q3 and reviewed existing consent policies to facilitate development of national consent documentation. Components drafted of national consent policy to inform the work of subgroups established to focus on adult, adolescent, children and research.
Safe Care	Enhance our management of serious incidents and complaints:		
<i>Serious Incident Management</i>	Serious Incident Management training programme delivered to key staff.	Q3	Pilot training in HSE draft investigation procedure was delivered to 14 staff and 11 service users in March. Training in conducting look back reviews was delivered by serious incident management to 72 senior managers and clinicians in May. Q3 target for that training work was met and reported on.
<i>Medication Safety</i>	Standardisation of hospital drug prescription and administration records (DPAAR project).	Q3	The output from a series of consultation workshops held with stakeholders from the hospitals was evaluated in Q3 with a view to informing decisions by the National Advisory Group on the structure of the new standardised Medication and Prescription and Administration Record (MPAR). Phase 2 Consultations received and collated in Q4. Working group established to commence developing a self assessment tool that will be used to perform evaluations. Audit to assure compliance with safe practice guidance on oral methotrexate for non-cancer treatment (arthritis and psoriasis) in the community completed and findings evaluated. Ongoing Support and advice provided to system nationally.
<i>Preparedness for major emergencies</i>	Improve preparedness for major emergencies:		
	Major emergency responses planned, maintained and tested.	Q4	Work progressed, but not finalized, in developing a template for all Hospital major emergency plans. Interagency procedure for response to chemical, biological, radiological and nuclear events implemented. Work is ongoing to develop HSE SOP to support this protocol. HSE severe weather guidance produced. Four major emergency exercises completed in each region. Co-ordination training delivered.

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Public crowd procedure established.	Q1	Draft protocol produced. Needs some further work before going out for internal consultation.
Research and Development	Database of research activity established.	Q2	Ongoing at this time.
	Metrics for research performance in place.	Q4	Currently under development.
	Health Innovation Centre established through partnership with enterprise agencies and industry.	Q2	Currently under discussion with DoHC and enterprise agencies.
Environmental Health Services	Enforcement of statutory function continued in relation to food safety, tobacco control, preschool services, cosmetic products, drinking water and fluoridation, international health, poison and pest control.	Ongoing	Figures are based on Q3 data. Q4 data not available currently. Detail of progress achieved on individual areas is outlined below.
Tobacco Control	No of sales to minors and test purchase carried out	For reporting in 2011	219 test purchases carried out nationally to date end of quarter 3. Test purchase activity by end of Quarter 4 carried out in a minimum of two offices per region as per performance indicator.
Tobacco Control	Integration of the Office of Tobacco Control into the HSE	Qtr 1	Office of Tobacco Control dissolved and HSE responsible for its statutory functions since January 2011.
Food Safety	% of the total number of high risk food premises which receive one full programmed inspection	New PI for 2011 100%	Annual target number of high risk premises 23,441, (point in time). Actual no. of high risk premises inspected year to date end of quarter 3 was 16,281 – which is 69% of annual target.
Food Safety	Service Contract with FSAI – agree service contract for 2012 – 2014.	Q1 - Q4	Service contract was signed in December 2011.
Import Control	% of total number of food consignments imported which are subject to additional conditional controls that receive the additional official controls required by legislation	New PI for 2011 100%	243 consignments received to end of Quarter 3 of which 243 received the required additional controls– 100% of target achieved.
International Health Regulations	All designated ports and airports to receive an inspection to audit compliance with the International Health Regulations 2005	New PI for 2011 100%	All audits completed by the end of Quarter 4.
Cosmetics and Food Product Safety	% achievement with the cosmetic plan	New PI for 2011 100%	486 cosmetic samples taken by end of Quarter 3. 111.2% achievement with target year to date.
Cosmetics and Food Product Safety	% achievement with the food sampling plan	New PI for 2011 100%	10,031 food samples taken by end of Quarter 3. 110.2% achievement with target year to date.
Pre-Schools Services	Full day care services - annual inspection of pre-schools services	100% of full day care services to receive an annual	Full day care prioritised. Performance Indicator as per Children & Families.

Quality & Safety

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
		inspection	
Drinking Water-Fluoridation monitoring	Sampling to be carried out with all significant or serious outcomes followed up in accordance with COP Guidance Note 1		Currently 232 water schemes receiving fluoridation of which 2,058 samples were taken by end of Quarter 3. 98% achievement with target number of samples.
Bio monitoring Project - Democophes	HSE taking part in EU wide pilot study to determine levels of key environmental pollutants in the Irish population.	Q1 - Q4	Sampling completed.
Pest Control	Programme of mosquito monitoring to be implemented in line with EU recommendations	Q1 - Q4	Sites for surveillance identified. Surveillance carried out during Quarter 3.
Reconfiguration	Reconfiguration of the Environmental Health service to be carried out to address risks in Environmental Health service and reflect HSE priorities of quality and equity of service delivery	National Environmental Health resources and service delivery model to be implemented by end 2011 based on service priorities	Collation and analysis of data for reconfiguration design underway.
ICT- Environmental Health Information System	Implementation of the Environmental Health Information System	Operational EHIS in all areas by the end of 2011	Contract signed for EHIS. System design underway. Implementation will not be completed until end of 2012.

Primary Care Services in the Community

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Primary Care Teams (PCTs) and Health and Social Care Networks (HSCNs) <i>Progress the establishment of PCTs and HSCNs</i>	Development of PCTs and HSCNs by:		
	Increased access to primary care services through 527 PCTs by:	Q4	At the end of Dec 2011, There are 425 Primary Care Teams (PCTs) in operation, which is 88% of overall target. Over 1,592 GPs participating on PCTs. We continue to highlight to the National Director and RDOs on a monthly basis specific areas requiring action in relation to end of year target attainment.
	Continued realignment of existing staff to new and existing teams		As at the end of December, there were 3,718 staff assigned to all PCTs (in place and in development). HSE West – 947 HSE DML – 1,326 HSE DNE – 812 HSE South – 633 Total 3,718 Communication continues to issue on a monthly basis to each RDO on progress.
	Clinical leadership developed, and Clinical governance and service management implemented for teams in operation		The Primary Care Steering Group have been tasked with updating the redraft the PCT Governance Model to reflect and support emerging organizational structures. This work is now near concluded and will be brought to the DOH for review and then to key stakeholders for appropriate consultation prior to implementation.
	Enhanced service integration through the development of 134 HSCNs achieved:	Q4	134 Networks have been mapped and alignment of services within those Networks is ongoing. However the formal structure for management and governance of Networks is in consultation with relevant stakeholders (as above). This work is dependent on the agreement of the Governance model. We continue to work with the Primary Care Specialists on the alignment of network staff to networks. A review of network boundaries was also undertaken, informed by the 2010 census.
Specialist and care group services aligned	The framework for alignment has been issued to all Care Groups. It is planned to have a workshop to agree the formal alignment of these services to PCTs and Networks. There is now representation by TDOs on other Care Group structures i.e. Mental Health and Disabilities. There is also representation from Nursing, Older People and Therapy Advisor on the Primary Care Steering Group		

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	General principles of referral and shared care arrangements implemented with secondary care, care group and specialist services.		The National Primary Care Programme continues to work with and on various national projects and programmes in the development of principles of referral, shared care arrangements and care pathways, e.g. National OPD Framework and Policy, Quality Clinical Care Directorate (QCCD) Chronic Disease Programme, Roll out of Care Pathways and Shared Care arrangements for Audiology and Falls Prevention. The governance and management model for PCTs will support shared care and specialist service arrangements between care groups.
	Evidence based research on PCTs progressed with Departments of General Practice in 3 rd Level Universities and the Health Research Board.	Q3	The first programme of research has commenced in Mallow Primary Care Centre. The focus of this research involves measuring the impact of the PCT based approach to health service delivery. Three specific pieces of research are underway as follows: (i) reducing unplanned hospital admissions and hospital bed days in the over 70 age group; (ii) compliance study and improving compliance through the use of text message reminders; (iii) Breaking the trend: Family Intervention Programme and Diabetes Type 2 and Impaired Glucose Tolerance. There is a further year involved in this research programme.
	Electronic referrals systems from primary care to acute sector developed.	Q4	The initial pilot of electronic GP referrals has been agreed in HSE South (Cork & Kerry) and Tallaght. The use of the HIQA generic referral form forms the basis of the generic referral process. A detailed project plan has been compiled to support the roll out to pilot sites identified with a view to national roll out. In addition, 4 PCTs have been identified to pilot the referral of information between PCT members through Healthlinks. As of the end of Dec; much progress has been achieved including, <ul style="list-style-type: none"> ▪ The use of draft national policies developed by the OPD Steering Group to inform the development of specification to support the business function deliverables. ▪ The integration of general referral form into GP PMS's has commenced and is expected to be complete by Q1 2012. ▪ Development of GPIT handbook for GP's in train. ▪ Near finalisation of functional/technical spec

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			<ul style="list-style-type: none"> Pilot project for the use of Healthlinks referral system in 4 Teams will commence in Q1 2012. Cancer referrals for breast, lung and prostate are available electronically via GP practice management software systems.
Chronic Disease Management	Improved disease management in primary and ambulatory care settings:		
	Commencement of plans for the management of chronic disease in primary care supported by guidelines with a focus on:		
	▪ Stroke	Ongoing	The National Diabetes Programme/National Primary Care Programme – developed a Model of Care which will rollout in 2012. This will form the methodology for al of the other Chronic illnesses. This is a line item in the 2012 Service Plan.
	▪ Heart Failure	Ongoing	
	▪ Asthma	Ongoing	
	▪ Diabetes	Ongoing	
	▪ Chronic Obstructive Pulmonary Disease (COPD)	Ongoing	
▪ Dermatology / Rheumatology	Ongoing	Model of Care in progress.	
▪ Care of the Elderly.	Ongoing	Model of Care in progress	
Enhancement of Primary Care Services	Planning for delivery of IV therapy services in community settings undertaken.	Q4	<p>Work ongoing on the development of policies in relation to the delivery of IV therapy services. Currently there are 6 Community Intervention teams (CITs) in place nationally. The populations covered are mostly based on hospital catchment areas: These are;</p> <p>Dublin North (catchment area of the Mater, Beaumont and Connolly Hospitals). Dublin South (catchment area of Tallaght, St James and St Vincent's Hospitals). Cork (catchment area of Cork University Hospital, Mercy Hospital, South Infirmary, St Finbars, Bon Secours and Orthopaedic Hospital). Limerick (20 mile radius of Limerick City incorporating catchment areas of Mid Western Regional, St Johns, Croom, Rehab Unit, Milford Hospice, St James & Barrington's Hospital). Clare (Entire County) (new) North Tipperary (North Tipperary/East Limerick) (new).</p> <p>A Primary Care Business Case was issued to the Clinical Strategy OPAT Programme in October 2011 and a further revised Business Case was issued on 16th of December 2011. These were compiled in line with consideration of 2012 NSP and the need to development of capacity in the primary care setting for the delivery of an</p>

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			<p>expanded IV therapy services aligned to CITs.</p> <p>The Business Case was reflective of all 4 regions with the following submissions reflected;</p> <ul style="list-style-type: none"> ▪ 1 Expansion of CIT Proposal ▪ 3 New CIT Proposals ▪ 3 Expansion of Infusion Centre Proposals ▪ 12 New Infusion Centre Proposals <p>All of the above are supported by full costings profiles that amounted to €3,773,366.</p> <p>We will continue to link with the OPAT Programme on the development of IV therapy services in primary care.</p>
Promoting Health	Implementation of the <i>Health Promotion Strategic Framework</i> commenced and associated actions regarding national health promotion policy in the key settings.	Q1	Working groups have been established.
	Enhanced services for targeted groups by implementing the following programmes through PCTs:		
	Falls prevention	Q3	A National Falls Prevention Working Group was convened in April 2011. Terms of Reference have been agreed and draft guidelines are nearing completion. A screening tool was drafted as part of the overall Falls Programme. This will be signed off by the Falls Prevention Group in January 2012 and circulated to all PCTs.
	Team based approaches to mental health, including the consultation liaison model as described in Vision for Change	Q3	Primary Care Representatives continue to sit on Mental Health Groups. The third cohort of PCT representatives has completed the team based approaches to mental health in Primary Care. A review of the programme will be held on July 11th. Following on from this, amendments will be made to the programme and it will also inform further training requirements for Mental Health in Primary Care.
Smoking cessation	Q3	<p>The pilot projects within the PCT settings continue apace with the evaluation commencing in Q3. As of 31st Dec; The pilots are in evaluation stage with each pilot and control site returning evaluation questionnaires. Preliminary data has been compiled to inform the development of a national model for smoking cessation brief intervention training. The full evaluation report will be compiled in Q1 2012.</p> <p>Preliminary report presented to the Tobacco Control Framework group on 11th Jan 2012</p>	

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Breast feeding	Q3	<p>The post of National Breastfeeding CoOrdinator has been filled since May 2011. A Baby Friendly Hospital Initiative is in the process of being developed. Pilot areas are being identified.</p> <p>Documentation was circulated to all TDOs on National Breastfeeding Week (1st to 7th October 2011) for dissemination to Primary Care Teams in their areas.</p>
	Specific priority measures from Framework for Tobacco Control implemented (with a particular focus on acute campuses in 2011).	Q4	<p>The first programme of research has commenced in Mallow Primary Care Centre. The focus of this research involves measuring the impact of the PCT based approach to health service delivery. Three specific pieces of research are underway as follows: (i) reducing unplanned hospital admissions and hospital bed days in the over 70 age group; (ii) compliance study and improving compliance through the use of text message reminders; (iii) Breaking the trend: Family Intervention Programme and Diabetes Type 2 and Impaired Glucose Tolerance. There is a further year involved in this research programme.</p> <p>The initial pilot of electronic GP referrals has been agreed in HSE South (Cork & Kerry) and Tallaght. The use of the HIQA generic referral form forms the basis of the generic referral process. A detailed project plan has been compiled to support the roll out to pilot sites identified with a view to national roll out. In addition, 4 PCTs have been identified to pilot the referral of information between PCT members through Healthlinks.</p> <p>As of the end of December much progress has been achieved including,</p> <ul style="list-style-type: none"> ▪ The use of draft national policies developed by the OPD Steering Group to inform the development of specification to support the business function deliverables. ▪ The integration of general referral form into GP PMS's has commenced and is expected to be complete by Q1 2012. ▪ Development of GPIT handbook for GP's in train. ▪ Near finalisation of functional/technical spec ▪ Pilot project for the use of Healthlinks referral system in 4 Teams will commence in Q1 2012.

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Delivering integrated cancer programmes	Initiatives for implementation in a primary care setting developed with the National Cancer Control Programme including:		
	Cancer prevention information developed for the public on the NCCP web	Q3	Community oncology information is put on the website as it is developed.
	Training for practice nurses in cancer prevention and care rolled out	Q3	Training for nurses in primary care has taken place in four cancer centre's - St James's, Galway, Waterford and Cork with over 1,000 nurses attending. The programme has been evaluated and results are positive. This programme will be continued in 2012 with some changes
	Community nurse education programme further developed and evaluated	Q3	This programme has been undertaken in Galway and Letterkenny. Plan to have it accredited by Universities and then roll out nationally in 2012
	Follow-up care programmes developed in the community for patients who have had cancer	Q3	Follow-up for patients with early breast cancer – A Standard Operating Procedures being is being developed
	Information / training sessions for General Practitioners (GPs) delivered through Irish College of General Practitioners (ICGP) and Continuing Medical Education (CME) tutor groups around the country, and	Q3	GP information sessions delivered via Continuing Medical Education (CME) These sessions are now completed. These sessions are ongoing in 2012. Sessions and hospital study days on breast, lung, prostate and skin cancer and electronic referral are being developed. E-learning for GPs on breast disease developed in association with ICGP
	Electronic referral cancer systems developed within the GP software packages.	Q3	Electronic referral systems in place and operational for breast, lung and prostate cancer. Forms are working in all accredited software packages since the end of July. Any future cancer referral forms will use a generic electronic form with embedded browser. The system is to be launched by the Minister for Health on 27 th January 2012
Audiology Services	Implementation of Audiology Report recommendations		
	Audiology services enhanced through the implementation of Phase 1 of Audiology Review recommendations (upon adoption of report). Newborn hearing screening further rolled out in line with national model.		The National Audiology Review Report was published in April 2011. Since publication, much progress has been achieved on the implementation of recommendations, in summary these include: <ul style="list-style-type: none"> Establishment of an Audiology Clinical Care Programme under the Clinical Strategy Programme. National and Regional Clinical Leads – Job specifications have been agreed and issued to the Department of Health and Children. They are now linking with the Department of Finance on the approval of these posts. Every effort is being made

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			<p>from the HSE perspective to secure approval for these critical posts.</p> <ul style="list-style-type: none"> ▪ The Audiology Programme, Project Manager is now in post. This post is pivotal to the implementation of recommendations and developments going forward. ▪ 2011 Development Funding in the amount of €989,024 was released to services, this supported the following initiatives; <ul style="list-style-type: none"> ➢ €120,000 to support the sponsorship of candidates to pursue an accelerated MSc in Audiology in the UK. ➢ €80,000 to support the sponsorship of current audiology staff to up skill in preparation for the rollout of Universal Newborn Hearing Screening. ➢ €323,024 for the completion of the rollout of UNHS in HSE South. ➢ €350,000 has been provided for national hearing aid budget. ➢ €16,000 to support a part-time Project Manager for the Audiology Programme. ➢ €100,000 to support National Audiology Programme Development initiatives e.g. Interim National Clinical Lead, further equipment procurement etc. ▪ Audiology staff briefing sessions were held in each HSE Region which afforded staff and local managers to raise issues or seek clarifications on recommendations within the report. ▪ Formal information sharing meetings with IMPACT – formal meetings have been convened with IMPACT in relation to the report and the implementation of its recommendations. A commitment to continued communication was given and will be complied with. ▪ Newborn Hearing Screening – Newborn hearing screening is now in place in Cork University Maternity Hospital, Wexford and Waterford maternity hospitals. The screen is being provided by an external contractor but all components of the screen is in compliance with the national model for newborn hearing screening as recommended by the NARG. The coverage of these

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			<p>maternity hospitals in HSE South will provide coverage to approximately 19,384 births (including home births) representative of an average of 26% of the national birth rate. South Tipperary and Kilkenny have established the required planning local implementation groups with screening expected to commence in early 2012 (funding dependent). Planning is also underway to extend the programme to a further region in 2012 (funding dependent).</p> <p>Implementation Groups have been established in the other regions to prepare for roll out of newborn hearing screening in other regions.</p> <ul style="list-style-type: none"> ▪ Revised procurement framework for hearing aids and accessories - The current hearing aid tender is due for renewal in 2012. The UK NHS Audiology service is the biggest procurer of hearing aids in the world and linking in with our UK procurement colleagues will result in achieving the best value for money in our procurement process. ▪ We have held initial discussions with colleagues in the Department of Social Protection to address the duplication of funding between the Hearing Aid Grant Scheme funded via Social Protection and HSE Hearing Aid position. ▪ We have held initial discussions with colleagues in the Department of Education and Skills on how best to meet the needs of younger children going forward as a result of the phased roll out of newborn hearing screening. ▪ The recommendation in relation to undertaking a Workforce Planning exercise is now completed and required consultation and discussion on findings is being progressed.
Prescribing	Improved prescribing through:		
	Working with GPs to deliver more cost effective prescribing choices.	Q3	Prescribing Feedback Module developed and demonstrated and available for rollout. HSE National Director of Risk, Quality and Clinical Care, is engaging with ICGP to agree next steps.
Out of Hours	Implementation of recommendations from GP Co-Op Review:		
	Streamlining of services through implementation of recommendations of GP Co-Op	Ongoing	Work in progress and implementation of recommendations has commenced. OOH grant payments have ceased w/e/f 1 March

Primary Care Services in the Community

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Review.		2011 and all claim reimbursements are now made via STC claims through PCRS. Each region is putting in place a plan to deliver the balance of recommendations from the Review.
	Independent Strategic Review of the Delivery and Management of HSE Dental Services implemented in partnership with Regions.	Ongoing	Consultation re reconfiguration of Dental Services management structures, under Croke Park, is on going. Expressions of Interest have been completed and agreed. And are to be issued in early 2012.
Oral Health Policy	Planning for the implementation of the DoHC's Oral Health Policy (when published) commenced in conjunction with the Regions.		The National Recovery Plan 2011-2014 includes a commitment to a review of dental services and supports provided through the healthcare and social protection systems. Essentially this requires that the Department take a broader policy approach than that envisaged in the draft Oral Health Policy and work with the Department of Social Protection and the HSE to develop a new policy framework. In the short term, the intention is that revised objectives and performance indicators for the Public Dental Service and the DTSS would be agreed with the HSE
Immunisation	HPV delivered to cohort of young women as specified in policy.	Q4	The HPV IT system has gone live in Q4 2011. For the academic year of 2010 – 2011 the reported uptake of HPV 3 doses was 81.9%

Acute Services and Pre-Hospital Emergency Care			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Medicine <i>Acute Medicine Programme (AMP)</i>	Implementation plan for AMP finalised and implementation commenced with an initial focus on: <ul style="list-style-type: none"> Acute Medical Units (AMUs) functioning in 12 sites 		
	Functioning in 6 sites by Q2	Q2	AMP Implementation initiated in 6 sites.
	Functioning in additional 6 sites by Q4	Q4	AMP Implementation initiated in 12 sites
Critical Care Programme	Audit process for critical care	Q3	Await written sign off from CMOD to allow procurement process for ICU ICT audit requirements. Implementation plan in design
Emergency Care	Emergency Medicine Programme introduced.	Q3	Report released for final round of consultation on 21 st December, 2011
	Completion of Patient Experience Time (PET) data set as follows:		
<i>Emergency Medicine Programme</i>	32 hospitals to report	Q4	17 hospitals reporting full Patient Experience Time (PET) with a further 5 hospitals using sample data. – Up until the 31 st of December data was being validated with the Acute Unit in Business Intelligence Unit (BIU) A joint initiative between the SDU and Acute Unit in BIU is ongoing to ensure that a systematic and standardized approach is taken to the collection of this data. Work is at an advanced stage to design and develop an ED clinical system..
Surgical Care <i>Elective Surgery Programme</i>	Rates of day surgery increased	Q4	Targets agreed with Surgical specialties. A Model of Care has been circulated to all hospitals in November 2011.
	Length of patient stay shortened for selected common elective inpatient surgical procedures.	Q4	Targets agreed with Surgical specialties. A Model of Care has been circulated to all hospitals in November 2011.
	Standardized care pathway guidelines developed.	Q4	Targets agreed with Surgical specialties. A Model of Care has been circulated to all hospitals in November 2011
	Audit programme introduced to monitor outcomes of process and to audit surgical mortality.	Q4	An operational scoping and governance exercise was designed to establish a National Office of Clinical Audit (NOCA) – We await formal sign off of SLA between HSE RCSI. The RCSI is to provide administrative and operational management to NOCA. Irish Audit of Surgical Mortality (IASM) IT Portal design is underway.
Outpatient Programme			
<i>Outpatient data</i>	Reformed data set adopted and reported in hospitals with 75% of OPD footfall nationally, including reformed referral management.	Q4	Complete

Acute Services and Pre-Hospital Emergency Care

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	System and process modifications implemented.	Q4	Complete
	Reporting commenced.	Q1	Complete
	Standardized adherence to Reformed Data Set monitored and maintained.	Q4	Complete
<i>OPD service improvement</i>	To improve access to OPD services, the Special Delivery Unit (SDU) in 2012 will oversee the further development and implementation of OPD service improvement initiatives alongside the HSE Clinical Care Programmes. These will include:		
	Waiting list validation	Q4	Validation Policy developed and piloted by selected GPs. Work is ongoing and is due to be completed by the end of Q2 2012 that will coincide with the systematic and standardized collection of OPD waiting time data by the Special delivery Unit (SDU).
	DNA	Q4	Draft DNA Policy developed and has been through a consultation process. Work is ongoing and is due to be completed by the end of Q2 2012 that will coincide with the systematic and standardized collection of OPD waiting time data by the SDU.
	Improving new to return ratios.	Q4	Draft policy to improve new patient to return patient attendances was developed in Q2 2011. Work is ongoing and is due to be completed by the end of Q2 2012 that will coincide with the systematic and standardized collection of OPD waiting time data by the SDU.
<i>Epilepsy</i>	Regional Epilepsy Centres defined.	Q1	6 regional centres & resource requirements identified. The recruitment process is underway for posts.
<i>Dermatology</i>	Increase of 30% in new dermatology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	Q4	11 out of the 12 Consultant posts approved. 10 posts advertised to date, As of the end of December 6 appointments have been made.
<i>Neurology</i>	Increase of 30% in new neurology outpatient attendances over 12 months Jan-Dec 2011 based on reformed data set.	Q4	All 11 Consultant posts approved, 10 posts have been advertised and 7 appointments made.
<i>Rheumatology and Orthopaedic</i>	12 musculo-skeletal physiotherapy led clinics in place.	Q2	10 MSK clinics in place
Chronic Disease Interventions			
<i>Stroke</i>	Stroke Units meeting defined criteria in 9 new sites.	Q4	The following stroke units were open at 31 st December 2011- Midland Regional Hospital Mullingar, St. Vincent's University Hospital, Cavan General Hospital, Mercy Hospital Cork, Wexford General Hospital, Roscommon General Hospital. A stroke ward is open in OLOL Drogheda. Discussions currently underway regarding centralizing patients under one consultant. Interim stroke unit open in Mid West Regional Hospital, Limerick. CUH due to open stroke unit mid-February 2012.

Acute Services and Pre-Hospital Emergency Care			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
<i>Acute Coronary Syndrome</i>	Protocol for management of acute STEMI agreed.	Q1	Protocol developed and under consultation with stakeholders
	Primary PCI centres identified and 4 centres functioning.	Q3	4 24/7 Primary PCI centre's identified Model of care for Primary PCI in draft format Plans for delivery underway
<i>Heart Failure</i>	Structured Heart Failure Programmes available in 12 acute hospitals.	Q4	Heart failure units active in 7 sites. Implementation in other sites delayed due to recruitment issues for CNS posts. Community HF project in Gorey ongoing
<i>Diabetes</i>	Retinopathy Screening Programme initiated with IT systems in place.	Ongoing	1. Diabetic Retinopathy Executive Management Team set up with NCSS. 2. Quality Assurance Committee set up. Service plan specification has commenced.
	National foot care programme introduced.	Ongoing	14 implementation sites have their implementation plans signed off by National Diabetes programme and RDO's and are ready for full implementation. Awaiting exemptions to fill all posts.
<i>COPD</i>	Structured programmes operational in 12 acute hospitals.	Q3	Site implementation plans approved. Recruitment process completed. 4/36 posts in place. Await exemptions to fill all posts.
<i>Asthma</i>	Asthma Education Programmes initiated.	Q2	Asthma Education programme and live e-learning programme initiated.
Ambulance Services	Response times improved for life threatening emergencies		
Re-configure ambulance services to respond to changing models of service	Performance data collected to maximum extent possible to inform setting of performance targets for remaining 4 clinically appropriate response time standards to 112 (999) emergency calls in line with HIQA recommendations.	Q4	Performance Data is being collected and following review meeting with HIQA and DoHC, response time data is now published through PMR reports.
	Existing resources refocused from non urgent patient transport services to improving response times to life threatening 999 emergency calls, in line with HIQA targets.	Q4	While much discussion has occurred, there has been no progress on this matter as no alternative resources have been provided to service non urgent patient transport. €3 million allocated was diverted in 2011 to cover the cost of unplanned and unforeseen additional service levels to support changes at Roscommon Hospital. No provision was made in the Service Plan for these changes. 60 WTEs were allocated to support Acute Hospital Reconfiguration. However filling of these positions was not progressed due to the impact of the recruitment pause. A subsequent decision was made by the HSE to reallocate these posts to support the implementation of the HIQA Meadhbe McGivern Report and address legacy WTE issues caused by previous transformation/reconfiguration programmes where additional resources were put in place with no adjustment to the National Ambulance Service WTE Ceiling.
	National Command and Control project delivered (enabled through ICT/Estates/HR):	Q3	A Project Board has been established and 9 Work streams are currently underway. Building procurement is being finalized and discussions with staff under the auspices of the PSA is

Acute Services and Pre-Hospital Emergency Care

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			ongoing however, the impact of the Recruitment Pause is a significant challenge to date
	-Digital Radio system rolled out	Q3	Unified ICCS (Integrated Command and Control System) solution required to be operational to progress Tetra roll out. Resource issues have delayed this project.
	- CAD in place	Q3	Unified CAD (Control and Dispatch System) tender currently with CMOD for their consideration and additions to specification if required
	-National Integrated Command and Control (ICCS)	Q3	Unified ICCS at An Garda Siochana currently under construction. Testing to be completed with An Garda Siochana and National Ambulance Service with expected ready for service date in beginning of 2nd Quarter 2012. Unified ICCS at National Ambulance Service in Cork to be constructed in 1st Quarter 2012 and testing commencing 2nd Quarter 2012
	-Automatic Vehicle Location System	Q3	CMOD has approved procurement of a solution. Testing of AVL Solution will commence in 1st Quarter 2012
	-National mapping solution	Q3	Current national solution will require upgrading with additional ICT Capital required and revenue input from other HSE Stakeholders. Transfer of ICT Capital to Fair Deal has placed this deliverable in doubt
	- Mobile data solution	Q3	Funding approval required. Transfer of ICT Capital to Fair Deal has placed this deliverable in doubt
	-Satellite navigation solution	Q3	Funding approval required. Transfer of ICT Capital to Fair Deal has placed this deliverable in doubt
	-HR/Staffing engagement	Q3	Discussions with staff unions are ongoing however no agreement reached at this stage
	-Procurement and fit out of building.	Q3	NAMA have given the HSE documentation to complete the sale of the building by January 2012. A design team is currently in procurement for the fit out of the facility.
	Medical Director appointed.	Q1	No progress on securing a WTE/funding. Interim arrangements in place with a Consultant temporarily seconded to role, however, this is expected to end in January 2012
	Ambulance management structures reconfigured to address new priorities and staffing gaps.	Q2	Significant progress in redesigning structures and filling of positions was underway however, now impacted by Recruitment Pause
Other service development areas			
<i>Reconfiguration of our acute hospital system</i>	Progression of our reconfiguration programme in line with agreed plans taking into account issues of accessibility, clinical standards and quality of care.	Ongoing	Acute hospital reconfiguration is being progressed through the Regional Directors of operations and the Clinical Care programmes
<i>Obstetrics and Gynaecology</i>	Early Pregnancy Assessment Units operating in compliance with national guidelines.	Q2	EPAUs are now operating in 18 of the 19 maternity units. The final unit is to be established in July 2011. Guidelines and recommendations have been communicated to all units. A high spec ultrasound machine has been purchased for

Acute Services and Pre-Hospital Emergency Care

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			all maternity units. Four members of staff from each unit are required to attend ultrasound training in 2011.
<i>Paediatric services</i>	Paediatric Clinical Programme established with a clinical lead appointed, to drive implementation of National Integrated Paediatric Model of Care to include orthopaedics, general paediatric surgery regionally.	Q1	The Paediatric Programme is now established with a clinical lead and a neonatal deputy lead. A multidisciplinary Working Group has been formed and goals and objectives have been agreed. The group is working with other programmes. Guidelines are being developed for key ED and community conditions. This work will be progressed in 2012.
	Oversight continued on work of National Paediatric Development Board team in development of new National Paediatric Hospital including design brief, costings, assessment and validation of proposals in relation to size and model of new hospital.	Ongoing	The Service Improvement Group continues to provide oversight of the capacity planning, project milestones and validation of proposals. The independent review of the project to build the new children's hospital has been completed and validated the proposed site and hospital development. An Bord Pleanala has held a public hearing in relation to the planning application for the new Children's Hospital. A decision from An Bord Pleanala is expected 1 st Qtr 2012.
	Hospital network management group (comprising Regional Director of Operations, Clinical Director and CEOs of three hospitals) to ensure integration of Dublin paediatric service provision through operational service improvements:	Q4	Ongoing: Working towards a conjoint approach both across the three hospitals and with wider community. Seeking cross hospital solutions
	Ensuring services are working as one unit across the three sites and maximising resource utilisation and synergies		Bed Bureau in place across sites. ED support from one hospital to another. Cross hospital Dept of Surgery in place.
	Aligning business and corporate processes		Project under way on business process
	Aligning and preparing services for move to the new hospital.		Part of the remit of the Hospital Network Management Group
	National retrieval service for neonates and paediatrics developed.	Q3	A Paediatric Retrieval Coordinator has been appointed. Recruitment of Paediatric Intensivists to lead and develop the service was unsuccessful. A National Retrieval Service Programme has been set up and a clinical lead has been appointed who is charged with developing the adult, Paediatric and Neonatal Retrieval Service.
	Critical care additional capacity opened in Our Lady's Children's Hospital.	Q3	2 additional critical care beds and 2 HDU beds also to be opened on a phased basis with first bed opened in August. Recruitment and training of nurses underway
	<i>Cystic Fibrosis</i>	Governance structure for National Newborn Bloodspot Screening Programme established.	Q1
Newborn screening for cystic fibrosis commenced and integrated into the National Newborn Bloodspot Screening.		Q2	Newborn Screening for Cystic Fibrosis as part of the National Newborn Bloodspot Screening Programme is scheduled to commence on 1st July 2011.

Acute Services and Pre-Hospital Emergency Care

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
<i>Renal services</i>	Maintain / increase number of renal transplants performed by National Renal Transplant Programme [target to exceed 175 procedures].	Q4	The number of National Renal Kidney Transplants was 192 transplants of which 165 were Deceased Donor Kidney Transplants where 8 was simultaneous with Pancreas Transplants and 27 Living Donor Transplants
	Home haemodialysis programme implemented nationally [target: 30 patients by year end].	Q4	The number of Home Haemodialysis patients reached 23 by year end. Cork University Hospital and Waterford Regional Hospital are now training centre's and have an onsite Dialysis Programme. HHD Tender awarded and implemented January 2011
	Increased local haemodialysis capacity to cater for an additional 90-135 patients [achieved by continued development of Satellite Renal Dialysis Units and Parent Renal Dialysis Units].	Q4	The HSE Dublin Renal Satellite Dialysis Tender Steering Group has approved the Contract Approval Request for the Satellite Dialysis Units in Dublin and it has been sent to the HSE Management Team for approval. National development will continue to cater for increased capacity of additional 90-135 patients annually
	Reduced / eliminated need for patients to travel for dialysis treatment between 12 midnight and 6am.	Q4	The requirement to dialysis patients after midnight has been removed in all units except where capacity dictates in Beaumont Hospital, Mid Western Regional Hospital and Merlin Park University Hospital. The process will continue in these units.
<i>Management of NCHD posts within integrated clinical networks</i>	Restructured filling of training and non-training posts as they arise to ensure rotation between a regional centre / major teaching hospital and local hospitals in a network (in line with regional service delivery and reconfiguration requirements of each	Q3	The HSE recruits approximately 15% of NCHD posts centrally – the remainder are recruited by postgraduate training bodies or HSE-funded agencies. In respect of posts recruited by the HSE for local hospitals, these are recruited by regional panels with contractual arrangements that allow for rotation between hospitals in the regional network.
<i>Consultant Work practices</i>	Implementation of Consultant Contract progressed with further development of clinical directors and clinical led service development through accelerated and expanded work on clinical care programmes and their integration with regional hospital reconfigurations	Q3	On going
	Full benefits of extended working days realised with parallel implementation of Croke Park agreement	Q2	On going
	Full compliance with public/private mix provisions	Q2	Further enabling work done to facilitate ongoing monitoring and measurement of public private practice at hospital level
	Complete contract audit rolled out from initial 2010 sites to all hospitals sites	Q3	On going
<i>National Integrated Management Information System</i>	Implementation of system completed in designated areas.	Q3	Project still on target for completion by Q1 2013. Slight delay in initial go-lives. First site went live on 21st June 2011 in Sligo General Hospital. 9 sites are live as of Dec 2011. A period of consolidation and implementation efficiency

Acute Services and Pre-Hospital Emergency Care

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			planning staged for Q1 2012.
<i>Value for Money and Policy Review</i>	VFM Review recommendations of economic cost and charges associated with private and semi-private treatment services in public hospitals implemented, following adoption by Government.	Q1 to Q4	<p>This Report was signed off by Minister at the end of 2010 and the revised costing methodology was implemented immediately resulting in a 21% increase in hospital charges in 2011. The full average cost per bed day (as calculated using the methodology recommended in the review) will now be charged following the charge increases announced as part of the Budget 2012.</p> <p>A significant range of actions were taken during 2011 towards actively accelerating income collection and simplifying the process of charging. Targets were set and reported for each hospital and claims awaiting consultant action targeted as well as improved efficiencies in the use of designated private beds. The pilot scheme to allow signing of forms by secondary consultants involved in a case was extended to all hospitals. A pilot program was established to improve the processes for collecting income from Road Traffic Accidents.</p> <p>A tender was published in December 2011 to implement electronic claims management in eleven of the largest acute hospitals. Greater transparency on the level of debtors days associated with private in-patient fees has been achieved through the inclusion of such data in the monthly HSE Performance Report on the Service Plan and on the Healthstat Report.</p> <p>The process of introducing a case based charging system using diagnostic related groups (DRGs) has been furthered through the undertaking of a second patient level costing (PLC) study by the HSE. This study, currently underway with up to 15 hospitals, is based on best international practice and follows on from a similar study completed in 2010. The findings of these studies will be used to make PLC a key building block of the mechanism for future hospital funding. These changes will help to ensure that DRGs and associated costs are based on resources actually used by individual patients and the actual costs incurred by the hospital in providing services.</p> <p>A pilot programme was undertaken in 2011 to fund selected elective orthopedics on a prospective funding basis in 7 hospitals. Significant improvement in length of stay was achieved by the hospitals during the pilot. The pilot is being extended to an additional 5 hospitals in 2012.</p>
<i>Funding of selected elective orthopaedic procedures in public hospitals</i>	Preparation commenced to fund selected hospitals on a prospective cost per procedure basis for certain orthopaedic procedures	Q1	Planning for implementation of Prospective Funding for selected orthopaedic procedures (4 DRGs) in 7 hospitals completed.
	Funding commenced on amended basis	Q2	Implementation go live date planned for 1st July 2011.

National Cancer Control Programme (NCCP)

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Lung Cancer Services	Rapid Access Clinics for lung cancers in remaining specialist centres in Galway and Limerick established.	Q1	<p>With the opening of Rapid Access Lung Clinics (RAC) in Limerick and Galway during the year, all 8 centres now provide RACs</p> <p>Lung surgery is carried out in 4 regional centres James's, Mater, Cork and Galway.</p> <p>A national Lung Cancer Tumour Group has been established.</p> <p>National Lead clinicians group for lung cancer established with representatives from each of the national centres.</p>
Urology Cancer Services	Rapid Access Clinics for prostate cancers in remaining specialised centres in Cork, Waterford and Limerick established.	Q2	<p>Rapid access Prostate Clinic became fully operation in Limerick</p> <p>New consultant urologist for CUH/Waterford commenced in Sept. 2011 and RAC in WRH opened in November 2011.</p> <p>CUH RAC will commence in December and will be fully operational in Jan 2012. Agreed date for transfer of service from MUH to CUH is early Q1 2012.</p> <p>National Prostate Tumour Group established.</p> <p>National Lead clinicians group for prostate cancer established with representatives from each of the eight centres.</p>
	Prostate cancer surgery consolidated in 5 centres - Cork, Beaumont, Mater, Galway and 1 in DML.	Q4	<p>Decision taken to maintain prostate cancer surgery in 6 centres Cork, Galway, Beaumont, Mater, James's and Vincent's</p> <p>Meetings ongoing with SVUH, SJH and AMNCH regarding reconfiguration of urology cancer services in DML.</p> <p>In HSE South surgery has commenced at CUH in December. MUH surgical service to transfer to CUH Q1 2012</p>
Pancreatic Surgery	National centre for pancreatic surgery established in St. Vincent's with satellite unit in Cork University Hospital. Multi-disciplinary teams (MDTs) established in both centres and care pathways monitored.	Q1	<p>St. Vincent's established as National centre</p> <p>Planning of surgery transfer from Mercy to CUH in process with intention to commence surgery in January 2012.</p> <p>MDTs and a national oversight committee have been established and care pathways are being monitored</p>

National Cancer Control Programme (NCCP)

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Rectal cancer services	Rectal cancer surgery transferred into 8 cancer centres (CUH, Waterford, Galway, Limerick, St. James's, Vincent's, Beaumont and the Mater).	Q4	<p>Transfer of all rectal cancer surgery into regional cancer centres remains a work in progress.</p> <p>In HSE South Rectal Cancer Surgical service remain to be centralized from TGH and MUH.</p> <p>HSE West Rectal surgery continues in MGH & SGH as UCHG is unable to accommodate additional workload arising from lack of theatre capacity issues and inability to recruit additional theatre nurses due to moratorium.</p> <p>Rectal cancer surgery has ceased in Cavan and Connolly and OLOL Drogheda.</p> <p>Discussions ongoing with AMNCH for transfer of the service in DML.</p> <p>Inter-hospital Pathway completed for rectal cancer surgery and circulated to hospitals nationally.</p> <p>National GI Tumour Group established.</p> <p>National Lead clinicians group for rectal cancer established with representatives from each of the 8 designated centres.</p>
	Transfer rectal surgery into Beaumont and Mater.	Q1	Rectal cancer surgery in DNE centralised in into Beaumont and the Mater.
Upper Gastrointestinal (GI) cancers	Upper GI cancers transferred into regional centres.	Q4	<p>Discussions are ongoing re transfer of upper GI from Connolly to Beaumont which is now expected to transfer in March 2012.</p> <p>Audit of the pre-designated service is underway.</p>
Skin cancer services	Dermatology post in North West established in Sligo.	Q1	QCCD processing post which has been approved and advertised
Theatre/ICU/ Support	Additional theatre, ICU and support staff provided to enable cancer surgical throughput in designated centres.	Q1	<p>Primary notifications issued and 19 posts have been filled</p> <p>Some of the proposed 28 critical care posts have not been filled due to recruitment pause particularly in HSE West.</p> <p>The appointment of additional Critical Care nurses has facilitated the opening of additional capacity in CUH.</p>

National Cancer Control Programme (NCCP)

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Medical Oncology	Initiate measures to support optimal management of cancer drugs:		
	Two pharmacists approved to advise on drug utilization costs and pharmacy ICT with the aim of developing mechanisms for the management of the cancer drug budget.	Q4	Discussions are ongoing regarding the development of mechanisms to enable oversight of cancer drug expenditure. Recruitment for the pharmacists will be progressed in 2012 .
Radiation Oncology (Phase 1)	New radiation oncology units (Phase 1) in Beaumont and St. James will be operational whilst planning for Phase 2 continues:		
	Units at St James and Beaumont fully functional and planning for Phase 2 commenced.	Ongoing	Beaumont and James's new units became operational in April.
Radiation Oncology (Phase 2)	Funding mechanism agreed and approved.	Q4	Approval of funding mechanism awaited from DOHC Access parameters defined for breast, prostate, lung and rectal cancers and pilot collation completed in 2011
	Plan commenced for the cessation of radiation oncology services in St Luke's in 2015.	Q4	
	Enabling works programme commenced.	Q4	
	Plan continued to develop radiation oncology services with the creation of a national network of radiotherapy facilities on 6 sites of the 8 by end of 2014.	Q4	
	Development of tender documentation continued.	Q4	
	National system of clinical governance established on all sites.	Q4	
	National performance management and monitoring system established to drive quality and service improvement.	Q4	
Quality Assurance through establishment of formal national quality clinical governance arrangements for common cancers	A cohesive national specialist clinical network for the purposes of clinical audit, sharing of good practice and problem solving for common cancers established.	Q2	National Symptomatic Breast (SBD) leads Group established in 2010 continues to meet regularly. Second annual national Audit, Quality & Risk Conference for SBD held in October. Publication of the Report on Symptomatic Breast Disease Performance Indicators, 2010. In 2011 additional National Leads clinicians groups were also established for urology, lung and gastrointestinal cancers with representatives from each of the designated national centres participating on these groups.

National Cancer Control Programme (NCCP)			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Expert groups established to advise on best evidence based practice for common cancers.	Q2	Expert Tumour Groups have been established for Breast, Lung, Prostate, GI and Gynaecological Cancers.
	Appropriate parameters defined to devise and monitor quality domains across lung and prostate.	Q2	KPIs are being developed for lung, prostate, rectal and upper GI as well as pancreatic services
Gynaecology	Planning commenced for consolidation of surgery for gynaecological cancers into cancer centres.	Q2	National meeting scheduled for January 2012 to commence regarding consolidation of surgery for gynaecological cancers into cancer centres.
	National cancer screening work programme:		
National Screening Service	20 candidate Advanced Nurse Practitioners (ANPs) appointed in colonoscopy with a view to 15 graduations in 2013.	Q2	Candidate Sites selected for delivery of colonoscopy services as part of colorectal screening programme Primary notifications issued for ANP posts. Interviews completed December 2011.
	2011 community oncology programme work programme:		
	Existing partnership with ICGP built upon	Q4	Community Oncology staff collaborated with ICGP on e-learning initiatives for GPs on smoking cessation (complete) and breast cancer (ongoing). Ongoing engagement and contribution to GP study days across the country. Over 800 GPs attended.
	Proportion of electronic GP referrals increased	Q4	Proportion of electronic GP referrals for breast lung and prostate increasing steadily. Overall numbers doubled from 2,070 in 2010 to 4,305 in 2011. 10% of all breast referrals now sent electronically.
Community Oncology Programme	Community nurse training programme for medical oncology patients delivered.	Q4	Programme completed by 23 nurses in Letterkenny and Galway, enabling them to safely deliver a number of interventions to oncology patients in their homes Formal evaluation of the programme is to commence in February and university accreditation being sought prior to national roll out.
	Brief interventions with smoking cessations with primary care teams developed.	Q4	The pilot project has been completed in 5 intervention sites and the results will be used to plan the roll out of national training.
Transfer of National Cancer Registry (NCR)	NCR transferred and integrated into the NCCP.	Q3	NCR transfer deferred until 2012 (DoH)

Community (Demand Led) Schemes

Key Result Area	Deliverable 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Modernisation of Community Schemes	Centralisation of Medical Cards.	Q2	Work continued on the centralisation through Q3 and Q4. The final phase went live on 1st July 2011, with the central office now dealing with all Medical Card applications and reviews nationally.
<i>Centralisation of medical cards</i>	Efficiencies delivered through centralisation of Medical Cards and Schemes.	Ongoing	Centralisation of Medical Cards is now complete. This is a key strategic change project in the health service and its success underpins the delivery of cost saving targets this year and for the next number of years.
	Medical Card backlog addressed, if arises.	Q3	Centralisation is now complete and local areas have dealt with residual backlogs as a priority.
	Database of applications established (including cards issued and refused).	Q3	The central office in PCRS maintains a current database of all applications made through the central office, along with the status of each application/review.
<i>Licensed drugs / medicines</i>	Clinical focus applied to all licensed drugs / medicines reimbursed for appropriateness.	Q3	Those medicinal products that can be described as less suitable for prescribing have been identified.
	Rationalisation of all licensed drugs/medicines reimbursed based on need.	Q4	Work is ongoing based on the clinical focus being applied to these medicines and will be further progressed when the current IPHA agreement expires.
	Continuing the review of all non-drug items reimbursed under the Schemes for their appropriateness.	Q4	Applications for continued reimbursement status for clinical nutritional products were received in December 2011.
<i>Probity</i>	<ul style="list-style-type: none"> ▪ Work Programme for Pharmacy and Dental established and commenced. 	Q2	Work programme for pharmacy was fully operational during 2011. Consultation re development of Dental Services Inspectorate, under Croke Park, is on-going. Expressions of Interest have been completed and agreed.

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Delivery of Statutory Services	Children in Care and Aftercare:		
	Each child in care has a care plan and an allocated social worker.	Q2	Procedures are in place to ensure that National Service Plan Targets are monitored and met. At the end of Dec 2011 there were 6,160 Children in care and 5,705 (92.6) of all children in care had an allocated Social Worker this is in comparison to Dec 2010 when there were 5,964 children in Care with 5,558 (93.2) with an allocated Social Worker.
	Dedicated Children in Care Teams established in each area, in accordance with the strategic review of the delivery and management of children and family services implementation.	Q4	Each area now has a lead Family Services Manager with responsibility for a clear line of accountability for children in care.
	Audit of compliance of standardised alternative care planning template commissioned and completed.	Q4	Implementation of Standard Business Processes is ongoing. Phase 2 includes the National Child in Care Record and Care Planning commenced. For completion by Q4 2012.
	Compliance with <i>Section 45 of Child Care Act 1991</i> and 2010 policy directive from Minister for Children and Youth Affairs, in relation to Aftercare services.	Q1	Section 45 of the Child Care Act 1991 places a statutory duty on the HSE to form a view on each young person leaving care as to whether there is a 'need for assistance' and, if it forms such a view, to provide services in accordance with that section and subject to resources. The Minister for Children and Youth Affairs, in June 2010, directed the HSE to formulate and put in place appropriate administrative policies, procedures and guidance for implementing this duty. Currently after care services are identified in Statutory Care Plans. The National Service Plan for 2011 includes additional funding to expand services for young people leaving care. The HSE has signed off the National Aftercare Policy 2011 which includes the policy directive from Minister for Children and Youth Affairs. An Implementation Group has been established and an implementation plan will be completed by end of quarter 1 2012.
National Policy on Aftercare implemented.	Q4	A National Policy on Aftercare has been issued. An implementation group, whose membership comprises key stakeholders, has been established to implement this policy. The group will have completed implementation plan by end of Q1 2012	

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Special Care:		
	Capacity review of Special Care and High Support Services concluded.	Q2	The HSE commissioned external consultants to undertake a review of the capacity for Alternative Care. This research project commenced in March 2011 and reported in October 2011.
	Development programme to increase capacity continued to be progressed.	Q4	The Capital Development Programme is continuing and a design team is currently in the process of designing a building suitable to the needs of young people requiring special care.
	Placements of children in special care facilitated as required.	Q4	Placement of children in special care as required is ongoing.
	Youth Homelessness:		
	Care needs of children under 18 years who are homeless met by the HSE services.	Q4	An interagency youth Homeless forum has been established including representations from the Non government Organizational sector. An audit of current services has been completed. Work is ongoing to improve the collection of data in this area.
	In accordance with Ryan Implementation Plan, review undertaken of practice in relation to <i>Part 2, Section 5 of the Child Care Act</i> where homeless children can be placed in accommodation and not received into the care of the HSE.	Q4	This review has been completed and the recommendations are currently in the process of being reviewed and responded to in partnership with the Department for Children and Youth Affairs (DCYA.)
	Child Protection and Implementing the Revised Children First Guidelines:		
	Compliance with provisions of <i>Child Care Act, 1991</i> and <i>Children First National Guidelines</i> .	Ongoing	<p>Children First has been revised and re- launched in July 2011. A Child Protection and Welfare Practice Handbook was developed for staff and was launched in September 2011</p> <p>The Practice Handbook is to support consistent practice and be a companion document to Children First. In September/October 2011 there were 4 regional briefings in relation to Children First, The Child protection and Welfare Practice Handbook and the future changes in Children and Families Services.</p> <p>A series of workshops in 32 health areas have taken place in Q4 2011 to ensure that all social workers and allied professionals are fully briefed on their roles and responsibilities</p> <p>A certification process has been put in place to ensure all social workers have received, read and understood the handbook and 94% of them have completed this to date.</p>

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011	
	Cross-Sectoral Implementation Plan developed with supplementary HSE implementation plans across all four regions.	Q3	The DCYA have established a cross departmental working group in relation to the implementation of Children First.	
	Dedicated national and regional units to implement and monitor compliance with <i>Children First</i> .	Q2	Children First unit in National Office Children and family services commenced in Q1 2011. Regional Units will commence Q1 2012. Regional managers and 17 ISA area managers were appointed in Q4 2011. This will coordinate the implementation of Children First in a consistent manner.	
	National audit of child protection policies, practices and procedures in Catholic Church Dioceses completed and report submitted to Minister.	Q2	Audit of Church Dioceses is subject to factual accuracy check with each of the diocese. The submission date to the minister is expected to be towards the end of Q1 2012,	
	National audit of child protection policies, practices and procedures in Religious Orders completed and report submitted to Minister.	Q4	The Audit of Congregations of the Catholic Church, has been delayed as a result of issues arising from the audit of dioceses, our expected delivery has been revised to end of Q1.	
	Adoption:			
	Arrangements are in place to ensure the full implementation of the provisions of <i>Adoption Act, 2010</i> as it relates to the HSE.	Ongoing	A National Specialist for Adoption has been appointed. Arrangements are in place for strategic and operational meetings between HSE and the Adoption Authority Ongoing communication between HSE and Department of children and Youth Affairs has been established regarding adoption also.	
Implementing strategies to support service delivery	Implementing the Task Force Report :			
	Further development of the National Child Care Information System:			
	Standardised business processes implemented [through NCCIS] in the remaining 22 LHOs for referral, initial assessment and further assessment processes.	Q2	Roll-out of Referral & Assessment processes has been completed in the 32 LHO's and a review is completed. Phase 2 roll out has commenced and will be completed by Q4 2012.	
	Child Protection, Child Welfare and Children in Care, Family Welfare Conferences processes commenced.	Q3	The implementation of phase 1 of the Standard Business Processes was completed in November 2011. Phase 2 comprising of 3 processes; Child Protection, Child Welfare and Children in Care commenced implementation in Q4 2011 – completion planned for Q4 2012.	

Children and Families			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
<i>Task Force on Children and Families</i>	Further development of the National Child Care Information System:		
	Project to go to tendering process once agreed by the peer review group.	Q2	Completed
	National Child Care Information System (NCCIS) tendering evaluation and selection.	Q4	Stage 1 of restricted tender process completed (Stage 2 of restricted tender process started Q1 2012.
	Children's Services Committees:		
	A further 8 Children Services Committees in place.	Q4	8 Children's Services Committees submitted a Children's Plan to the DC&YA in 2011. There is a target of having 20+ CSCs in place by the end of 2012 with full implementation by 2016.
<i>Task Force on Children and Families</i>	Differential response model:		
	Model piloted in Dublin North East and preliminary evaluation completed.	Q2	<p>The HSE is implementing the Differential Response Model (RDM) in Dublin North. The Project Goal is "To provide a documented new model/approach to practice in child welfare and protection which emphasizes community and family strengths, which is capable of being understood and applied across the country and which addresses national policy</p> <p>The final stages of the evaluation by NUI Galway are approaching completion. This process was very comprehensive and included seeking the views of service users. Some modifications were made to the intake form to ensure that the systems inherent in the Differential Response Model (DRM) are compatible with Standard Business Processes. The Daughters of Charity, partners with Dublin North in providing services under DRM, are taking increasingly complex cases. Of the assessments undertaken in a 13 month period between October 2010 and November 2011, 70% (457) of referrals requiring assessment were conducted by HSE and 30% [196] conducted by the Daughters of Charity. Only 13 were returned to the HSE for further assessment.</p>
<i>Implementation of PA Consulting Report - Strategic Review of the Delivery and Management of Children and Family Services</i>	Implementation of PA Consulting Report on restructuring of children and family services commenced and including completion of initial testing in selected regions and expansion of rollout beyond these areas.	Q4	Completed
	In line with the recommendation of the Ryan Implementation Plan review undertaken of working hours	Q4	In the context of the establishment of a new agency detailed discussions are ongoing with Trade Unions.

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	of HSE social work staff and those of funded agencies. Changes to working patterns / flexible working introduced where appropriate.		
Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009	Implementing the actions of the Commission to Inquire into Child Abuse:		
	Research on social work staff retention issues commissioned and completed.	Q3	This research has been commissioned and completed by UCD and has been signed off by HSE. It is due to be launch by UCD in the spring of 2012. The findings of the report was disseminated to Children and Family Services National Advisory Group for Education, Training, Research and Policy in December 2011.
	Maintain full 2010 complement of social work and related staff subject to the moratorium exemption and funding and output from research on social work staff retention issues.	Q4	The 2010 complement of staff is being maintained subject to resource constraints that led to the introduction of a recruitment pause. This does not affect the overall complement.
	Additional 60 Social Workers appointed.	Q3	As at the 23 rd December 2011, 2 of the 60 additional social workers were filled locally, a further 12 new staff were in post, 7 have had a contract issued and 38 have accepted posts with final clearance being processed.
	Mandatory year of limited caseload, supervision and support for newly qualified social workers in place.	Q1	The Induction of Social Workers: A Policy and Guidelines for Children and Families Social Services (HSE, 2010) provides guidance on the management of caseloads by recommending limited caseloads, supervision and support for the newly qualified social worker. The Induction Policy was signed off for implementation in December 2010 and is due to be reviewed and evaluated in 2012 Following the evaluation of the Induction of Social Workers: A Policy and Guidelines for Children and Families Social Services (HSE, 2010) and the feedback on the implementation of the guidance on the management of caseloads it is proposed that a project is set up to establish a caseload management system and appropriate rotations in the field of Children and Family services for the newly qualified social worker. This work will commence in 2012. A standardised training programme in supervision is under development. The HSE policy Staff Supervision Policy (2009) will be reviewed as part of this process. An implementation plan to support the standardised implementation of the Supervision Policy and training will be completed in 2012. The current Supervision training programme is ongoing.
	Rotation of social workers across children in care, child protection and child welfare teams implemented where appropriate.	Q4	This is currently being examined in the context of the Children and Family Services change programme.

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Multidisciplinary team for children in care and detention established	Q2	<p>A multidisciplinary Working Group representing the HSE and the Irish Youth Justice Service was established in 2010 to develop a service proposal for this Deliverable. The Group reported in October 2010. The proposal recommends developing a four-pronged model comprising:</p> <ol style="list-style-type: none"> 1. A national assessment and intervention service for children at risk. 2. On-site therapeutic services for high support and special care units. 3. On-site therapeutic services for the children detention schools. 4. A parallel development of a forensic child and adolescent mental health service (CAMHS) for children and young people with significant mental health needs requiring more specialist input. <p>Recruitment of staff for the service has commenced with priority being given to the provision of psychological services at the Centres. 1 Senior Psychologists has been recruited through internal recruitment processes in the HSE.</p> <p>Recruitment delayed by the general pause on recruitment in the HSE. Recruitment recommenced in November 2011. Implementation Committee has been established and is proceeding with development of a service delivery model for this service</p>
	Enhanced services for young people leaving care in line in line with statutory commitments and aligned with implementation of the <i>Strategic Review of the Delivery and Management of Children and Family Services</i> .	Q4	<p>Section 45 of the Child Care Act 1991 places a statutory duty on the HSE to form a view on each young person leaving care as to whether there is a 'need for assistance' and, if it forms such a view, to provide services in accordance with that section and subject to resources. The Minister for Children and Youth Affairs, in June 2010, directed the HSE to formulate and put in place appropriate administrative policies, procedures and guidance for implementing this duty.</p> <p>Currently after care services are identified in Statutory Care Plans. The National Service Plan for 2011 includes additional funding and staffing to expand services for young people leaving care.</p> <p>The HSE has signed off the National Aftercare Policy 2011 which includes the policy directive from Minister for Children and Youth Affairs. An Implementation Group has been established and will report by Q1 2012.</p>

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Provision of additional counseling services to victims of child abuse.	Q1	This action has been addressed in the HSE's National Service Plan for 2011 and funding of €2m has been provided for counseling services. The purchase of additional services has commenced. To date additional services have been purchased from 3 agencies and the remainder of the funding will be distributed nationally by the National Counseling Service. The Directors of the National Counseling Service (NCS) have prioritized the waiting list and have agreed an allocation process to ensure equitable access with priority being given to individuals with a history on institutional abuse. Once-off funding was released to the NCS in August 2011 and by the end December 2011 €602,989 was spent providing 7,800 counseling sessions to over 317 individuals with a history of childhood abuse. The final End of Year figures will not be available until end January 2012.
	Analysis of addiction services for children nationwide based on best practice undertaken.	Q4	Liaison with the regional drugs task force is underway with a view to establishing baseline services Analysis to be completed in Q1 2012.
	Scoping exercise on data collection regarding children from ethnic minority backgrounds to ensure that their cultural identity is respected and their needs met.	Q2	In consultation with the HSE social inclusion unit a pilot project was considered but due to other priorities this has been delayed until Q2 2012.
	Audit of resources (financial and staff) carried out across HSE and funded agencies in delivering the children and families programme.	Q2	An audit and validation of HSE staff, working in children and family services, took place in December 2011 and a report setting out an analysis of the data will be completed by early February 2012. The relevant database will be maintained to the transition to the new Children's Agency. Phase 2 of this project in 2012 will concentrate on the budget costings for the staff identified in phase 1.
	Practice placements supports for social work students enhanced.	Q2	HSE Children and Family Services (CFS) have commenced a project of Social Work Practice Placements. The deliverables of this project include: designing a framework to support social work practice placements in the HSE as part of CFS structure; implement social work practice placement standards; develop an implementation plan for the recommendations made re: social work practice placements in the UCD study on social work retention in the health services and establish a system for the management of annual supply of practice placements. This project could not commence because the national posts identified to support this process under the Ryan posts 'SW Practice

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			Education Co-coordinators' were not filled as planned under the NSP for 2011 due to the recruitment pause. However, a revised project to address the issues has been scoped for 2012.
	Project plan for archiving records of all children in care completed.	Q4	A project plan for archiving records of all children in care needs to be scoped. Due to resources issues this has been delayed until Q2 2012.
	Recommendations of the 2007 <i>Report on Treatment Services for Persons who Have Exhibited Sexually Harmful Behaviour</i> implemented.	Q2	This action is included in the HSE National Service Plan, 2011. The necessary funding has been provided to progress implementation. Provision has been made for the allocation of 8 posts, 4 for adults and 4 for children. The recruitment of the 8 staff will commence Q3. The Steering Committee met in September 2011. Recruitment delayed by the general pause on recruitment in the HSE. Recruitment has now commenced.
	Exit interviews conducted with children leaving or changing care placements.	Q4	Dublin North East in conjunction with Empowering People in Care formerly the Irish Association of Young People in Care, have established a leaving care exit interview procedure. It was piloted between July and November 2011. The final report of the process will be ready at the end of February 2012 this will contain a report of the process carried out during the pilot and recommendations as to how the interview process might be carried out nationally.
	Planned implementation of key findings and recommendations of independent reviews / serious case reviews and other relevant reports / inquiries. This includes HIQA reports and HSE's national audit on foster care.	Q3	The National Alternative Care Coordination Group is currently implementing key findings and recommendation of reviews and reports.
Out of Hours:			
	Pilot sites in South and West fully operational and evaluated. Expansion of services progressed in line with findings of evaluation.	Q2	Subject to funding a national social work out-of-hours service will be established. In the mean time two pilot projects are being progressed, one in Donegal and the other in Cork. The pilot site in Donegal became operational in April .2011. The pilot site in Cork commenced operations in September 2011 The evaluation of these two pilot projects, along with information from operation of the Emergency Place of Safety Service, will inform a decision on a wider rollout of this service.
	'Working with Children and Young People: A Quick Guide for Frontline Staff' and young peoples version of 'Your Service, Your Say' implemented.	Q4	Disseminated to Children & Family Staff in 2011.

Children and Families

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Crisis Pregnancy Programme	Progressing the work of the Crisis Pregnancy Programme:		
<i>Addressing the issue of crisis pregnancy through education, advice, counseling, medical and contraception services</i>	Implementation of the recommendations in the national strategy continued, with further projects identified and implemented.	Ongoing	

Mental Health			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Enhancing Service Provision through Structural Changes	Completion of Executive Clinical Directorate (ECD) teams by:		
	Staff reconfigured to complete multidisciplinary ECD Management Teams.	Q4	<p>Nursing</p> <ul style="list-style-type: none"> • Negotiations with nursing staff associations in train. They met at the end June 2011 to finalise areas of agreement and referral of remaining issues to Labour Relations Commission (LRC.). It is expected that agreement on detailed proposal in scheduled January 2012 meeting. <p>Executive Clinical Directors</p> <ul style="list-style-type: none"> • Clarification was sought on review process following two-year appointment of Executive Clinical Directors (ECDs). The process in respect of the Executive Clinical Directors is under consideration by Joint Forum and a decision on the job description is awaited. <p>Other Roles on Mental Health Services Management Teams</p> <ul style="list-style-type: none"> • A draft role description for Business Manager on Mental Health Services Management Team has been agreed by National Services Management Group (NSMG) • A draft role description for Allied Health Professional on Mental Health Services Management Team in preparation. • A draft role description for Service User on Mental Health Services Management Team to be developed with National Services User Group (NSUE).
	Integrated clinical care pathways developed.	Q4	<p>Mental Health Clinical Programmes</p> <p>The National Mental Health Clinical Programme Lead has identified the following Clinical Programmes for Mental Health:-</p> <ul style="list-style-type: none"> • Early Intervention in Psychosis • Early detection and intervention in Eating Disorders (in collaboration with Primary Care) • Ensure engagement, consistency of response and adequate follow-up of those presenting with suicidal behaviours <p>The Programme Plan is in draft and is in the process of being completed by the National Mental Health Clinical Programme Lead.</p>
	ICT:		
	External review conducted on the performance and functioning of WISDOM.	Q2	Complete
Changes in procedures and practices	National ICT business requirements established.	Q4	Due to the reassignment of National Planning Specialist, Mental Health to act as Director of National Office of Suicide Prevention and reassignment of workload to remaining staff, it was not possible to progress this deliverable which is now for delivery in NSP2012

Mental Health			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
	Service user participation:		
	Increased participation in planning and delivering better mental health services with service users through existing partnership.	Ongoing	<ul style="list-style-type: none"> A review of the National Service Users Executive (NSUE) was completed in November and discussions are ongoing with DOH re future funding. 9 teams representing 9 services from around the country commenced the DCU Co-operative Learning Leadership Programme in October of this year.
	Care planning:		
	Collaborative on care planning with Mental Health Commission (MHC) in 8 HSE pilot sites completed and evaluated.	Q3	The collaborative project is now complete and the Mental Health Commission plans to hold a Symposium on February 2012 in the Burlington Hotel on "Individual care planning; enabling the paradigm shift to recovery focused care (lessons from the National Mental Health Services Collaborative Project".
	Mental Health in Primary Care:		
	A third cohort of PCTs will participate in the Team Based Approaches to Mental Health in Primary Care Accredited Programme.	Q3	A third cohort of PCT representatives has completed the team based approaches to mental health in Primary Care accredited programme of training. A review of the programme was held on July 11th. Following on from this, amendments were made to the programme and it will inform further training requirements for Mental health in Primary Care. A further programme will be run in Feb 2012 with amendments. It is planned that a satellite programme will also be tested in September 2012
Service reconfiguration	Reductions in inpatient beds:		
	Further reduction of inpatient beds to 1,051 acute inpatient beds for adults apportioned by population served (including St Michael's in South Tipperary, St Senan's, Wexford and St Ita's North Dublin).	Q4	<p>South Q1 – Q2 Update 26 Acute beds in St Senan's closed. Q3 – Q4 update Reconfiguration of services continues in Sth Tipp – 20 beds closed in St Michaels, with the transfer of admissions for Nth Tipp to the West. The remaining 29 beds will close in 2012 (Q1/Q2)</p> <p>West Q1 – Q2 Update 16 beds closed in St. Brigids Hospital with patients transferred to a new Community Nursing Unit (CNU.) Sligo/Leitrim acute inpatient unit has reduced its bed numbers by two. All other areas are advancing plans for acute bed reduction by Q4 Q3 – Q4 update No further bed reductions in Q4. Each area are developing plans for bed reductions outlined in NSP 2012</p> <p>DNE Q1 – Q2 Update Plans to centralise adult acute in-patient services in a refurbished 25-bed unit in Cavan</p>

Mental Health			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			<p>General Hospital are ongoing. This will facilitate the closure of Ward 15 in St. Davnet's Hospital, Monaghan.</p> <p>Q3 – Q4 update Ward 15 in St. Davnet's Hospital closed to admissions on December 1st 2011. On Monday December 12th 2011 all acute in-patient psychiatry in Cavan/Monaghan were centralised in the Department of Psychiatry in Cavan General Hospital yielding an overall reduction of 6 acute in-patient beds.</p> <p>DML -DML has already achieved considerable reduction on reductions in Acute bed capacity</p>
	Inpatient capacity reconfigured from South Tipperary to Mid-West.	Q2	This exercise was completed in October and admissions for North Tipperary now go to the West.
Community Mental Health Teams (CMHTs):			
	CMHTs resourced from reconfiguration of inpatient capacity.	Ongoing	<p>South As part of the reconfiguration of Mental Health Services in Carlow Kilkenny (CK), South Tipperary (CKST) existing teams will be enhanced when inpatient beds are reduced. As of the 31st of December, amalgamation of existing CMHT is now complete. Team coordinators appointed. Home Based Treatment Team operational since December.</p> <p>West 7.5 WTE were redeployed to advance CMHTs in Galway following the closure of long stay ward in St. Brigids Ballinasloe. No net gain to the service as a result of retirements and moratorium.</p> <p>A Mapping of services has commenced in all areas to provide one adult CMHT per 50k population with reconfiguration in respect to WTEs. It is expected that this exercise will be complete in Q1 2012. This is subject to retirements expected in February 2012.</p> <p>West Where feasible, CANHTs will be strengthened by reconfiguration of resources from in patient capacity.</p>
	CMHT capacity strengthened (through effective multidisciplinary team working, up-skilling etc).	Ongoing	It was proposed that e- learning programmes to support CMHTS be developed. It has not been possible to identify resources to engage in further e-learning developments
Discontinue direct management of medium and low support provision:			
	Discussions with external providers to manage low and medium support infrastructure concluded and direct management and staffing of low and medium support accommodation discontinued.	Q3	<p>The DOE published its National Housing Strategy for People with Disability in October. The Office of the AND, Mental Health involved in Implementation Planning Group for this Strategy beginning 1st Q 2012</p> <p>Guidance for mental health services on</p>

Mental Health			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			approach to housing issue for service users will be available in Q1 2012.
<i>Reinvestment of exchequer funding</i>	Funding returned from the Exchequer (from closure and sale of old psychiatric hospitals and other assets) reinvested in mental health infrastructure.	Ongoing	Ongoing
Suicide Prevention and Stigma Reduction	Implement measures to reduce suicide rates:		
	All action areas in Reach Out progressed, maximising efficiencies and utilising available resources in both statutory and voluntary sectors.	Q4	The National Office for Suicide Prevention (NOSP) has allocated the additional €1 million in 2011 to voluntary and statutory services. All funding has been allocated to 25 distinct programmes focused on skills based training, standardisation of helpline services, ameliorating the primary care response to suicidal behaviour and increasing the capacity of HSE services to respond to clients who self harm. In addition the funding is focused on groups who may be at increased risk of suicidal behaviour because of the economic downturn.
	National See Change Campaign supported.	Q4	The National Office for Suicide Prevention continues to work and support as a partner the SEE Change campaign. Work in 2011 focused on targeting specific occupations, workplace and sporting organisations.
	Number and range of training and awareness programmes developed.	Q4	<ul style="list-style-type: none"> The National Office for Suicide Prevention continued to implement ASIST & safe TALK in line with agreed targets for 2011. The NOSP has trained an additional 10 safe TALK trainers in 2011 All Island Evaluation of ASIST published and available on www.nosp.ie The NOSP has begun the national roll out of the STOP suicide prevention training programme with the Irish Prison Service. Four programmes were delivered in Q1 and Q2. The NOSP has completed the development of a standardised half day awareness training programme for the whole population. The NOSP in collaboration with HSE health promotion, the Office of the Minister for Children and Youth Affairs (OMCYA) and the Data Encryption Standard (DES) have completed a national draft framework for suicide prevention and mental health promotion in the post primary school setting. Dialectical Behavioral Therapy (DBT) has been shown to be effective in reducing self harm behaviours among people with Borderline Personality Disorder (BPD). The NOSP has provided funding to six mental health teams to complete Dialectical Behavioral Therapy (DBT) training. Three teams have completed the training in Q2.

Mental Health

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
			<p>A 2 day up skilling of ASIST Trainers was run in December</p> <p>This project is continuing and the outcomes from the Endeavour project in Cork are very positive. It is hoped that there will be a coordinated expansion in 2012.</p>
	Response to deliberate self harm presentations improved and standardised.	Q4	<p>The NOSP is working in partnership with the HSE South hospital emergency departments and the National Suicide Research Foundation (NSRF) to develop a standardised whole hospital approach to the treatment of self-harm. This model when completed may be applied nationally and is at an advanced stage of development. The NOSP is working on the clinical care programme focused on responding to self harm.</p> <p>Training will be provided to staff on a scaled basis from awareness of self harm to specific skills based training to support front line staff. The second element of the project is in relation to the development of a data system of assessments which can be linked back to the self harm registry. Work has also begun.</p>
	Primary care capacity developed to respond to suicidal behaviour and consider new models of response considered.	Q4	<p>Building on existing programmes of work, the NOSP is working in partnership with the Irish College of General Practitioners (ICGP) to implement an advanced suicide prevention skills programme for GP's and other primary care staff. The Delta study has now been completed of a random study of GP's and Practice Nurses and Primary care Staff in relation to their knowledge on dealing with people who present with suicidal tendencies and is currently being analyzed. The findings will be presented on the 16th January 2012 to the steering group with proposals for an outline of the education programme that will be implemented.</p> <p>The NOSP is in the process of allocating funding to four additional SCAN (Suicide Crisis Assessment Nurse) projects in each HSE area. An integrated evaluation of the two existing SCAN projects is ongoing.</p>
	Helpline supports for those in emotional distress coordinated and widely publicised.	Q4	<p>The NOSP has now allocated funding to the Samaritans to establish and provide a converged Caller Contact System (CONNECT) to 4 areas around the country. The aim is to improve the experience of each call connecting with Samaritans and other partner help lines while increasing the support options available to callers of suicide prevention help lines. This project is progressing and SAMARITANS are working very closely with the telecommunications in relation to reaching an agreement on the cost.</p>

Mental Health			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Continuous Service Development through Statutory and Regulatory Measures Enhancing the Provision of Child and Adolescent Mental Health services	Implement measures to increase residential capacity:		
	Child and adolescent inpatient unit open to full capacity in Bessboro, Cork and Merlin Park, Galway.	Q1	Bessboro Cork Recruitment Pause and moratorium have delayed move to full capacity. Business Cases etc have been prepared to get the posts in place in Q1/Q2 2012. Merlin Park Galway CAMHS unit in Galway approved by MHC to function at full capacity (20 beds) and is now operating to full 20 bed capacity.
	DNE: St Vincent's Fairview capital project completed.	Q3	The tendering process has been completed. Building works are currently in train with an anticipated mid 2012 completion date.
	DML: Development of 11 bed interim Child and Adolescent Inpatient Unit for St. Loman's, Palmerstown.	Ongoing	Recruitment of necessary staff was not proceeded with as result of recruitment pause. Posts have been re-submitted for consideration in 2012
	(See Capital Appendix)		
National Forensic Services	Compliance with the Criminal Law (Insanity) Act through:		
	DML: Provision of 10-12 bed high support hostel for people granted conditional discharge by the courts under Criminal Law (Insanity) Act.	Q3	This development commenced on a phased basis in 2011 and will be fully operational by Q2 2012
	DML: Provision of barricade / siege support to the Gardai in line with Barr recommendations.	Q3	In place since January 2011.
	Progress the National Forensic Hospital (CMH), the four Intensive Care Rehabilitation Units (ICRUs), Child and Adolescent and Mental Health and Intellectual Disability Forensic Services through:		
	Agreement with DoF and DoHC to pursue a funding mechanism to build new forensic capacity.	Q2	The Government approved construction of new Central Mental Hospital and ancillary developments on the site of St Ita's in Protrane in November 2011. Design process and associated work underway
	Sites for Intensive Care Rehabilitation Units (ICRU) identified.	Q2	The consultation process is underway with the 4 regions to identify suitable sites for ICRUs, This exercise is expected to be complete before end Q1, 2012

Disability

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3-Q4 2011
VFM and Policy Review provision	Contribute to the completion of the DoHC VFM and Policy Review:		
	VFM review concluded and areas of efficiency highlighted.	Q3	All relevant data has been returned –NDU continues to contribute to the steering group and project team. Report is expected in February 2012.
	Service provision for residential, day, respite, personal assistant and home support services:		
	VFM efficiency savings targeted to meet emergency needs in Residential, Day, Respite (including Personal Assistant and Home Support services).	Q4	Report is now due in February 2012
	Undertake a study in conjunction with the NTPF in two pilot areas, Galway and Limerick, to assess the relative cost effectiveness of different approaches to the provision of respite care by both statutory and voluntary providers.	Q4	This KRA was amended in conjunction with the DOH and work is currently underway to progress alternative respite provision with HSE West.
	Resource Allocation Model:		
	Implementation of Resource Allocation Model based on development of SLAs and Assessment of Need process commenced.	Ongoing	Engagement with National Disability Authority on potential models continues. Feasibility study sites have been identified and field work will commence in February 2012.
	Stakeholder engagement undertaken.	Q4	The National Consultative Forum (NCF) met of 5 occasions during 2011. A framework document including terms of reference has been agreed. 2 work streams have been established under the auspices of the NCF addressing Congregated Setting and Service User Participation. Four Regional Fora (HSE Regions) have now being established.
	Interagency collaboration:		
	Implementation plan developed for interagency collaboration including new models of service provision in individual sectors, including respite care.	Q1	A new service provision model for neurological agencies will be progressed as part of the National Neuro-Rehabilitation Strategy.
Framework implemented and monitored.	Q4	Discussion on framework not yet commenced.	
Additional opportunities for collaboration identified.	Q4	Additional models for collaboration will be identified following development of framework	

Disability			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Compliance with Legislation and Quality Standards	Disability Act 2005:		
	Part 2 of the <i>Disability Act 2005</i> implemented in accordance with High Court ruling.	Q2	Legal advice sought and obtained. Office of Legal Services currently exploring the implications.
	Assessments and service statements provided within statutory timelines and in line with available resources.	Ongoing	Regional action plans to achieve this end are monitored on a weekly basis. This will continue.
	National Quality Standards (NQS):		
	Action plans developed to:		
	Progress implementation of critical elements of the NQS: Residential Standards for People with Disabilities on an administrative basis.	Q2	Findings from self assessment audit from selected service providers in residential services being complied. Action plan with AND and Regional Specialists/Leads to be finalised. Continue work with HIQA/DOC re implementation of NQS on statutory footing.
Address forthcoming statutory frameworks relating to residential and residential respite services for children with disabilities.	Q4	Phase 1 of information requirements for DOH/HIQA on residential and residential respite services for people with disability in progress for completion by Jan 12 th . Phase 2 final 2012 for completion end Q1. Awaiting review of draft children's standards for development of audit tool and roll out of audit in % of children's residential services.	
Reconfiguration of Services	Children's disability therapy services:		
	Reconfiguration of existing therapy resources to geographic based teams progressed and monitored (0-18 Yrs).	Q3	Regional Coordinating Groups and Local Implementation Groups are approximately 80% established. Phase 1 Service mapping is complete and currently being collated. Key principles for reorganization and development are now incorporated into a 4 part PI for 2012.
	Adult Residential Services:		
	Engagement with service providers and cross-sectoral agencies on reconfiguration objectives.	Q2	An initial meeting of the AND and appropriate stakeholders and relevant unions.
	Development of outline implementation plan in line with VFM and Policy Review.	Q4	A high level implementation meeting was held under the auspices of the National Consultative Forum.
	Adult Day Services:		
Engagement with service providers and cross-sectoral agencies on reconfiguration objectives.	Q2	Initial discussion held with the National Consultative Forum. Upon publication of the Report "New Directions" a work stream will be established to implement the finding of the Report under the auspices of NCF. The Report will be published in January 2012.	

Disability			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
	Development of outline implementation plan in line with VFM and Policy Review.	Q4	National Disability Unit Leads appointed. Report not yet noted by the Board due to Service Planning. To be inspected in January 2012 by the Board.
Neuro-Rehabilitation Strategy	Implementing the national Neuro-Rehabilitation Strategy:		
	Implementation plan developed, implementation structure established and national clinical lead appointed.	Q1	The report was published on 16 th December. A clinical lead has been appointed and an executive lead from NDU.
Development of Information and Data System	Scoping exercise completed and research commenced for an integrated ICT system for disability services across the country.	Q4	Ongoing discussion with DOH. Work plan is being progressed for 2012

Older Persons			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Community Services:	Provision of equitable community based services and home supports by:		
<i>Maintain a strong focus on the provision of equitable community based services and home supports</i>	Development of a model of care for maximising community provision of services for vulnerable older people to include:		
	Procurement process for Home Care Packages (HCPs) to be finalised, and implemented in all LHO areas.	Q4	Outcomes of procurement process are in the final stages of being finalised with appropriate approvals expected in January 2012 and implementation expected in Q1 2012.
	National Quality Guidelines for Home Care Services developed and agreed with DoHC.	Q4	The draft is still under consideration by the Task Group. The final draft will be signed off by the group and submitted to DoHC for input by the end of Q1 2012
	- Home Help guidelines implemented	Q4	The draft is still under consideration by the Task Group. The final draft will be signed off by the group and submitted to DoHC for input by the end of Q1 2012
	- HCP review implemented.	Q4	National HCP Guidelines have been implemented and are in the process of being rolled out to each LHO and voluntary Sector. These guidelines are significantly in place across the system
	National Single Assessment Tool (SAT) to determine access to a range of services for older persons, selected and rolled out nationally.	Q4	An option Appraisal of available tools is now complete - Initial 'tool' selected - 'pilots' commenced in 2 LHO areas in Q4 2011
	Geriatrician Led Community Outreach Teams targeted at vulnerable older people developed.	Q4	Development dependent on compliance with recruitment moratorium
	Work with the DoHC on legislative proposals for Community Care.	Ongoing	Initial meetings held with DoHC - to establish terms of reference etc - ongoing
Residential Care:	Provision of high quality residential care for older persons who cannot be maintained at home by:		
<i>Provide high quality public residential care for older persons who cannot be maintained at home</i>	Continued implementation of the Nursing Home Support Scheme (NHSS).	Ongoing	Ongoing. Nursing Home Support Scheme (NHSS). Applications are being processed within allocated resources. Centralization of public payment process on schedule to commence in Q1 2012
	Strive to optimise the provision of short and long term residential care in both public and private settings by the development of local plans for residential care, to meet local need.	Ongoing	Ongoing. Discussions on-going with DoHC re future public provision of long term residential care Review undertaken on viability of each public long stay unit in Q4 2011.
	Maximise efficiencies in publicly provided residential care to ensure best value for money by reviewing staffing types and levels.	Ongoing	A Skill Mix Project in conjunction with the Nursing and Midwifery Planning Delivery Unit (NMPDU) has commenced to address skill mix and efficiencies across the long term public units.
Falls prevention guidelines	Implementation commenced on the recommendations of the <i>Falls Prevention Strategy</i> in all appropriate older people services	Ongoing	Discussions ongoing with Elderly Medicine Programme about actions that can be achieved within existing resources in 2012.

Older Persons

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Elder Abuse	Increase awareness of Elder Abuse:		
	Elder Abuse Awareness campaigns/Elder Abuse Awareness Day undertaken	Q2	Completed June 2011, as part of World Elder Abuse Awareness day
	Funding provided for the National Centre for the Protection of Older People (UCD)	Q2	Funding released Q2
	Senior Case Workers for Elder Abuse employed in each Local Health Office	Q2	Social Care Worker (SCW) post in Kildare/West Wicklow unfilled. Dedicated Officer post in HSE South unfilled.
	Monthly and annual statistical returns published on reports of Elder Abuse received by the HSE.	Q4	Ongoing.
	Elder Abuse awareness training provided for HSE and other care staff/organisations, Gardai, financial institutions and other appropriate organisations.	Q4	Ongoing.

Palliative Care			
Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3 – Q4 2011
Report of the National Advisory Committee on Palliative Care, 2001	Report of the National Advisory Committee:		
	Identified priorities progressed on a cost neutral basis.	Q4	Revised solutions document completed and a number of actions included in 2012 Service Plan. Engagement with Regions commenced.
<i>Access to specialist services</i>	Agreed referral criteria and assessment of need for specialist services developed.	Q4	Pilot has taken place in Our Lady's Hospice. Minimum Data Set in process of being reviewed and national implementation plan in development.
	Service Level Agreements developed to reflect further efficiencies.	Q4	2012 Service Arrangements (SAs) will include a schedule of the regulations and strategic national documents relevant to Palliative Care Service. 2012 Service Plan priorities and SAs to be included in AND / Regional governance meetings.
<i>Treatment in location of choice where this can be achieved safely, effectively and efficiently</i>	Care pathways, governance arrangements and clinical guidelines developed to support treatment in location of choice.	Q4	Need for additional training in guideline development identified and addressed. Timeframe for completion extended to Q2 2012.
Care at End of Life	Care at End of Life:		
	Care at end of life within both acute and long stay hospitals progressed through the implementation of projects through the <i>Dignity and Design</i> process.	Q4	Five sites identified for project funding in Round 1 with work commencing in Qs 3 and 4. Eight sites identified for Round 2 funding. Scheme will be reviewed in 2012.
Children's Palliative Care	Continued implementation of national policy on Children's Palliative Care:		
	Consultant and key nursing positions in post.	Q3	Two nurses in post; Three posts in final stages of recruitment process; Two posts to be recruited in Q1 2012.
	Review of respite services for children with life limiting illnesses undertaken.	Q3	Review of services in DML and DNE completed with similar review to be undertaken for South and West in 2012.
Minimum Data Set	Minimum Data Set progressed through:		
	First phase of the pilot of MDS completed.	Q2	Monthly data being collected and collated from Specialist Palliative Care Inpatient Units and Specialist Palliative Care in Community setting.
	Day care services and acute hospitals data piloted and collected.	Q4	Pilot undertaken to test data definitions. Refined definition sets to be circulated Q1 2012.
	Review process concluded for intermediate/palliative care support beds.	Q4	Bed Review Working Group established and scoping review completed. Action included in 2012 Service Plan for completion in Q3.

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
National Drugs Strategy and National Substance Misuse Strategy	Tackle the health impacts of addiction and / or substance misuse through:		
	Recruitment of Clinical Directors of Addiction Services completed in each of the 4 regions.	Q3	<p>The RDO's office has been requested to release details of WTE's in order to progress the filling of these posts. Both HSE South and HSE West are examining ways of completing this process.</p> <p>In addition to this, HSE are supporting the roll out of a quality standards project nationwide. The QuADS (Quality Standards in Alcohol and Drugs Services) Support Project is being delivered by the Progression Routes Initiative of the Ana Liffey Drug Project and is currently supporting approximately 100 projects nationwide to self assess as compliant with a recognized Quality Standards framework. Structured support in achieving this is currently available in Dublin, the Northeastern, Southern and Southeastern areas</p>
	Learning from reports implemented including Hepatitis C and Intravenous Drug Users and methadone protocol.	Q3	The timescale for the evaluation of this report has been extended and is due to be completed by the end of 2012
	Pharmacy located harm reduction/needle exchange services implemented throughout the country in each of the 4 regions.	Q3	<p>The Pharmacy Needle Exchange Programme, a partnership initiative between the Elton John Aids Foundation, Irish Pharmacy Union and the HSE has become operational during October 2011.</p> <ul style="list-style-type: none"> The programme will be run over a three year period with 65 pharmacies trained and recruited to provide needle exchange each year. The programme will target areas outside of Dublin The programme will be evaluated over its life time; with programme reviews happening on a 12 month basis; a cost effectiveness review being conducted on all current forms of NEX provision currently funded by the HSE with an anticipated timeframe of Q4 2012 for completion and an external evaluation to be carried out in the later stages of year 3. <p>At the end of 2011, 24 pharmacies were participating in the programme and this figure will increase over the coming months.</p> <p>The Irish Centre for Continuing Pharmaceutical Education (ICPE) training module for participating Pharmacists was completed at the end of 2010. It was successfully attended by pharmacists in six</p>

Social Inclusion

Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
			regional locations outside of Dublin across the country. An agreement has been reached with the Irish Pharmaceutical Union (IPU) regarding the fee per item. The project is now operational and the initial pharmacies are in the process of being recruited.
	Alcohol Public Education/Awareness Campaign developed and launched.	Q2	Scope for awareness campaign completed. DoHC is to sign off on the National Substance Misuse Strategy prior to commencement of campaign.
	Screening and brief interventions available in ED's and Primary Care Services (Phase 1).	Q4	<p>A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use in the Emergency Department & Acute Care Settings for Nurses and Midwives near completion. Work has commenced on the development of a training manual for trainers on Brief Intervention The following is progress to date;</p> <p>Drugs: The National Drug Rehabilitation Implementation committee has adopted National Protocols and Common Assessment guidelines for the drugs area.</p> <p>Alcohol: A report on the work of "Towards a Framework for Implementing Evidence Based Alcohol Interventions" and the results of a feasibility test for screening and brief interventions in four hospital emergency departments was completed in July 2011. The results show that there was good co-operation from the public with only 6% declining to be screened. The screening tool detected 36% requiring brief advice and 9% required referral to specialist services. In total 49% required no further intervention. An appropriate alcohol screening tool has been identified for the Emergency Departments. The findings of the report were sent to the Steering Group examining the incorporation of alcohol into the National Substance Misuse Strategy.</p> <p>Following from the report recommendations, the project has finalized "A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use- for Nurses and Midwives in Acute, Primary and Community Care Settings. This framework has been developed in partnership with the Office of Nursing and Midwifery Services Director. It aims to provide a standardized approach for the education and training of Nurses, Midwives and Allied Health Professionals who undertake</p>

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
			<p>screening and brief intervention (Action 48 also refers). The framework supports safe, quality and effective care for service users, who access healthcare across the HSE and promotes the effective management of problem alcohol use in acute, primary and community care settings.</p> <p>In partnership with drugs.ie, the project is at an advanced stage in the development of an online alcohol self-assessment tool and video-based brief interventions. This will initially be rolled out on drugs.ie and on the drugs.ie FaceBook page. HSE staff will have access to an online alcohol self assessment tool both as a patient resource and for personal use. The aim of the online intervention is to identify “at risk” individuals among the general population through the use of the AUDIT-C and AUDIT screening tool. Those whose alcohol use is likely to be harming their health or increasing their risk of future harm are the main target group intended to benefit from this initiative.</p> <p>An alcohol publications section has been developed at: www.hse.ie/go/alcohol to collate existing HSE alcohol reports and include resources from the project and relevant alcohol related evidence as it becomes available.</p>
	<p>National Addiction Training Framework in place for staff (Phase 1).</p>	<p>Q3</p>	<p>The HSE National Addiction Training Programme (NATP), with input from a National Drugs Rehabilitation Implementation Committee (NDRIC) representative, undertook to lead on the development of pilot site training to inform the implementation of the NDRIC National Rehabilitation Framework. Tendering for the training work was lead on by the NATP and an agency was identified in October 11 – The Learning Curve Institute. This agency will provide 60 days of training to the 10 NDRIC Pilot Sites in 2011 and 2012, based on core principles from the NDRIC Rehabilitation Framework.</p> <p>Three key modules have been developed by the NATP to this effect, encompassing training on:</p> <ul style="list-style-type: none"> - Key Working - Care Planning - Case Management <p>By the end of 2011 the training will be piloted in one of the NDRIC pilot sites and rolled-out to the remaining 9 pilot sites during the first half of 2012.</p>

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
National Homelessness Strategy	Implement actions arising from National Homelessness Strategy:		
	<p>Protocols signposting referral pathways developed between specialist addiction/homeless/traveller services to Mental Health and Primary Care Services.</p>	<p>Q4</p>	<p>A referral pathways paper from Primary Care to Addiction and Mental Health Service's has been developed by a HSE expert group following a meeting with the Dept. of Health re: National Substance Misuse Strategy 29th March. It examined the preferred care pathways between primary services, and mental health and addiction/alcohol services. This paper has been forwarded to the lead senior management in each area (Addiction, Mental Health and Primary Care). Once agreed by the senior management it will be forwarded to the chair of the National Substance Misuse Strategy to help inform work in drafting the National Substance Misuse Strategy.</p> <p>Work is ongoing to develop best practice models for integrating Addiction Services with Primary Care Networks.</p> <p>Work by HSE Social Inclusion to develop a national directory of service providers in partnership with drugs.ie is now at an advanced stage. The directory intends to provide comprehensive listings of all national drug and alcohol treatment and rehabilitation interventions. It is hoped that this new online tool will particularly assist service providers to locate appropriate interventions for their clients and assist with the integrated care pathways approach to drug treatment service delivery.</p> <p>This interactive directory will provides a new approach where agencies will self-register. An extensive questionnaire for services to complete has been developed in partnership with service providers; and both providers and the general public fed into a consultation process to refine both the content of this new information and the functionality of the new directory.</p> <p>It is anticipated that the directory will further promote linkages between different agencies engaged in treatment and rehabilitation provision by way of allowing them to become more familiar with services operating in common localities.</p> <p>As part of the roll out of care and case management the addiction services via the National Drugs Rehabilitation Implementation Committee (NDRIC) the HSE as lead agency</p>

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
			<p>have approved an evaluation framework with the ten pilot sites.</p> <p>To date, all pilot sites have been visited by the independent evaluation team. The evaluation team will seek as much as possible to get a random selection of clients, between 25 and 50 in each pilot site giving a total pilot population of between 250 and 500 individuals. The timescale for the evaluation is to complete a report by the end of 2012.</p> <p>Key outcomes will include what is working well in relation to provision of rehabilitation services and what are the barriers. Perspectives from the clients will be very important and will be obtained through a series of focus groups and / or individual interviews. Perspectives of care deliverers will also be obtained. It is aimed to gather data from participating clients at two points in time in an attempt to map progression. Concepts such as care planning, case management, and inter agency referral patterns and work practices will be examined.</p> <p>To compliment this work the HSE Social Inclusion Office in partnership with the North West Alcohol Forum has recently completed a mapping exercise of statutory, community and voluntary and private organizations providing drug and alcohol treatment and rehabilitation services across Northern Ireland and in the border corridor of the Republic of Ireland.</p> <p>HSE South East is in the process of developing a common assessment/referral forms etc for the region. The Substance Misuse Team in Kilkenny is piloting the Electronic Patient System to see if this system would suit service needs for the region.</p> <p>Addiction Services in Waterford work in an integrated model with mental health services, alcohol/drug/dual diagnosis clients are treated in a holistic way.</p> <p>As part of the roll out of care and case management the addiction services in the South East are engaging in joint training with mental health addiction workers to ensure a seamless service.</p>
All-Ireland Traveller Health Study	Address the outputs from the All-Ireland Traveler Health Study, 2010:		
	Screening programmes targeting vulnerable groups devised and implemented.	Q4	Overall resource and time pressures have impacted on completion of this work; it is anticipated that this will be actively progressed during Q1 2012.
National Intercultural Health	Support staff in helping ethnic minorities access services:		

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Key Result Area	Deliverable Output 2011	Target Completion	Progress Achieved Q3- Q4 2011
Strategy	Emergency Multilingual Aid toolkits for staff and Intercultural Health Guide implemented (Phase 3).	Q3	Implemented, with ongoing support to staff as required
	Translation / Interpreting toolkit for staff in line with Patient Charter implemented (Phase1).	Q2	Resource printed; dissemination taking place in Q1. 2012 Development of database of health related translated information also commenced.
	Use of Ethnic identifier field in health core data sets expanded.	Q2	Discussion with counterparts in DoH; Briefing paper updated and circulated to relevant stakeholders; also progressed via HSE National Traveller Forum
LGBT Framework	Support Lesbian, Gay, Bisexual and Transgender (LGBT) communities:		
	Good practice guiding principles developed to support LGBT communities in equitable access and use of health services.	Q4	Draft LGBT Strategy and Action Plan developed; consultation phase to conclude Q2 2012