Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CHO 1 Plan

2017

Cavan, Donegal, Leitrim, Monaghan & Sligo

Building a Better Health Service
CARE COMPASSION TRUST LEARNING


Goal
1
Promote health and wellbeing as part of everything we do so that people will be healthier


Goal
2
Provide fair, equitable and timely access to quality, safe health services that people need


Goal
3
Foster a culture that is honest, compassionate, transparent and accountable


Goal
4
Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them


Goal
5
Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

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Foreword

I am delighted to present the 2017 Operational Plan for the Community Health Organisation (CHO) covering the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo. This area is designated CHO 1. From January 2017, the management of services will be organised on a divisional model under the leadership of newly appointed Heads of Service as follows:

• Health and Wellbeing	Cara O'Neill
• Primary Care	Dermot Monaghan
• Mental Health	Leo Kinsella
• Social Care (older people & disability services)	Frank Morrison
• Finance	Paraic Casey
• Human Resources	Patrick Murray

The CHO 1 area has a population of 389,048 with a dispersed rural population spanning beautiful inland lakes, urban centres and the Wild Atlantic Way. It shares a long border with Northern Ireland, offering opportunities to develop and deliver services on a cross border basis. Despite many challenges our communities are resilient with a tradition of innovation and developing solutions to address the needs of the area.

Our ambition for the health services include:

- Promoting health and wellbeing as part of everything we do
- Providing fair, equitable and timely access to quality, safe health services
- Fostering a culture that is honest, compassionate, transparent and accountable
- Engaging, developing and valuing our workforce to deliver the best possible care and services
- Managing resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

The plan reflects the priorities outlined in the National Service Plan HSE 2017 and the work currently underway across the five counties. The plan is subdivided into the main areas of work incorporating Health and Wellbeing, Primary Care, Social Care including Disability Services & Older Peoples services and Mental Health Services.

The 2017 budget for CHO 1 is €385.54m. This represents a net €11m or 3% increase on final 2016 budgeted levels. There are 4,764 full time people (posts) delivering community health services across the five counties who share a commitment to improve services and work in partnership with communities and the voluntary sector. We also work in partnership with colleagues in the Saolta Hospital Group, RCSI Hospital Group, other state agencies including local authorities and the educational sector to improve healthcare delivery and the health of our population.

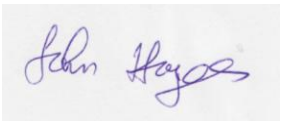
Our Guiding Values

- Respect - we aim to be an organisation where privacy, dignity, and individual needs are respected, where staff are valued, supported and involved in decision-making, and where diversity is celebrated, recognising that working in a respectful environment will enable us to achieve more.
- Compassion - we will treat patients and family members with dignity, sensitivity and empathy.
- Kindness - whilst we develop our organisation as a business, we will remember it is a service, and treat our patients and each other with kindness and humanity.
- Quality – we seek continuous quality improvement in all we do, through creativity, innovation, education and research.
- Learning - we will nurture and encourage lifelong learning and continuous improvement, attracting, developing and retaining high quality staff, enabling them to fulfil their potential.
- Integrity - through our governance arrangements and our value system, we will ensure all of our services are transparent, trustworthy and reliable and delivered to the highest ethical standards, taking responsibility and accountability for our actions.
- Team Working – we will engage and empower our staff, sharing best practice and strengthening relationships with our partners and patients to achieve our Mission.
- Communication - we aim to communicate with patients, the public, our staff and stakeholders, empowering them to actively participate in all aspects of the service, encouraging inclusiveness, openness, and accountability.

These values shape our strategy to create an organisational culture and ethos to delivery high quality and safe services to those we serve and for which staff can rightly be proud.

I look forward to working with all of our staff and colleagues across the HSE, the independent and voluntary sector, Oireachtas and Health Forums in implementing this operational plan in 2017.

Best wishes



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John Hayes

Chief Officer

Community Healthcare Organisation (CHO) Area

Introduction

Introduction

The operational plan for 2017 outlines the key new service delivery priorities across Community Healthcare Organisation (CHO) CHO 1 within allocated resources. Delivery of services in CHO 1 with the associated demographics, rurality and geography of the area, reforms of organisational structure and governance and continued efforts in quality improvement and provision of person centred services will present challenges. Over the last number of years we have relied on staff at all levels of the organisation to deliver on these challenges and over 2017 we will build on the service developments and quality improvement initiatives delivered heretofore and advance the service delivery agenda.

	2017 NSP Budget €m
Primary Care	110.82
Mental Health	71.65
Social Care	203.07
Total CHO 1	**385.54**
Full details of the 2017 budget are available in Table 1	

Challenges Impacting on the Delivery of Services

Demographic Trends

Trends in demography influence the requirement for services and the models of service delivery in a local area. The 2014 Department of Health report noted that the main health status related cost driver of pure demographic change is the rapidly increasing number of people in the older age groups rather than any gradual long term projected changes in age-specific morbidity and mortality. It is estimated that most of the major chronic diseases will increase by approximately 20% by 2020 (HSE, 2014) largely driven by the ageing population.

The Central Statistics Office preliminary population figures issued in 2016 indicate that there is little or no change overall to the total population figures in CHO 1. The breakdown of the population into age-groups later in 2017 will provide invaluable information in terms of planning for services and dependent populations.

The health status of the population is influenced by many factors, not least the levels of deprivation. The most recent census figures highlight that the self reported health status in those living in CHO 1 was lower than that of other CHOs.

Health Challenges

The health challenges in CHO 1 mirror those of National challenges. Delivering healthcare at the levels required by the communities in which we serve requires a significant quantum of services. The key service delivery overview provides an indication of the levels of services delivered throughout 2016 for a number of services. These levels of service are expected to be continuously required going forward.

The incidence and prevlance of people with cancer, cardiovascular disease, diabetes, stroke, respiratory disease etc. will increase by between 4 and 5% per annum (HSE, 2016). Lifestyle risk factors such as smoking, alcohol consumption, obesity and inactivity are key health challenges in prevention of chronic conditions. Child health (including obesity, physical activity, infant health and immunisation) require a multifaceted and cross organisational approach that supports the best outcomes for children. From a social inclusion perspective, providing services for travellers, ethnic minorities and the homeless as well as those with addiction issues are key challenges.

In terms of social care, some of the key health challenges for older people is the maintence of good health, support for older people in their own homes and communities and where necessary, the provision of home support and residential care. From a disability perspective, challenges exist in the provision of services to meet the needs of children and adults with a disability as rates of disability are expected to rise.

Within the mental health context, the key challenges are centered around children and adolescents and older people and provison of services to meet increasing needs. Service needs for children requiring assessment and intervention continues to outweigh capacity. Alongside an ageing population are increased levels of dementia and thus increased service needs.

Overall, the key health challenges facing the health services require an approach to healthcare that best meets the needs of the client whilst ensuring that the most effective, efficient and value for money services are made available within existing resources.

Building a Better Health Service

Introduction

Planning and delivery of services in CHO 1 culminates in the delivery of national policy, regulatory and legislative requirements and local service initiative priorities. The founding principle is that services strive to meet the needs of those in the area whilst maintaining quality within the allocated resource. In terms of building a better health service (page 8), the following paragraphs outline the 2017 local deliveries that correspond to the longer multi-year health service objectives.

Cross Organisational Themes – CHO 1

Healthy Ireland

The implementation of the Healthy Ireland Framework and in particular the delivery of a '*Healthy Ireland in the Health Services,' National Implementation Plan 2015–2017*' published in July 2015 is a key priority area for CHO 1. This plan outlines three strategic priorities for action:

- Reducing Chronic Disease - the biggest risk to our population's health
- Staff Health and Wellbeing - ensuring we have a resilient and healthy workforce
- System Reform - ensuring that the direction and the effect of the significant reforms underway result in a health system that prioritises health and prevention

2017 will see the further embedding of these priorities and agreed actions with the establishment of the Health and Wellbeing Division in CHO 1 and the appointment of a Head of Health and Wellbeing. The Head of Health and Wellbeing will support the Chief Officer in achieving the objective of embedding health and wellbeing into all strategic and operational plans. A key focus will be to work closely with other Heads of Service/Divisions, Social Care, Mental Health and Primary Care to drive improved health outcomes for patients and service users.

Children First

The Children First implementation plan sets out key actions to ensure compliance with Children First legislation and national policy. Under legislation, the HSE and funded organisations providing services to children and young people are required to undertake an assessment of risk and to use this risk assessment to develop and publish a Child Safeguarding Statement. The Safeguarding Statement also outlines how staff/volunteers will be provided with information to identify abuse which children may experience outside of the organisation, and what they should do with concerns about child safety.

In 2017, CHO 1 will co-operate with the implementation of Children First plans with support from the Children First National Office; to include

- Uptake of Children First training programmes by HSE staff
- Implementation of child protection policies
- Reporting on Children First Compliance as part of the performance assurance process.

Suicide Prevention

Connecting for Life 2015–2020 (CFL) is the national strategy to reduce suicide and sets out a vision of an Ireland where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing. Key priorities and actions to deliver on CFL goals in 2017 are outlined in the Mental Health Operational Plan and include:

- Developing a CHO 1 implementation plan based on the National "Connecting for Life" strategy
- Implementing the national training plan for suicide reduction

Programme for Health Service Improvement

The Programme for Health Service Improvement was established to support the building of a better health service for the population of Ireland. The Programme for Health Service Improvement Action Plan outlines a programmatic approach to how a better health service will be delivered over time with specific deliverables. These improvements are being managed and delivered across the reform portfolio - Programme for Health Service Improvement. CHO 1 will assist in the programme for health service improvement by:

- Supporting the continued development and strengthening of the CHO
- Establishment of a project management office in the CHO.
- Roll out of the first phase of the leadership development programme in partnership with the National Leadership and Development team where a culture of continuous learning and improvement is fostered.

Improving Compliance with Regulatory Framework

Improving the rates of compliance with the regulatory frameworks is a key priority for CHO 1 in 2017, particularly in the area of disability. A range of initiatives have commenced and are ongoing throughout 2016 and these will be strengthened in 2017. Some of the key actions to be undertaken are as follows:

- Establish a HIQA Compliance Regulatory Group focusing initially on specific units with a large degree of non compliance.
- Develop a Quality Improvement Plan
- Implement recommendations of the of Quality Improvement Plan

Integrated Care and Clinical Programmes

The integrated care and clinical programmes are key enablers in CHO 1 and these areas will be strengthened and developed in 2017. Amongst the deliverables are the following:

- Promoting hospital avoidance through the continuation of services such as continence promotion, dementia initiatives and the falls management programme
- Develop a standardised pathway for discharge from the National Children's Hospitals for children with complex medical needs across CHO 1.
- Promote the Integrated Model for Community Care for Children in collaboration with multidisciplinary team

Nursing and Midwifery

Within CHO 1, the appointments of two practice Development Facilitators to Donegal and Sligo/Leitrim funded by the Nurse Planning and Development Unit (NMPDU) to commence policy and practice development will be a key CHO 1 priority for 2017.

Quality and Safety

The key focus for CHO 1 services is to deliver clinical and social care that is high in quality and that is safe and sustainable. Robust quality and safety governance is central to the provision of high quality, safe and effective care in line with regulatory requirements and national standards.

A culture of continuous quality improvement through effective governance structures, clinical effectiveness, outcome measurements, and evaluation will be at the centre of our approach to improving services. Quality improvement, quality assurance and verification, will underpin the CHO 1 approach to quality and patient safety.

The *National Standards for Safer Better Healthcare* outline what can be expected from their healthcare services and also outline to service providers what is expected of them. The standards will help to drive improvements for patients by creating a common understanding of what makes a good, safe, health service. We seek to drive quality improvement in response to these standards. Compliance with National Standards for Safer Better Healthcare underpins CHO 1's strategy for continuous quality improvement.

Key areas of focus for quality and patient safety include:

- Clear leadership and commitment to reviewing and improving the quality and safety of the services we provide in CHO 1.
- Commitment to supporting the development of an open and transparent culture with defined accountability for quality and safety
- Clear governance and accountability for quality and safety at all levels of the health service and divisions
- Improving the patient/client experience within health services
- Encouraging staff to openly raise patient safety concerns and bring forward proposals for service improvement and enabling a culture of learning and improvement
- Supporting quality improvement throughout the health system to improve outcomes and reduce patient harm
- Ensuring that standards, policies and guidelines are understood and appropriately implemented
- The development and use of a comprehensive set of quality and safety indicators to measure the quality and safety of services and take appropriate action to improve poor performance across all divisions.
- Ensuring that from a patient safety perspective there is robust risk assessment of any reconfiguration of services required to meet financial and staffing constraints
- Continued development of the controls assurance process that requires all managers to provide assurance on their accountabilities for clinical and social services to the same level as required for financial accountability
- Staff training and education in respect of quality, patient safety and risk management to support compliance with National Standards and regulatory requirements.
- Provide assurance to the organisation on the implementation, monitoring, and evaluation of the above priorities

Quality, Safety and Risk Governance Committees for the CHO 1 have progressed structures in respect of quality, safety and risk in CHO 1. Quality, Safety and Risk Governance Committees have a number of sub-committee that focus on quality and patient Safety. Committees on Policies, Procedures and Guidelines (PPGC), Drugs and Therapeutics Committees (DTC), Medical Devices/Equipment Management Committees (MDEMC) and Audit Committees, with agreed terms of reference and all four sub-committees report to the Quality, Safety and Risk Governance Committees. The availability of a Quality Management Information
Quality improvement and patient safety is everybody's business and will be embedded in all work practices across all services in CHO 1 and will continue to be a key focus for 2017.

Performance and Accountability Framework

The HSE's accountability framework approved by the Directorate and adopted by the Minister for Health sets out the means by which the HSE and in particular each CHO will be held to account for their performance in relation to access to services and the quality of those services within the financial resources available.

There are 5 levels of accountability as set out within the accountability framework. At a CHO level, accountability levels 4 and 5 are the most pertinent. The Chief Officer in CHO 1 is accountable to the each of the National Directors for community services (Level 4 accountability). Service managers and Section 38 and 39 funded agencies are accountable to the Chief Officer (level 5 accountability). There are a number of documents that form the basis of the accountability framework. In addition to performance meetings, performance reports are produced on a monthly and annual basis and submitted to the Dept. of Health in terms of the HSE's performance against National Service plan commitments.

Within the CHO, the Chief Officer holds monthly performance meetings with their heads of division. In terms of Section 38 and section 39 agencies (non-statutory sector), the service arrangement or Grant Aid agreement continues to be the principal accountability arrangement. There is a named manager responsible for managing the contractual relationship with each individual agency. This individual is responsible for managing the performance and financial management within the specified agreement.

As performance is measured, a process of escalation has been established whereby underperformance is reported and acted upon depending on the nature of the underperformance. There are approved tolerance levels with regard to underperformance and a process identified for escalation of areas of underperformance. The 4 point escalation framework is used to escalate issues and incidents to the appropriate level from Level 1 (Yellow) at Chief Officer Level to Level 4 (black) at Director General As the level of escalation increases, the sanctions and intervention levels increase to an appropriate level. A full over view of the performance and accountability framework can be found on www.hse.ie.

Risks to the Delivery of the Operational Plan

As with all plans, there are risks to the delivery of the CHO 1 operational plan. A number of these are outlined below:

- Increased demographic pressures and changing client expectations
- Ability to deliver existing supports and services within overall resource allocation
- The capacity to respond to the population of the area and their needs given the deprivation, rurality and complexity of delivering services across a low density population
- The capacity to recruit skilled and specialist workforce, particularly in rural areas such as CHO 1 and the time delays incurred in recruitment to vacant posts
- Changing organisational structures and processes alongside the pressures of "business as usual"
- The complexities of establishing a singular delivery structure where systems and processes lean towards former LHO areas
- Capacity and resources in delivering business as usual whilst improving quality, changing structures and working within resources available
- Capacity and resources to comply with regulatory requirements in public long stay residential facilities, mental health and disability sectors
- The capacity to exert control over pay costs and staff numbers in the context of safety and quality, regulatory, volume and practice driven pressures
- Capital expenditure unavailability when required

- The capacity for programme management and change management within divisions/services due to both a shortage of these skill sets and the need to continue to deliver “business as usual”
- Managing within the limitations of our clinical, business information, financial and HR systems to support an information driven health service

CHO 1 Priorities for 2017

Health and Wellbeing

- Engage with staff to identify key actions to improve their health and wellbeing in the workplace and in their local communities
- Increase breastfeeding rates and supports to parents
- Increase healthy eating
- Reduce smoking initiation rates among young people and reduce smoking prevalence among adults
- Empower people to improve their health and wellbeing through Making Every Contact Count
- Work with the Integrated Care Programmes and Clinical Programmes to redesign and develop integrated care pathways for people with long term conditions
- Increase uptake of flu vaccination for all at risk groups including all HSE staff

Primary Care, Social Inclusion and Palliative Care

- Improving quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care
- Improving health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities
- Improving access, quality and efficiency of palliative care services
- Reimburse contractors in line with health policy, regulations and within service level arrangements governing administration of health schemes
- Processing applications for eligibility (under the PCRS) within agreed timelines
- Strengthening accountability and compliance across all services and review contractor arrangements

Mental Health

- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide
- Embed Advancing Recovery Ireland and progress the implementation of the service reform project proposal
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Enhance the service user and carer engagement structures and progress the implementation of the National carers strategy
- Enable the provision of mental health services including the establishment of a governance and accountability structure for MHS, staff and infrastructure. A key enabling step will be to establish interim governance and accountability structures including management team.
- Conduct a review and mapping of the "as is" in Mental Health services across CHO 1
- Develop a robust change management plan to support the required transition to the new operating model and informed by national models for provision of standardised safe mental health services.

Social Care

Safeguarding Vulnerable People

- Implementation of the National Policy on Safeguarding Vulnerable Persons at Risk of Abuse
- Commencement of the Quality Improvement Enablement Programme
- Advance implementation of training programme for designated officers and frontline staff and achieve targets for awareness

Assisted Decision-Making

- Commence training on the Assisted Decision-Making (Capacity) Act 2015

HCAIs and AMR

- Develop plan for the implementation of the action plan for HCAIs and AMR in line with new governance structures and available resources

Disability Services

- Provide residential, day places, day respite sessions / respite overnights and personal assistance
- Provide residential emergency places and new home support / in-home respite for emergency places within available resources under the direction of the CHO 1 Residential Service Executive Management Committee
- Reconfigure day services including school leavers and rehabilitative training in line with New Directions
    - Provide day service support for people leaving school/rehab training
    - Complete the Progressing Disability Services and Young People (0-18) Programme with the establishment of Disability Network Teams, aligned to the Community Health Networks (resource dependent)
- Accelerate Implementation of a Time to Move on from Congregated Settings
- Increase compliance with HIQA National Standards, through the implementation of a CHO 1 Quality Improvement Plan, including the following:
    - Develop an action plan to systematically identify areas for safety and quality improvement
    - Implement a monitoring process to ensure that identified actions are successfully affecting change
    - Establish a disability services operational management team to oversee the quality improvement plan
- Monitor and develop a plan to improve compliance levels with the Disability Act
- Enhance governance for Service Arrangements

Services for Older People

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospital.
- Progress key actions from the National Dementia Strategy.
- Continue to support the roll out of the Integrated Care Programme for Older People in conjunction with CSPD and continue evaluation of pioneer site at Sligo University Hospital
- Support the roll out of the Single Assessment Tool (SAT) when commenced in CHO 1
- Provide 1,435,000 home support hours to 5,023 people

Quality

- Establish governance structures and accountability arrangements for Quality, Safety & Risk Management within CHO 1.
- Appoint QPS Lead for CHO 1

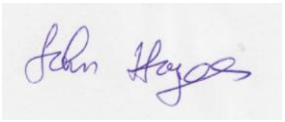
Human Resources (HR), Finance and Cross Divisional

- Review staff engagement survey and identify actions across divisions
- Integrate and develop HR services and roll out the SAP to outstanding areas of CHO 1
- Develop and restructure the HR function across CHO 1
- Outline a programme of work to validate staffing levels across CHO 1
- Continue to advance the programme of work in relation to agency and overtime conversion
- Continue the development of the HR early warning system
- Develop workforce planning activities including coaching and mentoring and leadership and management development programmes
- Complete all Service Arrangements by 28th February 2017
- Continue to review pay and numbers in each division through the paybill management process
- Ensure that divisions have undertaken emergency planning for relevant services/units
- Commence a mapping process in the transitioning to community health care networks

Conclusion

The delivery of the operational plan for 2017 will be challenging. New structures and delivery arrangements will become operational whilst service improvements will be implemented. This will be built upon new arrangements locally for governance, management and accountability. Notwithstanding the risks to delivery of the operational plan, CHO Area 1 has continually strived to deliver quality services to those in the area and 2017 bring opportunities to build upon the work and developments to date, share expertise, streamline services and improve quality throughout services.

Signed by CHO



John Hayes

Chief Officer

Community Healthcare Organisation (CHO) Area 1

Operational Framework

Financial Plan

Context

The 2017 budget for CHO 1 is €385.54m. This represents a net €11m or 3% increase on final 2016 budgeted levels.

The allocation received in 2017 assumes the continuation of 2016 levels of service whilst also providing additional funding to develop mental health services, to meet demand-led pressures in primary care, as well as service-specific shortfalls for home care for older people and the changing needs of people with disabilities.

Despite the scale of the allocation, the challenge for CHO 1 to meet its targets is considerable. The dependent population is increasing, demand for more complex services to support people in the community is rising and the changing needs of our target population place continuing pressures on existing services.

CHO 1 fully acknowledges the requirement to operate within the limits of the funding notified to it and delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017. However, given the scale of the demographic, regulatory and legislative obligations, organisation changes and other service pressures, there are substantial service and financial risks to be managed in delivering this operational plan.

CHO 1 will focus its efforts around improving the quality and standards of care being provided, developing the most efficient models of service delivery, extending controls around the pay bill and other significant cost categories and increasing productivity in order to contain the annual growth in costs that is typical of healthcare systems. Thereafter, to the greatest extent practicable, and consistent with the safe delivery of services for our population and the continued availability of front-line staff, CHO 1 will deliver services at 2016 levels or at an increased level where this is supported by the funding available.

CHO Budget Tables

Additional base funding of €11m (excluding 2016 once-offs) has been provided in the 2017 budget. This will assist in dealing with the underlying 2016 operating deficit, with the balance to be dealt with by way of additional savings and other financial measures to be agreed with the national divisions.

Table 1: CHO 1 indicative allocation

Division	2017 NSP Budget €m	2016 Closing Budget €m
Health and Wellbeing	-	-
Primary Care	110.82	111.42
Mental Health	71.65	66.85
Social Care	203.07	196.53
TOTAL CHO 1	**385.54**	**374.80**

Note: 2016 closing budget reflects once-off allocations including Winter Initiative and Minor Capital Works that have not yet been notified for 2017

2017 Development Funding/New Initiatives

Although cost pressures remain in many aspects of service delivery, a range of developments and initiatives that commenced in 2016 will continue and expand across CHO 1 into 2017. These encompass the broad spectrum of services and clinical pathways in the region. Examples of initiatives that commenced in 2016 and which will continue and / or expand in 2017 include:

- Jigsaw services, Suicide / Bereavement support service and National Quality standards for mental health
- Chronic Disease demonstrator site for respiratory services
- Frail elderly programme with Sligo University Hospital
- Roll-out of ultra-sonic equipment in the community
- Upgrading of community x-ray facilities in community hospitals in Donegal

Additional funding streams have been provided in 2017 for the following priority areas:

- Speech and language developments - €0.2m
- Mental Health developments - €3.4m
- School Leavers - €0.7m
- PA / home support - €0.2m
- Emergency and residential placements - €1.8m
- Transition to community living - €1.8m

Service Pressures / Existing Level of Service

The cost of providing the existing services at the 2016 level will grow in 2017 due to a variety of factors including:

- The impact of national pay agreements / public pay policy requirements
- Quality and safety requirements, e.g. Mental Health Commission and HIQA
- Other clinical non pay costs, price rises etc
- Additional costs associated with demographic factors

In relation to pay rate funding, it is noted that the net cost of increments were not funded within the overall allocation. Also, the costs of implementing the Lansdowne Road and Haddington Road agreements will be in excess of funding required by approximately €0.9m across all divisions.

Additional base funding has been provided within the 2017 budget and this will assist in dealing with the underlying 2016 operating deficit across all divisions. These include:

- Medical supplies - €0.5m
- Mental Health External Places - €1.0m (once off in 2017)
- Disability demographic funding - €2.5m
- Home Care and Winter Initiative - €4.6m

However, challenges remain and there is a pressing need to ensure an appropriate response to the growing need for residential places for people with a disability, to maintain funded levels of personal assistant and home support hours and to address key funding and activity deficits in therapy services and for complex paediatric cases.

Savings and Efficiency Measures

The allocation is net of value for money and efficiency measures that will be targeted across divisions. In addition to the cost containment targets for procurement and transport that are reflected in arriving at the net allocation, there is a requirement to reduce expenditure to sustainable levels across all divisions.

Specific targets for cost management and control, and agency conversion and reduction of €1.3m have been identified by the Social Care Division. CHO 1 is working with the Primary Care and Mental Health divisions to agree cost reductions measures for 2017.

Agency and Cost Reduction Measures – Detailed financial and service work plans, including the pay and numbers strategy, identifying the specific milestones and actions to deliver on theses cost reduction measures will be finalised at service delivery unit level to support the implementation of these initiatives.

Financial Risks

Despite the additional allocation in 2017, there is a significant financial challenge in respect of maintaining existing levels of service within the net revenue allocation notified for 2017. The risk arises due to a combination of demographic factors, emerging demand and regulatory cost pressures including:

- Service user expectations
- The pressures on the relevant Emergency Departments
- Rising costs of demand led schemes
- Regulation / Compliance (HIQA & MHC) related costs
- Costs of transitioning people with disabilities to live in the community
- External placements in disabilities and mental health
- Home help and home care packages
- Complex paediatric cases

In 2017, CHO 1 will deliver social care supports and services to people with a disability across the spectrum of day, residential and home support provision. The financial resources made available to CHO 1 as part of the HSEs 2017 National Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions. Specifically, CHO 1 will maintain existing levels of services in line with financial resources available whilst noting specific developments relating to emergency and home respite support services as well as day / rehabilitative training interventions. CHO 1 is cognisant that the demand for disability supports and services is growing in a significant way and will ensure throughout 2017 effective monitoring of the impact in this area as part of ongoing planning processes with the National Social Care Division in respect of the 2018 estimates process

Measures to address Financial Risk Areas

Delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding will remain a critical area of focus and concern in 2017. The key components of CHO 1's approach to addressing this challenge involve achieving increased efficiency, value for money and budgetary control in 2017 and include:

- Governance – intensifying the focus on budgetary control across all divisions through the Performance and Accountability Framework
- Pay – target agency / overtime conversion and skills mix initiatives in the context of implementing the Paybill Management methodology
- Non-Pay – implement targeted cost-containment programmes for specific high-growth /spend categories
- Income – sustain and improve where possible the level of income generation achieved in 2016

Primary Care Measures

The allocation of €110.8m in 2017 represents an increase of 1% on the 2016 net budget excluding once-offs.

Given the underlying base funding pressures and the shortfall in the pay requirement, the 2017 budgetary environment will be extremely challenging with a net incoming shortfall of €3.7m.

The management team will continue to focus on monitoring the workforce plan in order to balance the requirement to operate within allocated resources whilst both maintaining and developing services. This will not deliver a balanced budget in itself and will necessitate ongoing engagements with the Primary Care division in relation to proposed service curtailments, and prioritisation of all recruitment including development posts and posts to address areas of service risk.

Other measures identified to address the financial challenge include:

- Targeted reduction of agency spend, where possible
- Reviewing of service delivery models for primary care
- Reviewing of service delivery models for primary care services across CHO 1
- The development of prioritisation protocols for the delivery of services
- Value for money initiatives are at an advanced stage across the local demand led cost headings
- Enhanced procurement and process measures to improve the management of consumables

Social Care Measures

The 2017 allocation of €203.1m represents an increase of 3.3% on the final 2016 budget.

Although significant, the impact of changing needs and demographic trends for older people and people with disabilities presents a significant challenge in this area. Demand for new residential places and increased supports for those living independently in the community carry a high level of risk in particular for intellectual disability services, whilst balancing the requirement to prioritise home care for older people to facilitate discharge from the acute hospitals as well as for those most in need in the community within finite resource will require close monitoring and co-operation across community and acute services in the region.

Disability and Older People services are also required to contribute to the financial challenges nationally by pursuing increased efficiency & effectiveness, value for money and budgetary control resulting in a target to identify and deliver cost reductions of €1.5m across CHO 1.

To deliver on these measures, the importance of specific detailed, time bound, implementation plans to ensure sustainable delivery of services within allocation is acknowledged. These plans will be used as a key metric to manage both divisional and voluntary engagements and include:

- Adherence to the Paybill management framework including specific agency replacement measures
- Targeted cost review including skills mix, transport and procurement
- Monitoring of waiting lists for home care on a standardised basis to manage the allocation of services in as fair a way as possible
- Reviews of the cost effectiveness, appropriateness and equity of service provision across CHO1
- Working to ensure there is effective prioritisation and management of existing residential care and emergency residential places by establishment of a Residential Care / Executive Management Committee

Mental Health Measures

The indicative budget for Mental Health Services in 2017 is €71.65m.

This provides CHO 1 with a unique opportunity to invest in developing the service by recruiting approved development posts for the area. A dedicated Human Resource team to lead innovative recruitment methods and rigorous workforce planning will be necessary to deliver these posts in rural areas.

The allocation also assists in addressing the geographic disadvantage of CHO 1 by providing €1m once off funding in 2017 for specialised external placements that are not available to the population locally within the core mental health services.

However, financial challenges remain. These include the levels of funding required for:

- Key priority unfunded posts excluded on the P&NS returns as instructed by the National Mental Health Division in order to remain within budget
- Increases to consultant pay scales,
- The full cost of pay increments and community allowances beyond the 2017 new allocation
- Unavoidable agency costs which arise due to the difficulty in recruiting staff into rural areas
- Capital infrastructural developments
- Investment required in developing new CHO structures
- Complex Cases which require 1:1 specialist and bespoke emergency placements outside of CHO 1 jurisdiction
- Commencing operation of a High Observation Unit in Donegal

These challenges will require ongoing engagement with the national mental health division in order to ensure that service provision is sustainable. Reviews of protocols, procedures and the allocation of resources across the area will seek to identify the areas of greatest need for service developments. This will necessitate further investment in 2017 based on the management assessment of priorities in the region.

Pay Bill Management

The Pay and Numbers Strategy 2017 is a continuation of the paybill strategy that was approved in July 2016. Overall pay expenditure, which is made up of direct employment costs, overtime and agency will continue to be monitored, managed and controlled.

The aim is to ensure compliance with allocated pay budgets as set out in annual funded workforce plans at divisional and service delivery unit level. These are required to:

- Take account of any first charges in pay overruns that may arise from 2016
- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent, where practicable, and that service priorities determined by Government are progressed
- Comply strictly with public sector pay policy and public sector appointments
- Identify further opportunities for pay savings, where possible, to allow for re-investment purposes in the workforce and to address any unfunded pay cost pressures
- Pay and staff monitoring, management and control at all levels will be an area of significant focus in 2017 in line with the Performance and Accountability Framework.
- Early intervention and effective plans to address any deviation from the approved funded workforce plans will be central to maximising full pay budget adherence at the end of 2017.

Balancing the requirement to deliver and develop services safely within limited financial resources will continue to be a challenge in 2017. Closely monitoring the performance against the pay and numbers strategy is essential not only in delivering the CHO 1 plan, but also in achieving the requirements of the accountability framework. However given the scale of the challenge, service curtailments may be considered in some service areas.

CHO 1 management will review processes for key paybill actions including staff replacement and will further advance agency reduction initiatives across the services. Management will regularly review performance against the strategy and ensure that key workforce planning decisions are assessed in the context of service delivery priorities, the financial position and the pay and numbers strategy.

Workforce Plan

Introduction

Staff in CHO 1 continue to be our most valuable resource and 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 safer service to our patients and clients. Listening to staff feedback and the implementation of outcomes from the Staff Engagement Survey conducted in October 2016, will be a key objective.

Recruitment and retention of motivated, engaged and skilled staff – within the Pay Bill Management provisions - is a key resource objective in 2017. This must be delivered in an environment of significant cultural and logistical reform, and against a backdrop of emerging Industrial Relations tensions relating to national, collective agreements.

The effective management of the health services' workforce will underpin the accountability framework in 2017. This requires that the HSE has the most appropriate workforce configuration to deliver health services in the most cost effective and efficient manner to maximum benefit. Service delivery must meet the demands of service users within available resources and to ensure compliance with external regulatory requirements (HIQA; Registration bodies i.e. Irish Medical Council / Nursing & Midwifery Board of Ireland / CORU etc)

The role of Human Resources (HR), working across the health system, will be to ensure that the organisation and the workforce has the ability, flexibility, adaptability and responsiveness to meet the changing needs of the service, while at the same time ensuring a consistent experience of HR is delivered by a unified HR function across CHO 1. This will involve positive and proactive engagement with Unions and staff representative groups. A further challenge will be to maintain the quantity and quality of HR support, whilst safely managing the change and integration process.

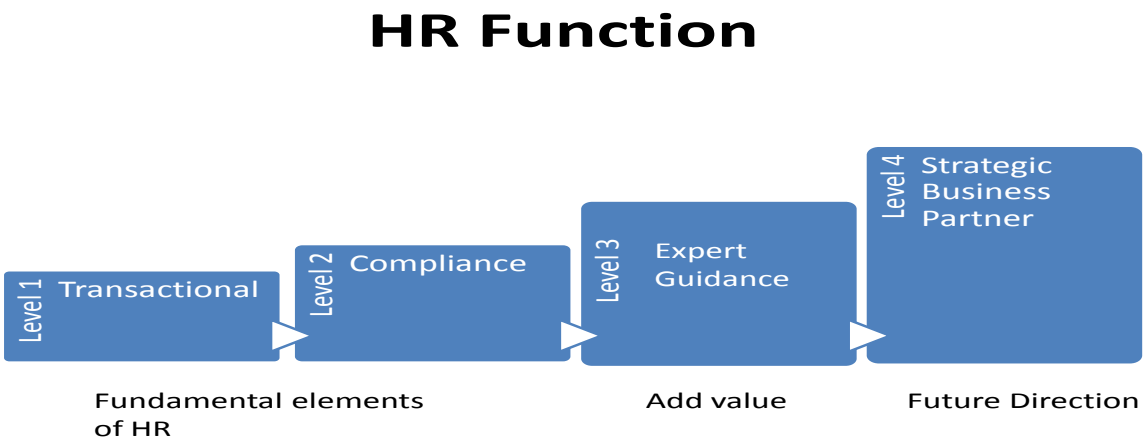
A key priority for 2017 will be to integrate and develop HR services across CHO 1 area, to ensure cohesiveness and consistency of approach; to enhance capacity and credibility of the HR function and to adopt a customer orientation, in addition to equity in department staffing.

In collaboration with all stakeholders, work will continue in 2017 on the HR strategic intent and emerging operating model to ensure the organisation's strategic HR goals, initiatives and projects such as the People Strategy 2015-2018 are delivered to best serve the needs of patients and service users, and deliver safer, better healthcare as per the national HSE service plan.

Engagement with Business partners in Health Business Services (HBS) and ERPS around support will be an on-going issue, as both CHO areas and these identified Shared Services re-engineer our functions as part of the change process. A key priority for early 2017 in this regard is the roll-out of SAP HR access and functionality to Cregg Services (Intellectual Disability Service in Sligo), as this is the only service unit 'off line' from a SAP HR perspective across CHO 1 at present. This will enhance reporting and monitoring of staffing, WTE and pay, as well as activity and non pay costs. Equally, any adjustments to shared service provision will require direct engagement and consultation with CHO 1 area management, with HR a central player in this.

The overall direction of travel for HR within CHO 1 is detailed within the model outlined below.

Figure 1: HR Function



The Workforce Position

At the end of quarter 4, 2016 there were 4,799 WTE positions in place delivering Divisional services as shown in Table 2. This represents an overall increase of 120 wte, or 2.4% staffing increase relative to December 2015 outturn. Work is ongoing to validate staffing numbers to ensure data is valid and reliable, in particular in relation to the disaggregation of staff and service in DNE, where Cavan Monaghan is now part of CHO 1. Validation of staffing and strategic decision making on how staff are reported (geographically; divisionally etc) is a further key priority for HR in 2017

Employment controls in 2017 will be based on the configuration of the workforce that is within funded levels. The funded workforce also includes agency, locum and overtime expenditure. A key objective is to further progress 2016 success in Agency conversion to minimise out sourcing of staffing, reduce costs and enhance continuity of care. The overall objective is to provide for a stable workforce which will support the continuity of care required for safe, integrated service delivery. Management of the workforce in 2017 must continue to transition from a focus on employment ceilings, targets and numbers, to one operating strictly by paybill management. At the same time services must be provided to the planned level and service priorities determined by Government, delivered in a timely manner. This requires an integrated approach, with service management being supported by HR and Finance. It further requires close alignment of Finance and HR workforce data, and a cohesive strategic relationship between the HR and Finance business partners. Planned service developments under the Programme for Government and prioritised internal initiatives will also require targeted recruitment in 2017.

Reform, reconfiguration and integration of services, maximising the enablers and provisions contained in the *Haddington Road and Lansdowne Road Agreements* are crucial. The implementation of service improvement initiatives and reviews, the reorganisation of existing work and redeployment of current staff and/or vacancies, will all contribute to delivering a workforce that is more adaptable, flexible and responsive to the needs of the services, while operating with managed pay expenditure costs and within allocated pay envelopes. The funded workforce will be further reconfigured through finalisation of conversion of agency, minimisation of locum and overtime expenditure (where appropriate and warranted) based on cost and this can also be utilised to release additional required savings.

Table 2 - Staffing position by Division – Sept/Dec 2016

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sept 16
Primary Care	73	295	294	319	71	80	**1131**
Social Care	24	871	94	175	217	1303	**2685**
Mental Health	72	502	107	92	93	83	**948**
Health & Wellbeing	-	-	-	-	-	-	-
Total	**169**	**1668**	**495**	**586**	**381**	**1466**	**4764**

Note: Mental Health figures relate to December 2016

Reducing Agency and Overtime Costs

The cost and reliance on agency staff must continue to be reduced in 2017 to minimal levels, building on the focused interventions which successfully reduced Agency utilisation in the latter half of 2016. It is challenging to convert Agency staff to payroll, as many Agency staff value the remuneration benefits and flexibility offered by contract working. The establishment of a PayBill Management group, to review all applications for replacement and development posts will facilitate further management of staffing. A range of processes to contain and control the frequency and cost of agency staffing across both HSE and HSE funded services have also been introduced. The creation of local panels to allow services access temporary staffing (where approved) will further reduce reliance on external staffing and overtime.

HR Early Warning System

Continue to support the development and implementation of the HR Early-warning system currently piloted in CHO 1. This HR Early Warning project uses HR indices as a means to identify potential problems in service areas under key, identified criteria (Absenteeism / Dignity at Work / Disciplinary / Grievance / Trust in Care) and prevent or mitigate risk to service users and staff. The data is collected, collated, analysed and responded to allow for early intervention, to prevent deterioration of staff engagement and to minimise inappropriate / poor performance, potentially leading to adverse incidents for service-users and staff. Further on to this data collection, CHO 1 will actively engage with a Preventative Intervention initiative being rolled out by National HR, led by Siobhan Patten, national Lead for Diversity, Equality & Inclusion.

The Lansdowne Road Agreement

This builds on its predecessor, the *Haddington Road Agreement* (Public Service Stability agreement 2013-2016) which supported the achievement of significant cost reduction & extraction measures since its commencement. The focus in 2017 will be to continue to maximise the flexibility provided by the enablers and provisions so as to reduce the overall cost base in health service delivery in the context of the reform and reorganisation of our services as set out in *Future Health*, the VFM policy review and the other Public Service Reform Plans of 2011 and 2013. It will continue to assist clinical and service managers to more effectively manage their workforce through the flexibility measures it provides.

The *Lansdowne Road Agreement* enablers and provisions include:

- Continuing the vision for public sector reform, including improved outcomes, delivery channels and cross organisational co-ordination & planning
- Introduction of new ways of working and delivery of services
- Investment in staff to increase and expand capacity

- Delivering greater productivity and sustain the delivery of progressive, high quality public services
- Consolidate and re-organise work practices, and maximise the benefits of modern technology
- Maximise the use of innovative models of service delivery
- Best practice management of our human resources
- Develop management capacity and accountability
- Ensuring performance achievement and accountability of both the organisation & individuals is maximised
- Modernising employee relations practices

Workforce Planning

Human resources development, a multi-disciplinary and integrated approach to workforce development planning is designed to ensure staff are highly motivated and retain high levels of job satisfaction, whilst delivering effective and compassionate care. Effective performance management and supporting the learning and development needs for all staff at all levels are central to enabling staff '*to be what they can be*'. Action to support new emerging senior teams and to further build managerial capacity include a *Coaching and Mentoring Framework* and structured, *Multidisciplinary (accredited) Leadership and Management Development Programmes,* succession management, new leadership programmes at senior management level and an integrated approach to middle management development. The HSE's actions in this area of Performance Achievement will be underpinned by a strong emphasis on performance management at all levels in the health system with frequent manager / staff engagement in developing a culture of teamwork, communication and innovation. Underperformance must be addressed in a timely and supportive manner to ensure such staff achieve an effective level of performance.

CHO 1 will also be key participants in a Workforce Planning project within Social Care, led nationally by Michael Fitzgerald and this work will further inform our thinking and approach to Workforce Planning within this division specifically. This project will commence in November 2016 and continue into 2017.

Attendance and Absence Management

This continues to be a key priority area and service managers and staff with the support of HR will continue to build on the significant progress made over recent years in improving attendance levels. The overall performance target for 2017 remains at 3.5%.

Table 3 – Absence rates for CHO 1 by Division

	Primary Care & Social Inclusion	Social Care	Health & Wellbeing	Mental Health Services
Cavan/Monaghan	5.02	7.52	-	5.59
Donegal	4.69	8.0	-	6.33
Sligo/Leitrim/West Cavan	4.05	7.31	-	6.38
Overall	**5.02**	**7.52**	**-**	**5.59**

- Figures relate to November 2016 and exclude Cregg services, Source: HBS

Employee Engagement

In order to find out the views and opinions of staff, the first ever Irish public health sector wide anonymous and confidential employee engagement survey was conducted between September and November 2014, which included all staff employed across both the statutory and voluntary sector. This was repeated in October 2016, and the data generated will be used to improve the working lives of staff, leading to better care for patients, and will provide a benchmark to build from in 2017, and in future years, to shape organisational values and culture. It will also form part of a health sector wide approach to the continued development and implementation of best practice HR policies and procedures, and the implementation of the People Strategy.

The people strategy will develop leadership and management capacity and skills, embrace and utilise modern technology to bring about efficiencies in our approach to tasks and ensure that workforce and career planning will be carried out openly and transparently. HR will also work with the Quality Improvement Division to ensure enhanced engagement with staff, particularly in front line services.

Health, Safety & Welfare at Work

2017 will see the continued consolidation and further development of the national Health and Safety Support Function established in 2014. Key delivery areas will include policy, training, information and advice, inspection and auditing. HR will promote the roll out of the recently developed e-learning modules on Health, Safety & Welfare, made available on HSEland from September 2016.

Summary

Maintain disciplined focus on key objectives & be flexible to attend to emerging priorities and/or crisis management. Lead out on changes to working structures, services and related ER & IR engagement with internal / external stakeholders, whilst quality and continuity of care maintained. Adopt a forward looking approach to service delivery, to celebrate success to date & to build on best practice. Conduct a constant review of what is working well, whilst adopting a critical but constructive analysis of where time, effort and energy are being wasted. Deliver on key CHO and national priorities

Cross cutting priorities

A multi-year system-wide approach

These system-wide priorities will be delivered across the organisation.

Promote health and wellbeing as part of everything we do

- Implement the *Healthy Ireland in the Health Service Implementation Plan 2015–2017*
- Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health
- Progress implementation of Making Every Contact Count
- Implement *Connecting for Life*
- Increase support for staff health and wellbeing.

Quality, safety and service improvement

- Implement integrated care programmes, with an emphasis on chronic disease and frail elderly
- Implement priorities of the national clinical programmes
- Implement the National Safety Programme initiatives including those for HCAI and medication safety
- Implement the HSE's Framework for Improving Quality
- Measure and respond to service user experience including complaints
- Carry out patient experience surveys and implement findings.
- Continue to implement open disclosure and assisted decision-making processes
- Implement *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*
- Report serious reportable events and other safety incidents and undertake appropriate reviews or investigations of serious incidents
- Implement programmes of clinical audit
- Implement National Clinical Effectiveness Guidelines
- Continue to implement the *National Standards for Safer Better Healthcare*
- Carry out the Programme for Health Service Improvement
- Put *Children First* legislation into action
- Implement *eHealth Ireland* programmes.
- Prepare for the implementation of the Assisted Decision Making Legislation

Finance, governance and compliance

- Implement the HSE's Performance and Accountability Framework
- Comply with governance arrangements for the non-statutory sector
- Implement and monitor internal and external audit recommendations
- Progress the new finance operating model and further embed activity based funding
- Implement the Protected Disclosures legislation
- Put in place standards / guidelines to ensure reputational and communications stewardship.

Workforce

- Implement the 2017 priorities of the *People Strategy*
- Implement the Pay and Numbers Strategy 2017
- Carry out a staff survey and use findings
- Progress the use of appropriate skill mix across the health service

Delivery of Services 2017

CHO 1 Overview

CHO 1 incorporates the five counties of Cavan, Monaghan, Donegal, Sligo and Leitrim (Figure 2) and is responsible for the delivery of primary and community based services within national frameworks responsive to the needs of the local community. The Area has a population of 389,048.

Key Facts about CHO 1

Geography

- CHO 1 includes 5 counties; Donegal, Sligo, Leitrim, Cavan, Monaghan
- The total population is 389,048 (8% of the total population of Ireland)
- It is a rural, bordered with Northern Ireland, sparsely populated (35 per km^2, Ireland 67 per km^2), and deprived area with poor transport infrastructure

Demography

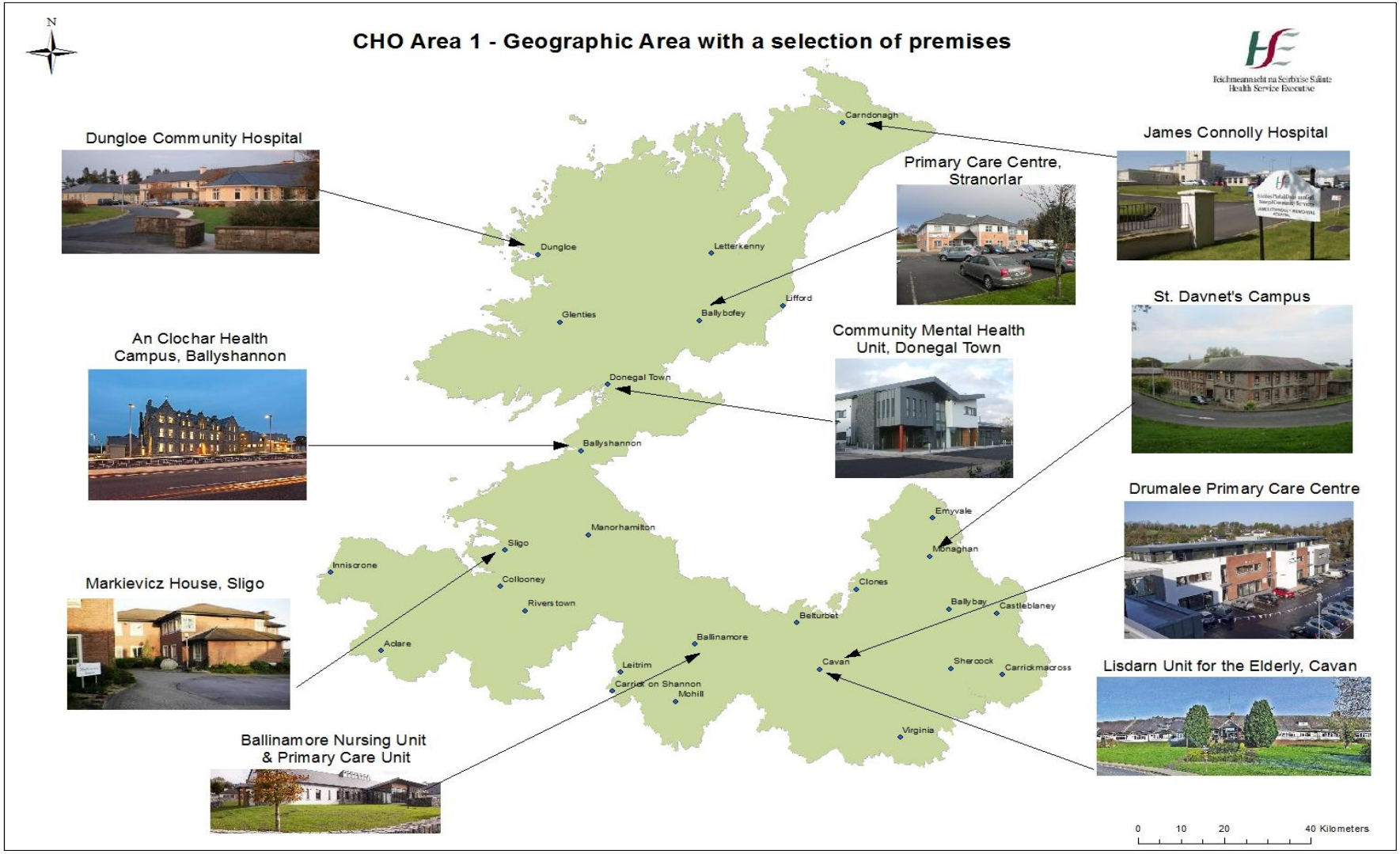
- The highest levels of unemployment of all CHOs at 9.6% (national average of 8.5%)
- The highest dependency ratio of all CHOs (36 compared to 67 nationally).
- High levels of GMS/GP visit card
- The lowest level of educational status (14% not educated beyond primary – 10% nationally)
- The highest levels of deprivation (31.6% classified as deprived – 23.3% nationally)
- Higher proportions of older people (13% compared to 11.6% national average)
- Higher proportions of oldest old - >85 years (1.6% compared with national average of 1.3%)

Health Infrastructure

- There are 4 acute sector hospitals in the area under two hospital groups namely Soalta and RCSI and additionally, those residing within CHO 1 also avail of acute hospital services in Area 8 and Area 2.
- Two regional health forums service the area (West and Dublin North East)
- There are 3 mental health acute units and 22 public older person's units
- There are numerous disability units providing a range of services including residential full time care and respite alongside community residential units and independent living and semi-independent living accommodation
- There are in excess of 37 primary care teams, 12 primary care networks and 459 electoral divisions within the area
- An overview of demography and health related indicators for CHO 1 is contained in Appendix 5.

The health concerns in CHO 1 mirror those of the national population (circulatory and respiratory diseases, cancer, lifestyle behaviours of smoking and alcohol and mental health related diseases). These major health concerns are strongly correlated with lifestyle behaviours and socio-economic factors, levels of education, employment and housing (Healthy Ireland, 2012). Planning and delivery of health services in CHO 1 must take account of these given that the area rates extremely poorly on each of these important influencing variables. The major deliverables as they relate to the national initiatives and programmes are outlined within divisional chapters.

Figure 2: CHO 1 Geographic Area with a selection of premises



While the operational plan for 2017 focuses on new developmental areas, much of our work is in meeting the day to day healthcare needs of our population across the range of services including:

Mental Health

- Mental health promotion, suicide prevention, day centres, day hospitals, community mental health team appointments, out-patient appointments, residential care, inpatient care, etc.

Health & Wellbeing

- Immunisation, sexual health services, health promotion, chronic disease management programmes, smoking cessation, self management etc.

Social Care

- Older Persons Services
  - Community hospitals, day hospitals and day centres, dementia care, carers support, respite provision, home support and home care packages, long and short term care etc.
- Disability Services
  - Early intervention teams and school aged teams, day services, respite services, residential services, pre-school inclusion teams, personal assistant support, respite support etc.

Primary Care

- General Practicioners (GPs), Practice Nurses are their staff are the first point of contact for most people seeking medical care
- Primary care team services (occupational therapy, physiotherapy, public health nursing, dietetics, speech & language therapy etc.)
- Network services (podiatry, audiology, dental services, ophthalmology services)
- Palliative care services (hospice care, community palliative care nursing etc.)
- Social inclusion services (addiction services, homelessness, travellers and minority group care etc.)
- Aids and appliances (equipment for persons e.g. hoists, beds etc.)
- Diagnostics – community x-ray, ultrasound
- Other: primary care development, obesity and diabetes services

In 2016, the following figure provides a high level overview of the scale and scope of services delivered:

Mental Health

- > 1000 referrals for Child & adolescent mental health services.
- 3,886 referrals to adult community mental health teams
- 1,261 referrals to psychiatry of old age teams were received
- There were 1,253 admissions to mental health inpatient units
- Day centres, day hospitals and out-patient apointments were attended across the area
- A range of suicide prevention initiatives were undertaken

Health & Wellbeing

- 93% of children aged 2 years received the MMR
- 96% of newborn babies were visited by a PHN within 72 hours of discharge from hospital
- Almost 60% of older people received the flu vaccine
- Breastfeeding rates at 1st visit to newborn babies was at 44%
- Over 2K people received smoking cessation support
- A range of initiatives around physical activity, obesity etc. were delivered including almost 6,000 5K parkruns
- Sexual health clinics were supported across the area

Social Care

- **Older Persons Services**
- 1348 people received a home care package, approximately 1.46 million home support hours were delivered whilst over 2,000 people received long term residential care supported by NHSS
- Day hospitals and day centres were attended by many older persons over the year
- Dementia specific beds, dementia awareness and carers support was provided
- Respite for families was provided throughout the year
- **Disability Services**
- 178 places of work/worklike activity was provided to people with ID/autism and a further 18 places provided for people with a physical and/or sensory disability
- 679 people with ID/Autism and Physical and Sensory Disability received residential services whilst 34 people with a physical and/or sensory disability received residential services
- Over 370 people with ID/autism and 110 people with a physical and / or sensory disability received respite services
- Approx 140K hours of personal assistant hours was provided to adults with a physical and/or sensory disability
- Over 310K hours of home support was provided to people with a disability
- School aged team and early intervention teams was progressed as well as assessments of need

Primary Care

- Almost 26K physiotherapy referrals were received, in excess of 82% were seen within 12 weeks (114K face to face contacts/visits
- Almost 11K occupational therapy referrals were received, with just under 90% seen within 12 weeks
- Over 4.4K referrals were made to dietetics, 1.4K referrals to psychology and just under 7K referrals to public health nursing
- 2,546 referrals were made to podiatry services and 5,447 referrals to speech & language therapy
- 6,469 referrals received by ophthalmology services and 2,871 referrals received by audiology
- A range of initiatives and services were provided to those with addiction issues, travellers, minority groups, those that are homeless etc.
- Numerous community and voluntary initiatives were supported
- A range of equipment was provided across the services including beds, hoists, dressing, bandages etc.
- Medical cards GP visit cards and long term illness cards provided needed support for people in the area
- The drug treatment scheme allowed for required drugs to be made available
- New infrastructure has been developed including the new primary care centre in Ballyshannon
- Access to diagnostics has become more avalable in the community through ultrsound, community X-ray etc.
- Specialist inpatient and community based palliative care services were provided

Quality & Patient Safety

Priority Actions	Lead	Q	Corporate Plan Goal
QPS Governance Establish agreed governance structures for Quality, Safety & Risk in accordance with National guidance (*Framework for Improving Quality in our Health Service)* • Establish Quality & Safety /Risk Committees	Head of Service and QPS Advisor(s)	2	5

Enhance Quality & Safety of Services
• Roll out of the *Framework for Improving Quality in Our Health Service.*
• Provide advice and support in the continued implementation of
  ○ National Standard for Safer Better Health Care
  ○ National Standards for Residential Care Settings for Older People in Ireland
  ○ National Standards for Residential Services for Children and Adults with Disabilities 2013
  ○ Undertake a self assessment in palliative care and primary care in relation to the National Standards for Safer Better Healthcare
• Implement and identify quality improvement initiatives and Quality Improvement Plans that support compliance with the National Standards
• Roll out the implementation of the National Quality Assessment and improvement framework when launched
• Establish a PPPG Project Group to identify and develop a suite of PPPGs to support compliance with the National Standard for Safer Better Health Care and HSE national policies
• Strengthen the capacity of Primary Care Managers and Staff to deliver high quality safe services through the provision of access to relevant training
• Develop a framework for Quality Safety & Risk Training for staff to strengthen the capacity of managers and staff to deliver high quality safe services through the provision of access to relevant training.
	QPS & Heads of Service	4	5

Quality Improvement Methods • Develop an action plan to support the Pressure Ulcers to Zero collaborative project • Undertake an audit of Pressure Ulcers and develop Quality Improvement Action Plans to address areas on non compliance • Develop a annual Clinical Audit Programme for Primary Care & Social Care and report findings to the Q&PS governance committee to influence priority actions.	QPS & Heads of Service	3	5
Measurement for Quality • Compile and populate the Primary Care & Social Care Quality dashboard monthly and identify areas for improvement	QPS & Heads of Service	4	5
Safe Care • Implement the new HSE Risk Management Policy • Review risk registers on a monthly basis and actions taken to mitigate risk • Roll out the ongoing NIMS Project Implementation Plan across all	QPS & Heads of Service	4	5

Priority Actions	Lead	Q	Corporate Plan Goal
Divisions • Report all incidents including Serious Reportable Events , and manage in line with the HSE Safety Incident Management policy 2014 • Implement (when signed off) the National Draft Standards for the Conduct of Reviews of Patient Safety Incidents • Maintain a Log of all Serious Incidents and SRE's • Analyse and monitor incident trends across Divisions and take corrective action as appropriate • Develop Quality Improvement Action Plans to address recommendations arising from Preliminary Assessment Reports and Systems Analysis Investigations of Serious Incidents & SRE's • Circulate learning from patient safety incidents • Ensure compliance with the Procedure for the Management of MHRA Medical Device Safety Alert Notices • Participate in the National compliance reporting and monitoring framework against the Mental Health Commission regulatory framework			
Infection Prevention and Control • Actively participate in the CHO 1 Infection control committee to agree CHO 1 priorities and shared actions • Facilitate staff in attendance at "training in Standard Precautions" and maintain training records • Facilitate staff to attend/avail of Hand Hygiene and maintain training records • Conduct twice yearly Hand Hygiene Observational Audits • Promote HSELand E-learning hand hygiene training programme • Undertake Environmental Hygiene Audits and develop QIPs to address deficits • Undertake twice yearly deep cleans in all residential units • Manage suspected outbreaks of infectious diseases in accordance with in accordance with local Outbreak Management PPPG • Conduct local HALT 2017 • Ensure facilities are managed in accordance with infection control guidelines, i.e. sinks, bedpans washers/disinfectors, medical devices, etc • Submit monthly Infection Control KPIs • Develop and disseminate Infection Prevention and Control Policies as applicable to divisional requirements • Continue the professional development of infection control personnel • Implement care bundles in social care	QPS & Heads of Service & Infection Control Managers	4	5
Person and Family Engagement • Develop appropriate structures for Service User engagement within divisions • Conduct Patient Experience Survey in Social Care • Compile and review monthly reports of complaints and compliments with a specific focus on identifying trends • Develop Action Plans to address recommendation arising from Complaints Investigations • Roll out training on Open Disclosure on an ongoing basis across all	QPS & Heads of Service CHO 1 Service Leads Social Care	4	5

Priority Actions	Lead	Q	Corporate Plan Goal
divisions			
Health & Safety • Provide an assurance and verification system to ensures that Site Specific Safety Statements are updated for all facilities • Develop a framework for support to services in respect of Health & Safety systems.	QPS & Heads of Service	4	5
Safeguarding Vulnerable Persons at Risk of Abuse • Roll out training on the HSE Policy and procedure on "Safeguarding Vulnerable Persons at Risk of Abuse to Social Care Staff • Review data received from the national safeguarding database and take appropriate action	QPS Advisor Social Care Safeguarding Team	4	5

Health & Wellbeing

Introduction

The Health and Wellbeing Operational Plan for the communities of Donegal, Cavan, Monaghan, Sligo and Leitrim identifies the key actions to be delivered in 2017. Healthy lifestyles, the prevention of ill health and the reduction of health inequalities is a priority for Government with the adoption of the *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025.*

Health & Wellbeing		
	2017 NSP Budget €m	2016 Closing Budget €m
Central Funding		
Full details of the 2017 budget are available in Tables 1		

The Healthy Ireland goals are to:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

Priorities and Priority Actions

CHO 1 health and wellbeing priority areas are to:

- Engage with staff to identify key actions to improve their health and wellbeing in the workplace and in their local communities
- Increase breastfeeding rates and supports to parents
- Increase healthy eating
- Reduce smoking initiation rates among young people and reduce smoking prevalence among adults
- Empower people to improve their health and wellbeing through "Making Every Contact Count"
- Work with the Integrated Care Programmes and Clinical Programmes to redesign and develop integrated care pathways for people with long term conditions
- Increase uptake of flu vaccination for all at risk groups including all HSE staff

The implementation of the Healthy Ireland Framework and in particular the delivery of a '*Healthy Ireland in the Health Services,' National Implementation Plan 2015–2017* published in July 2015, is a key priority area for this CHO. This plan outlines three strategic priorities for action:

- **Reducing Chronic Disease** - the biggest risk to our population's health
- **Staff Health and Wellbeing** - ensuring we have a resilient and healthy workforce
- **System Reform** - ensuring that the direction and the effect of the significant reforms underway result in a health system that prioritises health and prevention

2017 will see the further embedding of these priorities and agreed actions with the establishment of the Health and Wellbeing Division in CHO 1 and the appointment of a Head of Health and Wellbeing. The Head of Health and Wellbeing will support the Chief Officer in achieving the objective of embedding health and wellbeing into all strategic and operational plans. A key focus will be to work closely with other Heads of Service/Divisions, Social Care, Mental Health and Primary Care to drive improved health outcomes for patients and service users.

A key priority in 2017 will be to engage and listen to staff with the aim of identifying how best we can support them to improve their health and wellbeing.

The CHO Healthy Ireland in the Health Services Implementation Committee will be established and will produce a CHO 1 Healthy Ireland Action Plan. This will involve significant engagement with staff and all community services.

We will continue to support initiatives to improve breastfeeding rates as we recognise that the CHO 1 breastfeeding rates are significantly below the national targets despite huge effort and excellent initiatives being delivered by our services, breastfeeding support groups and committees. In 2017 we will develop a CHO wide breastfeeding action plan in partnerhsip with all key services and agencies.

Immunisation rates must be maintained to protect children and young people from an increased risk of developing preventable diseases which can be vaccinated against. We are very concerned about the significant decrease in the uptake of the HPV vaccine among secondary school girls and will make information and advice on the benefits of vacciantion more readily available. We will explore the possibility of training health care professionals to deliver brief interventions about the importance of immunisation for all children and young people.

We will continue to prioritise chronic disease prevention and management with the involvement in national demonstrator sites for implementing new models of care for COPD which will support earlier diagnosis and improve the management of the condition for people living in Sligo/Leitrim and Donegal. We will engage with the National Clinical Programme to identify resources for the populations of Cavan/Monaghan.

We will develop a new digital platform to support people to live well with a long term conditions. This platform will enable and support people to self care and will provide a point to access online information, advice and signposting. The appointment of a Self Management Support Co-ordinator in late 2016 will lead this innovative and exciting new work programme. Making Every Contact Contact (MECC) will be initiated in 2017 which will see front line health care workers trained to engage with patients/clients about their health issues such as smoking, alochol consumption, physical activity, diet, mental health and wellbeing and ageing well.

The Long Term Conditions Programme in Donegal which aims to bring an evidence based model of care for chronic illness care provision in the community will continue and the programme will be further developed in 2017 with the roll out the programme to the wider CHO area.

The health and wellbeing of our population is not the responsibility of any one agency, it is through our joint working with every organisation that we will deliver improved health outcomes for the populations of Donegal, Cavan, Monaghan, Sligo and Leitrim. During 2017, partnerships and collaborative working will continue with local communities, the community and voluntary sector, third level colleges and other statutory agencies.

This area will continue to be represented on and work closely with the Local Community Development Committees (LCDCs) to ensure that health and wellbeing priorities are included in the Local Economic and Community Plans (LECPs).

The HSE is firmly committed to full engagement with the Children and Young People's Services Committees (CYPSCs) which is the key structure identified by Government to plan and co-ordinate services for children and young people (0-24 years). The implementation of CYPSC Action Plans will continue to be a priority in 2017.

Quality and Safety: Patient and Service Users

The HSE Corporate Plan places a significant emphasis on quality and safety from a patient and service user perspective and seeks to ensure that people's experience is not only safe and of high quality, but is also caring and compassionate. There are clear links between what is needed to be done to drive safer, higher quality services and improved health and wellbeing. Key actions identified for 2017 include commitments towards;

- Including health and wellbeing indicators when measuring patients' needs, experiences and outcomes of care.
- Involving patients in the development of programmes and initiatives to improve health and wellbeing.
- Development of a Quality Profile framework for application within all Health & Wellbeing services ensuring all relevant sub-divisions and business units have appropriate governance structures in place to address quality and safety issues
- Developing and implementing quality indicators in 2017 building on the work undertaken to date.

These core national health and wellbeing quality and safety initiatives are supported by services in CHO 1.

2017 Health & Wellbeing Division Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
Priority 1 - Accelerate implementation of the Healthy Ireland Framework through the Healthy Ireland in the Health Services Implementation Plan 2015 – 2017			
Complete the development of Healthy Ireland Implementation Plans in the remaining 2 hospital groups and all CHOs **CHO 1 Actions** • Establish CHO 1 Healthy Ireland (HI) Implementation Group • Develop CHO 1 HI plan in partnership with H&WB and all relevant stakeholders	Head of H&W with Health & Wellbeing Supporting	4	1
Implement an agreed governance structure to support and enhance organisation-wide response to improving staff health and wellbeing **CHO 1 Actions** • Implement CHO specific governance structure for staff health and wellbeing to work in conjunction with national and local developments. • Offer all staff education on seasonal influenza and accessible flu vaccination clinics.	Head of H&W CHO 1 with Health & Wellbeing Supporting	4	1, 4
Implement Making Every Contact Count (MECC) in all hospital groups and CHOs on a phased basis • Commence implementation of Making Every Contact Count (MECC) in all CHOs on a phased basis with support of National MECC implementation team in line with the recommendation of the National MECC Framework • Train CHO cohort of staff (based on targets for BISC for 2017 and SBI for alcohol – as is target for training staff for 2017 • Commence CHO rollout of training package for MECC Q4 once service provider appointed	Health Promotion and Improvement	4	1
Implement the Self-Management Support (SMS) framework in all hospital groups and CHOs on a phased basis	Head of H&W	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
CHO 1 Actions • Commence CHO implementation of SMS framework as outlined in the National Framework for Self Management Support • Develop signposting and directories of local community and voluntary resources to support Self Management Support • Facilitate the development of peer support through voluntary and community organisations in CHO 1 • Extend the role of the LTC Lead to include the full CHO Area	LTC Lead		
Self Management Support • Extend the role of the Self Management Support Co-ordinator to include the full CHO Area • Commence CHO implementation of SMS framework as outlined in the National Framework for Self Management Support • Develop signposting directories of local community and voluntary resources to support Self Management Support • Facilitate the development of peer support through voluntary and community organisations in CHO 1 • Re-introduce Quality of Life Programme in Donegal • Promote and integrate Self Management Support Programmes • Deliver motivational interviewing training	LTC Lead	4	1
COPD • Provide a part-time psychology service to support the work of the Pulmonary Rehabilitation Programme in Donegal • Provide Respiratory Integrated Care Services in Sligo/Leitrim and Donegal and commence planning to extend this service to Cavan/Monaghan in 2017	LTC Lead PHN and Physiotherapy Services	4	1
Diabetes • Provide a Pilot Telemonitoring Service for 40 newly diagnosed patients with Type 2 Diabetes in Donegal • Provide a new Dietetic Service for People with Diabetes with the appointment of 2 wte Senior Dieticians in Donegal and Cavan/Monaghan • Act as a demonstrator site for the National Structured Diabetes Education portal • Deliver DESMOND group education programmes across the area. • Provide a public awareness service in partnership with Diabetes Ireland via public information events. • Provide ongoing structured education for medical students, GPs, practice nurses and student nurses and deliver the national foot care education programme. • Support GPs and Practice Nurses in relation to structured diabetes care	LTC Lead Community Nutrition & Dietetics PHN Services	4	1
Stroke • Deliver the Generic Carers Programme and Stroke Carers Programme to family carers • Support the development of Stroke Survivors Support Groups in Cavan and Monaghan in partnership with the Irish Heart Foundation	Older Persons Services CM PCMT	4	1
Falls and Frailty • Continue Integrated Care Programme for Older People	Head of H&W Physiotherapy	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
Demonstration Project in partnership with Sligo University Hospital • Commence the delivery of an additional 4 Active & Healthy Ageing clinics in Community Hospitals across Donegal • Provide education and information Donegal Community Hospitals falls link staff in collaboration with CNME as part of a refresher day for the Forever Autumn Programme and amended Falls Policy. • Implement the falls prevention awareness programme in all day centres in collaboration with Health Promotion and Improvement. • Explore the delivery of an outreach service from the Active & Healthy Ageing clinics for those clients who have difficulty accessing same due to transport/mobility issues • Collaborate with Acute Hospital Services to develop referral pathways and possible in reach to Emergency Departments for Older People presenting following a fall or frailty. • Scope out a new model for continuation of Physiotherapy prescribed OTAGO Falls Prevention programmes utilising community fitness instructors across CHO 1.	Managers Older Persons Services		
Support the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening, smoking cessation) ensuring that the essential clinical leadership is in place • Support the development and implementation of relevant national clinical guidelines and audits (asthma, chronic obstructive pulmonary disease, diabetes, HCAI, under-nutrition, hepatitis C screening, smoking cessation).	Head of H&W LTC Lead	4	1
Priority 2 - Reduce levels of chronic disease and improve the health and wellbeing of the population			
Implement the HSE Tobacco Free Campus Policy in all remaining sites across mental health and social care and strengthen monitoring and compliance in all other services **CHO 1 Actions** • 50% of Approved and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy. • 100% of Residential Disability Services (HSE, Section 39) will implement the HSE Tobacco Free Campus Policy. • Continue to monitor compliance with the HSE Tobacco Free Campus Policy • All services in CHO 1 will actively participate in the European Network of Smokefree Healthcare Service - Global process – complete annual on-line self-audit and commence a process to validate implementation of ENSH-Global Standards	Health Promotion and Improvement & Heads of H&WB, MH, PC & SC	4	1
Train staff to screen and support smokers to quit • Prioritise the release of 171 front line staff to attend Brief Intervention Smoking Cessation (BISC) training to support the routine treatment of tobacco addiction as a healthcare issue	Heads of H&WB, MH, PC & SC	4	1
Launch New QUIT campaign to encourage and support smokers to QUIT • Display QUIT support resources in all appropriate services	Health Promotion and	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
• Ensure staff are aware of the Quit campaign and refer patients/clients to Quit and other appropriate smoking cessation services	Improvement		
Implement and support key initial actions under the 'A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016–2025 and National Physical Activity Plan for Ireland' through the Healthy Eating Active Living Programme including the appointment of a clinical lead in obesity • Implement Calorie Posting and Healthier Vending policies in all sites within CHO 1. • Support planning for the provision of enhanced community-based, weight-management programmes and specialist treatment services • Support the embedding of an evidence based framework for the prevention of childhood obesity into CHO child health operating structures • Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook It!) • Prioritise and support the attendance of 70 PHNs to train in the Nutrition Reference Pack for infants aged 0-12 months **CHO 1 Actions** • Work with Children and Young Peoples Services Committees to implement a number of obesity prevention and management programmes based on CAWT UP4It model • Manage obese clients referred to the Nutrition & Dietetic Service using behavioural change techniques and 1-1 follow up • Continue to develop MECC model for Weight Management for all adults presenting to Physiotherapy Services in Cavan/Monaghan. • Continue to roll out the 'Healthy Families Programme across Cavan / Monaghan'	Health Promotion and Improvement and Head of Health and Wellbeing Physiotherapy Manager HF Steering Group	4	1
Implement actions in support of national policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health **Tobacco & Alcohol** **CHO 1 Actions** • Continue to develop Foetal Alcohol Spectrum Disorder (FASD) awareness among all health care staff through education and discussion. Participate at national inter specialty multidisciplinary meetings on FASD. • Work with the Alcohol Forum to deliver the Alcohol Related Brain Injury programme and support the Hidden Harm agenda • Launch Hidden Harm Strategy Statement • Develop Alcohol Related Brain Injury (ARBI) care pathway for Sligo/Leitrim • Continue to deliver actions arising from the HSE Integrated Addiction Oversight Group for Cavan /Monaghan including the dissemination of 'Guidelines for the Management of Alcohol Withdrawal' to support GPs in community alcohol detoxification	Head of H&W CHO 1 with Health & Wellbeing Supporting	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
Healthy Eating & Active Living (HEAL) • Healthy Eating & Active Living - Support roll-out of CAREpals training for staff working in residential and daycare services for older people • Train fitness instructors in the OTago exercise programme as part of the Long Term Conditions Programme • Continue the Social Prescribing Programme in 13 sites across Donegal and further develop social prescribing in Sligo/Leitrim and in Cavan/Monaghan	Head of H&W CHO 1 / Head of Primary Care	4	1
Healthy Childhood • Healthy Childhood - Support the implementation of the Nurture Programme - Infant Health and Wellbeing • Establish local steering groups for roll out of Nurture across CHO 1 area • Healthy Childhood - Support the implementation of the National Healthy Childhood Programme • Deliver 2nd Tier AMO led Audiology Services (2 per month) in conjunction with PHN Services • Deliver 2nd Tier Screening Clinics for the Development of Dysplasia of Hips (demand led)	Head of H&W CHO 1 Audiology Services Child Health Services	4	1

Mental Health
• Connecting for Life - Support the engagement and consultation process in the development of a mental health promotion plan and support implementation of finalised plan
• Progress the Implementation of Connecting for Life in Sligo and Cavan / Monaghan
• Progress Year 2 implementation of Connecting For Life Donegal
  • Deliver STORM and understanding self harm training programmes to HSE staff
  • Deliver SafeTALK, ASIST and understanding self harm training programmes through the community and voluntary sector
  • Support community and voluntary sector to deliver mental health promotion and signposting programmes
  • Establish networks of ASIST trained individuals
  • Implement the stress control programme and strengthen links with GPs and Mental Health Services (MHS) to signpost people presenting with anxiety and depression
  • Implement the recommendations and actions from the National Suicide Research Foundation report on suicide deaths in MHS
  • Provide training and support to teachers to implement the new revised MindOUT Programme for senior cycle students
  • Support the implementation of wellbeing guidelines in schools through the Interagency Wellbeing Schools Committee
  • Work with Donegal County Council to deliver an annual conference on suicide prevention as part of Connecting for Life Donegal
	Mental Health Promotion Officers and all CHO Services	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
Complete the development and commence implementation of the 3-year alcohol plan incorporating recommendations from the Steering Group Report on the National Substance Misuse Strategy (2012) and aligned with the measures contained in the Public Health Alcohol Bill (2015) • Support the key actions of the 3 year HSE Alcohol Programme Implementation Plan including • Supporting the roll out of the national alcohol risk communications campaign • Supporting the HSE internal communications campaign on alcohol harm • Supporting the implementation of the HSE strategic statement on public health messaging on alcohol risk • Supporting the roll out MECC for alcohol • Engaging with the work of the Alcohol Programme Implementation Group on alcohol harm data and analysis.	Social Inclusion Manager / Addiction Services	4	1
Progress implementation of the Breastfeeding in a Healthy Ireland - Health Service Breastfeeding Action Plan 2016–2021 **CHO 1 Actions** • Improve the % of babies breastfed (exclusively and not exclusively) at the first PHN visit and at 3 month PHN developmental check. • Develop a CHO 1 Breastfeeding Action Plan	Head of H&W CHO 1 with Health & Wellbeing Supporting PHN Service	4	1
Build a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers • Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers • Deliver Day Care and Home Supports to persons with dementia in partnership with the Alzheimer's Society • Continue to work in partnership with the Alzheimer's Society • Develop Befriending Projects across CHO 1 in partnership with the community and voluntary sector • Deliver a range of initiatives and projects to raise awareness of dementia in partnership with Dementia Aware Donegal	Head of H&W CHO 1 with Health & Wellbeing Supporting Social Care and Primary Care Services	4	1
Priority 3 - Protect the population from threats to health and wellbeing			
Improve immunisation uptake rates **CHO 1 Actions** • Improve immunisation rates • Ensure national, regional and local guidelines are followed in relation to immunisation policies. • Hold regular regional and local meetings to discuss problems and progress with view to improving policies and guidelines.	Immunisation Services	4	1
Complete implementation of the Rotavirus and Men B vaccination programmes **CHO 1 Actions** • Complete educational campaign for GP's, Practice Nurses and Public Health Nurses (commenced October 2016)	Immunisation Services	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
• Complete implementation of Rotavirus and Men B vaccination programmes			
Progress implementation of the recommendations from the review of models of delivery and governance of immunisation services **CHO 1 Actions** • Support Health and Wellbeing to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review. • Implement national strategies to achieve maximum uptakes rates for programmes • Develop and improve regional and local strategies to improve uptake. • Monitor delivery of primary childhood immunisation uptake rates with validation of target listings from GP practices. • Continue to follow up on defaulters with GP's practice nurses and clients as per local guidelines. • Monitor the delivery of the pre-school booster programme with validation of the target listings from primary schools. • Deliver HPV vaccination to 1st year second level female students as per national policy • Deliver Tdap vaccination to 1st year second level students as per national policy. • Deliver MenC vaccination to 1st year second level students as per national policy. • Continue the provision of Mantoux Service (TB screening clinics) on request from GP's, Occupational Health Physicians & Hospital Consultants as per local guidelines (subject to available stock) • Review immunisation uptake rates at local level with a view to implementing a strategy for increasing uptake of the primary immunisation schedule and the HPV programme with secondary school girls	Immunisation Services	4	1
Improve influenza vaccine uptake rates amongst staff in frontline settings and among persons aged 65 and over **CHO 1 Actions** • Progress the work of the: o CHO 1 Flu Oversight Group, o Peer vaccinator subgroup and Local Implementation Groups for each area to help guide and support the implementation of the Flu Campaign. • Continue implementation of the CHO 1 Flu Action Plan.	Head of Health and Wellbeing and all Heads of Service	4	1
Promote the BowelScreen Programme among the population of CHO 1 in the relevant age group (60 to 69 yrs) in collaboration with the National Screening Service	Head of H&W CHO 1 with Health & Wellbeing Supporting	4	1
Promote the BreastCheck Programme among female staff who are new to the BreastCheck age cohort (i.e. female staff in the 50 to 52 yrs age group) in collaboration with the National Screening Service	Head of H&W CHO 1 with Health & Wellbeing	4	1

Priority Actions	Lead	Q	Corporate Plan Goal
	Supporting		
Priority 4 - Create and strengthen cross-sectoral partnerships for improved health outcomes and address health inequalities			
Support HSE representatives on Local Community Development Committees (LCDC) to build capacity and ensure health and wellbeing priorities are mainstreamed as part of the LCDC agenda **CHO 1 Actions** • Develop local structures where required to support HSE representatives on Local Community Development Committees • Aligned to action above, work to ensure consistent input across various partnerships / committees (CYPSCs; Healthy Cities; Age-Friendly etc) • Continue to participate in Children and Young Person's Committees across the area and actively engage in all sub groups • Participate at national inter specialty multidisciplinary meetings on FASD.	Head of H&WB Community Medicine Service	4	1
Priority 5 - Strengthen governance arrangements and capacity in areas of risk and organisational development			
Provide overall co-ordination across the health service for capacity building for the prevention, surveillance and management of HCAIs and antimicrobial resistance (AMR) and the implementation of an agreed action plan for HCAIs in line with new governance structures and available resources • Support capacity building for the prevention, surveillance and management of HCAIs and antimicrobial resistance (AMR) and the implementation of an agreed action plan for HCAIs in line with new governance structures and available resources	Head of H&W CHO 1 with Health & Wellbeing Supporting and all Heads of Service	4	1
Improve uptake rates for the School Immunisation Programmes (SIP) with a particular focus on HPV vaccine	Head of H&W CHO 1 with Health & Wellbeing Supporting	4	1

Primary Care

Introduction

The primary care operational plan for CHO 1 encompassing Donegal, Cavan, Monaghan, Sligo and Leitrim, identifies the major developmental actions to be delivered in 2017 within primary care and associated divisions. Service integration and cross divisional working are central of effective service provision in keeping with the cross divisional health needs the population. Primary Care service delivery and development is the foundation service for the majority of healthcare delivery to the population in CHO 1.

	2017 NSP Budget €m	2016 Closing Budget €m
Primary Care	110.82	111.42
Other		
Full details of the 2017 budget are available in Table 1		

Notwithstanding the variations in local delivery and current structures, each of the objectives and actions to be undertaken over the coming year follow the HSE Corporate Plan and Primary Care Operational Plan. Service improvements, service developments and patient safety have been central to the development of local plans that allow for continuous development and improvements across the primary care division. A collaborative approach to the design and delivery of services has been a foundation of all developments whilst ensuring that services are based on need and delivered efficiently and safely.

Planning of primary care service delivery in CHO 1 takes account of the current and emerging health concerns alongside the national primary care and other divisional planning strategies. The population of CHO 1 is 391,994. This population group is largely rural, bordered by Northern Ireland and encompasses two Hospital Groups. Delivery of services will be further challenged given the large geographical area, high levels of deprivation and dependency and high levels of GMS entitlements. Furthermore, population ageing and associated reductions in health status will place ever increased burdens of delivering services to meet these needs.

2017 will bring a major change in the delivery mechanisms of primary care services. The roll out of the recommendations contained within the Community Healthcare Organisations report will enable new governance and organisational structures in delivering responsive, high quality, person centred services. The development of primary care teams and networks across CHO 1 will be progressed in line with the national frameworks aligned alongside the needs of the population in the area.

The specialist role that the Social Inclusion aspect of the primary care plan plays is essential to ensuring that hard to reach groups can access services in accordance with need. Services for those in need of addiction and homelessness etc. are all core service delivery requirements across the area in varying quantities. Similarly, access to services for vulnerable groups must be prioritised in an effort to reduce health inequalities across the area. A range of initiatives are planned and are ongoing in co-operation with other statutory, community and voluntary agencies as well as families and carers. There are on-going needs and resourcing issues across the area, particularly in Cavan and Monaghan, to enable the expansion and extension of social inclusion services.

With all plans, there are risks to delivery and these include resourcing issues, particularly front line staff and support staff and resources to enable delivery and reporting of activity. Demographic pressures in additional to those of the age profile of the area include demands on demand led schemes and PCRS.

Priorities and Priority Actions

- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care
- Improving health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities
- Improving access, quality and efficiency of palliative care services
- Reimbursing contractors in line with health policy, regulations and within service level arrangements governing administration of health schemes
- Processing applications for eligibility (under the PCRS) within agreed timelines
- Strengthen accountability and compliance across all services and review contractor arrangements

2017 Primary Care Division Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care			
Deliver integrated care programmes for chronic disease prevention and management in primary care **CHO 1 Action(s):** ▪ Support the implementation of the Chronic Disease Framework **Respiratory** ▪ Progress the implementation of the respiratory integrated care projects utilising the Clinical Nurse Specialists (Respiratory) and Senior Physiotherapists approved in 2016. ▪ CHO 1 – Senior Physiotherapist (1) and Integrated Care Clinical Nurse Specialist (1). **Diabetes** ▪ Progress the implementation of the chronic disease integrated care projects utilising the 2016 approved posts for diabetes. ▪ CHO 1 – Senior Dietitian (2).	HWB Lead	3 2 2	1 1 1
Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services **CHO 1 Action(s):** ▪ Advocate for the extension of provision of CIT and OPAT services across the Area	HWB Lead	4	2
Consolidate the provision of ultrasound and minor surgery services in primary care sites and expand provision of direct access to x-ray services within existing resources **CHO 1 Action(s):** ▪ Consolidate and expand primary care ultrasound service: 1. Sligo Primary Care Centre – 1,300. 2. Letterkenny Primary Care Centre – 2,340. • See all urgent referrals within 5 days of referral.	NoWDOC Manager, DL & Primary Care Manager, SL	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
• See all routine referrals within 10 days of referral. • Monitor onward referral rates to a hospital setting for further radiological / medical investigations. • Evaluate the 2015-2016 ultrasound initiative to inform service planning and improvement. • Expand provision of direct access to x-ray services within existing resources: • Support and expand existing community x-ray schemes in Donegal. • Trial local solutions to increase GP Direct Access to X-Ray services.			
Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels **CHO 1 Action(s):** • Support packages of care for children discharged from hospital with complex medical conditions • Roll out and standardise the pilot discharge process across CHO 1 for all new discharges • Implement a protocol for discharge planning for children with complex medical conditions • Implement a clinical and service assessment tool for children with complex medical conditions. • Undertake a quality assurance process with current families in receipt of the package • Examine respite options for children across the area • Explore end of life care options across the area • P&S Participate on National Quality Assurance Steering Group on behalf of CHO 1	P&S Disability Manager	4	2
Implement the recommendations of the GP Out of Hours, Primary Care Eye Services and Island Services Reviews **CHO 1 Action(s):** **GP Out of Hours** Implement the recommendations from GP Out of Hours Review 2016 • Continue the implementation of the 2010 recommendations, pending completion of the 2016 review **Primary Care Eye Services** • Implement review recommendations as per National direction on a phased basis • Provide change management / team training for CHO 1 primary care eye team staff, as directed and subject to resources • Develop standard operating procedure and training for Public Health Nurses (PHNs) conducting vision surveillance as per national direction and subject to resources	GP Out of Hours Managers Head of PC & Ophthalmic Managers	4 4	2 2

Priority Actions	Lead	Q	Corporate Plan Goal
Island Services Review • Undertake needs assessments for Tory and Arranmore Islands • Collect primary care data at island level as a means to determining and monitoring health care service needs and activity • Designate a senior manager to have responsibility for islands, including how to provide out of hours support to nursing staff working 24/7 • Establish a partnership for engagement between the HSE and island communities to develop community resilience • Develop/ strengthen inter-agency networks to respond to the needs of island communities particularly in the area of transport and island infrastructure • Work with the National Ambulance Review implementation of medical evacuation procedure introduced in 2016. Progress discussions regarding the availability of an air transport service option for Out of Hours GP services, where the evacuation of the patient is not required. • Service to develop a standard operating procedure for use of the ambulance on Arranmore.	Chief Officer in partnership with local HWB, steering group, the National PC & HWB division	4	2
Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services **CHO 1 Action(s):** **Speech and Language Therapy** • Conclude recruitment of WTEs for implementation of speech and language therapy service improvement initiatives across CHO 1 • Implement new models of SLT service delivery as per recommendations of national working group focusing on waiting list times & numbers for children's primary care & social care SLT services. • Consider the set up of separate adult Primary Care SLT service model in Donegal • Report on waiting list initiatives being introduced on an ongoing basis **Psychology Services** • Implement revised model for primary care psychology service, utilising 2016 approved funding • Develop group based treatments, stress control and computerised CBT as well as Bibliotherapy. **Physiotherapy** • Review operation of PUCA text messaging service with a view to introducing same into service • Scope out a new model for continuation of physiotherapy prescribed exercise programmes to community fitness instructors.	Speech & Language Therapy Managers Principal Psychologist Community Physiotherapy Head of PC / Service	4 4 1 4	2 2 2 2

Priority Actions	Lead	Q	Corporate Plan Goal
• Commence training for physiotherapists and instructors. **Lymphoedema** • Review service provision for patients with Lymphoedema in line with national project objectives	Managers		
Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents	Head of PC / MH	4	2
Improve access to children's oral health services and improve access to orthodontic services for children **CHO 1 Actions:** • Conduct dental Inspection of children in target classes of primary schools, with particular emphasis on Priority Group 1 (6th class) • Strive to identify orthodontic need to primary school children in 4th class • Deliver 6 dental / orthodontic assessment clinics and reduce assessment list to under 6-month waiting list. • Work with the Orthodontics Department to deliver regular clinics providing informal primary care advice • Develop Service Agreement with other CHO Areas in Dundalk & Navan to continue delivery of service locally • Oral Health Educator in Cavan / Monaghan will continue to deliver Oral Health Education	Principal Dental Surgeons	4	2
Other Priority CHO 1 Actions			
Develop primary care eye services • Deliver the waiting list initiative to enable children to access Optometrists in the local community for refracting and visual tech on a cost per head / voucher basis	Ophthalmic Service Manager	4	2
• Commence a mapping exercise of primary care programmes, projects and services delivered across CHO 1. • Review areas of best practice and capacity arising from mapping exercise with a view to standardising approaches and rollout out across the area. • Ring-fence funding to implement quality improvement initiatives / projects • Examine alternative methods of capturing client participation • Identify staff across the area with specific skills / expertise that can be shared across CHO 1 • Re-examine structures and supports in development of Primary Care Teams	Primary Care lead	4	2
Priority Actions	**Lead**	**Q**	**Corporate Plan Goal**
Social Inclusion Services			
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities			

Priority Actions	Lead	Q	Corporate Plan Goal
Improve addiction services Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s Implement the recommendations of the *National Drugs Rehabilitation Framework*			
CHO 1 Actions • Ensure adults and children have access to treatment as per performance indicators • Plan and initiate the commencement of an U18 service for Alcohol & Substance Misuse in Cavan/Monaghan • Work with the Alcohol Forum to deliver the Alcohol Related Brain Injury programme and support the Hidden Harm agenda in partnership with TUSLA • Participate in the launch of the Hidden Harm Strategy Statement • Develop Alcohol Related Brain Injury (ARBI) care pathway for Sligo • Deliver actions arising from the HSE Integrated Addiction Oversight Group for Cavan /Monaghan including the dissemination of 'Guidelines for the Management of Alcohol Withdrawal' to support GPs in community alcohol detoxification.	Addiction Services Managers	4 1 4 4 2 2 4	2
National Drugs Rehabilitation Framework **CHO 1 Actions** • Continue to review services in CHO 1 in relation to the person centred care planning processes of the Drugs Rehabilitation Framework including assessment, key working and care planning • Undertake a service user experience survey and review findings of this and that of the HSE addiction services review (local) • Attend and support training in CHO 1 in relation to administration of Naloxone • Support the provision of the pharmacy needle exchange in matching demand across the CHO • Audit compliance in HSE Service • Audit compliance in community and voluntary sector • Implement compliance improvement plan where required • Review compliance of addiction services with NSSBHC.	Addiction Services Managers	4	4
Develop a mental health clinical programme for co-morbid mental illness and substance misuse (dual diagnosis) **CHO 1 Actions** • Host a seminar on Suicide and Alcohol in partnership with Addiction Services, Mental Health and Regional Drug & Alcohol Task Force • Support Whiteoaks Rehabilitation Centre in terms of training	Addiction Services Managers	4	4

Priority Actions	Lead	Q	Corporate Plan Goal
and support in managing dual diagnosis. • Work with the Centre for Nursing & Midwifery Education and the Alcohol Forum around the feasibility of developing a short training module on dual diagnosis			
Undertake an audit of HSE addiction services and Tier 4 residential services and ensure compliance with clinical guidelines **CHO 1 Actions** • Support and fund White Oaks Rehabilitation Centre as a Tier 4 Treatment Service • In conjunction with White Oaks, undertake an audit to ensure compliance with SLA and NSSBHC • Ensure compliance with clinical guidelines	Addiction Services Managers	4	5
Implement the recommendations of the Evaluation Report for the Pharmacy Needle Exchange **CHO 1 Actions** • Support the provision of the pharmacy needle exchange in matching demand across the CHO • Continue to support and develop care pathways and referral pathways from pharmacy needle exchange to addiction services.	Addiction Services Managers	4	2
Improve homeless services Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs, by providing key worker, case management, general practitioner (GP) and nursing services Implement the health actions set out in *Rebuilding Ireland, Action Plan for Housing and Homelessness,* on a phased basis, in order to provide the most appropriate primary care and mental health services to those in homeless services and improve their ability to sustain a normal tenancy			
CHO 1 Actions • Support agencies in the provision of services to homeless people (including key working, case management, medical services) in addressing the complex and diverse health needs of homeless people • Work in partnership with Local Authorities on the Homeless Action Teams (HAT) to address the needs of Homelessness people • Continue to support Hostels for Homeless People through Service Agreements • Review existing service arrangements with Section 39 agencies to assist agencies in the identification of healthcare needs and signposting to relevant bodies • Publish a Guide to Homeless Services in the North West • Continue the development and implementation of the North West acute hospital discharge protocol and review the status of	Social Inclusion Manager	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
the protocols in existence across the area			
Improve health outcomes for vulnerable groups Traveller, refugees, asylum seeker and Roma communities • Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease • Expand primary care health screening and primary care services for refugees, asylum seekers and Roma communities. Domestic, sexual and gender-based violence • Implement health related actions in line with *National Strategy on Domestic, Sexual and Gender-based Violence 2016–2021*.			
CHO 1 Actions • Participate in Local Interagency Groups & associated HSE structures and processes as part of the Resettlement Programme for Refugees in CHO 1 • Plan for the implementation of the "Report on Health Screening, Infectious Disease Assessment for Migrants" in collaboration with Public Health. • Implement local actions in line with the 2nd HSE Intercultural Strategy • Identify needs and resource requirements for Roma Families in Donegal and address priority needs. • Deliver 2 intercultural health training sessions to health service staff • Deliver social inclusion training to a Primary Care Team and Community representatives in 1 area • Deliver training in Screening Advice Ongoing Referral (SAOR) and Screening & Brief Intervention (SBI) for Traveller community health workers in conjunction with the Education Training Board and Regional Drugs Task Force	Social Inclusion Managers	4	2
Improve health outcomes for Travellers **CHO 1 Actions** • Complete roll out of education resource "small changes, big difference" and associated health promotion programmes across Traveller Health Units • Train staff in Traveller Health Units on *Connecting for Life* so that it can be promoted, in a culturally appropriate manner, to members of the Traveller community • Enable the Primary Health Care Projects to improve health outcomes for Travellers with a particular focus on the Social Determinants of Health, Mental Health & Addiction, Health Awareness & Education, Asthma & Traveller Men's Health. • Develop a 5 year strategic plan, which will include outline annual plans, to improve Traveller Health in CHO 1	Social Inclusion Manager	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
• Designated Public Health Nurses for Travellers will identify and support access to primary care services as appropriate • Designated Public Health Nurses and Community Health Workers will monitor the level of engagement and uptake by Travellers of health information, clinical screening, immunisation and specific health programmes, including Maternal and Child Health programmes. • Review the role of the Traveller Health Unit in light of the new structures within the HSE			
National Strategy on Domestic, Sexual and Gender based Violence **CHO 1 Actions** • Implement actions across CHO 1, based on available resources • Train a minimum of 2 staff in CHO 1 in Domestic, Sexual and Gender Based Violence. On completion of training, develop a quality improvement plan incorporating further roll out of this training to frontline staff.	Head of PC & Social Inclusion Managers	4	3
Implement the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Practice Policy **CHO 1 Actions** • Implement actions across CHO 1, based on available resources • Deliver LGBT training for health service staff, subject to available funding	Head of PC & Social Inclusion Managers	4	3
Support Community Development **CHO 1 Actions** • Support the implementation of joint health projects between PCTs and CHFs that will address health inequalities and special health concerns identified in Healthy Ireland • Support the development and maintenance of Community Health Forums linking with Primary Care Teams	Health of PC & Social Inclusion Managers	4	1/3
Priority Actions	**Lead**	**Q**	**Corporate Plan Goal**
Palliative Care Services			
Improve access, quality and efficiency of palliative care services Implement the model of care for adult palliative care services Implement a standardised approach to the provision of children's palliative care in the community.			
Ensure patients with a primary non-cancer diagnosis have equal access to services as per the Eligibility Criteria Guideline **CHO 1 Actions** • Continue to implement the specialist palliative care eligibility criteria	Palliative Care Team	4	2
Implement the National Clinical Effectiveness Committee approved	Palliative Care	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients **CHO 1 Actions** • Implement the approved guidelines in collaboration with the Consultants in Palliative medicine in North West Hospice • Implement local guidelines on the management of cancer pain and the management of constipation in palliative care patients • Utilise electronic audit tool for implementation of guidelines	Team		
Develop a guideline on Care of the Dying Adult in the Last Days of Life for use in non-specialist services **CHO 1 Actions** • North West Hospice will actively engage with non-specialist services in the Sligo/Leitrim area to provide guidance on developing their own local guidelines and education through the roll out of "Palliative Care Needs Assessment" programme in collaboration with the Centre for Nursing & Midwifery Education • Devise local guidelines based on Care Plan developed in Donegal Hospice in 2016 • Participate in the development of a guidelines on *Care of the Dying Adult in the Last Days of* Life for use in non-specialist services	Palliative Care Team	4	2
Develop national standards, protocols and pathways to ensure a standardised approach in the provision of children's palliative care in the community **CHO 1 Actions** • Establish Children's governance group with standardised structures and processes in place to oversee all home care packages for children with complex medical needs in CHO 1. • Establish criteria and pathway for children with complex medical needs to access respite services across CHO 1. • Implement Draft National Policy and the evaluation of the Children's Palliative Care Programme 2016.	Physical & Sensory Disability Manager	4	2
Improve the physical environment for patients, families and staff through the Irish Hospice Foundation Design and Dignity Grant Scheme **CHO 1 Actions** ▪ North West Hospice ADON and Consultant in Palliative Care Medicine will actively engage with Design and Dignity Grant Scheme to improve facilities for patients and families as members of the End of Life Committee for Sligo University Hospital.	Palliative Care Team	4	2
Implement the recommendations from the Palliative Care Support Beds Review	Palliative Care Team	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
CHO 1 Actions • Maintain close working relationships with community hospitals throughout CHO 1			
Implement the model of care for adult palliative care services **CHO 1 Actions** • Roll out Level 1 of the Palliative Care Competence Framework • Roll out public education training programmes supporting carers to look after their loved ones at home. • Finalise proposal to develop an inpatient unit in Cavan	Palliative Care Team	4	2
Implement the patient charter for palliative care services, once published **CHO 1 Actions** • Continue to implement by completing the agreed QIPS from self assessment "Towards Excellence in Palliative Care"	Palliative Care Team	4	2
Strengthen accountability and compliance across all services and review contractor arrangements Strengthen accountability within primary care and ensure compliance with service and probity arrangements and internal and external audit findings Progress and implement policy and value for money projects for community demand-led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings			
Strengthen the Primary Care Accountability Framework **CHO 1 Actions** Continue to report a) activity through the agreed metrics template b) quality & patient safety data through the dashboard and c) the ongoing completion and submission of control assurance statements by staff at Grade VIII and above	Primary Care Managers	4	3
Ensure compliance with service arrangements and internal audit findings CHO 1 Actions a) Manage and progress Primary Care Service Arrangements within CHO 1 using the National Governance Framework and Grant Aid Agreements. b) Findings and recommendations following internal audit will continued to be discussed at relevant governance meetings and action plans will developed with regard to the implementation of relevant recommendations.	Primary Care Managers	4	5
CHO 1 Actions • Review, analyse and utilise complaints and compliments information	Primary Care Managers	4	3

Priority Actions	Lead	Q	Corporate Plan Goal
CHO 1 Actions • Review prescriptions for Aids & Appliances and prioritise according to the agreed scoring methodology as part of the Cavan / Monahan Resource Allocation Group • Implement the relevant findings from various projects under review Resource Allocation Group (RAG) and the Primary Care Management Team (PCMT) • Continue to operate monthly community physiotherapy foot clinic to operate and supply orthotics, aids and appliances as clinically indicated	PC Management Team Physiotherapy Manager SL	4	2
Improve safety, access and responsiveness of primary care services			
Support the roll out of patient safety and quality improvement programmes **CHO 1 Actions** **Dental Services** • Prepare for new Dental Council Guidelines being introduced in 2016 taking cognisance of staff training, infrastructure, equipment, etc • Develop action plan based on findings from pre-HIQA dental audit conducted in 2015. • Deliver training calibration of staff in assessment of Oral Orthodontic Assessment Need • Explore training / support options for staff in the provision of primary care • Implement a Clinical Audit Plan for 2017 **Primary Care Services** • Complete analysis of patient satisfaction surveys undertaken in 2016	Principal Dental Surgeons Primary Care Managers	4 2	2 2
Support the Pressure Ulcers to Zero collaborative • Support the Pressure Ulcers to Zero collaborative across CHO 1	Relevant Managers	4	2
Improve GP Out of Hours Services Audit the implementation of service arrangements using Audit Framework • Audit Framework / checklist in operation to audit service arrangement with NEDOC as outlined in SLA 2016 • Continue to monitor existing SA with Caredoc. This will include agreeing amendments to KPIs and arrangements regarding the IT infrastructure. • Liaise with Dept of Health and WUC around the expansion of a cross-border project agreed for Pettigo and Blacklion • Maintain RCGP/ICGP Accreditation • Progress the roll out of electronic messaging system (Healthlinks) to replace fax system of patient contact notifications to GPs. • Complete the upgrade of the Out of Hours (OoH) system for Donegal (Adastra V3) and enhanced ICT connectivity for Caredoc and support the review of the Out of Hours service from an IT perspective.	CHO 1 GP Out of Hours Managers	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
• Replace the existing NoWDOC Fleet of cars, subject to available funding			

Mental Health

Introduction

	2017 NSP Budget €m	2016 Closing Budget €m
Mental Health	71.65	66.85
Full details of the 2017 budget are available in Tables 1		

The Healthy Ireland, 2012 report and Healthy Ireland Framework for Improved Health and Wellbeing (2013-2015) both indicate that the health pressures experienced by the population in CHO 1 are similar to those of the national population of Ireland. These include living with co-morbidities such as circulatory and respiratory diseases, cancer, lifestyle behaviours of smoking and alcohol and mental health related diseases. These major health concerns are strongly correlated with lifestyle behaviours and socio-economic factors, levels of education, employment and housing. The planning and delivery of mental health services in CHO 1 will take account of both the current and the future health priorities of our population and we are committed to involving and engaging with our service users of all ages to ensure their views and experiences guide the direction of our strategic priorities and operational planning. We recognise that a 'recovery' approach is one of the fundamental principles in Ireland's mental health policy A Vision for Change (2006-2016). The concept of recovery moves the primary focus from the professional as expert to the person as expert-by-experience. Looking forward to a positive future the organisational change and innovative opportunities that will arise from the formation of CHO 1 (Cavan, Donegal, Leitrim, Monaghan and Sligo) will be maximised to the benefit of our population. We will conduct a review of the current Mental Health provision and put a plan in place to meet the changing need under the new business operating model. This review will also inform the development of a 5 year strategic plan for Mental Health Services in CHO 1 aligned to national priorities and plans.

Our staff will be included in leading and delivering the organisational change and the formation of new operating models. They will receive recognition for their innovation and ambitions to deliver high quality standards of care which are delivering improved outcomes for our service users and their families. We will work closely with the National Mental Health Division on developing Best Practice Guidance for Mental Health and also work with the Mental Health Commission to ensure our Approved Centres achieve improved levels of compliance with the Mental Health Regulations.

The spectrum of mental health services provided through CHO 1 extends from promoting positive mental health through to supporting those experiencing severe and disabling mental illness. It includes specialised secondary care services for children and adolescents, adults, older persons and those with an intellectual disability and a mental illness. The National suicide rate published by the National Suicide Research Foundation in 2015 was 9.7 per 100,000. The area suicide rates also published for counties within CHO 1 indicate that Cavan has the 3rd highest rate in the country 18.2 per 100,000 followed closely by Monaghan 10.4 (per 100,000). The figures for the other counties are: Donegal 7.9 (per 100,000), Leitrim 6.7 (per 100,000) and Sligo 4.8 (per 100,000). Implementing suicide reduction strategies will form a significant part of our operational plan.

Population of CHO 1

As part of the Health Reform Programme; the development of the Community Health Organisations has led to the catchment area of CHO 1 being agreed as Cavan, Donegal, Leitrim, Monaghan and Sligo. This diverse geographical spread has been nationally acknowledged as one of the core challenges to us all in providing equitable access to service users and ensuring the identified priority needs of the service users

will be appropriately met. CHO 1 has a population of 389,048 and it is sparsely populated. It is a rural area and has a low population density of 35 per km^2, whereas Ireland has a population density of 67 per km^2.

Priorities and priority actions

- Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide
- Embed Advancing Recovery Ireland and progress the implementation of the service reform project proposal
- Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements
- Enhance the service user and carer engagement structures and progress the implementation of the National carers strategy
- Enable the provision of mental health services including the establishment of a governance and accountability structure for MHS, staff and infrastructure. A key enabling step will be to establish interim governance and accountability structures including management team.
- Conduct a review and mapping of the "as is" in Mental Health services across CHO 1
- Develop a robust change management plan to support the required transition to the new operating model and informed by national models for provision of standardised safe mental health services.

2017 Mental Health Division Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
Priority 1 – promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide			
Further build on learning from the National Suicide Research Foundation Report	Head of Service	Q1-Q4	1
Develop and implement County suicide reduction plans taking cognisance of opportunity to enhance Mental Health Services for the Traveller community	General Manager	Q1-Q4	G1
Implement the CHO 1 plans for Connecting for Life working in partnership with Non Governmental Organisations and continue to deliver ASIST and SafeTALK training	Head of Service/GM	Q1-Q4	G1
Further develop suicide Bereavement Support Services	Head of Service /GM	Q1-Q4	G1
Participate in the National Pilot for STORM and implement the STORM training programme	AMHMTs	Q1-Q4	G1
Research other established mental health websites and develop proposal for an effective, accessible, interactive and informative CHO 1 website for mental health aligned with the new national directory for completion in 2017	Head of Service	Q4	G1
Reconfigure National counselling service in line with CHO 1 structures	Regional Director of Counselling	Q1-Q4	G1
Investigate development of an activity for long term mental health service users /clients which focus on the benefits of woodland and green space	Head of service	Q4	G1
Begin work on reversing the current separation between physical health and wellbeing and mental health and wellbeing	Head of service/GM	Q4	G1
Implement agreed actions relevant to CHO 1 arising from the work of the National Youth Mental Health Taskforce and host a youth mental health themed conference	Head of service	Q4	G1
Priority 2 - Design integrated, evidence based recovery focused mental health			
Embed Advancing Recovery Ireland support in all mental health teams in CHO 1 by developing a recovery college in CHO 1 and cross border	AMHMTs	Q2	G2
Progress the implementation of the Service Reform project proposal	Service Reform stakeholder group	Q4	G2
Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements			
Commence operation of High Observation Unit, Donegal	ECD, Donegal	Q1	G2
Establish need and justification for service model to meet the needs of those with complex mental health issues and challenging behaviour	ECD, CHO 1 & GM	Q4	G2

Priority Actions	Lead	Q	Corporate Plan Goal
Participate in national pilot for Peer Support	ADON, Cavan Monaghan	Q1	G2
Formulate and develop a CHO 1 youth mental health model, (based on the model and principles of jigsaw) to reflect local population needs	GM/AMHMTs	Q4	G1
Establish an integrated forum between CHO 1 Mental Health Services, Acute and Primary Care Services	Head of Service	Q3	G2
Increase liaison psychiatry capacity in Cavan, Donegal and Sligo – contingent on additional resources to fund necessary investment	Head of Service	Q4	G2
Conduct a needs analysis and prepare business case to improve 7 day response in mental health services.	Head of Service	Q1	G2
Implement when launched; the HIQA /MHC Patient Safety Incident Standards	QSUS & Head of Service	Q4	G2
Roll out the implementation of the National Quality Assessment and Improvement Framework in CHO 1 when launched in 2017.	QSUS & Head of Service	Q4 & 2018	G2
Participate in the National compliance reporting and monitoring framework against the Mental Health Commission regulatory framework	QSUS & Head of Service	Q4	G2
Develop and implement a framework of assurance for incident management	QSUS & Head of Service	Q4	G2
Undertake a CHO 1 bespoke recruitment campaign to fill funded development posts in General Adult, Psychiatry of Old Age, CAMHS and MHID	Head of Service/Head of HR	Q1-Q4	G2
Review current practices and strengthen integrated care pathway between emergency department staff and mental health staff in the management of patients who attempt suicide and present to Emergency Departments (ED)	Mental Health staff in Acute Mental health service (on site) / RSCI CEO/ Hospital GM	Q1	G2
Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services			
Enhance the service user and Carer Engagement structures at CHO level and local MHS Management team level through AMHMTs appointment of a service user / family member / carer area lead and establishment of an area forum.	Head of service	Q1-Q4	G3
Progress the implementation of the National Carers Strategy by Head of Service and extending the provision of carers support groups and continue AMHMTs provision of carers WRAP group	General Manager	Q1-Q4	G3
Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure			
Participate in the national survey of mental health capital stock (premises and buildings) to scope future infrastructural needs of services in CHO 1.	General Manager	Q1-Q4	G5
In conjunction with service managers undertake an externally supported Enhancing Teamwork Programme – including review of management team arrangements /effectiveness	Head of Service/GM	Q1-Q4	G5

Priority Actions	Lead	Q	Corporate Plan Goal
Develop a CHO 1 Performance assurance process which will support local service verification of performance against national metrics	Head of Service /GM	Q1	G5
Enable participation of mental health staff in the Leadership Development programme which is currently being developed	Head of Service	Q2	G2

Social Care

Introduction

Social Care Services within CHO 1 supports the service requirements of both older people and people with disabilities. CHO 1 has a long history in promoting independence and supporting older people and people with disabilities, in as far as possible, to live at home or in their own community with suitable supports.

The following operational plan, starting with quality and patient safety and then sub divided between older people and people with disabilities, outlines the actions that are due to take place within both services during 2017.

Social Care		
	2017 NSP Budget €m	2016 Closing Budget €m
Disabilities	121.53	118.89
Older Persons	81.54	80.64
Total	**203.07**	**196.53**
Full details of the 2017 budget are available in Table 1		

Similar to previous years, challenges remain in relation to resourcing, increased demand due to increases in the older population, growing numbers of people with dementia and challenges in relation to compliance with the National Standards for residential care in both older persons and disabilities services. In addition, decongregation of those residing in residential care facilities, to houses within the community to live a normal life in a normal community environment will be progressed throughout 2017.

The population group in CHO 1 is largely rural, bordered by Northern Ireland and encompasses two Hospital groups of Saolta and RCSI. Delivery of services for older people and people with disabilities will be constantly challenged given the large rural geographical spread, high levels of deprivation and an ever increasing dependency among the people in both care groups.

A range of services are provided to older people including homecare, day care, respite and short and long-term residential services. People with disabilities receive supports to achieve the best possible independence and control over their lives and to pursue activities and living arrangements of their choice.

Quality and Patient Safety Priorities for 2017

Social Care

Safeguarding Vulnerable People

- Implementation of the National Policy on Safeguarding Vulnerable Persons at Risk of Abuse
- Commencement of the Quality Improvement Enablement Programme
- Advance implementation of training programme for designated officers and frontline staff and achieve targets for awareness

Assisted Decision-Making

- Commence training on the *Assisted Decision-Making (Capacity) Act 2015*

HCAIs and AMR

- Develop plan for the implementation of the action plan for HCAIs and AMR in line with new governance structures and available resources

2017 Quality and Patient Safety Social Care Division Key result areas and priority actions

Priority Actions	Lead	Quarter	Corporate Plan Goal
Continue to support CHO development of implementation plan for Healthy Ireland **CHO 1 Actions:** • Continue to support LCDC and Age Friendly Alliance to promote age friendly strategies • Work closely with Local Authorities and Age Friendly Alliance to promote age friendly cities and communities • Ensure service users interaction counts by routinely assessing levels of physical activity of service users • Promote as much physical activity as possible for the individual. • Monitor for the risk of malnutrition using the MUST assessment too	Heads of Service and Teams	Q1-Q4	1
Improve influenza vaccine uptake rates amongst staff in Social Care settings and among persons aged 65 and over **CHO 1 Actions:** • Regional Flu Group established will continue to promote uptake of vaccine by staff members and persons in social care settings	Health & Wellbeing / Social Care Lead/Service Mangers	Q1 & Q4	1
Contribute to the ongoing development of a Healthy Workplace policy in partnership with Health & Wellbeing	Service Managers	Q1-Q4	1
CHO 1 Actions: Facilitate staff to attend Brief Intervention Smoking cessation training for staff Complete mapping of all disability service locations to determine status of each location under "Tobacco Free Campus" using guidance	Service Managers / Public Health	Q1-Q4	1
CHO 1 Actions: Map compliance with "Tobacco Free Campus" across service locations deemed as meeting criteria of a "campus"	Service Managers/Public Health	Q4	1
Safeguarding Vulnerable Persons at Risk of Abuse			
CHO 1 Actions: Co-operate with the implementation of training programme for awareness for designated officers and frontline staff Achieve training and awareness raising target of 1,535 Participate in needs assessment	Social Care Lead	Q4	3
Open Disclosure			
Provide assurance that the Open Disclosure Policy is in place and demonstrate implementation by having a named open disclosure lead in the CHO **CHO 1 Actions:** • Agree open disclosure lead	Head of Social Care	Q1	3

Priority Actions	Lead	Quarter	Corporate Plan Goal
CHO 1 Actions: Complete review of Children First self assessed checklist for HSE own and HSE funded services (children and adults) and actions plans/timelines for achievement of compliance with Children First Ensure that 95% of all HSE/HSE funded staff working in children and adult services complete the Children First eLearning module	Lead Progressing Disability	Q2 Q4	2

Disability Services

The focus in CHO 1 is to support people with disabilities to achieve their full potential including living as independently as possible and to ensure that people with disabilities are heard and involved at all stages of the process to plan and improve services. The following values guide effective participation for people with disabilities within CHO 1:

Autonomy: Having the freedom and power to make your own choices and decisions
Respect: Is really important, meaning that people trust each other, people having experience in one's own lives
Creative responses: Open to new ideas and new ways of working, listening and finding ways that work well for each person
Mutual support: How we support each other. How we work together

Services are provided for people with disabilities, their families and carers either directly by the HSE or by other agencies working in partnership with the HSE. Services which are predominantly community orientated, are also provided through statutory / voluntary groups and also locally based community groups with the aim of achieving the best quality of life for each individual

Disability services have developed strong working relationships with the voluntary/statutory sector supported through service agreement funding. These organisations provide a range of services on behalf of the HSE including general health services, health promotion activities, assessment, residential services, rehabilitative training programmes, sheltered programmes and day activity programmes.

Disability services are staffed by highly qualified disability services staff supported by other community based professionals. Care delivered is based on a person centered approach and is supported by the multi-disciplinary team. Specialist services are delivered in the community by the residential, respite or day service facilities together with training services, the local primary health care and community services. CHO 1 had 2,130 people registered on the NPSDD and 2,609 people registered on the NIDD in December 2015.

The publication of a range of policy documents in recent years have been taken into consideration when planning service delivery and development, these include:-

- A Time to Move on from Congregated Settings (2011)
- Report of Disability Policy Review (2011)
- Future Health A Strategic Framework for Reform of the Health Service 2012 - 2015, (2012)
- National Housing Strategy for People with Disability 2011 -2016 (2012)
- National Carers' Strategy (2012)
- New Directions: HSE Day Services Implementation Plan (2012)
- Review of Autism Services (2012)
- Value for Money and Policy Review (2012)

- The National Disabilities Strategy Implementation Plan 2013 – 2015
- National Policy and Strategy for the Provision of Neuro-rehabilitation Services in Ireland 2011-2015"
- National Standards for Residential Centres for Children and Adults with a Disability (HIQA) (2013)

Priorities and Actions 2017

- Provide residential, day places, day respite sessions / respite overnights and personal assistance
- Provide residential emergency places and new home support / in-home respite for emergency places within available resources under the direction of the CHO 1 Residential Service Executive Management Committee
- Reconfigure day services including school leavers and rehabilitative training in line with New Directions
    - Provide day service support for people leaving school/rehab training
    - Complete the Progressing Disability Services and Young People (0-18) Programme with the establishment of Disability Network Teams, aligned to the Community Health Networks (resource dependent)
- Accelerate Implementation of a Time to Move on from Congregated Settings
- Increase compliance with HIQA National Standards, through the implementation of a CHO 1 Quality Improvement Plan, including the following:
    - Develop an action plan to systematically identify areas for safety and quality improvement
    - Implement a monitoring process to ensure that identified actions are successfully affecting change
    - Establish a disability services operational management team to oversee the quality improvement plan
- Monitor and develop a plan to improve compliance levels with the Disability Act
- Enhance governance for Service Arrangements

2017 Social Care (Disability) Division Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
Transforming Lives			
CHO 1 Actions: Establish a local consultative forum (consistent with the terms of reference in line with the National Consultative forum). Each local consultative forum will have a number of sub groups: • Time to Move on • New Directions – • Progressing Disability Services for Children and young people • Service user engagement	Head of Social Care/General Manager	Q1-Q4	2
Residential Services			
CHO 1 Actions: • Establish CHO 1 Residential Service Executive Management Committee • Develop and maintain a 'bed register' of residential provision	Head of Social Care/General Manager	Q1	2

Priority Actions	Lead	Q	Corporate Plan Goal
and emergency placements • Implement robust governance procedures for the management of Emergency Placements in line with allocated budget • Conduct robust reviews to ensure appropriate support needs are in place and value for money is being achieved • Establish waiting lists for emergency placements based on 'need, priority and risk' • Work with Section 38/39 service providers to ensure effective management of resources for residential supports and emergency placements		Q1 Q2 Q2 Q2 Q2	
Congregated Settings			
CHO 1 Actions: Develop clear action plans by each service provider to identify how service providers will transition residents from congregated settings into the community in line with policy	Service Manager/General Manager	Q4	1
CHO 1 Actions: Update a housing need profile for 2017-2021 by each service provider to identify how accommodation for those moving from congregated settings will be sourced	Service Manager/General Manager	Q4	1
CHO 1 Actions: Participate in a national review of the current residential provision to determine and agree the recommendations in relation to the appropriate model of service for individuals with significant specialist care needs.	General Manager/Service Manager	Q4	2
Transition people from the large institutional settings to a community based model of person-centred supports **CHO 1 Actions:** • Develop a decongregation proposal for each congregated settings • Establish an Enabler Group for CHO 1 to progress the proposal • Profile 29 service users to transition to community living using the appropriate and agreed identified singular assessment Tool (Q1 – 11; Q2 – 7; Q3 – 4; Q4 – 7), and update implementation plans as appropriate. • Report on consultations with individuals and families around wishes and preferences • Report on consultations with staff and trade union representatives on progress within targeted timeframes • Engage with Dessa's Community Inclusion, Capacity & Connection and Inclusion Ireland to build capacity within the community • Recruit Volunteer Liaison Officer as part of Project Team • Meet with Estates on a monthly basis to progress plans • Report on communications with all stakeholders and any issues / risks arising • Report on preparation for HIQA registration as required • Facilitate the completion of the 2016 target to de-congregate 10 residents from Cregg Campus, Sligo	Disability Managers/ Project Manager Congregated Settings Service Manager/General Manager	Q1 Q1 Q4 Q1 Q1-Q4	1 1

Priority Actions	Lead	Q	Corporate Plan Goal
CHO 1 will plan and initiate the transfer of residents to community settings • HSE Cregg House– 24			
Develop community living transition plans for each person transitioning **CHO 1 Actions:** • Ensure transition plans are in place for every service user transitioning in 2017	Disability Managers/. Project Manager Congregated Settings	Q4	1
Develop and progress plan to meet housing requirements for people transitioning from congregated settings through work with CHOs and approved housing bodies, housing authorities and HSE Estates **CHO 1 Actions:** • Continue developing links with local authority and housing agencies • Include specific/bespoke building requirements in all housing needs data • Engage with Estates and Property Management to identify suitable local land banks and progress accommodation work stream • Commence plans to relocate from Intellectual Disability Services Donegal to five houses in the community and in Sligo/Leitrim to seven houses in the community • Reconfigure services at Inbearr na Mara and Milltown House • Work towards developing new houses in Dungloe, Stranorlar and Ballytrim to facilitate people transitioning from Sean O'Hare Unit. • Support people with a physical & sensory disability to access appropriate housing in the community	Disability Managers	Q4	1
New Directions			
Embed CHO specific implementation structure to support *New Directions* **CHO 1 Actions:** • Establish Local Implementation Group in CHO 1 to support and implement New Directions. • Meet quarterly to monitor progress • Engage and implement all key performance areas • Adhere to the guidance parameters set out by the Implementation Group (Sub Group 2, Working Group 2). • Ensure a clear work plan is in place • Establish sub groups as required • Progress the principles of community inclusion and active citizenship • Develop individual service provider implementation plans based on the benchmarking exercise completed by all providers and in line with national guidance.	Social Care Lead Disability Managers	Q1 Q1-Q4	2
Provide day services to support young people due to leave school **CHO 1 Actions:** • Identify 2017 school leavers	Disability Managers.	Q1 Q1	2

Priority Actions	Lead	Q	Corporate Plan Goal
• Complete profile on all school leavers / rehabilitative trainee (RT) leavers • Identify capacity within existing services to facilitate a number of school leavers • Complete stage two school leaver/rehabilitative trainee process • Identify need for new developments • Implement agreed national process to ensure all school leavers are successfully placed by Sept 2017 • Agree operational approach for implementation of national standards • Support the implementation action plans to ensure continuous quality improvement in all day services in line with the interim standards. • Money following person for new school leavers • Identify day services which require reconfiguring to bring into line with New Directions • Agree actions plans for reconfiguration of day services to meet person centred choices/needs. • Commence reconfiguration of day services. • Continue to undertake Access Surveys of all premises to ascertain level of compliance	Day Service Supports Guidance & Development Unit Manager Disability Managers LIG Group Disability Managers	Q1 Q2 Q1 Q3 Q4 Q4 Q4	2 2
Progressing Disabilities Services for Children and Young People			
CHO 1 Actions: Implement the 6 step-programme	Head of Social Care/General Manager	Q1-Q4	2
CHO 1 Actions: Reconfigure school age services into school age teams (SATs)	Head of Social Care/General Manager	Q1-Q4	2
CHO 1 Actions: Reconfigure 0-18s disability services into children's disability network teams • Establish and roll out school age teams - 4 in Donegal, 2 in Cavan/Monaghan between HSE and Enable Ireland, 2 in Sligo/Leitrim. • Ensure Individual Family Service Plans (IFSP's) are in place for all children and young people attending school age services • Reconfigure Autism Services in Donegal	Lead Progressing Disability	Q2 Q4 Q4	
Roll out of the HSE MIS as an interim solution for Children's Disability Network Teams who currently do not have IT systems in accordance with National timeframes	Head of Social Care/General Manager	Q4	4
CHO 1 Actions: • Complete implementation of National Policy on Access to Services for Children with a Disability or Developmental Delay in collaboration with Primary Care with children's disability network teams as they become established • Monitor effectiveness of National Policy on Access to Services	Lead Progressing Disability s	Q1-Q4 Q1-Q4	

Priority Actions	Lead	Q	Corporate Plan Goal
for Children with a Disability or Developmental Delay in collaboration with Primary Care			
Implement the Report of the Inter-departmental Group on Supporting Access to Early Childhood Care and Education Programme for Children with a Disability **CHO 1 Actions:** • Work with families and Local County Childcare Committees to support families in accessing early childhood education for their child • Ensure all development posts in Early Intervention Team (EIT) are filled to support Access and Inclusion model (AIM) level 6 and provide necessary therapeutic interventions. • Support CHO 1 representatives on National Working Group for AIM to feedback on progress area, collate information and provide information support to LIGs. • Monitor responsiveness of CHO 2 disability services to AIM (Access and Inclusion Model) supporting access to Early Childhood Care and Education for children with a disability • Ensure the staffing resources allocated in 2016 continue to support the level 7 AIM Programme	Lead Progressing Disability	Q1-Q4	4
Disability Act			
CHO 1 Actions: • Develop, implement and monitor progress against a Disability Act • Implement Compliance Improvement Plan • Achieve compliance in completion of Assessment of Need within the timelines under the Disability Act	Lead Progressing Disability	Q1-Q4	2
CHO 1 Actions: Complete implementation of National Policy on Access to Services for Children with a Disability or Developmental Delay in collaboration with Primary Care with children's disability network teams as they become established	Lead Progressing Disability	Q1-Q4	2
CHO 1 Actions: Monitor effectiveness of National Policy on Access to Services for Children with a Disability or Developmental Delay in collaboration with Primary Care	Lead Progressing Disability	Q1-Q4	2
Neuro-Rehabiliation Strategy			
CHO 1 Actions: • Review service provision and map existing resource • Commence the establishment and roll out of a Community Neuro Rehab Team (CNRT) in Sligo/Leitrim	General Manager/ Disability Managers	Q4	2
Emergency Places and Supports Provided to People with a Disability			
Standardise agreed emergency placement criteria informed by the national emergency placement policy for children and adults	General Manager		2

Priority Actions	Lead	Q	Corporate Plan Goal
CHO 1 Actions: • Attend workshops for Social Care Senior Management at CHO area level. • Establish an emergency placement review board to prioritise cases • Monitor and ensure ongoing compliance with the above policy • Strengthen the overall management process re emergency places		Q1-Q4	
Enhance Governance and Management			
CHO 1 Actions: • Ensure HIQA compliance is an integral part of the Social Care Disability Governance Group. Initial focus will concentrate on units that to date have not reached a satisfactory standard in relation to regulations and standards. • Audit units in relation to regulatory compliance • Develop Quality Improvement Plans for audited units regarding findings • Complete follow up audits to monitor progress. • Monthly progress reports will be made available to the Chief Officer and National Team	Head of Social Care/General Manager	Q1-Q4	2
Service Improvement			
CHO 1 Actions: • Implement improvements from the findings/signposts from the completed Service Improvement Teams	PIC/Service Managers	Q4	2
CHO 1 Actions • Increase compliance with HIQA National Standards, through the implementation of a CHO 1 Quality Improvement Plan, including the following: o Develop an action plan to systematically identify areas for safety and quality improvement o Implement a monitoring process to ensure that identified actions are successfully affecting change o Establish a disability services operational management team to oversee the quality improvement plan	Head of Social Care / General Manager	Q1-Q4	2
CHO 1 Actions: • Update annual reviews on the NIDD & NPSDD and review processes for updating	General Manager	Q1	2
CHO 1 Actions: • Develop leadership and mentoring throughout CHO 1 through. PICS/Registered nominee, regulatory compliance – learning and sharing of best practice, HR process, Change Management, Organisation Structures, Education – organisation, role, philosophy (citizenship, rights based model). Governance/Team Structure at CHO 1 level under Heads of Service.	Head of Social Care/General Manager/Service Managers	Q1-Q4	4

Priority Actions	Lead	Q	Corporate Plan Goal
• Undertake a Training needs analysis • Provide appropriate training in accordance needs analysis findings			
Respite Services Including Home Sharing			
CHO 1 Actions: • Undertake a review of clients availing of Home Sharing • Ensure services providing home sharing as an option do so in line with the Guidelines and Guidance outlined in the Home Sharing in Intellectual Disability Services in Ireland 2016	General Manager / Service managers	Q1	3
Respite and Family Support. **CHO 1 Actions:** Review Service Provision model across CHO 1 – to include Community Respite provision options for 'Home to Home'/'Home Sharing' • Undertake an analysis of current respite service provision to determine a baseline • Confirm respite model • Deliver respite model within existing resources • Undertake an analysis of current community accommodation to establish future housing requirements for those already living in the community	General Manager/Service Managers	Q2 Q3 Q4 Q4	2
Personal Assistants (PA) and Home Supports			
CHO 1 Actions: Monitor and review PA hours and Home Supports on a monthly basis to provide a monitoring mechanism for operating within assigned resources	Service Mangers	Q1-Q4	2
Service Arrangements			
Complete all service arrangements by 28th February 2017 **CHO 1 Actions:** • Agree Lead Manager for agencies with SA's across the former 3 areas (Donegal, Cavan/Monaghan and Sligo/Leitrim) • Update SPG as required • Complete assurance checklist process including review of previous years audited accounts • Complete Schedule 10 or Change Note for all adjustments or new services • Identify a mechanism in CHO 1 for service evaluation, monitoring and compliance of S38/S39 service arrangements • Develop capability and expertise in governance of service arrangements • Continue to liaise with the National business compliance unit for support and to identify training requirements • Monitor use of service arrangement ensuring resources are appropriately recorded and deployed	Head of Social Care/General Manager/Service Managers	Q1 Q1 Q1-Q4 Q3 Q1-Q4 Q1-Q3 Q1-Q4 Q1-Q3	5

Services for Older People

The ethos of service delivery for older people in CHO 1 is to maintain the person in their own home for as long as possible thereby promoting their independence dignity, privacy and respect. This principal is supported by a variety of health care professionals working in the community including GPs and practice nurses, Public Health Nursing, Home Support Services, Allied Health Professionals and a range of other community and voluntary sector supports. Services are accordingly organised to deliver health and social care supports to enable this.

CHO 1 has the highest age dependency of all CHO areas at 36% compared to a National average of 33%. Just over 13% (51,284) of the population are aged 65 years and over with 1.6% of the population aged 85 years and over; higher than the National average of 11.6% for population aged over 65 years and 1.3% for those aged over 85 years.

The publication of a range of policy documents in recent years have been taken into consideration when planning service delivery and development, these include:-

- A Ten Year Strategy for Continence Care in Ireland (2007)
- The National Strategy to Prevent Falls and Fractures in Ireland's Ageing Population (2008)
- Nursing Homes Support Scheme, *A Fair Deal* (2009)
- HIQA National Quality Standards for Residential Care Setting for Older People (2009)
- The National Carer's Strategy (2012)
- Healthy Ireland (2013)
- Positive Ageing Strategy (2013)
- The National Dementia Strategy (2014)

Priorities and Actions 2017

- Ensure older people are provided with the appropriate supports following an acute hospital episode by maintaining of focus on the reduction of Delayed Discharges in acute hospital.
- Progress key actions from the National Dementia Strategy.
- Continue to support the roll out of the Integrated Care Programme for Older People in conjunction with CSPD and continue evaluation of pioneer site at Sligo University Hospital
- Support the roll out of the Single Assessment Tool (SAT) when commenced in CHO Area 1
- Provide 1,435,000 home support hours to 5,023 people

2017 Social Care (Older Persons) Division Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
Maintain focus on the reduction of Delayed Discharges in acute hospitals			
CHO 1 Actions: • Provide older people with appropriate supports following an acute hospital episode • Continue to provide Dedicated Home Care Supports to 3 acute hospitals as part of the 2016/2017 Winter Initiative. • Deliver HCPs to 1,331 people by year end (includes WI 2016/17 additional 300 HCPs)	General Manager/Service Managers	Q1, 4	2

• Deliver 1,435,000 Home Help Hours • Participate if required in the development of an approved homecare model and commence implementation plan • Implement delivery processes for the standardised model of homecare approved model when completed • Ensure National standardised approach is implemented in CHO 1 in relation to the definition of a Home Care Package • Co-operate with the creation of regional Nursing Homes Support Offices to improve efficiency and responsiveness, while maintaining a local resource to ensure the continuity of service to the public.			
Transitional Care			
Provide allocated Transitional Care Beds / weeks to local Acute Hospitals to support older people moving to long stay care and/ or requiring convalescence **CHO 1 Actions:** • Prioritise home care and transition care resources to support acute hospital discharge • Work with colleagues in acute hospitals to minimise delayed discharges and ensure that older people are transitioned from the acute hospital setting to an appropriate facility or home as quickly as possible • Seek transitional funding when required to speed up the discharge process. • Continue to use the transitional beds in early 2017 and closely monitor extra bed usage	Services Manager for Older Person	Q1-Q4	2
Intregrated Care Programme for Older Persons			
Evaluate 'pioneer sites' in delivering wholly integrated systems of care particularly to those with complex care need. **CHO 1 Actions:** • Continue evaluation of pioneer site at Sligo University Hospital • Donegal & Cavan/Monaghan Older Persons services to work with Sligo University Hospital	Service Manager OPS	Q4	2
CHO 1 Actions: Complete a mapping exercise as to how Older People's services are delivered – community hospitals, day services, rehab, home support, therapies	General Manager/Service Managers	Q4	5
CHO 1 Actions: Develop & implement a maintenance control programme across CHO 1 in conjunction with other divisions within CHO 1	General Manager	Q4	5
Outstanding recommendations of the 'Review of the NHSS'			
CHO 1 Actions: • Review Cost of Care in relation to National Average	Service Manager	Q1-Q4	

• Review skill mix • Co-operate with the review of current Fair Deal processes with the aim of streamlining the process.	OPS		5
Single Assessment Tool (SAT)			
• Support the roll out of the Single Assessment Tool (SAT) when commenced in CHO Area 1	Service Manager OPS	Q4	4
Complex Care			
Frail Elderly Project **CHO 1 Actions:** • Continue the development frail elderly programme. • Further expand the frail elderly programme across CHO 1 dependent on available resources.	Frail Elderly Steering Group Community / Acute Service	Q1	2
Tissue Viability **CHO 1 Actions:** • Develop post of Tissue Viability / Advanced Nurse Practitioner for CHO 1 with NMPDU	Service Manager OP	Q4	4
Public Residential Care Services			
CHO 1 Actions: Provide for Public Long Stay Residential Beds, subject to HIQA registration and temporary closures due to refurbishments and rebuilds.	Head of Social Care/Chief Officer	Q1–Q4	4
Progress the HSE's Capital Plan 2016-2021 through continued collaboration with Estates	Head of Social Care / Chief Officer / estates	Q1–Q4	4
Plan for older persons bed needs into the future	Head of Social Care / Chief Officer / estates	Q1–Q4	4
National Dementia Strategy			
Deliver Nationwide support and Social Media Campaign in association with Health and Wellbeing Support the building of a network of local and national partnerships under the Dementia UnderStandTogether campaign to increase awareness, and create compassionate inclusive communities for people with dementia and their carers **CHO 1 Actions:** • Continue the roll out of dementia initiatives in accordance with National Dementia Strategy • Support the roll out of Dementia Training to staff and carers • Work with NMPDU to standardise Dementia Training across CHO 1 • Expand on the learning from Genio funded projects • Report on progress on a quarterly basis	Head of H&W / Services Manager for Older Person	Q1-Q4	1
CHO 1 Actions: Develop an Action Plan in adopting the Learnings and Outcomes from the HSE / Genio supported Dementia specific initiatives	Services Manager	Q4	2

Actions from the Dementia Strategy Implementation Plan			
CHO 1 Actions: Deliver a dementia specific educational programme for Primary Care Teams and GP's as part of the Primary Care Education, Pathways and Research in Dementia (PREPARED) Project (joint approach with the Primary Care Division).	Service Managers / General Manager OP	Q1	2
Complete a mapping of services for people with dementia and carers currently across the 9 HSE Community CHO areas to inform future development and identify gaps in the service. **CHO 1 Actions:** • Map services to identify areas of good practice and establish where shared learning can take place	General Manager OP and Public Health	Q1-Q3	2
CHO 1 Actions: Co-operate with the development of a FETAC level 5 Dementia programme specifically for Home Care Workers	Service Managers	Q2	2
CHO 1 Actions: Scope home care specific packages for people with dementia – quality and VFM. Endeavour to develop a CNS in dementia within the services.	Head of Social Care/General Manager	Q3	5
Home Care and Community Support			
Home Care Service Improvement Plan			
Continue to implement the model of home care which will apply to all HSE funded providers of home care for older people to: • Ensure processes are streamlined and services are easier to navigate • Improve the quality of the services delivered • Provide greater choice of approved service provider when care is not delivered by HSE employed staff • Continue to develop the approach to a more consumer directed home care service for implementation in 2018	GM Older Persons	Q4	4
Actions to Implement Home Care improvement Plan			
Progress implementation of National Standards for Safer Better Healthcare as applicable to Home Care services for older people	GM and Service Managers	Q4	4
Communicate home care service improvements to staff and public	GM and Service Managers	Q2 & Q4	5
Prioritise available services to need and demand to ensure that older people needing home care support can be discharged in a timely manner from hospital;	Services Manager OP	Q1-Q4	2
Residential Care Service Provision			
Review nursing management structures in order to strengthen governance arrangements in public residential care facilities	GM Older Persons	Q1-Q4	5

Continue to review the Cost of Care per bed per week to assist with workforce planning and cost containment initiatives.	GM Older Persons	Q1-Q4	5
Progress the agency and overtime conversion programme	GM Older Persons	Q1-Q4	5
Keeping Older People Well			
Progress the implementation of Healthy Ireland in the Health Services National Implementation Plan 2015-2017 and the Positive Ageing Strategy in collaboration with the Health and Wellbeing head of Service	Services Manager / GM	Q1-Q4	1
Continue to provide day care services and other community supports either directly or in partnership with voluntary organisations so as to ensure that older people are provided with the necessary supports to remain active and participate in their local communities.	Services Manager / GM	Q1-Q4	2
Continue to support the falls prevention initiatives	GM Older Persons / Services Manager	Q2	1
Plan the development of an Advanced Nurse Practitioner Role for tissue viability/pressure ulcers.	GM Older Persons / Services Manager	Q4	1
The National Carers Strategy			
Collaborate with Local Authorities to support the concept of Age Friendly Cities and local Older Persons Councils and the LCDC	GM Older Persons / Service Managers/ Head of Health and Wellbeing	Q1-Q4	1
Service User Engagement			
Work alongside SAGE, the National Advocacy Service for Older Persons, to strengthen existing advocacy services for older persons. When established to work alongside where appropriate with the proposed National Patient Advocate Service.	Services Manager OP	Q1-Q4	3
Ensure that all service users and their families are aware of the role of the Confidential Recipient	Services Manager	Q1-Q4	3
Service Arrangements			
All SLAs to be completed by Chief Officers by February 28th 2017 Implement a quality assurance process **CHO 1 Actions:** • Agree Lead Manager for agencies with SA's across the former 3 areas (Donegal, Cavan/Monaghan and Sligo/Leitrim) • Update SPG as required • Complete assurance checklist process including review of previous years audited accounts • Complete Schedule 10 or Change Note for all adjustments or new services • Identify a mechanism in CHO 1 for service evaluation,	Service Managers/GM /Contracts Office	Q1 – end of Feb 2017	5

monitoring and compliance of S38/S39 service arrangements • Develop capability and expertise in governance of service arrangements • Continue to liaise with the National business compliance unit for support and to identify training requirements • Monitor use of service arrangement ensuring resources are appropriately recorded and deployed			
Emergency Planning			
Ensure that all Older Persons residential units and other HSE older person services have the following in place; - Emergency plans - Evacuation Plans - Severe Weather Warning Plans - CHO Emergency Plan	DONs Unit Managers	Q1–Q2	1
Ensure that all HSE funded older person services have in place as appropriate; - Emergency plans - Evacuation Plans - Severe Weather Warning Plans	Service Managers / Contracts Management	Q1	1
Assisted Decision Making Capacity			
Participate in needs assessment when made available in 2017.	GM / Service Managers	Q4	5

Balanced Scorecard

Appendix 3: Balanced Scorecard

Table 5 - Primary Care

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Primary Care		**Primary Care**	
Healthcare Associated Infections: Medication Management		**GP Activity**	
▪ Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	<21.7	▪ Number of contacts with GP out of hours service	1,055,388 (National)
Community Intervention Teams (CITs) – Number of referrals	N/A	**Nursing**	
▪ Admission avoidance (includes OPAT)		▪ % of new patients accepted onto the caseload and seen within 12 weeks	100%
▪ Hospital avoidance		**Physiotherapy and Occupational Therapy**	81%
▪ Early discharge (includes OPAT)		▪ % of new patients seen for assessment within 12 weeks	98%
▪ Unscheduled referrals from community sources		▪ % on waiting list for assessment ≤ 52 weeks	72%
Health Amendment Act: Services to persons with State Acquired Hepatitis C	50	**Occupational Therapy**	
▪ Number of Health Amendment Act cardholders who were reviewed		▪ % of new service users seen for assessment within 12 weeks	92%
Primary Care Reimbursement Service		▪ % on waiting list for assessment ≤ 52 weeks	100%
Medical Cards (National)		**Speech and Language Therapy**	100%
▪ % of medical card/GP visit card applications, assigned for medical officer review, processed within five days	91%	▪ % on waiting list for assessment ≤ 52 weeks	44%
▪ % of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	95%	▪ % on waiting list for treatment ≤ 52 weeks	88%
Social Inclusion		**Podiatry**	
Homeless Services	97	▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	85%	▪ % on waiting list for treatment ≤ 52 weeks	81%
Traveller Health		**Ophthalmology**	
▪ Number of people who received health information on type 2 diabetes and cardiovascular health	697	▪ % on waiting list for treatment ≤ 12 weeks	50%
Palliative Care		▪ % on waiting list for treatment ≤ 52 weeks	95%
Inpatient Palliative Care Services		**Audiology**	
▪ % of patients triaged within one working day of referral (inpatient unit)	90%	▪ % on waiting list for treatment ≤ 12 weeks	48%
▪ % of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)	90%	▪ % on waiting list for treatment ≤ 52 weeks	96%
		Dietetics	
		▪ % on waiting list for treatment ≤ 12 weeks	60%
		▪ % on waiting list for treatment ≤ 52 weeks	100%
		Psychology	
		▪ % on waiting list for treatment ≤ 12 weeks	
		▪ % on waiting list for treatment ≤ 52 weeks	
		Oral Health	88%
		▪ % of new patients who commenced treatment within three months of assessment	
		Orthodontics	75%
		▪ % of referrals seen for assessment within six months	<5%
		▪ Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)	
		Primary Care Reimbursement Service	96%
		Medical Cards (national)	

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Community Palliative Care Services ▪ % of patients triaged within one working day of referral (community)	90%	▪ % of completed medical card/GP visit card applications processed within 15 days ▪ Number of persons covered by medical cards as at 31st December ▪ Number of persons covered by GP visit cards as at 31st December **Social Inclusion** **Substance Misuse** ▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment ▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment **Opioid Substitution** ▪ Number of clients in receipt of opioid substitution treatment (outside prisons) ▪ Average waiting time from referral to assessment for opioid substitution treatment ▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced **Needle Exchange** ▪ Number of unique individuals attending pharmacy needle exchange **Palliative Care** **Inpatient Palliative Care Services** ▪ Access to specialist inpatient bed within seven days ▪ Number accessing specialist inpatient bed within seven days **Community Palliative Care Services** ▪ Access to specialist palliative care services in the community provided within seven days (normal place of residence) ▪ Number of patients who received treatment in their normal place of residence **Children's Palliative Care Services** ▪ Number of children in the care of the children's outreach nurse ▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	1,672,654 528,593 100% 100% 94 4 days 28 days 39 98% 355 95% 410 25 0
Child Health ▪ % of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age ▪ % of newborn babies visited by a PHN	95%		

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
within 72 hours of discharge from maternity services	98%		
▪ % of babies breastfed (exclusively and not exclusively) at first PHN visit	58%		
▪ % of babies breastfed (exclusively and not exclusively) at three month PHN visit	40%		
System Wide			
Immunisation			
▪ % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	75%		
▪ % children aged 24 months who have received 3 doses of the 6-in-1 vaccine	95%		
▪ % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	95%		
▪ % of first year girls who have received two doses of HPV vaccine	85%		
System Wide	**Target**	**System Wide**	**Target**
Serious Reportable Events (SREs)		**Health and Safety**	
▪ % of serious reportable events being notified within 24 hours to the senior accountable officer	99%	▪ No. of calls that were received by the National Health and Safety Helpdesk	10% increase
▪ % of investigations completed within 120 days of the notification of the event to the senior accountable officer	90%	**Service User Experience - Complaints**	
Safety Incident Reporting		▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
▪ % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	90%		
▪ Extreme and major safety incidents as a % of all incidents reported as occurring	Actual to be reported in 2017		
▪ % of claims received by the State Claims Agency that were not reported previously as an incident	40%		
Internal Audit			
▪ % of internal audit recommendations implemented within 6 months of the report being received	75%		
▪ % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%		
Service Arrangements/Annual Compliance Statement			
▪ % of number of service arrangements signed	100%		
▪ % of the monetary value of service arrangements signed	100%		
▪ % annual compliance statements signed	100%		

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
Finance		**Workforce**	
Budget Management		**Absence**	
▪ Net expenditure: variance from plan	≤0.1%	▪ % absence rates by staff category	≤3.5%
▪ Pay: Direct / Agency / Overtime	≤0.1%	**Staffing Levels and Costs**	
Capital		▪ % adherence to funded staffing thresholds	>99.5%
▪ Capital expenditure versus expenditure profile	100%		

Table 6 - Mental Health

Quality and Safety	Access
All Divisions ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days **Mental Health Services** ▪ CAMHs: admission of children to CAMHs inpatient units ▪ CAMHs: bed days used	**Health and Wellbeing** ▪ Screening (breast, bowel, cervical and diabetic retina): uptake **Mental Health Services** ▪ CAMHs: access to first appointment with 12 months ▪ Adult mental health: time to first seen ▪ Psychiatry of old age: time to first seen
Finance, Governance and Compliance	**Workforce**
All Divisions ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship	**All Divisions** ▪ Staffing Levels ▪ Absence **Acute Hospitals / Mental Health services** ▪ EWTD shifts: < 24 hour ▪ EWTD: < 48 hour working week

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Budget Management including savings **Net expenditure variance from plan (within budget)** Pay	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	≤ 0.33%		≤ 0.1%
Income	M	≤ 0.33%		≤ 0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit % of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%

System-Wide				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	NSP 2017 Target
Service Arrangements / Annual Compliance Statement				
% of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%
% annual compliance statements signed	A	100%	100%	100%
Workforce				
% absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD				
< 24 hour shift (acute and mental health)	M	100%	97%	100%
< 48 hour working week (acute and mental health)	M	95%	82%	95%
Health and Safety				
No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
Service User Experience				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
Serious Reportable Events				
% of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
Safety Incident Reporting				
% of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

Table 7 - Disability Services

Quality and Safety	Access
All Divisions ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days ▪ Safeguarding and screening - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy - 100% of preliminary screenings for adults with an outcome	▪ Disability service: 0-18 years - 100% of Children's Disability Network Teams established ▪ *Disability Act* compliance - 100% of assessments completed within the timelines provided for in the regulations ▪ Congregated settings - Facilitate the movement of 223 people from congregated to community settings ▪ Supports in the community: PA hours and home support - 1.4m PA service hours delivered to adults with a physical and/or sensory disability - 2,357 adults with a physical and/or sensory disability in receipt of a PA service - 2.75m home support hours delivered to persons with a

Quality and Safety	Access
of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years ▪ HIQA inspection compliance - 80% compliance with inspected outcomes following HIQA inspection of disability residential units	disability - 7,447 people with a disability in receipt of home support services (ID/autism and physical and sensory disability)
Finance	**Human Resources**
All Divisions ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship	**All Divisions** ▪ Staffing Levels ▪ Absence

Table 8 - Services for Older People

Quality and Safety	Access
All Divisions ▪ Serious reportable events (SREs): investigations completed within 120 days ▪ Complaints investigated within 30 working days ▪ Safeguarding and screening - 100% of CHO Heads of Social Care who can evidence implementation of the HSE's Safeguarding Vulnerable Persons at Risk of Abuse policy throughout the CHO as set out in Section 4 of the policy - 100% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy - 100% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years ▪ HIQA inspection compliance - 80% compliance with inspected outcomes following HIQA inspection of disability residential units	▪ Home Care Services for Older People - 16,750 people in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs - 10,570,000 home help hours provided for all care groups (excluding provision of hours from HCPs) - 49,000 people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target) ▪ NHSS: - 23,603 people funded under NHSS in long term residential care at year end - 5,088 NHSS beds in public long stay units - 1,918 short stay beds in public long stay units - 2.9 years average length of stay for NHSS clients in public, private and saver long stay units ▪ Delayed discharges - 152 average weekly transitional care beds available to acute hospitals - 15 additional weekly transitional care beds winter plan (October 16 – February 17) - 7,820 people in acute hospitals approved for transitional care to move to alternative care settings
Finance	**Human Resources**
All Divisions ▪ Pay and non-pay control ▪ Income management ▪ Service arrangements ▪ Audit recommendations (internal and external) ▪ Reputational governance and communications stewardship	**All Divisions** ▪ Staffing Levels ▪ Absence

Table 9 - System Wide – Full Metrics/KPI Suite

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Target**	**Projected Outturn 2016**	**NSP 2017 Target**
Budget Management including savings **Net expenditure variance from plan (within budget)** Pay	M	≤ 0.33%	To be reported in Annual Financial Statements 2016	≤ 0.1%
Non-pay	M	≤ 0.33%		≤ 0.1%
Income	M	≤ 0.33%		≤ 0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit % of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	Q	95%	95%	95%
Service Arrangements / Annual Compliance Statement % of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%
% annual compliance statements signed	A	100%	100%	100%
Workforce % absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	> 99.5%	> 99.5%
EWTD < 24 hour shift (acute and mental health)	M	100%	97%	100%
< 48 hour working week (acute and mental health)	M	95%	82%	95%
Health and Safety No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	15%	10% increase
Service User Experience % of complaints investigated within 30 working days of being acknowledged by the complaints officer	Q	75%	75%	75%
Serious Reportable Events % of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
Safety Incident Reporting % of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by State Claims Agency that were not reported previously as an accident	A	New PI 2016	55%	40%

Appendices

Appendix 1: Financial Tables

Table 10: CHO 1 indicative allocation

Division	2017 NSP Budget €m	2016 Closing Budget €m
Primary Care		
Primary Care	80.19	80.63
Social Inclusion	2.45	2.52
Palliative Care	6.06	5.96
Sub-total Core Services	**88.70**	**89.11**
Local DLS	22.12	22.31
Total Primary Care	**110.82**	**111.42**
Mental Health	**71.65**	**66.85**
Total Social Care	**203.07**	**196.53**
TOTAL CHO 1	**385.54**	**374.80**

Table 11: Primary Care Finance Table

CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 1					
Primary Care	60.57	21.05	81.62	(1.43)	80.19
Social Inclusion	0.32	2.12	2.45	0.00	2.45
Palliative Care	4.99	1.58	6.57	(0.50)	6.06
Core Services	65.88	24.76	90.64	(1.94)	88.70
Local DLS	0.00	22.12	22.12	0.00	22.12
Total Primary Care	**65.88**	**46.88**	**112.76**	**(1.94)**	**110.82**

Table 12: Mental Health Finance Table

Mental Health				
Community Health Organisations	2017 Opening Budget	Dev Posts to start in 2017	Other Pay & Non Pay Once offs	2017 Closing Budget
	000's	000's	000's	000's
CHO 1 Total	67,295	3,359	1,000	71,654

Table 13: Social Care Finance Table

Disabilities Service	CHO 1
	000's
Base Budget	113,748
Additional Allocation 2017	
Pay Cost Pressures (PCP)	1,075
HIQA 2016 FYC	0
Emergency Placements 2016 FYC	500
School Leavers 2016 Full Year	679
HIQA 2017	1,800
Emergency Placements 2017 (Indicative)	1,323
PA / Home Support	155
Demographic Related Costs	2,500
School Leavers 2017	
Nationally Funded Expenditure	
2017 Cost Reduction	
Procurement & Transport €2m	-250
2017 Total Allocation Disability	121,530
2017 Expenditure Reduction Measures €16m	
Insurance €4m (budget reduction)	0
Agency	550
Cost Management & Control Measures	450
Total Cost Reductions	1,000

Older Persons	000's
	000'
Base Budget	75,957
Additional Allocation 2017	
Cost Pressures (PCP)	866
Home Care & Winter Initiative (2016)	4,562
Home Care 2017 Demographic related costs	517
Home Care Assurance / Audit	0
Residential Care / Transitional Care & Related Costs	0
Total Budget Allocation 2017	81,543
Cost Reduction Measures 2017	261

Table 14: Service Agreement Funding - Disability Services

Summary	Care Group	Disability funding €	CHO Area 1 €
			-Cavan/ Monaghan -Donegal
S38 – SA	Disability	723,276,230	232,017
S39 – SA	Disability	428,048,401	24,242,855
S39 – GA	Disability	5,653,847	1,519,639
Total S39	Disability	433,702,248	25,762,494
Total Voluntary	Disability	1,156,978,477	25,994,511
For Profit – SA	Disability	68,051,117	2,464,327

Out of State – SA	Disability	8,230,736	3,359,619
Total Commercial	Disability	76,281,853	5,823,947
Total All	**Disability**	**1,233,260,330**	**31,818,457**

Table 15: Service Agreement Funding - Section 38 Service Arrangements

Parent agency	Disability Funding €	CHO Area 1 €
		-Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan
Brothers of Charity (Roscommon)	14,980,646	232,017

Table 16: Service Agreement Funding - Section 39 Service Arrangements Agencies in Receipt of funding in excess of €5m (19 Agencies)

Parent agency	Disability Funding €	CHO Area 1 €
		-Cavan/ Monaghan -Donegal -Sligo/ Leitrim/W. Cavan
Rehabcare	44,098,844	4,537,357
Enable Ireland	35,709,903	1,372,238
I.W.A. Limited	29,588,489	2,986,364
The Cheshire Foundation in Ireland	23,935,810	1,313,236
National Learning Network Limited	14,631,040	2,118,228
Camphill Communities of Ireland	10,802,117	530,382
Peter Bradley Foundation Limited	10,271,127	1,402,595
St. Christopher's Services Ltd	8,784,769	87,908
NCBI Services	6,499,935	376,923
Section 39 Service Arrangements Funding (> €5m) Total	**184,322,034**	**14,725,231**

Table 17: Service Agreement Funding - Agencies in receipt of funding in excess of €1m

Parent agency	Disability Funding €	CHO Area 1 €
		-Cavan/ Monaghan -Donegal
Rehabcare	44,098,844	4,537,357
Enable Ireland	35,709,903	1,372,238
I.W.A. Limited	29,588,489	2,986,364
The Cheshire Foundation in Ireland	23,935,810	1,313,236
National Learning Network Limited	14,631,040	2,118,228
Camphill Communities of Ireland	10,802,117	530,382
Peter Bradley Foundation Limited	10,271,127	1,402,595
St. Christopher's Services Ltd	8,784,769	87,908
NCBI Services	6,499,935	376,923

Parent agency	Disability Funding €	CHO Area 1 € -Cavan/ Monaghan -Donegal
The National Association for the Deaf	3,822,609	229,882
The Multiple Sclerosis Society of Ireland	2,575,578	145,816
Anne Sullivan Foundation for Deaf/Blind	2,564,694	189,151
North West Parents & Friends	2,480,546	2,474,791
Dara Residential Services Limited	2,358,336	87,162
Donegal Centre for Independent Living Limited	1,444,235	1,444,235
Steadfast House Ltd.	1,367,663	1,367,663
Áiseanna Tacaiochta Ltd	1,365,862	17,628
Muscular Dystrophy Ireland	1,139,285	30,288
Drumlin House Training Centre	1,122,269	1,122,269
Section 39 Service Arrangements Funding over €1m	**204,563,111**	**21,834,116**
Nua Healthcare Services	18,404,265	228,800
Three Steps Ltd	2,191,877	288,088
For Profit Service Arrangements Funding above €1m	**51,801,643**	**516,888**
Praxis Care	5,976,126	2,587,973
Out of State Service Arrangements Funding over€1m	**5,976,126**	**2,587,973**

Table 18: Service Agreement Funding - Services for Older People

Older Persons Services – Total Funding	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal
S38 – SA	54,095,282	0
S39 – SA	97,717,581	3,737,702
S39 – GA	15,811,541	1,867,063
Total S39	113,529,122	5,604,765
Total Voluntary	167,624,404	5,604,765
For Profit – SA	65,491,433	8,306,549
Out of State	88,000	0
Total Commercial	65,579,433	8,306,549
Total All	**233,203,837**	**13,911,314**

Table 19: Service Agreement Funding - Agencies in receipt of Funding in excess of €1m

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan
Section 38 Service Arrangements Funding Total	**54,095,282**	**0**
Alzheimer Society of Ireland	10,736,161	677,054
Family Carers Ireland	5,291,726	392,511

Parent agency	Older Persons Total €	CHO Area 1 € -Cavan/ Monaghan -Donegal - Sligo/ Leitrim/ W. Cavan
Roscommon Home Services Co-operative Limited	3,719,064	18,214
Nazareth House Management Ltd	1,228,818	1,228,818
Section 39 Service Arrangements Funding Over €1m	**20,975,769**	**2,316,597**
Elder Home Care Limited	12,617,237	264,931
Homecare & Health Services (Ireland) Limited	4,734,611	2,619,281
Aaron Homecare Limited	3,117,291	193,388
MK Expert Providers Ltd	2,032,572	1,348,572
For Profit – SAs Funding €1m	**22,501,711**	**4,426,172**

Appendix 2: HR Information

Table 20 - Workforce Position: Staff Category Information as at September 2016

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
Primary Care	73	295	294	319	71	80	**1,131**
Social Care	24	871	94	175	217	1303	**2,685**
Mental Health	72	502	107	92	93	83	**948**
Heath & Wellbeing	-	-	-	-	-	-	**-**
Total	**169**	**1668**	**495**	**586**	**381**	**1466**	**4764**

* Note Mental Health figures relate to December 2016

CHO 1 Health and Wellbeing Division Operational Plan Metrics

	Key Performance Indicators Service Planning 2017 Metric Titles	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 1
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/National Quitline	M	1,870
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	171
	% of smokers on cessation programmes who were quit at one month	NSP	National	Q 1 qtr in arrears	45%
HP&I - Healthy Eating Active Living	No. of 5k Parkruns completed by the general public in community settings	DOP	CHO	M	14,477
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	7,584
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	3,268
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	418
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	70
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	250
	% of preschools participating in Smart Start	DOP	CHO	Q	20%
	% of primary schools trained to participate in the after schools activity programme - Be Active	DOP	CHO	Q	25%
Immunisations and Vaccines	% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	DOP	CHO	Q1 qtr in arrears	95%
	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	CHO	Q1 qtr in arrears	95%
	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	DOP	CHO	Q1 qtr in arrears	95%
	% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	CHO	Q1 qtr in arrears	95%

Key Performance Indicators Service Planning 2017	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 1
% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	CHO	Q 1 qtr in arrears	95%
% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	CHO	Q 1 qtr in arrears	95%
% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	CHO	A	95%
% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	CHO	A	95%
% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	CHO	A	95%
% of first year girls who have received two doses of HPV Vaccine	NSP	CHO	A	85%
% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	CHO	A	95%
% of health care workers who have received seasonal Flu vaccine in the current* influenza season (acute hospitals) *Current influenza season is Sept '16 to Apr '17	NSP	CHO	A	40%
% of health care workers who have received seasonal Flu vaccine in the current* influenza season (long term care facilities in the community) *Current influenza season is Sept '16 to Apr '17	NSP	CHO	A	40%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	CHO	A	75%

CHO 1 2017 Primary Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
Community Intervention Teams (No. of referrals)				**24,202**	**27,033**	**32,861**		**N/A**
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	N/A
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	N/A
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	N/A
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	N/A
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	N/A
Community Intervention Teams Activity (by referral source)				**24,202**	**27,033**	**32,861**	**CHO**	**N/A**
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	N/A
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	N/A
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	N/A
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	N/A
GP Out of Hours								
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	1,053,996	1,055,388	National	
Physiotherapy								
No. of patient referrals	DOP	Activity	M	193,677	197,592	197,592	CHO	26,556
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	22,248
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	4,900
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	115,188
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	3,796

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	20,282	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,437	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,118	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	993	No target	CHO	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	624	No target	CHO	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%
Occupational Therapy								
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	11,304
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	10,291
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	2,621
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	Access	M	19,932	25,874	25,874	CHO	1,240
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	9,074	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,249	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%
Primary Care – Speech and Language Therapy								
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	5,556
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	2,394
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	4,296
Total no. of speech and language patients waiting initial assessment at end of the reporting period	DOP	Access	M	13,050	14,164	14,164	CHO	1,116
Total no. of speech and language patients waiting initial therapy at end of the reporting period	DOP	Access	M	8,279	8,823	8,823	CHO	124
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative								

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	280
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	2,058
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	3,052
Primary Care – Podiatry								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	2,688
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	1,636
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	2,616
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	3,186	2,699	2,699	CHO	397
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,194	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	481	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	244	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	190	No target	CHO	No target
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	590	No target	CHO	No target
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	44%
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	62%
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	71%

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	78%	88%	CHO	88%
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	44
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	176
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	6,360
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	1,906
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	9.702
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	14,267	16,090	16,090	CHO	2,387
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,550	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,117	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,095	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,670	No target	CHO	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	58%	CHO	58%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access	M	100%	71%	81%	CHO	81%

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
Primary Care – Audiology								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	3,144
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	417
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	3,697
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	13,870	14,650	14,650	CHO	2,341
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	5,956	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%
Primary Care – Dietetics								
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	4,692
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	623
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	3,516

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
Total no. of dietetics patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	5,479	8,843	8,843	CHO	1,065
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,255	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,921	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	912	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	536	No target	CHO	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,219	No target	CHO	No target
% of dietetics patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%
% of dietetics patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%
% of dietetics patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%
% of dietetics patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%
Primary Care – Psychology								
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	1,356
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	548
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	1,200
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	6,028	7,068	7,068	CHO	848
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,979	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,584	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,026	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	694	No target	CHO	No target
No. of psychology patients on the treatment waiting list at the end of the	DOP	Access	M	No target	1,785	No target	CHO	No target

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
reporting period > 52 weeks								
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%
Primary Care – Nursing								
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	6,156 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	3,857 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	10,960 Data Gaps
% of new patients accepted onto the caseload and seen within 12 weeks	NSP	Access	M	New 2017	New 2017	100%	CHO	100%
Child Health								
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality	M	95%	94%	95%	CHO	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%
Oral Health Primary Dental Care								
No. of new patients attending for scheduled assessment	DOP	Access /Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access /Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable

Key Performance Indicators - Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%
Orthodontics								
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National/ former region	
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	60%	75%	National/ former region	
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99%	100%	National/ former region	
% of orthodontic patients on the treatment waiting list less than two years	DOP	Access	Q	75%	62%	75%	National/ former region	
% of orthodontic patients on treatment waiting list less than four years (grades 4 and 5)	DOP	Access	Q	95%	94%	95%	National/ former region	
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	5,966	6,720	6,720	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,912	9,741	9,741	National/ former region	
No. of orthodontic patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	8,194	8,136	8,136	National/ former region	
Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)	NSP	Access	Q	<5%	6%	<5%	National/ former region	
Health Amendment Act - Services to persons with State Acquired Hepatitis C								
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	National	50
Healthcare Associated Infections: Medication Management								
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National	
Tobacco Control								
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%

Social Inclusion – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	804
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q, 1 Qtr in Arrears	4,864	4,748	4,748	CHO	348
% of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q,, 1 Qtr in Arrears	100%	70%	100%	CHO	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,584	5,932	5,932	CHO	664
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,024	5,304	5,304	CHO	656
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	268	348	348	CHO	44
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	260	296	296	CHO	24
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	85%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	74%	100%	CHO	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	87%	100%	CHO	100%

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	90%	100%	CHO	100%
Opioid Substitution								
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M, 1 Mth in Arrears	9,515	9,560	9,700	CHO	94
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	0
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M, 1 Mth in Arrears	1,975	2,083	2,108	CHO	65
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M, 1 Mth in Arrears	2,080	2,011	2,508	CHO	29
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	0
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M, 1 Mth in Arrears	134	81	140	CHO	0
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	M, 1 Mth in Arrears	119	21	150	CHO	10
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	20
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	0
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M, 1 Mth in Arrears	119	103	138	CHO	20
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	Access	M, 1 Mth in Arrears	14 days	4 days	4 days	CHO	4 days
Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M, 1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	M, 1 Mth in Arrears	653	654	654	CHO	26

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	101
Alcohol Misuse								
No. of problem alcohol users who present for treatment	DOP	Access	Q, 1 Qtr in Arrears	3,540	3,736	3,736	CHO	580
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	2,344	1,900	1,900	CHO	256
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	100%	51%	100%	CHO	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	3,424	3,424	CHO	512
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	2,956	2,956	CHO	508
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	100%	86%	100%	CHO	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	36	36	CHO	12
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	28	28	CHO	4
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1Qtr in Arrears	100%	78%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	60%	100%	CHO	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	67%	100%	CHO	100%
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q, 1 Qtr in Arrears	300	397	778	CHO	18
Needle Exchange								

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in Arrears	119	112	112	CHO	12
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	39
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	771
Average no. of clean needles (and accompanying injecting paraphenilia) per unique individual each month	DOP	Quality	TRI M, 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M, 1 Qtr in Arrears	1,032 (30%)	863 (22%)	1,166 (30%)	CHO	28 (30%)
Homeless Services								
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1,108 (75%)	1,093 (73%)	1,121 (75%)	CHO	55 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	DOP	Quality	Q	302 (70%)	218 (54%)	281 (70%)	CHO	8 (70%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	NSP	Quality	Q	1,311 (85%)	1,022 (68%)	1,272 (85%)	CHO	62 (85%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	1,128 (76%)	1,017 (80%)	CHO	50 (80%)
Traveller Health								
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	246

				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1
No. of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	4,167	3,481	CHO	246

Palliative Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs
Inpatient Palliative Care Services								
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/HG	98%
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/HG	355
Access to specialist palliative care inpatient bed from eight to14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/HG	2%
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	474	466	494	CHO/HG	41
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,877	2,916	3,110	CHO/HG	270
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	360
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%
Community Palliative Care Services								

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs
Access to specialist palliative care services in the community provided within seven days (Normal place of residence) (during the reporting month)	NSP	Access	M	95%	92%	95%	CHO	95%
Access to specialist palliative care services in the community provided to patients in their place of residence within eight to 14 days (Normal place of residence) (during the reporting month)	DOP	Access	M	3%	6%	3%	CHO	3%
Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (Normal place of residence) (during the reporting month)	DOP	Access	M	2%	2%	2%	CHO	2%
% patients triaged within one working day of referral (Community)	NSP	Quality	M	New 2017	New 2017	90%	CHO	90%
No. of patients who received treatment in their normal place of residence	NSP	Access /Activity	M	3,309	3,517	3,620	CHO	410
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	Access /Activity	M	9,353	9,864	9,610	CHO	900
Day Care								
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	337	355	CHO	15
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	90
Intermediate Care								
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	146	176	CHO	21
Children's Palliative Care Services								
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	25
No. of new children in the care of the children's outreach nurse	DOP	Access /Activity	M	New 2017	New 2017	New metric 2017	CHO	To be set in 2017

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting in the month	NSP	Access /Activity	M	New 2017	New 2017	20	HG	
No. of new children in the care of the specialist paediatric palliative care team in an acute hospital setting	DOP	Access /Activity	M	New 2017	New 2017	63	HG	**0**
Acute Services Palliative Care								
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	11,224	12,300	12,300	HG	874
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	Access /Activity	M	13,298	13,520	13,520	HG	724
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	50

CHO 1 Mental Health Division Operational Plan Metrics

Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016				
KPI Title			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO1 IEHG
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	90%	93%	90%	CHO	90%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Team	Quality	M	75%	73%	75%	CHO	75%
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	98%	99%	98%	CHO	98%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams	Quality	M	95%	97%	95%	CHO	95%
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient units.	Quality	M	95%	79%	85%	National	N/A
Percentage of Bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of Bed days used by children in mental health acute inpatient units	Quality	M	95%	96%	95%	CHO	95%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams	Quality	M	78%	76%	78%	CHO	78%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent	Quality	M	72%	66%	72%	CHO	72%

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO1 IEHG
Community Mental Health Teams							
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	14%	10%	CHO	10%
Total No. to be seen for a first appointment at the end of each month.	Access /Activity	M	2,449	2,643	2,599	CHO	401
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	164
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	237
Total No. on waiting list for a first appointment waiting > 12 months	Access /Activity	M	0	235	0	CHO	0
No. of admissions to adult acute inpatient units	Access /Activity	Q in arrears	12,726	13,104	13,140	CHO	1,368
Median length of stay	Access /Activity	Q in arrears	10	11.5	10	CHO	10
Rate of admissions to adult acute inpatient units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	70.5	71.1	70.5	CHO	72.7
First admission rates to adult acute units (that is, first ever admission), per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	23.1	24.0	23.1	CHO	18.9
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	74%
Inpatient re-admission rates to adult acute units per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	47.6	48.0	47.6	CHO	53.8
No. of adult acute inpatient beds per 100,000 population in the mental health catchment area	Access /Activity	Q in arrears	21.6	22.2	21.6	CHO	23.2
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	188
Rate of adult involuntary admissions per 100,000 population in mental health catchment area	Access /Activity	Q in arrears	9.3	10.2	9.3	CHO	12.4
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	9
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	3,924
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	3,732
No. of new (including re-referred) General Adult Community Mental	Access /Activity	M	41,810	37,363	47,316	CHO	4,692

Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016				CHO1
KPI Title			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	IEHG
Health Team cases offered first appointment for the current month (seen and DNA below)							
No. of new (including re-referred) General Adult Community Mental Health Team cases seen in the current month	Access /Activity	M	35,430	28,875	39,396	CHO	3,912
No. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	6,380	8,488	7,920	CHO	780
%. of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	Access /Activity	M	18%	23%	20%	CHO	20%
Number of cases closed/discharged by General Adult Community Mental Health Teams	Access /Activity	M	33,158	24,108	33,876	CHO	2,976
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	3
Number of referrals (including re-referred)received by Psychiatry of Old Age Mental Health Teams	Access /Activity	M	11,664	12,065	12,036	CHO	1,380
Number of Referrals (including re-referred) accepted by Psychiatry of Old Age Community Mental Health Teams	Access /Activity	M	11,082	11,023	11,484	CHO	1,320
No. of new (including re-referred) Old Age Psychiatry Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	10,384	9,119	11,832	CHO	1,512
No. of new (including re-referred) Old Age Psychiatry Team cases seen in the current month	Access /Activity	M	10,083	8,908	11,448	CHO	1,464
No. of new (including re-referred) Old Age Psychiatry cases offered appointment and DNA in the current month	Access /Activity	M	301	211	384	CHO	48
%. of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	Access /Activity	M	3%	2%	3%	CHO	3%
Number of cases closed/discharged by Old Age Psychiatry Community Mental Health Teams	Access /Activity	M	8,866	6,992	9,204	CHO	1,056
No. of child and adolescent Community Mental Health Teams	Access	M	66	65	66	CHO	6
No. of child and adolescent Day Hospital Teams	Access	M	4	4	4	CHO	0

Key Performance Indicators Service Planning 2016 KPI Title	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016 2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	CHO1 IEHG
No. of Paediatric Liaison Teams	Access	M	3	3	3	CHO	0
No. of child / adolescent admissions to HSE child and adolescent mental health inpatient units	Access /Activity	M	281	201	336	CHO	0
No. of children / adolescents admitted to adult HSE mental health inpatient units	Access /Activity	M	30	53	30	National	N/A
i). <16 years	Access /Activity	M	0	7	0	National	N/A
ii). <17 years	Access /Activity	M	0	12	0	National	N/A
iii). <18 years	Access /Activity	M	30	35	30	National	N/A
No. and % of involuntary admissions of children and adolescents	Access /Activity	Annual	15	15	15	National	N/A
No. of child / adolescent referrals (including re-referred) received by mental health services	Access /Activity	M	18,864	17,881	18,984	CHO	1,356
No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,092
No. of new (including re-referred) CAMHs Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	13,895	14,359	15,948	CHO	1,356
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,224
No. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	1,259	1,944	1,464	CHO	132
%. of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	Access /Activity	M	10%	14%	10%	CHO	10%
No. of cases closed / discharged by CAMHS service	Access /Activity	M	12,072	13,583	12,168	CHO	876
Total No. to be seen for a first appointment by expected wait time at the end of each month.	Access /Activity	M	2,449	2,659	2,599	CHO	401
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	164
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	118
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	80

Key Performance Indicators Service Planning 2016	KPI Type Access/ Quality /Access Activity	Report Freq.	KPIs 2016				CHO1
KPI Title			2016 National Target / Expected Activity	2016 Estimate outturn	2017 National Target / Expected Activity	Reported at National / CHO / HG Level	IEHG
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	39
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

CHO 1 Social Care Division Operational Plan Metrics

Key Performance Indicators Service Planning 2016	KPIs 2016	
KPI Title	2017 National Target / Expected Activity	CHO1
Safeguarding % of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 4 of the policy	100%	100%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy	100%	100%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan - Adults aged 65 and over - Adults under 65 years	100%	100%
Total no. of preliminary screenings for adults under 65 years	7,000	665
Total no. of preliminary screenings for adults aged 65 and over	3,000	289
No. of staff trained in safeguarding policy	17,000	1,535

Disability Services

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO1
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	100%	100%
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	80%	80%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	100%	100%

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	**2017 National Target / Expected Activity**	**CHO1**
Service Improvement Team Process Deliver on Service Improvement priorities	100%	100%
Transforming Lives Deliver on VfM Implementation Priorities	100%	100%
Congregated Settings Facilitate the movement of people from congregated to community settings	223	21
Disability Act Compliance No. of requests for assessments received	6,234	340
% of assessments commenced within the timelines as provided for in the regulations	100%	100%
% of assessments completed within the timelines as provided for in the regulations	100%	100%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	100%	100%
Children's Disability Network Teams Proportion of established Children's Disability Network Teams having current individualised plans for all children	100%	100%
Number of Children's Disability Network Teams established (resource dependant)	100% (129/129)	100% (16/16)
School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	100%	100%
Work/work like activity No. of work / work-like activity WTE 30 hour places provided for people with a disability (ID/Autism and Physical and Sensory Disability)	1,605	191
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	346
Other Day services No. of people with a disability in receipt of Other Day Services (excl. RT and work/like-work activities) - Adult (Q2 & Q4 only) (ID/Autism and Physical and Sensory Disability)	18,672 *	1,506
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	272
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	292
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	746

*subject to variance in respect of where school leavers will be receiving day services

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	**2017 National Target / Expected Activity**	**CHO1**
Respite Services No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	109
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	78
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	558
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	39
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	521
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	11,585
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	5858
No. of people with a disability who are in receipt of more than 30 overnights continuous respite (ID/Autism and Physical and Sensory Disability)	51	6
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	25
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	24
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	230
No. of adults with a physical or sensory disability formally discharged from a PA service	134	18
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	234
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	129,902
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	95
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	50
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	44
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	28
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	9
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	2
Home Support No. of new referrals accepted for people with a disability for home support services (ID/Autism and Physical and Sensory Disability)	1,416	94
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	153
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	759
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	61

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO1
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	792
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	336,605
No. of people with a disability in receipt of 1 - 5 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	3,140	301
No. of people with a disability in receipt of 6 – 10 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	1,197	94
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	46
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	32
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	7
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	20

Services for Older People

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	2017 National Target / Expected Activity	CHO1
Quality % of CHOs who have established a Residents Council/Family Forum/Service User Panel or equivalent for Older People Services (reporting to commence by Q3)	100%	100%
% of compliance with inspected outcomes following HIQA inspection of Older Persons Residential Units	80%	80%
Service Improvement Team Process Deliver on Service Improvement priorities.	100%	100%
Home Care Services for Older People Total no. of persons in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs	16,750	1,331
No. of new HCP clients, annually	8,000	640
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs	190 (national)	
% of clients in receipt of an IHCP with a key worker assigned	100%	100%

Key Performance Indicators Service Planning 2017	KPIs 2017	
KPI Title	**2017 National Target / Expected Activity**	**CHO1**
% of clients in receipt of an IHCP on the last day of the month who were clinically reviewed (includes initial assessment for new cases) within the last 3 months	100%	100%
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10,570,000	1,435,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs)(Monthly targets)	49,000	5,023
NHSS No. of persons funded under NHSS in long term residential care at year end.*	23,603	
% of clients with NHSS who are in receipt of Ancillary State Support	10%	
% of clients who have CSARs processed within 6 weeks	90%	
No. in receipt of subvention	168	13
No. of NHSS Beds in Public Long Stay Units.	5,088	536
No. of Short Stay Beds in Public Long Stay Units	1918	373
Average length of Stay for NHSS clients in Public, Private and Saver Long Stay Units	2.9 years	
% of population over 65 years in NHSS funded Beds (based on 2011 Census figures)	4%	
No of population over 65 in NHSS funded beds at the last date of the month along with the number on Subvention/Section 39 (x 95.3% as estimate over 65s)	21,416	
Transitional Care Number of TCB approvals within the month (in arrears)	152 167 for January and February. 152 from March to December	

Appendix 4: Capital Infrastructure

CHO 1 Capital Infrastructure

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE									
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan									
Ballymote, Co. Sligo	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.60	1.60	0	0.00
SOCIAL CARE – Services for Older People									
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan									
Oriel House, Castleblaney, Co.Monaghan	Refurbishment to (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	21	0.63	0.75	0	0.00
Killybegs CNU, Co. Donegal	Minor refurbishment (to achieve HIQA compliance)	Q2 2017	Q2 2017	0	0	0.02	0.43	0	0.00
Buncrana CNU, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q1 2018	0	0	3.10	3.44	0	0.00
Dungloe Community Hospital, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q1 2018	0	0	1.40	1.67	0	0.00
Ballymote CNU, Co. Sligo	Refurbishment to (to achieve HIQA compliance)	Q4 2017	Q1 2018	10	20	0.08	0.08	0	0.00

Appendix 5

PROFILE OF CHO 1

(COUNTIES DONEGAL, SLIGO, LEITRIM, CAVAN AND MONAGHAN)

(Produced by Public Health Department, Donegal)

This profile gives facts on health in Community Healthcare Organisation Area 1 (CHO 1). It is intended to inform health professionals and enable them to improve health services and reduce health inequalities.

GEOGRAPHY

CHO 1 is made up 5 Counties, (Donegal, Sligo, Leitrim, Cavan, Monaghan)

POPULATION

- CHO 1 has a total population of 389,048 which composes just less than 9% of the National population.
- The Population of CHO 1 has increased by almost 10% between 2006 and 2011 compared to national population increase of 8%.
- 7.9% (30,569) of the population of CHO 1 are aged 0-4 years (pre-schoolers) compared to 7.8% nationally.
- 14.5% (53,314) of the population of CHO 1 are aged 5-14 years compared to 13.6% nationally.
- Just over 13% (51,284) in CHO 1 are aged 65 years and over with 1.6% of the population aged 85 years and over ; higher than the National pattern of 11.6% for population aged over 65 years and 1.3% for those aged over 85 years.
- CHO 1 has the highest age dependent population nationally at 36%. There has been an increase of 13% (15,948 persons) in the age dependent population in CHO 1 between 2006 and 2011 compared to a 13.9% increase in the age dependent population nationally.
- CHO 1 has the highest number of persons aged 15 and over who are unemployed at 9.6% (8.5% nationally)
- 5.2% (20,373) of the population of CHO 1 are professional workers in comparison to over 7% for Ireland.
- Semi and unskilled workers make up a larger percentage of the population in CHO 1 at almost 17% (65,023) compared to 14% nationally.
- CHO 1 has the highest number or adults whose level of education is primary or lower nationally
- Between 2006 and 2011, the population with no formal or primary education only has declined dramatically in Ireland and similarly in CHO 1. Almost 14% (54,142) have no formal or primary education only, in CHO 1, much higher than the 10% for Ireland.
- CHO 1 has the lowest number of adults whose level of education is at 3rd level at 12%
- Over 16% of Ireland's population had a 3rd level education in 2011, compared to 12% (47,830 persons) in CHO 1.

BIRTH AND NEONATAL STATISTICS

- There were 4,979 births in CHO 1 in 2014 representing 7.3% of the births in Ireland.
- The birth rate in CHO 1 was 12.7 per 1,000 population which was lower than the national birth rate of 14.7 per 1,000 population.
- 92% of all births registered in CHO 1 in 2014 were to mothers aged 20 to 39 years; 2% to teenage mothers and 6% were to mothers aged 40 years and over, this is similar to the trend seen for Ireland.
- Neonatal deaths are deaths of infants under 4 weeks of age. There were 184 neonatal deaths registered in 2014 in Ireland, giving a neonatal mortality rate of 2.7 deaths per 1,000 live births. The neonatal death rate of 3 deaths per 1,000 live births for CHO 1 is comparatively higher than the National rate in 2014.
- In additional, the infant mortality rate of 3.8 deaths per 1,000 live births was slightly higher in CHO 1 than in Ireland in 2014. Nationally 249 infant deaths were registered giving an infant mortality rate of 3.7 per 1,000 live births.

1. BREASTFEEDING

During 2013 Breastfeeding rates in CHO 1 were lower than the national rates;

- Breast only; CHO 1 - 39.5%, Ireland - 47.0%,
- Breast & Combined; CHO 1- 46.3%, Ireland - 55.7%,

2. DEPRIVATION LEVEL – HP INDEX

The 2011 All-Ireland HP Deprivation Index combines dimensions of the demographic profile, social class composition and labour market situation.

- The combined deprivation scores illustrate that more people in CHO 1 - 31.6% (123,048) are classified as deprived - compared to 23.3%of the population nationally.
- In addition there are less people in CHO 1 – 12.4% (48, 272) classified as affluent compared to 24.4% nationally.

3. HEALTH INDICATORS SELF-REPORTED

- 1.6% (6,101) of the population of CHO 1 report their health is bad or very bad (1.5% Nationally)
- 13.3% (52,081) of CHO 1 have a disability (13% Nationally) of these;
- 44.4% (23,142) have condition that limits basic physical activities (41.1% Nationally)
- 16.4% (8,555) are deaf or a have serious hearing impairment (15.5% Nationally)
- 9.6% (4,984) have an intellectual disability (9.7% Nationally)

4. VULNERABLE GROUPS

- 2,097 members of the travelling community reside in CHO 1 representing 0.5% of the population compared to 0.6% nationally.
- 8,800 vulnerable migrants residing in CHO 1 representing 2.3% of the population compared to 3.4% nationally. The number of vulnerable migrants living in CHO 1 has increased by 66.6% (+3,519) compared to a national increase of 30.2% between 2006 and 2011.

5. DEATHS

- There were 2,743 deaths registered in 2014 in CHO 1 giving a rate of 7.1 deaths per 1,000 population slightly higher that the national death rate of 6.3 per 1,000 population of these
    - 28.1% were due to Cancer (30.5% nationally)
    - 32.9% were from Heart Disease & Stroke (30.6% nationally)
    - 12.8% were from Respiratory Disease (11.6% nationally)
    - 5.3% were from injuries & poisonings (5.4% nationally)
- There were 29,095 deaths registered in 2014, a decrease of 3.1% (or 923 deaths) from 2013. This equates to a death rate of 6.3 per 1,000 population, a fall in rate of 0.2 in comparison with 2013

Notes:

i) The data for indicators 12-19, 28, 31, 42-52 and 55-60 were calculated for the total population of counties Donegal, Sligo, Leitrim, Cavan & Monaghan as the data was not available at CHO 1 level. Please note the difference in population between CHO 1 and the total population of counties Donegal, Sligo, Leitrim, Cavan & Monaghan is 2,945 persons.

ii) Infant mortality rates: Deaths of infants under one year per 1,000 live births, classified by area of residence of other.

iii) Neonatal mortality rates: Deaths of infants under 28 days per 1,000 live births, classified by area of residence of mother.

iv) Infant and neonatal mortality rates in some areas, based on small numbers are subject to considerable fluctuation and caution should be exercised in their interpretation.

Sources

(1-11) Population Data taken from the Census of Ireland 2011. www.cso.ie

(12-17) Births & Neonatal Statistics - Vital Statistics yearly summary for 2014 - www.cso.ie

(18-19) Breast feeding - Perinatal Statistics Report 2013

(20-27) Deprivation Level HP Index - Area Profiler – Health Atlas Ireland

(28) Percentage of lone parent households over the total number of households. Census of Ireland 2011. www.cso.ie

(29) Percentage of persons in labour force who are semi, unskilled or agricultural workers. Census of Ireland 2011. www.cso.ie

(30) Percentage of persons aged 15-64 available in the labour force who are unemployed including first time job seekers Census of Ireland 2011. www.cso.ie

(31) Percentage of households which are local authority rented over the total number of households. Census of Ireland 2011. www.cso.ie

(32-38) Percentage of persons by nationality. Census of Ireland 2011. www.cso.ie

(39) Percentage of persons who state they are a carer. - Census of Ireland 2011. www.cso.ie

(40) Percentage of persons in this area who reported that their health is either bad of very bad. - Census of Ireland 2011. www.cso.ie

(40) Percentage of persons in this area who state they have a disability - Census of Ireland 2011. www.cso.ie

(42-52) Percentage of persons with this type of disability out of all disabilities - Census of Ireland 2011. www.cso.ie

(53-54) Travellers & Vulnerable Migrants - Area Profiler – Health Atlas Ireland

(55-60) Deaths for various causes, by 1,000 population classified by area of residence. Data extracted from Vital Statistics yearly summary for 2014 - www.cso.ie

Facts & Health Summary

INDICATOR	CHO 1				Ireland			
	2011		Change since 2006		2011		Change since 2006	
POPULATION	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
1 Population Number and % of National	389,048	8.5	354,853	9.6%	4,588,252		4,232,597	8.4%
2 5 Year population change 2006 - 2011	34195	9.6	-	-	355655	8.4	-	-
3 Persons aged 0-4 years old	30,569	7.9	+ 5,100	+20%	356,329	7.8	+54,512	+18.1%
4 Persons aged 5 - 14 years old	53314	14.5	+4,948	+9.6%	623261	13.6	+ 62,030	+11.1%
5 Persons 65 years and older	51284	13.2	+ 5,900	+13%	535393	11.7	+68,000	+14.5%
6 Persons aged 85 years and older	6,295	1.6	+ 1,011	19.1%	58,416	1.3	+ 10,411	+21.7%
7 Age Dependency	138,167	35.5	+ 15,948	13%	1,514,983	33	+ 184,542	+13.9%
8 Classes - professional workers	20,373	5.2	n/a	n/a	336,620	7.3	n/a	n/a
9 Classes - semi & unskilled workers	65,023	16.7	n/a	n/a	657,463	14.3	n/a	n/a
10 Persons with no formal or primary education only	54,142	13.9	-6,046	-10%	456,896	10	-56,585	-11%
11 Persons with 3rd level education	47,830	12.3	n/a	n/a	739,992	16.1	n/a	n/a

BIRTHS AND NEONATAL STATISTICS				
	CHO 1		**Ireland**	
	Number	**Rate**	**Number**	**Rate**
12 Total number of live births to females all ages	4979	12.7 per 1000 population	67462	14.7 per 1000 population
13 Live births to females aged under 20, 2014	102	20.5 per 1000 live births	1253	18.6 per 1000 live births
14 Live births to females aged 20-39 years, 2014	4592	922 per 1000 live births	62129	920 per 1000 live births
15 Live births to females aged over 40 years, 2014	285	57.2per 1000 live births	4077	60.4 per 1000 live births
16 Neonatal mortality by area of residence of mother 2014	15	3.01 per 1,000 live births	184	2.7 per 1,000 live births
17 Infant mortality by area of residence of mother 2014	19	3.8 per 1,000 live births	249	3.7 per 1,000 live births

BREASTFEEDING	Number	%	Number	%
18 Breast Feeding Rates at Discharge 2013 (Breast Only)	2062	39.2%	31883	46.3%
19 Breast Feeding Rates at Discharge 2013 (Breast & Combined)	2469	47.0%	38372	55.7%

	CHO 1		Ireland	
DEPRIVATION LEVEL - HP INDEX	Number	%	Number	%
20 Extremely affluent	1,210	0.3%	79,725	1.7%
21 Very affluent	8,670	2.2%	289,032	6.3%
22 Affluent	38,392	9.9%	752,423	16.4%
23 Marginally above average	94,225	24.2%	1,209,013	26.4%
24 Marginally below average	123,504	31.7%	1,186,058	25.8%
25 Disadvantaged	85,196	21.9%	719,940	15.7%
26 Very disadvantaged	31,142	8%	277,331	6%
27 Extremely disadvantaged	6,710	1.7%	74,731	1.6%
28 Lone parent households	15309	10.8%	179761	10.9%
29 Semi, unskilled and agricultural workers	65,023	16.7%	657,463	14.3%
30 Unemployment - aged 15+	37,466	9.6%	390,677	8.5%
31 Households local authority rented	10876	7.7%	129033	7.8%

	CHO 1		Ireland					
	2011		Change since 2006		2011		Change since 2006	
NATIONALITY	Number	%	Number	%	Number	%	Number	%
32 Irish	342,519	88%	24,759	7.8%	3,927,143	85.6%	227,148	6.1%
33 UK	13,704	3.5	712	5.5	112,259	2.4	-167	-0.1
34 Polish	7,164	1.8	3,924	121.1	122,585	2.7	59,390	94
35 Lithuanian	4,469	1.1	1,564	53.8	36,683	0.8	12,080	49.1

	CHO 1		Ireland					
	2011		Change since 2006		2011		Change since 2006	
36 Elsewhere in EU	5,531	1.4	1,816	48.9	115,237	2.5	39,986	53.1
37 Elsewhere in world	6,894	1.8	747	12.2	157,593	3.4	13,763	9.6
38 Not stated	3,613	0.9	833	30	53,781	1.2	8,262	18.2

	CHO 1		Ireland	
HEALTH INDICATORS SELF-REPORTED	**Number**	**%**	**Number**	**%**
39 Carers	17,563	4.5%	187,112	4.1%
40 Persons whose health is bad or very bad	6101	1.6%	69661	1.5%
41 Total persons with a disability (PD)	52081	13.3%	595335	13.0%
42 PD with blindness or a serious vision impairment	4644	8.9%	51718	8.7%
43 PD with deafness or a serious hearing impairment	8555	16.4%	92060	15.5%
44 PD with a condition that limits basic physical activities	23142	44.4%	244739	41.1%
45 PD with an intellectual disability	4984	9.6%	57709	9.7%
46 PD with a difficulty in learning, remembering or concentrating	12105	23.2%	137070	23.0%
47 PD with psychological or emotional condition	7589	14.6%	96004	16.1%
48 PD with other disability including chronic illness	23516	45.2%	274762	46.2%
49 PD with a difficulty in dressing/bathing/getting around the home	12459	23.9%	125450	21.1%
50 PD with a difficulty in working or attending school/college	17969	34.5%	194398	32.7%
51 PD with a difficulty in going outside home alone	16060	30.8%	165681	27.8%
52 PD with a difficulty in participating in other activities	19364	37.2%	207455	34.8%

	2011		Change since 2006		2011		Change since 2006	
VULNERABLE GROUPS	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**

53 Travellers	2,097	0.5	+808	+62.7	29,495	0.6	+7,202	+32.3
54 Vulnerable Migrants	8,800	2.3	+3,519	+66.6	153,865	3.4	+35,663	+30.2
DEATHS 2014	**Number**	**Rate**			**Number**	**Rate**		
55 Total deaths for all causes 2014	2,743	7.0 per 1000 population			29,095	6.3 per 1000 population		
56 Total deaths for Malignant Neoplasms	770	2 per 1000 population			8,880	1.9 per 1000 population		
57 Total deaths for Circulatory System Diseases	902	2.3 per 1000 population			8,899	1.9 per 1000 population		
58 Total deaths for Respiratory System Diseases	350	0.9 per 1000 population			3,388	0.7 per 1000 population		
59 Total deaths for External Causes (Injury and Poisoning)	146	0.4 per 1000 population			1,560	0.3 per 1000 population		
60 Total deaths for all other causes	575	1.5 per 1000 population			6,368	1.4 per 1000 population		

Appendix 6: PROFILE OF CHO 1 (COUNTIES DONEGAL, SLIGO, LEITRIM, CAVAN AND MONAGHAN)

This profile gives facts on health and wellbeing in Community Healthcare Organisation Area 1 (CHO 1). It is sourced from the Institute of Public Health (IPH) All Ireland Public Health Repository, part of the Health Well website which intends to inform health professionals and enable them to improve health services and reduce health inequalities. Each indicator is furnished at county and National level, as data is not currently available directly at CHO 1 level.

GEOGRAPHY

CHO 1 is made up 5 Counties, (Donegal, Sligo, Leitrim, Cavan, Monaghan).

POPULATION

CHO 1 has a total population of 389,048 which composes just less than 9% of the National population.

OBESITY

- 33.4% of people aged 18 years or over consume less than five portions of fruit or vegetables per day across all counties composing CHO 1 the same as Nationally.
- In CHO 1 counties 29.2% of people are physically inactive, just higher than the National average of 28.4%.
- All counties in CHO 1 had 10% of people with high cholesterol in 2007, in comparison to 11.8% for Ireland.
- According to figures from SLAN for 2007, CHO 1 counties had almost 16% of people who are obese, this was 1.5% higher than the National average of 14.4%.
- All counties composing CHO 1 were higher than the National average of 12.7% for people aged 18 years or over, having been told by a doctor in the previous 12 months, that they have hypertension (ranging from the lowest 13.2% in counties Cavan and Monaghan to 14% in counties Leitrim and Sligo).
- 3.6% of people aged 18 years or over in counties Leitrim and Sligo have diabetes (Type I and Type II) in 2010. This is slightly higher than 3.4% for counties Cavan and Donegal, and 3.3% in Monaghan which is marginally higher than Ireland (3.2%). Figures show this trend continues for prevalence of diabetes in counties in CHO 1, in 2015 and in 2020; similarly diabetes is predicted to increase by 0.3% in 2010, 2015 and 2020 Nationally.
- 0.8% of people aged 18 years or over in counties Leitrim and Sligo in 2010 have been told by a doctor that they have had a stroke; slightly lower at 0.7% for counties Cavan, Donegal, Monaghan and Ireland.
- The estimated 2.7% of people in counties Leitrim and Sligo, aged 18 years or over who have been told by a doctor in the previous 12 months that they have angina or have had a heart attack (coronary heart disease (CHD)) is marginally higher than counties Donegal (2.6%), Cavan and Monaghan (2.5%) and Ireland (2.4%).
- Both counties Leitrim and Sligo have a higher percentage of hypertension, diabetes, stroke and CHD in comparison to the other counties making up CHO 1 and National average (across the years 2010, 2015 and 2020).
- Data for 2011 shows 63% of children aged 5-12 years, are driven to school in county Sligo, slightly higher than nationally (61.3%). County Leitrim has the lowest percentage at 53.6%.
- All counties in CHO 1 have a lower percentage of children aged 5-12 years walking to school, ranging from almost 11% in Donegal to 16% in Sligo; in comparison to almost 26% for Ireland. This trend is mirrored with only 16.3% of adolescents aged 13-18 walking/cycling to school in county Monaghan, which is the highest for the counties composing CHO 1, compared to almost 26% nationally.
- In addition, almost 52% of adolescents aged 13-18 years drive or are driven to school in county Sligo, 10% higher than the average for Ireland (almost 42%).
- CHO 1 average authority expenditure on Leisure Facilities Operations, Outdoor Leisure Areas Operations, Community Sport and Recreational Development per person ranges from 3.8 in Donegal to 30.9 in Leitrim, compared to 33.2 nationally.
- The directly age and gender standardised rate of admissions (including day cases) to hospital for diseases of the circulatory system is highest in county Sligo at 7413.7 per 100,000 European standard population, compared to 3959.5 for county Donegal and the comparative rate for Ireland (4495 per 100,000 European standard population).
- In county Monaghan 0.58 children's playgrounds are directly provided or facilitated by the local authority per 1,000 population – the highest in CHO 1, compared to 0.31 in county Donegal.

6. STROKE

- 12% of people in CHO 1 have high blood pressure, according to SLAN data for 2007; this is slightly lower than Ireland (12.6%).
- In 2007 CHO 1 had 26.8% of people who currently smoked cigarettes; this is lower than the National trend of 28.5%.
- The 0.8% estimated people in CHO 1, aged 18 years or over who have been told by a doctor in the previous 12 months that they have had a stroke is slightly higher than Ireland (0.7%) for 2015.
- Data projecting forwards to 2020, estimates 0.9% of people in counties Leitrim and Sligo, and slightly lower at 0.8% in counties Cavan, Donegal and Monaghan aged 18 years or over will be told by a doctor in the previous 12 months that they have had a stroke, similarly projections for Ireland illustrate a slight rise to 0.8% (from 0.7% for 2015 data).
- County Sligo has the highest percentage of the population with 14.14% having long-lasting conditions or difficulties in CHO 1 ranging to the lowest in county Monaghan with 11.8%; county Cavan with 11.9% is similar to the National trend (12.9%) for 2011.
- Counties Leitrim and Sligo with 65.8 General Practitioners per capita per 100,000 people, is the highest in CHO 1, which is higher than Ireland (60.1) in 2011. This falls to 49.4 in counties Cavan and Monaghan; Donegal is similar to National figure with 59.6 per 100,000 population.
- The directly age and gender standardised rate (DSR) of admissions to hospital for coronary artery bypass graft or angioplasty (CABG) of 154.6 per 100,000 European standard population is much higher in county Cavan than in Ireland (131.6). Counties Donegal and Monaghan with 138.4 and 153.4 respectively are also higher than the National trend. County Leitrim (115.1 per 100,000 European standard population) has the lowest DSR for CABG in CHO 1.
- All counties composing CHO 1 have a higher percentage of the working age population aged 15-64 years in receipt of Disability Benefit for diseases of the circulatory system, in 2014, with county Leitrim having the highest, at 0.33% ; higher than Nationally (0.23%),

7. DIABETES

- In 2013, the directly age and gender standardised rate (DSR) of all emergency (i.e. non-elective) admissions to hospital for asthma and diabetes of 1393.4 per 100,000 European standard population is highest for all counties in CHO 1; in addition the DSR is higher for all counties making up CHO 1, than in Ireland (907.7); ranging from 918.7 being the lowest in CHO 1 for county Donegal to, highest rate at 1393.4 per 100,000 European standard population for county Cavan.

8. MENTAL HEALTH

- 79.6% of people aged 18 years or over believe that people in their area can be trusted in county Leitrim, much higher than the National average (67.8%) for 2002.
- 29.2% of people aged 18 years or over are physically inactive in CHO 1, which is slightly higher than in Ireland (28.4%) according to SLAN data for 2007.
- 26.8% across all counties composing CHO 1 have a lower than National percentage (28.5%) of people aged 18 years or over who currently smoke cigarettes.
- 1.3% of people aged 18 years or over experience a severe lack of social support in all counties making up CHO 1, this is slightly lower than the 1.9% National figure for 2007.
- All counties in CHO 1 have a higher percentage of persons aged 65 years and over living alone in private households in 2011 than the average for Ireland. This ranges from the highest percentage in county Leitrim at 34.1% to 29% in county Donegal, compared to 27.7% for Ireland.
- All counties making up CHO 1 have a higher than National average of the working age population aged 15 years and over in the labour force in "Semi-skilled" and "Unskilled" social classes as per Census 2011; ranging from the lowest in county Leitrim (17.9%) to 23.3% in county Monaghan compared to 17.2% Nationally.
- Similarly all counties in CHO 1 have equal / higher percentage of households that consist of one person in comparison to Ireland for 2011. In CHO 1 county Leitrim has the highest percentage of people living alone at 30.5%.
- The percentage of the population aged 15 years and over which are unemployed (looking for first regular job or having lost or given up previous job) is generally higher in CHO 1, with exception of county Sligo (10.8%) which is lower than Ireland (11.8%).
- 1.12% of the working age population aged 15-64 years are in receipt of Disability Benefit for depression and/or anxiety in county Leitrim – this is the highest rate in CHO 1, marginally higher than National trend (1.09%); in comparison to 0.84% of people in

county Donegal. This is further reflected in the percentage of the working age population aged 15-64 years in receipt of Disability Benefit for mental and behavioral disorders which is generally similar or lower than Ireland, with exception of county Monaghan 0.04% compared to 0.03% Nationally.

- The directly age and gender standardised rate (DSR) of admissions to hospital (including day cases) for alcohol abuse per 100,000 European standard population is highest in county Cavan at 212.4/100,000 population, higher than the National rate (1960.8/100,000). In CHO 1 county Donegal has the lowest rate at 826.8/100,000 population.
- All counties in CHO 1 have a lower directly age and gender standardised rate (DSR) of admissions to hospital (including day cases) for drug misuse per 100,000 European standard population in 2013, ranging from county Donegal at 9.2/100,000 population to county Cavan at 41.7/100,000 population, considerably lower than the rate for Ireland (70.4/100,000 population).
- 2.4/1,000 population were admitted to Irish Psychiatric Units and Hospitals for mood (affective) disorders in 2013 in county Sligo, which was highest for counties composing CHO 1 and marginally higher than Nationally (2/1,000 population), compared to 0.8/1,000 population in county Monaghan.
- In county Leitrim 2.5% of people of working age (aged 15-65 years) were unable to work due to illness in 2013 – this was the highest for CHO 1, in addition to being higher than Ireland (1.9%).
- This is combined with county Leitrim having the highest percentage population
- in receipt of Disability Benefit for depression and/or anxiety
- percentage living alone
- percentage living alone aged 65 or over years.
- The rate of suicide and the rate of undetermined injury per 100,000 population is highest in county Monaghan at 17.9/100,000 in 2014. This was higher than the rate for Ireland (11.5/100,000 population)
- In CHO 1 County Monaghan also had the highest percentage
- Population aged 15-64 years in receipt of Disability Benefit for mental and behavioral disorders
- of the working age population aged 15 years and over in the labour force in "Semi-skilled" and "Unskilled" social classes.

Facts and Health Summary Adapted from The Health Well Chronic Health and Wellbeing Indicators

Key Note: Minimum scores for county in CHO 1 with the lowest score is coloured whilst, maximum scores for county in CHO 1 with the highest score is coloured to aid in identifying range within CHO 1 level.

INDICATOR		IRELAND	CHO 1				
Obesity	Region	Ireland	County Cavan	County Donegal	County Leitrim	County Monaghan	County Sligo
1	Percent eat < 5 fruit & veg RoI 2007	34.4	33.4	33.4	33.4	33.4	33.4
2	Percent inactive RoI 2007	28.4	29.2	29.2	29.2	29.2	29.2
3	Percent high cholesterol RoI 2007	11.8	10	10	10	10	10
4	Percent obese RoI 2007	14.4	15.9	15.9	15.9	15.9	15.9
5	Percent Prev hypertension RoI 2010	12.7	13.2	13.5	14	13.2	14
6	Percent Prev diabetes RoI 2010	3.2	3.4	3.4	3.6	3.3	3.6
7	Percent Prev diabetes RoI 2015	3.5	3.6	3.7	3.8	3.6	3.8
8	Percent Prev diabetes RoI 2020	3.8	3.8	3.9	4.1	3.8	4.1
9	Percent Prev stroke RoI 2010	0.7	0.7	0.7	0.8	0.7	0.8
10	Percent Prev CHD RoI 2010	2.4	2.5	2.6	2.7	2.5	2.7
11	Percent children age 5-12 driven to school, RoI 2011	61.3	61.9	61	53.6	59.5	63
12	Percent children aged 5-12 that walk or cycle to school, RoI 2011	25.8	14.1	10.5	15.1	14.5	16
13	Percent adolescents aged 13-18 that walk or cycle to school, RoI 2011	25.5	12.2	11.7	15	16.3	16.1
14	Percent adolescents aged 13-18 that drive or are driven to school, RoI 2011	41.9	38.1	39.8	42.7	42.7	51.5
15	Sports expend per capita RoI 2014	33.2	6.9	3.8	30.9	4	4.4
16	DSR/ 100,000 adm circulatory RoI 2013	4495.6	5697.4	3959.5	6203.6	4888.2	7413.7
17	Rate/1,000 childrens playground RoI 2013		0.37	0.31	0.53	0.58	0.23

INDICATOR		IRELAND	CHO 1				
Stroke	Region	Ireland	County Cavan	County Donegal	County Leitrim	County Monaghan	County Sligo
18	Percent high BP RoI 2007	12.6	12	12	12	12	12
19	Percent smoke RoI 2007	28.5	26.8	26.8	26.8	26.8	26.8
20	Percent Prev stroke RoI 2015	0.7	0.8	0.8	0.8	0.8	0.8
21	Percent Prev stroke RoI 2020	0.8	0.8	0.8	0.9	0.8	0.9
22	Percent disability, RoI 2011	12.98	11.91	14.05	13.49	11.88	14.14
23	GP per capita, per 100,000 population, RoI 2011	60.1	49.4	59.6	65.8	49.4	65.8
24	DSR/100,000 population CABG RoI 2013	131.6	154.6	138.4	115.1	153.4	127
25	Percent benef circulatory RoI 2014	0.23	0.28	0.25	0.33	0.31	0.26

INDICATOR		IRELAND	CHO 1				
Diabetes	Region	Ireland	County Cavan	County Donegal	County Leitrim	County Monaghan	County Sligo
26	DSR/ 100,000 population emer adm asthma & diab RoI 2013	907.7	1393.4	918.7	937.1	968.6	1308.7

INDICATOR		IRELAND	CHO 1				
Mental Health	Region	Ireland	County Cavan	County Donegal	County Leitrim	County Monaghan	County Sligo
27	Percent trust neighbours RoI 2002	67.8	68	66.7	79.6	76	67.3
28	Percent inactive RoI 2007	28.4	29.2	29.2	29.2	29.2	29.2
29	Percent smoke RoI 2007	28.5	26.8	26.8	26.8	26.8	26.8
30	Percent lack social supp RoI 2007	1.9	1.3	1.3	1.3	1.3	1.3
31	Percent live alone 65+ 2011	27.7	29.8	29	34.1	29.2	29.6
32	Percent Semi & unskilled, RoI 2011	17.2	20.4	20.5	17.9	23.3	18.2

33	Percent live alone, 2011	23.7	24.5	25.7	30.5	23.7	27.6
34	Percent unemployment, RoI 2011	11.8	13.1	15.2	12.2	12.7	10.8
35	Percent benef dep/anxiety RoI 2013	1.09	0.89	0.84	1.12	1.05	1.08
36	Percent benef mental beh RoI 2013	0.03	0.03	0.02	0.01	0.04	0.02
37	DSR/100,000 population adm alcohol RoI 2013	1960.8	2121.4	826.8	916.6	1759.5	991.3
38	DSR/100,000 population adm drug RoI 2013	70.4	41.7	9.2	20.1	29.5	14.1
39	Rate/1,000 population adm psych hosp RoI 2013	2	1.2	1.9	1.7	0.8	2.4
40	Percent illness benefit, RoI 2013	1.9	2.2	1.9	2.5	2	2.2
41	Rate/ 100,000 population suicide & undet intent 2014	11.5	16.2	9.3	9.3	17.9	15.3

Interpret these data cautiously.

Statistical precision

Indicator values are prone to statistical error (the difference between an estimated value and the true value). The statistical error associated with an indicator depends on the population subgroup (e.g. the population of a county or LGD) that it refers to. Such differences in levels of statistical error can distort what we see in maps and charts. They can make some relationships involving indicators and attributes appear "real" (practically meaningful or statistically significant) when they are in fact spurious; other relationships that are "real" can be masked. These differences in statistical error can even distort the shape of plots or the colour patterns we see in maps.

For example,

- Many indicator values estimates are derived from sample surveys, and different sample sizes from different population subgroups will lead to different levels of precision in the indicator values for these subgroups.
- Different population subgroups have different population sizes which means that rate estimates for these subgroups will also have different confidence limits.
- The true value of a percentage or a rate can influence the level of statistical error of any estimate.

Sources

The data contained in this Profile has been extracted from The All-Ireland Health and Wellbeing Dataset, created by the Institute of Public Health in Ireland. The Health and Wellbeing Dataset is based on a set of over 100 health related indicators (forming the All Ireland Health and Wellbeing Dataset (AIHWDS)) that have been collated for every administrative county in the Republic of Ireland and every Local Government District in Northern Ireland. Further information can be found on the Health Well website http://www.thehealthwell.info/community-profiles.

OBESITY

(1) Percentage of people aged 18 years or over who consume less than five portions of fruit or vegetables per day, RoI, 2007. Derived from SLAN 2007. *Date data covers:*
(2) 01/01/2007 to 31/12/2007.
(3) Percentage of people aged 18 years or over who are physically inactive, RoI, 2007. Derived from SLAN 2007. *Date data covers*:01/01/2007 to 31/12/2007.
(4) Percentage of people aged 18 years or over who have high cholesterol, RoI 2007. Derived from SLAN. *Date data covers:* 01/01/2007 to 31/12/2007.
(5) Percentage of people aged 18 years or over who are obese, RoI 2007. Derived from SLAN 2007. *Date data covers:* 01/01/2007 to 31/12/2007. When these data are available at local level they will improve comparability of obesity data across the island.
(6) Modelled estimate of the percentage of people aged 18 years or over who have been told by a doctor in the previous 12 months that they have hypertension.

Numerator: INIsPHO 2010. Denominator: CSO population estimates/projections, 2010. The IPH estimated prevalence per cents may be marginally different to estimated prevalence per cents taken directly from the reference study.
(7) Modelled estimate of the percentage of people aged 18 years or over who have ever been told by a doctor that they have diabetes (Type I and Type II).

(7-8) Modelled estimate of the percentage of people aged 18 years or over who have ever been told by a doctor that they have diabetes (Type I and Type II). Numerator: INIsPHO 2015. Denominator: NISRA population estimates/projections, 2015.

(9) Modelled estimate of the percentage of people aged 18 years or over who have ever been told by a doctor that they have had a stroke. Numerator: INIsPHO 2010 Denominator: NISRA population estimates/projections.

(10) Modelled estimate of the percentage of people aged 18 years or over who have been told by a doctor in the previous 12 months that they have angina or have had a heart attack. Numerator: INIsPHO 2010 Denominator: CSO population estimates/projections, 2010 Numerator: INIsPHO 2010 Denominator:

(11) Percentage of children aged 5-12 years driven to school. *Date data covers:* 01/04/2011 to 01/04/2011

(12) Percentage of children aged 5-12 years that walk to school. Numerator: CSO 2011. *Date data covers:* 01/01/2011 to 31/12/2011

(13) Percentage of adolescents aged 13-18 years that walk or cycle to school. CSO 2011. *Date data covers:* 01/04/2011 to 01/04/2013.

(14) Percentage of adolescents aged 13-18 years that drive or are driven to school. CSO 2011.

(15) Local Authority expenditure on Leisure Facilities Operations, Outdoor Leisure Areas Operations, Community Sport and Recreational Development per person, RoI, 2014. Source: Local Authority Budgets 2014 and Department of Environment, Heritage and Local Government 2014.

(16) Directly age and gender standardised rate of admissions (including day cases) to hospital for diseases of the circulatory system per 100,000 European standard population. Source: Healthcare Pricing Office, September 2014. Includes primary and secondary diagnoses. Excludes admissions to private hospitals. *Date data covers*:01/01/2013 to 31/12/2013 Data cells containing 5 or fewer cases in a particular combination of age, sex, and area were not disclosed hence a random value between 1 and 5 was assigned in order to calculate standardised rates.

(17) Number of children's playgrounds directly provided or facilitated by the local authority per 1,000 population. LGMA, 2013. No values are available for RoI.

STROKE

(18) Percentage of people who have high blood pressure, RoI 2007. SLAN 2007. *Date data covers:*01/01/2007 to 31/12/2007.

(19) The percentage of people who currently smoke cigarettes, RoI 2007. SLAN 2007. *Date data covers:*01/01/2007 to 31/12/2007. *Cautionary notes:* The apparent increase in smoking rates between 2002 and 2007, notably in young men (aged 18-29) needs to be treated with caution because this category had been under-represented in respondents interviewed in SLÁN 2002.

(20) Modelled estimate of the percentage of people aged 18 years or over who have been told by a doctor in the previous 12 months that they have had a stroke. INIsPHO 2015. *Date data covers:* 01/01/2015 to 31/12/2015.

(21) Modelled estimate of the percentage of people aged 18 years or over who have been told by a doctor in the previous 12 months that they have had a stroke. INIsPHO 2020. *Date data covers:*01/01/2020 to 31/12/2020.

(22) Percentage of the population who have any of the following long-lasting conditions or difficulties: a) Blindness or a serious vision impairment, b) Deafness or a serous hearing impairment, c) A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying, d) An intellectual disability, e) A difficulty with learning, remembering or concentrating, f) A psychological or emotional condition, g) A difficulty with pain, breathing or any other chronic illness. CSO, 2011. *Date data covers:* 01/01/2011 to 31/12/2011.

(23) Number of General Practitioners per 100,000 people, RoI, 2011. HSE, Primary Care Reimbursement Service 2011. *Date data covers:* 01/01/2011 to 31/12/2011.

(24) Directly age and gender standardised rate of admissions to hospital for coronary artery bypass graft or angioplasty per 100,000 European standard population. Hospital Inpatient Enquiry (HIPE), 2013. *Date data covers:* 01/01/2013 to 31/12/2013. *Cautionary notes:* Includes primary and secondary diagnoses. The crude rate was directly age and gender standardised to the European standard population. Data cells containing 5 or fewer cases in a particular combination of age, sex, and area were not disclosed hence a random value between 1 and 5 was assigned in order to calculate standardised rates. Excludes admissions to private hospitals.

(25) Percentage of the working age population aged 15-64 years in receipt of Disability Benefit for diseases of the circulatory system. Department of Social Protection, 2014. *Date data covers:* 01/01/2014 to 31/12/2014.

DIABETES

(26) Directly age and gender standardised rate of all emergency (i.e. non-elective) admissions to hospital for asthma and diabetes per 100,000 European standard population. Includes primary and secondary diagnoses. Excludes admissions to private hospitals. *Date data covers:* 01/01/2013 to 31/12/2013. *Cautionary notes:* Includes primary and secondary diagnoses.

MENTAL HEALTH

(27) Percentage of people aged 18 years or over who believe that people in their area can be trusted. SLAN, 2002.

(28) Percentage of people aged 18 years or over who are physically inactive. SLAN, 2007.

(29) The percentage of people aged 18 years or over who currently smoke cigarettes. SLAN 2007. *Cautionary notes:* The apparent increase in smoking rates between 2002 and 2007, notably in young men (aged 18-29) needs to be treated with caution because this category had been under-represented in respondents interviewed in SLÁN 2002.

(30) Percentage of people aged 18 years or over experiencing a severe lack of social support. SLAN, 2007.

(31) Percentage of persons aged 65 years and over living alone in private households, 2011. Census 2011. *Date data covers:*10/04/2011 to 10/04/2011.

(32) The percentage of the working age population aged 15 years and over in the labour force in "Semi-skilled" and "Unskilled" social classes as per Census 2011. *Date data covers:* 10/04/2011 to 10/04/2011.

(33) Percentage of households that consist of one person, 2011. CSO, 2011. *Date data covers:* 01/01/2011 to 31/12/2011.

(34) Percentage of the population aged 15 years and over that are unemployed (looking for first regular job or having lost or given up previous job). Census, 2011. *Date data covers:* 01/01/2011 to 31/12/2011.

(35) Percentage of the working age population aged 15-64 years in receipt of Disability Benefit for depression and/or anxiety. Department of Social Protection, 2013 and CSO 2011. *Date data covers:* 01/01/2013 to 31/12/2013.

(36) Percentage of the working age population aged 15-64 years in receipt of Disability Benefit for mental and behavioral disorders. Department of Social Protection, 2013 and CSO 2011. *Date data covers:* 01/01/2013 to 31/12/2013.

(37) Directly age and gender standardised rate of admissions to hospital (including day cases) for alcohol abuse per 100,000 European standard population. Hospital Inpatient Enquiry (HIPE) 2013, Population Census 2011 and Healthcare Pricing Office, September 2014. *Date data covers:* 01/01/2013 to 31/12/2013. *Cautionary notes:* Includes primary and secondary diagnoses. The crude rate was directly age and gender standardised to the European standard population. Data cells containing 5 or fewer cases in a particular combination of age, sex, and area were not disclosed hence a random value between 1 and 5 was assigned in order to calculate standardised rates. Excludes admissions to private hospitals.

(38) Directly age and gender standardised rate of admissions to hospital (including day cases) for drug misuse per 100,000 European standard population, 2013. (Same as point 37 above)

(39) Number of admissions to Irish Psychiatric Units and Hospitals for mood (affective) disorders per 1,000 people, 2013. Activities of the Irish Psychiatric Units and Hospitals, 2013 and CSO population 2011. *Date data covers:* 01/01/2013 to 31/12/2013.

(40) Percentage of people of working age (aged 15-65 years) unable to work due to illness, RoI, 2013. Department of Social Protection 2013 and Census of population 2011. *Date data covers:*01/01/2013 to 31/12/2013.

(41) The rate of suicide and the rate of Undetermined injury per 100,000 population. CSO, 2014. The suicide prevention strategies expressed concern about the accuracy of suicide data. The following factors are likely to affect the accuracy of suicide data: There may be difficulty in determining the intent behind a death and some suicide deaths are likely to be recorded as deaths of undetermined intent. This would underestimate the rate of suicide. Similarly, there may be different practices in different areas in classifying the intent behind a death and some suicide deaths may be classified as deaths of undetermined intent. Again, this would underestimate the rate of suicide. There can be substantial delays in registering suicide deaths due to the time taken to complete inquests so it is advisable to allow a number of years time lag before reporting a particular year's suicide data. This will improve the completeness of the data. Rate based on year of registration. *Date data covers:* 01/01/2014 to 31/12/2014.