

Palliative Care

Operational Plan 2015



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Palliative Care Priorities

Ensure effective and timely access to palliative care services

- Meet the identified deficit in palliative care beds in West / North Dublin.
- Extend service provided by Specialist Palliative Care in the community.
- Extend service provided by Children's Outreach Nurses.
- Meet the deficit in national policy recommendations in the Midlands through the recruitment of a Palliative Medicine Consultant.
- Ensure patients with non-malignant conditions have equal access to services.
- Provide a pain intervention clinic in Marymount Hospice, Cork for patients with complex / severe pain

Ensure integrated palliative care structures are in place

- Establish a national network for specialist palliative care providers.
- Progress the integration of children's palliative care within the development of the Children's Hospital Group.
- Establish effective linkages with developing Hospital Groups.

Ensure quality improvement in adult palliative care services

- Implement the model of care for specialist palliative care.
- Implement the recommendations from the first *National Palliative Care Support Beds Review*.
- Implement the *Palliative Care Competence Framework*.
- Establish the Quality and Patient Safety Collaborative Committee and implement the *Quality Assessment and Improvement Workbooks for Specialist Palliative Care (National Standards for Better Safer Healthcare)*.
- Develop a national Patient Charter for specialist palliative care.
- Identify a suite of KPI outcome measures with an associated monitoring system.
- Continue to work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme and on the implementation of *Palliative Care for All*.

Ensure quality improvement in children's palliative care services

- Work with National Ambulance Services to implement agreed standardised documentation on resuscitation.
- Implement the Parent Held Record 'Our Story'.
- Provide an education programme that will support staff to meet the needs of children with life-limiting conditions and their families.

System Wide Priorities

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| <ul style="list-style-type: none">▪ Improve quality and patient safety with a focus on:<ul style="list-style-type: none">- Service user experience- Development of a culture of learning and improvement- Patients, service users and staff engagement- Medication management, and reduction of healthcare associated infections- Serious incidents, reportable events, complaints and compliments- Implement Quality Patient Safety and Enablement Programme | <ul style="list-style-type: none">▪ Implement the Open Disclosure policy▪ Continue to implement the Clinical Programmes▪ Develop and progress integrated care programmes▪ Implement <i>Children First</i>▪ Deliver on the system wide Reform Programme |
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Introduction

Palliative care is an approach that improves the quality of life of patients and families facing the challenges associated with life-limiting illness.

This is achieved through the prevention and relief of suffering through early identification, high quality assessment and management of pain, along with other physical, psychosocial and spiritual problems. Historically adult palliative care has, for the most part, been associated with patients diagnosed with cancer; however, ongoing service provision must ensure equity of access for patients with non-malignant and chronic illness such as neurodegenerative, cardiovascular and respiratory disease. In recent years, the scope of palliative care has broadened so that palliative care is now provided earlier in the course of a patient's illness as appropriate.

Services are organised to follow the patient journey and to provide care in the place of the individual's need and choice. This includes acute hospitals, specialist palliative care units, and where children and adults live and call home. Embedding palliative care within the reform of the health services including the Hospital Groups and Community Health Organisations will ensure that services become increasingly responsive and accessible.

The strategic direction for palliative care services comes from a number of national documents including:

- *Report of the National Advisory Committee on Palliative Care* (2001, DoH)
- *Palliative Care Services – Five Year Medium Term Development Framework* (2009, HSE)
- *Palliative Care For Children With Life-Limiting Conditions In Ireland - A National Policy* (2010, DoH)

The HSE's National Clinical Programme for Palliative Care also provides clear direction on service development and improvement.

In July 2010, the Economist Intelligence Unit ranked Ireland as having the fourth best-developed palliative care services out of the 40 countries surveyed. The ranking was attributed, in part, to the 'well-established hospice movement'. However, it is well recognised that significant challenges remain. Palliative Care faces a steadily increasing demand for services due to the changing demographics of our ageing population. In addition welcome medical advances and improvement in treatment outcomes means that both adults and children are surviving longer and may require specialist services for extended periods. It is also a fact that a patient's geographic location can at times determine the level of access to specialist in-patient services. With regard to children's services, a recent paper published in the UK would suggest that our current estimation of the number of children with life-limiting conditions is significantly understated.

In 2015 the HSE will continue to engage with existing voluntary providers, the Irish Hospice Foundation and the voluntary hospice movement to address the gaps identified in national strategic documents. The HSE, through a stakeholder representative working group, will also carry out a review of existing national strategic and policy documents and develop a new framework which will provide a direction for palliative care services into the future.

As well as continuing to address the gaps in service provision in 2015 the HSE, through the National Clinical Programme for Palliative Care, will place a particular focus on the implementation of a range of quality initiatives. These will help to improve the delivery of palliative care across all settings.

The Integrated Care Programmes (ICPs) are core to operational delivery and reform. Palliative Care recognises the potential for the ICPs to improve integration of services, access and outcomes, and commits to actively supporting the development and implementation of the priority work-streams of the five ICPs in 2015.

Processes will be put in place within the Division to support the implementation of the Performance Accountability Framework, the Quality and Patient Safety Enablement Programme and Children First. The development of a new Service Arrangement for 2015 will also ensure that strengthened governance processes will be in place for funded external service providers.

The vision for the future is that palliative care will be a gradual and natural increasing component of care from diagnosis to death. The goal is to ensure that patients with a life-limiting condition, and their families, can easily access a level of high quality palliative care service that is appropriate to their needs, regardless of age, care setting, or diagnosis.

Quality and Patient Safety

The HSE is committed to putting in place a quality, patient safety and enablement programme to support high quality, evidence based safe, effective and person centred care. Quality improvement, assurance and verification will underpin the HSE approach to quality and patient safety in 2015.

Palliative Care will continue to work collaboratively with the Divisions to strengthen the quality and effectiveness of the governance of palliative care services across both statutory and funded voluntary providers in 2015.

A range of evidence based initiatives will be implemented in order to drive sector wide improvements in key focus areas within palliative care services:

Within Adult Services

- ◆ Model of Care for Specialist Palliative Services
- ◆ Palliative Care support beds
- ◆ Quality assurance and improvement process
- ◆ Staff competence
- ◆ Medication management
- ◆ Healthcare Associated Infections (HCAI)
- ◆ National Patient Charter
- ◆ Measurement of patient experience
- ◆ Serious Reportable Events (SREs)

Within Children's Services

- ◆ Standardised documentation for the resuscitation of children during transfer between settings
- ◆ Implementation of the Parent Held Record 'Our Story'
- ◆ Staff Education
- ◆ Serious Reportable Events (SREs)

Finance

Financial Allocation

The budget for palliative care in 2015 is €71.9m, an increase of 5% on the 2014 allocation. This does not include expenditure in relation to specialist palliative care provided in 38 acute hospitals, approximately 170 palliative care support beds and designated home care packages.

Incoming Deficit

Funding of €600,000 will be provided to rebalance historical deficits in community services.

Prioritised Initiatives

In 2015 additional funding will be provided:

- ◆ To maintain existing level of service in St Francis Hospice Blanchardstown.
- ◆ To extend service provided by Specialist Palliative Care in the community.
- ◆ To extend service provided by the Children's Outreach Nurses.
- ◆ To recruit a Consultant in Palliative Care Medicine to work across Community Services in CHO Area 8 and Midlands Regional Hospital Mullingar.
- ◆ To provide a Pain Intervention Clinic at Marymount Hospice.

Details of the 2015 Budget are available in Appendix 1 on Pg 10

Workforce

The staff of the health services continue to be its most valuable resource. Staff are central to improvement in patient care, productivity and performance. A culture of compassionate care and a sense of belonging among staff will create and embed an organisation-wide approach to delivering a high quality, effective and safe service to our patients and clients.

The Palliative Care workforce is employed across a number of care settings including acute hospitals, Community Health Organisations and voluntary organisations funded under Service Level Arrangements. This means that the workforce is managed through these settings and that Human Resources processes including implementing The Haddington Road Agreement, reduction of agency and overtime, workforce planning, attendance and absence management, and the European Working Time Directive etc. will take effect through existing working arrangements.

Operational Service Delivery

Palliative Care

Introduction

Palliative care services are organised according to a collaborative, inclusive model that incorporates care provided by generalist and specialist providers to meet population needs. Within this model services use a multi-disciplinary approach to identify and address the needs of each individual person and their family.

Palliative care will undertake a range of actions to ensure that services are:

- ◆ Safe and of the highest quality
- ◆ Responsive and accessible to patients and clients
- ◆ Highly efficient and represent good value for money
- ◆ Well integrated and aligned across care settings

Level of service provision in 2015

- ◆ 196 specialist in-patient palliative care beds in 11 locations
- ◆ Specialist Palliative Home Care provided in all counties
- ◆ Specialist Palliative Day Care provided in 7 locations
- ◆ Specialist Palliative Care available in 38 Acute Hospitals
- ◆ Approximately 170 Palliative Care Support Beds located mainly in community units across 80 locations
- ◆ Children's Outreach Nursing service provided in all Community Health Organisations

Key Priorities with Actions to Deliver in 2015

Key Priority	Action	Service Area	Target
Ensure effective and timely access to palliative care services	Meet the identified deficit in palliative care beds in West and North Dublin through the opening of 24 specialist palliative care beds in St Francis Hospice Blanchardstown	CHO Area 9	Q1
	Meet the deficit in national policy recommendations in palliative medicine in the Midlands through the recruitment of a Consultant in Palliative Care Medicine.	CHO Area 8	Q3
	Meet the deficit in national policy recommendations in specialist palliative care within the community.	National	Q3-Q4
	Extend the service provided by the Children's Outreach Nursing service.	National	
	Provide a pain intervention clinic in Marymount Hospice, Cork for palliative care patients with complex or severe pain.	CHO Area 4	Q1
	Ensure patients with non-malignant conditions have equal access to services through progressing the implementation of <i>Specialist Palliative Care Eligibility Criteria</i>	All CHOs	Q4
	Develop a new palliative care framework which will provide a direction for palliative care services into the future	National	Q1-Q4

Ensure integrated palliative care structures are in place	Establish a national network for Specialist Palliative Care Providers	National	Q1
	Establish effective linkages with developing Hospital Groups.	All Hospital Groups	Q1-Q4
	Support the work-streams of the Integrated Care Programmes for Older Persons, Chronic Disease and others as required.	National	Q1-Q4
	Support implementation of Role Delineation Framework in order to ensure seamless transfer of patients between settings and levels of care	All CHOs All Hospital Groups	Q1-Q4
	Work with specialist palliative care providers to support designated centres for older people so that individuals can remain in their preferred place of care throughout the life course, including end of life.	All CHOs	Q1-Q4
	Appoint a part-time National Coordinator for Children's Palliative Care in partnership with the Children's Hospital Group and the Irish Hospice Foundation.	National	Q1
	Progress the integration of children's palliative care within the development of the new children's hospital.	National	Q1-Q4
Ensure quality improvement in palliative care services – Adult Services	Ensure compliance with HIQA recommendations on management of HCAI.	All CHOs All Hospital Groups	Q1-Q4
	Ensure local robust management systems are in place to address medication errors.	All CHOs All Hospital Groups	Q1-Q4
	Ensure timely reporting of Serious Reportable Events with subsequent analysis and investigation.	All CHOs All Hospital Groups	Q1-Q4
	Progress the implementation of the <i>Palliative Care Competence Framework</i> .	All CHOs All Hospital Groups	Q1-Q4
	Progress the implementation of the recommendations from the first <i>National Palliative Care Support Beds Review</i> .	All CHOs	Q1-Q4
	Complete the model of care for palliative care and commence implementation.	All CHOs All Hospital Groups	Q1-Q4
	Establish the Quality and Patient Safety Collaborative Committee and implement the <i>Quality Assessment & Improvement Workbooks for Specialist Palliative Care (National Standards for Better Safer Healthcare)</i> .	All CHOs All Hospital Groups	Q2 - Ongoing
	Develop a national Patient Charter for specialist palliative care.	National	Q3 - Ongoing
	Work in partnership with the National Clinical Programme for Emergency Medicine and the Irish Hospice Foundation on a demonstration project to develop a best practice model of palliative care for Emergency Departments.	St Vincent's University Hospital	Q3
	Support the implementation of the National Clinical Guidelines <i>Pharmacological Management of Cancer Pain in Adults</i> and the <i>Management of Constipation in Adult Patients Receiving Palliative Care</i>	All CHOs All Hospital Groups	Q1 – Q4
	Support the implementation of <i>Palliative Care Needs Assessment Guidance Document</i> and Education Module	All CHOs All Hospital Groups	Q1- Q4
	Identify a suite of performance indicator outcome measures with an associated monitoring system.	National	Q2
Continue to work with the Irish Hospice Foundation on the Design and Dignity Grants Scheme.	National	Q1-Q4	

	Work with the Primary care Division to progress access to enhanced home care packages to support the <i>Rapid Discharge Planning Pathway</i> for people who have expressed a wish to die at home.	National	Q4
Ensure quality improvement in palliative care services – Children’s Services	Work with National Ambulance Services to draft and implement agreed standardised documentation on the resuscitation of children during transfer between settings.	All CHOs All Paediatric Hospitals and Paediatric Units	Q4
	Implement the Parent Held Record ‘ <i>Our Story</i> ’.	All CHOs	Q1-Q4
	Provide an education programme that will support staff to meet the needs of children with life-limiting conditions and their families.	National	Q1-Q4
	Ensure timely reporting of Serious Reportable Events with subsequent analysis and investigation.	All CHOs All Paediatric Hospitals and Paediatric Units	Q1-Q4

Balanced Scorecard

Quality and Safety	Access
<p>Patient experience and complaints</p> <ul style="list-style-type: none"> Measurement system for patient experience in place (TBD) % of complaints investigated within 30 working days of being acknowledged by the complaints officer (75%) <p>Serious Reportable Events</p> <p>% compliance with the HSE Safety Incident Management Policy for Serious Reportable Event (100%)</p> <p>Reportable Events (Incidents)</p> <ul style="list-style-type: none"> % of events being reported within 30 days of occurrence to designated officer (95%) <p>Medication Management</p> <ul style="list-style-type: none"> % of medication errors reported (as measured through the State Claims Agency) (TBD) <p>National Standards for Better Safer Healthcare</p> <ul style="list-style-type: none"> % of specialist palliative care inpatient units that have completed their self assessment using the <i>Specialist Palliative Care Quality Assessment and Improvement Workbooks (National Standards for Better Safer Healthcare)</i> (100%) <p>Paediatric Services - Parent Held Record</p> <ul style="list-style-type: none"> % of families provided with the Parent Held Record 'Our Story' (100%) 	<p>Community Home Care</p> <ul style="list-style-type: none"> % of patients provided with a service in their place of residence within 7 days of referral (M) (95%) No. of patients in receipt of specialist palliative care in the community (M) (3,248) <p>Inpatient waiting times</p> <ul style="list-style-type: none"> % of patients admitted within 7 days of referral (M) (98%) <p>Day Care</p> <ul style="list-style-type: none"> No. of patients in receipt of specialist palliative day care services (during the reporting month) (M) (349) <p>Paediatric Services</p> <ul style="list-style-type: none"> No. of children in care of the Children's Outreach Nursing service in the year (M) 320
Finance	Human Resources
<p>Budget Management including savings</p> <p>Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)</p> <ul style="list-style-type: none"> Pay - Direct / Agency / Overtime Non-pay (including procurement savings) Income Acute Hospital private charges income and receipts <p>Service Arrangements/ Annual Compliance Statement</p> <ul style="list-style-type: none"> % of number and amount of the monetary value of Service Arrangements signed (M) % and number of Annual Compliance Statements signed (Annual, reported in June) <p>Key Result Areas – Governance and Compliance (Development focus in 2015)</p> <p>Internal Audit (Q)</p> <ul style="list-style-type: none"> No of recommendations implemented, against total number of recommendations (Q) <p>Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2)</p> <ul style="list-style-type: none"> Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling 	<p>Human Resources Management</p> <p>Absence</p> <ul style="list-style-type: none"> % and cost of absence rates by staff category (M) (3.5%) <p>Staffing levels and Costs</p> <ul style="list-style-type: none"> Variance from HSE workforce ceiling (within approved funding levels) (M) ($\leq 0\%$) Turnover rate and stability index New development posts filled <p>Key Result Areas – for development in 2015</p> <ul style="list-style-type: none"> Work force and action plan Culture and Staff engagement Learning and development

Appendix 1 Finance

Palliative Care Budget by Community Healthcare Organisation					
Service Provider	Pay	Non Pay	Gross Budget	Income	Net Budget
	€M	€M	€M	€M	€M
CHO - Area 1	4.7	1.6	6.3	-0.5	5.8
CHO - Area 2	1.5	3.6	5.2	0.0	5.2
CHO - Area 3	0.0	11.6	11.6	0.0	11.6
CHO - Area 4	0.6	7.7	8.4	-0.2	8.1
CHO - Area 5	0.2	1.1	1.3	0.0	1.3
CHO - Area 6	23.7	6.3	30.0	-8.8	21.2
CHO - Area 7	2.2	0.5	2.7	0.0	2.7
CHO - Area 8	4.1	0.8	4.9	-0.3	4.6
CHO - Area 9	0.0	10.3	10.3	0.0	10.3
Regional Support Services	0.7	0.6	1.3	-0.1	1.2
	37.8	44.2	82.0	-10.1	71.9

Appendix 2 Key Performance Indicators

Indicators of Quality Performance: National Targets

Palliative Care Services			
Indicator	NSP 2014 Expected Activity/Target	Projected Outturn 2014	Expected Activity / Target 2015
Inpatient Units			
Waiting Times Specialist palliative care inpatient bed within 7 days (during the reporting month)	94%	96%	98%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	357	380	445
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	2,285	2,349	2,752
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	2,998	2,985	3,177
Community Home Care			
Waiting Times Specialist palliative care services in the community provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	82%	88%	95%
No. of patients in receipt of specialist palliative care in the community (monthly cumulative)	3,050	3,248	3,248*
No. of new patients seen or admitted to specialist palliative care services in the community	8,180	8,907	8,907*
Day Care			
No. of patients in receipt of specialist palliative day care services (during the reporting month)	331	349	349*
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	848	962	962*
Community Hospitals			
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	131	165	165*
Paediatric Services			
No. of children in the care of the children's outreach nursing team / specialist palliative care team	New PI 2014	321	320
No. of new children in the care of the children's outreach nursing team / specialist palliative care team	New PI 2014	229	229
Acute Services			
Total number of new referrals for inpatient & outpatient services seen by the Specialist palliative care team			New PI 2014
Waiting times Specialist palliative care services for acute and re referral within 2 days			New PI 2014

Indicators of Quality Performance: Targets by Community Health Organisations

Palliative Care Division														
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity	
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW		
Inpatient Units														
Waiting Times Specialist palliative care inpatient bed within 7 days (during the reporting month)	Existing	Monthly	96%	98%	98%	98%	98%	98%	98%	98%	98%	0%	98%	98%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	Existing	Monthly	380	39	31	69	97	13	29	82	0	85	445	
No. of new patients seen or admitted to the specialist palliative care service	Existing	Monthly	2,349	270	217	386	616	111	146	496	0	510	2,752	
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	Existing	Monthly	2,985	323	245	517	654	110	215	610	0	503	3,177	
Community Home Care														
Waiting Times Specialist palliative care services in the community provided to patients in their place of residence within 7 days (Home, Nursing Home, Non Acute hospital) (during the reporting month)	Existing	Monthly	88%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
No. of patients in receipt of specialist palliative care in the community	Existing	Monthly	3,248	408	382	486	492	453	233	273	259	262	3,248	
No. of new patients seen or admitted to specialist palliative care services in the community (monthly cumulative)	Existing	Monthly	8,907	542	1042	887	1503	1010	732	845	1498	848	8,907	
Day Care														
No. of patients in receipt of specialist palliative day care services (during the reporting month)	Existing	Monthly	349	10	34	26	116	2	40	44	0	77	349	
No. of new patients in receipt of specialist palliative day care services (monthly cumulative)	Existing	Monthly	962	48	47	120	375	2	100	85	0	185	962	

Palliative Care Division

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	
Community Hospitals No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	Existing	Monthly	165	16	4	19	31	33	7	40	15	0	165
Paediatric Services No. of children in the care of the children's outreach nursing team / specialist palliative care team	Existing	Monthly	321	15	24	42	25	48	19	36	65	46	320
No. of new children in the care of the children's outreach nursing team / specialist palliative care team	Existing	Monthly	229	19	22	19	33	25	18	34	30	29	229
Acute Services Total number of new referrals for inpatient & outpatient services seen by the Specialist palliative care team	New	Monthly											New PI 2014
Waiting times Specialist palliative care services for acute and re referral within 2 days	New	Monthly											New PI 2014
System Wide KPIs													
Complaints % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Existing	Q	69%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Serious Reportable Events % of Serious Reportable Events being notified within 24 hours to a designated officer	New	-	New 2015	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
% of mandatory investigations commenced within 48 hours of event occurrence	New	-	New 2015	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of mandatory investigations completed within 4 months of notification of event occurrence	New	-	New 2015	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Reportable Events (Incidents) % of events being reported within 30 days of occurrence to designated officer	New	-	New 2015	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Quality and Safety Committees Quality and Safety Committees across all	New	-	New 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Palliative Care Division

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									National Target / Expected Activity	
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW		
Divisions at Divisional, Hospital and community Healthcare Organisation														
Staff Training														
% of staff interacting with patients who have received mandatory Hand Hygiene training in the last 2 years	New	-	New 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of staff trained in manual handling				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of staff trained in fire handling				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%