Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Community Healthcare Organisation (CHO) Area 2 (Galway, Mayo & Roscommon) PLAN 2017


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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A Message from the Chief Officer, Community Healthcare Organisation Area 2 (CHO2)

The Plan for Community Healthcare Organisation Area 2 (CHO2) is based on the National HSE Service Plan and each of the four National Divisional Operational Plans. It details the Services that will be delivered during 2017 across Counties Galway, Mayo and Roscommon in the divisions of Social Care, Mental Health, Health & Wellbeing and Primary Care.

Every year, various themes come to the fore in describing where our efforts and commitments will lie with regard to service delivery. Governance remains a key theme in this regard as we seek to bed down the new Management Structure at CHO level. In 2016 we substantially established a high level Management Team for the CHO. Further work is now required to develop structures under the CHO Management Team in respect of each of the divisions and functions. In addition we need to continue to work with the Health Service Improvement Programme at national level to develop the Health and Social Care Networks and the Primary Care Teams throughout the region.

Growth in demand has been a constant feature of community services for many years. Much of this is driven by changing demographics. But it is also significantly driven by changes in public policy in areas such as long term care for older people, mental health services and services for people with disabilities. In the context of limited resources these demands can be viewed simply as a burden. However, in the context of trying to provide better services and to facilitate people in the West to live better lives, these growing demands are more correctly viewed as challenges to us as providers.

It will be necessary for us to continue the process of reforming and improving our Mental Health Services across the three counties, with a greater emphasis on recovery and Mental Health. This reform will be driven by the need to continuously improve our services and by the need to ensure that our services are delivered within allocated budgets. Reform and service improvement will not be confined to Mental Health but will extend also into Primary Care, where we will be focused particularly on therapy services, and Social Care, where both Older People and Disability Services will be the focus of attention.

Our approach to these challenges will focus on building capacity. In our 2016 Plan we referred to building physical capacity in Primary Care and in Mental Health. These developments are important and will support service delivery for many decades to come. However, we also need to focus again on building capacity within communities so that they continue to be agents for their own Health & Wellbeing. We must also focus on the capacity of our staff through retraining and support so that new ways of working become possible and so that we can reassume greater autonomy over the services we provide and for which we are responsible.

We are supported in service delivery by the National HSE through policy direction, strategy development and performance overview. Our focus will be on implementing national policies, adapting national strategies for our own circumstances in delivering services of high quality within the frameworks provided for us by the HSE.

One of the key themes from 2016 was integration and this will remain a key objective for CHO2 throughout its existence. We have maintained a really good working relationship with the SAOLTA Hospital Group throughout the year. This working relationship has operated effectively in the interests of patients and this will continue to be a focus of attention during 2017. In addition to this, we will take specific measures to ensure better integration of services across and within the CHO. While there are many opportunities for services to work together in the interests of patients and while the natural inclination of service providers within the CHO is to work in this way, we must also acknowledge that there are obstacles to good integration. We should identify these and systematically manage them.

Finally, I want to thank each and every member of HSE staff working in CHO2, together with partners in Primary Care and the Voluntary Sector, in advance of your work and efforts in 2017. My role and role of the CHO Management Team is to facilitate and support you in what you do best, that is provide care of the highest quality to the people who live in our communities. I fully acknowledge the difficulties you are facing on a daily basis trying to stretch finite resources to meet the greatest level of need possible. The goal is to provide better services and to facilitate people to live better and healthier lives. I am fully committed in my work with you to achieve this goal.

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Tony Canavan
Chief Officer, Community Healthcare Organisation (CHO) Area 2 (Galway, Mayo and Roscommon)

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Electronic copies of the HSE National Service Plan 2017 are freely available at www.hse.ie

Other publications which provide information on Primary Care; Social Care; Mental Health; and Health and Wellbeing can also be found on the HSE Website

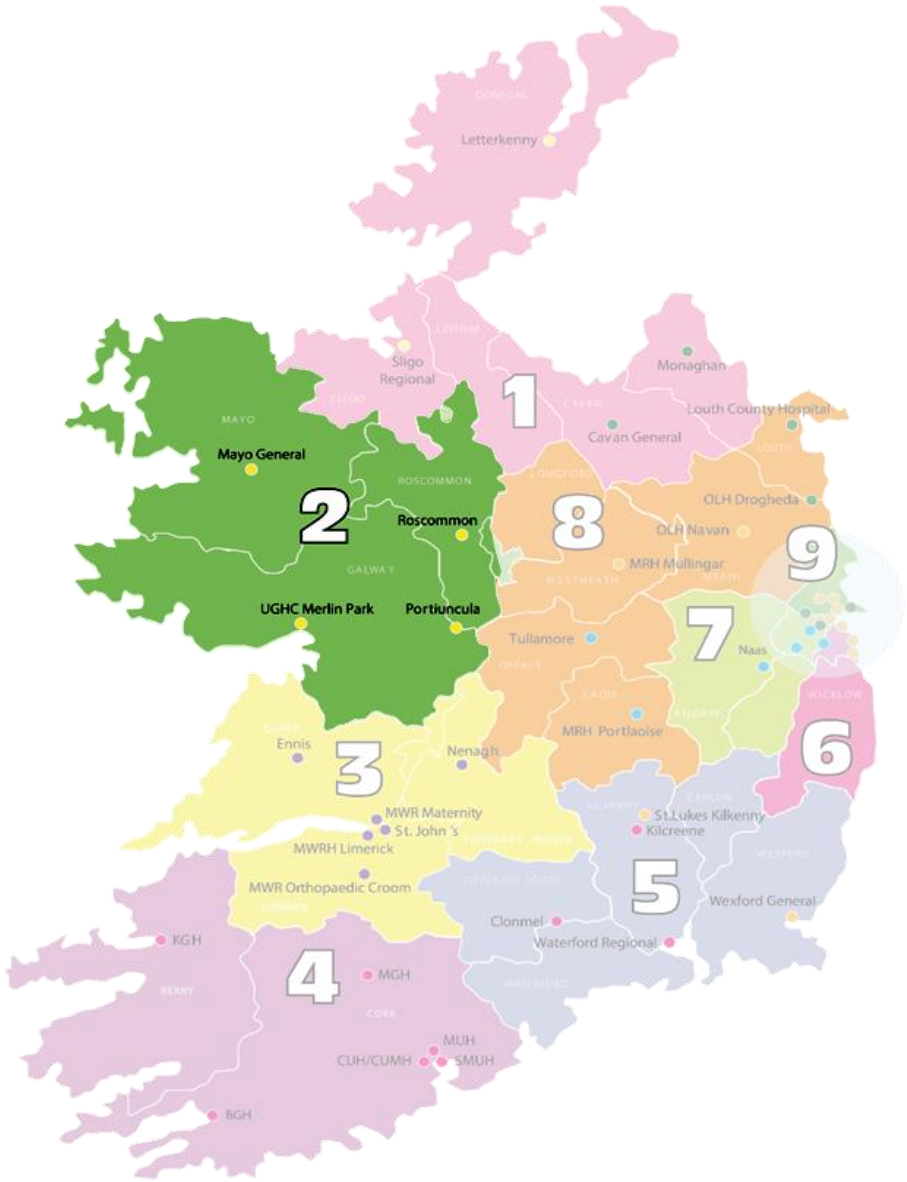
http://www.hse.ie/eng/services/publications/

Background

Community Healthcare Organisation Area 2 (CHO2)

Community Healthcare Organisations (CHOs) provide the broad range of health services outside of the acute hospital system in the areas of Primary Care, Social Care, Mental Health and Health & Wellbeing. These services are delivered to people in local communities, as close as possible to people's homes.

Community Healthcare Organisation Area 2 (CHO2) was established in 2015, along with eight other CHOs across the country as part of the new delivery system for the health services based on hospital groups and CHOs. 2016 focused on the development of CHO2 and on putting the appropriate governance arrangements in place to manage our service and to deliver the services. In 2016 Heads of Services (HoS) were appointed in Mental Health, Primary Care, Health & Wellbeing, Finance, Quality and Patient Safety and this year we will appoint HoS in Human Resources and Social Care.



CHO2 consists of three counties, Galway, Mayo and Roscommon. CHO2 has a population of 445,356 **(Oct. 2014).** There are five hospitals physically located within CHO2 – Galway University Hospital, Merlin Park University Hospital, Castlebar University Hospital, Portiuncula University Hospital and Roscommon University Hospital. CHO2 supports one hospital group, Saolta University Healthcare Group. CHO2 & Saolta engage on a

regular basis and work actively together to improve the connection between the services and to ensure that people experience continuity of care and full implementation of the new standardised models of care.

Saolta University Health Care Group comprises of 7 hospitals across 6 sites:

- Letterkenny University Hospital (LUH)
- Mayo University Hospital (MUH)
- Merlin Park University Hospital (MPUH)
- Portiuncula University Hospital (PUH)
- Roscommon University Hospital (RUH)
- Sligo University Hospital (SUH)
- University Hospital Galway (UHG)

The Group's Academic Partner is NUI Galway.

Saolta University Health Care Group has 1,770 beds and 7,620 staff and a budget of €600m. (2014)

Galway, Mayo and Roscommon - Health Profile for CHO (Area 2)

Galway City - Key Health Facts

Population (2011): 75,529

- Has the lowest dependency ratio of 34.9% (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64 – national rate 49.3%)
- Has the second most ethnically diverse population with 23.8% being non white Irish. It also has the highest proportion of Travellers nationally of 2.3% (national 0.7%)
- Is the third most affluent local authority area.
- Has the second highest education attainment levels of 45% (national rate 30.6%). The proportion of those with primary education only is 9.3% (national rate 15.2%)
- Has the highest incidence of male malignant melanoma, and slightly above average for male prostate and colorectal cancers (City and County data)
- Is average or below average for the four main causes of mortality, all cause mortality and suicides (City and County data)
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Galway County - Key Health Facts

Population (2011): 175,124

- Is the tenth most affluent local authority area nationally.
- The Traveller population of 1.4% is above the national rate of 0.7%
- Has a low lone parent rate of 9.3% (national 10.9%)
- Has a low birth rate for mothers under 20 years of age at 7.0% (national 12.3%)
- Has the highest incidence rate of male malignant melanoma nationally, but is below average for female malignant melanoma, breast cancer, female colorectal cancer and male and female lung cancer (City and County data).
- Has average or below average mortality for the four main causes of mortality and for all mortalities (City and County data).
- Is below average for male and female deliberate self harm.

County Mayo – Key Health Facts

Population (2011): 130,638

- Has the third highest dependency ratio nationally of 55.9% (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) national ratio 49.3% and 14.9% of the population is aged over 65.
- Has high levels of people who only completed primary education at 20.5% (national rate 15.2%)
- Deprivation levels are high – 70% of Mayo's population is below average affluence or disadvantaged.
- Rates of mortality from heart disease and stroke, respiratory disease, and injuries and poisonings are higher than the average for Ireland.
- For males, the incidence of prostate cancer and malignant melanoma are higher than the national average.
- For females, the incidence of malignant melanoma, colorectal, breast and lung cancer are lower than the national average.
- The birth rate of 13.7 is lower than the national rate of 15.8.

County Roscommon - Key Health Facts

Population (2011): 64, 065

- Has the fourth highest dependency ratio nationally 55.9% (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) – national 49.3%.
- Has a lower than average percentage of lone parent households of 9.8% (national 10.9%)
- A below average birth rate at 13.5 births (national 15.8) and a below birth rate to those aged under 20 of 8.1 (national 12.3)
- Has above national average incidence of male prostate cancer.
- Has below average or average mortality rates for all deaths and all major causes of death, except for heart disease and stroke in those under 75 years of age.

Building a Better Health Service

Quality and Patient Safety (QPS)

CHO2 places a significant emphasis on the quality of services delivered and on the safety of those who use them. The HSE Framework for Improving Quality in our Health Service aims to improve the overall quality and safety of services with measurable benefits for patients and service users.

CHO2 made a number of improvements to Quality and Patient Safety in 2016:

- Appointment of Quality and Risk Manager for CHO2
- Establishment of CHO Quality and Risk Committee
- Formation of Service Lead Quality and Safety Committees
- Development of CHO2 Risk Register
- Education and Training for Senior Managers on the Management of Serious Incidents

Five objectives which underpin quality and patient safety for 2017 in CHO2 are:

- Continue to focus on safety of patients and service users by implementing the HSE Framework for Improving Quality in our Health Service
- Services must be accessible and responsive to individual patient and service user needs
- Patients and service users must be empowered and enabled to interact with the service delivery system
- Services must be safe and a strong focus must be placed on ensuring quality and safety is improved through a combination of improvement programmes and formal accountability for ensuring safe services.
- Progress on patient safety, clinical effectiveness and quality improvement continues to enable integrated care and promote services that are appropriate, delivered with the patients and service users at the centre and are based on best clinical practice and integrated care pathways.

Key Quality and Patient Safety Priorities in 2017

- Implement the HSE Framework for Improving Quality in our Health Service
- Develop the Quality and Patient Safety Governance structures in CHO2
- Implement the revised Integrated Risk Management Policy 2016
- Implement the new *National Standards for the Conduct of Reviews of Patient Safety Incidents 2016*
- Enhance the reliability of quality data by improving the mechanism for capturing quality metrics.
- Work with the 'Pressure Ulcers to Zero Collaborative' to reduce the incidence of pressure ulcers in CHO2 and improve the quality of care given to those patients at risk.
- Liaise with the Project Management Office in an effort to drive action plans in response to issues of priority on the Risk Register
- Enhance the CHO risk register to ensure each service has a comprehensive, functioning, risk register in place.
- Progress the recruitment of Quality and Patient Safety Advisors within each service to build the knowledge and expertise within CHO2.
- Ensure compliance with all national standards and regulations as they relate to quality and safety of services along with a strong focus on continuous quality improvement of services.
- Build capacity and capability for leadership and improvement in quality through formal education and training programmes and supporting staff to implement quality improvement initiatives in their services.
- Ensure that quality and safety is central to the planning and delivery of services.
- Ensure sharing of learning cross divisions through defined process.

Portfolio Management Office (PMO)

Over the last 12 months, we have established our local CHO Portfolio Management Office (PMO). The primary role of the PMO is to provide strategic planning, governance, advice and support to local staff looking to plan and implement Service Improvement and Reform activities.

As part of the PMO setup a Steering Committee has also been formed. Chaired by the Chief Officer, the committee comprises of the Heads of Service of each of the care divisions, the Head of Finance, Head of HR, Quality & Risk Lead and PMO Lead. The group meet monthly to review the progress of in-flight priority projects, proposed projects for delivery and high-level risks and issues.

To support CHO PMO operations, the PMO has developed a set of local processes, tools and templates to assist in project initiation, delivery, status and a risk and issue reporting. We now have a number of local Project Managers using these tools under the governance of the PMO.

From a strategic perspective, the PMO is working closely with the Heads of Service and National Divisions to develop cross-functional integrated 3 year strategic plans, assisting in the prioritisation of Service Improvement and Reform initiatives that are closely aligned to both local and national priorities.

Over the next 12 months our plan is to continue the development of the PMO in terms of capability, capacity and efficiency. The Programme for Health Service Improvement (PHSI) is currently developing project management training material in conjunction with the National HR division, which will enable us to further improve the skill-set of local staff and build our project delivery capability across the CHO. Furthermore, we are anticipating a number of new PMO roles will come online in 2017, which will provide an opportunity to staff looking to work in a dynamic and performance focused environment.

Communications

The CHO 2 Communications Officer manages the CHO's internal and public communications function, advises and supports each of the CHO 2 divisions and provides employee communications support as required.

Additional communication supports are provided by the HSE National Communications Division, including integrated programmes, campaigns and eHealth. This will be funded by the relevant national divisions in 2017 and managed by agreement with national communications.

The Communications priorities for 2017 include the improvement of email distribution lists in consultation with ICT and HR, expanding the circulation of Health Matters magazine around CHO 2 and exploring the feasibility of a quarterly CHO 2 staff information newsletter. In addition, the Communications Officer will continue discussions with the National Communications Network in delivering new branding for CHO Area 2 and the establishment of a CHO 2 specific website with improved social media capacities.

Finance

Context

The Health Service Executive (HSE) Letter of Determination for 2017 provides for a National (Revenue) HSE Budget in 2017 of €13,912m (net). This represents an increase of €422.1m (3%) year on year (2016: €13,489.9m). A further €36.5m is being held by the Department of Health for additional service initiatives which will be released during 2017 as specific plans are agreed. This will bring the total revenue budget available to €13,948.5m – a 3.4% increase year on year.

Community Healthcare Organisation Area 2 (CHO2) is notified of its 2017 budget by individual care group (Primary Care; Social Care; and Mental Health Services) and services are accountable on this basis. The 2017 allocation for CHO2 is €448.35 and this represents an increase of €35.75m over the 2016 budget of €412.60m (Appendix 1).

Primary Care – Budget €115.62m (€93.92m + €21.71m)
The 2017 allocation for Primary Care excluding demand led schemes is €93.92m. This is an increase of €3.62m over the 2016 budget of €90.3m. The 2017 allocation for demand led schemes is €21.71m and has been increased by €.31m over the 2016 budget of €21.4m.

Social Care – Budget €236.91m (€74.35m + €162.56m)
Older Persons – Budget €74.35m
Disability – Budget €162.56m
The total 2017 allocation for Social Care is €236.91 and this total represents a 12% increase over 2016 base budget rolled forward into 2017. This comprises an allocation of €74.35m for Older Persons and an allocation of €162.56m for Disability Services.

Mental Health Services – Budget €95.82m
The 2017 allocation for Mental Health Services is €95.82m which shows an increase of €4.83m over the 2016 allocation of €90.993m.

Finance Table by Division

CHO2 Net Expenditure Allocations 2017

CHO - Primary Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Primary Care	57.62	25.40	83.02	(2.07)	80.95
Social Inclusion	0.07	5.99	6.06	0.00	6.06
Palliative Care	1.64	5.26	6.90	0.00	6.90
Core Services	59.33	36.65	95.99	(2.07)	93.92
Local DLS	0.00	21.71	21.71	0.00	21.71
Total	59.33	58.36	117.69	(2.07)	115.62

CHO - Social Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Older Persons	74.62	37.88	112.50	(38.15)	74.35
Disability	15.24	149.84	165.08	(2.52)	162.56
Total	89.86	187.72	277.58	(40.68)	236.91

CHO - Mental Health	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Mental Health	80.29	17.51	97.79	(1.97)	95.82
Total	80.29	17.51	97.79	(1.97)	95.82

CHO 2 TOTAL	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Total	229.48	263.59	493.07	(44.72)	448.35
Total	229.48	263.59	493.07	(44.72)	448.35

2017 Development Funding/New Initiatives

Primary Care: The 2017 allocation for Primary Care includes funding for additional posts in speech and language therapy departments to address current waiting lists (€268k). This will fund 6 additional posts. Funding is also included in the plan to fund an additional Clinical Nurse Manager post in palliative care services.

Social Care: Funding is included to expand home care services by an additional 6 home care packages per week until the end of February, 2017. This level of service plus the additional packages put in place between October and December 2016 will be funded for the remainder of 2017.

Service Pressures/ELS

Primary Care: In 2017 there is an initial shortfall of €2.9m in non-pay due to existing levels of services cost pressures in aids and appliances, logistics and repair costs, medical & surgical supplies and non-pay costs associated with Primary Care Centres.

Social Care – Older Persons: The main financial challenge facing the services is the year on year growth in demand arising from demographic and other pressures for community based services such as home care and transitional care. Additional funding of €4.026m is included in the older persons budget to address these issues.

The Nursing Homes Subvention Service (NHSS) supports 529 registered beds (by the end of 2017) which must have 95% occupancy to attract the full allocation from the NHSS Scheme. The challenges faced in this area are the occupancy rates in certain homes due to geographical circumstances and temporary closure of beds due to ongoing refurbishment.

Social Care – Disability: In 2017, the CHO 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 the CHO as part of the National HSE Service Plan is focussed on specific and targeted provision which is set out in the tables detailing agreed priority actions. Specifically, each CHO 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. The CHO 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.

Mental Health Services: The financial challenge facing the services is the difficulty recruiting suitably qualified medical & nursing staff to fill existing vacancies. Because of this difficulty there is a high level of overtime and agency expenditure. These costs come at a premium in comparison to directly employed staff and inflate the cost of services.

Another cost driver is the level of one to one care being delivered to a number of service users with special care requirements.

Savings and Efficiency Measures

Primary Care: In 2016 a project team was established to address expenditure on aids and appliances. During 2016 there was a reducing expenditure trend and this group will continue to pursue more efficient practices in the procurement/repair and distribution of aids and appliances. There are continuing efforts to address the provision of an efficient weekend Public Health Nursing Service throughout CHO2.

Social Care - Older Persons: Agency and Cost Reduction Measures – In respect of agency reduction targets a key area of focus are on areas where slippage was experienced on delivering on the target in 2016. Detailed financial & service work plans, including the PNS, 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**.** There is a formal structure to monitor the delivery of homecare services and there is a continuing effort to review service user needs with a view to using existing resources in a more efficient manner.

Disability: There is a new structure being put in place to review emergency placements in line with national guidelines. A Residential Care – Executive Management Committee is being established in CHO 2, led by the Head of Social Care to provide robust and effective management of the existing residential base and in respect of the management of emergency places.

Mental Health Services: A multi-year finance/service plan is nearing completion. It focuses on service re-modelling and restructuring. It will address reducing costs of the service. A comparison with other Mental Health Services is being progressed with a view to identifying the main items driving costs in CHO2.

Financial Risks

Across all care groups the main financial risks to the plan can be categorised as follows:

- Demographic Changes: In 2016 there was an increase in demand for Home Care, Medical & Surgical Supplies.
- Once off events such as care needs of individual service users or A&E overcrowding.
- Inability to recruit suitable qualified staff in some services and the subsequent filling of posts through agency or overtime at premium rates.

Pay Bill Management

Payroll control is a key element of the CHO2 budget management strategy. The Payroll Management Control Group (PMCG) established for CHO2 provides governance and a mode of operation around all recruitment decisions. The PMCG meets monthly and all recruitment requests must be presented to the PMCG as approval to recruit is subject to available resources and the sanction of the Chief Officer, CHO2.

Workforce

The People Strategy 2015–2018 has been developed in recognition of the vital role the workforce plays in delivering safer and better healthcare. The strategy is underpinned by its commitment to engage, develop, value and support the workforce.

Recruiting and retaining motivated and skilled staff remains paramount for the delivery of health services delivered every day to an increasing and changing population. This challenge is even greater now as the Health Reform Programme requires significant change management, organisation redesign and organisational development support.

The People Strategy identifies eight people management priorities and the CHO 2 Plan 2017 details actions under these eight priorities:

(1) Leadership and Culture

CHO2 in consultation with Learning and Development have developed a training plan for the area to support managers and staff to achieve their potential by the use of evidence and knowledge to improve human resource transactional processes. CHO2 will undertake the following actions to improve effective leadership at all levels within our CHO:

- Provide a Leadership Development Programme for the Management Team and their direct reports, in partnership with the Learning and Development Team.
- Provide training for Managers in coaching staff to achieve their potential.
- Provide bespoke interactive learning sessions to support managers based on the People Management Legal Framework.

(2) Staff Engagement

- Employee engagement is a central theme of the People Strategy 2015–2018 with a focus on developing mechanisms for more effective internal communications across the whole sector. This includes ensuring staff have the space to discuss their professional and career aspirations with their managers and that these engagements will inform learning and development.
- An engaged and motivated workforce delivers better patient outcomes. It is only by listening to the views and experiences of staff that improvements to the health service, as a place to work, can be delivered. A national staff survey was conducted in Autumn 2016, with specific reports created for each CHO. The messages from the staff survey will need to reviewed and addressed by the Heads of Service (Q2 2017).
- In the Autumn of 2016, CHO Area 2 held four Staff Engagement Sessions across Galway, Mayo and Roscommon. These were well attended (average 55 staff per session) with a common theme of issues for staff including staffing, ICT and role clarity.
- Further sessions are planned in 2017. The Communications Officer will work with the CHO Management Team in co-ordinating these events (Q1 2017).

(3) Learning and Development

In the context of a rapidly changing and evolving health service, with new structures and integration of statutory and voluntary agencies, it will be critical to support the senior management teams and to build managerial capacity. Part of this support will include implementation of a Leadership Development Programme (multi-disciplinary) across the management spectrum – with particular focus on line managers.

(4) Workforce Plan

In 2017 there will be a continued focus on agency and overtime conversion across CHO2 to reduce direct expenditure in this area and free up funding for the investment in essential posts. Workforce management in 2017 will be aligned with the allocated pay envelope, adhering to government policy on public sector numbers, pay and workforce related costs. Pay envelope ceilings will be allocated at departmental level. This will be underpinned by a revised and strengthened accountability framework and pay costs will continue to be managed through funded workforce plans at divisional and service delivery unit level.

(5) Evidence and Knowledge

CHO2 will undertake the following actions to ensure that work practices and client pathways are evidence based and decision making is based on real time and reliable data:

- A suite of management reports will be designed to provide Senior Management with the information required for decision making.
- CHO2 will implement the HR Early Warning System for all services within the CHO, including voluntary providers. This process will commence in January 2017 and will be ongoing for the remainder of the year.

(6) Performance

CHO2 will undertake the following actions to ensure that staff and teams are clear about roles, relationships, reporting and professional responsibilities so that they can channel their energy and maximise performance to meet organisational targets:

- Following the reconfiguration of staff to the Heads of Service and functions, each staff member will receive clarity on the role, professional responsibilities, reporting relationship and fit within the CHO by March 2017.
- Performance achievement will be implemented for the Senior Management Team initially, with a further rollout to Head of Service Management Teams once finalised and agreed at National Level.

(7) Partnering

CHO2 will undertake the following actions to effectively develop and support partnership with staff, service managers and other relevant stakeholders:

- The Head of HR will meet with the HR Managers in the key voluntary organisations to identify projects that can be progressed in partnership by June 2017.
- The Head of HR will develop links with Learning and Development to source and provide training, coaching and mentoring to maximise the potential of staff and management within the area.

(8) Human Resource Professional Services

CHO2 will undertake the following actions to design HR services that create value, enhance people capacity to deliver CHO priorities:

- The Head of HR will define the role and develop the HR Delivery Model for the CHO and communicate to all relevant stakeholders by April 2017.
- In partnership with National Recruitment Services (NRS), the CHO will agree and implement specific actions to improve the recruitment process between the parties and this will be finalised by June 2017. It's effectiveness will be reviewed and evaluated in November 2017.

Service Delivery

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

Health and Wellbeing

Introduction

Health and Wellbeing is about helping people to stay healthy and well, reducing health inequalities, protecting people from threats to their health and wellbeing and improving the health and wellbeing of the population. The implementation of Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025 is key to this improvement. Much of the Healthy Ireland agenda is being delivered through the Community Healthcare Organisations (CHOs).

This year we appointed our CHO2 Head of Service (HoS) in Health & Wellbeing and this appointment is a key element of the management team that will oversee the delivery of Health & Wellbeing Services across Galway, Mayo and Roscommon. The following are the Health & Wellbeing priorities for 2017:

Health and Wellbeing CHO Priorities for 2017

- Accelerate implementation of Healthy Ireland in the Health Services Implementation Plan 2015 – 2017
- Reduce levels of chronic disease and improve the health and wellbeing of the population
- Protecting the population from threats to their Health and Wellbeing
- Create and strengthen cross-sectoral partnerships for improved health outcomes and to address health inequalities

2017 Health and Wellbeing Key result areas and priority actions

Priority Actions	Lead	Q
Accelerate implementation of Healthy Ireland in the Health Services Implementation Plan 2015 – 2017		
► Lead the development and implementation of Healthy Ireland (HI) Plan for CHO2 in partnership with National H&WB and relevant stakeholders.	Head of Service (HoS)	Q4
► Support the development of the HSE Staff Health and Wellbeing Strategy.	H&WB / HoS to support	Q4
► Support the building of a network of local and national partnerships under the Dementia UnderStand Together campaign to increase awareness and create compassionate inclusive communities for people with dementia and their carers.	H&WB / HoS to support	Q1-Q4
► Promote men's health though the provision of 3 Engage Training programmes and initiatives including Men's Health Week.	Health Promotion Officer (HPO)	Q4
Tobacco Free Ireland – Working to reduce the prevalence of smoking amongst the population		
► Implement the HSE Tobacco Free Campus Policy in CHO2 to meet service targets across Mental Health and Social Care.	HoS	Q1
► Continue to monitor compliance with the HSE Tobacco Free Campus Policy	HPO	Q1-Q4
► 50% of Approved and Residential Mental Health sites will implement the HSE Tobacco Free Campus Policy.	HoS	Q4
► 100% of Residential Disability Services (HSE, Section 38 & 39) will implement the HSE Tobacco Free Campus Policy.	HoS	Q4
► All services in CHO2 (Mental Health, Disability, Older Persons Service and Primary Care) will participate in the European Network of Smokefree Healthcare Service – Global Process.	HoS	Q4

Priority Actions	Lead	Q
► Provide Brief Intervention for Smoking Cessation (BISC) training courses for 139 HSE staff to support the routine treatment of tobacco addiction as a Healthcare issue.	HPO	Q1-Q4
► Support the launch of the new QUIT campaign to encourage and support smokers to quit.	H&WB / HoS to support	Q1
► Display QUIT support resources in appropriate services.	HPO	Q1
► Ensure staff are aware of the QUIT campaign and refer patients/clients to QUIT and other appropriate smoking cessation services.	HPO	Q2
Healthy Eating and Active Living		
► Support the implementation of **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. Implement recommendations including: - Implement Calorie Posting and Healthier Vending policies in sites across CHO2. - Support planning for the provision of enhanced community-based, weight-management programmes and specialist treatment services. - Support the embedding of evidence based framework for the prevention of childhood obesity into CHO2 child health operating structures. - Support the delivery of structured community based cooking programmes (Healthy Food Made Easy and Cook it!) - Release 82 PHNs to train by dieticians in the Nutrition Reference Pack for infants aged 0-12 months. - Support roll-out of Carepals training for staff working in residential and daycare services for older people. - Increase participation in Park Run events. - Promote Get Ireland Active website. - Provide programmes and initiatives to enable disadvantaged communities to become more active in conjunction with Sports Partnership e.g. Men on the Move, Walking for Health, Go for Life.	H&WB / HoS to support CEHO HoS Hos HoS HoS HPO HPO HPO HPO HPO	Q1-Q4
Healthy Childhood		
► Support the implementation of the National Healthy Childhood Programme.	H&WB / Dir. of PHN to support	Q1
► Support the implementation of the Nuture Programme – Infant Health and Wellbeing.	H&WB / Dir. of PHN to support	Q3
► Support the implementation of the Breastfeeding in a Healthy Ireland – Health Service Breastfeeding Action Plan 2016-2021. - Improve the % of babies breastfed at the first PHN visit and at 3 month PHN development check.	H&WB / Dir. of PNH to support	Q1-Q4
► Implement Galway City Early Years Plan in collaboration with Galway Children and Young Peoples Services Committee	HPO	Q1
► Facilitate the implementation of Health Promoting Schools in 15 Post Primary schools and 25 Primary Schools and provide training programmes on mental health promotion, physical activity and healthy eating.	W&WB / HPO to support	Q3
Alcohol		
► Support the development and 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 plan including: - Support the roll out of the national alcohol risk communications campaign	H&WB / HoS to support HoS to support	Q1-Q4

Priority Actions	Lead	Q
- Support the HSE internal communications campaign on alcohol harm - Support the implementation of the HSE strategic statement on public health messaging on alcohol risk - Support the roll out of Making Every Contact Count (MECC) for alcohol - Engage with the work of the Alcohol Programme Implementation Group on alcohol harm data and analysis	HoS to support HoS to support HoS to support Hos to support	
► Implement Galway City Strategy to prevent and reduce alcohol related harm – 2017 Action Plan.	HPO	Q1
Reduce levels of chronic disease and improve the health and wellbeing of the population		
► Commence implementation of Making Every Contact Count (MECC) across CHO2 on a phased basis, with the support of the National MECC implementation team and in line with the recommendation of the National MECC Framework.	HoS	Q2
► Pending MECC rollout train the 139 CHO2 cohort of staff – to meet the target number of staff to be trained in Brief Intervention for Smoking Cessation (BISC) and SAOR training for staff to receive Screening & Brief Intervention (SBI) training for alcohol.	HoS	Q4
► Commence CHO2 rollout of training package for MECC Q4 once service provider has been appointed	HoS	Q4
► Lead the further development and implementation of the Self-Management Support (SMS) Framework as outlined in the National Framework for Self Management Support. This to include the further development of the Self Care to Wellness Programme currently running in Mayo and Roscommon.	HoS	Q4
► Work to reduce chronic disease by focusing on national priority programmes in areas such as Tobacco Free Ireland, Healthy Eating and Active Living, Wellbeing and Mental Health, Healthy Childhood Programme and Positive Ageing.	HoS	Q1-Q4
► 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).	H&WB / HoS to support	Q2
Wellbeing and Mental Health ► Connecting for Life – Ireland's National Strategy to reduce suicide 2015-2020: Support the engagement and consultation process in the development of a mental health promotion plan and support implementations of the finalised plan.	H&WB / HoS to support	Q4
Positive Ageing ► Continue local participation in the interagency Age-Friendly Alliances and contribute to the implementation of Health and Wellbeing priorities as part of the Age Friendly Cities and Counties programme.	HoS	Q1
► 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.	H&WB / HoS to support	Q1-Q4
Protecting the population from threats to their Health and Wellbeing		
Immunisation /Screening Programmes ► Improve immunisation uptake rates.	HoS & H&WB Operational Mgr.	Q1&Q4
► Develop and implement a flu plan for 2017/2018 to improve influenza vaccine uptake rates amongst staff in frontline settings and persons aged 65 and over.	HoS / H&WB to support	Q3
► Improve influenza vaccine uptakes rates amongst staff in frontline settings and among persons aged 65 and over.	HoS & H&WB	Q1&Q4

Priority Actions	Lead	Q
► Support H&WB to develop a revised child health and immunisation model for implementation in the context of the Immunisation Review.	Operational Mgr. H&WB/HoS to support	Q4
► Improve uptake rates for School Immunisation Programme (SIP) with a particular focus on HPV vaccine.	HoS / H&WB to support	Q1&Q4
► Complete implementation of the Rotavirus and Men B Vaccination Programmes.	HoS & H&WB Operational Mgr.	Q4
► 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.	H&WB / HoS to support	Q4
► Promote the BowelScreen Programme among the population of CHO2 in the relevant age group (60 to 69 yrs) in collaboration with the National Screening Service.	H&WB / HoS to support	Q1
► 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.	H&WB / HoS to support	Q1
Create and strengthen cross-sectoral partnerships for improved health outcomes and to address health inequalities		
► Support the development of local structures where required to support HSE representatives on Local Community Development Committees (LCDC).	H&WB / HoS to support	Q1
► Support to improve co-ordination and input to multi-agency partnerships/ committees to ensure joined up approaches to public health priorities (CYPSCs; Healthy Cities; Age-Friendly etc.).	H&WB / HoS to support	Q2
► Continue to support Healthy Cities and Counties in collaboration with the HP& I.	HoS / H&WB to support	Q1

Primary Care

Introduction

	2017 Budget €m	2016 Budget €m
Total	**115.62m**	**111.761m**

In 2016 our CHO2 Head of Service (HoS) in Primary Care was appointed to oversee the delivery and development of Primary Care Services across Galway, Mayo and Roscommon. This appointment is another significant step towards ensuring that we have appropriate governance arrangements in place to manage our primary care services and to deliver on planned developments.

Primary Care Services include primary care, primary care reimbursement, social inclusion, and palliative care services. Development of primary care services will seek to maximise the care provided in the primary care setting and, as appropriate, to forestall the need for recourse to the acute hospital or long-term care services unless necessary. The following are the Primary Care priorities for 2017.

Primary Care CHO Priorities for 2017:

- Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care.
- Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities.
- Improve 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.
- Strengthen accountability and compliance across all services and reviewing contractor arrangements.

Throughout 2016 there have been significant challenges in meeting access metrics in particular in the areas of:

- Podiatry
- Audiology
- Dietetics
- Psychology
- Occupational Therapy
- Opthalmology

This is as a result of a number factors, in particular:

- Increased demand for services outweighing service capacity, demonstrated in the increase numbers of referrals to services being greater than the number of discharges.
- Vacant posts due to Pay-bill pressures.

The work in 2016 with regard to prioritising cases loads, reorganising workloads and centralisation of services will continue in 2017. It is envisaged that this coupled with the development and implementation of improved models of care and work practices will yield some capacity within certain services.

The key risk to the successful implementation of the Primary Care Plan is the non-filling of vacant posts. In order to minimise this risk, every effort will be made to improve service outputs through increased efficiencies and by reviewing and standardising models of care. However, it may not be possible to manage all risks as they may impact on planned levels of service delivery or achievement of targeted performance.

2017 Primary Care Division Key result areas and priority actions

Priority Actions	Target Q
Strengthen accountability and compliance across all services.	
► Strengthen accountability within primary care and ensure compliance with service arrangements and internal and external audit findings	Q4
► 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	Q4
► Engage with the GP representatives and other stakeholders to develop appropriate contractual arrangements	Q4
► Strengthen the Primary Care Accountability Framework	Q1
► Ensure compliance with service arrangements and internal audit findings	Q1
► Ensure that all staff are aware of National and Departmental policies and procedures and Department of Health Circulars and ensure compliance	Q1
► Establish CHO Children First Committee	Q2
► Commence the roll out of online children first training	Q2
► Ensure regular updating of policies and procedures in line with national policy and in line with evidence based medical practice	Q4
► Facilitate regular Continuous Professional Development to ensure staff are providing a quality and safe service in line with best practice	Q4
► Introduce performance management for Primary Care as a whole	Q3
► Expansion of the existing leg ulcer clinics to improve accessibility for clients. GP's will use leg ulcer clinics as first line referral for clients with lower limb ulceration	Q3
► Implement training and recommendations from PHN child health audit 2016	Q4
► Implement pressure ulcer to zero project PHN and MDT	Q3
► Implement hand hygiene audits for PHN service	Q4
► Develop CNS role in infection prevention and control	Q4
► Develop lactation role, to support breast feeding and increase breastfeeding rates to national KPI of 54%	Q4
► Address gaps in mandatory training for all primary care staff	Q4
► Continue to develop practice in line with Better Safer Healthcare Standards	Q4
► Progress psychology database for all CHO 2 psychologists/trainees/APSI service	Q4
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	Q3

Priority Actions	Target Q
► Progress the implementation of the respiratory integrated care projects utilising the 2 Clinical Nurse Respiratory Specialists and 2 Senior Physiotherapists (2016 approved posts)	Q4
► Progress the implementation of the diabetes integrated model of care utilising the Senior Podiatrist, Integrated Care Clinical Nurse Specialist and Senior Dietitian (2016 approved posts)	Q4
► Support the roll out of patient safety and quality improvement programmes	Q4
► Further develop Pressure Ulcers to Zero collaborative	Q3
► Where possible, deliver services as close to the client as possible and in a timely, efficient and effective manner	Q4
Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services	
► Strengthen governance and reporting of CIT services and ensure shared learning in relation to best practice. ► Provide treatment for in excess of 3,200 referrals.	Q4 Q4
► Increase the number of patients supported and trained to self administer compounded IV antibiotics and S-OPAT across CHO 2	Q4
Consolidate the provision of ultrasound and minor surgery services in primary care sites	
Consolidate and expand primary care ultrasound service in: ► Galway (East) Primary Care Centre – 2,340 ultrasounds ► Castlebar Primary Care Centre – 1,820 ultrasounds ► Roscommon Primary Care Centre – 780 ultrasounds See all urgent referrals within 5 days of referral and routine within 10 days of referral. Expand minor surgery activities subject to resources	Q4
► Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels	Q3
Improve GP Out of Hours services	
► Support the implementation of service arrangements using Audit Framework	Q1
► Support the implementation of the recommendations from GP Out of Hours Review 2016	Q4
Counselling interventions for children and adolescents ► Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents	Q4
ED Taskforce and Winter Planning	
► Provide primary care services to support hospital avoidance and early discharge including GP out of hours services, community intervention team services and aids and appliances	Q4
Improve waiting times for therapy services	
► Support the implementation of a revised model for speech and language therapy services and psychology services and develop new models for physiotherapy services, occupational therapy services and lymphodema services	Q4
► Continue to support the development of new models of delivery for physiotherapy services in an effort to address chronic conditions with improved clinical outcomes and more efficient caseload management	Q4

Priority Actions	Target Q
Develop primary care eye services	
► Agree phased implementation plan for Primary Care Eye Services Review Recommendations	Q4
► Provide change management / team training for CHO primary care eye team staff	Q4
► Support the development of eye care algorithms and training for GPs	Q4
► Develop a standard operating procedure and training for Public Health Nurses (PHNs) conducting vision surveillance	Q3
Improve access to oral health and orthodontics	
► Support the waiting list initiative for children's orthodontic services	Q3
► Commission new dental surgeries in Tuam, Boyle and Roscommon Town as part of the new Primary Care developments	Q4
► Continue the process of implementation of HIQA infection control standards.	Q4
► Reconfigure existing South Roscommon dental services to meet infection control and best practice with the developments of facilities in Roscommon Primary Care Centre. .	Q3
► Maintain access to oral care for Primary school children	Q2
Implement community funded schemes projects	
► Support national programmes around projects for aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, and bandages and dressings	Q2
Improve primary care island services	
► Support the implementation of recommendations from the Review of Primary Care Island Services	Q4
Transfer GP training	
► Support the introduction of a service level agreement (SLA) on the training programme for GPs	Q3
Review contractor arrangements	
► Review contractor arrangements including the GP contracts' under the Framework Agreement, Dental Treatment Service Scheme and Primary Care Ophthalmic, Optometry and Dispensing Optician Contracts	Q4
Healthy Ireland/Healthy and Wellbeing	
Healthy Ireland: ► Implement relevant actions from Healthy Ireland in the Health Service improvement Plan 2015-2017	Q4
Improve immunisation rates: ► Improve influenza vaccination rates amongst persons aged 65 years and over ► Improve influenza vaccination rates among staff in front line settings ► Increase the percentage of children who received vaccines to the target percentages ► Support the implementation of the rotavirus an meningococcal B vaccination programmes within available resources	Q4
Breastfeeding ► Implement HSE Breastfeeding Policies and other initiatives to promote and support breastfeeding across all settings in CHO 2	Q2

Priority Actions	Target Q
► Sustain current Breastfeeding Support Groups and explore the potential for the development of further support groups	Q2
Tobacco Control ► Release a further 5% of front line primary care staff to attend brief intervention training on smoking cessation to support the routine treatment of tobacco as a healthcare issue. ► Display QUIT support resources in all appropriate services.	Q4
Palliative Care Services	
Improve access, quality and efficiency of palliative care services	
► Implement the model of care for adult palliative care services	Q4
► Implement a standardised approach to the provision of children's palliative care in the community	Q4
► Implement the Eligibility Criteria Guidelines to ensure equal access to palliative care services regardless of diagnosis.	Q3
► To participate in the development of a guideline on *Care of the Dying Adult in the Last Days of Life* for use in non-specialist services.	Q3
► Implement a standardised approach to the provision of children's palliative care in the community	Q4
► Support the development of a new 14 bed inpatient facility which is being built by Mayo/Roscommon Hospice in Castlebar	Q4
► Implement the recommendations from the Palliative Care Support Beds Review	Q3
► Implement the patient charter for palliative care services	Q3
► Provide palliative care home nursing service support, and aids & appliances	Q2
► Acute and Community Dietetics will continue working collaboratively in developing an integrated approach to management of clients undergoing chemotherapy to maintain their weight and nutritional status.	Q3
► Provide shared palliative care in conjunction with hospital services	Q2

Social Inclusion Services	Target Q
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities	
Improve addiction services	
► Improve access to treatment services for adults and children with a particular focus on services for the under 18s	Q2
► Implement the recommendations of the National Drugs Rehabilitation Framework and roll out to all statutory bodies and voluntary sector	Q2
► Support the development of a mental health clinical programme for co-morbid mental illness and substance misuse (dual diagnosis)	Q4
► Support an audit of HSE addiction services and Tier 4 residential services and ensure compliance with clinical guidelines	Q3
► Support the implementation of the recommendations of the Evaluation Report by Liverpool John Moores University for the Pharmacy Needle Exchange ► Ensure the provision of pharmacy needle exchange matches demand ► Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing	Q4
► Support the person-centred care planning processes of the *National Drugs Rehabilitation Framework*	Q1
► Audit drug services in line with the *National Drugs Rehabilitation Framework* on care planning, assessment, key working and referrals	Q3
► Continue rollout of training for administration and supply of Naloxone in a phased, measured manner	Q2
► Ensure that addiction services operate within the standards of the *National Standards for Safer Better Healthcare (2012)*	Q1
► Facilitate development of protocols between Addiction, Maternity and Children's Health and Care services to enable a coordinated response to the needs of the children of problem substance misusers.	Q4
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	Q1
► 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. ► Provide supports including key working, case management, GP and nursing services, to address the complex and diverse health needs of homeless people through the Homeless Action Team(s) ► Review existing service arrangements with Section 39 service providers to ensure a stronger focus on addressing the health needs of homeless persons including the development of targets, outcomes, quality standards, enhanced monitoring and evaluation. ► Ensure that the Discharge Protocol for Homeless Persons in Acute Hospitals and Mental Health facilities is developed and implemented	Q2
► Target specific RGN nursing service for homeless population	Q2
► Support the needs analysis process into families at risk of homelessness undertaken by community agencies	Q2

Improve health outcomes for vulnerable groups	
► Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease	Q3
► Expand primary care health screening and primary care services for refugees, asylum seekers and Roma communities.	Q1
► Provide signposting to health screening and primary care services for refugees, asylum seekers, Traveller and Roma communities	Q1
► Deliver a comprehensive, efficient and effective Child Health and Immunisation service to all children within our target cohort and in line with National policy.	Q1
► Continue to progress the delivery of the recommendations of the all Ireland Traveller Health Study (2010) and the recommendations of the anticipated National Traveller Roma Integration Inclusion Strategy	Q3
► Work closely with nursing colleagues, GPs and other Allied Health professionals to identify vulnerable children requiring specialist Child health services and respond to same in a timely manner	Q3
► Provide nursing services to migrant families in conjunction with multidisciplinary team	Q4
► Implement health related actions in line with National Strategy on Domestic, Sexual and Gender based Violence 2016-2021	Q4
► Implement the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Practice Policy across CHO2.	Q4
► In association with mental health colleagues contribute to service planning for the needs of the refugees arriving under the Irish Refugee Protection Programme	Q1
► Contribute with primary care colleagues to the development of support for the refugees arriving under the Irish Refugee Protection Programme where appropriate and resource permitting	Q1
► Train a minimum of 2 staff on intercultural awareness and practice in health and social care. On completion of training CHO 2 to develop a quality improvement plan incorporating the further roll out of this training	Q2
► Train a minimum of 2 staff in each CHO in Domestic Sexual and Gender Based Violence on a train the trainer basis. On completion of training, CHO 2 to develop a quality improvement plan incorporating further roll out of this training to frontline staff	Q2

Mental Health Services

Introduction

	2017 Budget €m	2016 Budget €m
Mental Health	95.82	91.274
Total	**95.82**	**91.274**

The CHO2 Mental Health Service covers the catchment area of Counties Galway, Mayo and Roscommon with a population of approximately 445,356.(October 2014) This area is broken into 9 sectors which range in population from 33,375 to 59,568.

Nationally, the total population is growing and the increasing population of 0-17 year olds is impacting on demand for Child and Adolescent Mental Health Services. The biggest increase in population is in the over 65 age group. The expected increase in the population for the people who are older than 65 years and over 85 years of age will have significant implications for the Psychiatry of Old Age Services as many people develop mental illness for the first time over the age of 65 years.

The CHO2 Head of Service (HoS) in Mental Health Services was appointed in 2016. The Head of Service will lead the implementation of reform at Community Healthcare Organisation Level. The reform programme reaffirms the move from the traditional institutional model of mental health care, towards a recovery focussed, clinical excellence model that involves service users in all aspects of the design and delivery of the service in line with *Vision for Change* policy. This appointment is a key element of the management team that will oversee the delivery of Mental Health Services across Galway, Mayo and Roscommon.

It will be particularly difficult for the Mental Health Service in CHO2 to achieve a break even position in 2017. The service continues to face extremely significant financial challenges due in the main to the difficulty recruiting suitably qualified medical & nursing staff to fill existing vacancies. As a result, there is a high level of overtime and agency expenditure to cover vacant posts. These costs come at a premium in comparison to directly employed staff and inflate the cost of services. Another cost driver is the level of one to one care being delivered to a number of service users with special care requirements.

In order to effectively navigate the service through this period of ongoing and sustained financial pressure, the CHO2 Mental Health Service has developed a multi-year strategic plan focused on service re-modelling and restructuring. This plan will review current services and their associated resource implications, and will map a path for the service to introduce a more appropriate model of service delivery in line with best practice and commensurate with the resources available in the service. It will seek to reduce the cost of service provision by identifying economies and efficiencies achievable while maintaining the already good standard of care being provided. A comparison with other Mental Health Services is being progressed which will assist in identifying the main items driving costs in CHO2 with a view to addressing them over the lifetime of the current strategic plan.

Our vision for mental health services is to support the population to achieve their optimal mental health through five strategic multi annual priorities. In 2017 these will continue to be delivered through the following specific priorities that build capacity for sustained service improvement and mental health reform.

Mental Health Services CHO Priorities for 2017:

- Implement the Reference Group recommendations towards enhanced service user and carer engagement
- Implement the suicide reduction policy *Connecting for Life*
- Improve Early intervention and youth mental health, including embedding of Jigsaw sites and development of primary care based therapeutic responses for Under 18s
- Increase Community Mental Health Service capacity across all specialties

- Increase services to meet the needs of those with severe and enduring mental illness with complex presentations
- Develop specialist clinical responses through the Mental Health Clinical Programmes.
- Increase safety of mental health services, including improved regulatory compliance and incident management.
- Strengthen governance arrangements through the HSEs Accountability Framework to improve performance and effective use of human, financial and infrastructural resources.

2017 Mental Health Key result areas and priority actions

Priority Actions	Lead	Q	Corporate Plan Goal
Mental Health Strategic Priority 1 - Promote the mental health of the population in collaboration with other services and agencies including loss of life by suicide.			
Develop CHO Connecting for Life Plan in conjunction with suicide prevention officers and aligned to national frameworks.	Head of Service (HoS)	4	1
Continue to work with existing county based structures and organisations delivering supports in line with the connecting for life strategy.	Suicide Officer	4	1
The NCS will run two Eden programmes (26 weeks with 12 participants in each programme), of suicide intervention in collaboration with SOS (Suicide or Survive). The programme will be open to referral from psychiatry, primary care and the community.	Director of Adult Counselling	4	1
Review the role & responsibility of voluntary partners in the CHO and ensure that they are aligned to the service planning process.	HoS	2	1
Develop a plan for the further rollout of the Littlethings campaign across CHO2.	AMT	4	1
Map the existing state of Mental Health promotion across the CHO2. Establish a working group to review best practice programmes in conjunction with Health & Wellbeing division to raise mental health awareness across the population.	Named Management Team rep	3	1
Psycho-education for families using Eolas Project materials and co-facilitation training for staff and service user/carer/ and families.	Social work Dept	3	1
Develop the role of CNS for Self Harm which was introduced as part of the Vision for Change. The service offers Bio-psycho-social assessment to people (over the age of 18) attending A&E after an episode of self harm or an expression of suicide reducing the necessity for hospital admission.	Self Harm Nurses	4	2
Mental Health Strategic Priority 2 – Design integrated, evidence based and recovery focused mental health services			
CAMHS Psychologist will continue to lead a working group to develop clear pathways and agreed protocols across agencies for children and adolescents with ADHD.	Psychologist	4	2
Review existing Out of Hours services and explore ways to improve 24/7 crisis intervention arrangements and consider pilot sites.	DONs	2	2
Design and develop psycho-educational groups for clients awaiting entry into one to one therapy. Deliver two psycho educational groups for patients awaiting entry into therapy.	Head of Adult Counselling	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
Further develop the delivery of service through the roll out of CORE net in the CIPC (Counselling in Primary Care), programme. Design and establish an ending therapy evaluation and after care plan for each client.	Head of Adult Counselling	3	2
Continue development and implementation of BFT across CHO2.	AMT	4	1
Mental Health Strategic Priority 3 – Deliver timely, clinically effective and standardised safe mental health services in adherence to statutory requirements.			
Mental Health Psychology services across CHO2 will support Mindspace as a way of improving access to services for 15-25 year old service users.	Psychologist	4	2
Further develop access to counselling and early intervention services such as APSI, CIPC, JigSaw and MindSpace.	Management team rep	3	2
Implement NCHD lead in Mental Health initiative in line with McCraith Report **National Clinical Programmes in Mental Health** Assessment and Management of Self Harm Presentations in Emergency Department: ► Continue implementation of this clinical programme in line with standard operating procedure(SOP). ► Continue to report monthly data to national office Early Intervention in Psychosis: ► Establish Hub team ► Continue implementation of Behavioural Family Therapy (BFT) including engaging with supervision structure in line with SOP and returning monthly data. ► Commence implementation of Individual Placement Support (IPS) Eating Disorders: ► Continue implementation of Family Based Therapy (FBT) together with formation of supervision groups ► Continue implementation of Enhanced Cognitive Behavioural Therapy (CBTE) and engage with monthly supervision provided nationally MHID: ► Continue development of MHID services in line with Mental Health Divisions model of care.	ECD ECD	4 4	2 2
Development of Quality and Patient Safety Department by implementing the following actions in 2017; Establish a Quality and Patient Safety Committee for Mental Health. Progress the recruitment of Quality and Patient Safety Advisors for mental health Ensure a comprehensive, functioning, risk register in place in Mental Health. Build capacity and capability for leadership and improvement in quality through formal education and training programmes and support staff to implement quality improvement initiatives in their	QPS Manager	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
services.			
Participate in phased implementation of national best practice guidance for mental health services	AMT	4	2
In 2017 the NCS will standardise and utilise therapeutic evaluation. Design and implement improved client evaluation model for the service	Head of Adult Counselling	4	2
Further Implementation of the HSE National Standardised Process for Incident Reporting, Management and Investigation.	AMT	4	2
Further implementation of guidelines for the management of aggression and violence in the mental health services, linked to performance assurance.	AMT	4	2
Implementation of the Tobacco Free Campus policy in all approved centres and 25% of Community Residences.	AMT	1	2
Mental Health Strategic Priority 4 – Ensure that the views of service users, family members and carers are central to the design and delivery of mental health services			
Arrange the assessment of need in line with the service reform fund project objective with a view to identifying priority areas in need of reform leading to service enhancement across CHO2.	HoS	3	3
Roll out of MHE (Mental Health Engagement) across CHO2 by appointment of Mental Health Engagement Rep.	HoS	1	3
Put in place a plan to consistently reconfigure services across the CHO in line with the Rehab & Recovery principles. Review Day Centre & Day Hospital requirements in conjunction with Community Residences project. Identify specific pilot sites.	ECD	2	5
Continue to support the improvement leadership project for service users, carers and providers through the DCU, HSE and Irish Advocacy Network Partnership arrangement.	Nurse Management	1	3
Further Enhance Service User Engagement with the further implementation of weekly Patient Protected Time in AMHU's across CHO2 allowing patients to raise issues and make suggestions re their care.	AAMHU ADON	4	2
Map the existing state of service user engagement across the CHO and agree a structure and mechanism for service user, family member and carer engagement.	Service engagement lead/ HoS	4	1
Jointly explore with clients their progress and needs during and when ending therapy.	Head of Counselling	4	1
Continue in National (NCS), client evaluation.	Head of Counselling	4	3
Reform and consolidate the Consumer Panel structure within CHO2 in line with recommendations made by the Reference Group on Structures and Mechanisms for Service User, Family Member and Carer Engagement (2015)	AMT	4	3
Further development of Relative Peer Support within Adult Services.	Principal Social Worker	4	3

Priority Actions	Lead	Q	Corporate Plan Goal
Progress the introduction of peer support workers which will allow Further development of Service User and peer support to Adult Services to support families and enhance teams.	AMT	4	1
Further develop Recovery Colleges in CHO2.	Area Mgt Team	4	5
Progress the Service Reform Fund Initiative with the set up of the SRF consortium made of interested stakeholders who will identify suitable projects for implementation that will deliver optimum reform and integration of services across CHO2 Mental Health.	HoS	3	5
To further progress the Implementation of the Expert Review Group Report on Community Residences across Galway and Roscommon.	Steering Group	4	1
Mental Health Strategic Priority 5 – Enable the provision of mental health services by highly trained and engaged staff and fit for purpose infrastructure.			
Explore possible service solutions with National Mental Health Division, identifying service gaps and suitable solutions to address issues raised when complex cases present for a service.	HoS	4	3
Implement a review of I.D. services in CHO2 Mental Health with a view to identifying the optimum approach for the provision of supports to service users with an I.D. diagnosis.	HoS & AMT	1	3
Develop the HOS regional office and CHO2 Mental Area Management and staff structures.	AMT	4	3
Recruit a Lead NCHD for CHO2 Mental Health Services	AMT	3	3
Continue to develop the Counselling in Primary Care (CIPC) service and strategically locate resources in areas of high need. We will provide further ongoing in house training for the sessional staff providing the service.	Head of Counselling	4	3
Develop a supervisory and reflective practice group in line with national NCS initiative.	Head of Counselling	4	3
Link national division in the development of Forensic Psychiatry requirements for Castlerea Prison and local services.	ECD	2	4
Link with national division to explore possibility of placing a slow stream recovery unit in Ballinasloe.	GM	2	5
Evaluate the use of I.T. within Mental Health to assist with the capture of relevant data, maintenance & reporting of KPI's to improve quality of services.	GM	2	5
Put in place a local recruitment strategy to promote the west of Ireland and CHO2 services in order to attract scare professions to work in CHO2. (Medical, Nursing, Psychology are highest priority)	HR Head of Service	3	4
Develop a Health and Safety framework for implementation by H&S Reps across CHO2	AMT	4	2
Prepare and submit a Business Case to get an approved WTE for Infection Control	AMT	4	2

Priority Actions	Lead	Q	Corporate Plan Goal
Further develop links with HR, Finance, Estates, Quality and Patient Safety and other support services in providing mental health services across CHO2	AMT	4	3

Social Care

Introduction

Social care services are focused on:

- Enabling people with disabilities to achieve their full potential, living ordinary lives in ordinary places, as independently as possible while ensuring that the voice of service users and their families are heard and that they are fully involved in planning and improving services to meet their needs.
- Maximising the potential of older people, their families and local communities to maintain people in their own homes and communities, while delivering high quality residential care when required.
- Reforming our services to maximise the use of existing resources and developing sustainable models of service provision with positive outcomes for service users, delivering best value for money.

	2017 Budget €m	2016 Budget €m
Disability Services	162.56	147.219
Services for Older People	74.35	62.631
Total	**236.91**	**209.85**

In 2017 we will continue to implement the priorities identified in the National Implementation Framework of the Value for Money (VFM) and Policy Review of Disability Services, in particular key policies in relation to the reconfiguration of therapeutic services for children with disabilities, the transition of people living in congregated settings to homes in the community and the migration of day services to a person-centred supports model.

In 2017 we will appoint our Head of Service (HoS) in Social Care. This appointment will be a further step to ensuring that we have the appropriate governance arrangements in place to manage the community healthcare services across Galway, Mayo and Roscommon. The HoS in social care will be responsible for the delivery of disability services and services for older people across CHO2. The following are the Social Care priorities for 2017.

Priorities and priority actions 2017

Safeguarding Vulnerable Persons at Risk of Abuse

- Achieve training and awareness-raising target
- Co-operate with and contribute to the review of policy.
- Set up a CHO Safeguarding Committee

Assisted Decision-Making

- Work with Social Care Division established team in relation to all aspects of implementation of the *Assisted Decision-Making (Capacity) Act 2015.*

HCAIs and AMR

- Implement an agreed action plan for Health Care Associated Infections (HCAIs) and Antimicrobial Resistance (AMR) in line with new governance structures and available resources.

Safeguarding Vulnerable People at Risk of Abuse	
Achieve training and awareness raising target of 1,865	Q1-Q4

Assisted Decision Making ACT	
Involvement in needs assessment in Q1 2017	Q1-Q3
Children's First	
Ensure that 95% of HSE/HSE funded staff working in childrens and adult services will complete the eLearning Children First module	Q4
Review self assessed Children First Compliance Checklists of HSE and HSE funded services and their related action plans and timelines for achieving compliance	Q1-Q4

Disability Services

Priorities and priority actions 2017

- Continue to implement the recommendations of *Transforming Lives* the programme for implementing the Value for Money and Policy Review of Disability Services in Ireland.
- Implementation of a Time to Move on from Congregated Settings with a particular focus on the agreed priority sites
- Progress implementation of the recommendations of the McCoy Review – Aras Attracta
- Reconfigure day services including school leavers and rehabilitative training in line with New Directions
- Complete the Progressing Disability Services and Young People (0-18) Programme with the establishment of Disability Network Teams, aligned to the Community Health Networks
- Commence implementation of *Outcomes for Children and their Families, an Outcomes Focused Performance Management and Accountability Framework for Children's Disability Network Teams*
- Enhance governance for Service Arrangements. This will include the establishment of a Residential Executive Management Committee with overall responsibility for the management and oversight of the existing residential base as well as emergency placements
- Have in place a comprehensive implementation plan which consolidates the priority actions required under a range of key service improvements as follows:
    - *A Time to Move on from Congregated Settings*
    - Maximise reconfiguration of existing resource towards community based person centred model of service
    - Implement 6 Step Programme and Quality Improvement Team initiatives to improve HIQA Compliance
    - Transfer learning from the McCoy Review to secure system wide change
    - Involvement of Volunteer/Advocacy & Family Fora.

Priority Actions	**End Q**
Disability Services	
***Transforming Lives* Implementing a time to move on from congregated settings - : a strategy for community inclusion**	
Support the transition of 33 people from institutional settings to community based living in line with Time to Move On from Congregated Settings policy.	Q1-Q4
Complete the implementation plans, commenced in 2016 setting out the road map for transition to community living with specific milestones for 2017 and 2018. The implementation plans will identify how service providers	Q1-Q4

Priority Actions	End Q
will transition residents from congregated settings into the community in line with policy and determine how key actions and milestones will be achieved in 2017 – 2018.	
In line with National Guidelines and having regard to the Capital Programme, capital funding from the Local Authority CAS Scheme as well as reconfiguration of existing resources, CHO 2 will in implementing their operaitonal plans: - Work with the residents (and their familiies as appropriate) who are to transition in 2017 to ensure transition plans and outcomes reflect individual's will and preference for *a good life* - Support individuals to integrate in their community, connecting to natural and other supports. - Consult with staff and progress development within existing agreements and frameworks to ensuring best and earliest outcomes for individuals requiring supports in the community - In collaboration with residents moving out, identify housing supported by capital and/or DoH funding and progress modifications as required through to registration where necessary on a project basis so that targets are met on time - Ensure all services have developed specific local communication plans - Engage in the service Reform Fund process as required - Work with approved Housing Bodies, Housing Authorities and HSE Estates to progress plans for meeting the housing requirement (25 houses) for 88 people prioritised to transition from congregated settings in 2017. - Ensure that the pre-transition assessment being developed by the Transforming Lives Working Group is administered for all individuals being supported to move in 2017	Q1-Q4 Q1-Q4 Q2 Q1-Q4 Q1-Q4 Q1-Q4
Support and facilitate the transitions of residents from the following centres: **CHO2** will faciliate the transfer of the following residents to community settings - HSE Aras Attracta - **29** (Q1 -1 resident , Q2 -3 residents, Q3 -10 residents, Q4 -15 residents) - BOC John Paul centre Galway - **4** (Q4 -4 residents)	Q1- Q4
National and Local Consultative Process	
Establish a local consultative forum consistent with the terms of reference nationally circulated which will link with the National Consultative Forum as part of an overall consultative process for the disability sector. Each local consultative forum will have a number of sub groups: - *Time to Move on from Congregated Settings* - New Directions - Progressing disability services for children and young people (LIG's already in place but need to be connected to overall disability services) - Service user engagement - Safeguarding	Q1 - Q4
New Directions	
New Directions Programme for School Leavers and RT Graduates 2017	
Provide additional day service supports for approx 1,500 school leavers nationally and those graduating from RT programmes in 2017 that have a requirement: HSE CHO | RT Leaver | School Leaver | Total CHO Area 2 | 65 | 105 | 170 *Data above preliminary and indicative	
Provide by mid January 2017 updated data regarding all individuals requiring a HSE funded day service in 2017 (Mid-January 2017)	Q1
Identify the capacity available from within current resources to meet the needs of school leavers and those graduating from RT in 2017	Q1

Priority Actions	End Q
Advise on the accommodation requirements for new day service entrants 2017	Q1
Complete the Profiling exercise for each individual by end of January 2017	Q1
CHO 2 will be informed of the resource being allocated to meet the needs of School Leavers by the end of March 2017 and will prepare and deliver appropriate service responses with the provider sector during April and May 2017 so that families can be communicated with before the end of May 2017	Q1-Q2
Provide detailed information regarding the final agreed allocation of new funding to all service providers	Q3
Provide final data reports regarding the commencement of school leavers in services	Q4
Participate in the validation of the school leaver funding process for 2016 and 2017	Q1-Q4
New Directions Policy Implementation 2017	
Participate in the piloting and review of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q2
School Leaver CHO 2 Lead to continue to inform in respect of service needs, transport and infrastructural requirements to accommodate young people leaving school and rehabilitative training in a New Directions model of service, in 2017	Q1-Q2
Establish the setting up of the CHO 2 New Directions Implementation Group.	Q1
Commence use of the self assessment tool to support the implementation of the Interim Standards within existing resources	Q4
Complete a training needs analysis to develop a schedule for person centred planning training in line with identified priorities	Q4
Participate in the work required to ensure that accurate data is collated in regard to the total cohort currently in receipt of day services	Q1-Q4
In association with national guidance CHO 2 will develop RT programmes focused on the transition of young people from school to HSE funded services	Q3
Comprehensive Employment Strategy	
Continue to support the implementation of the recommendations attributed to the HSE in the Comprehensive Employment Strategy	Q1-Q4
Progressing Disability Services for Children and Young People (0–18) Programme	
CHO2 - Galway will reconfigure its school age services into 4 SATs - Mayo will reconfigure its existing 2 Early Intervention Teams (EITs) and school age services into 3 x 0-18 children's disability network teams - Roscommon will reconfigure its school age services into 1 SAT - Support the development and implementation of the Outcomes Framework Implementation Programme as required under the direction of the National PDS group 0-18. - Reconfigure the ASD Service in Athenry under a Progressing Disability Services model - Implement the National Policy for access to services for children with a disability or developmental delay in collaboration with Primary Care partners - 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 - Roll out of the HSE MIS as an interim solution for Children's Disability Network Teams who currently do not have IT systems	Q4 Q4 Q1 Q1-Q4 Q1-Q4 Q4 Q1 - Q4 Q4
Disability Act Compliance	
CHO 2 will develop, implement and monitor progress against Disability Act Compliance Improvement Plan	Q1-Q4

Priority Actions	End Q
Emergency Places and Supports Provided to People with a Disability	
Have in place *Residential Care/Executive Management Committees* that will have the overarching responsibility of managing and co-ordinating residential placements and supports (including emergency placements) within their respective CHOs. These management committees will be led by the CHO Head of Social Care on behalf of the Chief Officer and will include senior management participation by funded relevant section 38 and 39 residential providers. The national social care division will have in place guidance and supports for the operation of the above committees based on clear operating principles, including effective resource management as well as collaborative and partnership working/ clear lines of accountability. Additionally, we will also - Deliver two workshops for Social Care Senior Management at CHO area level and ensure further workshops are in place for each CHO in respect of local providers.	Q1- Q4
Enhance Governance and Management	
Enhance governance for service arrangements	
Build capacity in CHO 2 to respond innovatively to existing and changing levels of support requirements	Q1-Q4
Complete all service arrangements by 28th February 2017	Q1
Complete all grant aid agreements by 28th Febuary 2017	Q1
Continue to engage with the Quality and Service Improvement Team in their review of Disability funded agencies	Q1-Q4
Enhance the process for PA service allocation	Q2
Collaborate with Compliance Unit to implement structured controls assurance.	Q1-Q2
Service Improvement Team	
Develop in collaboration the National Social Care Division and provider partners a *Resource Allocation and Cost Model* that will involve a deeper analysis of the cost base in the sector	Q1-Q4
Quality & Safety	
Governance For Quality and Safety	
Establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality & Safety Committees are in place within CHO 2	Q1
Have a HCAI or Infection Control Committee in place	Q1
Have a Drugs and Therapeutic Committee in place	Q1
Have a Health & Safety Committee in place	Q1
CHO 2 is reporting monthly on the Social Care Quality and Safety Dashboard	Q1-Q4
Review and analyse incidents (numbers, types, trends)	Each Q
Have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/Serious Incident Investigations	Each Q
Review and analyse complaints (numbers, types, trends)	Each Q
Have an active integrated Social Care Risk Register in place	Each Q
Nominate appropriate person to hold one workshop for Person in Charge (PIC)/Persons Participating in Management (PPIM's)	Q2

Priority Actions	End Q
Further to the workshop the positive learning will be disseminated across the sector in CHO 2	Q3
Staff will be released to engage with person centred culture programme and to embed person centredness in the disability services.	Q1-Q4
Monitor compliance with outcomes of HSE designated centres following HIQA inspections	Q1-Q4
Review trends in the submission of HIQA notification forms submitted by HSE provided services	Q1-Q4

Services for Older People

Priorities and priority 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
- Influence service delivery and planning for Older Person's Strategy through reviewing and optimising options in relation to Single Assessment Tool (SAT) roll out across home care and residential services for older people.

Priority Actions	End Q
Services for Older People	
Maintain focus on the reduction of Delayed Discharges in acute hospitals	
Provide older people with appropriate supports following an acute hospital episode	Q1-Q4
Continue to provide dedicated home care supports to acute hospitals as part of the 2016/2017 Winter Initiative.	Q1
Prioritise transition care resources to support acute hospital discharge	Q1-Q4
Continue to provide dedicated home care supports as part of the 2016/2017 Winter Initiative to acute hospitals approved for Jan/Feb 2017: **CHO** | **HCPs per week** **CHO 2** | 6	Q1
Nursing Homes Support Scheme	
CHO2 will partake and be directly involved in establishing regional Nursing Homes Support Offices to improve efficiency and responsiveness in regard to the NHSS application process.	Q1-Q4
Maintain maximum of four week waiting time for funding for the NHSS	Q1-Q4
CHO 2 will work with National Services for Older People to review the NTPF process and ensure consistency with National guidance	Q1-Q4
Home Care Provision	
Deliver HCPs to 1,254 people by year end	Q1-Q4
Deliver 1,294,000m Home Help Hours	Q1-Q4

Priority Actions	End Q
Support hospital discharges through provision of homecare and a range of community supports to older people based on a standard prioritisation system through collaboration with SAOLTA Hospital Group	Q1
Provide homecare to support the C.I.T. hospital avoidance service	Q2
Transitional Care	
Single Assessment Tool (SAT)	
Work with providers to expedite a greater capacity of SAT assessments across services	Q1- Q4
Optimise the use of SAT in influencing service delivery and planning for older people	Q1
Progress implementation of SAT beyond Early Adopter Sites in CHO 2	Q1-Q4
Public Residential Care Services.	
Progress the HSE's Capital Plan 2016-2021through continued collaboration with Estates	Q1-Q4
Work with managers of residential care services providing guidance and support to the delivery system in relation to the provision of services in a safe, equitable and cost efficient manner and in accordance with relevant standards	
Implement a reduction of reliance on agency staffing to provide for a sustainable workforce into the future	Q1-Q2
Progress the implementation of the 'money follows the patient' payment model from pilot phase to full implementation for short stay public residential care across all CHO 2	Q1-Q4
Re-open the refurbished beds in Aras MacDara CNU, Carraroe with a view to reallocating some long-stay beds to short-stay bed	Q1-Q4
Refurbish of St. Fionnan's Achill and Aras Deirbhile, Belmullet to meet HIQA requirements	Q4
Fully implement the tobacco free campuses across all residential units	Q2
Increase the uptake of flu vaccination amongst healthcare staff	Q1-Q4
Undertake an assessment of the District Hospitals in Belmullet and Ballina with regards to potential refurbishment/rebuild	Q2
National Dementia Strategy	
Actions from the Dementia Strategy Implementation Plan	
Support the development of integrated working to deliver personalised home care packages for up to 120 people with dementia - CHO 2: Galway	Q1-Q4
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) in CHO 2	Q1
Support the implementation of the National Dementia Understand Together Campaign across the CHO area	Q1-Q4
Complete a Mapping of services for people with Dementia and Carers across the CHO area and implement the key priorities where possible from the mapping exercise	Q3
Integrated Care	
Engage with the Integrated Care Programme, Older Persons Programme (ICP OP) and the National Clinical Care Programme Older Persons (NCP OP) in progressing integrated care for older persons	Q1-Q4
Service User Engagement	

Priority Actions	End Q
Ensure that all service users and their families are aware of the role of the Confidential Recipient	Q1 –Q4
Service Arrangements	
All SLAs to be completed by Chief Officers by February 28th 2017	Q1
Quality & Safety	
Governance For Quality and Safety	
Establish Residents Councils / Family Forums / Service User Panels or equivalent in Social Care	Q4
Quality & Safety Committees are in place within CHO2	Q1
Have a HCAI or infection control Committee in place	Q1
Have a Drugs and Therapeutic Committee in place	Q1
Have a Health & Safety Committee in place	Q1
Report monthly on the Social Care Quality and Safety Dashboard	Q1
Record % of compliance with outcomes of HSE designated centres following HIQA inspections by CHO	
Safe Care & Support	
Review and analyse incidents (numbers, types, trends)	
Have a process in place to ensure the recommendations of any serious investigations are implemented, and learning shared to include SRE's/serious incident investigations	Each Q
Review and analyse complaints (numbers, types, trends)	Each Q
Have an active integrated Social Care Risk Register in place	Each Q
Person Centred Care & Support	
Conduct annual service user experience surveys amongst representative samples of their social care service user population	
Effective Care & Support	
Have a system to review the trends from the collation of HIQA Notification Forms submitted by HSE provided-services	
Emergency Planning	
All older persons residential units and other HSE older person services must have in place: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans - CHO Emergency Plan	Each Q
All HSE funded older person services must have in place as appropriate: - Emergency plans - Evacuation Plans - Severe Weather Warning Plans	Each Q

2017 Balance Scorecard - Quality and Access Indicators of Performance

Health and Wellbeing

Health and Wellbeing				
Indicator	Reporting Frequency	NSP 2016 Target	Projected Outturn 2016	CHO2 2017 Target
National Screening Service				
BreastCheck				
% BreastCheck screening uptake rate	Q	> 70%	70%	> 70%
% women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	Bi-annual	> 90%	93.1%	> 90%
CervicalCheck				
% eligible women with at least one satisfactory CervicalCheck screening in a five year period	Q	> 80%	78.9%	> 80%
BowelScreen				
% of client uptake rate in the BowelScreen programme	Q	> 45%	40%	> 45%
Diabetic RetinaScreen				
% Diabetic RetinaScreen uptake rate	Q	> 56%	56%	> 56%
Tobacco				
% of smokers on cessation programmes who were quit at one month	Q	45%	49%	45%
Immunisation				
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (acute hospitals)	A	40%	22.5%	40%
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (long term care facilities in the community)	A	40%	26.6%	40%
% uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	A	75%	55.4%	75%
% children aged 24 months who have received three doses of the 6-in-1 vaccine	Q	95%	94.9%	95%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	Q	95%	92.7%	95%
% of first year girls who have received two doses of HPV vaccine	A	85%	70%	85%

Primary Care, Social Inclusion, Palliative Care and PCRS
Quality and Access Indicators of Performance

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 (Westdoc)	75,396
Community Intervention Teams (CITs) – Number of referrals	**3,252**	**Nursing**	
▪ Admission avoidance (includes OPAT)	92	▪ % of new patients accepted onto the caseload and seen within 12 weeks	100%
▪ Hospital avoidance	1,946	**Physiotherapy and Occupational Therapy**	
▪ Early discharge (includes OPAT)	934	▪ % of new patients seen for assessment within 12 weeks	81%
▪ Unscheduled referrals from community sources	280	▪ % on waiting list for assessment ≤ 52 weeks	98%
Health Amendment Act: Services to persons with State Acquired Hepatitis C		**Occupational Therapy**	
▪ Number of Health Amendment Act cardholders who were reviewed	50	▪ % of new service users seen for assessment within 12 weeks	72%
		▪ % on waiting list for assessment ≤ 52 weeks	92%
Social Inclusion		**Speech and Language Therapy**	
Homeless Services		▪ % on waiting list for assessment ≤ 52 weeks	100%
▪ Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	97 85%	▪ % on waiting list for treatment ≤ 52 weeks	100%
Traveller Health		**Podiatry**	
▪ Number of people who received health information on type 2 diabetes and cardiovascular health	697	▪ % on waiting list for treatment ≤ 12 weeks	44%
		▪ % on waiting list for treatment ≤ 52 weeks	88%
Palliative Care		**Ophthalmology**	
Inpatient Palliative Care Services		▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ % of patients triaged within one working day of referral (inpatient unit)	90%	▪ % on waiting list for treatment ≤ 52 weeks	81%
▪ % of patients with a multidisciplinary care plan documented within five working days of initial assessment (inpatient unit)	90%	**Audiology**	
		▪ % on waiting list for treatment ≤ 12 weeks	50%
Community Palliative Care Services		▪ % on waiting list for treatment ≤ 52 weeks	95%
▪ % of patients triaged within one working day of referral (community)	90%	**Dietetics**	
		▪ % on waiting list for treatment ≤ 12 weeks	48%
Child Health		▪ % on waiting list for treatment ≤ 52 weeks	96%
▪ % of children reaching 10 months within the reporting period who have had child development health screening on time or	95%	**Psychology**	
		▪ % on waiting list for treatment ≤ 12 weeks	60%
		▪ % on waiting list for treatment ≤ 52 weeks	100%
		Oral Health	
		▪ % of new patients who commenced treatment within three months of assessment	88%
		Orthodontics	
		▪ % of referrals seen for assessment within six months	75%
		▪ Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)	<5%

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
before reaching 10 months of age		**Social Inclusion**	
▪ % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	98%	**Substance Misuse**	
▪ % of babies breastfed (exclusively and not exclusively) at first PHN visit	58%	▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%
▪ % of babies breastfed (exclusively and not exclusively) at three month PHN visit	40%	▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%
		Opioid Substitution	
		▪ Number of clients in receipt of opioid substitution treatment (outside prisons)	136
		▪ Average waiting time from referral to assessment for opioid substitution treatment	4 days
		▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	28 days
		Needle Exchange	
		▪ Number of unique individuals attending pharmacy needle exchange	128
		Palliative Care	
		Inpatient Palliative Care Services	
		▪ Access to specialist inpatient bed within seven days	98%
		▪ Number accessing specialist inpatient bed within seven days	333
		Community Palliative Care Services	
		▪ Access to specialist palliative care services in the community provided within seven days (normal place of residence)	95%
		▪ Number of patients who received treatment in their normal place of residence	410
		Children's Palliative Care Services	
		▪ Number of children in the care of the children's outreach nurse	29
		▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	0

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

Mental Health Quality and Access Indicators of Performance

Quality and Safety

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
-

Access

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

All Divisions

- Pay and non-pay control
- Income management
- Service arrangements
- Audit recommendations (internal and external)
- Reputational governance and communications stewardship

Workforce

All Divisions

- Staffing Levels
- Absence

Acute Hospitals / Mental Health services

- EWTD shifts: < 24 hour
- EWTD: < 48 hour working week

2017 Balance Scorecard - Quality and Access Indicators of Performance

Social Care Quality and Access Indicators of Performance

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 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 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 33 people from congregated to community settings ▪ Supports in the community: PA hours and home support - 263,288 PA service hours delivered to adults with a physical and/or sensory disability - 304 adults with a physical and/or sensory disability in receipt of a PA service - 181,961 home support hours delivered to persons with a disability - 710 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

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	▪ Home Care Services for Older People - 1,254 people in receipt of a HCP/DDI HCP(Monthly target) including delayed discharge initiative HCPs - 1,294,000 home help hours provided for all care groups (excluding provision of hours from HCPs) - 5,843 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

- Adults under 65 years ▪ HIQA inspection compliance ▪ 80% compliance with inspected outcomes following HIQA inspection of disability residential units	

Appendix 1:
Finance Tables

CHO - Primary Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Primary Care	57.62	25.40	83.02	(2.07)	80.95
Social Inclusion	0.07	5.99	6.06	0.00	6.06
Palliative Care	1.64	5.26	6.90	0.00	6.90
Core Services	59.33	36.65	95.99	(2.07)	93.92
Local DLS	0.00	21.71	21.71	0.00	21.71
Total	59.33	58.36	117.69	(2.07)	115.62

CHO - Social Care	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Older Persons	74.62	37.88	112.50	(38.15)	74.35
Disability	15.24	149.84	165.08	(2.52)	162.56
Total	89.86	187.72	277.58	(40.68)	236.91

CHO - Mental Health	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Mental Health	80.29	17.51	97.79	(1.97)	95.82
Total	80.29	17.51	97.79	(1.97)	95.82

CHO 2 TOTAL	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 2					
Total	234.26	258.81	493.07	(44.72)	448.35
Total	234.26	258.81	493.07	(44.72)	448.35

	€m	€m	€m	€m	€m	€m	€m	€m
	Primary Care	Demand Led Schemes	PRIMARY CARE TOTAL	Older People Total	Disability Services Total	SOCIAL CARE TOTAL	MENTAL HEALTH SERVICES	CHO2 TOTAL
2016 Budget brought forward to 2017	92.402	21.430	113.832	66.305	156.869	223.174	91.361	428.367
Non-pay and demographic related costs								
Medical Surgical Supplies	0.359	0.275	0.634					0.634
Primary Care Centres additional running costs	0.086		0.086					0.086
Home Care & Winter Initiative (2016)				5.489		5.489		5.489
P.A .Home Support					0.559	0.559		0.559
Emergency Placements 2016 Full Year Costs					0.500	0.500		0.500
School Leavers 2016 Full Year Costs 2017					0.839	0.839		0.839
Emergency Placements 2017 (Indicative)					1.516	1.516		1.516
Demographic Related Costs				0.026	1.500	1.526		1.526
2017 Cost Reduction - Procurement & Transport					-0.250	-0.250		-0.250
Time Related Savings (2013 to 2015 Posts)							1.754	1.754
Re- assigned Once off Non Pay Funding							0.283	0.283
Re- assigned Once off Non Pay Funding							1.200	1.200
2017 Pay rate adjustments *(supports existing staffing levels)*								
HRA / LRA – Pay rate cost in 2017	0.730		0.730	0.779	1.024	1.803	1.059	3.592
Community Allowances funding							0.162	0.162
Funding Available to Maintain existing levels of service *(supports existing staffing levels)*	**93.577**	**21.705**	**115.282**	**72.599**	**162.557**	**235.156**	**95.819**	**446.257**
Funding available to expand existing / develop new services in 2017								
Speech & Language Therapy Posts	0.278		0.278					0.278
Winter Initiative funding	0.062		0.062					0.062
Home Care & Winter Initiative (2017)				1.751		1.751		1.751
Total funding available to expand existing / develop new services in 2017 81.3	**0.340**	**0.000**	**0.340**	**1.751**	**0.000**	**1.751**	**0.000**	**2.091**
2017 Budget	**93.917**	**21.705**	**115.622**	**74.350**	**162.557**	**236.907**	**95.819**	**448.348**

Service Arrangement Funding

Disability Services

Summary	Care Group	CHO Area 2 € -Galway -Mayo -Roscommon
S38 – SA	Disability	61,575,850
S39 – SA	Disability	72,750,008
S39 – GA	Disability	658,365
Total S39	Disability	73,408,373
Total Voluntary	Disability	**134,984,223**
For Profit – SA	Disability	**2,060,610**
Total All	**Disability**	**137,044,833**

Section 38 Service Arrangements

Parent agency		CHO Area 2 € -Galway -Mayo -Roscommon
Brothers of Charity (Galway)	Disability	47,055,129
Brothers of Charity (Roscommon)	Disability	14,520,721
Total All	**Disability**	**61,575,850**

Section 39 Service Arrangements – Agencies in Receipt of funding in excess of €5m (2 Agencies CHO2)

Parent agency	CHO Area 2 € -Galway -Mayo -Roscommon
Western Care Association	29,265,487
Ability West	22,989,751

Agencies in receipt of funding in CHO2

Parent agency	CHO Area 2 € -Galway -Mayo -Roscommon
Rehabcare	3,887,768
Enable Ireland	2,678,921
I.W.A. Limited	4,751,547
Western Care Association	29,265,487
The Cheshire Foundation in Ireland	2,514,999
Ability West	22,989,751
National Learning Network Limited	1,576,409
Camphill Communities of Ireland	176,263
Peter Bradley Foundation Limited	46,745
Gheel Autism Services	279,195
NCBI Services	451,035
St. Hilda's Service for the Mentally Handicapped	685,075
The National Association for the Deaf	433,794
The Multiple Sclerosis Society of Ireland	135,232
Áiseanna Tacaiochta Ltd	232,313
Muscular Dystrophy Ireland	20,000
Section 39 Service Arrangements Funding over €1m	**70,124,534**
Nua Healthcare Services	393,120
Talbot Group	180,000
The Village Nursing Home Limited	1,056,906
For Profit Service Arrangements Funding above €1m	**1,630,026**

Services for Older People

Older Persons Services – Total Funding	CHO Area 2 € -Galway -Mayo -Roscommon
S39 – SA	7,386,844
S39 – GA	1,133,075
Total S39	8,519,919
Total Voluntary	**8,519,919**
For Profit – SA	10,005,997
Total Commercial	**10,005,997**
Total All	**18,525,916**

Agencies in receipt of Funding in CHO2

Parent agency	CHO Area 2 € -Galway -Mayo Roscommon
Alzheimer Society of Ireland	491,354

Parent agency	CHO Area 2 € -Galway -Mayo Roscommon
Family Carers Ireland	935,571
Roscommon Home Services Co-operative Limited	3,700,850
Section 39 Service Arrangements Funding Over €1m	**5,127,775**
Elder Home Care Limited	1,360,000
Lynmara Healthcare Ltd	2,630,000
Caspian B.M.P Limited	2,160,000
Galway Senior Care Ltd	1,150,000
For Profit – SAs Funding €1m	**7,300,000**

Appendix 2

HR Information

Primary Care Division Workforce

Workforce Position: Staff Category Information as at September 2016

Staffing Use national figures when available	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16
CHO2	*91*	*287*	*300*	*295*	*31*	*69*	***1,073***

Mental Health Division Workforce

Staffing Use national figures when available	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	WTE Sept 16
CHO2	**82**	**539**	**117**	**124**	**83**	**228**	**1173**

Social Care Division Workforce

Staffing Use national figures when available	Medical / Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Other Patient & Client Care	WTE Sept 16
HSE	12	463	51	90	94	593	**1,304**
Section 38	4	193	242	78	49	541	**1,107**
CHO 2	**16**	**657**	**293**	**167**	**143**	**1,135**	**2,410**

Appendix 3

Performance Indicator Suites

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%

Health and Wellbeing Performance Indicator Suite

	Key Performance Indicators Service Planning 2017 Metric Titles	NSP/DOP	Reported at National / CHO / HG Level	Reporting Frequency	Expected Activity / Target 2017 CHO 2
Tobacco	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	CHO/National Quitline	M	300
	No. of frontline staff trained in brief intervention smoking cessation	NSP	CHO	M	139
	% 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	20,405
	No. of unique runners completing a 5k parkrun in the month	DOP	CHO	M	12,046
	No. of unique new first time runners completing a 5k parkrun in the month	DOP	CHO	M	4,368
	No. of people who have completed a structured patient education programme for diabetes	NSP	CHO	M	382
	% of PHNs trained by dieticians in the Nutrition Reference Pack for Infants 0-12 months	DOP	CHO	Q	82
	No. of people attending a structured community based healthy cooking programme	DOP	CHO	M	60
	% 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	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	CHO	Q 1 qtr in arrears	95%
	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC2)	DOP	CHO	Q 1 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	Q 1 qtr in arrears	95%

	% 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) *the current influenza season is September 2016 to April 2017.	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) *the current influenza season is September 2016 to April 2017.	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%

Primary Care – Performance Indicator Suite

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
Community Intervention Teams (No. of referrals)				**24,202**	**27,033**	**32,861**		**3,252**
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	92
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	1,946
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	934
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	280
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	≤5%
Community Intervention Teams Activity (by referral source)				**24,202**	**27,033**	**32,861**	**CHO**	**3,252**
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	2,039
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	836
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	164
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	213
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	22,956
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	17,136
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	4,068
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	91,380
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	4,230
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	DOP	Access	M	95%	95%	95%	CHO	95%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
assessment ≤ 39 weeks								
% 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	7,776
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	6,699
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	1,949
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	2,275
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
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	4,896
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	1,630
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	4,572
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	854
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	786
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
% 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								
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	656
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	4,424
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	2,828
Primary Care – Podiatry								
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	2,280
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	998
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	1,708
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	609
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%
% 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	45
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	180
Primary Care – Ophthalmology								
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	3,060

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	426
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	3,428
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	1,015
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%
Primary Care – Audiology								
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	3,240
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	341
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	2,547
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	2,300
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	NSP	Access	M	60%	41%	50%	CHO	50%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
weeks								
% 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	3,444
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	434
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	2,402
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	1,492
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	1,212
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	189
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	1,032
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	679
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

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
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 reporting period > 52 weeks	DOP	Access	M	No target	1,785	No target	CHO	No target
% 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	13,992 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	5,341 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	17,185 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
% 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/	

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 2
							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 – Performance Indicator Suite

				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 2
Substance Misuse								
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	624
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	616
% 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	616
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	552
% 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	84
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	76
% 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%
% 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	136
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	49
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	0
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	87
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	5

				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 2
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	0
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	12
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	12
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	0
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	42
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	143
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	76
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	68
% 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	68
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	68
% 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	0
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	0
% 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%

				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 2
% 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	200
Needle Exchange								
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in Arrears	119	112	112	CHO	11
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	128
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	1,807
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	86 (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	85 (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	18 (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	97 (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	78 (80%)
Traveller Health								

				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 2
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	697
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	697

Palliative Care – Performance Indicator 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 2 Saolta HG
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	333
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	45
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	304
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	350
% 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								
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

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 2 Saolta HG
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	1,120
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	35
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	65
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	4
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	29
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
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	0
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	
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	1,564
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	1,934
Bereavement Services								
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	132

Mental Health Performance Indicator Suite

Key Performance Indicators	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	CHO2
% 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 Community Mental Health Teams	Quality	M	72%	66%	72%	CHO	72%
%. 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	34
Total No. to be seen 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	28
Total No. on waiting list for a first appointment waiting > 3 months	Access /Activity	M	1,141	1,299	1,053	CHO	6
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	1,376
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	81.7
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	31.8
Acute re-admissions as % of admissions	Access /Activity	Q in arrears	67%	67%	67%	CHO	63%
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	51.9
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	22.2
No. of adult involuntary admissions	Access /Activity	Q in arrears	1,724	2,060	2,096	CHO	204
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	10.7
Number of General Adult Community Mental Health Teams	Access	M	114	114	114	CHO	11
Number of referrals (including re-referred)received by General Adult Community Mental Health Teams	Access /Activity	M	43,637	43,801	44,484	CHO	7,236
Number of Referrals (including re-referred) accepted by General Adult Community Mental Health Teams	Access /Activity	M	41,448	38,953	42,348	CHO	6,864
No. of new (including re-referred) General Adult Community Mental Health Team cases offered first appointment for the current month (seen and DNA below)	Access /Activity	M	41,810	37,363	47,316	CHO	5,304
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	4,428
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	876

%. 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	5,496
Number of Psychiatry of Old Age Community Mental Health Teams	Access	M	26	29	29	CHO	5
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	1,980
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	1,896
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	1,668
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	1,608
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	60
%. 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	1,524
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	1
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	108
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	1,668

No. of child / adolescent referrals (including re-referred) accepted by mental health services	Access /Activity	M	15,092	13,101	15,180	CHO	1,332
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	1,668
No. of new (including re-referred) child/adolescent referrals seen in the current month	Access /Activity	M	12,628	12,415	14,484	CHO	1,524
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	144
%. 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	1,068
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	34
i) 0-3 months	Access /Activity	M	1,308	1,344	1,546	CHO	28
ii). 3-6 months	Access /Activity	M	585	613	603	CHO	5
iii). 6-9 months	Access /Activity	M	346	322	310	CHO	1
iv). 9-12 months	Access /Activity	M	210	146	140	CHO	0
v). > 12 months	Access /Activity	M	0	235	0	CHO	0

Social Care Performance Indicator Suite

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO2**
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	783
Total no. of preliminary screenings for adults aged 65 and over	3,000	325
No. of staff trained in safeguarding policy	17,000	1,865

Disability Services

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO2**
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%
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	33
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%

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO2**
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	100% (129/129)	100% (15/15)
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	58
No. of people with a disability in receipt of work / work-like activity services(ID/Autism and Physical and Sensory Disability)	3,253	149
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 *	2,165
Rehabilitative Training No. of Rehabilitative Training places provided (all disabilities)	2,583	385
No. of people (all disabilities) in receipt of Rehabilitative Training (RT)	2,870	512
No. of people with a disability in receipt of residential services (ID/Autism and Physical and Sensory Disability)	8,885	854
Respite Services No. of new referrals accepted for people with a disability for respite services (ID/Autism and Physical and Sensory Disability)	1,023	85
No. of new people with a disability who commenced respite services (ID/Autism and Physical and Sensory Disability)	782	63
No. of existing people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	5,964	1,059
No. of people with a disability formally discharged from respite services (ID/Autism and Physical and Sensory Disability)	591	118
No. of people with a disability in receipt of respite services (ID/Autism and Physical and Sensory Disability)	6,320	997
No. of overnights (with or without day respite) accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	182,506	40,625
No. of day only respite sessions accessed by people with a disability (ID/Autism and Physical and Sensory Disability)	41,000	7325
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	11
PA Service No. of new referrals accepted for adults with a physical and / or sensory disability for a PA service	271	35
No. of new adults with a physical and / or sensory disability who commenced a PA service	223	64
No. of existing adults with a physical and / or sensory disability in receipt of a PA service	2,284	389
No. of adults with a physical or sensory disability formally discharged from a PA service	134	35
No. of adults with a physical and /or sensory disability in receipt of a PA service	2357	304
Number of PA Service hours delivered to adults with a physical and / or sensory disability	1,412,561	263,288

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO2**
No. of adults with a physical and / or sensory disability in receipt of 1 - 5 PA Hours per week	957	124
No. of adults with a physical and / or sensory disability in receipt of 6 - 10 PA hours per week	538	96
No. of adults with a physical and / or sensory disability in receipt of 11 - 20 PA hours per week	397	95
No. of adults with a physical and / or sensory disability in receipt of 21 - 40 PA hours per week	256	52
No. of adults with a physical and / or sensory disability in receipt of 41 - 60 PA hours per week	73	7
No. of adults with a physical and / or sensory disability in receipt of 60+ PA hours per week	83	15
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	207
No. of new people with a disability who commenced a home support service (ID/Autism and Physical and Sensory Disability)	1,273	168
No. of existing people with a disability in receipt of home support services (ID/Autism and Physical and Sensory Disability)	6,380	659
No. of people with a disability formally discharged from home support services (ID/Autism and Physical and Sensory Disability)	466	45
No of people with a disability in receipt of Home Support Services (ID/Autism and Physical and Sensory Disability)	7,447	710
No of Home Support Hours delivered to persons with a disability (ID/Autism and Physical and Sensory Disability)	2,749,712	181,961
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	280
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	86
No. of people with a disability in receipt of 11 – 20 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	753	24
No. of people with a disability in receipt of 21- 40 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	402	11
No. of people with a disability in receipt of 41 – 60 Home Support hours per week (ID/Autism and Physical and Sensory Disability)	97	3
No. of people with a disability in receipt of 60 +Home Support hours per week (ID/Autism and Physical and Sensory Disability)	127	1

Services for Older People

Key Performance Indicators Service Planning 2017		
KPI Title	**2017 National Target / Expected Activity**	**CHO2**
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	1,254
No. of new HCP clients, annually	8,000	620
Intensive HCPs number of persons in receipt of an Intensive HCP including AP funded IHCPs.	190	
% of clients in receipt of an IHCP with a key worker assigned	100%	100%
% 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	1,294,000
No. of people in receipt of home help hours (excluding provision of hours from HCPs) (Monthly target)	49,000	5,843
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	20
No. of NHSS Beds in Public Long Stay Units.	5,088	573
No. of Short Stay Beds in Public Long Stay Units	1918	255
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 Average number of weekly transitional care beds approved per week	152 167 for January and February 152 from March to December	

Appendix 4:

CHO 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
MENTAL HEALTH									
CHO 2: Galway, Roscommon, Mayo									
University Hospital Galway	Provision of a replacement Acute MH Unit to facilitate the development of a Radiation Oncology facility on the campus	Q3 2017	Q4 2017	5	45	2.92	15.90		
SOCIAL CARE									
CHO 2: Galway, Roscommon, Mayo (contd.)									
Sacred Heart Hospital, Castlebar, Co. Mayo	Replacement 74 bed CNU	Q3 2017	Q4 2017	0	74	8.40	13.30		
PRIMARY CARE									
CHO 2: Galway, Roscommon, Mayo									
Ballinrobe, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q3 2017	N/A	N/A	1.3	1.3		
Boyle, Co. Roscommon	Primary Care Centre, by PPP	Q3 2017	Q3 2017	N/A	N/A	0.1	0.1		
Tuam, Co. Galway	Primary Care Centre, by PPP	Q4 2017	Q4 2017	N/A	N/A	1.6	1.6		
Claremorris, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q4 2017	N/A	N/A	1.3	1.3		